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For Immediate Release

Health Level Seven's Personal Health Record Functional Model Approved as a Draft Standard for Trial Use

ANN ARBOR, Michigan, U.S. –December 5, 2007 – Health Level Seven (HL7), a preeminent healthcare IT standards development organization with broad national and international representation, today announced the approval of the Personal Health Record System Functional Model (PHR-S FM) as a Draft Standard for Trial Use (DSTU).

The PHR-S FM defines the set of functions that may be present in PHR systems, and offers guidelines that facilitate health information exchange among different PHR systems and between PHR and EHR systems. The PHR-S FM can be applied to specific PHR models (stand-alone, web-based, provider-based, payer-based, or employer-based models). At the same time, the Functional Model is flexible enough to encourage product innovation.

"We are pleased that the PHR System Functional Model has reached the DSTU threshold before reconciliation, reflecting the fact that the public comment period served an extremely useful purpose in refining the model and preparing it for this vote," said Donald T. Mon, PhD, vice-president of practice leadership, American Health Information Management Association (AHIMA) and co-facilitator of the HL7 PHR Working Group. "The speed at which this passed demonstrates that the PHR System Functional Model standard is succeeding and gaining momentum. We would like to thank all those who submitted comments as their input in the ballot process is what leads to success stories such as this."

While the PHR-S FM DSTU passed the first ballot, HL7's PHR Working Group will continue to work on the comments received as part of the reconciliation process through the rest of December and January 2008. HL7 anticipates that by February

the model will be finalized for use by the healthcare industry and general public. While the PHR-S FM is not yet a fully ANSI-accredited standard, a DSTU version allows the industry worldwide to work with a stable standard for up to two years while it is being refined into an ANSI-accredited version.

HL7 opened a public voting period November 2 through December 1, 2007 to ensure that a broad range of industry stakeholders' interests was considered. Members and non-members of HL7 were entitled to vote.

During the period of trial use:

- Consumers can begin requesting standards-based functionality when they select PHR systems for their use.
- Vendors can begin incorporating the model's requirements into their products.
- Organizations that desire to offer PHR system certification (such as the Certification Commission for Healthcare Information Technology) can begin evaluating the model's conformance criteria for certification testing purposes.

The HL7 EHR Technical Committee formed the PHR Working Group in February 2005 in response to the growing awareness that personal health records might serve as a valuable tool to help consumers manage their healthcare and make more informed healthcare decisions. The input from all key stakeholders that comprised the working group, including providers, consumers, vendors, and payers, ensured a well-balanced functional model.

While an abundance of PHR systems exist in today's market, the industry currently lacks a functional standard to which these systems may conform. HL7's PHR-S FM may be the first industry standard to specify functionality for PHR systems.

About Health Level Seven (HL7)

Founded in 1987, Health Level Seven, Inc. (www.HL7.org) is a not-for-profit, ANSI-accredited standards development 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 include 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; J&J PRD; 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, Chile, 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, The United Kingdom, and Uruguay.

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