



Technical Steering Committee

E-NEWSLETTER

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December 15, 2010

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HL7 Welcomes Austin Kreisler as the New Chair of the Technical Steering Committee

HL7 congratulates Austin Kreisler on becoming the chair of the Technical Steering Committee. He is an employee with Science Applications International Corporation (SAIC) and he is the co-chair of the Domain Experts Steering Division and the Orders and

Observations Work Group. He also serves as the Publishing Facilitator for Orders and Observations and as the Modeling and Methodology Facilitator for Structured Documents and Public Health and Emergency Response. In addition, Austin was honored with the Ed Hammond Volunteer of the Year Award in 2006.

In his position statement he sent to the TSC upon his nomination, he shared:

The core goal of the TSC chair should be to bridge between the strategic and operational activities of HL7. I am excited by the opportunity to represent the TSC on the HL7 Board as well as the challenges in bringing together the strategic and operational aspects of HL7.”

As TSC Chair, I intend to push the following two TSC initiatives that from my perspective bridge the strategic and operational activities of HL7:

- HL7 Architecture – We have an Architecture Framework (SAIF) but we don’t have an HL7 Architecture at this point
- HL7 Product Quality – HL7 must have quality products that our “customers” are willing to “purchase”

I think these two items go hand in hand. Developing an HL7 Architecture such that we can produce quality products will be key to the success of HL7 as an organization.

HL7 would also like to thank the outgoing TSC chair, Charlie McCay for his years of dedicated service to our organization.



Summarizing the Post Cambridge WGM Survey

By Karen Van Hentenryck – submitted on behalf of the Process Improvement Committee

HL7 Associate Executive Director

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Thirty-eight groups and Board-appointed committees met in Cambridge, and 33 groups completed the PIC-sponsored post WGM survey. The survey was well received (some

work groups even submitted more than one response!). Response rates from Board-appointed committees were very low, and PIC encourages their stronger engagement in the next post WGM survey.

The survey revealed that all but three of the convening work groups were represented at the Monday evening co-chairs dinner and steering division meeting, which was a fine turnout. Likewise, all groups that met achieved quorum, and all survey responses reported that they were able to accomplish their set objectives and meeting business.

One of the most interesting areas in the survey responses is the stated objectives of each work group. Work and information sharing related to existing projects topped the list of objectives, with 91.8% of respondents identifying these two areas as their top objectives. Joint meetings/engagement with other work groups was close behind with 73.5% of respondents identifying this as an objective. Networking was identified by 61.2% of the respondents as an objective, followed by ballot resolution, which was identified by 42.5% of respondents. New project initiation and engagement with local/regional projects were identified by 34.7% and 24.5% of respondents, respectively.

The top three obstacles to achieving meeting objectives, in descending order of frequency, were reported as missing key members technical support problems, and unprepared members. Interestingly, attendance by key members and prepared members were the two top ranking reasons cited by work groups as enabling the achievement of objectives. Sufficient attendance was also cited as an enabler, followed by the venue and clearly defined meeting objectives.

Twenty work groups indicated that they had attendance from local professionals. Most respondents indicated that they would recommend using the conference facility again. Those not recommending the facility cited distances to local eateries and shops as drawbacks.

Eight work groups reported difficulty in having enough co-chairs in attendance to achieve quorum in Sydney, but only four of those groups had designated an acting chair for that meeting. Working groups are encouraged to review this need, and it is not too late to designate an acting working group for the Australia meeting. Anyone with questions or needing assistance can contact one of the PIC co-chairs or Karen Van Hentenryck.

As is typical, the survey invited respondents to submit additional comments, and many of

the co-chairs did just that. Not surprisingly, many individuals cited inconsistent Internet access as a problem in Cambridge. The HL7 International staff is taking steps to resolve this problem at future venues and to assure, to the best of our ability, that Internet is consistently available during the work day. The cost of travel, particularly to venues outside the US (except Canada), was noted by several individuals as problematic, while others responded that while they recognize this as a barrier to participation, they also felt that US companies must be willing to meet outside North America to help the organization achieve its goals.

Timely availability of work group agendas was also cited as a shortcoming of this meeting, and numerous requests have already been sent to work group co-chairs to post their agenda for the Sydney meeting ASAP. Another respondent indicated that he/she is struggling with a model where just a few people seem to do most of the work. Finally, a key message from respondents was that the Northeast is a good WGM venue and should be re-visited in the near future.

You are invited to review the survey results at:

http://www.hl7.org/Library/Committees/pi/Post%20Cambridge%20WGM%20SurveySummary_11182010.pdf



In Search of the Perfect "HL7" Work Group

By Austin Kreisler and Ed Tripp

Domain Experts Steering Division Co-Chairs



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For the past year or so, the TSC has been measuring the health of work groups. The TSC and steering divisions have been using this information to identify those work groups that are in need of improvement. The metrics we currently have in place do a decent job of identifying work groups in poor health. There is also a temptation to use these metrics to identify the healthiest work groups. One can in theory look at the work group health metrics and identify work groups that have “perfect” scores. Does that mean these work groups are “perfect” work groups? Probably not, but we can say with some confidence that they seem to be doing the right things that allow work groups to function and produce standards. In other words, they seem to be healthy work groups.

Producing standards seems to be one of the key measures of work group health, yet we have an entire steering division full of work groups that do not develop standards. The Technical and Support Services Steering Division contains work groups such as Publishing, Tooling, Project Services, etc., which are focused on providing support and tools to work groups that are producing standards as well as support to the HL7 organization as a whole. In our search for the perfect work group, we should not use a work group health metric that does not apply equally to all work groups. That means that balloting standards cannot be used as a metric for identifying “perfect” work groups, although it will continue to be used as a performance metric where it is appropriate.

Now when we talk about “perfect” work groups, we are really talking about those work groups that have “perfect” work group health according to the metrics we are applying. While we are sure that all work groups should strive for continuous improvement, those groups with “perfect scores” surely are doing many of the right things necessary to produce standards or help other work groups produce standards.

In addition, the metrics we use to do the measuring are undoubtedly imperfect. Going forward, the TSC is planning rolling out new metrics to replace old metrics that do not seem to serve a useful purpose now. You can find the current metrics along with the work group health history at the following link:

http://hl7t3f.org/wiki/index.php?title=Work_Group_Health

In the future, the TSC wants to not only use these metrics to identify and work with work groups in poor health, we also want to recognize those work groups that are in “perfect”

health according to the metrics. We believe public recognition of our best work groups will inspire all HL7 work groups to do better.

So what are the current “perfect” work groups (based on the Cambridge WGM metrics)?

Drum roll please:

- RCRIM
- Infrastructure and Messaging (INM)
- Vocabulary

Congratulations! We believe these work groups have the right stuff to produce great standards.



Ballot Types Untangled

By Helen Stevens Love

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Sometimes we get a question a few ways a few times and it triggers a ‘need’ to go and re-check our answers. One question I often hear is regarding the ballot types, especially confusion over the previous committee/membership balloting that have ‘disappeared’! I reviewed the Governance and Operations Manual (GOM) on the topic and although there was nothing wrong in the GOM, it did seem a trifle confusing, so here is an attempt to untangle the issue.

The question usually comes up when you are creating your Project Scope Statement (PSS) and it asks for the project's ballot type. In a recent discussion, a co-chair had a problem: the workgroup wanted to put the material out in order to get back initial comments as well as generate interest (it is very raw). However, the work group was not sure if they needed to ballot and publish the document as informative. What they really wanted is for the material to be approved as a Draft Standard for Trial Use (DSTU) and finally accepted as a normative standard at some point in the future. So how were they to create their PSS?!!??

There are four **Ballot Types** identified in the Project Scope Statement: "**Comment Only**," "**Informative**," "**DSTU**" and "**Normative**." Additionally, we can have a "Joint Ballot" with another SDO. So, how do these ballot types relate to the information on ballots in the GOM? The GOM talks about two types of ballots: **Review Ballots** (Section 13), and **Normative Ballots** (Section 14). Within Review Ballots we have distinct sections for Informative Documents, Draft Standards and Comment Only Ballots.

Key to answering the question about what to put in your PSS is to understand that the PSS is asking just about this project – in the case of our work group above, we probably will have two or three separate projects.

- 1) Project to develop the material and get it approved as an informative document
- 2) Project to progress the informative document and get it approved as a DSTU
- 3) Project to reconcile the DSTU feedback and progress the material to approval as fully Normative.

1 and 2 could be a single project if it is not important to have the informative document published as completed, but just use it as a stepping stone to DSTU status.

The second key is to understand that it is valid (even expected) that a document will undergo multiple rounds of balloting at any level before achieving approval.

The following table may help provide some additional explanations:

PSS Ballot Type	GOM Section	Explanation
Informative	13.01	An informative document is the product of a work group that is not currently deemed normative, but nonetheless is intended for general publication. An

		<p>informative document MAY never be progressed to normative (or DSTU) for example in the case of implementation guidance.</p> <p>Select this if the Project's objective is to publish the material as Informative.</p>
DSTU	13.02	<p>The DSTU document is the product that the work group wishes to release for trial use prior to progressing it to normative (or not). Usually new material or material in a new subject area will be published first as DSTU so that implementers can have a chance to 'kick the tires.' The DSTU is usually published for two years, so it is assumed that a separate project will be created to progress any DSTU approved material to Normative.</p> <p>Select this if the Project's objective is to publish the material as DSTU. A separate Project and PSS will be created to move from DSTU to normative towards the conclusion of the DSTU period.</p>
Normative	14.00	<p>A normative document is the product of a workgroup that is deemed appropriate to be a normative standard. Upon approval of a normative document it will be submitted to ANSI as an HL7 standard.</p> <p>If the project is for a subsequent release of previously approved normative material, then the work group may wish to go directly to normative balloting – i.e. not go to DSTU first.</p> <p>Note that even if the project leaders feels that there will need to be multiple ballot cycles to achieve appropriate stakeholder review and consensus – they will still select normative as their ballot type in the PSS. The objective of the project is to reach normative status, so the ballot type is normative and all the ballots are considered Normative ballots</p>

		(unless specifically identified as 'Comment Only.'
Comment Only	13.03	<p>Sometimes a work group is developing new and innovative material and they do not yet know enough about the material to decide on a balloting strategy. In these cases the work group may decide to create a project to develop the material and put it forward to the membership for general comment. The intent is to gather input from members outside of the work group on the viability and clarity of the proposed content or requirements document. The review of proposed content or requirements documents does not seek a vote, per se, but will capture all comments. There is no commitment or decision regarding the final status of this material at this point.</p> <p>Note, that any material that is targeting informative, DSTU or normative status MAY choose to have interim ballot cycles designated as "Comment Only." This does NOT change the project's ballot type in the PSS.</p>

The recommendation to the co-chair above is to enter "DSTU" as the ballot type in section 2.a of the Project Scope Statement. In section 4.d under Project Planning, schedule a "Comment Only" ballot as well as two ballot cycles at DSTU level. Acknowledge that once this project is complete, the work group will create another project to move the approved DSTU material, with all of the received implementation experience, into the final objective of a normative standard.

Good luck with your projects – and remember – your Steering Divisions and Process Improvement Committee mentors are always available to help with answers to your questions.



Health Story Project Liaison Report— September 2010

By Liora Alschuler

HL7 Liaison to the Health Story Project

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The Health Story Project is a non-profit, industry alliance of member organizations that was founded in 2007 by Alschuler Associates, LLC, the Association for Healthcare Documentation Integrity (AHDl), Medical Transcription Industry Association (MTIA), American Health Information Management Association (AHIMA) and M*Modal.

To support its vision of electronic records that offer a patient's complete health story, the project sponsors development of HL7 standards for the flow of information between narrative notes and EMR systems. In May 2008, Health Story established an Associate Charter agreement with HL7. Since that time we have supported the development, ballot and release for publication of eight implementation guides:

1. HL7 IG for CDA R2: Consultation Notes: Draft Standard for Trial Use
2. HL7 IG for CDA R2: History and Physical Notes: Draft Standard for Trial Use
3. HL7 IG for CDA R2: Operative Note: Draft Standard for Trial Use
4. HL7 IG for CDA R2: Diagnostic Imaging Report, Release 1: Informative Standard
5. HL7 IG for CDA R2: Care Record Summary Release 2: Discharge Summary
6. HL7 IG for CDA R2: Procedure Note (Endoscopy Report)
7. HL7 IG for CDA R2: Unstructured Documents
8. HL7 IG for CDA R2: Progress Notes

In the next year, we intend to launch efforts to consolidate these guides into a single publication that encompasses both US realm and international guidance. This latter project follows up on commitments made during ballot reconciliation with representatives of the affiliates, and we hope to achieve collaboration that will support the

internationalization of the guides.

We believe that the working relationship with HL7 has been productive and has allowed both organizations to do what they do best. The Health Story has a close working relationship with sectors of the HIT industry that keeps us in touch with business requirements; HL7 offers an exceptional community for review, evaluation, publication and dissemination of specifications in the US and internationally. This combination is sometimes called “agile standards development,” and we feel that this association forms a prime example of its effectiveness.

Our collaboration has led to these achievements, benefiting both organizations:

- The HIMSS EMR Adoption Model for 2010 references adoption of HL7 CDA Implementation Guides as a significant stage for EMR adoption
- Health Story has presented information on HL7 CDA implementation guides at regional and national conferences including HIMSS 2010 and HIMSS Virtual Conference & Expo, “Using Standards to Get to Meaningful Use: Exchange Basic Records and Meet Early Requirements” – one of only 16 presentations accepted
- Two Health Story-supported HL7 CDA implementation guides were recommended by HITSP and included in the CCHIT Roadmap
- Health Story offered three web-based educational seminars to encourage participation in the HL7 ballot process
- Broad coverage in national press through industry publications such as the Journal of AHIMA, Matrix, Advance, For the Record and Healthcare IT News
- Health Story members are encouraged to become early adopters of the HL7 CDA Implementation Guides; Over a dozen companies recently participated in a training session focused on implementation
- AHIMA recently published an updated RFI/RFP template to assist providers in selecting an EHR system. Health Story worked with AHIMA to develop a new section in the template that includes recommended EHR system requirements for

integration of clinical documents, specifically referencing the Health Story-supported HL7 CDA implementation guides.

In addition to sustaining development of additional technical specifications, Health Story aims to encourage adoption of available standards by raising awareness of their availability and providing education about their value. To that end, we appreciate HL7's assistance in jointly publicizing Health Story educational webinars.

We look forward to a continued relationship with HL7 and would like to explore additional ways in which we can collaborate to further our mutual interests.



Summary of HL7/IHTSDO Activities

By Russ Hamm
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1. Use of IHTSDO workbench tool within HL7

The Vocabulary Work Group approved a project to perform an alignment of the models representing HL7 vocabulary artifacts (code systems, concept domains and value sets) with the model used by the IHTSDO Workbench to determine how the Workbench would represent the HL7 artifacts and identify any gaps or necessary extension points.

This project is awaiting resources (volunteer or other) to perform the technical mapping.

2. Policy for HL7 submitting international concept requests to IHTSDO

HL7 and the National Library of Medicine (NLM) have consulted the IHTSDO and have begun the initial planning of an HL7-specific process on how an international organization

can collect, review, package, and submit content change requests to IHTSDO. Initial ideas include:

- a. Allow submission requests to be routed through any member country on behalf of HL7.
- b. Have HL7 designate a specific member country for submission requests involving international/universal terminology. All realm-specific requests to be routed through their member country.
- c. Have HL7 request access to the request submission tool from IHTSDO as an exception to member country access.

3. Joint HL7 / IHTSDO Terminfo Project

The idea of an in-depth joint HL7/IHTSDO review of the Terminfo document was proposed to the IHTSDO Technical Committee. The proposal was well-received, and is awaiting either volunteer effort or funding.

NCPDP Liaison Report

***By Margaret Weiker**
HL7 Liaison to NCPDP*

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NCPDP is balloting the work of the joint NCPDP/HL7 Group:

In November of 2008, NCPDP and HL7 joined together to develop functional profiles to facilitate the capture and sharing of point of care prescription and medication related clinical data by EHR systems. The task group has met weekly since that time to develop the stand-alone electronic prescription (ERX) EHR-S Functional Profile and the Pharmacy-Pharmacist EHR-S Functional Profile to support the development of interoperable EHR systems and the certification of those systems by the Certification Commission for Health Information Technology (CCHIT). A functional profile is a specification which uses the EHR-S Functional Model to indicate which functions are required, desired or implemented for certain EHR systems, healthcare delivery settings, or for other purposes. The HL7 EHR-S stand-alone ERX and Pharmacy-Pharmacist

functional profiles will facilitate EHR systems capturing prescription and clinical medication-related data at the point of contact or point of care. The functional profiles must specify the functional requirements needed to support messaging among prescribers, pharmacist, pharmacy providers and other healthcare entities needed medication-related information.

Each functional profile is presented as a separate packet containing the following components:

- Overview
- Conformance
- Direct care functions (functions that enable delivery of healthcare and/or offer clinical decision support)
- Supportive functions (functions that assist with the administrative and financial requirements associated with the delivery of healthcare and provide support for medical research and public health)
- Information infrastructure (functions that define the heuristics of a system necessary for reliable, secure and interoperable computing, including security, privacy, health record management and business rules)



NUCC Meeting Report

*By Nancy Wilson-Ramon
Alternate HL7 Liaison to NUCC*

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I represented HL7 at the National Uniform Claim Committee (NUCC) Meeting in Baltimore on August 10-11, 2010 as Maria Ward was unable to attend and I am the alternate. The following summarizes the meeting. I am happy to provide details on any of the topics upon request.

- **Attendees:** The meeting was well attended by both committee members and observers. Provider, payer, state, and federal agencies, plus liaisons to standards bodies were present as committee members. Observers included additional

provider, payer, and government representatives as well as vendors.

- **Announcements:** Rick Fenton has replaced Jodie Anthony representing the National Association of State Medicaid Directors (NASMD) with Jessica Wiecezak as the alternate. Amy Castello is replacing Walter Suarez as primary representative for Public Health Data Standards Consortium.
- **Update of NCVHS SS Meeting:** An update of the National Committee on Vital Health Statistics (NCVHS) Subcommittee on Standards hearings on Health Plan ID and Operating Rules (July 19-21, 2010) was provided by Nancy Spector. The NUCC submitted written testimony on the Health Plan ID and testimony on Operating Rules. Marjorie Greenberg, a member of the committee, provided additional input. There was significant discussion about the granularity of the Health Plan ID and the timing of the Operating Rules deadline.
- **1500 Revision:** The remainder of the meeting was focused on the revision to 1500 Claim Form. The committee previously identified areas of the form that must to be addressed. After a survey was completed a year ago, committees were formed and have been working on three different approaches to resolve the issues. Committees identified scope of work, deliverables, and potential options for the claim form. The options are as follows:
 - **Option 1a:** Instruction changes only to the current 1500 Form
 - **Option 1b:** Minor changes to the current form e.g. add fields to the current form where there is space with no change to existing fields except for instructions to not use
 - **Option 2:** Use of the UB which includes modifications
 - **Option 3:** Create a new 1500 Form. A draft of the new form was presented

After detailed discussion of each of the options, pros and cons mappings, and debate about the options—Option 2 (use of the UB) was eliminated by formal vote. Vote on the remaining options was postponed to permit the various groups to canvas their constituents. There is an urgency to resolve the approach as the time line for any of the approaches in 2-3 years and there is a desire to provide an option to make these changes in conjunction with the other changes in the pipeline at the discretion of the implementers. There was also discussion on how a change to the 1500 would be received given the other changes already

calendared.

NUBC/NUCC Joint Meeting: This two-hour meeting was a coordination and update session. The attendees included all of those from the NUCC meeting, plus additional NUBC committee members and observers. The topics covered were:

1. Coordination of dates and locations for meetings in 2011
2. ICD-9 Coordination and Maintenance Meeting Report
3. Update on X12 Errata
4. 5010 and ICD-10 Implementation Discussion
5. NUCC Report on 1500 Form Revision



Designated Standards Maintenance Organization (DSMO) Steering Committee Liaison Report

By Maria Ward
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This Committee is primarily oriented toward standard maintenance for HIPAA transactions. We review “change requests” for the HIPAA transaction standards monthly. As HL7’s involvement in HIPAA standards is formally limited to claims attachments, a standard which is not promulgated yet, we do not have change requests that go through the DSMO process.

While we do attend calls, most discussion is limited to X12 standards, and we do contribute to discussions. We just do not have our standards coming through this system yet.

There are many times when HHS asks the DSMO to take on projects other than deciding HIPAA change requests and we have done so since the beginning of our committee. If they are large-scale projects or projects where we will be testifying before the NCVHS, I submit them to HL7 leadership for review and approval.



US TAG For ISO 215 Meeting Reports

By Ted Klein

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Report From the September 2010 ISO US TAG Meeting for HL7

The first several hours of the meeting were devoted to discussion about the upcoming transition of the ISO TC125 secretariat and the US Tag Administrator roles from HIMSS to AHIMA. Don Mon presented slides outlining AHIMA's view on roles and responsibilities, and changes in processes and procedures to improve effectiveness and efficiency. The biggest change is a request for a change in the permitted tasks and duties of the US TAG Administrator to permit revenue generation to offset the high cost of providing these services. There was a long discussion about conflicts of interest and issues around services (education, consultation, facilitation, etc.) that AHIMA could provide to produce such revenue (in addition to grants from ONC, etc.). The issue is that without additional revenue opportunities, the AHIMA board is reluctant to give approval for AHIMA to assume these roles. (Although it will do so anyway if the request for these additional revenue avenues to be pursued is rejected by ANSI, ISO and the TAG).

After that discussion was completed, with Don promising to pursue more detail and discuss further in Rotterdam, there was the vote on outstanding ballot items (NWIPs and other projects in ballot). All were approved. We went through a brief status of projects in work for each of the work groups, and I gave a report on the OID project. There was some discussion on the Traditional Chinese Medicine project and set of issues surrounding TC215 and TC249.

The dates for the spring ISO TC215 meeting were confirmed for May 23-27, 2011 in Kuopio, Finland. Dates for the pre- and post-plenary meetings in Washington for the TAG in 2011 were tentatively scheduled for April 12 and June 21, but have not yet been formally confirmed. Discussion is still underway for the 2011 JWG meeting to be in Malaysia, but there has been no confirmation.

Report From the October 2010 ISO US Tag Meeting for HL7

The plenary kicked off with a continuation of a number of activities from the Rio meeting, with the intent of bringing most of those to resolutions for this meeting. It seems that about half of the invited nations had delegations attending.

My time was spent almost exclusively with Working Group 3, Semantic Content. There was a lot of discussion about the Joint Initiative Council, which also has a new website <http://www.jointinitiativecouncil.org>, where announcements, papers, meeting minutes, and so forth will be published.

In WG3, I gave a status report on the OID activity, led by Sylvia Thun, which is ongoing, with a review of the Wiki pages setup for this project. This Wiki is hosted by HL7 Germany, and now has input from all project experts (myself for the USA, Sylvia for Germany, John Larmouth for the UK, and Olivier Duboisson for France). We hope to have resolutions and progress nearing a ballotable item in time for the May 2011 meeting. The two components of the OID project have now been assigned official ISO standard numbers: 13581 and 13582. A resolution for formal recognition of Olivier as the ITU liaison was also approved.

A new work item for an international standard was approved to define characteristics of terminological resources, sponsored and led by the Japanese. A name change and further progress on the nursing project for nursing actions and diagnosis terminology, and come to a ballot in 3 months, was passed.

A resolution to bring to ballot an international standard for the syntax to represent terminological systems content was approved; this is the old ClamL project. Note that we have to see how this works with our MIF. The ContSys project (continuity of care) was determined to be modified to combine the two parts of it into a single standard; this came from CEN.

The Traditional Medicine Task Force will use the ISO processes, working through WG3, to keep the TC215 community aware of progress and new projects. A Form 4 for a project defining categorical structure of acupuncture locations and needling procedures has been prepared, and a resolution was passed to move forward with this IS.

There was a major discussion in WG3 looking into recommending that TC215 documents be distributed in a modern format, such as XML/XSD/XHTML rather than the current PDF format. DTD vs. XSD was discussed, as well as the usefulness of XSLT for generating rendered documents.

I joined Working Group 2 for one session where Woody Beeler and I proposed that there

be an ISO standard that specified Terminology Binding, and that it use the balloting binding material from the HL7 Core Principles ballot as a starter draft. There was overwhelming support for this idea, and Woody and I will be constructing a Form 4 for presentation at the Kuopio meeting in May to kick off this project as a NWIP for an IS. We reviewed the key sections of Core Principles with the group at the table, and there was resounding support to turn this into an international standard, especially as the binding strategies in Core Principles are specifically designed to work with the HL7 Version 3 data types, which are now also an ISO standard.

All 55 resolutions from the entire group of 8 work groups were approved.

The next meeting was confirmed for Kuopio, Finland, running Monday – Friday, May 23-27, 2011. The meeting in the fall (October) is likely to be in Korea, but this is not yet confirmed.



TSC Updates since the Last Newsletter and Working Group Meeting

By Lynn Laakso
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TSC Activities

The TSC is conducting projects on Product Visibility, Product Quality, Communication Strategy, and Innovations. The Enterprise Architecture Implementation Program is still in development. More information is available on each of these efforts from the TSC webpage under "Projects," at <http://www.hl7.org/Special/committees/tsc/projects.cfm>. In addition, the TSC continues maintenance of Work Group Visibility, as well as Work Group Health.

Communications Plan: Work Group Visibility

By the 2011 January WGM, 19 Work Groups will need to review their Mission and Charter (M&C) statements, which have not been reviewed for two years. Please review your Mission and Charter statements to keep them current!

An additional measure of Work Group Visibility, representation by each work group at the steering division meetings scheduled during the WGM, has been added. For the 2011 May WGM, the TSC will recognize the “healthiest” work groups.

Product Visibility

There have been few changes in the Product list due to the short ballot cycle and pending marketing developments.

Approvals

The TSC elected Austin Kreisler as the new Chair of the TSC, and regretfully acknowledges the resignation of the former Chair, Charlie McCay.

Updates to Membership

The TSC named Jay Zimmerman as an ad-hoc TSC Member on October 2 at the TSC retreat.

The TSC also reviewed and approved an updated membership list to the ArB. The current ArB members are:

Bond, Andy	NEHTA
Curry, Jane	Health Information Strategies
Grieve, Grahame	Kestral Computing
Hufnagel, Stephen	Military Health Services
Julian, Tony	Mayo Clinic
Koisch, John	Guidewire Architecture
Loyd, Patrick	Gordon Point Informatics LTD.
Lynch, Cecil	ontoreason LLC
Mead, Charlie	National Cancer Institute (Chair)
Ocasio, Wendell	Agilex Technologies
Parker, Ron	CA Infoway (Vice Chair)
Quinn, John	Health Level Seven, Inc. (CTO)
Shakir, AbdulMalik	Shakir Consulting

Updates to Mission and Charter Statements

- The Foundation and Technology Steering Division approved the updated mission and charter statement for the Infrastructure and Messaging Work Group.

Approved Publications

DSTU for publication

Interested parties are invited to download these DSTU and provide comments and feedback on the standards and their implementation at <http://www.hl7.org/dstucomments/>.

- **Regulated Product Submission, Release 2** for RCRIM Work Group (WG): See the publication request at the project scope in the Project Insight Searchable Database #217, for 18 months. The project scope is to extend the existing HL7 Version 3 Regulated Product Submission message with new requirements. The project will take the existing RPS Release 1 standard and enhance this message in a two phase effort ultimately intended to yield a global standard.

Informative Documents

- **HL7 Version 3 Implementation Guide: Drug Stability Reporting (eStability) R2, Release 2**, for RCRIM WG at Project Insight #275. Based on information gathered during the FDA pilot of Release 1 the message and IG were revised and Release 2 was balloted as a DSTU last May.
- **HL7 Version 3 Implementation Guide: URL-Based Implementations of the Context-Aware Knowledge Retrieval (Infobutton) Domain; Infobutton Request, Release 3**; for Clinical Decision Support (CDS) Work Group (WG) at Project Insight #130. The intent of this recommendation is to provide a simple way to implement infobuttons that is compatible with the current state of the market in this area. Most infobutton implementations to date, especially on the side of online information resources, rely on URL-based APIs. Although the ultimate goal of the CDS WG is to promote the implementation of the infobutton standard using the XML ITS, this implementation guide will provide a more stepwise transition, compatible with requests from stakeholders in this domain, which are represented in the CDS WG.

Approved Projects

- **Care Provision DIM and Care Statement R2** for the Patient Care Work Group (PC WG) at Project Insight #672. This project will move the Care Provision D-MIM and the Care Statement R-MIM, including use cases, storyboards, interactions etc from DSTU extension to normative ballot. PC requested a DSTU extension in 2009. This was granted based on two conditions: 1] that an evaluation takes place in 2010 (carried out and to be discussed in PCWG in October 2010 WG), and 2] that PC move the

material to normative in 2011.

- **Individual Case Safety Report (ICSR) Implementation Guide** for the Patient Safety Work Group (PSWG) at Project Insight #703. The project will create an implementation guide that sets the context for reporting adverse events and product problems to the US Food & Drug Administration, and potentially to other organizations operating within the US realm. The project is based on the Individual Case Safety Report (ICSR) specification, which has passed normative ballot in HL7. However, it is still undergoing final balloting in ISO. The committee does not anticipate any additional changes to the specification as a result of a successful JIC DIS ballot.
- **Emergency Medical Services Constrained Information Model & Interoperability Specifications (EMS DIM & IS)** for the Clinical Interoperability Council (CIC) Work Group at Project Insight #677. Co-sponsored by Patient Care, Emergency Care, and PHER work groups, the goal of the project is to develop a DMIM specific to emergency medical service in the pre-hospital setting based on the DAM approved in May 2010. The DMIM will be balloted as a DSTU. Subsequently, the project will develop interoperability specifications based on the DMIM, including, at least, a Patient Run Report from the EMS Agency to the ED and an Annual Report from the Agency to the national sponsor. These specifications will be balloted as DSTU, and implementation guides will be produced.
- **International SDO Glossary (JIC Project)** for the Vocabulary Work Group and Version 3 Publishing Work Group at Project Insight #495. This project is co-sponsored by Patient Care and the Joint Initiative Council. This is the HL7 representation of the JIC project that was formerly titled Health Informatics Harmonised Glossary, cosponsored by Patient Care Work Group of the Domain Experts Steering Division (DESD).

The intent of this document is to contribute actively to the development and inclusion of HL7 glossary material to the international health informatics glossary work. This work intends to harmonize terms to improve understanding and provide a tool to make it easier to find terms and the documents in which they are used. It can be considered a marketing tool for standards work and a publicly available indicator of harmonization, thereby increasing awareness of HL7 concepts outside the traditional HL7 community.

- **Creation of a set of RIMBAA whitepapers** for the RIM-Based Application Architecture Work Group (RIMBAA) at Project Insight #550. The goal of the project is to develop a set of whitepapers, balloted in-committee. The scope of the set of whitepapers is limited to those that answer the following question: “If one wishes to create a RIM based application, what are the architectural considerations one should take into account?” or “how do I create a RIMBAA application?” This is a long running (maintenance type) project to create a set of whitepapers with the consensus based findings of the RIMBAA WG as to what the Version 3 implementation best practices (or Version 3 implementation patterns) are.
- **Reaffirmation of Previous Normative CMET Ballots** for the Modeling and Methodology Work Group (MnM) Project Insight #710. This project seeks to affirm the previous approval of 62 Common Model Element Type (CMET) specifications that had previously completed HL7 Normative balloting as version (or release) 03 through version (or release) 08.
- **Patient Safety: Risk Management Plans** for the Patient Safety Work Group (PSWG) of the Domain Experts Steering Division (DESD) at Project Insight #713. This project is to develop a standardized specification of the data elements and exchange format for the transmission of information about pharmacovigilance activities and interventions designed to identify, characterize, prevent or minimize risks relating to medicinal products, including the assessment of the effectiveness of those interventions.
- **Patient Safety: Periodic Safety Report** for the Patient Safety Work Group (PSWG) of the Domain Experts Steering Division (DESD) at Project Insight #714. This project intends to develop an electronic standard for periodic reporting of safety updates in relation to medicinal products in pre and post marketing. These are variously known as: PSUR – Periodic Safety Update Report; PSU – Periodic Safety Update, DSUR – Drug Safety Update Report, ASR – Annual Safety Report.
- **2011 Annual Updates to the Project Scope Statement Template**, for the Project Services Work Group (PSC) at Project Insight #715. This project will address the annual updates to the Project Scope Statement template with modifications and publish it as the 2011 Version. Modifications for the template have been documented in PSC Tracker 1371
http://gforge.hl7.org/gf/project/psc/tracker/?action=TrackerItemEdit&tracker_item_id=

[1371](#)).

- **HL7 Enterprise-Wide Education Strategic Plan** for Education Work Group at Project Insight #708. This project will produce a strategic plan for education related activities throughout the entire world-wide HL7 International enterprise. The strategic plan is to address all forms of HL7 educational activities regardless of the delivery mechanism, location, or motivation. HL7 educational activities include but are not limited to: working group meeting tutorials, network of HL7 educators, educational summits, e-learning offerings, ambassador presentations, university program curricula, on-site tutorials, educational publications, certification exams, and webinars. All educational efforts governed, promoted, sponsored, or conducted by HL7 International or any of its work groups, committees, or affiliates are within scope. HL7 International need not be the educational provider for the offering to be in scope; however, the offering must in some way be traceable to the efforts/responsibility of an HL7 International organizational body.
- **Self-Displaying CDA Documents**, for the Structured Documents Work Group (SDWG) of the Structure and Semantic Design Steering Division (SSD SD) at Project Insight #711. This project will create a CSS style sheet that enables CDA documents to be displayed in a web browser without transformation. It will document the process to use this CSS style sheet within CDA documents to enable their display without use of additional resources.
- **Electronic Nutrition Care Process Record System (ENCPRS) Functional Profile** for the Electronic Health Records Work Group (EHR) of the Structure and Semantic Design Steering Division (SSD SD) at Project Insight #706. This project will create an Electronic Nutrition Care Process Record System (ENCPRS) Functional Profile based on the Electronic Health Record System Functional Model R1.1 (EHRS-FM). It will be conducted as a joint work effort between HL7, the American Dietetic Association (ADA) and the International Confederation of Dietetic Associations (ICDA). The ADA Nutrition Care Process-Standardized Language (NCP-SL) Committee creates the content and documents workflow relevant to the ENCPRS and the ICDA reviews the work and provides relevant input and/or revision. The work group will consist of subject matter experts from nutrition practice and nutrition software vendors. The intent is to develop a standard list of functions and criteria needed for full integration of the nutrition care process in the ENCPRS into the EHR-S. This standardization will encourage the acquisition of EHR systems by nutrition health providers and promote

information interoperability between nutrition and food systems and other areas of healthcare for a more complete patient care experience.

- **Public Health Functional Profile Project** at Project Insight #704. The project will develop an HL7 EHR-S Public Health Functional Profile (PHFP) to identify functional requirements and conformance criteria for public health-clinical information collection, management and exchanges that include specific public health programs (domains), e.g., vital records, early hearing detection and intervention (EHDI), cancer registries and others. The PHFP profile will be a US realm functional profile that articulates the functional requirements needed to support data exchange among providers and public health stakeholders including, but not limited to states, local, and federal agencies. This project is supported by the Centers for Disease Control and Prevention/National Center for Health Statistics in collaboration with the Public Health Data Standards Consortium (PHDSC). The PHDSC will facilitate outreach with local, state and federal public health agencies, healthcare organizations, public health professional associations, schools of public health, health IT vendor organizations, private sector and individuals interested in supporting development of the PHFP. Public health may also be referred to as population health internationally.

Special Meetings Approvals

The TSC approved the following request for an **out-of-cycle meeting**: RIMBAA will have a meeting on March 30-31, 2011 in Washington DC. Meeting information, venue and hotel information are available at the wiki page

http://wiki.hl7.org/index.php?title=RIMBAA_201103_Agenda. The purpose of this out-of-cycle meeting is to offer a platform for the exchange of experiences by HL7 Version 3 implementers who are located in North America.

The TSC acknowledged the Executive Committee approval of an **out-of-cycle meeting for the GAS** (Generation of Anesthesia Standards) Work Group on February 16-17, 2011 in London, UK in lieu of attendance at the regularly scheduled WGM.

For any additions, updates or suggestions on any of these TSC promoted initiatives please contact Lynn Laakso (lynn@hl7.org).

How to find TSC information

The TSC wiki site houses its minutes, process documents, templates, links to the ArB wiki

and the TSC Issue Tracker, a list of current projects, and more. You can access the TSC wiki at: <http://www.hl7.org/permalink/?TSCWiki>. See the links below for instructions on how to view the list of projects and access the TSC Issue Tracker.

- TSC Tracker: link to http://gforge.hl7.org/gf/project/tsc/tracker/?action=TrackerItemBrowse&tracker_id=313
- Project Insight Searchable Database: link to <http://www.hl7.org/permalink/?searchableProjectIndex>
- Project List on GForge: link to http://gforge.hl7.org/gf/project/tsc/frs/?action=FrsReleaseBrowse&frs_package_id=98
- Project Insight: link to <http://www.hl7.org/permalink/?ProjectInsight>, (requires PMO-assigned log in credentials)

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