
2011

ANNUAL REPORT

UNLOCKING THE POWER
OF HEALTH INFORMATION



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“HL7 provides standards for interoperability that improve care delivery, optimize workflow, reduce ambiguity and enhance knowledge transfer among all...”

HL7® Vision

To create the best and most widely used standards in healthcare.

HL7® Mission

HL7 provides standards for interoperability that improve care delivery, optimize workflow, reduce ambiguity and enhance knowledge transfer among all of our stakeholders, including healthcare providers, government agencies, the vendor community, fellow SDOs and patients. In all of our processes we exhibit timeliness, scientific rigor and technical expertise without compromising transparency, accountability, practicality, or our willingness to put the needs of our stakeholders first.



Greetings,

It has been my privilege to serve as the 2010-2011 Chair of HL7 International. Of our many accomplishments over the past two years, perhaps the one I am most proud of, is the convergence of the HL7 International community around a shared set of priorities, embodied in our 2011 and now our 2012 Strategic Initiatives, which are provided below:

HL7 Recognition

Attain recognition as the lead developer and harmonizer of global technical and functional health informatics standards.

- Realm specifications have been advanced to international HL7 specifications
- International HL7 specifications have achieved ISO recognition
- Global adoption has increased
- HL7's role and value proposition in the overarching standards landscape have been clarified
- Key stakeholder groups have been identified, with value propositions and action plans for engaging each group

HL7 Internal Processes

Streamline the HL7 standards development process.

- A globally applicable business model has been developed
- Working group meetings have been effective
- Product quality has improved
- End-to-end Version 3/Clinical Document Architecture template and implementation guide infrastructure has been developed
- Requirements traceability has been enabled
- Cross-artifact inconsistency is reduced

“...HL7 International is stronger, more agile, and more responsive than ever before.”

HL7 Implementation

Develop standards that are easier to implement and more responsive to customer needs.

Industry responsiveness has been demonstrated through the timely development and maintenance of key standards

HL7 standards implementation has gotten easier

HL7 education plan has been developed

Tooling strategy has been developed

In 2011, the Board and Technical Steering Committee successfully implemented a process for monitoring progress against each of our key initiatives, and we are now witnessing concrete evidence of progress on all fronts.

Between our renewed business plan and revenue model, and the sharpened focus that has come about through the Strategic Initiatives, HL7 International is stronger, more agile, and more responsive than ever before. We look forward to significant membership growth in 2012 and beyond. Personally, I look forward to many more years of collaboration with my friends and colleagues in the HL7 International community.

Robert H. Delin

2011 CHAIR REPORT

2011

CEO REPORT



CHARLES JAFFE, MD, PHD

HL7 International
Chief Executive Officer

History is prelude.

As we envision the future for HL7, we view it through the lens of past accomplishments. Then, without a doubt, 2012 will be a very exciting year.

HL7 is people, almost all volunteers, thousands of them around the world.

From its modest beginnings twenty five years ago, HL7 has grown from a small classroom at the University of Pennsylvania to the worldwide leader in the interoperable exchange of healthcare data. As membership grew, so have the contributions from large multinational corporations, leading-edge academic centers, and single developers in small home offices. The international community continues to add affiliated national bodies, now nearly forty and counting. These volunteers represent the global aspiration of truly seamless data interchange and the local needs of their countries and communities. When we gather at our triannual working group meetings, we speak in dozens of languages and even more dialects, but we speak with one voice. That voice echoes the dedication of everyone to improving the delivery of healthcare.

HL7 is ideas, some really innovative ones.

Today, HL7 Version 2 (V2) is the de facto standard for global data exchange. But, in 2012, we look to further refinement of V2 and enhancement of the tools needed to make it easier and more efficient to implement. With the increasing adoption of Clinical Document Architecture (CDA®), the influence of our Reference Information Model (RIM) grows with it. Not only has CDA become the cornerstone for meaningful use in the United States, the European community has embraced CDA for the exchange of clinical summaries and electronic prescription across the borders of twenty-seven of its member nations. In addition, we continue to see the adoption of the EHR and PHR System Functional Models and the commitment for further enhancements. 2012 will see the balloting of new releases and the growing refinement of their functional profiles.

Perhaps even more challenging to the innovative spirit, in 2011 we saw the unveiling of the *Fresh Look* initiative. For our members and our stakeholders, *Fresh Look* is an opportunity to investigate new domains of healthcare and new modalities for standards development. In its brave new world, *Fresh Look* is unconstrained by convention, by traditional governance, and by procedural dictate. After less than six months, we have already witnessed the birth of a new approach to the development of detailed clinical

“...HL7 has become a core element in many different nations’ efforts to support the collection and exchange of healthcare information.”

models that has sparked great interest worldwide. As new approaches to healthcare delivery, such as personalized medicine and functional genomics, are brought to the fore, HL7 has risen to the challenge.

HL7 is collaboration, with technology developers, advocacy organizations, and caregivers, with academic centers, standards developers, and public health agencies, and often with government agencies worldwide.

Some of the most notable achievements of HL7 have been born from the partnerships with our stakeholders and collaborators. In conjunction with CDISC, the National Cancer Institute, and the US FDA, the BRIDG Model of biomedical research is gaining adoption and supporting global harmonization. The European ePSOS project could only have achieved its level of rapid development by virtue of HL7 collaboration with IHE and the European Commission.

HL7 doesn’t provide patient care, we make caring for patients safer.

In 2011, HL7 was able to make gains in the enabling of decision support, quality reporting, and pharmacovigilance. 2012 promises even further strides in data exchange for public health reporting, for biosurveillance, and for care coordination. By leveraging the widely-adopted HL7 Version 2.5.1 lab messaging standard, the highly promising Health Resilience Exchange (H-ReX) project will enhance individual patient safety reporting and provide a much broader schema for the protection of public health.

HL7 doesn’t write software, we make writing software more intuitive.

In 2011, the Open Health Tooling platform was just a promise. In 2012, with the support of the Rockefeller Foundation, HL7 and Open Health Tools (OHT) will partner to provide a repository for tools to support standards development. It will serve as much more than a registry, but will function much like a library, with sophisticated versioning and the responsiveness of a dedicated librarian. HL7 has also kept its promise to lower the barriers to adoption by making our licensed profiles available to institutions and to vendors free of charge. In conjunction with the Agency for Healthcare Reporting and Quality (AHRQ), HL7 will provide an enhanced version of its Pediatric profile to the EHR System Functional Model. In 2012, there is a clear pathway for much more to come.

2011

CEO REPORT



CHARLES JAFFE, MD, PHD

HL7 International
Chief Executive Officer

HL7 doesn't do clinical research, we make doing clinical research more effective.

Great progress in the development of the BRIDG domain model for clinical research, built upon the HL7 RIM, was only one milestone in 2011. We will continue to collaborate with the US FDA, with the Global Harmonization Task Force (of medical device regulators), and the ICH (International Committee for Harmonization) on pharmacovigilance, to improve the global approach to improving the safety of our devices, drugs and biologics. In addition, HL7 will continue to support the CaBIG (Cancer Biomedical Informatics Grid) of the National Cancer Institute as we leverage our specifications for improving research collaboration.

HL7 doesn't pay for healthcare, we make paying for healthcare less costly.

For the better part of a decade, HL7 has collaborated with the Center for Medicare and Medicaid Services to enhance the metrics for the evaluation of healthcare delivery. In 2011, we began a new effort to leverage CDA for quality reporting and evaluation. At the same time, we partnered with commercial third-party payers to improve data capture within the electronic health record. This process has been accelerated through the harmonization efforts of the Standards & Interoperability Framework with the Office of the National Coordinator. 2012 promises to provide greater impetus to drive enhanced quality of care while blunting the upward spiral of healthcare costs.

HL7 is about the future of healthcare information.

A handwritten signature in black ink that reads "Charles Jaffe".

HL7 formally collaborates with many organizations across the industry. The organization currently holds formal agreements with the following groups:

- America's Health Insurance Plans (AHIP)
- American Dental Association (ADA)
- American Society for Testing Materials (ASTM)
- SAFE-BioPharma Association Associate - SAFE
- CEN/TC 251 (European Committee for Standardization)
- California HealthCare Foundation
- Clinical and Laboratory Standards Institute (CLSI)
- Clinical Data Interchange Standards Consortium (CDISC)
- Continua Health Alliance (CHA)
- Digital Imaging and Communication in Medicine (DICOM)
- GS1
- Institute for Electrical and Electronic Engineers (IEEE)
- Integrating the Healthcare Enterprise (IHE)
- International Health Terminology Standards Development Organisation (IHTSDO)
- International Organization for Standardization (ISO)
- Logical Observation Identifiers Names and Codes (LOINC)
- National Council for Prescription Drug Program (NCPDP)
- North American Association for Central Cancer Registries (NAACCR)
- Object Management Group (OMG)
- Smart Open Services for European Patients (epSOS) – European eHealth Project
- The Health Story Project
- Workgroup for Electronic Data Interchange (WEDI)



The office of the CTO focused on several efforts and goals during 2011. These included:

Support for Major Provider-Enforcer Initiatives: Focused efforts were made to support our major provider-stakeholder countries as HL7 has become a core element in many different nations' efforts to support the collection and exchange of healthcare information. Newer efforts from countries such as Singapore, Australia, the United States and other nations have now grown to the point where they have joined countries such as Canada, the United Kingdom, Germany, the Netherlands and many other long-time HL7 country-provider-enforcers. Each country has a somewhat unique approach that uses different pieces and versions of HL7's products and then uses specific country-wide specifications to facilitate inter-organizational communication of healthcare information. The European Union has also created a project to use HL7 to facilitate the movement of healthcare information among its member nations. HL7 has received many requests for special assistance for additions and modifications of our standards as well as tutorials, documentation, and speakers for their local audiences. We continue to work closely with our major stakeholders and respond as quickly as possible to their requests.

Product Documentation: Over this last year we initiated and completed a project to inventory all of our products, create and publish standardized documentation on these products, and create a mechanism to maintain this documentation. This was completed in 2011 as a foundational first step to support a formal strategic product strategy. We analyzed over 100 independent balloted pieces of HL7 that are in current publication as HL7 specifications, created a standard format for describing them, identified the current responsible work group for each one, and then allowed time for these work groups to review and suggest corrections and changes to them. As a 25-year member of HL7, I can attest that this is the first time that this has been done since HL7's inception in 1987. We organized these products into seven categories. They are as follows:

Section 1: Primary Standards – Primary standards are considered the most popular standards integral for system integrations, interoperability and compliance. Our most frequently used and in-demand standards are in this category.

Section 2: Foundational Standards – Foundational standards define the fundamental tools and building blocks used to build the standards, and the technology infrastructure that implementers of HL7 standards must manage.

Section 3: Clinical and Administrative Domains – Messaging and document standards for clinical specialties and groups are found in this section. These standards are usually implemented once primary standards for the organization are in place.

Section 4: EHR Profiles – These standards provide functional models and profiles that enable the constructs for management of electronic health records.

“...HL7 has become a core element in many different nations’ efforts to support the collection and exchange of healthcare information.”

Section 5: Implementation Guides – This section is for implementation guides and/or support documents created to be used in conjunction with an existing standard. All documents in this section serve as supplemental material for a parent standard.

Section 6: Rules and References – Technical specifications, programming structures and guidelines for software and standards development.

Section 7: Education & Awareness – You can find HL7’s Draft Standards for Trial Use (DSTUs) and current projects here, as well as helpful resources and tools to further supplement understanding and adoption of HL7 standards.

If you are interested, you can find these descriptions at:

<http://www.hl7.org/implement/standards/products.cfm>.

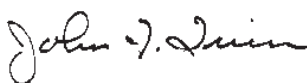
Continue Progress at Making HL7 SOA “Services Aware”: The ArB passed a significant milestone when it completed a balloted version of the Services Aware Interoperability Framework (SAIF) Canonical Definition. The Technical Steering Committee (TSC) now continues its project to determine a standardized approach to the adoption of SAIF into our products so that they are all “services aware” and have a common approach for using HL7 in a Services Oriented Architecture where interoperability can be achieved through software callable services.

Tooling: Over the course of this year we made considerable progress in spite of a reduction in available funding for tooling development.

Updates and improvements were made to our balloting and publication tools. These have been used now for two separate ballot cycles and were also used to publish the 2011 Version 3 Normative Edition. Several projects continue on tools for OIDs and terminology.

Open Health Tools (OHT) has agreed on open source tool projects for both Common Terminology Services 2 and a common artifacts repository. We believe that the common artifacts repository can be specified to meet both OHT’s requirements as well as HL7’s needs for Version 3 artifacts.

Additional tooling funding has been allocated for 2012. We hope to leverage this to specifically address the need for more “user tools” that are needed for the successful adoption of HL7 standards. For the first time in memory, however, we now have a shortage of HL7 “tool-smiths” to call on. HL7’s wide-spread use around the world has clearly created a demand for talent that goes beyond our current resources.



2011

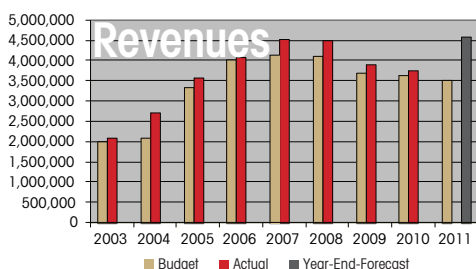
TREASURER REPORT



HANS BUITENDIJK

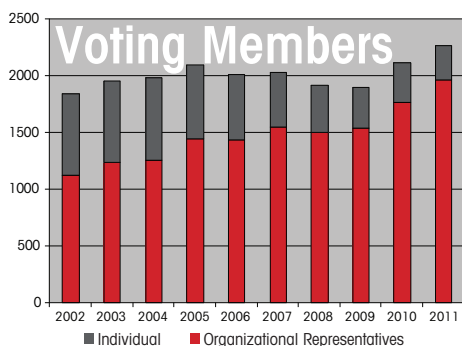
HL7 International
Board Treasurer

During 2011, HL7 International stayed financially healthy and started a reversal in the decline of its revenues. We can therefore be more confident moving into 2012 to make the necessary investment to enhance HL7's infrastructure supporting the development and dissemination of its standards, and key strategic initiatives to develop and enhance our business model.



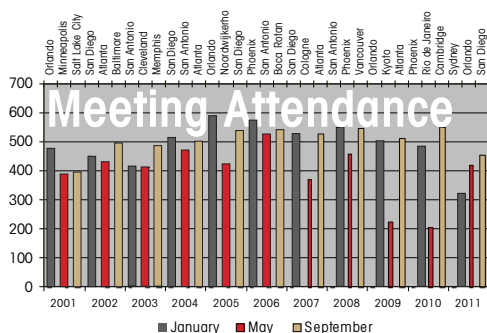
Revenues

2011 Revenues were budgeted at \$3,512,386. Outreach to organizations using HL7 IP and overall stronger than expected organizational memberships and affiliate contributions are expected to help us reach \$4,585,253¹, a 21% increase over 2010 and approximately 30% over budget.



Memberships

The number of organizational members grew robustly, while the number of individual members continued to decline. The net effect on the number of voting members (organizational representatives and individual members), is a substantial increase from 2,117 to 2269 voters at the close of 2011².



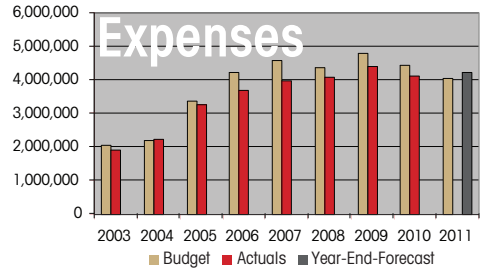
Working Group Meeting Attendance

Attendance at working group meetings showed a decline, due in part to the general travel restrictions and specifically due to the fact that the January meeting was held in Sydney, Australia. However, the Sydney meeting had a higher participation level than the 2009 and 2010 working group meetings outside the United States. HL7 International will continue to encourage viable opportunities to work with countries to host a working group meeting.

“The number of organizational members saw a robust growth...”

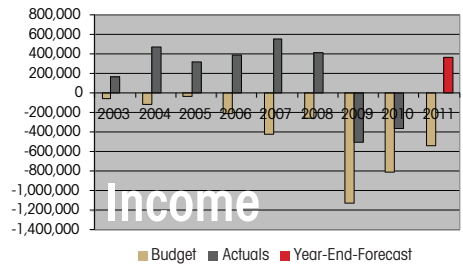
Expenses

Expenses are expected to be \$4,220,741¹, only 2% higher than budgeted. This relative small overrun is the result of higher than expected education costs due to a higher volume in education (which has also provided an offsetting increase in revenue) as well as an unbudgeted pass-through to support the January Working Group Meeting in Sydney, offset by cost savings in the support of education sessions and work group meetings.



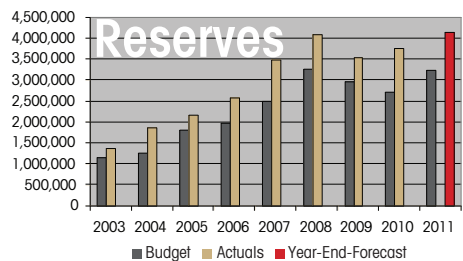
Income

Net income for the year came in much better than expected primarily due to the increase from revenues. The year began with a projected loss of \$539,190 and ended with an expected net income of \$364,511¹.



Reserves

The reserves are expected to reach \$4,136,159¹, or the equivalent of 11.76 months in operating expenses.



¹ All 2011 numbers are unaudited.

² As of December 31, 2011.



Membership Report

HL7 had 2,429 members on December 31, 2011, as compared to 2,261 one year earlier. We currently have 31 Benefactors and 10 Supporters. Two new benefactors and four new supporters joined HL7 in 2011. One previous benefactor downgraded to an organizational membership and four previous supporters did not renew for 2011. New memberships for both individual and organizational memberships remained higher than 2010.

Individual Memberships

As of December 31, 2011, HL7 had a total of 405 individual members. This total reflects 276 new members joining or being re-instated during 2011, as compared to 269 new members joining during 2010. For the 2011 year, there was a net loss of 21 members, as compared to a net gain of 11 in 2010. Five of these individuals upgraded to organizational memberships in 2011.

Organizational Memberships

There were a total of 769 organizational member firms on December 31, 2011. 455 new organizations joined or were re-instated in 2011, compared to 288 in 2010. There was a net increase in organizational memberships of 173 for the year, compared to an increase of 93 members during 2010.

International Council Memberships

During 2011, there were 35 countries with active HL7 affiliates, including: Argentina, Australia, Austria, Brazil, Canada, Chile, China, Colombia, Croatia, Czech Republic, Finland, France, Germany, Greece, Hong Kong, India, Italy, Japan, Korea, Luxembourg, the Netherlands, New Zealand, Norway, Pakistan, Puerto Rico, Romania, Russia, Singapore, Spain, Sweden, Switzerland, Taiwan, Turkey, United Kingdom, and Uruguay.

Membership Recognition

HL7 has been very fortunate to repeatedly attract incredibly talented and dedicated volunteers. In an attempt to recognize some of these dedicated individuals, during HL7's 25th Annual Plenary and Working Group Meeting in September, the 15th Annual W. Edward Hammond, PhD HL7 Volunteer of the Year Awards were presented to these well-deserving individuals:

Calvin Beebe

Fernando Campos

Russell Hamm

Anthony Julian

Dave Shaver



15 YEARS OF AWARD WINNERS

HL7 also announced the names of the 2011 class of HL7 Fellows. The HL7 Fellowship program recognizes individuals who have contributed significantly to HL7 and have held at least 15 years of continuous HL7 membership. HL7 is pleased to recognize and congratulate the following individuals as the 2011 class of HL7 Fellows:

Liora Alschuler

James Case, PhD

Samuel Schultz II, PhD

Rene Spronk

Maria Ward

Meetings Report

January Meeting in Sydney, Australia

After years of planning, HL7 hosted a productive and enjoyable working group meeting in Sydney, Australia in January 2011. At least 310 attendees from 21 countries participated in our HL7 January Working Group Meeting in Sydney. Dozens of work groups met and attendees also took advantage of 40 tutorials that week. The success of the meeting was in large part due to the incredible efforts by Richard Dixon-Hughes, Klaus Veil, Tina Connell-Clark and Lillian Bigham. Special thanks are also extended to those organizations providing significant financial support and voluntary resources:

Australian Government, Department of Health and Aging

HL7 Australia

National E-Health Transition Authority (NEHTA)

Standards Australia

May Meeting in Orlando, Florida

HL7 convened the May 2011 Working Group Meeting at the Hilton Hotel in the Walt Disney World Resort. The meeting was productive for its 430 attendees, with 27 tutorials and 45 work groups meeting.

Immediately prior to the start of our regular working group meeting, HL7 also produced the 12th Annual International HL7 Interoperability Conference (IHIC) in Orlando. This was the first time the IHIC meeting was produced in the United States. The two-day meeting featured 16 invited speakers and 16 submitted papers were presented representing



initiatives underway in eleven countries. The theme of the conference was “The Tomorrowland of Health” with four half-day tracks on the future of personal health and digital devices, simulation and virtual environments, meaningful use, and next generation architectures. Thanks goes to the IHIC organizing committee members including Stan Huff, MD; Ed Hammond, PhD; Catherine Chronaki; and Dennis Giokas.

25th Annual Plenary Meeting in San Diego, California

HL7 celebrated its 25th Annual Plenary Meeting September 12, 2011 at the Town & Country Resort in San Diego, California. The plenary program featured a wide range of stakeholder perspectives on HL7’s value and contributions to our healthcare industry throughout the last 25 years.

Keynote addresses were provided by three-time HL7 Board Chair, Ed Hammond, PhD; Richard Alvarez, President and CEO, Canada Health Infoway Infoway; and Marc Overhage, MD, PhD, Chief Medical Informatics Officer, Siemens Healthcare. The impressive keynote presentations provided insight on HL7’s 25 years from varying perspectives, such as provider, health information exchange, vendor, and from Canada’s approach to accelerate the development and adoption of EHR systems with compatible standards.

A panel presentation discussed “How HL7 has delivered value and the value HL7 has enabled through facilitating collaboration with different stakeholders.” The closing session consisted of a panel of seven past Chairs of the HL7 Board of Directors who provided entertaining insight to HL7’s challenges and achievements throughout the last 25 years.

The 459 attendees at the meeting also enjoyed a 25th anniversary celebration that featured a special “HL7 Jeopardy” game.

Educational Summits

HL7 also produces intensive training via our educational summits, where our expert instructors provide high quality training in a small classroom setting. This concentrated two-day format provides maximum training with minimal time investment. HL7 launched a special edition educational summit in March 2011—a hands-on workshop focused on meaningful use. This format was repeated at the November 2011 summit. Given its success, moving forward, the educational summits will alternate between the traditional and workshop formats. In 2011, HL7 provided such intensive training to 242 individuals from three educational summits we produced in Chicago, IL, Denver, CO, and Washington DC. Several customized HL7 on-site training programs also provided HL7 training to many others during 2011.

**“...guided exercises that teach by practice and example,
not by exposition.”**

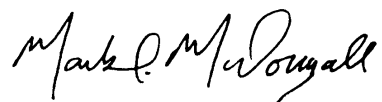
Remote/Distance e-Learning

The HL7 e-Learning Course is a web-based workshop which includes a set of guided exercises that teaches by practice and example, not by exposition. The HL7 e-Learning course focuses on learning by doing. During 2011, HL7 produced seven e-Learning courses around the world that served 714 students. These courses were produced by HL7 International, HL7 Argentina, HL7 India, HL7 Romania, HL7 New Zealand, and HL7 Austria. Historically, the courses are so effective and popular that they often sell out within days of being announced. With added functionality recently incorporated, HL7 has been able to increase the limit of students from 100 to several hundred per course.

Certification Testing Report for 2011

HL7's popular certification program continues to attract hundreds of individuals from around the globe each year. During 2011, 458 individuals passed the exam to become HL7 certified specialists. The worldwide number of Certified HL7 specialists by type of exam is provided below.

CERTIFICATION TESTING REPORT FOR 2011		
Certification Exam	Number Certified in 2011	Total Number Certified
Version 2	256	2,565
Clinical Document Architecture	147	371
Version 3 Reference Information Model (RIM)	55	290
Total Certified HL7 Specialists	458	3,226





Board Chair

Robert Dolin, MD
Lantana Consulting Group

Chair Elect

Don Mon, PhD
RTI International

Treasurer

Hans Buitendijk
Siemens Healthcare

Secretary

Jill Kaufman, PhD
College of American Pathologists

Technical Steering Committee Chair

Austin Kreisler
Science Application
International Corporation (SAIC)

Director-at-Large

W. Edward Hammond PhD
Chair Emeritus/Director-at-Large

Director-at-Large

Keith Boone
GE Healthcare

Director-at-Large

Bill Braithwaite, MD, PhD
Equifax

Director-at-Large

Douglas Fridsma, MD, PhD
Office of the National Coordinator
for Health IT

Director-at-Large

Dennis Giokas, MS
Canada Health Infoway Inc.

Director-at-Large

Rebecca Kush, PhD
Clinical Data Interchange Standards
Consortium

Affiliate Director

Catherine Chronaki
FORTH-Institute of Computer Science;
HL7 Hellas BoD

Affiliate Director

Michael van Campen
Gordon Point Informatics Ltd.

Chief Executive Officer (Non-Voting)

Charles Jaffe, MD, PhD
Health Level Seven International

Executive Director (Non-Voting)

Mark McDougall
Health Level Seven International

Chief Technology Officer (Non-Voting)

John Quinn
Health Level Seven International

Advisory Council Chair (Non-Voting)

Richard Dixon-Hughes
DH4 Pty Ltd

COUNTRIES WITH



HL7

AFFILIATES

Argentina

Australia

Austria

Brazil

Canada

Chile

China

Colombia

Croatia

Czech Republic

Finland

France

Germany

Greece

Hong Kong

India

Italy

Japan

Korea

Luxembourg

Netherlands

New Zealand

Norway

Pakistan

Puerto Rico

Romania

Russia

Singapore

Spain

Sweden

Switzerland

Taiwan

Turkey

United Kingdom

Uruguay



HL7 Standards Receiving ANSI Approval in 2011

HL7 Version 2.7

Date Approved: 1/28/2011

HL7 Context Management Specification Version 1.6

Date Approved: 2/7/2011

HL7 Version 3 Standard: Real Time Location Tracking, Release 1

Date Approved: 3/15/2011

HL7 Version 3 Standard: Reference Information Model (RIM), Release 3

Date Approved: 4/11/2011

HL7 Version 3 Standard: Drug Stability (eStability) Reporting, Release 2

Date Approved: 6/20/2011

HL7 Version 3 Standard: Decision Support Service (DSS), Release 1

Date Approved: 8/23/2011

HL7 Standards Reaffirmed for an Additional Five Years:

HL7 Version 3 Standard: Master File/Registry Infrastructure, Release 1

Date Approved: 10/12/2011

HL7 Version 3 Standard: Transport Specification – MLLP, Release 1

Date Approved: 11/1/2011

HL7 Version 3 Standard: Medical Records, Release 1

Date Approved: 11/4/2011

International Organization for Standardization Approved Standards

Health informatics – Harmonized data types for information interchange

2011 QUICK FACTS:

6 standards received ANSI approval | 3 standards were affirmed for an additional 5 years | 7 DSTUs were published | 11 Informative Documents were published

HL7 Draft Standards for Trial Use (DSTUs) Published in 2011

- HL7 Implementation Guide for CDA Release 2: Progress Notes, Release 1
- HL7 Implementation Guide for CDA Release 2: Healthcare Associated Information (HAI) Reports, Release 6 (US Realm)
- HL7 Version 3 Implementation Guide: Context-Aware Knowledge Retrieval (Infobutton) Service-Oriented Architecture, Release 1
- HL7 Version 3 Standard: Regulated Studies: CDISC Content to Message – Study Design & Study Participation, Release 1
- HL7 Implementation Guide for CDA Release 2: IHE Health Story Consolidation, Release 1 – US Realm
- HL7 Implementation Guide for CDA Release 2: Consent Directives, Release 1
- HL7 Version 3: Regulated Product Submission, Release 2

Informative Documents Published in 2011

- HL7 Implementation Guide for CDA Release 2: greenCDA Modules for CCD, Release 1
- HL7 Implementation Guide for CDA Release 2: Plan-to-plan PHR Data Transfer, Release 1
- HL7 Service-Aware Interoperability Framework: Canonical Definition, Release 1
- HL7 Version 3 Implementation Guide: Structured Product Labeling, Release 5
- HL7 Version 3: Cardiology: Cardiology (Acute Coronary Syndrome) Domain Analysis Model, Release 1
- HL7 Version 3 DAM: Vital Records, Release 1
- HL7 Version 3 DAM: Clinical Trial Registration and Results (CTR&R), Release 1
- HL7 Version 3 Implementation Guide: Drug Stability Reporting Release 2
- HL7 Implementation Guidance for Unique Object Identifiers (OIDs), Release 1
- HL7 Version 3 Specification: Model Interchange Format (MIF), Release 1
- HL7 Version 2 Implementation Guide: Laboratory Test Compendium Framework, Release 1

Anatomic Pathology

Architectural review Board

Arden Syntax

Attachments

Child Health

Clinical Context Object
Workgroup

Clinical Decision Support

Clinical Genomics

Clinical Interoperability
Council

Clinical Statement

Community Based
Collaborative Care

Conformance & Guidance
for Implementation/
Testing

Education

Electronic Health Records

Electronic Services

Emergency Care

Financial Management

Generation of Anesthesia
Standards

Governance and
Operations

Government Projects

Health Care Devices

Imaging Integration

Implementable Technology
Specifications

Infrastructure and
Messaging

International Council

International Mentoring
Committee

Marketing

Modeling and
Methodology

Orders and Observations

Organizational Relations

Outreach Committee for
Clinical Research

Patient Administration

Patient Care

Patient Safety

Pharmacy

Policy Advisory
Committee

Process Improvement
Committee

Project Services

Public Health and
Emergency Response

Publishing

Recognition and Awards

Regulated Clinical
Research Information
Management

RIM Based Application
Architecture

Roadmap Committee

Security

Services Oriented
Architecture

Structured Documents

Technical Steering
Committee

Templates

Tooling

Vocabulary





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