**Welcome!**
Welcome to HL7’s Electronic Health Record System Functional Model and Standard, Draft Standard for Trial Use. This brief Reader’s Guide will give you a guided tour of the ballot, show you how to fill it out, and point you to some background materials that will answer most of your questions.

Can’t wait to see the ballot? Jump to the [HL7_EHR-S_Functional_Model_DSTU_Ballot](#).

**Where is everything?**
If you take a few minutes and finish reading this Reader’s Guide, you’ll find where everything is much more quickly.

**What is it?**
The DSTU that you will be voting on will help establish a global understanding of individual functions that may be present in Electronic Health Record Systems (EHR-S).

What is a DSTU and an EHR-S? The [HL7_EHR-S_Functional_Model_DSTU_Overview](#) will answer your questions.

**What “isn’t” it?**
Great question. The DSTU is not a list of specifications for messaging, implementation, or conformance. Nor is it a specification for an actual EHR-S. It is a tool, not a requirement. Therefore, the DSTU can be used by industry, healthcare providers, governments, and other organizations as a common language (tool) for discussing EHR-S functions.

**Who created it?**
This DSTU is the result of a broad public-private partnership and reflects input from hundreds of individuals around the world led by the international standards organization, HL7 through its EHR-SIG.

**An Overview of the Model?**
The [HL7_EHR-S_Functional_Model_DSTU_Overview](#) describes how individual functions relate to each other and to an EHR-S. Functions are divided into three categories (or “chapters”): Direct Care, Supportive, and Information Infrastructure.

You may vote on one or more of these chapters. Detailed instructions are provided both in the [HL7_EHR-S_Functional_Model_DSTU_Overview](#) and in the ballot itself: [HL7_EHRS_Functional_Model](#).

**Aren’t there too many functions?**
No. The functions are a superset of all functions that can be provided by EHR-S’ (both now and in the future). Your system should be a subset. Using this approach, your system can expand, adapt, specialize, et cetera, according to your desire. Determining exactly how many (and which) functions to include the model has been one of the greatest challenges of this effort. Why? Because your functions are important – critical – for those under your care.
How can one EHR-S be compared with another?
A subset of functions (a “profile”) can describe a particular care setting or a particular use of the functions. Over time, vendors, and providers will create profiles within (country-specific) realms.

Are there some “Profile” illustrations?
To start the ball rolling, some sample profiles are offered (for illustration purposes – and as a suggested approach). Each illustration has a short definition, a short scenario illustrating a specific care setting, and a subset of functions that comprise the sample profile (prioritized as essential now, essential future, optional, or not applicable). HL7 is eager to see users develop functional profiles based on the DSTU. But for now, visit HL7_EHR-S_Functional_Model_DSTU_Profiles.

Which chapter should I ballot on?
Three “Scenarios” typify how readers in different positions or organizations might review, comment on, and vote on the DSTU.

Can’t sleep?
The HL7_EHR-S_DSTU_White_Paper provides the in-depth, background, and nuts-and-bolts details underlying the Model.

Conclusion
This DSTU has received an unprecedented amount of feedback from hundreds of reviewers from the standards community, the provider community, the international community, and others. A constructive vote, which will help establish a milestone for electronic health records systems, is eagerly awaited by the entire HL7 team. Thanks for your help!