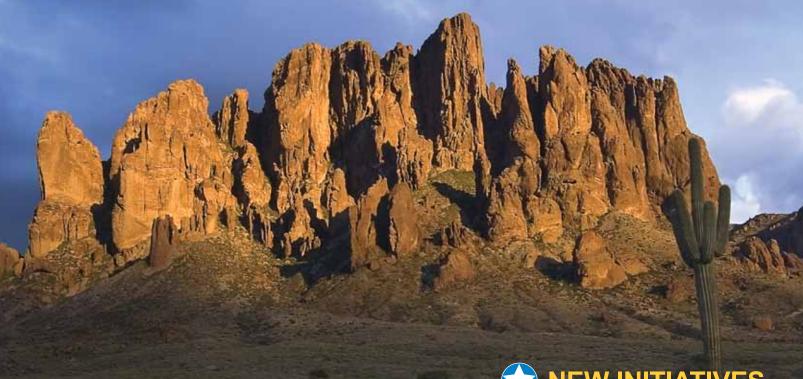


### Health Level Seven International

Unlocking the Power of Health Information

# MAY WORKING GROUP MEETING

Pointe Hilton Squaw Peak Resort Phoenix, AZ May 4–9, 2014



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Look inside for this icon to discover the latest initiatives from HL7 International, such as:

- Meaningful Use Tutorials
- FHIR®
- Consolidated CDA®
- Clinical Quality
- Mobile Health Activities



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# THANK YOU TO OUR SPONSORS

LANYARDS



LODGING ROOM KEYS



WEDNESDAY PM COOKIE BREAK



FACILITATOR'S ROUNDTABLE DINNER/MEETING (THURSDAY)



#### LETTER FROM THE CHAIR

Greetings and thanks to all of you who are able to come to Phoenix for the May WGM. At the time of this writing, I was serving as Chair Pro Tem. I was asked to write the Letter from the Chair for the May WGM because the election for the Chair position was still in process when this brochure needed to go to press.



#### **Exciting Opportunities for HL7**

Changes in the healthcare industry in countries all over the world are creating some exciting opportunities for HL7. For example, the ever strengthening collaborations that are going on between Europe and the United States are causing HL7 standards developers to consider whether a single set of standards should be used between the two continents instead of trying to harmonize across the localizations of the various countries in Europe and the US.

Thinking through the differences in health policy, organizational policy, jurisdictional law, and care delivery among the countries, and how that translates into a single set of standards is certainly a challenge. But, it is good to know that individuals who are experts in HL7 standards are willing and able to tackle this challenge at both the standards development and implementation levels. Should a single set of standards come to fruition, it will be a major achievement for standards development and implementation, and significantly advance interoperability across two continents.

Big data presents another exciting opportunity for HL7. To be sure, there is still much work to do regarding interoperability to facilitate big data analysis. But the greater challenge is specifying the data standards. A lack of data standards could present major barriers to big data analysis. With our current set of datatypes and detailed clinical models, HL7 has a good foothold in this area. However, much more work in specifying and constraining the data is needed, and need to be done so in an accelerated fashion.

Given limited space, I've identified just two areas that are in HL7's sweet spot. As we have done since HL7's inception, let us continue to find these new or emerging areas for which HL7 can provide a valuable service and develop innovative standards in those areas.

Somued I. Mon

Donald J. Mon, PhD Chair Pro Term, Health Level Seven® International HL7 International working group meetings (WGMs) are held three times per year at varying locations. These WGMs serve two important purposes:

- They give the HL7 International work groups a chance to meet face-to-face to work on the standards as well as the opportunity to network with industry leaders from around the world.
- They provide an invaluable educational resource for the healthcare IT community.

#### Standards Development

More than 40 HL7 work groups are dedicated to specialized areas of interest such as Mobile Health and Electronic Health Records. These work groups are directly responsible for the content of the standards and spend much of their time at the working group meetings hard at work on standards development. Attending a work group meeting can be a great way to keep up-to-date on what is happening in a particular area, and everyone attending an HL7 working group meeting

is invited to attend any of the work group meetings.

Please see pages 24-27 for a complete schedule of meeting times throughout the week.

#### **Educational Sessions**

Numerous educational opportunities will be offered at this WGM. Sessions will cover a full range of HL7-specific topics such as Version 2.x Implementation, Version 3, and the Clinical Document Architecture (CDA®), Fast Healthcare Interoperability Standards (FHIR®), among others. Educational sessions also include industry topics such as Meaningful Use in the US, Electronic Health Records, and Vocabulary Terminology. For a full listing of course descriptions, please see pages 5-20.

HL7 has organized its courses into six tracks to make it easier to choose the educational offerings that are right for you:

#### **EDUCATION TRACKS**

#### Track 1 – Version 2 Core

HL7 Version 2 is the world's most successful healthcare interoperability standard. Originally developed in the late 1980s, it has been continually enhanced over time. The introductory tutorials familiarize students with the Version 2 messaging standard and its core domain areas, while the implementation classes provide the "how to" basics of implementation. The track also includes courses that cover conformance and profiles and XML for Version 2.

#### Track 2 – Version 3 and CDA® Core

HL7 Version 3 is HL7's new flagship standard, adopted by major healthcare organizations, such as the NHS in England. This track is designed to give the attendee a thorough introduction to the Version 3 family of standards. It covers Version 3 fundamentals, the Reference Information Model (RIM), messaging, documents (Clinical Document Architecture), messaging infrastructure (wrappers, transport), and the XML Implementation Technology Specification (ITS). It concludes with classes that address strategies for implementation.

#### Track 3 – Special Topics

The Special Topics track offers a variety of electives that describe important HL7 standards that may not fall into either the Version 2 or Version 3 family. These include HL7 standards for Electronic Health Records (EHR), Security and TermInfo. The Special Topics track also offers advanced or specialized classes in Version 2 or Version 3 subjects that are not considered part of the basic core offerings. Examples include classes in Version 2 and Version 3 tooling, and domain classes such as Clinical Genomics.

#### Track 4 - FHIR®

This track provides tutorials and other activities focused on HL7's new Fast Healthcare Interoperability Resources standard. It includes a mixture of tutorials, hands-on development at the Connectathon, and interactive presentations to bring implementers and decision makers up to speed and ready to use the standard in their own environments.

#### Track 5 – Meaningful Use

This track provides tutorials on the HL7 standards selected for Meaningful Use. It provides overviews of the selected standards, and strategies to assist implementers in conforming to the selected standards. Included in this track are tutorials on the HL7 Consolidated CDA Specification, Laboratory Reporting Interface, and Immunizations.

#### Track 6 – Information Forums \*FREE\*

This track provides tutorials designed to support new member involvement, and help existing members become more effective in their participation in the HL7 standards development process. Tutorials included in this track are first timers' orientation, introduction to HL7 organization and process, the HL7 development framework, and co-chair training.

These tracks are only suggested course groupings. Feel free to choose whatever courses you feel are right for you from among the six tracks.

	Saturday, Ma	v3		1:45 – 5:00pm	Version 3 XML ITS for CDA
	9:00 – 5:00pm	TSC Meeting	0	1:45 – 5:00pm	Developing FHIR Profiles
	9:00 – 5:00pm	FHIR® Connectathon		1:45 – 5:00pm	Infobuttons for Clinical Decision Support
•				1:45 – 5:00pm	Board of Directors' Meeting
	<b>Sunday, May</b> 8:30 – 5:00pm			3:00 – 3:30pm	Afternoon Break
^		REGISTRATION		Wednesday,	May 7
O	9:00 – 12:30pm	FHIR Connectation		7:00 - 7:45am	GS1 – Education Session: Bringing UDI into Clinical
	9:00 – 3:00pm	International Council Meeting			Data Processing
	9:00 – 5:00pm	Architectural review Board (ArB)		7:00 – 8:00am	How to Design and Deliver an HL7 Tutorial - FREE TUTORIAL
	9:00 – 5:00pm	Emergency Care (EC)		7:00 – 8:00am	Physicians Breakfast/Meeting
	1:45 – 3:00pm	Modeling & Methodology (MnM)		7:30 – 8:30am	Continental Breakfast
	3:30 – 5:00pm	HL7 Activities with Other SDOs		7:30 – 5:00pm	REGISTRATION
	3:30 – 5:00pm	International Mentoring Committee (IMC)		8:00 – 8:45am	General Session – HL7 Board Report,
U	3:30 – 5:00pm	Developing FHIR Profiles – FREE TUTORIAL FOR CO-CHAIRS AND FACILITATORS ONLY			Awards Presentations, Announcements
	4:00 – 5:00pm	First-Time Attendees' Orientation – FREE TUTORIAL		9:00 – 12:30pm	Version 2.7 Control Specialist Certification Test Preparation
	5:00 – 6:00pm	Tutorial Development Workshop – FREE TUTORIAL		9:00 – 12:30pm	Introduction to Clinical Document Architecture
	5:00 – 6:00pm	Organization and Process Orientation/Introduction –		9:00 – 12:30pm	Authoring Value Set Content
	3.00 - 0.00pm	FREE TUTORIAL	0	9:00 – 12:30pm	Quality Reporting Document Architecture
	5:15 – 6:30pm	TSC Meeting		9:00 – 5:00pm	Working Group Meetings
	•	•		10:30 – 11:00am	Morning Break
	Monday, May			12:30 – 1:30pm	TSC Luncheon/Meeting
	7:00 – 8:00am	First-Time Attendees' Orientation – FREE TUTORIAL		1:45 – 5:00pm	Clinical Document Architecture - Advanced
	7:00 – 5:00pm	REGISTRATION		1:45 – 5:00pm	Introduction to Vocabulary in HL7
	7:30 – 8:30am	Continental Breakfast		1:45 – 5:00pm	Introduction to UML: Using UML in Developing
	8:00 – 8:45am	General Session – HL7 CEO and International			HL7 Specifications
		Council Reports, Announcements	0	1:45 – 5:00pm	Introduction to Health Quality Measure Format
	9:00 – 12:30pm	Introduction to Version 2, Part 1:		3:00 – 3:30pm	Afternoon Break
	0-00 40-20	Control/Patient Administration		3:30 – 5:00pm	Product Line Architecture Program
_	9:00 – 12:30pm	Introduction to Version 3, Part 1: Foundations		5:15 – 7:15pm	Networking Reception
	9:00 – 12:30pm	Introduction to HL7 FHIR		Thursday, Ma	ay 8 ———————————————————————————————————
O	9:00 – 12:30pm	Introduction to Integrating the Healthcare Enterprise		7:00 - 7:45am	Newly Elected Co-Chair Training – FREE TUTORIAL
	9:00 – 5:00pm	Working Group Meetings		7:00 – 8:00am	Gearing Up Affiliates for Computer Based Testing
	10:30 – 11:00am			7:30 - 8:30am	Continental Breakfast
	12:30 – 1:30pm	Education Facilitators' Roundtable Luncheon/Meeting		7:30 – 5:00pm	REGISTRATION
	12:30 – 1:30pm	Lunch – First-Time Attendees' Q & A reserved tables		8:00 – 8:45am	General Session – Announcements
	12:30 – 1:30pm	Lunch – Co-Chair reserved tables		9:00 - 12:30pm	CDA Specialist Certification Test Preparation
	1:45 – 5:00pm	Introduction to Version 2, Part 2: Orders & Observations		9:00 - 12:30pm	TermInfo Applied-Practical Considerations When Using
_	1:45 – 5:00pm	Introduction to Version 3, Part 2: Messaging		•	Standard Terminologies with HL7 Information Models
	1:45 – 5:00pm	FHIR for Architects		9:00 - 12:30pm	Standards for Interoperability
O	1:45 – 5:00pm	Under the Hood of the Version 2.5.1 Immunization	0	9:00 - 12:30pm	HL7 Standards for Meaningful Use
		Guide for Immunization Messaging		9:00 – 5:00pm	Working Group Meetings
	3:00 – 3:30pm	Afternoon Break		10:30 – 11:00am	Morning Break
	5:15 – 7:00pm	Co-Chairs Dinner/Meeting (Must register)		12:30 - 5:00pm	Affiliate Chair or Designated Rep Luncheon/Meeting (Must register)
	7:00 – 8:30pm	Domain Experts Steering Division		1:45 – 5:00pm	Templated CDA
	7:00 – 8:30pm	Foundation & Technology Steering Division		1:45 – 5:00pm	Introduction to SNOMED CT
	7:00 – 8:30pm	Structure & Semantic Design Steering Division		1:45 – 5:00pm	Version 3 Implementation Issues
	7:00 – 8:30pm	Technical & Support Services Steering Division	0	1:45 – 5:00pm	Consolidated CDA
	Tuesday, May	<b>16</b> ————————————————————————————————————		3:00 – 3:30pm	Afternoon Break
	7:00 – 8:00am	Glossary Management-Defining and Managing the		5:30 – 7:30pm	<b>HL7 Version 2.7 Control Specialist Certification Test</b>
		Terms Used by Healthcare SDOs – FREE TUTORIAL		5:30 - 7:30pm	HL7 CDA Specialist Certification Test
	7:00 – 8:00am	Nurses Breakfast/Meeting		5:30 - 7:30pm	HL7 Version 3 RIM Certification Test
	7:00 – 5:00pm	REGISTRATION		5:30 – 8:00 pm	Facilitators' Roundtable Dinner/Meeting – MnM, FHIR & Voc
	7:30 – 8:30am	Continental Breakfast		•	_
	8:00 – 8:45am	General Session - HL7 CTO & TSC Reports, Announcements		Friday, May 9	
	9:00 - 12:30pm	Version 2 Message Profiles and Conformance		8:00 – 8:45am	No General Session
		IHE XDS and HL7 CDA		8:00 – 9:00am	Continental Breakfast
		FHIR for Software Developers		8:00 – 1:00pm	Staff will be on hand for questions and assistance
Ŏ	9:00 – 12:30pm	The Laboratory Results Interface		9:00 – 12:30pm	Working Group Meetings
	9:00 – 5:00pm	Working Group Meetings		10:30 – 11:00am	· · · · · · · · · · · · · · · · · · ·
	10:30 – 11:00am			12:30 – 1:30pm	Box Lunches
	12:30 – 1:30pm	Lunch – First-Time Attendees' Q & A reserved tables		Note: Tutorials a	ppear in bold
	1.00piii			M. C. L	The second secon

Note: In compliance with our status as an ANSI-accredited standards

developing organization, HL7 meetings are open.

12:30 – 1:30pm Lunch – Co-Chair reserved tables

#### TRACK 1—VERSION 2 CORE

#### M1 – Introduction to Version 2, Part 1: Control/Patient Administration Monday, May 5 / 9:00 am – 12:30 pm

This tutorial introduces students to HL7 and the basic concepts of Version 2. It discusses the structure of the standard and covers two of the standard's fundamental chapters: Control and Patient Administration.

#### This Tutorial Will Benefit:

• Those new to HL7

#### Faculty:

Hans Buitendijk, FHL7: Director, HL7 Board of Directors; Co-Chair, HL7 Clinical Statement Work Group; Co-Chair, HL7 Orders and Observations Work Group; HS Standards & Regulations Manager, Siemens Healthcare

#### M5 – Introduction to Version 2, Part 2: Orders and Observations Monday, May 5 / 1:45 pm – 5:00 pm

This tutorial provides students with an overview of the Version 2 Orders and Observations messages and major concepts and provides a sampling of the type of information that can be communicated using these messages.

#### This Tutorial Will Benefit:

• Those new to HL7 with a need to become familiar with Version 2 messages

#### Upon Completion of This Tutorial, Students Will Know:

- Basic order and observation message structures
- Sample messages
- How to start to interpret the Version 2 orders and observation standards

#### Faculty:

Virginia Lorenzi: Manager, HIT Standards and Collaborations, New York-Presbyterian Hospital; Associate, Department of Biomedical Informatics, Columbia University

#### T9 – Version 2 Message Profiles and Conformance Tuesday, May 6 / 9:00 am – 12:30 pm

This course is designed to explore the concept of conformance within HL7 Version 2 as described in Chapter 2 of Version 2.7. Additionally, this tutorial will demonstrate how we can apply message profiling to interoperability by improving clarity, simplifying implementations and streamlining testing. Participants will be introduced to tools that facilitate analysis and interoperability while, at the same time, fully documenting HL7 conformance.

#### This Tutorial Will Benefit:

• Anyone interested in HL7 interoperability

#### Upon Completion of This Tutorial, Students Will Know:

- How to measure conformance using messaging profiling
- How vendors can document their applications' implementations
- How providers can improve their RFP results by using message profiling
- How to use message profiles developed for specific domains
- The tools available to facilitate HL7 Version 2.x conformance efforts (Messaging Workbench and the Global Profile Library)
- More about HL7 conformance certification
- How to develop HL7 conformance documentation for Version 2

#### Prerequisites:

 Working knowledge of HL7 or other EDI standards (ASTM, X12)

#### Faculty:

AbdulMalik Shakir, FHL7: Co-Chair, HL7 Modeling and Methodology Work Group; President and Chief Informatics Scientist, Hi3 Solutions



### HL7 MEETINGS ARE GREEN! Bring your laptop to your tutorials!

To reduce HL7's carbon footprint, its meetings are largely paperless. HL7 no longer provides printed tutorial materials on-site. All materials will be distributed electronically to tutorial participants to either print out themselves or load to their laptops. It is important that you bring your laptop to this meeting for all tutorials. Free WiFi internet access will also be provided. Please note that the materials may be in a zip format. In the event that a tablet is the only accessible device, students should download the appropriate app prior to the course to insure their tablet can open zip files.

#### W16 – Version 2.7 Control Specialist Certification Test Preparation Wednesday, May 7 / 9:00 am – 12:30 pm

This tutorial reviews the message definition and processing rules and data type definitions of the Control chapters of the HL7 Version 2.7 standard. Upon completion of this tutorial, students will be better prepared to take the HL7 Version 2.7 Control Specialist Certification Test.

Note: Students are also expected to prepare for the test by previous study of Chapter 2 (Control), Chapter 2A (Data Types), and Chapter 2B (Conformance) of the HL7 Version 2.7 standard.

#### This Tutorial Will Benefit:

- Anyone preparing for the HL7 Control Specialist Certification Test
- Interface analyst specialists and managers who need to understand the technical aspects of HL7 interfaces

#### Faculty

*Mike Henderson, FHL7:* Director, Open Source Product Management, OSEHRA

#### TH32 – HL7 Version 2.7 Control Specialist Certification Test (Laptop Required) Thursday, May 8 / 5:30 pm – 7:30 pm

Health Level Seven International is pleased to offer certification testing on HL7 Version 2.7, Chapter 2: Control. Certification testing is offered to those industry participants who are expected to have a working knowledge of the HL7 Messaging Standard. Interface analysts, healthcare systems analysts, medical software programmers, and medical informatics faculty and students are all potential candidates. The knowledge required to pass the test can be obtained by participation in the HL7 working group meetings, by attending HL7 education sessions, by field work dealing with HL7 interfaces, or simply by self-study of Chapter 2 and 2A of the HL7 Version 2.7 standard.

Note: Simply taking the courses offered at this meeting will most likely not be sufficient to pass the test. We strongly recommend a combination of the aforementioned to fully prepare yourself for the exam. You will need your laptop for the exam, as we no longer administer paper exams. You will receive your results immediately after completing the exam, and a certificate will be emailed to you instantly. Internet Explorer is the recommended browser to take the exam.

#### TRACK 2—VERSION 3 AND CDA® CORE

# M2 – Introduction to Version 3, Part 1: Foundations

Monday, May 5 / 9:00 am - 12:30 pm

Introduction to Version 3 Foundations is a rigorous introduction to HL7's modern standard for documents and messages.

#### Included in the Class:

- General rationale for Version 3
- Explanation of Version 3's two key concepts: messaging and documents (CDA)
- Overview of the Version 3 publication (ballot and standard)
- Essential concepts and terminology necessary to understand the static models of Version 3 used for both messages and documents

#### This Tutorial Will Benefit:

- Anyone interested in Version 3 implementation or standards development
- Anyone interested in more advanced Version 3 classes on messaging and documents (CDA)

### Upon Completion of This Tutorial, Students Will Have Obtained:

- General understanding of the purpose, function, and format of Version 3 messaging and documents
- Rudimentary knowledge of the Reference Information Model (RIM) with a focus on act, role, act relationship, and participation
- Rudimentary understanding of Version 3 Refined Message Information Models (RMIMs) and the refinement process
- How to locate the Version 3 publications

#### Prerequisites:

- Experience with healthcare interfacing would be helpful
- Experience or training with systems (development, integration, and/or implementation) required
- It is assumed that the student has some familiarity with the HL7 organization and its processes (balloting procedures, etc.) as can be obtained through the HL7 Organization and Process tutorial

#### Faculty:

Virginia Lorenzi: Manager, HIT Standards and Collaborations, New York-Presbyterian Hospital; Associate, Department of Biomedical Informatics, Columbia University

#### M6 – Introduction to Version 3, Part 2: Messaging Monday, May 5 / 1:45 pm – 5:00 pm

Health Level Seven is famous as a provider of messaging standards. That is, providing the standard format and interaction specifications required for two disparate healthcare systems to communicate at the application level. This tutorial builds on the morning Version 3 introduction class by focusing on how messaging is addressed with the Version 3 standard. It reviews and expands on how Version 3 static models are used to represent messages. The Version 3 dynamic model, which is related to the interactions between systems, is introduced. The tutorial explains how message sets are documented within the standard. Finally, it explores how a simple message is wrapped, transmitted, and acknowledged.

#### This Tutorial Will Benefit:

- Anyone who needs to read Version 3 Normative Editions or ballot publications
- Anyone interested in Version 3 implementation or standards development
- Anyone interested in more advanced classes on Version 3

### Upon Completion of This Tutorial, Students Will Have Obtained:

- General understanding of Version 3 messaging characteristics
- Knowledge of the overall structure of the Version 3 publications
- Explanation of how to read a Version 3 domain
- Understanding of general rules for Version 3 message transmission
- Exposure to a Version 3 message
- Understanding on how to impact Version 3

#### Prerequisites:

• Introduction to Version 3, Part 1: Foundations

Note: Messaging builds directly on the concepts covered in Part 1 and is designed to be a continuation of the morning class. It is assumed that the attendee has basic familiarity with Version 3 including a general understanding of the RIM and how to interpret the RMIMs as covered in the Introduction to Version 3, Part 1 class. If you would like to take this class without taking Part 1, please contact the instructor.

#### Faculty:

Patrick Loyd: Co-Chair, HL7 Clinical Statement Work Group; Co-Chair, HL7 Education Work Group; Co-Chair, HL7 Infrastructure and Messaging Work Group; Co-Chair, HL7 Orders and Observations Work Group; Sole Proprietor, ICode Solutions

#### T10 – IHE XDS and HL7 CDA Tuesday, May 6 / 9:00 am – 12:30 pm

A practical session on how to implement XDS using CDA documents as the payload, and freely available open source toolkits to assist implementers—why reinvent the wheel?

#### This Tutorial Will Benefit:

 Managers, architects and implementers of health exchange projects who wish to learn more about standards based health exchange

#### Upon Completion of This Tutorial, Students Will Know:

- Key IHE profiles that should be considered to support information exchange
- Where to find open source tools supporting XDS and CDA in several programming languages
- The HL7 standards that these profiles use and where to find more details about them

#### Prerequisites:

• Students should have a basic understanding of healthcare workflows

#### Faculty:

*Keith Boone:* Director, HL7 Board of Directors; Standards Geek, GE Healthcare IT

#### T13 – Version 3 XML ITS for CDA Tuesday, May 6 / 1:45 pm – 5:00 pm

Clinical Document Architecture (CDA) is represented in XML and uses the Version 3 data types. This tutorial covers the CDA XML and the data types from an implementer's perspective.

#### This Tutorial Will Benefit:

• Anyone who works with CDA in practice: specification designers, analysts, and programmers

#### Upon Completion of This Tutorial, Students Will Know:

- The general design approach for the XML structure of a CDA document and the data types
- The key facts about the important data types
- What the actual CDA XML looks like, how it relates to the published models
- How to master the first implementation challenges and basic requirements
- How to avoid the most common implementation mistakes
- How to actually populate a CDA document with clinical content
- How to use CDA templates

#### Prerequisites:

 The course will assume that participants have basic XML skills, and general knowledge of the Version 3 RIM concepts and the CDA

#### Faculty:

*Kai U. Heitmann, MD, FHL7*: Past Chair, HL7 Germany; Heitmann Consulting and Services

# W17 – Introduction to Clinical Document Architecture

Wednesday, May 7 / 9:00 am - 12:30 pm

The Clinical Document Architecture (CDA\*) is HL7's specification for standards-based exchange of clinical documents. CDA is based on the concept of scalable, incremental interoperability and uses Extensible Markup Language (XML), the HL7 Reference Information Model (RIM), and controlled terminology for structure and semantics. This tutorial presents the business case for CDA, its primary design principles, and an overview of the technical specification.

#### This Tutorial Will Benefit:

New implementers, standards developers, and policy makers

#### Upon Completion of This Tutorial, Students Will Have:

- Knowledge of the history, and core principles of CDA, design
- The ability to explain the core structures of CDA, and where they are appropriately used
- Basic skills necessary to understand the CDA standard and existing CDA implementation guides

#### Prerequisites:

• Introduction to Version 3 (Part 1) recommended

#### Faculty:

Brett Marquard (Lead-Speaker): Co-Chair, HL7 Structured Documents Work Group; Principal, River Rock Associates

Rick Geimer (Co-Speaker): Chief Technology Officer, Lantana Consulting Group; Member, HL7 Structured Documents Work Group

# W20 – Clinical Document Architecture – Advanced

Wednesday, May 7 / 1:45 pm - 5:00 pm

CDA implementation requires understanding of the CDA refinement of the RIM (the CDA RMIM), the Version 3 data types and how these combine with controlled vocabularies to form "clinical statements." This tutorial reviews the principles of semantic interoperability with CDA and how these are reflected in the CDA model and implemented in the CDA schema. It reviews the CDA RMIM, schema and data types. In addition, the tutorial gives a detailed walkthrough of samples of CDA documents, coded using clinical statements.

#### This Tutorial Will Benefit:

- Those needing to learn more about CDA, Release 2— its derivation from the RIM and issues relevant to implementing CDA 2.0 solutions
- Implementers needing to work with CDA, and wanting a review of the details

#### Upon Completion of This Tutorial, Students Will:

- Have an overview of CDA's components
- Have insight into the XML markup required to implement solutions
- Have a better understanding of the issues surrounding semantic interoperability using CDA

#### Prerequisites:

- Completion of the Clinical Document Architecture Introductory tutorial recommended, but not required
- Basic knowledge of the Version 3 standards (as can be obtained from the Introduction to Version 3 tutorial series)

#### Faculty:

Calvin Beebe: Treasurer, HL7 Board of Directors; Co-Chair, Structure and Semantic Design Steering Division—HL7 Technical Steering Committee; Co-Chair, HL7 Structured Documents Work Group; Co-Editor, CDA; Technical Specialist, Mayo Clinic - Rochester, MN

# TH24 – CDA Specialist Certification Test Preparation

Thursday, May 8 / 9:00 am – 12:30 pm

#### Upon Completion of This Tutorial:

• Students will be better prepared to take the CDA Specialist Certification Test

#### This Tutorial Will Benefit:

- Anyone preparing for the CDA Specialist Certification Test
- System analysts or clinical application developers wanting in-depth understanding of the CDA Release 2 standard

#### Prerequisites:

- Participants are encouraged to carefully read the CDA Release 2 standard
- Introduction to Version 3 (Part 1) as well as the CDA Introductory and Advanced tutorials are strongly recommended

#### Faculty:

Calvin E. Beebe: Treasurer, HL7 International Board of Directors; Co-Chair, Structure & Semantic Design Steering Division—HL7 Technical Steering Committee; Co-Chair, HL7 Structured Documents Work Group, Co-Editor, CDA; Technical Specialist, Mayo Clinic - Rochester, MN

#### TH28 – Templated CDA Thursday, May 8 / 1:45 pm – 5:00 pm

Templates provide a way to impose and validate business rules on communications. This tutorial explains:

- What a template is
- How CDA templates work
- How they are used in implementation guides
- Design strategies for templates
- What tools are available for creating templates
- Implementation and validation techniques

#### This Tutorial Will Benefit:

 Architects and implementers of systems exchanging data through clinical documents

#### Upon Completion of This Tutorial, Students Will Know:

- Where to look for existing CDA template examples
- The principles of templated CDA designs
- What templates are available in the CDA Consolidation Guide and through the IHE Technical Framework

#### Prerequisites:

• Introduction to CDA or CDA Advanced

#### Faculty:

*Keith Boone*: Director, HL7 Board of Directors; Standards Geek, GE Healthcare

# TH33 – HL7 CDA Specialist Certification Test (Laptop Required)

Thursday, May 8 / 5:30 pm - 7:30 pm

Health Level Seven International is pleased to offer certification testing on HL7 CDA Release 2. Certification testing is offered to those participants who want to demonstrate that they have a working knowledge of the CDA Release 2 standard. Healthcare systems analysts, medical software programmers, and medical informatics faculty and students are all potential candidates.

The knowledge required to pass the test can be obtained by attending HL7 education sessions, by field work dealing with HL7 CDA based applications, or simply by self-study of the HL7 CDA Release 2 standard. Please refer to the study guide on the HL7 Training and Certification page of the HL7 website for details on the content covered by the test.

Note: Simply taking the courses offered at this meeting will most likely not be sufficient to pass the test. We strongly recommend a combination of the aforementioned to fully prepare yourself for the test. You will need your laptop for the exam, as we no longer administer paper exams. You will receive your results immediately after completing the exam, and a certificate will be emailed to you instantly. Internet Explorer is the recommended browser to take the exam.

# TH34 – HL7 Version 3 RIM Certification Test (Laptop Required)

Thursday, May 8 / 5:30 pm - 7:30 pm

Health Level Seven is pleased to offer certification testing on the HL7 Version 3 Reference Information Model (RIM) 2.36. Note that the RIM is the foundational base of all Version 3 artifacts. Certification testing is offered to those industry participants who are expected to have a working knowledge of the HL7 Version 3 RIM or its derived artifacts. Interface analysts, healthcare systems analysts, medical software programmers, and medical informatics faculty and students are all potential candidates.

The knowledge required to pass the exam can be obtained by self-study of the RIM and its associated normative structural vocabulary, as well as through participation in the HL7 working group meetings, HL7 education sessions, and field work implementing HL7 Version 3 artifacts. Please refer to the Study Guide on the HL7 Training and Certification page of the HL7 website for details on the content covered by the test.

Note: Simply taking the courses offered at this meeting will most likely not be sufficient to pass the test. We strongly recommend a combination of the aforementioned to fully prepare yourself for the test. You will need your laptop for the exam, as we no longer administer paper exams. You will receive your results immediately after completing the exam, and a certificate will be emailed to you instantly. Internet Explorer is the recommended browser to take the exam.

#### TRACK 3—SPECIAL TOPICS

#### W18 – Authoring Value Set Content Wednesday, May 7 / 9:00 am – 12:30 pm

If you have been given the task to develop coded content for your system or for a standard, you need to understand the requirements for quality data and representation of meaning in health records or systems. This tutorial does not cover IT technology requirements; rather it focuses on quality data specification requirements.

#### This Tutorial Will Benefit:

• Anyone who needs to specify, collect, implement, design or interpret data in healthcare systems, particularly underpinning the requirements for data specification in HL7 documents

#### Upon Completion of This Tutorial, Students Will Be Able to:

- Apply the process for including content in your value set if it is not available in the code system that they are developing a value set from
- Apply the principles of a good terminology
- Determine what is to be represented (what meaning and use case is intended)

#### **TUTORIALS**

- Specify appropriate use of flavors of null/supplementary classification concepts
- Evaluate different terminological resources to represent content (limited to the knowledge of the group of those resources)
- Explain appropriate governance requirements
- Request additional content from developers of standard terminologies
- Match the semantics of the HL7 element to which the value set will be applied

#### Faculty:

Heather Grain, AssocDip MRA, GDip IS, MHI, MACS, FACHI, Cert IV Training and Education: Co-Chair, HL7 Vocabulary Work Group; SKMT Governance Committee, ISO Representative and Administrator of SKMT

#### W21 – Introduction to Vocabulary in HL7 Wednesday, May 7 / 1:45 pm – 5:00 pm

This tutorial explains the use of vocabulary in healthcare information technology and communication. The appropriate use of vocabulary is important for safe, effective and unambiguous information exchange and is key to any work in the HL7 or health information environment. This tutorial introduces the place of terminology content in each HL7 product, Version 2, Version 3, CDA and FHIR.

#### This Tutorial Will Benefit:

Those involved in the implementation or development of HL7 standards, or health information systems, including:

- Technical system implementers
- Information system managers and decision makers
- Standards developers or contributors
- Those wishing to understand the principles of accurate representation of meaning in health information systems

#### Upon Completion of This Tutorial, Students Will:

- Understand what a code system is in health information exchange and why it is important
- Understand why code system governance and appropriate use and implementation is essential to safe and effective healthcare
- Understand the terms used to describe code system concepts in HL7
- Understand the basics of HL7 code systems (includes tables, code systems, value sets, concept domains, data types in Version 2, Version 3, CDA and FHIR variations)
- Be aware of the range of tools used in terminology governance

#### Faculty:

*Ted Klein, MS, FHL7:* Co-Chair, HL7 Vocabulary Work Group; Klein Consulting Inc.

#### W22 – Introduction to UML: Using UML in Developing HL7 Specifications Wednesday, May 7 / 1:45 pm – 5:00 pm

The Unified Modeling Language (UML) is a standard modeling language with a graphical syntax that is used in various aspects of standards development within HL7. It is also used in projects that implement HL7 specifications. This tutorial provides an overview of the essential UML elements and relationships as they are commonly used within HL7. Attendees will be able to read and understand the UML models being developed and start using the UML as a visual design tool within the HL7 Development Framework (HDF). Examples and exercises are drawn from recent HL7 Working Group projects.

#### This Tutorial Will Benefit:

• HL7 members using the UML as part of standards development or in developing solutions based on those standards

#### Upon Completion of This Tutorial, Students Will Be Able To:

- List the UML elements most relevant to HL7 standards development
- Understand how to related UML structural elements to behavioural elements

#### Prerequisites:

• A desire to learn more about UML modeling

#### **Faculty**

J.D. Baker: Sparx Systems Ambassador; Member of the OMG Architecture Board

Norman Daoust, FHL7: Author of "UML Requirements Modeling for Business Analysts", Contributor to HL7 RIM and HDF; Former HL7 Technical Steering Committee Secretary

#### TH25 – TermInfo Applied-Practical Considerations When Using Standard Terminologies with HL7 Information Models Thursday, May 8 / 9:00 am – 12:30 pm

The content for this tutorial is based on the current guidance of and proposed updates to the TermInfo Draft Standard for Trial Use "Using SNOMED CT in HL7 Version 3," jointly published by HL7 and IHTSDO. The January 2014 HL7 TermInfo DSTU specifies and updates standard guidelines for the interactions between terminologies and HL7 information models. This tutorial takes a practical approach to examining the way that both the standard terminologies and information models contribute to meet the requirements of semantic interoperability in representing and communicating clinical data, drawn from your work environment.

The focus of the tutorial is using SNOMED CT in HL7 Version 3, including CDA R2. Aspects of use of the LOINC terminology will also be addressed, in light of the recent

SNOMED CT – LOINC agreement and in anticipation of future TermInfo guidance in this area. The relevant features of SNOMED CT are outlined and the gaps and overlaps between SNOMED CT and the HL7 Reference Information Model (RIM) regarding complete and unambiguous representation of meaning are summarized.

#### This Tutorial Will Benefit:

- Anyone interested in reproducible, processable communication of meaningful clinical information
- Anyone wishing to apply the HL7 TermInfo guidelines within an HL7 domain committee or an implementation of HL7 standards

#### Upon Completion of This Tutorial, Students Will Know:

- Main ways in which representation of meaning in information models, codes and terminologies may interact and overlap
- Key specific semantic properties of SNOMED CT related to use with information models
- General principles that can be applied to information models and terminologies to minimize ambiguity and ensure an effective, meaningful and processable representation of clinical data
- Specific recommendations of and likely proposed updates to the Terminfo DSTU on the use of SNOMED CT in HL7 Version 3

#### Prerequisites:

- A basic understanding of SNOMED CT and HL7 Version 3, Clinical Document Architecture (CDA) and/or Clinical Statements is recommended
- Vocabulary 1, Best Practice in Terminology Development, Introduction to CDA, Advanced CDA, Introduction to Version 3

#### Faculty:

Rob Hausam (Lead Speaker): Co-Chair, HL7 Vocabulary Work Group; Co-Chair, HL7 Orders and Observations Work Group; TermInfo 2 Project Leader; Principal, Hausam Consulting

*Riki Merrick (Co-Speaker)*: Co-Chair, HL7 Orders and Observations Work Group; Vernetzt, LLC

#### TH26 – Standards for Interoperability Thursday, May 8 / 9:00 am – 12:30 pm

This tutorial provides a survey of the healthcare interoperability standards landscape, pointing out the main features of the terrain and how they link together to perform useful functions. The tutorial has three main parts covering (1) messaging standards such as HL7 Version 2 and Version 3, (2) clinical document standards such as CDA®, CCD®, CCR and IHE XDS, and (3) terminology standards, such as SNOMED CT and LOINC. It explains how and why these were developed and their complementary roles, each best suited to particular tasks. In the time available, the treatment of each standard

is necessarily brief, but this tutorial will provide an introduction to other more detailed tutorials.

#### This Tutorial Will Benefit:

• Relative newcomers to health interoperability who are still unsure about how everything fits together

#### Upon Completion of This Tutorial, Students Will Know:

• How the main healthcare interoperability standards relate to each other and which is most suited for particular roles

#### Faculty:

Diego Kaminker: Affiliate Director, HL7 International Board of Directors; Past Chair, HL7 Argentina; Co-Chair, HL7 Education Work Group; Co-Author and Coordinator, HL7 eLearning Course, Argentina; Chief Developer and Manager, Kern-IT SRL

### TH29 – Introduction to SNOMED CT Thursday, May 8 / 1:45 pm – 5:00 pm

The focus of this tutorial is to provide students with an understanding of the use case for SNOMED CT and the underpinning technical structure of the terminology and implementation requirements.

#### This Tutorial Will Benefit:

Anyone involved in the development of clinical content for electronic health records and systems including:

- Information Managers
- Business Analysts
- Project Managers
- Clinicians
- Coders
- Architects
- Developers
- Decision makers

#### Upon Completion of This Tutorial, Students Will Know:

- The benefits of using SNOMED CT
- How SNOMED CT represents clinical meaning in a system
- How SNOMED CT supports meaning computation in healthcare
- How to assess the requirements for implementation of SNOMED CT to deliver benefits in your organization
- The skills and tools needed to implement and use SNOMED CT effectively
- The governance requirements and release formats
- The technical functionality of SNOMED CT, including:
  - Reference Set mechanisms (subsets and maps)
  - Pre and post-coordination

Note: This course is introductory. Though it provides sufficient background to understand the skills needed to work with SNOMED CT, it is not sufficient on its own for students to begin technical implementation.

#### Prerequisites:

None

#### Faculty:

Heather Grain, AssocDip MRA, GDip IS, MHI, MACS, FACHI, Cert IV Training and Education: Co-Chair, HL7 Vocabulary Work Group; SKMT Governance Committee, ISO Representative and Administrator of SKMT

#### TH30 – Version 3 Implementation Issues Thursday, May 8 / 1:45 pm – 5:00 pm

This tutorial covers the issues that arise when implementing Version 3 interfaces. It looks at all locations where Version 3 can be encountered – XML Validation and Parsing, In-Memory Objects, and Databases. We will examine various tools that are available today that assist with all three aspects of Version 3 implementations.

#### This Tutorial Will Benefit:

 Version 3 Implementers and others who want to understand the stat of the world when it comes to Version 3 implementations

#### Upon Completion of This Tutorial, Students Will:

- Understand the various architectural approaches that have been taken to implement Version 3 interfaces
- Understand the issues that arise when implementing Version 3 interfaces
- Know about existing tool suites that can enable implementations

#### Prerequisites:

- Ability to read Version 3 models
- Basic understanding of HL7 Version 3 methodology

#### Faculty:

Jean-Henri Duteau: Co-Chair, HL7 Modeling and Methodology Work Group; Co-Chair, HL7 Patient Care Work Group; Affiliate Representative, HL7 Technical Steering Committee; Facilitator, HL7 Public Health & Emergency Response Work Group; Facilitator, HL7 Pharmacy Work Group; HL7 Messaging Expert, Alberta Health; Owner, Duteau Design Inc.

#### TRACK 4—FHIR®

FHIR Connectathon Saturday, May 3, 9-5:00 pm Sunday, May 4, 9-12:30 pm



A Fast Healthcare Interoperability Resources (FHIR\*) Connectathon is an opportunity for implementers to participate in developing FHIR solutions and exchange data with other FHIR interfaces. The Connectathon is not a formal tutorial. There will be no lectures or presentations. Instead, you'll participate in 1.5 days of hands-on, heads down development and testing, working directly with other FHIR developers as well as senior members of the FHIR standards development team.

The Connectathon is a chance to get your hands dirty and learn by doing as well as to help evolve the FHIR specification.

Participation in the Connectathon will be as part of one of several tracks. Participants will be asked to confirm which track they wish to follow a few days in advance of the Connectathon (based on their level of readiness as well as area of interest). Details on the scenarios for both tracks as well as information on pre-Connectathon discussion forums can be found on the Connectathon website here: http://wiki. HL7.org/index.php?title=FHIR\_Connectathon\_5.

By registering for the Connectathon, participants authorize HL7 International to share contact information (name, email and organization name) with the FHIR Management Group for the purposes of coordinating Connectathon activity. Registrants will be contacted prior to the event regarding intended scenarios, platforms and other information.

The reason for the cost difference for participants and observers is two-fold. First, attendees are likely to receive more benefit by actually participating in FHIR development than by merely watching. Second, HL7 offers a discount to participants due to the beneficial impact of their work on the development of the FHIR specification.

NOTE: If registering as a participant, you will be expected to write at least some software intended to demonstrate FHIR connectivity.

# F4 – Developing FHIR Profiles – FREE TUTORIAL FOR CO-CHAIRS AND FACILITATORS ONLY



Sunday, May 4 / 3:30 pm - 5:00 pm

This tutorial is aimed at co-chairs and facilitators who will be creating profiles of FHIR resources. This could include implementation guides for documents or messages as well as templates for application to resources and data types. It will introduce new tooling to support profile authoring as well as discuss guidelines for designing appropriate profiles.

#### Faculty:

*Ewout Kramer:* Chief Architect and Manager of Research and Development, Furore

#### M3 – Introduction to HL7 FHIR Monday, May 5 / 9:00 am – 12:30 pm



FHIR (Fast Healthcare Interoperability Resources) is the newest healthcare interoperability standard offered by HL7, providing domain friendly wire formats compatible across the document, messaging, services and RESTful paradigms. This tutorial is aimed at those who want to learn more about FHIR, what it can do and how their organization might best take advantage of it.

#### This Tutorial Will Benefit:

· Analysts, vendors, and project managers

#### Upon Completion of This Tutorial, Students Will Be Able to:

- Explain the main principles underlying the FHIR methodology
- Describe the characteristics of a FHIR resource and understand the contents of a resource definition
- Understand the relationship between FHIR and other HL7 standards, such as Version 2, Version 3 messaging and CDA
- List some of the key FHIR infrastructure resources and explain how they are used to support the four FHIR interoperability paradigms
- Help their organization to determine if, when, where and how they might implement FHIR

#### Faculty:

David Hay, MD: Chair, FHIR Management Group; Chair, HL7 New Zealand; Product Strategist, Orion Healthcare

#### M7 – FHIR for Architects Monday, May 5 / 1:45 pm – 5:00 pm



FHIR is attracting a great deal of attention as the next "great thing" in healthcare interoperability. This course will help participants understand where and how FHIR might fit into their healthcare interoperability environment and give them the tools to make judgments about when or if FHIR might be an appropriate solution for their healthcare IT needs.

#### This Tutorial Will Benefit:

 Architects, technical managers and other healthcare IT decision-makers involved in solution design

#### Upon Completion of This Tutorial, Students Will Be Able to:

- Explain how FHIR may be used in different interoperability paradigms
- Describe how FHIR can fit in different locations in the architectural stack
- Identify architectural considerations that apply to FHIR and determine how best to address those in their own FHIR solutions where
- Explain where and how profiles fit into an architectural solution
- Give guidance on if, when and how FHIR might be used within their own organization

#### Prerequisites:

- Introduction to FHIR or basic familiarity with the FHIR standard and concepts
- Some knowledge of healthcare IT architecture could also be useful

#### Faculty:

Lloyd McKenzie, PEng: Co-Chair, HL7 Modeling and Methodology Work Group; Modeling and Methodology Facilitator-at-Large; Principal Consultant, LM&A Consulting Ltd.

#### T11 – FHIR for Software Developers Tuesday, May 6 / 9:00 am – 12:30 pm



This tutorial provides an in-depth review of the infrastructure of the FHIR specification. Get insight in how to design, develop and test software that uses the FHIR interoperability standard, all the way from the wire-format up to validation and storage.

#### This Tutorial Will Benefit:

• Software developers, team leads, and infrastructure architects

#### Upon Completion of This Tutorial, Students Will:

- Understand how resources align with object-oriented and other common software-engineering principles
- Be able to list the four of interoperability paradigms supported by FHIR
- Understand the FHIR REST service operations and how to implement them
- Understand how the Atom, Xml and JSON wire formats are used in FHIR
- Understand versioning and bundles
- Compare strategies for using object models, validation and (de)serialization
- Use relational or document-oriented storage for persistence of resources
- Understand how to implement search functionality
- Know and use the provided reference implementations

#### Prerequisites:

• Introduction to HL7 FHIR

#### Faculty:

Ewout Kramer (Lead Speaker): Chief Architect and Manager of Research and Development, Furore

Grahame Grieve (Co-Speaker): Co-Chair, HL7 Modeling and Methodology Work Group; Co-Chair, HL7 Structured Documents Work Group; Facilitator, Modeling and Methodology, HL7 Infrastructure and Messaging Work Group; Consultant, NEHTA; National Development Manager, Health Intersections Pty Ltd

#### T14 – Developing FHIR Profiles Tuesday, May 6 / 1:45 pm – 5:00 pm



FHIR provides a set of building blocks from which interoperability solutions can be created. Profiles combine those blocks into solutions, serving a similar purpose to implementation guides, templates, archetypes and detailed clinical models associated with other HL7 standards.

This tutorial will show you how to use profiles to shape the FHIR core specification for use in a specific national, regional or organizational context.

#### This Tutorial Will Benefit:

• Data modelers, standards developers and HL7 Version 3 template authors who want to start using FHIR

#### Upon Completion of this Tutorial, Students Will:

- Know the principal components of a FHIR profile
- Understand how domain information requirements translate to profile constructs
- Know the role profiles play in validation and conformance
- Write a FHIR profile for a message, document or single resource or data type
- Know where and how to register and find existing profiles

#### Prerequisites:

• Introduction to FHIR

#### Faculty:

*Ewout Kramer:* Chief Architect and Manager of Research and Development, Furore

#### TRACK 5—MEANINGFUL USE

#### M4 - Introduction to Integrating the Healthcare Enterprise Monday, May 5 / 9:00 am - 12:30 pm



Integrating the Healthcare Enterprise (IHE) is an organization devoted to the promotion of standards-based interoperability in healthcare. The goal of IHE is to improve the effectiveness and efficiency of healthcare provider organizations, and the system developers that support them, through the value proposition of interoperability standards. The IHE process is use case driven, and includes development of implementation guides, hosting industry-wide interoperability testing events (Connectathons), and public demonstrations (such as the HIMSS Interoperability Showcase). IHE is a public-private collaboration of over 400 organizations, including professional societies, government agencies, standards developing organizations (including HL7), health IT system vendors and implementers. It operates through a dozen specialty domains and across all regions of the world; its profiles form the basis for many interoperability efforts at the departmental, institutional, regional, national, and international levels.

This tutorial will provide an overview of the IHE organization and its processes, the scope of use cases (profiles) addressed, and how those profiles are being used in real world implementations.

#### This Tutorial Will Benefit:

- Users of health IT systems (clinicians, public health, researchers) who have interoperability use cases that need to be addressed
- Healthcare administrators, system purchasers, and policy makers who need to understand the scope of what is available for interoperability, and how to leverage IHE profiles for effective system specification and procurement
- Product managers, software developers, and integration specialists for clinical information systems that need to interoperate with other systems

#### Upon Completion of This Tutorial, Students Will Understand:

- The value proposition for standards-based interoperability, and the challenges to implementation
- The IHE process for use case driven interoperability specification, testing, and deployment
- The IHE integration profiles for intra-institutional and cross-enterprise data exchange

#### Faculty:

*Harry Solomon:* Co-Chair, HL7 Imaging Integration Work Group; Interoperability Architect, GE Healthcare

#### M8 – Under the Hood of the HL7 Version 2.5.1 Immunization Guide for Immunization Messaging Monday, May 6 / 1:45 pm – 5:00 pm



This presentation will focus on the CDC HL7 Version 2.5.1 Implementation Guide for Immunization Messaging. It will highlight:

- How this implementation guide constrains the base HL7 standard for immunization messaging
- Challenging areas for implementers

#### This Tutorial Will Benefit:

 Business analysts and developers who will be implementing messages based on this guide

#### Upon Completion of This Tutorial, Students Will:

- Understand the importance of immunization messaging to immunization practice
- Understand how to use the implementation guide to
  - 1. Bridge communication between technical and business partners
  - 2. Facilitate development of a common interface
- List use cases supported by the guide
- Be able to name the core data elements of immunization histories
- Understand the implications of the usage guidance for senders and receivers based on the guide
- Analyze the implications of the usage guidance on their work
- Understand the implications of element specifications for developing and testing messages
- Understand how to validate conformance of messages against the specification in the guide

#### Faculty:

Rob Savage: Co-Chair, HL7 Public Health & Emergency Response Work Group; Senior Information Technologist, Northrop Grumman

#### T12 – The Laboratory Results Interface (LRI) Tuesday, May 6 / 9:00 am – 12:30 pm



The Laboratory Results Interface is an HL7 2.5.1 Draft Standard for Trial Use (DSTU) developed in conjunction with the ONC Standards and Interoperability program. It is designed for communication of laboratory results to ambulatory EHR systems and can also be used to communicate to inpatient systems.

The audience for this tutorial is implementers and developers of health IT solutions, and interface engineers that need to integrate EHR's with ambulatory reporting systems.

#### Upon Completion of This Tutorial, Attendees Will Know:

- The different kinds of lab results that can be exchanged using the standard, and the variations in messaging associated with each
- Additions to the standard that have been pre-adopted from HL7 Version 2.7.1 and the need for these in the standard, as well as how to use them
- Use of controlled vocabularies in the messages
- Differences between this standard and previous implementation guides that had been in use
- The different kinds of message profiles and how to detect or conform to them
- How to validate conformance of messages to profiles used in the guide

#### Faculty:

Hans Buitendijk (Lead Speaker): Director, HL7 Board of Directors; Co-Chair, HL7 Clinical Statement Work Group; Co-Chair, HL7 Orders and Observations Work Group; HS Standards & Regulations Manager, Siemens Healthcare

Freida Hall (Co-Speaker): HL7 Technical Steering Committee; Manager, Healthcare Standards; Co-Chair, Technical and Support Services Steering Division—Quest Diagnostics

#### T15 – Infobuttons for Clinical Decision Support Tuesday, May 6 / 1:45 pm – 5:00 pm



Infobuttons are clinical decision support tools that provide clinicians and their patients with seamless access to relevant reference information in the context of EHR use that can aid the clinical decision-making process. This tutorial will describe how online reference resources can be integrated with EHR systems through the HL7 Context-Aware Information Retrieval ("Infobutton") standard. The Infobutton standard is being rapidly adopted by EHR vendors and knowledge publishers. It is required for EHR certification in the Meaningful Use Stage 2 standards certification.

#### This Tutorial Will Benefit:

 Users, implementers, and developers of health IT solutions that need to integrate with patient or clinician focused reference content

#### Upon Completion of This Tutorial, Students Will Know:

- Clinicians' information needs
- The various ways in which infobuttons can be implemented
- The impact of infobuttons on clinical decision-making
- Infobutton implementation approaches
- The major components of in an Infobutton request
- How to create Infobutton requests in concrete case scenarios
- How to identify best practices to communicate with infobutton-enabled knowledge resources
- The terminology challenges and approaches when implementing the infobutton standard
- The Meaningful Use requirement that relates to the HL7 Infobutton standard

#### Prerequisites:

 Attendees should have a basic knowledge of HTTP and web-based transactions

#### Faculty:

Guilherme Del Fiol, MD, PhD (Lead Speaker): Co-Chair, HL7 Clinical Decision Support Work Group; Assistant Professor, University of Utah

Howard Strasberg (Co-Speaker): Co-Chair, HL7 Clinical Decision Support Work Group; Vice-President of Medical Informatics, Wolters Kluwer Health – Clinical Solutions

#### W19 – Quality Reporting Document Architecture Wednesday, May 7 / 9:00 am – 12:30 pm



The Quality Reporting Document Architecture (QRDA) is one of Health Level Seven's premier standards for quality reporting, particularly for capturing various kinds of quality reports. QRDA builds off of the growing Clinical Document Architecture (CDA\*) standard. This tutorial will cover the structure of the QRDA specification, demonstrate how QRDA relates to other HL7 standards such as CDA and the Health Quality Measures Format (HQMF), and show how QRDA is being used and adopted in the United States.

#### This Tutorial Will Benefit:

• Implementers looking to generate quality reports using QRDA

#### Upon Completion of This Tutorial, Students Will Understand:

- How to distinguish the different kinds of quality reports that can be represented using QRDA
- The structure of the QRDA category 1 and QRDA category 3 specification
- How to apply program specific guidance to the HL7 QRDA standard
- How QRDA relates to HQMF

#### Faculty:

Chris Millet: Co-Chair, HL7 Clinical Quality Information Work Group; Senior Director, e-Measurement, National Quality Forum

#### W23 – Introduction to Health Quality Measure Format Wednesday, May 7 / 1:45 pm – 5:00 pm



Clinical Quality Measures (CQMs) help in measuring the quality of healthcare provided to a patient. The Health Quality Measures Format (HQMF) is HL7's specification for defining the structure and content of a CQM. It is based on the HL7 Reference Information Model (RIM), and uses that model to define all the information necessary to compute a quality measure and produce a mathematical result. This tutorial serves as an introduction to HQMF R1 and R2 and their design, and their use in quality measurement. It primarily covers the HQMF R2 architecture, the technical specification, the role it plays in the quality measurement space, and its relationship to other quality measurement standards, including the HL7 QDM-based HQMF R2 implementation guide (a US-realm guide for HQMF).

#### This Tutorial Will Benefit:

 New implementers, measure developers, policy makers, and standards developers

#### Upon Completion of This Tutorial, Students Will Have:

- Knowledge of the history and design of HQMF R1 and R2
- The ability to explain the structure of an HQMF R2 document and a clinical quality measure
- The skills necessary to understand the HQMF R2 standard and its related implementation guides
- Knowledge of where HQMF R2 fits into the clinical quality workflow and related

#### Faculty:

*Kanwarpreet Sethi (Lead Speaker):* Senior Software Architect & Engineer; Lantana Consulting Group

Rick Geimer (Co-Speaker): Member, HL7 Structured Documents Work Group; Chief Technology Officer, Lantana Consulting Group

#### TH27 – HL7 Standards for Meaningful Use Thursday, May 8 / 9:00 am – 12:30 pm



Under the 2009 US American Recovery & Reinvestment Act (ARRA) regulation, the Health Information Technology for Economic and Clinical Health (HITECH) section legislated that eligible healthcare professionals and hospitals can qualify for Medicare and Medicaid incentive payments when they adopt certified EHR Technology and use it to achieve specified

objectives. One of the two regulations announced defines the "Meaningful Use" objectives that providers must meet to qualify for the bonus payments, and the other regulation identifies the technical capabilities required for certified EHR Technology ("ONC HIT Certification Program").

#### The Key Components of the Meaningful Use Objectives Are:

- Tracking key patient-level clinical information in order to give health providers clear visibility into the health status of their patient populations
- Applying clinical decision support designed by health care providers to help improve adherence to evidencebased best practices
- Executing electronic healthcare transactions (prescriptions, receipt of drug formulary information, eligibility checking, lab results, basic patient summary data exchange) with key stakeholders
- Reporting a focused set of meaningful care outcomes and evidence-based process metrics (for example, the percentage of patients with hypertension whose blood pressure is under control), which will be required by virtually any conceivable new value-based payment regimes

Evidence of Meaningful Use provides financial incentives to "Eligible Providers" and "Eligible Hospitals" over a five year period: 2011 to 2015. For example, maximum EHR implementation reimbursement available to an individual eligible provider under Medicare is \$44,000 and under Medicaid is \$63,500; for eligible hospitals it is a \$2M base payment. Additional clarifications (including exceptions) will be explained during the tutorial.

The Medicare and Medicaid EHR Incentive Programs are staged in three steps (Stage 1, Stage 2 & Stage 3) with increasing requirements for participation. Additional details on the various Stages will be provided during the tutorial.

#### This Tutorial Will Benefit:

- Providers and hospitals in the US who are eligible to receive the financial incentives under the legislation
- Consultants and companies who are providing Meaningful Use technical assistance to eligible providers and hospitals
- EHR vendors who are new to Meaningful Use requirements (please review the Meaningful Use Track 5 tutorials for targeted training)
- Countries that are considering the introduction of national incentives to encourage EHR adoption

#### Upon Completion of This Tutorial, Students Will Know:

- What Meaningful Use is, who defined it, and what it means
- How it is relevant and related to HL7
- Which HL7 standards are mentioned in the Meaningful Use regulations

#### Prerequisites:

• Standards for Interoperability tutorial

#### Faculty:

Gora Datta: HL7 Ambassador; Co-Chair, HL7 Mobile Health Work Group; Group Chairman & CEO, CAL2CAL Corporation

#### TH31 – Consolidated CDA Thursday, May 8 / 1:45 pm – 5:00 pm



The HL7 Consolidated CDA® (C-CDA) is a standard that reconciled and consolidated nine different healthcare exchange documents into a single template library. The Office of the National Coordinator (ONC) named the Consolidated Templates DSTU as a required criterion for Meaningful Use Stage 2. This tutorial presents an overview of the C-CDA and provides practical advice for implementing the standard.

#### This Tutorial Will Benefit:

• New implementers, standards developers, and policy makers

#### Upon Completion of This Tutorial, Students Will Know:

- How to navigate the Consolidated CDA standard
- How to explain templated CDA and how it streamlines development
- How to locate additional C-CDA requirements to meet Meaningful Use Stage 2
- How to use online validators to build conformant documents

#### Prerequisite:

• Introduction to Clinical Document Architecture Faculty:

*Brett Marquard:* Co-Chair, HL7 Structured Documents Work Group; Principal, River Rock Associates

#### TRACK 6—INFORMATION FORUMS

# F1/F5 – HL7 First-Time Attendees' Orientation – FREE TUTORIAL

Sunday, May 4 / 4:00 pm – 5:00 pm Monday, May 5 / 7:00 am – 8:00 am

This is a special orientation session for first-time attendees. It will give those new to HL7 the lay of the land and help ensure they get the very most out of their first working group meeting experience. The session will consist of a quick meeting "tour" and a question and answer session that will help attendees make informed choices and maximize their time at the meeting. It will be offered twice during the meeting—once on Sunday evening and again on Monday morning.

#### Faculty:

Patrick Loyd: HL7 Clinical Statement Work Group; Co-Chair, HL7 Education Work Group; Co-Chair, HL7 Orders and Observations Work Group; Sole Proprietor, ICode Solutions

# F2 – HL7 Tutorial Development Workshop – FREE TUTORIAL

Sunday, May 4 / 5:00 pm - 6:00 pm

If you develop or deliver HL7 tutorials and want to improve the tutorial quality, or get assistance in development of training specifications or plans, or training materials – bring your ideas, issues and documents etc with you and get assistance to develop or improve your tutorial.

#### This Tutorial Will Benefit:

- Tutorial presenters
- Tutorial developers

#### Upon Completion of This Tutorial, Students Will Be Able To:

- Submit quality tutorial proposals and plans
- Improve presentations in HL7 tutorial
- Improve learning outcomes of HL7 tutorials

#### Prerequisites:

• How to Design and Deliver an HL7 Tutorial

#### Faculty:

Heather Grain, AssocDip MRA, GDip IS, MHI, MACS, FACHI, Cert IV Training and Education: Co-Chair, HL7 Vocabulary Work Group, Convenor ISO WG3-Semantic Content; Member IHTSDO Quality Assurance Committee and Education SIG; Chair-Standards Australia Health Informatics Committee (IT 14), Australia

#### F3 – HL7 Organization and Process Orientation/ Introduction – FREE TUTORIAL Sunday, May 4 / 5:00 pm – 6:00 pm

This session provides a brief history of the HL7 organization and answers the question "What is HL7?" An overview of the current work group structure and content domains will be presented. Attendees will learn the formal work group process and protocol and how to effectively participate in the work of the work groups. This tutorial was added at the request of first-time attendees seeking to gain deeper knowledge of the organization and its work processes.

#### Faculty:

John Quinn: HL7 Chief Technology Officer

F6 – Glossary Management-Defining and Managing the Terms Used by Healthcare SDOs– FREE TUTORIAL

Tuesday, May 6 / 7:00 am - 8:00 am

This is an overview of the international health standards knowledge management tool (SKMT) to introduce attendees to the resource (find standards, find terms and definitions) and how it can make standards development, use and

#### **TUTORIALS**

health informatics documentation in general easier and more consistent.

This tutorial also shows how to retrieve, enter and update information in the SKMT, and introduces the process for harmonization across SDOs internationally and how HL7 engages with this process.

#### This Tutorial will Benefit:

- People who develop standards
- People who use and work with the terms, concepts used by healthcare standards
- People who want to know of projects and publications of other SDOs to improve harmonization and reduce duplication of effort

#### Upon Completion of This Tutorial, Students Will Know:

- The purpose and utility of the SKMT
- How to find and register for access to the SKMT
- The process for maintenance of the content for HL7 in the tool including SDO harmonization trials
- How to apply the guidelines for development of quality definitions

#### Faculty:

Heather Grain, AssocDip MRA, GDip IS, MHI, MACS, FACHI, Cert IV Training and Education: Co-Chair, HL7 Vocabulary Work Group; SKMT Governance Committee, ISO Representative and Administrator of SKMT

Andy Stechishin: Co-Chair, HL7 Publishing Work Group; Co-Chair, HL7 Tooling Work Group; Co-Chair, HL7 Application Implementation and Design Work Group; Co-Chair, HL7 Implementation Technology Specifications Work Group; Co-Chair, Technical and Support Services Steering Division—HL7 Technical Steering Committee; HL7 Representative to SKMT Governance Committee

# F7 – How to Design and Deliver an HL7 Tutorial – FREE TUTORIAL

Wednesday, May 7 / 7:00 am - 8:00 am

This session introduces the design and delivery of HL7 tutorials and provides tools and resources to assist in these tasks. The course will assist in production of focused, outcome driven educational activities.

#### This Tutorial Will Benefit:

• Anyone who delivers or intends to deliver or develop tutorial information for HL7

#### Upon Completion of This Tutorial, Students Will Understand:

- The need to identify appropriate content and methodology to meet stakeholder need
- How to develop competencies to meet need
- How to identify expected background of learners
- What a learning plan needs to contain, breaking content

into defined timeslots and identified resources/exercises

- Delivery methods and assessment methods and tools
- The need to measure assessment and content against competencies
- How to prepare proposal for HL7 education
- How to undertake basic tutorial quality review

#### Faculty:

Heather Grain, AssocDip MRA, GDip IS, MHI, MACS, FACHI, Cert IV Training and Education: Co-Chair, HL7 Vocabulary Work Group, Convenor ISO WG3-Semantic Content; Member IHTSDO Quality Assurance Committee and Education SIG; Chair-Standards Australia Health Informatics Committee (IT 14), Australia

## F8 – Newly Elected Co-Chair Training – FREE TUTORIAL

Thursday, May 8 / 7:00 am - 7:45 am

This session is intended for newly elected work group cochairs. The purpose of the session is to introduce the co-chair responsibilities, review work group and balloting procedures, share tips on managing a work group, provide a framework for common operation among all work groups, and general Q&A session.

#### Faculty:

Karen Van Hentenryck: HL7 Associate Executive Director

# GS1 Education Session: Bringing UDI into Clinical Data Processing

Wednesday, May 7 • 7:00 - 7:45 am

This GS1 education session will illustrate, with GS1 bar code analysis, how to interpret GS1 semantics in the AIDC process.

# Gearing Up Affiliates for Computer Based Testing

Thursday, May 8 • 7:00 – 8:00 am

As of January 2014, paper and pencil tests are no longer provided to test-takers seeking HL7 certification. Instead all exams are now delivered as computer based tests. This session will prepare affiliates to offer Computer Based Certification Testing to constituents from their locations. Be prepared to complete a worksheet on how you plan to schedule testing sessions (days of week, time period set aside) and who will be tasked with proctoring.

Audience: This session is for affiliate representatives to learn how to get ready to participate in HL7 International's Computer-based Certification Testing network.

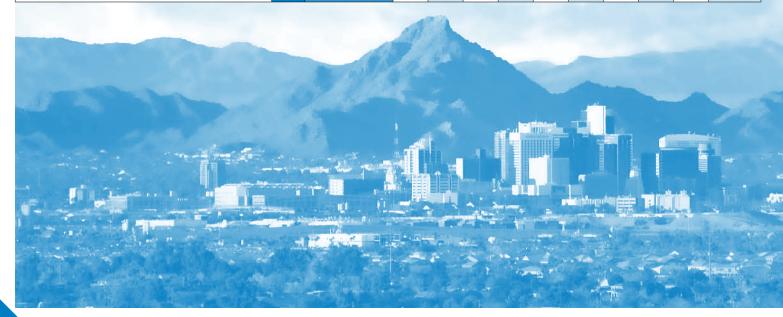
### Fresh Look Task Force Meeting Monday, May 5 • 3:30-5:00 pm

Stan Huff, MD and W. Ed Hammond, PhD, members of the HL7 International Board of Directors

- 1. It seems to be a good time for Fresh Look to have another look on what is going on in the world outside of HL7. While our perspective is biased by what's happening within the US, we will discuss how these activities could be made international and what is happening in other nations that HL7 should be aware of.
- 2. In the US, the following projects have a significant funding stream:
  - a. Comparative Effectiveness Research (CER)
  - b. Clinical and Translational Science Award (CTSA)
  - c. Healthcare Services Platform Consortium
  - d. ASTHO (Primary Care and Public Health)
  - e. Collaboratory for Pragmatic Clinical Trials
  - f. Patient Centered Outcomes Research (PCOR)
  - g. Big Data to Knowledge (BD2K)
  - h. EMERGE phenotypes
  - i. MiniSentinel
- 3. The Fresh Look meeting will discuss the standard development opportunities are offered by these funding initiatives. Most of these initiatives require the sharing of data. How can HL7 enhance that process through standards? Examples include standards from going to local representation of data to some type of standard mapping to a common data set and a structured format. Other examples include phenotype formats, registries set, Table n, genomic and biomarker data in EHRs as well as format for provenance.
- 4. Governance for sharing
- 5. How to strengthen ties between CIMI, these initiatives, and HL7?

### TUTORIALS AT A GLANCE

Торіс	Class ID	Instructor	SUN AM	SUN PM	MON AM	MON PM	TUE AM	TUE PM	WED AM	WED PM	THU AM	THU PM
Track 1—Version 2 Core												
Introduction to Version 2, Part 1: Control/Patient Administration	M1	Buitendijk			*							
Introduction to Version 2, Part 2: Orders and Observations	M5	Lorenzi				*						
Version 2 Message Profiles and Conformance	Т9	Shakir					*					
Version 2.7 Control Specialist Certification Test Preparation	W16	Henderson							*			
HL7 Version 2.7 Control Specialist Certification Test	TH32	HL7 Staff										5:30-7:30
Track 2—Version 3 and CDA Core					'	,			,			
Introduction to Version 3, Part 1: Foundations	M2	Lorenzi			*							
Introduction to Version 3, Part 2: Messaging	M6	Loyd				*						
IHE XDS and HL7 CDA	T10	Boone					*					
Version 3 XML ITS for CDA	T13	Heitmann						*				
Introduction to Clinical Document Architecture	W17	Marquard/Geimer							*			
Clinical Document Architecture - Advanced	W20	Beebe								*		
CDA Specialist Certification Test Preparation	TH24	Beebe									*	
Templated CDA	TH28	Boone										*
CDA Specialist Certification Test	TH33	HL7 Staff										5:30-7:30
Version 3 RIM Certification Test	TH34	HL7 Staff										5:30-7:30
Track 3—Special Topics												
Authoring Value Set Content	W18	Grain							*			
Introduction to Vocabulary in HL7	W21	Klein								*		
Introduction to UML: Using UML in Developing HL7 Specifications	W22	Baker/Daoust								*		
TermInfo Applied-Practical Considerations When Using Standard Terminologies with HL7 Information Models	TH25	Hausam/Merrick									*	
Standards for Interoperability	TH26	Kaminker									*	
Introduction to SNOMED CT	TH29	Grain										*
Version 3 Implementation Issues	TH30	Duteau										*



Topic	Class ID	Instructor	SUN AM	SUN PM	MON AM	MON PM	TUE AM	TUE PM	WED AM	WED PM	THU AM	THU PM
Track 4—FHIR®												
FHIR Connectathon (This will also be held on Saturday, 5/3 from 9 am - 5 pm)	Sat- Sun	McKenzie/ Kramer/Hay	*									
Developing FHIR Profiles – FREE TUTORIAL FOR CO-CHAIRS AND FACILITATORS ONLY	F4	Kramer		Q4								
	M3	Hay			*							
FHIR for Architects	M7	McKenzie				*						
FHIR for Software Developers	T11	Kramer/Grieve					*					
Developing FHIR Profiles	T14	Kramer						*				
Track 5—Meaningful Use												
Introduction to Integrating the Healthcare Enterprise	M4	Solomon			*							
Under the Hood of the Version 2.5.1 Immunization Guide for Immunization Messaging	M8	Savage				*						
The Laboratory Results Interface	T12	Buitendijk/Hall					*					
○ Infobuttons for Clinical Decision Support	T15	Del Fiol/ Strasberg						*				
Quality Reporting Document Architecture	W19	Millet							*			
Introduction to Health Quality Measure Format	W23	Sethi/ Geimer								*		
HL7 Standards for Meaningful Use	TH27	Datta									*	
Consolidated CDA	TH31	Marquard										*
Track 6—Information Forums—FREE TU	TORI	ALS										
First-Time Attendees' Orientation	F1/F5	Loyd		4:00- 5:00	7:00- 8:00							
Tutorial Development Workshop	F2	Grain		5:00- 6:00								
Organization and Process Orientation/Introduction	F3	Quinn		5:00- 6:00								
Glossary Management-Defining and Managing the Terms Used by Healthcare SDOs	F6	Grain/ Stechishin					7:00- 8:00					
How to Design and Deliver an HL7 Tutorial	F7	Grain							7:00- 8:00			
Newly Elected Co-Chair Training	F8	Van Hentenryck							8.00		7:00- 7:45	

### Meetings Only—No Joint Sessions Listed

	Sun	day	Mor	nday	Tue	sday	Wedn	Wednesday		sday	Friday	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Activities with Other SDOs		Q4										
Affiliate Due Diligence Committee				Q4								
Affiliates: Gear Up for Computer Based Testing									7:00- 8:00			
Anatomic Pathology					*	*						
Anesthesia			*	*	Q1	Q3						
Application Implementation and Design		*		Q3				Q4				
Architectural review Board	*	*								*		
Arden Syntax					*	*						
Attachments			*	*	*	*	*	*	*	*		
Board of Directors' Meeting						Lunch ★						
Child Health						*	*					
Clinical Decision Support							Q2	Q3 & 7:00- 8:30	*	*		
Clinical Genomics					*	Q3	Q1	*				
Clinical Interoperability Council				*	Q1	Q4		*	*	*		
Clinical Quality Information			Q1	*	Q1	*	*	*	*			
Clinical Statement										Q3		
Co-Chair Information				Lunch & 5:15- 7:00		Lunch			7:00- 7:45			
Community Based Collaborative Care				*	Q2	*	Q2	*				
Conformance & Guidance for Implementation/Testing			*	Q3		Q4		Q4				
Education				Lunch ★					*			
Electronic Health Records			*	*	*	*	*	*	*			
Electronic Services									Q2			
Emergency Care	*	*	*	*	*	*		*	Q1	*	*	
Facilitators' Roundtable Dinner/ Meeting - MnM, FHIR & Voc										5:30- 8:00		
FHIR Connectathon (Note: There is also a meeting scheduled for Saturday, 5/3, 9:00-5:00 pm)	*											
Fast Healthcare Interoperability Resources		Lunch	Q1 Lunch		Q2					5:30- 8:00	7:30- 9:00 & Q1	
Financial Management			*					Q3				
First-Time Attendees' Orientation		4:00- 5:00	7:00- 8:00	Lunch		Lunch						
Foundation Task Force								Q3				
Fresh Look Task Force				Q4								
General Session			8:00- 8:45		8:00- 8:45		8:00- 8:45		8:00- 8:45		No General Session	
Governance and Operations Committee							Q2					

### MEETINGS AT A GLANCE

### Meetings Only—No Joint Sessions Listed

	Sur	nday	Mor	nday	Tue	sday	Wedi	nesday	Thu	ırsday	Frid	day
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
GS1 Education Session	7441	1 141	74141		71111	1 141	7:00-		71111	1 111	7 1111	1 111
							7:45					
Health Care Devices			Q2	*	*	*	*	*	*	*	*	
Imaging Integration							Q1	*	*	*		
Implementable Technology Specification			*	*			*		*	*		
Infrastructure & Messaging					*	*				Q4		
International Council	*	Lunch &Q3								12:30- 5:00		
International Mentoring Committee		Q4										
Marketing Council			Q2									
Mobile Health							*	Q3				
Modeling & Methodology		Q3	Q1		*		*		Q1	5:30- 8:00	Q2	
Networking Reception								5:15- 7:15				
Nurses Breakfast/Meeting					7:00- 8:00							
Orders & Observations			*	*	*	*	*	*	*	Q4	Q1	
Organization and Process Orientation/Introduction		5:00- 6:00										
Patient Administration			*	*	*	*	*	*	*	*		
Patient Care			*	*	*	*	Q1	*	*		Q2	
Pharmacy			*	*	*	Q3	Q1	*	*	*	*	
Physicians Breakfast/Meeting							7:00- 8:00					
Policy Advisory Committee							Q1					
Process Improvement Committee									Q1			
Product Line Architecture								Q3				
Project Services										Q3		
Public Health & Emergency Response			*	Q3	Q1	*	Q1	*	Q2	*		
Publishing							Q1–V2	Q3-V2 Q3-V3			Q2-V3	
Regulated Clinical Research Information Management				*	*	*	*	Q3	*	Q4		
Security					*	*		*	*	*		
Services Oriented Architecture				*	*	*	Q2	Q4	Q2	Q3		
Steering Divisions: Domain Experts Foundation & Technology Structure & Semantic Design Technical & Support Services				7:00- 8:30								
Structured Documents			*	*	Q2	*	Q2	*	Q1	*	*	
TSC Meetings (Note: There is also a meeting scheduled for Saturday, 5/3, 9:00-5:00 pm)		5:15- 6:30						Lunch/ Meeting		Lunch/ Meeting		
Templates			Q1								*	
Tooling					*	7:00- 9:00			*			
Vocabulary		*	*	*	*	*			*	Q3 & 5:30- 8:00	*	

#### **REGISTRATION HOURS**

8:30 - 5:00 pmRegistration Sunday Monday - Tuesday 7:00 - 5:00 pm Registration Wednesday – Thursday 7:30 – 5:00 pm Registration

**Friday** 8:00 - 1:00 pmStaff on Hand for Assistance

#### **MEALS AND BREAKS**

Monday - Thursday 7:30 - 8:30 am **Continental Breakfast** Continental Breakfast Friday 8:00 - 9:00 am Monday - Friday Morning Break 10:30 – 11:00 am

Monday - Friday 12:30 - 1:30 pm Lunch

Monday - Thursday 3:00 - 3:30 pmAfternoon Break

#### **GENERAL SESSION ROOM**

Please plan to attend the General Sessions Monday through Thursday for daily highlights, meeting announcements and changes.

Monday 8:00 - 8:45 am HL7 CEO and International Council

Reports, Announcements

Tuesday 8:00 - 8:45 am HL7 CTO and TSC Reports, Announcements Board Report, Awards Presentations, Wednesday 8:00 - 8:45 am

Announcements

**Thursday** 8:00 - 8:45 am Announcements

**Friday** NO GENERAL SESSION

NOTE: In compliance with our status as an ANSI-accredited standards development organization, anyone may register to attend HL7 meetings.

Meeting times and locations are subject to change.

#### **MEETINGS**

#### **ACTIVITIES WITH OTHER SDOs**

3:30 - 5:00 pm **MEETING** Sunday

#### **AFFILIATE DUE DILIGENCE COMMITTEE**

Monday 3:30 - 5:00 pm**MEETING** 

#### **AFFILIATES: GEAR UP FOR COMPUTER BASED TESTING**

Thursday **TRAINING** 7:00 - 8:00 am

#### **ANATOMIC PATHOLOGY (AP)**

Tuesday 9:00 - 3:00 pm**MEETING** 

3:30 - 5:00 pm Hostina: Clin Gen

Wednesday 11:00 - 12:30 pm Joint w/0&0, II, Clin Gen

**ANESTHESIA (GAS)** 

9:00 - 5:00 pm**MEETING** Monday Tuesday 9:00 - 10:30 am **MEETING** 

11:00 - 12:30 pmJoint w/PC 1:45 - 3:00 pm**MEETING** 3:30 - 5:00 pmJoint w/Dev

#### **APPLICATION IMPLEMENTATION AND DESIGN (AID)**

Sunday **MEETING** 1:45 - 5:00 pm Monday 1:45 - 3:00 pm **MEETING** Tuesday 7:00 - 9:00 pmJoint w/Tooling Hosting: Tooling Wednesday 3:30 - 5:00 pm

#### **ARCHITECTURAL review BOARD (ArB)**

9:00 - 5:00 pmSunday MEETING Thursday 1:45 - 5:00 pm **MEETING** 

#### **ARDEN SYNTAX (AS)**

**MEETING** Tuesday 9:00 - 5:00 pm

#### **ATTACHMENTS**

Monday — Thursday 9:00 - 5:00 pm**MEETING** 

#### **BOARD OF DIRECTORS' MEETING**

Tuesday 12:30 – 1:30 pm Luncheon 1:45 - 5:00 pm**MEETING** 

**CHILD HEALTH (CH)** 

Tuesday 1:45 – 5:00 pm **MEETING** Wednesday 9:00 - 12:30 pm**MEETING** 

#### **CLINICAL DECISION SUPPORT (CDS)**

Wednesday 9:00 - 10:30 am Joint w/CQI, SD 11:00 - 3:00 pm **MEETING** 3:30 - 5:00 pmJoint w/CQI 7:00 - 8:30 pmHosting: CQI 9:00 – 10:30 am Thursday **MEETING** 11:00 - 12:30 pm Hosting: FHIR

1:45 - 3:00 pm Hosting: FHIR, COI 3:30 - 5:00 pm**MEETING** 

#### **CLINICAL GENOMICS (Clin Gen)**

Tuesday 9:00 - 3:00 pm**MEETING** 3:30 - 5:00 pmJoint w/AP Wednesday 9:00 - 10:30 am **MEETING** 11:00 - 12:30 pm Joint w/0&0, II, AP 1:45 - 3:00 pm**MEETING** 3:30 - 5:00 pm Hosting: FHIR

#### **CLINICAL INTEROPERABILITY COUNCIL (CIC)**

Monday 1:45 - 5:00 pm**MEETING** Tuesday 9:00 - 10:30 am **MEETING** 11:00 - 12:30 pm Joint w/EHR, CQI

3:30 - 5:00 pm**MEETING** 

Wednesday 9:00 - 10:30 am Joint w/PC, PHER, EC Joint w/EHR, PHER, PC 11:00 - 12:30 pm

1:45 - 3:00 pm**MEETING** 3:30 - 5:00 pmHosting: RCRIM

9:00 - 12:30 pmThursday **MEETING** 

1:45 - 3:00 pmHosting: RCRIM 3:30 - 5:00 pm **MEETING** 

#### **CLINICAL QUALITY INFORMATION (CQI)**

Tuesday

**MEETING** Monday 9:00 - 10:30 am 11:00 – 12:30 pm Joint w/PC

1:45 - 5:00 pm **MEETING** 9:00 - 10:30 am Hosting: SD

11:00 - 12:30 pm Joint w/EHR, CIC

> 1:45 - 5:00 pm**MEETING**

Wednesday	9:00 – 10:30 am	Hosting: SD, CDS	FHIR CONNECTA		
	11:00 – 3:00 pm	MEETING	Saturday	9:00 — 5:00 pm	MEETING
	3:30 – 5:00 pm	Hosting: CDS	Sunday	9:00 — 12:30 pm	MEETING
Thursday	7:00 — 8:30 pm	Joint w/CDS MEETING	FAST HEALTHCA	ARE INTEROPERABILI	TY RESOURCES (FHIR)
Thursday	9:00 — 12:30 pm 1:45 — 3:00 pm	Joint w/CDS, FHIR	Sunday	12:30 – 1:30 pm	FHIR Management Group, FHIR
	•	Joint W/CD3, TTIIN			Governance Board Luncheon/Meeting
CLINICAL STATEM		II .: 000 DC	Monday	9:00 — 10:30 am	FHIR Governance Board Meeting
Thursday	1:45 – 3:00 pm	Hosting: 0&0, PC		11:00 — 12:30 pm	Joint w/ITS
CO-CHAIR INFORM	MATION			11:00 — 12:30 pm	Joint w/0&0
Monday	5:15 — 7:00 pm	Co-Chairs Dinner/Meeting		12:30 — 1:30 pm	FHIR Management Group
		ONLY to Co-Chairs. <b>Co-Chairs MUST</b>		3:30 – 5:00 pm	Luncheon/Meeting Joint w/ITS
-	to attend the dinner		Tuesday	9:00 — 10:30 am	Joint w/PA
Monday — Tuesday	12:30 — 1:30 pm	Lunch tables reserved for Co-Chairs	lucsuuy	9:00 – 10:30 am	Joint w/SOA, ITS
hursday	7:00 – 7:45 am	Newly Elected Co-Chair Training		11:00 — 12:30 pm	MEETING
OMMUNITY BAS	ED COLLABORATIV	E CARE (CBCC)		1:45 — 3:00 pm	Joint w/Pharm
Monday	1:45 — 5:00 pm	Hosting: Sec		3:30 – 5:00 pm	Joint w/InM, ITS
[uesday	11:00 — 5:00 pm	MEETING		3:30 – 5:00 pm	Joint w/PC
Wednesday	9:00 – 10:30 am	Joint w/EHR, Sec, SOA, FHIR		3:30 - 5:00 pm	Joint w/SD
	11:00 — 5:00 pm	MEETING	Wednesday	9:00 – 10:30 am	Joint w/EHR, Sec, SOA, CBCC
<b>CONFORMANCE &amp;</b>	<b>GUIDANCE FOR IM</b>	IPLEMENTATION/TESTING (CGIT)		9:00 — 12:30 pm	Joint w/MnM, Voc
Monday	9:00 – 3:00 pm	MEETING		11:00 — 12:30 pm	Joint w/Dev
Tuesday	1:45 – 3:00 pm	Joint w/InM		1:45 — 3:00 pm	Joint w/MH
	3:30 – 5:00 pm	MEETING		1:45 — 3:00 pm	Joint w/FM
Nednesday	3:30 – 5:00 pm	Hosting: FHIR, Templates		3:30 – 5:00 pm	Joint w/CGIT, Templates
「hursday	9:00 — 12:30 pm	Joint w/Voc	Thursday	3:30 — 5:00 pm 9:00 — 10:30 am	Joint w/Clin Gen Joint w/MnM
DICOM WG27			mursuay	9:00 – 10:30 am	Joint w/Sec
Thursday	9:00 – 3:00 pm	Joint w/II		11:00 – 12:30 pm	Joint w/CDS
	3:30 – 5:00 pm	Joint w/II, FHIR		11:00 — 12:30 pm	Joint w/0&0
DUCATION				1:45 — 3:00 pm	Joint w/SD
Monday	12:30 - 1:30 pm	Education Facilitators' Roundtable		1:45 — 3:00 pm	Joint w/CDS, CQI
•	•	Luncheon/Meeting		3:30 - 5:00 pm	Joint w/II, DICOM WG27
	1:45 — 5:00 pm	MEETING		3:30 – 5:00 pm	Joint w/PHER
Thursday	9:00 – 12:30 pm	MEETING		5:30 – 8:00 pm	FACILITATORS' ROUNDTABLE
LECTRONIC HEAI	TH RECORDS (EHR	()			DINNER/MEETING — Joint w/MnM, Voc
Monday	9:00 - 5:00 pm	MEETING	Friday	7:30 — 9:00 am	MEETING
Tuesday .	9:00 – 10:30 am	Hosting: MH		9:00 — 10:30 am	FHIR Management Group and
·	11:00 - 12:30 pm	Hosting: CIC, CQI		11.00 12.20 nm	FHIR Governance Board Meeting Joint w/MnM
	1:45 — 5:00 pm	MEETING		11:00 — 12:30 pm 11:00 — 12:30 pm	
Vednesday	9:00 – 10:30 am	Hosting: Sec, SOA, CBCC, FHIR		•	Joint W/I C
	11:00 — 12:30 pm	Hosting: PHER, CIC, PC		NAGEMENT (FM)	MEETING
-1 1	1:45 — 5:00 pm	MEETING	Monday	9:00 — 12:30 pm	MEETING
「hursday	9:00 — 12:30 pm	MEETING	Wednesday	1:45 — 3:00 pm	Hosting: FHIR
ELECTRONIC SERV				3:30 – 5:00 pm	Joint w/PA
Γhursday	9:00 – 10:30 am	Joint w/PC		ENDEES' MEETINGS	
	11:00 — 12:30 pm	MEETING	Sunday	4:00 – 5:00 pm	ORIENTATION MEETING
<b>EMERGENCY CAR</b>	E (EC)		Monday	7:00 – 8:00 am	ORIENTATION MEETING
Sunday — Tuesday	9:00 - 5:00 pm	MEETING	Torreller	12:30 — 1:30 pm	Lunch Tables Reserved for Q & A
Wednesday	9:00 — 10:30 am	Joint w/PC, CIC, PHER	Tuesday	12:30 — 1:30 pm	Lunch Tables Reserved for Q & A
	1:45 — 5:00 pm	MEETING	<b>FOUNDATION T</b>		
hursday	9:00 – 10:30 am	MEETING	Wednesday	1:45 — 3:00 pm	MEETING
	11:00 – 12:30 pm		FRESH LOOK TA	SK FORCE	
	1:45 — 5:00 pm	MEETING	Monday	3:30 – 5:00 pm	MEETING
Friday	9:00 — 12:30 pm	MEETING	•	ND OPERATIONS COM	
ACILITATORS' RO	<b>UNDTABLE DINNE</b>	R/MEETING	Wednesday	11:00 – 12:30 pm	
Thursday	5:30 - 8:00 pm	Hosting: MnM, Voc, FHIR	rreunesuay	11.00 – 12.30 pm	IVILLITIVU

<b>GS1 EDUCATION</b>		D UDI: . di	Thursday	9:00 — 10:30 am	Hosting: FHIR
Wednesday	7:00 – 7:45 am	Bringing UDI into Clinical Data Processing		5:30 — 8:00 pm	FACILITATORS' ROUNDTABLE DINNER, MEETING — Joint with Voc, FHIR
HEALTH CARE D	EVICES (Dov)	,	Friday	11:00 - 12:30 pm	Hosting: FHIR
Monday	11:00 – 5:00 pm	MEETING	NETWORKING I	RECEPTION	
Tuesday	9:00 – 3:00 pm	MEETING	Wednesday	5:15 – 7:15 pm	RECEPTION
luesuay	3:30 – 5:00 pm	Hosting: GAS	•	•	RECEI TION
Modpoeday	9:00 – 10:30 am	MEETING		<b>KFAST/MEETING</b>	
Wednesday		Hosting: FHIR	Tuesday	7:00 – 8:00 am	MEETING
	11:00 — 12:30 pm	MEETING	ORDERS & OBS	ERVATIONS (0&0)	
Thursday	1:45 — 5:00 pm 9:00 — 3:00 pm	MEETING	Monday	9:00 – 10:30 am	MEETING
Thursday	3:30 – 5:00 pm	Hosting: MH	,	11:00 – 12:30 pm	Hosting: FHIR
Eriday	9:00 – 12:30 pm	MEETING		1:45 — 5:00 pm	MEETING
Friday	·	WILLIING	Tuesday	9:00 – 5:00 pm	MEETING
<b>IMAGING INTEG</b>			Wednesday	9:00 – 10:30 am	MEETING
Wednesday	9:00 — 10:30 am	MEETING	rreunesauy	11:00 – 12:30 pm	Hosting: II, AP, Clin Gen
	11:00 — 12:30 pm	Joint w/0&0, AP, Clin Gen		1:45 – 5:00 pm	MEETING
	1:45 — 5:00 pm	MEETING	Thursday	9:00 – 10:30 am	Hosting: PC
Thursday	9:00 – 3:00 pm	Hosting: DICOM WG27	mursuay	11:00 – 12:30 pm	Hosting: FHIR
	3:30 – 5:00 pm	Hosting: DICOM WG27, FHIR		1:45 – 3:00 pm	Joint w/CS, PC
IMPI FMFNTARI	LE TECHNOLOGY SPE	CIFICATION (ITS)		3:30 – 5:00 pm	MEETING
Monday	9:00 – 10:30 am	MEETING	Friday	9:00 – 10:30 am	MEETING
Monday	11:00 – 12:30 pm	Hosting: FHIR	•		
	1:45 – 3:00 pm	MEETING			NTATION/INTRODUCTION
	3:30 – 5:00 pm	Hosting: FHIR	Sunday	5:00 – 6:00 pm	ORIENTATION/INTRODUCTION
Tuesday	9:00 – 10:30 am	Joint w/SOA, FHIR	PATIENT ADMII	NISTRATION (PA)	
rucsuay	11:00 – 12:30 pm	Joint w/InM	Monday	9:00 – 5:00 pm	MEETING
	1:45 – 3:00 pm	Joint w/SD, MnM, V3	Tuesday	9:00 – 10:30 am	Hosting: FHIR
	1.45 – 5.00 pm	Publishing, Tooling	,	11:00 - 5:00 pm	MEETING
	3:30 – 5:00 pm	Joint w/InM, FHIR	Wednesday	9:00 – 3:00 pm	MEETING
Wednesday	9:00 – 12:30 pm	MEETING	,	3:30 – 5:00 pm	Hosting: FM
Thursday	9:00 – 12:30 pm	MEETING	Thursday	9:00 – 10:30 am	Hosting: PHER
•	•		,	11:00 - 5:00 pm	MEETING
	RE & MESSAGING (In		DATIFALT CADE	•	
Tuesday	9:00 – 10:30 am	MEETING	PATIENT CARE (		MEETING
	11:00 – 12:30 pm		Monday	9:00 – 10:30 am	MEETING
	1:45 — 3:00 pm			11:00 — 12:30 pm	
	3:30 – 5:00 pm	Hosting: ITS, FHIR	T J	1:45 — 5:00 pm	MEETING
Thursday	3:30 – 5:00 pm	Hosting: Voc	Tuesday	9:00 — 10:30 am	MEETING
INTERNATIONA	L COUNCIL MEETING			11:00 — 12:30 pm	Hosting: GAS
Sunday	9:00 – 3:00 pm	MEETING		1:45 — 3:00 pm	MEETING
,	12:30 — 1:30 pm	Lunch	Wednesday	3:30 – 5:00 pm	Hosting: FHIR
Thursday	12:30 – 5:00 pm	Affiliate Chair or their Designated	Wednesday	9:00 – 10:30 am	Hosting: CIC, PHER, EC
,		Rep Luncheon/Meeting		11:00 — 12:30 pm	Joint w/EHR, PHER, CIC MEETING
INTERNATIONA	I MENTODING COMM	,	Thursday	1:45 — 5:00 pm	
	L MENTORING COMM		Thursday	9:00 – 10:30 am	Hosting: ES
Sunday	3:30 – 5:00 pm	MEETING		11:00 — 12:30 pm	Hosting: SD, Templates
<b>MARKETING CO</b>	UNCIL		Fui da	1:45 — 3:00 pm	Joint w/CS, 0&0
Monday	11:00 - 12:30 pm	MEETING	Friday	9:00 — 10:30 am	Joint w/Templates, Tooling
MOBILE HEALTH	1 (WH)			11:00 — 12:30 pm	Hosting: FHIR
Tuesday	9:00 – 10:30 am	Joint w/EHR	PHARMACY (Pł	harm)	
Wednesday	9:00 – 10:30 am 9:00 – 12:30 pm	MEETING	Monday	9:00 – 5:00 pm	MEETING
vvcuncouay	9.00 – 12.30 pm 1:45 – 3:00 pm	Hosting: FHIR	Tuesday	9:00 – 12:30 pm	MEETING
Thursday	•	-		1:45 – 3:00 pm	Hosting: FHIR
Thursday	3:30 – 5:00 pm	Joint w/Dev		3:30 – 5:00 pm	Joint w/PHER
MODELING & M	ETHODOLOGY (MnM	)	Wednesday	9:00 – 10:30 am	MEETING
Sunday	1:45 – 3:00 pm	MEETING	,	11:00 - 12:30 pm	Joint w/SD
Monday	9:00 – 10:30 am	MEETING		1:45 — 5:00 pm	MEETING
Tuesday	9:00 - 12:30 pm	MEETING	Thursday	9:00 – 5:00 pm	MEETING
•	1:45 — 3:00 pm	Joint w/SD, ITS, V3 Publishing, Tooling	Friday	9:00 – 12:30 pm	MEETING
Wednesday	9·00 – 12·30 nm	Hosting: Voc. FHIR	•	•	

Wednesday

9:00 – 12:30 pm Hosting: Voc, FHIR

DUVCICIANC DDE	AVEACT/MEETING		CTEEDING DIVICION	ic.	
PHYSICIANS BREA		MEETING	STEERING DIVISION		Domain Evnorte
Wednesday	7:00 – 8:00 am	MEETING	Monday	7:00 — 8:30 pm	Domain Experts
POLICY ADVISORY	/ COMMITTEE				Foundation & Technology Structure & Semantic Design
Wednesday	9:00 – 10:30 am	MEETING			Technical & Support Services
PROCESS IMPROV	EMENT COMMITTE	E (PIC)			reclinical & Support Services
Thursday	9:00 – 10:30 am	MEETING	STRUCTURED DOC		
•			Monday	9:00 – 3:00 pm	MEETING
	RCHITECTURE PROC			3:30 – 5:00 pm	Hosting: PHER
Wednesday	3:30 – 5:00 pm	MEETING	Tuesday	9:00 – 10:30 am	Joint w/CQI
PROJECT SERVICE	S			11:00 — 12:30 pm	MEETING
Thursday	1:45 — 3:00 pm	MEETING		1:45 — 3:00 pm	Hosting: ITS, MnM, V3
PUBLIC HEALTH 8	<b>EMERGENCY RESP</b>	PONSE (PHER)		2.20 5.00	Publishing, Tooling
Monday	9:00 – 3:00 pm	MEETING	Madaaada	3:30 – 5:00 pm	Hosting: FHIR
monday	3:30 – 5:00 pm	Joint w/SD	Wednesday	9:00 — 10:30 am	Joint w/CQI, CDS
Tuesday	9:00 – 10:30 am	MEETING		11:00 — 12:30 pm	Hosting: Pharm MEETING
, , , , , , , , , , , , , , , , , , , ,	1:45 – 3:00 pm	MEETING	Thursday	1:45 — 5:00 pm	
	3:30 - 5:00 pm	Hosting: Pharm	Thursday	9:00 – 10:30 pm	MEETING
Wednesday	9:00 – 10:30 am	Joint w/PC, CIC, EC		11:00 — 12:30 pm 1:45 — 3:00 pm	Joint w/PC, Templates Hosting: FHIR
,	11:00 - 12:30 pm	Joint w/EHR, CIC, PC		3:30 – 5:00 pm	MEETING
	1:45 — 5:00 pm	MEETING	Friday	9:00 – 12:30 pm	MEETING
Thursday	9:00 – 10:30 am	Joint w/PA	•	9.00 — 12.30 pm	MELTING
·	11:00 - 12:30 pm	Hosting: EC	TSC MEETINGS		
	1:45 - 3:00 pm	MEETING	Saturday	9:00 – 5:00 pm	MEETING
	3:30 - 5:00 pm	Hosting: FHIR	Sunday	5:15 — 6:30 pm	MEETING
PUBLISHING			Wednesday	12:30 — 1:30 pm	Luncheon/Meeting
Tuesday	1:45 – 3:00 pm	Joint w/SD, ITS, MnM, Tooling	Thursday	12:30 — 1:30 pm	US Realm Task Force Luncheon/Meeting
Wednesday	9:00 – 10:30 am	V2 – MEETING	<b>TEMPLATES</b>		
rreunesauj	1:45 – 3:00 pm	V2 — Hosting: Voc	Monday	9:00 - 10:30 am	MEETING
	1:45 – 3:00 pm	V3 – MEETING	Wednesday	3:30 - 5:00 pm	Joint w/CGIT, FHIR
Friday	11:00 — 12:30 pm	V3 – MEETING	Thursday	11:00 — 12:30 pm	Joint w/PC, SD
•	•		Friday	9:00 – 10:30 am	Hosting: PC, Tooling
Monday		ORMATION MANAGEMENT (RCRIM)  MEETING		11:00 — 12:30 pm	MEETING
•	1:45 — 5:00 pm 9:00 — 5:00 pm	MEETING	TOOLING		
Tuesday Wednesday	9:00 – 3:00 pm	MEETING	Tuesday	9:00 - 12:30 pm	MEETING
weullesuay	3:30 – 5:00 pm	Joint w/CIC	, , , , , , , , , , , , , , , , , , , ,	1:45 — 3:00 pm	Joint w/SD, ITS, MnM, V3 Publishing
Thursday	9:00 – 12:30 pm	MEETING		7:00 – 9:00 pm	Hosting: AID
Titursuay	1:45 – 3:00 pm	Joint w/CIC	Wednesday	3:30 – 5:00 pm	Joint w/AID
	3:30 – 5:00 pm	MEETING	Thursday	9:00 – 12:30 pm	MEETING
CECUDITY (C. )	3.30 3.00 pm	MEETING	Friday	9:00 – 10:30 am	Joint w/Templates, PC
SECURITY (Sec)	1.45 5.00	L ICDCC	VOCABULARY (Voc	1	
Monday	1:45 — 5:00 pm	Joint w/CBCC	Sunday	1:45 – 5:00 pm	MEETING
Tuesday	9:00 – 5:00 pm	MEETING	Monday — Tuesday	9:00 – 5:00 pm	MEETING
Wednesday	9:00 — 10:30 am	Joint w/EHR, SOA, CBCC, FHIR	Wednesday	9:00 – 12:30 pm	Joint w/MnM, FHIR
	11:00 — 12:30 pm	Joint w/SOA	Wednesday	1:45 – 3:00 pm	Joint w/V2 Publishing
Thursday	1:45 — 5:00 pm 9:00 — 10:30 am	MEETING	Thursday	9:00 – 12:30 pm	Hosting: CGIT
Thursday	11:00 – 10:30 am	Hosting: FHIR MEETING	maisaay	1:45 – 3:00 pm	MEETING
	•			3:30 – 5:00 pm	Joint w/lnM
	ED ARCHITECTURE			5:30 — 8:00 pm	FACILITATORS' ROUNDTABLE
Monday	1:45 — 5:00 pm	MEETING			DINNER/MEETING—Joint w/MnM, FHIR
Tuesday	9:00 – 10:30 am	Hosting: ITS, FHIR	Friday	9:00 - 12:30 pm	MEETING
	11:00 — 5:00 pm	MEETING	•		
Wednesday	9:00 — 10:30 am	Joint w/ EHR, Sec, CBCC, FHIR	Meeting times and	locations are sul	bject to change.
	11:00 — 12:30 pm	Hosting: Sec			us as an ANSI-accredited
T	3:30 – 5:00 pm	MEETING			n, anyone may register to attend
Thursday	11:00 – 3:00 pm	MEETING	HL7 meetings.		<del>-</del>
			-		

#### "EARLY BIRD" RATE DEADLINE

Advance meeting registration, including payment, is required by April 11, 2014 to receive the discounted rates. Otherwise the full fee structure will apply. Consult the registration form (pages 29-30) for a schedule of meeting fees.

#### TO REGISTER

Please complete the registration form on pages 29-30 and mail it (along with a check payable to Health Level Seven International in US funds ONLY) to:

Health Level Seven International 3300 Washtenaw Ave., Suite #227 Ann Arbor, MI 48104 USA

If paying by credit card, the registration may be faxed to: +1 (734) 677-6622

Online registration is also available on our website (http://www.HL7. org/events/wgm052014/index.cfm). For your convenience, you can pay via a credit card directly from the site or print the registration form and mail it along with payment. Advance registrations MUST include payment. No balance dues will be accepted and registrations received without payment will not be processed until the time that payment is received. Registrations received with payment by the Early Bird deadline will receive the Early Bird discount. Registrations where payment is not received by then will require the full registration fee. Advance registrations will be accepted until April 18, 2014. After that time, registrations can only be made on-site. All on-site registrations require payment in full at the time of registration.

#### **CANCELLATION POLICY**

Prepaid registrants who cancel prior to the Early Bird deadline will receive a full refund minus a \$50 processing fee. After that time, no refunds will be made.

#### TUTORIAL CANCELLATION

The tutorial schedule is subject to change. A tutorial may be cancelled if expected registration numbers are not met. If a tutorial is cancelled, pre-registrants will be notified by email. The registrant may select another tutorial or a full refund of the tutorial fee will be made. However, meeting registration fees will not be refunded.

**Note:** Meeting registrants are permitted to switch their tutorial selections up until the time that the tutorial materials are emailed to them. After that point, no exchanges will be allowed.

#### DRESS

The dress code is casual for all HL7 functions. Layered clothing is advised, as room temperatures vary.

#### **MEALS**

Continental breakfasts, refreshment breaks and lunches are included in the meeting registration fee and will be provided for all registered attendees Monday through Friday. Special meals are available upon request. You must register for each day's lunch on your registration form in order to receive lunch tickets.

#### RESORT INFORMATION

HL7's May Working Group Meeting will be held at:

#### The Pointe Hilton Squaw Peak Resort

7677 North 16th Street Phoenix, AZ 85020

Resort Phone Direct: +1 (602) 997-2626 Reservations: +1 (800) 876-4683 Website: www.squawpeakhilton.com

To reserve your room, the resort has set up a special website registration process just for HL7 attendees. HL7 attendees should log on to https://resweb.passkey.com/Resweb.do?mode=welcome\_ei\_new & eventID=10850300 and simply follow the reservation instructions.

For resort reservations call +1 (800) 876-4683. Be sure to mention Health Level Seven (HL7) or the Group Code HLS to receive the discounted room rate of \$159 per night for single or double occupancy, or HLSGV to receive the prevailing government rate of \$88 per night, single or double occupancy. These rates will be offered three days prior and three days after the meeting dates, subject to availability of rooms at the time of reservation. Remember, space is limited, so reserve your room early. Discounted room rates are available only on reservations made before April 11, 2014. Room rates are subject to all applicable state and local taxes in effect at time of check in.

If you need to cancel your room reservation, please do so 72 hours (three days) prior to your arrival date, and obtain a cancellation number. If you cancel within three days you will be charged one night reservation fee.

#### **GROUND TRANSPORTATION & PARKING**

The Pointe Hilton Squaw Peak Resort is approximately 20 minutes or 10 miles from Sky Harbor International Airport.

#### **Super Shuttle**

The Super Shuttle can be arranged by calling +1 (602) 244-9000 for individuals or +1 (602) 225-2225 for groups. The fare is \$17 per person one way. If you choose this option, please be aware that the shuttle may stop at other destinations prior to reaching the resort.

#### Taxi Service

Taxi service is available for approximately \$28-\$35 one way.

#### **Parking**

The Pointe Hilton Squaw Peak Resort offers complimentary self-parking throughout the property.

### PLEASE BOOK YOUR ROOM AT THE HL7 MEETING RESORT

HL7 urges all meeting attendees to secure their resort reservation at the HL7 Working Group Meeting Host Resort. This resort has been contracted to provide the best rate and service to our HL7 meeting attendees, including the vast number of meeting rooms that HL7 uses. In order to secure the required meeting space, HL7 has a contractual obligation to fill our sleeping room blocks. If you make reservations at a different resort, HL7 risks falling short on its obligation, which translates in HL7 paying additional costs (penalties) to the resort. Should this occur, HL7 will likely be forced to pass these costs onto our attendees through increased meeting registration fees. Therefore, to help avoid such fee increases, we urge you to book your resort room at our host resort. Thank you!

### MEETING REGISTRATION FORM

#### 1. Contact Information

End of day on April 11, 2014 is the deadline for Early Bird fees and resort registrations. All advance registrations must be received by end of day on April 18, 2014. After this date, registrations can ONLY be made on-site with payment.

First Name	Last Name	Title/Position	Orga	nization
Address		City	State Zip	
Country	Telephone		Fax	
Email		Nickname for Badge		
2. Survey & Information  I am a/an: Affiliate Chair Facilitator — MnM Facilitator — Publ		ring Division HL7 Work C Attendee Past Board C entor	Group Co-Chair HL7 Fellov	
I have been a member of HL7 for :	$\Box$ 0-4 years $\Box$ 5-9 ye	ars	$\square$ 15-19 years $\square$ 20+	years
Primary employment type:	Academia Consu		Healthcare Professional Vendor Other	er:
☐ I am a member of an HL7 Internation BioPharma Association Associate—SAF OMG, The Health Story Project, WEDI)	E, CEN/TC 251, CDISC, CHCF, Cie	entis Technologies, Inc., CLSI, CHA, D		
I am a full time student. University atten	ding:	9	Student #	
Meal Requirements:	☐ Diabetic ☐ Regular	□ Vegetarian □ Other: _		
☐ I plan to attend the International	Council Meeting (Sunday).			
registrations where payment is r Cancellation/Refund Policy: P date, no refunds will be given fo	eceived after this date. repaid registrants who cancel pric	pril 11, 2014 to qualify for the "Earl or to the Early Bird deadline will rec for in US currency.	•	• •
<b>3. Registration and Tutor</b> You must register for either the ALL WEE or the DAILY FEE in addition to any tutor	K OPTION	Members Before After 4/11 4/11	Non-Members Before After 4/11 4/11	Amount Due
Sunday Meeting Fee: This fee must be included if you will be attending addition to the Monday-Friday option fee. This fe Time Attendees' Orientation or the Organization	e does not apply to those attending the First	\$50 \$50	\$75 \$75	\$
Monday – Friday Option: Please register me for the entire week: <i>Please ne include the cost of tutorials. Please register separ</i>	ote that the Monday-Friday Option does n		\$1,155 \$1,570	\$
Per Day Fees: Please register me for the following days. Please relates register separately for any tutorials you wou	note that daily fees do not include the cost of ti ld like to attend.	□ \$220/day □ \$290/d		\$
∐ Monda		ay ∐Thursday ∐Friday _		\$
FHIR Connectathon:	Members  Participant: \$195 ☐ Obse	erver: \$295 Participant:	\$295 Observer: \$445	\$
Mail/Overnight	Fax	Online		

Mail/Overnight Health Level Seven International 3300 Washtenaw Ave., Suite #227 Ann Arbor, MI 48104 USA

+1 (734) 677-6622

Online www.HL7.org

### MEETING REGISTRATION FORM

All individuals who are employed by an HL7 gold or benefactor organization must have their key member contact Mary Ann Boyle at maryann@HL7.org if they wish to use their organization's free tutorials seats for this meeting.

Tutorial Fees: Please register me for the following tutorials: Please note that you must also register for the days you are taking tutorials.

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				.)
	Memk Before 4/11  - Must sign up to at 4/11  - Must sign up to at 5110  \$110	Members   Before   After   4/11   4/11   4/11   4/11   4/11   4/11   4/11   4/11   4/11   4/11   4/11   4/11   4/11   4/11   5215   5215   5110   5215   5	Members	### After ### Af

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San Antonio
January 18 – 23, 2015
Working Group Meeting
Hyatt Regency San Antonio

on the Riverwalk

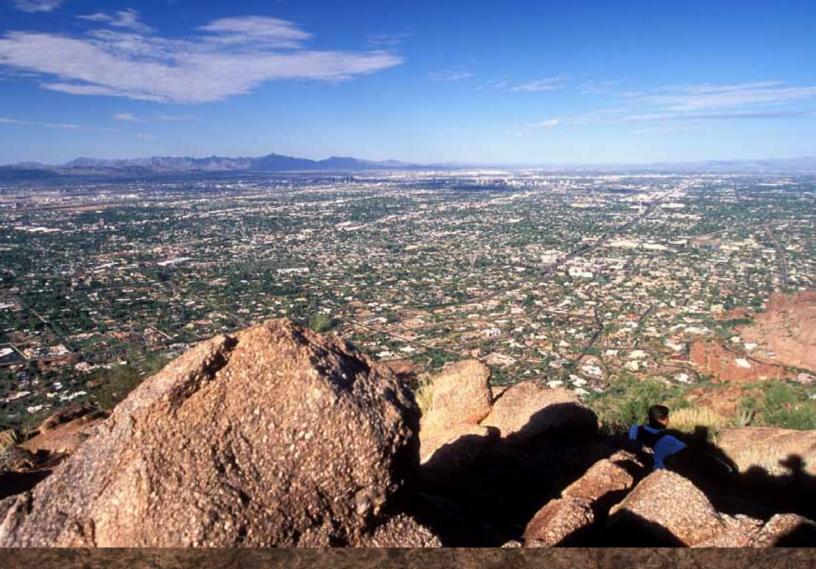






The following HL7 work groups will conduct co-chair elections at this working group meeting.

Work Group	# being elected
Application Implementation & Design (formerly RIMBAA)	1
Clinical Genomics	1
Clinical Quality Information	2
Community Based Collaborative Care	1
Education	2
Electronic Services	1
Health Care Devices	1
Implementable Technology Specifications	1
International Mentoring	1
Modeling and Methodology	1
Orders and Observations	1
Patient Care	1
Process Improvement Committee	2
Project Services	1
Security	1
Services Oriented Architecture	1
Templates	1
Tooling	1



# GREATER PHOENIX AREA

Desert character. It can't be conjured, landscaped or kindled with twinkling bulbs. John Ford knew that. So did Frank Lloyd Wright and Louis L'Amour. Spend a few days in Greater Phoenix and you'll understand, too. America's fifth-largest city still has cowboys and red-rock buttes and the kind of cactus most people see only in cartoons. It is the heart of the Sonoran Desert and the gateway to the Grand Canyon, and its history is a testament to the spirit of puebloans, ranchers, miners and visionaries. No matter what time of year you visit Greater Phoenix, you'll find plenty of things to see and do. More than 300 days of annual sunshine mean you can count on exceptional weather as you experience the rich diversity of the Sonoran Desert Playground.

The near-perfect weather goes hand-in-hand with exciting recreation and adventure activities, which can be enjoyed year-round. Experience a wide range of tours and sightseeing ions, whether by Jeep or hot-air balloon, on horseback, v boat. Of course golf is one of the most popular ivities, as Greater Phoenix provides more than

More than three dozen luxurious resorts are scattered throughout the Valley, many of which provide spectacular spas that offer special treatments native Arizona. Visitors also take pleasure in an exceptional dining scene, featuring everything from savory steaks to exquisite Southwestern fare. After your meal, don't miss the area's dynamic nightlife.

Thanks to several major projects and developments in Downtown Phoenix-Copper Square, the area is brimming with energy and excitement. Arts and performances flourish throughout the metro area, and in terms of sporting events, Phoenix is a sport's lover's dream. Passionate shoppers will find an array of fabulous malls, unique boutiques, and antique shops in which to indulge.

With so many ways to keep busy, or simply lounge around and do nothing at all, it's easy to see why visitors find themselves completely satisfied in Greater Phoenix.