



Health Level Seven® International

For Immediate Release

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Meaningful Use Standards Final Rule Names Five HL7 Standards and Implementation Guides

Version 2.5.1 Implementation Guide for Electronic Laboratory Reporting to Public Health Now among HL7 Publications Needed for Meaningful Use

Ann Arbor, Michigan, USA – July 19, 2010 – Health Level Seven® International (HL7®), the global authority for interoperability and standards in healthcare information technology, today announced that five of its standards and guides will be used in the U.S. final rule on standards and certification criteria for meaningful use.

The interim final rule published in January of this year included:

- HL7 Version 2.5.1 for the submission of lab results to public health agencies.
- HL7 Version 2.3.1 or Version 2.5.1 for submitting information to public health agencies for surveillance or reporting (excluding adverse event reporting).
- HL7 Version 2.3.1 or Version 2.5.1 for submitting information to immunization registries as the content exchange standard and the CDC maintained HL7 standard code CVX—Vaccines Administered as the vocabulary standard.
- HL7 Clinical Document Architecture, Release 2 (CDA) Continuity of Care Document (CCD), a Version 3 standard based on the HL7 Reference Information Model, as one of two options for content exchange standards for the receipt of a patient summary record.

In addition, the final rule now includes the HL7 Version 2.5.1 Implementation Guide for Electronic Laboratory Reporting to Public Health when HL7 Version 2.5.1 is used for reporting lab results to public health agencies.

HL7 Members are Heard by ONC

In March, HL7 published comments on the Interim Final Rule on Standards. As a result of feedback from HL7, its members and others in the healthcare industry, a number of changes important to HL7 members were made to that rule.

- **Overlaps and Inconsistencies with Previously Selected Standards Are Reduced**

HL7 recommended that ONC provide clarification on overlaps and inconsistencies between standards required for use in Federal Agencies under Executive Order 13410 and standards that had been previously recognized under this order. The final rule incorporates many more of the implementation guides that had been previously recognized by HHS as requirements, including the ANSI/HITSP C32 Version 2.5 implementation guide. These changes greatly reduce the number of inconsistencies and overlaps between the final rule and Executive Order 13410.

- **Implementation Guidance Has Been Added**

HL7 recommended that the Final Rule provide more implementation guidance. The new rule incorporates implementation guidance for Immunizations using HL7 2.3.1 or HL7 2.5.1, use of the Continuity of Care Document using the HITSP C32 Version 2.5 specification, guidance for public health reporting using HL7 2.5.1 developed by the Public Health Information Network, and for laboratory to public health using the recently approved HL7 Version 2.5.1 Implementation Guide for Electronic Laboratory Reporting.

- **Transport Standards Inconsistencies Eliminated**

HL7 recommended that the transport standards section be altered to accommodate the use of the selected HL7 standards. The final rule does not make any recommendations for transport.

- **Description of CCD Improved**

HL7 observed that the description of CCD in the Interim Final Rule was inaccurate. The interim final rule described CCD as being a Level 2 implementation guide of CDA. CCD supports both structured narrative (Level 2) and coded data (Level 3). ONC corrected these errors. Furthermore the selection of the HITSP C32 Version 2.5 Specification for implementation guidance means that CCD documents exchanged for meaningful use will contain coded data (Level 3).

- **Use of Appropriate Standards for Discharge Summaries**

HL7 pointed out that Discharge Summaries require content that is not described or supported in the CCD. ONC acknowledged that Discharge Summary documentation can be separated from the content of the CCD, but did not select an alternative standard for them.

- **Use EHRs for Clinical Purposes**

HL7 recommended that the text in the Interim Final rule which required use of the EHR to perform eligibility and claims transactions be removed, as this is inconsistent with EHR systems as described by the HL7 EHR Functional Model. The final rule removes the requirement for the EHR to perform claims or eligibility transactions.

“The final rule on standards for meaningful use will improve the potential for interoperable exchange between healthcare providers. HL7 and its members are proud to have been a contributor to this historic regulation,” said HL7 CEO Charles Jaffe, MD, PhD. “The HIT Standards Committee deserves our gratitude for this significant achievement. We must continue to advance the vision of the committee if we hope to reach the goal of improving the care of our patients.”

For more information, please visit the HL7 website at www.HL7.org. HL7 International members may download copies of the standards and implementation guides for free. Nonmembers may purchase them at <http://www.HL7.org/implement/standards/hhsifr.cfm>.

About Health Level Seven International (HL7)

Founded in 1987, Health Level Seven International is the global authority for healthcare Information interoperability and standards with affiliates established in more than 30 countries. HL7 is a non-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 collaborates with other standards developers and provider, payer, philanthropic and government agencies at the highest levels to ensure the development of comprehensive and reliable standards and successful interoperability efforts.

HL7's endeavors are sponsored, in part, by the support of its benefactors: Abbott; Accenture; Booz Allen Hamilton; Centers for Disease Control and Prevention; Duke Translational Medicine Institute (DTMI); Eclipsys Corporation; Epic Systems Corporation; European Medicines Agency; the Food and Drug Administration; GE Healthcare Information Technologies; GlaxoSmithKline; Intel Corporation; InterSystems Corporation; Kaiser Permanente; Lockheed Martin; McKesson Provider Technology; Microsoft Corporation; NHS Connecting for Health; NICTIZ National Healthcare; Novartis Pharmaceuticals Corporation; Oracle Corporation; Partners HealthCare System, Inc.; Pfizer, Inc.; Philips Healthcare; QuadraMed Corporation; Quest Diagnostics Inc.; Siemens Healthcare; St. Jude Medical; Thomson Reuters; the U.S. Department of Defense, Military Health System; and the U.S. Department of Veterans Affairs.

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

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