Technical Steering Committee E-NEWSLETTER

In This Issue — November 25, 2008

Update from the TSC Chair

By Charlie McCay
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The TSC continued to work on making the activity within HL7 more visible. This is being done by looking at the products, projects and work groups, and ensuring that these are each well defined, and information about them can be found.

This visibility is useful both for the active members of HL7 to ensure that they are engaging as effectively as possible, and also for other stakeholders to see what is available from HL7, and where more active engagement would be useful to them. Finally, it links up with the HL7 roadmap effort, which is providing a statement of the overall direction of the organization. This needs to be informed by what is happening in each of the workgroups, and will provide a framework within which future plans can be made.

The TSC welcomes Lynn Laakso who has joined HL7 as a full time TSC project manager and will be working on this, and so we expect to be able to deliver much improved visibility without asking yet more administrative overhead from the active membership. This appointment will make the TSC a much more efficient body, so please do continue to tell us what we can do better, and how we can direct our efforts to deliver the most value to your organizations, and to the wider HL7 community.

Update from the CTO: Developing a HL7 SOA Aware Enterprise Architecture

By John Quinn
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With considerable contributions from:
Charlie Mead, Chair, ArB; and John Koisch, Co-Chair, SOA Work Group

When I accepted the job of CTO just about a year ago, I looked to the discussions and recommendations of the Strategic Initiatives Task Force (SITF) for direction on the priorities set for the CTO. As a participant in the SITF, I remembered that “re-directing” the Architecture review Board and the creation of a “reference architecture” for HL7 was high on the list of suggestions for the new CTO.

In October of last year, I started the process of re-structuring and the ArB under the Technical Steering Committee (TSC) and asked it to take a proactive role in

first defining HL7's reference architecture and then comparing and tracking HL7 products to that reference architecture. That work started last January in San Antonio. By early last spring, the ArB was "up and running" and began to take up the issue of HL7's reference architecture.

In April, our Services Oriented Architecture (SOA) Work Group and our joint Health Services Specification Project (HSSP) partner, Object Management Group (OMG), held a conference that I attended in Chicago. The meeting covered the activities of the HSSP and included presentations on non-healthcare specific SOA. Presentations were also given by provider organizations, such as Partners Healthcare in Boston, and HIT vendors such as Siemens, about their approach and use of SOA in their projects and products.

I took what I was hearing at the HSSP conference along with the other presentations, publications and course work that I have experienced in the last few years as the CTO of Accenture's North America Provider Consulting Practice. Historically, Healthcare Information Technology (HIT) has followed, rather than led, previous information technology innovations. Two recent examples include client server architecture and thin-client/web-based user interfaces. Our April HSSP program convinced me that the HIT industry and our stakeholders were now ready to move to SOA. HL7 needs to act now to align its new reference architecture to SOA.

Just before our May meeting in Phoenix, Arizona I asked the ArB to make sure that our new reference architecture was based on SOA principles and support—but not define—semantic interoperability through HL7 products via services. In other words, our reference architecture must be "SOA Aware." At the Phoenix meeting, the ArB decided to hold three open out-of-cycle meetings to fast-track this effort with the hope that we could present a draft solution to the TSC at its meeting the Saturday before our fall Vancouver meeting.

I am happy to report that during June, July and August we held three one-week meetings of the ArB that included an interested set of visitors both in person and on the phone. All members of the ArB attended at least one meeting and the majority attended all three meetings either in person or via phone. The ArB attendees included Charlie Mead, Anthony Julian, Jane Curry, Abdul-Malik Shakir, Mead Walker, Ron Parker, John Koisch, Nancy Orvis, Yongjian Bao, Cecil Lynch, Grahame Grieve and John Quinn. Our visiting (and active!) attendees included Rich Rogers, Galen Mulrooney, Ann Wrightson, Scott Robertson, Alex DeJong, and Ed Larsen.

At our final meeting in August, the ArB was unanimous in its approval of our final draft of our SOA Aware Enterprise Architecture Framework (SAEAF). I presented both the process and an introduction to SAEAF at the Affiliates meeting, the TSC meeting and the Tuesday work group kick-off session in Vancouver. In addition, Charlie Meade, John Koisch, I and other ArB members also presented SAEAF at a full quarter-session meeting at the invitation of the SOA Work Group.

Our goal was to produce a reference architecture that enabled HL7 to respond to internal and external stakeholders who are asking for a Services-Oriented Strategy. Surprisingly, the ArB also found, at an architecture level, some answers to other questions including:

- What does it mean to be conformant to HL7 standards?
- How do you impose governance on an HL7 standard?
- How do HL7 standards help us achieve interoperability?

- How do HL7 standards fit in with the output of other Standards Development Organizations (SDOs)?
- How should organizations provision resources to adopt HL7 standards?

The ArB started out identifying the main customers for *service standards* to be any group of participants interested in collaborating and sharing health-based information. We made no assumption of scale. That is, participants could be of any size from collections of enterprises to individual applications.

We also set requirements that our users and stakeholders must have:

- Implementable standards
- Computable semantic interoperability
- A means for supporting measurable goals
- Ultimate "plug and play" interoperability
- Incremental benefits
- An architecture and products that support a conformance measurement
- The ability to apply governance on the specifications
- An architecture that fits into the way organizations model, use, and test components
- Implementation guides
- Services that reflect the "…ilities" (e.g., scalability, reliability, recoverability, etc.)

Finally, I would like to restate what the ArB ***did not*** do:

- This architecture is **not** a replacement for or an alternative to HL7's existing products, engagements, or offerings;
- It attempts to reframe, encompass, and support existing HL7 threads of work and focus;
- The Health Domain Enterprise domain needs services in conjunction with the other components, and HL7 needs to take a leadership position.

Two days after the completion of the Vancouver meeting the ArB posted a draft copy of the SAEAF document to the ArB wiki (at http://wiki.hl7.org/index.php?title=SAEAF_Document). This document will stay in place until a revised copy is available for posting.

The ArB also started a formal peer-review process that completed during the week of October 6, 2008. The ArB is now reviewing the 32 comments that it received during the review period and is committed to do its best to resolve all of these comments by the completion of an ArB out-of-cycle meeting that was held in Washington, DC this November.

TSC Updates since the September Working Group Meeting

By Karen Van Hentenryck
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Approved Projects

- Lab CMET project (TSC Issue: 738 – Status=Closed) (Project Insight ID: 349)
- Tuberculosis DAM, Release 2 project (TSC Issue = 776 Status – Closed; Project Insight ID: 215)
- Composite Privacy Consent Directive, R1 project (TSC Issue = 777 Status – Closed; Project Insight ID: 373)
- Public Health Related CMET project (TSC Issue = 788 Status – Closed; Project Insight ID: 350)
- RIM annual balloting project (TSC Issue = 789 Status – Closed; Project Insight ID: 363)
- Patient Administration derived CMET project (TSC Issue = 768 Status – Closed; Project Insight ID: 361)
- V3 Organization Registries, R2 project (TSC Issue = 769 Status – Closed; Project Insight ID: 360)
- V3 Provider Registries, R1 project (TSC Issue = 770 Status – Closed; Project Insight ID: 359)
- GELLO V1 IG project (TSC Issue = 771 Status – Closed; Project Insight ID: 369)
- HL7 EHR Clinical Research Functional Profile project (TSC Issue = 772 Status – Closed; Project Insight ID: 202)
- Account and Billing CMET project (TSC Issue = 773 Status – Closed; Project Insight ID: 362)
- Consumer Information Account project (TSC Issue = 774 Status – Closed; Project Insight ID: 370)
- Common Clinical Project (TSC Issue = 775 Status – Closed; Project Insight ID: 356)
- Emergency Care DAM, R1 (TSC Issue = 798 Status-Closed; Project Insight ID: 368)

Approved Project Scope Changes

- The updated ICSR, R3 project scope (TSC Issue – 793 Status – Closed; Project Insight ID: 227)

New Template Work Group Mission and Charter Statements

The TSC approved a new template for all Work Group mission and charter statements. The template can be found on TSC Wiki page under “TSC Templates” or by clicking here.

Updated Work Group Mission and Charter Statements

The TSC approved updates to the following two mission/charter statements brought forward by the Domain Experts Steering Division. The updated mission/charters are available on the corresponding work group pages:

- Community Based Collaborative Care
- Child Health (previously known as Pediatric Data Standards Work Group)

DSTU Publication Approvals

The TSC approved publication of each of the following documents as a Draft Standards for Trial Use (DSTU). They will be available within the next few weeks on the HL7 DSTU comment site (http://www.hl7.org/dstucomments/index.cfm).

- PHR-S Functional Model (TSC Issue 712 – State = Closed)
- HL7 EHR Lifecycle Model (TSC Issue 713 – State = Closed)
- HL7 Implementation Guide for CDA Release 2: Reference Profile for EHR Interoperability (TSC Issue 714 – State = Closed)
- HL7 Implementation Guide for CDA Release 2.0 Personal Healthcare Monitoring Report (PHMR) (TSC Issue = 821 Status - Closed; Project Insight ID:209)

New Icons for Work Group Sessions at Working Group Meetings

Work Groups can identify the nature of their quarterly meeting sessions at the upcoming Working Group Meeting with an icon. We hope that this will assist new meeting attendees to schedule their time at Working Group Meetings. There are icons for Business, Reconciliation, and Technical discussion types. These icons are posted on the website, on the Work Groups page under Templates. http://www.hl7.org/library/committees/tsc/Work%20Group%20Agenda%20Icons.zip. You can also get to them from the TSC wiki main page under Project Information. Please use these icons when scheduling your sessions.

Co-chairs, please use the icons below to identify the nature of your group's meetings at the Working Group Meeting. These icons will assist new attendees, as well as seasoned participants, with selecting which work groups and sessions they wish to attend. Brief guidelines for determining which icon to use are provided below:

Ballot Reconciliation Session Icon

Use this icon to identify sessions that will be focused on ballot reconciliation or ballot issues.

Business Session Icon

Use this icon to identify sessions that will be of interest to attendees with a business or clinical focus (i.e., creation of storyboard and uses cases)

Technical Session Icon

Use this icon to identify sessions that will be of interest to attendees with a technical focus (i.e., static model design)

New Work Group

- The TSC approved the formation of the Clinical Statement Work Group, to be part of the Structure and Semantic Design Steering Division. Hans Buitendijk and Rik Smithies are the interim co-chairs of this new Work Group. Visit their webpage on the HL7.org site to review their mission and charter.

New Schedule Templates for Ballot Projects

- On Tues., Sept 16, the TSC approved four new schedule templates, proposed by the Project Services Work Group, for ballot projects. The templates, which will create a default project schedule based on the project type (i.e., Comments Only, Informative, DSTU, Normative) will now be applied when projects are added to Project Insight.

Updating the V3 Repository with the Three-cycle Backlog of Vocabulary Changes

- As announced on Oct. 7, HL7 contracted with Ted Klein and Russ Hamm to apply the last three cycles of vocabulary changes to the V3 Repository. This project has been completed. You can view the update Repository by clicking here.

Work on Enterprise Architecture and Roadmap Announced at the Vancouver Working Group Meeting

- Dr. Charles Jaffe announced during the Vancouver Working Group Meeting the availability of the HL7 Roadmap document for review and comment. The Roadmap is a business plan for our products and services, designed to meet the growing business needs of our members and stakeholders. Derived from collaborative efforts with our members, government and non-government agencies and other standards development organizations, the Roadmap is comprised of five high-level organizational strategies that are supported by a detailed tactical plan with clearly defined objectives, milestones, and metrics for success. We encourage all Work Groups to review this document, discuss it with their Steering Divisions and provide feedback via the comments site. The Roadmap download and comment site is available at http://www.hl7.org/documentcomments/index.cfm. Please note that the comment site is current disabled as we are updated the Roadmap document based on input received to date. The updated document will be posted and the comment site open soon.

Viewing Projects and the TSC Issue Tracker

To view Projects:

- Go to Project Insight at: http://healthlevelseven.projectinsight.net (this requires a PMO assigned login) OR
- Go to the new searchable Project Database by clicking here OR
- Open the Project List on GForge by clicking here

To Access the TSC Issue Tracker: click here

Domain Experts Steering Division Update

Rationale for SWOTS and Three-Year Plans

By Austin Kreisler and Jim Case
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The movement of HL7 to adopt a strategic roadmap for the organization in order to assist in focusing the organization's resources and efforts to the greatest benefit of its members requires knowledge concerning both the conditions that impact the effectiveness of each group (strengths, weaknesses, opportunities and threats or SWOTs), and the planned activities for the work groups in the near and long term (up to three years).

SWOTs and three-year plans provide input to the HL7 roadmap at both ends of the process. The roadmap provides the high-level strategies that guide the decisions and activities of the organization as a whole. SWOTs assist the Board of Directors in evaluating major obstacles to productivity that the work groups have identified as well as the organizational strengths upon which the overarching strategies should be built. Thus, SWOTs allow for the focusing of HL7s strategies to best take advantage of the strengths and opportunities and to mitigate weaknesses and threats.

Three-year plans are used in the preparation and evaluation of organizational strategies, as well as to assess the alignment of proposed workgroup projects with the published strategies of the working group. Thus, proposed projects that do not fit into any of the currently accepted strategies would be deemed out of scope for the organization, but could be considered for inclusion in future strategic initiatives when the roadmap is updated.

SWOTs and three-year plans provide both the input and focus of the needs of HL7s primary constituencies, i.e. the membership doing the actual work of standards development and the consumers of the HL7 work products. By integrating these documents along with the high-level business strategies of the organization, HL7 is able to focus its limited resources in the most productive manner, while still providing a high level of value to stakeholders in the health community.

Technical & Support Services Steering Division Update

By Ken McCaslin
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During the January 2009 Working Group Meeting on Thursday Q1 a joint meeting will take place with the Tooling, Project Services, and Electronic Services Work

Groups to review the tools used by the membership and examine how those tools are being utilized. The expected outcome is a proposed tooling list for membership going forward. All those interested in this discussion are urged to look for the meeting in the On-site Guide so that they can attend and contribute.

The Electronics Services Work Group has developed a work group webpage template. Several work groups will test this template before it is rolled out to all work groups. One of the features of this new template will be that each work group will be able to designate the location of meeting minutes and other documents by providing a URL. A spreadsheet was recently distributed to work group co-chairs requesting the location of their work group's documents. We expect this project to be completed by the end of the year.

New website development vendors have been selected and are in the process of developing a project plan. The project plan is expected to be available prior to the end of the year. Our current goal is to complete the new website as early as the May 2009 Working Group Meeting. Please stay tuned for further updates.

OID Usage in Clinical Documents Project

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With editing support from Liora Alschuler, Co-Editor, CDA and Co-Chair, Structured Documents Work Group

One of the challenges of working with HL7 Version 3 specifications is obtaining and managing the many object identifiers (OIDs) that are needed to ensure uniqueness of identifiers. For many individuals and organizations, the HL7 Clinical Document Architecture (CDA) is their first experience with HL7 Version 3. They are not familiar with OIDs, and often struggle with finding basic information about how to deal with them. This guide is a useful starting point for organizations that are struggling with the concepts of CDA object identifiers, and are unsure how to go about scoping existing identifiers to make them globally unique.

First balloted in September 2008, *the OID Usage in Clinical Documents Implementation Guide* (Project Insight #328) is an HL7 informative document that provides guidance on this topic. It explains what an OID is, lists various methods for obtaining a root OID for your organization, and then shows several examples of how you might partition your OID structure to create child OIDs for the various

types of identifiers found in CDA documents such as document identifiers, patient identifiers, locations, etc.

Small practices housed in a single location may not have a large variety of independent systems. These practices can create a very simple OID management plan based on the identifier types listed above. Greater care must be taken for complex, multi-site and/or multi-system organizations to ensure that the OIDs used are globally unique. The guide illustrates such a complex environment using the scheme adopted by the US Military Health System, a large, distributed healthcare provider responsible for over nine million covered lives. This guide provides guidance and sample OID management plans for both small and large organizations.

FAQS

Who should read this guide?

The guide is intended for technical staff responsible for managing systems that use OIDs to scope identifiers. System vendors may find this guide useful for configuring default OID partitioning schemes in their applications.

Does this guide create a new standard for partitioning OIDs?

No, the recommendations in this guide are not meant as a replacement for any organization's existing OID partitioning and management practices. It describes a couple of ways that organizations getting started with HL7 Version 3 specifications, like CDA, can use and manage OIDs.

Now that we have this guide, can we use the guidelines it establishes for OIDs to interpret in the identifiers?

No, parties receiving CDA documents should not make assumptions about the meaning of OID structure (or lack thereof) from sending parties based on the recommendations in this guide under any circumstances. OIDs in CDA documents, ultimately, are just string based identifiers, and should be treated as such. Users need a look-up table (or tables) to associate OIDs with the object being identified.

HL7 Registers Its First Technical Report with ANSI

By Karen Van Hentenryck
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HL7 has registered the V2.5.1 Implementation Guide: Orders & Observations; Ambulatory Care Lab Results (ELINCS), Release 1 as an ANSI Technical Report.

Section 13.01.06 of the Governance and Operations Manual (GOM) explains and provides instructions for registering an HL7 document as an ANSI Technical Report. Technical Reports are developed in conjunction with an American National Standard. They are typically informative documents and provide

methods or instructions for the application of an American National Standard. HL7 registers documents as an ANSI Technical Report to encourage widespread usage and acceptance of the Technical Report and its related American National Standard. Technical Reports may include reports of technical research, tutorials, factual information on the “state of the art” in relation to standards of National or International bodies on a particular subject but may not circumvent the regular consensus process for approval of an American National Standard.

Please refer to sections 13.01.06.01 and 13.01.06.03 for additional information regarding the procedures for approval and ANSI registration of technical reports.

Special Authorization Project

By Joginder Madra
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Special Authorization is a project (Project Insight ID #330) under the HL7 Financial Management Work Group. Special Authorization provides a mechanism whereby an insurance carrier or designate allows a provider to obtain pre-approval before a particular product or service is covered under a specific insurance policy. For example, some drug products are not covered under a patient's insurance policy unless special authorization has been granted. Special Authorization results will typically define the products and/or services that have been approved via special authorization and any limitations (e.g. effective period, quantity limits, dollar limits, etc.). Coverage for approved products and services would still typically be subject to plan limitations and deductibles.

In many jurisdictions, this is a paper-based process where special authorization forms are completed by providers on behalf of their patients. These forms are then sent to the payer by mail or fax, and sometimes called in, to be manually reviewed and adjudicated by the payer. Approved requests are then recorded as part of a patient’s insurance record, which is accessed during the claims adjudication process. This process can take days to complete.

This project defines HL7 Version 3 interactions to facilitate the electronic submission of special authorization requests, communication of results and querying of special authorization status. Currently, the interactions defined in this domain are:

1. Special Authorization Request
    a. Special Authorization Request Accept Response
    b. Special Authorization Request Refuse Response
2. Cancel Special Authorization Request
    a. Cancel Special Authorization Request Accept Response

    b. Cancel Special Authorization Request Refuse Response

3. Special Authorization Result Notification
4. Request for Additional Information for SA
    a. Provide Additional Information for SA
5. Provide Additional Information for SA Notification
6. Special Authorization Summary Query Request
    a. Special Authorization Summary Query Response
7. Special Authorization Detail Query Request
    a. Special Authorization Detail Query Response

For more information about this project, please contact: Joginder Madra (Joginder.madra@gpinformatics.com) or Kathleen Connor, Co-Chair, Financial Management Work Group (kathleen.connor@microsoft.com)

Electronic Services Work Group Update

By Ken McCaslin
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With contributions from the Electronic Services Work Group

Before the end of the year, the Electronic Services Work Group will complete a project to provide the ability to identify on each Work Group (WG) webpage where important documents are located such as meeting minutes and agendas if they do not reside on the webpage at HL7.org. At this time, co-chairs have been tasked with providing the location of the current work group repositories via a spreadsheet that was due by November 14, 2008. To facilitate the rollout of this project to the Work Group pages, Electronics Services, Project Services, and PIC are currently testing a new work group template. Look for the new template to roll out to all of the work group pages in the coming weeks. New features include recent discussions and an RSS feed from the primary listserv as well as upcoming calls with iCal links to add to your calendar.

If you any questions about this work please contact Ken McCaslin, Co-Chair Electronic Services Work Group. For more information regarding this project as well as other Electronic Services Work Group projects, click on the HL7 Searchable Project Index link located in the Resources section on the homepage of www.HL7.org.

ANSI Announces Elimination of *Essential Requirements: Annex B*

By Chuck Meyer
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In a notice dated October 2 the American National Standards Institute (ANSI) announced that Annex B: Draft American National Standards for trial use of the ANSI Essential Requirements has been eliminated as an option for announcing documents through ANSI.

Deletion of Annex B does not preclude an ANSI-Accredited Standards Developer (HL7) from developing, approving and disseminating its own draft standards for trial use (DSTU); however, such documents may not be announced as or otherwise promoted as "Draft American National Standards for Trial Use." The bottom line: no impact on how HL7 employs DSTU other than announcing them through ANSI.

By December 1, HL7 is required to remove any designation or other labeling of a document as a "Draft American National Standard for Trial Use" and provide written confirmation to ANSI. However, HL7 is not required to recall such documents or otherwise notify anyone who may have a copy.

The Governance and Operations Committee (GOC) is preparing a revision work item to eliminate reference to Annex B in the Governance and Operations Manual (GOM). Look for more details on the elimination of Annex B and other revisions to the GOM in the January HL7 Newsletter.