**Scenario 1 - GROUP PRACTICE.**

Dr. Smith is part of a 50-person group practice. The practice currently has a clinical information system that provides billing, scheduling, and other administrative support. For several reasons, it will need to be upgraded or replaced within 2 years. It does not include electronic health records. Dr. Smith wants the practice to vote on the HL7 EHR-S Model ballot to be sure it would be helpful to them as they make their IT decisions. Dr. Smith and interested colleagues review the Ambulatory Care documents in the reference section to see how the example use setting and scenario illustrate the EHR functions related to their practice; they look at the example Ambulatory Care prioritization of the individual functions that a group of experts working with HL7 have suggested. With a good understanding of what the EHR functions would mean for their practice, Dr. Smith and several other providers then focus on the Direct Care and Supportive sections, while the technical support staff look at the Information Infrastructure section. They meet to discuss their conclusions. Overall, they are very favorable to the list of functions. They identify a few terminology issues and suggestions for revising them. They vote in the affirmative, offering their specific suggestions for improvement. They plan to use the list of functions in discussions with vendors about their next IT system, recognizing that some functions may not yet be available.

**Scenario 2 - HOSPITAL.**

Mr. Jones is the Chief Informatics Officer in a large hospital organization. Their IT system was installed two years ago and includes patient tracking and ordering components; it was upgraded for HIPAA compliance. It does not include clinical decision support, performance monitoring, or public health reporting. Mr. Jones asks the Chief Medical Officer to organize a review of the HL7 EHR-S Model while his team also reviews it. They both begin by looking at the Acute Care documents in the reference section to see how a group of experts working with HL7 have suggested the EHR-S might be used within a hospital. The example scenario and example prioritization of the individual functions is helpful. The CMO and several doctors and senior nurses review the Direct Care and Supportive sections of the EHR-S Model; the CIO and his team focus on the Information Infrastructure section but also look at the Direct Care and Supportive sections. A small team of providers and IT staff meet to discuss their conclusions. They decide to vote affirmative but suggest some specific revisions to some functions, to some sections of the Informative text, and to the Acute Care reference materials. They plan to use the list of functions in discussions with vendors about adding decision support, performance monitoring, and public health reporting to their existing system, recognizing that their budget will only allow very limited expansion in the near term.

**Scenario 3 - IT VENDOR.**

Ms. Green is the head of the clinical systems division of a large health IT company. Their product line includes both dedicated EHR systems and integrated systems that include an EHR. Their EHR and integrated systems have some decision support for medication ordering, but no performance monitoring/reporting functions. While most of their clients are larger provider organizations and hospitals, they are planning to expand into the small practice and home health markets with a simple, less expensive clinical system. In anticipation of HHS’s implementation of the Medicare Reform law, which provides financial incentives for providers who use IT to track patients, the company wants to add a range of functionality to its products that would meet or exceed the Medicare requirements. Ms. Green asks her staff to review the entire HL7 EHR-S Model package, beginning with the care setting examples in the reference section. Based on the examples in the care setting section, they determine that they could add a relatively small number of functions to various products to be able to offer superior products for current and future clients. They review the list of functions in the ballot and find that a specific supportive function they already provide is not included. They vote negative, recommending the inclusion of the function, but anticipate discussing it with HL7. They see value in the EHR-S Model for their discussions with their clients about upgrades or new purchases.