Health Level Seven Announces Key 2008 Initiatives for Messaging Standards, EHR and Structured Documents

ORLANDO, Fla., U.S. – February 26, 2008 – Health Level Seven (HL7), a preeminent healthcare IT standards development organization with broad international representation, today announced key initiatives for 2008 to guide the development and adoption of healthcare IT standards in the U.S. and worldwide. The announcement was made at the Healthcare Information and Management Systems Society (HIMSS) annual meeting.

The 2008 initiatives are part of HL7’s roadmap, which will define the organization’s plans for the next 18 to 36 months and report to HL7’s stakeholder community including end-users, implementers, and other standards development organizations on its progress. HL7’s Roadmap will lead to more cost-effective solution development, more manageable implementation timelines and the development of educational programs worldwide.

“In the next few years, healthcare software vendors will see more specific EHR systems’ functional requirements and the introduction of other profiles including EHR interaction requirements,” said John Quinn, CTO of HL7. “It will no longer be only how the EHR manages workflow and clinical documentation but also how EHR systems communicate with practice management, diagnostic and other EHR systems.”

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Driving the Evolution of Electronic Health Records Systems

HL7 continues to refine standards and specifications for EHR systems. The EHR Work Group will begin developing Release 2 of the EHR System Functional Model (EHR-S FM) in the second half of 2008. This standard outlines important features and functions that should be contained in an EHR system.

“A year has passed since the EHR System Functional Model became an ANSI-approved standard, and electronic health record systems have evolved in that year’s time,” said Donald T. Mon, PhD, vice president of practice leadership, American Health Information Management Association (AHIMA) and co-chair of the HL7 EHR Work Group. “We have to make sure that the model stays current and relevant in the industry. We will consider all aspects of the standard’s functionality, including functions that should be added and conformance criteria that are currently ranked as ‘optional’ but that should be upgraded to ‘required’ status.”

In the next release, the EHR Technical Committee will also accommodate tighter congruence with international requirements and EHR certification criteria developed by the Certification Commission for Healthcare Information Technology (CCHIT). HL7 will issue a call for participation within the next few months to begin work on the model’s next release.

In addition to updating the EHR System Functional Model, HL7 will launch the Vital Statistics Reporting Profile in 2008. The National Center for Health Statistics will lead the development of this profile, which facilitates the reporting of data on births and deaths. A call for participation was released on February 14, 2008. The Vital Statistics Reporting Profile is among several others in development, including profiles for interoperability, behavioral health, child health, long-term care, and records management and evidentiary support.

Laying the Groundwork for Personal Health Records

The Personal Health Record (PHR) Work Group is working to approve the PHR System Functional Model (PHR-S FM) as a Draft Standard for Trial Use (DSTU).
Substantive items have emerged from the DSTU balloting process that will further improve the model. The PHR-S FM defines the set of functions that may be present in PHR systems and offers guidelines to facilitate health information exchange among different PHR systems and between PHR and EHR systems. Industry excitement for this standard is building, with profiles for the payer-based model, the health records banking model, and the provider-based model derived from the PHR-S FM planned for development in 2008. These profiles will demonstrate how the various PHR system models could comply with the standard.

**Supporting Clinicians with Advanced Electronic Health Record Functionality**

There is a growing emphasis on preventive care and new developments in personalized medicine. Clinicians want to better manage patients at risk of developing conditions with genetic and hereditary components, such as breast and ovarian cancers. The HL7 Family History Model, approved by the American National Standards Institute (ANSI) in 2007, will be used for family health history data storage in an EHR. This data model facilitates interoperability between clinical information systems, which is a vital foundation for the exchange of information between a patient’s personal health record and a provider’s EHR.

HL7’s Clinical Genomics Work Group, the developer of the Family History Model standard, is calling on all commercial vendors and those who have developed “in-house” systems to implement this data model and electronic messaging standard in their clinical products and applications. More information about the Family History Model standard is available at http://www.hl7.org/special/committees/clingenomics/index.cfm.

The HL7 Clinical Genomics Work Group is also developing a Genetic Variation standard to enable the integration of test data into an EHR’s decision support system. This will facilitate analysis and interpretation of the results, thus speeding adoption of genomic discoveries into clinical care. A draft implementation guide is available for testing and comments that can be downloaded at http://www.hl7.org/Special/committees/clingenomics/docs.cfm (click the zip file HL7 CG Genetic Variation IG 2007-11-27.zip).
“The HL7 Family History and Genetic Variation messaging standards will do more than just enable the exchange of clinical and personalized genomic data. This exchange will occur between healthcare providers and genetic testing labs, research facilities and pharmaceutical companies,” said Grant Wood, senior IT strategist for the Intermountain Healthcare Clinical Genetics Institute and member of the HL7 Clinical Genomics Work Group.

Wood will discuss the HL7 Family History Model and the Genetic Variation messaging standard at HIMSS during a presentation titled “Preparing for the Collection of External Family History & Genetic Test Result Data.” The presentation will take place at the HL7 Theater (booth #7453) on Wednesday, Feb. 27 at 4 p.m.

**Continuing Development of HL7 Version 2 and V3 Messaging Standards**

The continued development of standards, implementation guides and other technologies of the HL7 Version 2 family are critical to the maintenance and continued effectiveness of legacy systems across the globe. The newest version of the standard, Version 2.6, was published as an HL7 standard in January 2008.

“We expect demand for the evolution of Version 2 to continue over the next five years. Version 2 development will be harmonized with realm-specific domains in the U.S. and around the world. We are also finalizing the first ballot of new features and changes that will be part of HL7 Draft Standard for Trial Use (DSTU) Version 2.7.” As part of HL7’s strategic planning process in 2008, we will also establish business requirements, methods, techniques and timelines to enable migration or mapping of Version 2 to Version 3,” said John Quinn, CTO of HL7.

Version 2.6 is free to HL7 members, but is also available for purchase online at the HL7 bookstore at [https://www.hl7.org/library/bookstore/](https://www.hl7.org/library/bookstore/).

HL7 plans to release a new normative edition of Version 3 in the first half of 2008. The updated standard will consolidate the work conducted during the past year into one package.
Expanding CDA Implementations

The HL7 Structured Documents Work Group will ballot several informative and draft standards for trial use (DSTU) implementation guides in 2008. These include the Clinical Document Architecture (CDA) Operative Note and the Diagnostic Imaging Report. In addition, the work group will support two additional projects that utilize the ASTM/HL7 Continuity of Care Document (CCD):

- The Personal Health Monitoring project will develop a guide to use the CCD to exchange data between PHRs and personal health monitoring devices such as pulse oximeters. The project is being developed in conjunction with the Continua Health Alliance.
- The Plan-to-Plan Personal Health Record Exchange project will utilize the CCD to exchange data between health insurers. This collaborative effort includes HL7, America's Health Insurance Plans (AHIP) and the Blue Cross Blue Shield Association (BCBSA).

The Structured Documents Work Group is also working on the Quality Reporting Document Architecture (QRDA) DSTU being developed in conjunction with the Pediatric Data Standards Work Group. This project will define a set of specifications for communicating quality measure definitions to, and reporting quality data from, EHRs. The work group is also accepting formal proposals to be considered for CDA Release 3. Work on this release is expected to begin in 2009.

About 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; Booz Allen Hamilton, Boston Scientific Corporation, Centers for Disease Control and Prevention; Duke Clinical Research Institute (DCRI);
Eclipsys Corporation; Eli Lilly & Company; Epic Systems Corporation; the Food and Drug Administration; GE Healthcare Information Technologies; GlaxoSmithKline; IBM; Intel Corporation; InterSystems Corporation; Johnson and Johnson; Kaiser Permanente; McKesson Provider Technologies; Microsoft Corporation; Misys Healthcare Systems; NHS Connecting for Health; 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; Solucient, LLC.; St. Jude Medical; 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, 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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