HL7’s Newest Specification Moves U.S. A Step Closer to the Reality of Online Medical Records

HL7 Announces Results of September 2007 Working Group Meeting in Atlanta

ANN ARBOR, Mich., U.S. – Oct. 17, 2007 – Health Level Seven (HL7), a preeminent healthcare IT standards development organization with broad international representation, today announced key outcomes from its 21st annual Plenary and Working Group Meeting held last month in Atlanta. Noteworthy accomplishments include the following:

**EHR-S Profiles and PHR-S Functional Models Move Closer to Becoming Standards**

HL7’s Electronic Health Record (EHR) Technical Committee is reviewing hundreds of comments received from the Personal Health Record System (PHR-S) Functional Model public comment period held in September and will complete its work this month. The Committee voted to submit the PHR-S as a November out-of-cycle ballot as a Draft Standard for Trial Use (DSTU), which could potentially become an accredited standard in 2008. The PHR-S Functional Model defines a standardized model of the functions that may be present in PHR Systems. It is intended to serve as a general model that can be customized to the specific PHR models (stand-alone, web-based, provider-based, payer-based, or employer-based models).

The EHR Technical Committee expects to submit both a Child Health and Behavioral Health Profile for ballot in December and will potentially approve committee-level documents in March 2008.

“HL7 is playing a vital role in developing a continuum of healthcare IT interoperability standards that span from personal health records and electronic health records to the standards used to connect healthcare delivery systems, Regional Health Information Organizations (RHIOs) and national healthcare enterprises,” said Charles Jaffe, MD, PhD, and CEO of HL7.

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**Periodontal Electronic Attachment Specification Passes Balloting**

A new specification for conveying periodontal information was successfully balloted by the Attachments Special Interest Group (ASIG), which received many comments and unanimous support by the voters. The specification builds upon the group’s implementation guide for electronic attachments using HL7’s Clinical Document Architecture Release 2.0 (CDA R2) Standard, and incorporates the data elements presented in American Dental Association (ADA) Specification No. 1047, Standard Content of an Electronic Periodontal Attachment.

Sheila Frank, director of electronic information standards at Delta Dental Plans Association said, “This new standard will facilitate the transition from the paper-based attachments of today to the automated transmission of all information needed to process dental claims, lowering costs for dentists and payers alike.”

Earlier this year, the ASIG reconciled many of the public comments received in reaction to the proposed HIPAA Claims Attachments rule, including use of Clinical Document Architecture (CDA) Release 2 as the underlying standard. The family of attachment specifications is positioned to meet the interoperability needs of the health industry by focusing on business requirements, incorporating data content constraints formulated by outreach groups of industry stakeholders, and allowing for scalable solutions by all trading partners.

The ASIG continues to develop new attachment specifications as participants bring forward their business needs for use in a variety of data exchange scenarios including those in support of insurance claims, referrals, and prior authorizations.

**History and Physical Note Becomes Draft Standard for Trial Use**

The Structured Documents Technical Committee announced it has successfully balloted the “HL7 Implementation Guide for Clinical Document Architecture (CDA) Release 2: History and Physical (H&P) Notes” as a Draft Standard for Trial Use (DSTU). An H&P Note is a medical report that documents the current and past conditions of the patient and forms the basis of most treatment plans. HL7’s CDA History and Physical DSTU is intended for use in the U.S.

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The standard specifies constraints on CDA R2 re-using section and entry-level templates created for the Continuity of Care Document (CCD). The DSTU is therefore compatible with the mandates for use of CCD coming out of the Health Information Technology Standards Panel (HITSP) and the Certification Commission on Healthcare IT (CCHIT).

The CDA H&P is the first of a series of CDA implementation guides developed for HL7 by the “CDA for Common Document Types” (CDA4CDT) project created by M*Modal Technologies, the Association for Healthcare Documentation Integrity (AHDI, formerly the American Association of Medical Transcriptionists) and the American Health Information Management Association (AHIMA) and supported by benefactors in the dictation/transcription and document management industries.

Michael Finke, chairman and CEO of M*Modal said, "The addition of a readily implementable specification for the History and Physical that is Clinical Document Architecture and Continuity of Care Document compliant paves the way for the dictation/transcription industry to play a major role in the electronic medical record. We are very pleased to see the speed with which this DSTU was developed and brought through the standards process."

The audience for this document includes software developers and consultants responsible for implementation of Electronic Health Record (EHR) systems, Electronic Medical Record (EMR) systems, Personal Health Record (PHR) systems, dictation/transcription systems, document management applications, and U.S.-based exchange networks.

**Colombia Becomes 30th HL7 Affiliate**

HL7 Colombia, HL7’s newest affiliate, was ratified. Representatives from Colombia in attendance at HL7’s Working Group Meeting interested in having Colombia become an HL7 Affiliate stated the benefits were the following:

- Standardization of clinical information in Colombia.
- The opportunity to exchange healthcare information between healthcare organizations.
- The organizations are interested in becoming part of the HL7 global community.

Colombia was approved as an HL7 Affiliate at HL7’s October Board Meeting, which is pending the completion of paperwork.
About Health Level Seven (HL7)

Founded in 1987, Health Level Seven, Inc. (www.HL7.org) is a not-for-profit, ANSI-accredited standards developing organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. HL7’s more than 2,300 members represent approximately 500 corporate members, which includes more than 90 percent of the information systems vendors serving healthcare.

HL7’s endeavors are sponsored, in part, by the support of its benefactors: Accenture; Centers for Disease Control and Prevention; Duke Clinical Research Institute (DCRI); Eclipsys Corporation; Eli Lilly & Company; Epic Systems Corporation; European Medicines Agency; the Food and Drug Administration; GE Healthcare Information Technologies; GlaxoSmithKline; IBM; Intel Corporation; InterSystems Corporation; Kaiser Permanente; McKesson Provider Technologies; Microsoft Corporation; Misys Healthcare Systems; NICTIZ National Healthcare; Novartis; Oracle Corporation; Partners HealthCare System, Inc.; Pfizer, Inc.; Philips Medical Systems; Progress Software Corporation-DataDirect Technologies Division; QuadraMed Corporation; Quest Diagnostics Inc.; Science Applications International Corporation; Siemens Medical Solutions Health Services; St. Jude Medical; Thomson Healthcare; the U.S. Department of Defense, Military Health System; the U.S. Department of Veterans Affairs; and Wyeth Pharmaceuticals.

Numerous HL7 Affiliates have been established around the globe including Argentina, Australia, Austria, Brazil, Canada, China, Colombia, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, India, Ireland, Italy, Japan, Korea, Mexico, The Netherlands, New Zealand, Romania, Spain, Sweden, Switzerland, Taiwan, Turkey, United Kingdom, and Uruguay.

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