January WORKING GROUP MEETING

Hyatt Regency San Antonio on the Riverwalk
January 18–23, 2015

REGISTER TODAY!
Early Bird Registration Cutoff—Dec. 29, 2014
Hotel Registration Cutoff—Jan. 4, 2015
Online Registration Cutoff—Jan. 5, 2015

NEW INITIATIVES

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
• HL7 Payer Summit
• Biomedical Research Integrated Domain Group (BRIDG)
Folks,

There are five areas of emphasis that I think are key to the future of HL7: FHIR®, enhancements to C-CDA, greater outreach to HL7 implementers, further internationalization of HL7, and collaboration with other standards development groups as well as private and public organizations that are interested in standards. I want to speak briefly about FHIR in this note.

On October 15, a joint meeting of the ONC HIT Standards Committee and the HIT Policy committee was held. A key report was presented by the JASON Task Force (JTF). The JTF is an HITPC ad hoc working group charged with reviewing the 2013 JASON Report “A Robust Health Data Infrastructure”, which is a federally commissioned study authored by the JASON Advisory Panel. The following recommendations from the JTF were unanimously approved by the committee members attending the joint meeting:

1. **Focus on Interoperability.** ONC and CMS should re-align the MU program to shift focus to expanding interoperability, and initiating adoption of Public APIs.

2. **Industry-Based Ecosystem.** A Coordinated Architecture based on market-based arrangements should be defined to create an ecosystem to support API-based interoperability.

3. **Data Sharing Networks in a Coordinated Architecture.** The architecture should be based on a Coordinated Architecture that loosely couples market-based Data Sharing Networks.

4. **Public API as basic conduit of interoperability.** The Public API should enable data- and document-level access to clinical and financial systems according to contemporary internet principles.

5. **Priority API Services.** Core Data Services and Profiles should define the minimal data and document types supported by Public APIs.

6. **Government as market motivator.** ONC should assertively monitor the progress of exchange and implement non-regulatory steps to catalyze the adoption of Public APIs.

These recommendations are very relevant to HL7 and FHIR. The focus on interoperability aligns perfectly with the mission of HL7. We are the world experts in interoperability. We should all be encouraged by new attention being focused on interoperability. Secondly, though FHIR is not mentioned by name in the recommendations, FHIR is clearly the best solution as a public API as a basis for interoperability. This public validation of FHIR principles is a confirmation of the value that FHIR can bring to the community. It should be motivation to continue on the current path and also increase our efforts to make FHIR easy to use and fit for purpose.

As illustrated by the public acclaim related to FHIR, I am excited about the future of HL7.

We are truly a unique organization. As many have said to me, the success of HL7 rests primarily on the hard work of the volunteer members. I am very grateful for all that you do!

Sincerely,

Stanley M. Huff, MD
Chair, Health Level Seven International Board of Directors
2014—2015
**Saturday, January 17**
- 9:00 – 5:00pm TSC Meeting
- 9:00 – 5:00pm FHIR® Connectathon

**Sunday, January 18**
- 8:30 – 5:00pm REGISTRATION
- 9:00 – 12:30pm FHIR Connectathon
- 9:00 – 5:00pm HL7 International Council Meeting
- 9:00 – 5:00pm Architectural review Board (ArB)
- 12:30 – 1:30pm FHIR Management Group, FHIR Governance Board Luncheon/Meeting
- 1:45 – 3:00pm Modeling and Methodology (MnM)
- 1:45 – 5:00pm Application Implementation and Design (AID)
- 3:30 – 5:00pm International Mentoring Committee
- 3:30 – 5:00pm FHIR Update and Coordination Session – HL7 Co-Chairs & Facilitators ONLY – FREE TUTORIAL
- 4:00 – 5:00pm First-Time Attendees’ Orientation – FREE TUTORIAL
- 5:00 – 6:00pm Tutorial Development Workshop FREE TUTORIAL
- 5:00 – 6:00pm Organization and Process Orientation/Introduction – FREE TUTORIAL
- 5:05 – 6:30pm TSC Meeting

**Monday, January 19**
- 7:00 – 8:00am First-Time Attendees’ Orientation – FREE TUTORIAL
- 7:00 – 5:00pm REGISTRATION
- 7:30 – 8:30am Continental Breakfast
- 8:00 – 8:45am General Session – HL7 CEO and International Council Reports, Announcements, HL7 Paris Working Group Meeting Tutorial
- 9:00 – 12:30pm Introduction to Version 2, Part 1: Control/Patient Administration
- 9:00 – 12:30pm Introduction to Version 3 Part 1: Foundations
- 9:00 – 12:30pm Introduction to HL7 FHIR
- 9:00 – 5:00pm Working Group Meetings
- 10:30 – 11:00am Morning Break
- 12:30 – 1:30pm Education Facilitators’ Roundtable Luncheon/Meeting
- 12:30 – 1:30pm Lunch – First-Time Attendees’ Q & A reserved tables
- 12:30 – 1:30pm Lunch – Co-Chair reserved tables
- 12:30 – 1:30pm FHIR Management Group Luncheon/Meeting
- 1:45 – 5:00pm Introduction to Version 2, Part 2: Orders and Observations
- 1:45 – 5:00pm Introduction to Version 3 Part 2: Messaging
- 1:45 – 5:00pm FHIR for Architects
- 3:00 – 3:30pm Afternoon Break
- 5:05 – 7:00pm Co-Chairs Dinner/Meeting (Must register)
- 7:00 – 8:30am Domain Experts Steering Division
- 7:00 – 8:30am Foundation & Technology Steering Division
- 7:00 – 8:30am Structure & Semantic Design Steering Division
- 7:00 – 8:30am Technical & Support Services Steering Division

**Tuesday, January 20**
- 7:00 – 8:00am Glossary Management–Defining and Managing the Terms Used by Healthcare SDOs – FREE TUTORIAL
- 7:00 – 8:00am Nurses Breakfast/Meeting
- 7:00 – 5:00pm REGISTRATION
- 7:30 – 8:30am Continental Breakfast
- 8:00 – 8:45am General Session – HL7 CTO and TSC Reports, Announcements
- 9:00 – 12:30pm Version 2 Message Profiles and Conformance
- 9:00 – 12:30pm Standards for Interoperability
- 9:00 – 12:30pm FHIR Profiling
- 9:00 – 5:00pm Working Group Meetings
- 10:30 – 11:00am Morning Break
- 12:30 – 1:30pm Lunch – First-Time Attendees’ Q & A reserved tables
- 12:30 – 1:30pm Lunch – Co-Chair reserved tables
- 12:30 – 1:30pm Lunch – Board of Directors/Affiliate Luncheon
- 1:45 – 5:00pm Board of Directors’ Meeting

**Wednesday, January 21**
- 1:45 – 5:00pm Version 3 XML ITS for CDA
- 1:45 – 5:00pm Introduction to FHIR Development
- 1:45 – 5:00pm Consolidated CDA
- 3:00 – 3:30pm Afternoon Break

**Thursday, January 22**
- 1:45 – 5:00pm New Elected Co-Chair Training – FREE TUTORIAL
- 7:30 – 8:30am Continental Breakfast
- 7:30 – 5:00pm REGISTRATION
- 8:00 – 8:45am General Session – Announcements
- 9:00 – 12:30pm Version 2.7 Control Specialist Certification Test Preparation
- 9:00 – 12:30pm CDA Specialist Certification Test Preparation
- 9:00 – 12:30pm Quality Reporting Document Architecture
- 9:00 – 5:00pm HL7 Payer Summit
- 9:00 – 5:00pm Working Group Meetings
- 10:30 – 11:00am Morning Break
- 12:30 – 5:00pm Affiliate Chair or Designated Rep Luncheon/Meeting (Must register)
- 1:45 – 5:00pm Introduction to UML: Using UML in Developing HL7 Specifications
- 1:45 – 5:00pm Authoring Value Set Content
- 1:45 – 5:00pm HL7 Standards for Meaningful Use
- 3:00 – 3:30pm Afternoon Break
- 5:30 – 7:30pm HL7 Version 2.7 Control Specialist Certification Test
- 5:30 – 7:30pm HL7 CDA Specialist Certification Test
- 5:30 – 7:30pm HL7 Version 3 RIM Certification Test
- 5:30 – 8:00pm MnM, FHIR & Voc Facilitators’ Roundtable

**Friday, January 23**
- 8:00 – 8:45am No General Session
- 8:00 – 9:00am Continental Breakfast
- 8:00 – 10:00am Staff will be on hand for questions and assistance
- 9:00 – 12:30pm HL7 Payer Summit
- 9:00 – 12:30pm Working Group Meetings
- 10:30 – 11:00am Morning Break
- 12:30 – 1:30pm Box Lunch

Note: Tutorials appear in bold
Note: In compliance with our status as an ANSI-accredited standards developing organization, HL7 meetings are open.
Who Should Attend This Two-Day Session?

- Enterprise architects responsible for clinical interoperability and HIE interface operations
- Informaticists
- Clinicians within the payer community
- Medical directors
- IT directors and managers responsible for data connectivity with providers
- Those interested in learning about HL7 solutions to your most difficult challenges

DAY ONE — Thursday, January 22

Welcome

Speakers:
Charles Jaffe, MD, PhD, CEO, HL7 International
Durwin Day, Health Care Services Corporation

9:00 – 10:30 am

HEDIS and Stars Reporting
Leveraging Clinical Information Exchange for Quality Measurement Programs

In the area of quality reporting, two program, STARS and HEDIS, are having an impact on Plans. Clinical information exchange holds the promise of improved data capture and greater accuracy of patient and provider reported metrics. This session will provide an overview of the STARS rating programs and HEDIS measures followed by a discussion that focuses on real-life problems and solutions pertaining to improving a payers STARS rating, the challenges of HEDIS measures, and the HL7 clinical standards that support improved data capture.

Hear from industry experts on one of the significant initiatives in healthcare, the Star Rating program for Medicare Advantage plans (MA), in which a battery of objective and patient-reported metrics are converted into a publicly published score, with major consequences on reimbursement and marketing. A MA Plan can lose millions of dollars in reimbursement from poor ratings on a cross section of quality metrics including clinical, pharmacy, member satisfaction with their plan (as well as providers), health outcomes and plan operations. The data sources used to create the star ratings include Health Effectiveness Data and Information Set (HEDIS®) - a widely used set of performance measures in the managed care industry, developed and maintained by the National Committee for Quality Assurance (NCQA). HEDIS was designed to allow consumers to compare health plan performance to other plans and to national or regional benchmarks.

Many plans have dedicated teams focused on improving their star ratings for the measures that have not achieved the highest possible scores – with the goals of improving the health of members, attracting new members and offering competitive reimbursement to their providers.
Speakers:
Felix Bradbury, FACHE, Accenture | Health Analytics
Richard Sabbara, MBA, Business Advisor, Population Health, McKesson Connected Care and Analytics (invited)

10:30 – 11:00 am  BREAK

11:00 – 12:30 pm  Sponsor-lead Breakout Sessions

12:30 – 1:30 pm  LUNCH

1:45 – 3:00 pm  Payer Use Cases
This session will include discussions around three scenarios where payers will play a role in the exchange of administrative and/or clinical information.

3:00 – 3:30 pm  BREAK

3:30 – 5:00 pm  How to Build a FHIR: A simple Implementation Case Study
In November, David Degandi and his team from Cambia began creating a FHIR interface that they intend to demonstrate at the January Payer Summit. Get firsthand knowledge from this payer development team as they share their experiences with HL7’s newest standard over the last two months.

5:15 – 7:30 pm  RECEPTION

DAY TWO — Friday, January 23

9:00 – 10:30 am  What Providers Expect from Payers
Come join in the discussion with providers who will share their expectations with the payer community. In today’s healthcare environment better alignment is needed between providers and payers and three key areas will be discussed: 1. Clinical - Identify the best treatments from evidence-based medicine (EBM) and mutually determine appropriate care. 2. Economic - Agree on costs in advance, in detail and with full transparency. 3. Administrative - Create and use tools to diminish the administrative burden for all parties and increase efficiency. How can the provider and payer community use HL7 standards to achieve joint goals? What will incent providers to work with payers on Accountable Care Organizations, Value-Based Programs and automated Prior Authorizations?

This is a session you won’t want to miss. HL7 values your input!

10:30 – 11:00 am  BREAK

11:00 – 12:30 pm  Payer Implementation Case Studies
The session on Payer Implementation Case Studies will be an open forum discussion based on four use cases submitted and selected from the payer summit attendees. This is an opportunity to discuss business issues that really matter to the payer community and to determine how HL7 standards can address these needs.

Speakers:
Mariann Yeager, CEO, Healtheway

Conclusion

12:30 – 1:30 pm  LUNCH
WHAT IS A WORKING GROUP MEETING?

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 23-26 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 Resource (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 7-18.

EDUCATION TRACKS

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

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 model-driven architecture allowing for better semantic interoperability and has been 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 (FHIR) 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.
TUTORIALS

TRACK 1—VERSION 2 CORE

M1 – Introduction to Version 2, Part 1: Control/Patient Administration
Monday, January 19 / 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:
Ted Klein, MS, FHL7: Co-Chair, HL7 Vocabulary Work Group; Klein Consulting Inc.

M4 – Introduction to Version 2, Part 2: Orders and Observations
Tuesday, January 20 / 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 begin interpreting the Version 2 orders and observation standards

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

T7 – Version 2 Message Profiles and Conformance
Tuesday, January 20 / 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

TH19 – Version 2.7 Control Specialist Certification Test Preparation
Thursday, January 22 / 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

TH25 – HL7 Version 2.7 Control Specialist Certification Test (Laptop Required)
Thursday, January 22 / 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 (the standard may be obtained via HL7 membership or non-member purchase on www.HL7.org).

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 will no longer give paper exams. The benefits are that you will have immediate results once you complete your exam, and a certificate will be emailed to you instantly. Internet Explorer is the recommended browser to take the exam.

This Tutorial Will Benefit:
• Essential concepts and terminology necessary to understand the static models of Version 3 used for both messages and documents

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 Organization and Process Tutorial

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

M5 – Introduction to Version 3, Part 2: Messaging
Monday, January 19 / 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.

The Tutorial Will Benefit:
• Anyone who needs to read Version 3 normative editions or ballot publications

TRACK 2—VERSION 3 AND CDA® CORE

Monday, January 19 / 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)
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:
Virginia Lorenzi: Manager, HIT Standards and Collaborations, New York-Presbyterian Hospital; Associate, Department of Biomedical Informatics, Columbia University

T10 – Version 3 XML ITS for CDA
Tuesday, January 20 / 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:
• General design approach for the XML structure of a CDA document and the data types
• 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 Reference Information Model (RIM) concepts and the Clinical Document Architecture.

Faculty:
Kai U. Heitmann, MD, FHLM7: Past Chair, HL7 Germany; Heitmann Consulting and Services

W13 – Introduction to Clinical Document Architecture
Wednesday, January 21 / 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 Implementer, standards developers, 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

W16 – Clinical Document Architecture – Advanced
Wednesday, January 21 / 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 & Semantic Design Steering Division—HL7 Technical Steering Committee; Co-Chair, HL7 Structured Documents Work Group; Co-Editor, CDA; Technical Specialist, Mayo Clinic - Rochester, MN

TH20 – CDA Specialist Certification Test Preparation
Thursday, January 22 / 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

TH26 – HL7 CDA Specialist Certification Test (Laptop Required)
Thursday, January 22 / 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 will no longer give paper exams. The benefits are that you will have immediate results once you complete your exam, and a certificate will be emailed to you instantly. Internet Explorer is the recommended browser to take the exam.

TH27 – HL7 Version 3 RIM Certification Test (Laptop Required)
Thursday, January 22 / 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 will no longer give paper exams. The benefits are that you will have immediate results once you complete your exam, and a certificate will be emailed to you instantly. Internet Explorer is the recommended browser to take the exam.

**T8 – Standards for Interoperability**
Tuesday, January 20 / 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 consists of 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 Board of Directors; Chair, HL7 Argentina; Co-Chair, HL7 Education Work Group; Co-Author and Coordinator, HL7 eLearning Course, Argentina; Chief Developer and Manager, Kern-IT SRL*

**W14 – Introduction to Health Quality Measure Format**
Wednesday, January 21 / 9:00 am – 12:30 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) just like CDA is, but 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, as well as their use in quality measurement. The tutorial primarily covers the HQMF R2 architecture and technical specification, such as the role it plays in the quality measurement space as well as 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 the 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
- 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: Senior Software Architect & Engineer; Lantana Consulting Group*

**W17 – Vocabulary in HL7 – Foundations (Vocabulary 2)**
Wednesday, January 21 / 1:45 pm – 5:00 pm

This tutorial explains the governance and processes which support vocabulary and its use in HL7 standards. The appropriate use of vocabulary in health software and information exchange is important for safe, effective and unambiguous information exchange. This tutorial identifies how to correctly implement code system content into HL7 messages and content as well as how to facilitate the development of code system content in HL7 standards. This tutorial covers requirements for HL7 Version 2 and Version 3, CDA® and FHIR®.

**This Tutorial Will Benefit:**
- Those involved in the implementation or development of HL7 standards, or health information systems, including:
  1. Those implementing vocabulary content in IT systems based upon HL7 standards
  2. Those participating in the Vocabulary Work Group
  3. HL7 vocabulary facilitators

**Faculty:**
*Diego Kaminker: Affiliate Director, HL7 Board of Directors; Chair, HL7 Argentina; Co-Chair, HL7 Education Work Group; Co-Author and Coordinator, HL7 eLearning Course, Argentina; Chief Developer and Manager, Kern-IT SRL*
Upon Completion of This Tutorial, Students Will Know:
• What a code system is in health information exchange and why it is important
• The HL7 processes for terminology content
• The structures for vocabulary in HL7 Version 2.x
• How coded data is represented in Version 3 messages
• How to use value sets and concept domains as they apply in HL7
• The use of OIDs in HL7 vocabulary maintenance
• The tools used to maintain and implement code systems

Prerequisites:
• Vocabulary 1 or equivalent: It is expected that attendees will understand the basics of Version 2.x message structures.

Faculty:
Russ Hamm: Co-Chair, HL7 Vocabulary Work Group; Interoperability Architect, Lantana Consulting Group

TH22 – Introduction to UML: Using UML in Developing HL7 Specifications
Thursday, January 22 / 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 under development and start using the UML as a visual design tool within the HL7 Development Framework (HDF). Examples and exercises are drawn from recent HL7 work 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 relate 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

TH23 – Authoring Value Set Content
Thursday, January 22 / 1:45 pm – 5:00 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 their 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)
• Specify appropriate use of flavours 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

FHIRE Connectathon
Saturday, January 17, 9:00 am – 5:00 pm
Sunday, January 18, 9:00 am – 12:30 pm

This connectathon runs all day Saturday and Sunday morning. Registrants should plan to attend the entire event; no partial registrations will be accepted.

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_8.

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.

There is a cost difference for participants verses observers. The reason for this 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.

F1 – FHIR Update and Coordination Session – FREE TUTORIAL FOR CO-CHAIRS & FACILITATORS ONLY
Sunday, January 18 / 3:30 pm – 5:00 pm

This session is for co-chairs, facilitators and other key individuals driving the development of FHIR artifacts within HL7 work groups. It will include updates on the current set of tooling, changes to methodology or QA processes, timelines, etc. The session will also provide a forum for discussion of cross-work group issues and general FHIR-related questions arising from work group development.

Faculty:
Ewout Kramer: Implementation Representative, HL7 FHIR Governance Board; Chief Architect and Manager of Research and Development, Furore

M3 – Introduction to HL7 FHIR
Monday, January 19 /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:
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.

M6 – FHIR for Architects
Monday, January 19 / 1:45 pm – 5:00 pm

FHIR is attracting a great deal of attention as the next “great thing” in healthcare interoperability. This tutorial will help participants understand where and how FHIR might fit into their healthcare interoperability environment and give them the tools to make judgements 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 FHIR Management Group; Co-Chair, HL7 Modeling and Methodology Work Group; Modeling and Methodology Facilitator-at-Large; Principal Consultant, LM&A Consulting Ltd.

T9 – FHIR Profiling
Tuesday, January 19 / 9:00 am – 12:30 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 teach students 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: Implementation Representative, HL7 FHIR Governance Board; Chief Architect and Manager of Research and Development, Furore

T11 – Introduction to FHIR Development
Tuesday, January 20 / 1:45 pm – 5:00 pm

This tutorial is a deep-dive into the infrastructure parts 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:

- An Introduction to HL7 FHIR

Faculty:

Rik Smithies: HL7 Co-Chair, Clinical Statement; Technical Chair, HL7 UK; Independent Consultant, NProgram Ltd.

T12 – Consolidated CDA
Tuesday, January 20 / 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 Draft Standard for Trial Use (DSTU) in Meaningful Use Stage 2. This tutorial presents the background and provides practical advice for implementing C-CDA.
**TUTORIALS**

**This Tutorial Will Benefit:**
- New implementers, standards developers, and policy makers

**Upon Completion of This Tutorial, Students Will Be Able to:**
- Navigate the Consolidated CDA standard
- Explain templated CDA and how it streamlines development
- Locate additional C-CDA requirements to Meaningful Use Stage 2
- Use online validators to build conformant documents

**Prerequisite:**
- Introduction to CDA

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

---

**W15 – Under the Hood of the HL7 Version 2.5.1 Immunization Guide for Immunization Messaging**

**Wednesday, January 21 / 9:00 am – 12:30 pm**

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

- How the 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 Be Able to:**
- Understand the importance of immunization messaging to immunization practice
- Understand how to use the Implementation guide to
  a. Bridge communication between technical and business partners
  b. Facilitate development of a common interface
- List use cases supported by the guide
- 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

---

**W18 – Meaningful Use Laboratory Implementation Guides**

**Wednesday, January 21 / 1:45 pm – 5:00 pm**

This tutorial provides an overview of the messages, structures, and conformance statements defined in Laboratory Test Compendium Framework/electronic directory of service (eDOS), the Laboratory Order Interface (LOI), and the Lab Result Interface (LRI) Implementation Guides in support of ONC’s certification program.

**This Tutorial Will Benefit:**
- Software developers implementing laboratory interfaces

**Upon Completion of This Tutorial, Attendees Will Have:**
- Knowledge of the laboratory test compendium/eDOS, laboratory orders, and laboratory results interface specifications to enable them to implement laboratory eDOS, orders, and results interfaces based on these guides

**Prerequisites:**
- Familiarity with V2.5.1 or higher

**Faculty:**
*Hans Buitendijk*, FHL7 (Lead Speaker): Director, HL7 Board of Directors; Co-Chair, HL7 Clinical Statement; Co-Chair, HL7 Orders and Observations; HS Standards & Regulations Manager, Siemens Healthcare

*Freida Hall*, FHL7 (Co-Speaker): Co-Chair, Technical and Support Services Steering Division – HL7 Technical Steering Committee; Manager Healthcare Standards, Quest Diagnostics

---

**TH21 – Quality Reporting Document Architecture**

**Thursday, January 22 / 9:00 am – 12:30 pm**

The Quality Reporting Document Architecture (QRDA) is one of HL7’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
TUTORIALS

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

• Distinguish the different kinds of quality reports that can be represented using QRDA
• Understand the structure of the QRDA Category 1 and QRDA category 3 specification
• Apply Program specific guidance to the HL7 QRDA standard
• Understand how QRDA relates to HQMF

Faculty:
Chris Millet: Co-Chair, Clinical Quality Information Work Group; Founder, Lazy LLC; Former Senior Director, e-Measurement, National Quality Forum

TH24 – HL7 Standards for Meaningful Use

Thursday, January 22 / 1:45 pm – 5:00 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 evidence-based 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. Stage 1 requirements were published in November 2010 and Stage 2 in August 2012. Stage 3 requirements will be published in 2013. 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 MU Track 4 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 Corporate Member; HL7 Ambassador; Co-Chair, HL7 Mobile Health Work Group; Group Chairman & CEO, CAL2CAL Corporation

TRACK 6—INFORMATION FORUMS

F2/F5 – First-Time Attendees’ Orientation – FREE TUTORIAL

Sunday, January 18 / 4:00 pm – 5:00 pm

Monday, January 19 / 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. The session will be offered twice during the meeting—once on Sunday evening and again on Monday morning.

Faculty:
Freida Hall, FHL7: Co-Chair, Technical and Support Services Steering Division – HL7 Technical Steering Committee; Manager Healthcare Standards, Quest Diagnostics
F3 – Tutorial Development Workshop – FREE TUTORIAL
Sunday, January 18 / 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 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

F6 – Glossary Management-Defining and Managing the Terms Used by Healthcare SDOs– FREE TUTORIAL
Tuesday, January 20 / 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 health informatics documentation in general easier and more consistent.

This tutorial also covers 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 Be Able To:
• Explain the purpose and utility of the SKMT
• Know how to find and register for access to the SKMT
• Explain the process for maintenance of the content for HL7 in the tool including SDO harmonization trials
• 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

F7 – How to Design and Deliver an HL7 Tutorial – FREE TUTORIAL
Wednesday, January 21 / 7:00 am – 8:00 am

This is an information session which introduces 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

Faculty:
John Quinn: HL7 Chief Technology Officer
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 – Overview of GS1 System of Standards and Its Interactions with HL7 – FREE TUTORIAL
Wednesday, January 21 / 7:00 am – 8:00 am

This tutorial will provide insight on what GS1 offers in the open Supply Chain to secure item traceability, and how traceability should be extended in provider’s internal supply chain. It will be based on a document which provides extensive information about traceability, by including “order to cash”, master database (shared catalogues), stock management, including for consignment products, etc.

Documentation:
The reference documentation should be downloaded prior the tutorial from:

This Tutorial Will Benefit:
- HL7 experts who are interested in learning about GS1 and its use in the healthcare industry
- HL7 experts from most of the work groups where physical identification* plays a role – such as Patient Administration, Patient Care, HC Devices, Pharmacy and many others

* Physical identification in the sense of actor identification, e.g. medicinal product, devices (UDI), vaccines, subject of care, individual provider, location, etc.

Faculty:
Christian Hay: GS1 Switzerland; Delegate Healthcare

F9 – Newly Elected Co-Chair Training – FREE TUTORIAL
Thursday, January 22 / 7:00 am – 8:00 am

This session is intended for newly elected work group co-chairs. 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
<table>
<thead>
<tr>
<th>Track 1—Version 2.x</th>
<th>Class ID</th>
<th>Instructor</th>
<th>SUN PM</th>
<th>MON AM</th>
<th>MON PM</th>
<th>TUE AM</th>
<th>TUE PM</th>
<th>WED AM</th>
<th>WED PM</th>
<th>THU AM</th>
<th>THU PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Version 2, Part 1: Control/Patient Administration</td>
<td>M1</td>
<td>Klein</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduction to Version 2, Part 2: Orders and Observations</td>
<td>M4</td>
<td>Buitendijk</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Version 2 Message Profiles and Conformance</td>
<td>T7</td>
<td>Shakir</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Version 2.7 Control Specialist Certification Test Preparation</td>
<td>TH19</td>
<td>Henderson</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HL7 Version 2.7 Control Specialist Certification Test</td>
<td>TH25</td>
<td>Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5:30-7:30</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Track 2— Version 3 and CDA® CORE</th>
<th>Class ID</th>
<th>Instructor</th>
<th>SUN PM</th>
<th>MON AM</th>
<th>MON PM</th>
<th>TUE AM</th>
<th>TUE PM</th>
<th>WED AM</th>
<th>WED PM</th>
<th>THU AM</th>
<th>THU PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction to Version 3 Part 1: Foundations</td>
<td>M2</td>
<td>Lorenzi</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduction to Version 3 Part 2: Messaging</td>
<td>M5</td>
<td>Lorenzi</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Version 3 XML ITS for CDA</td>
<td>T10</td>
<td>Heitman</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduction to Clinical Document Architecture</td>
<td>W13</td>
<td>Marquard/Geimer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Document Architecture — Advanced</td>
<td>W16</td>
<td>Beebe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDA® Specialist Certification Test Preparation</td>
<td>TH20</td>
<td>Beebe</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CDA Specialist Certification Test</td>
<td>TH26</td>
<td>Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5:30-7:30</td>
<td></td>
</tr>
<tr>
<td>Version 3 RIM Certification Test</td>
<td>TH27</td>
<td>Staff</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5:30-7:30</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Track 3—Special Topics</th>
<th>Class ID</th>
<th>Instructor</th>
<th>SUN PM</th>
<th>MON AM</th>
<th>MON PM</th>
<th>TUE AM</th>
<th>TUE PM</th>
<th>WED AM</th>
<th>WED PM</th>
<th>THU AM</th>
<th>THU PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards for Interoperability</td>
<td>T8</td>
<td>Kaminker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduction to Health Quality Measure Format</td>
<td>W14</td>
<td>Sethi</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocabulary in HL7 — Foundations (Vocabulary 2)</td>
<td>W17</td>
<td>Hamm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduction to UML: Using UML in Developing HL7 Specifications</td>
<td>TH22</td>
<td>Baker</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authoring Value Set Content</td>
<td>TH23</td>
<td>Grain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Track 4—FHIR®</th>
<th>Class ID</th>
<th>Instructor</th>
<th>SUN PM</th>
<th>MON AM</th>
<th>MON PM</th>
<th>TUE AM</th>
<th>TUE PM</th>
<th>WED AM</th>
<th>WED PM</th>
<th>THU AM</th>
<th>THU PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHIR Connectathon</td>
<td>Sat-Sun</td>
<td>McKenzie/Kramer</td>
<td>Sat-Sun</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FHIR Update &amp; Coordination Session — HL7 Co-Chairs &amp; Facilitators ONLY (FREE TUTORIAL)</td>
<td>F1</td>
<td>Kramer</td>
<td>Q4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduction to HL7 FHIR</td>
<td>M3</td>
<td>Duteau</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FHIR for Architects</td>
<td>M6</td>
<td>McKenzie</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FHIR Profiling</td>
<td>T9</td>
<td>Kramer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Introduction to FHIR Development</td>
<td>T11</td>
<td>Smithies</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Track 5—Meaningful Use</th>
<th>Class ID</th>
<th>Instructor</th>
<th>SUN PM</th>
<th>MON AM</th>
<th>MON PM</th>
<th>TUE AM</th>
<th>TUE PM</th>
<th>WED AM</th>
<th>WED PM</th>
<th>THU AM</th>
<th>THU PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consolidated CDA</td>
<td>T12</td>
<td>Marquard</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under the Hood of the Version 2.5.1 Immunization Guide for Immunization Messaging</td>
<td>W15</td>
<td>Savage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meaningful Use Laboratory Implementation Guides</td>
<td>W18</td>
<td>Buitendijk/Hall</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Reporting Document Architecture</td>
<td>TH21</td>
<td>Millet</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>HL7 Standards for Meaningful Use</td>
<td>TH24</td>
<td>Datta</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Track 6—Information Forums—FREE TUTORIALS</th>
<th>Class ID</th>
<th>Instructor</th>
<th>SUN PM</th>
<th>MON AM</th>
<th>MON PM</th>
<th>TUE AM</th>
<th>TUE PM</th>
<th>WED AM</th>
<th>WED PM</th>
<th>THU AM</th>
<th>THU PM</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-Time Attendees’ Orientation</td>
<td>F2/F5</td>
<td>Hall</td>
<td>4:00-5:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tutorial Development Workshop</td>
<td>F3</td>
<td>Grain</td>
<td>5:00-6:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization and Process Orientation/Introduction</td>
<td>F4</td>
<td>Quinn</td>
<td>5:00-6:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glossary Management—Defining and Managing the Terms Used by Healthcare SDOs</td>
<td>F6</td>
<td>Grain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7:00-8:00</td>
<td></td>
</tr>
<tr>
<td>How to Design and Deliver an HL7 Tutorial</td>
<td>F7</td>
<td>Hay</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7:00-8:00</td>
<td></td>
</tr>
<tr>
<td>Overview of GS1 System of Standards and Its Interactions with HL7</td>
<td>F8</td>
<td>Van Hentenryck</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>7:00-7:45</td>
<td></td>
</tr>
<tr>
<td>Newly Elected Co-Chair Training</td>
<td>F9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

19
<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>PM</td>
<td>AM</td>
<td>PM</td>
<td>AM</td>
</tr>
</tbody>
</table>

**Anatomic Pathology**

**Anesthesia** (Will not meet in January)

**Application Implementation and Design**

**Architectural review Board**

**Arden Syntax**

**Attachments**

**Biomedical Research Integrated Domain Group**

**Board of Directors’ Meeting** Lunch &

**Child Health**

**Clinical Decision Support**

**Clinical Genomics**

**Clinical Interoperability Council**

**Clinical Quality Information**

**Co-Chair Information** Lunch & 5:15- 7:00 Lunch 7:00- 7:45

**Community Based Collaborative Care**

**Conformance & Guidance for Implementation/Testing**

**DICOM**

**Education** Lunch &

**Electronic Health Records**

**Electronic Services and Tools** Q2 7:00-9:00

**Emergency Care**

**Facilitators’ Roundtable Dinner/Meeting** 5:30–8:00

**Fast Healthcare Interoperability Resources** Lunch Q1 & Lunch Q2 Q3 Q1 Q2

**FHIR® Connectathon** (Note: There is also a meeting scheduled for Saturday, 1/17, 9:00-5:00 pm) Lunch

**Financial Management**

**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

**HL7 Payer Summit**

**Health Care Devices** ★ ★ ★ ★ ★ ★ ★ ★ ★
<table>
<thead>
<tr>
<th></th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>AM</td>
<td>PM</td>
<td>AM</td>
<td>PM</td>
<td>AM</td>
<td>PM</td>
</tr>
<tr>
<td>Imaging Integration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Implementable Technology Specification</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Infrastructure &amp; Messaging</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Council</td>
<td></td>
<td></td>
<td>Lunch &amp;</td>
<td>Q3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>International Mentoring Committee</td>
<td>Q4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mobile Health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modeling &amp; Methodology</td>
<td>Q3</td>
<td>Q2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Networking Reception</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nominations Committee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nurses Breakfast/Meeting</td>
<td>7:00-8:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orders &amp; Observations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization &amp; Process Orientation/Introduction</td>
<td>5:00-6:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Administration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Care</td>
<td></td>
<td></td>
<td>Lunch &amp;</td>
<td>Q1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Q1</td>
<td></td>
<td>Q3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physicians Breakfast/Meeting</td>
<td>7:00-8:00</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Policy Advisory Committee</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Process Improvement Committee</td>
<td>Q4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health Emergency Response</td>
<td></td>
<td></td>
<td>Q3</td>
<td>Q1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Publishing</td>
<td></td>
<td></td>
<td>Q1-V2</td>
<td>Q3-V2 Q3-V3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regulated Clinical Research Information Management</td>
<td></td>
<td></td>
<td>Q1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Security</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services Oriented Architecture</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steering Divisions: Domain Experts Foundation &amp; Technology Structure &amp; Semantic Design Technical &amp; Support Services</td>
<td>7:00-8:30</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Structured Documents</td>
<td></td>
<td></td>
<td>Q2</td>
<td>Q2</td>
<td>Q1</td>
<td>Q2</td>
</tr>
<tr>
<td>TC215 WG-2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TSC Meetings (Note: There is also a meeting scheduled for Saturday, 1/17, 9:00-5:00 pm)</td>
<td>5:15-6:30</td>
<td>Lunch/Meeting</td>
<td>Lunch/Meeting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Templates</td>
<td>Q1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Terminology Authority</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vocabulary</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q1 = 9:00 – 10:30 am; Q2 = 11:00 – 12:30 pm; Q3 = 1:45 – 3:00 pm; Q4 = 3:30 – 5:00 pm  
DISCLAIMER: Meeting times are subject to change.
REGISTRATION HOURS

Sunday 8:30 – 5:00 pm Registration
Monday – Tuesday 7:00 – 5:00 pm Registration
Wednesday – Thursday 7:30 – 5:00 pm Registration
Friday 8:00 – 1:00 pm Staff on Hand for Assistance

MEALS AND BREAKS

Monday – Thursday 7:30 – 8:30 am Continental Breakfast
Friday 8:00 – 9:00 am Continental Breakfast
Monday – Friday 12:30 – 1:30 pm Lunch
Monday – Thursday 3:00 – 3:30 pm Afternoon Break

MEETINGS

AFFILIATE DUE DILIGENCE COMMITTEE
Tuesday 11:00 – 12:30 pm MEETING

ANATOMIC PATHOLOGY (AP)
Tuesday 9:00 – 12:30 pm MEETING
1:45 – 3:00 pm Hosting: Clin Gen
3:30 – 5:00 pm MEETING
Wednesday 11:00 – 12:30 pm Joint w/O&O, Clin Gen, II

ANESTHESIA (GAS)
Will not meet in January

APPLICATION IMPLEMENTATION AND DESIGN (AID)
Sunday 1:45 – 5:00 pm Hosting: FHIR
Monday 1:45 – 3:00 pm MEETING
Tuesday 7:00 – 9:00 pm Joint w/EST
Wednesday 3:30 – 5:00 pm MEETING

ARCHITECTURAL review BOARD (ArB)
Sunday 9:00 – 5:00 pm MEETING
Thursday 1:45 – 5:00 pm MEETING

ARDEN SYNTAX (AS)
Tuesday 9:00 – 5:00 pm MEETING

ATTACHMENTS
Monday – Thursday 9:00 – 5:00 pm MEETING

BIOMEDICAL RESEARCH INTEGRATED DOMAIN GROUP (BRIDG)
Tuesday 3:30 – 5:00 pm Joint w/RCIM
Wednesday 9:00 – 10:30 am MEETING
11:00 – 12:30 pm Joint w/EHR, CH, CIC, EC, PHER
1:45 – 5:00 pm MEETING
Thursday 9:00 – 10:30 am Hosting: Clin Gen
11:00 – 12:30 pm MEETING
1:45 – 5:00 pm MEETING

BOARD OF DIRECTORS’ MEETING
Tuesday 12:30 – 1:30 pm LUNCHEON
1:45 – 5:00 pm MEETING

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
Wednesday 8:00 – 8:45 am Board Report, Awards Presentations, 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.

CHILD HEALTH (CH)
Tuesday 9:00 – 12:30 pm MEETING
1:45 – 3:00 pm Hosting: EHR
3:30 – 5:00 pm MEETING
Wednesday 11:00 – 12:30 pm Joint w/EHR, BRIDG, CIC, EC, PC, PHER

CLINICAL DECISION SUPPORT (CDS)
Wednesday 9:00 – 10:30 am Joint w/CQI, SD
11:00 – 12:30 pm MEETING
1:45 – 3:00 pm MEETING
3:30 – 5:00 pm Joint w/CQI
Thursday 9:00 – 10:30 am MEETING
11:00 – 3:00 pm Hosting: FHIR
3:30 – 5:00 pm MEETING

CLINICAL GENOMICS (Clin Gen)
Tuesday 9:00 – 12:30 pm MEETING
1:45 – 3:00 pm Joint w/AB
3:30 – 5:00 pm MEETING
Wednesday 9:00 – 10:30 am Joint w/O&O, AP, II
1:45 – 3:00 pm MEETING
3:30 – 5:00 pm Hosting: FHIR
Thursday 9:00 – 10:30 am Joint w/BRIDG

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, EC
1:45 – 5:00 pm MEETING
Wednesday 11:00 – 12:30 pm Joint w/EHR, BRIDG, CH, EC, PC, PHER
1:45 – 5:00 pm MEETING
Thursday 9:00 – 12:30 pm MEETING
1:45 – 3:00 pm Hosting: CBCC
3:30 – 5:00 pm MEETING
<table>
<thead>
<tr>
<th>TIME</th>
<th>DAYS</th>
<th>MEETING</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CLINICAL QUALITY INFORMATION (CQI)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday 9:00 – 5:00 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>Tuesday 9:00 – 10:30 am</td>
<td>Hosting: SD</td>
<td></td>
</tr>
<tr>
<td>11:00 – 12:30 pm</td>
<td>Joint w/EHR, CIC, EC</td>
<td></td>
</tr>
<tr>
<td>1:45 – 5:00 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>Wednesday 9:00 – 10:30 am</td>
<td>Hosting: CDS, SD</td>
<td></td>
</tr>
<tr>
<td>11:00 – 3:00 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>12:30 – 1:30 pm</td>
<td>Joint w/PC</td>
<td></td>
</tr>
<tr>
<td>3:30 – 5:00 pm</td>
<td>Hosting: CDS</td>
<td></td>
</tr>
<tr>
<td>Thursday 9:00 – 5:00 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td><strong>CLINICAL STATEMENT (CS)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday 1:45 – 3:00 pm</td>
<td>Joint w/O&amp;O, PC</td>
<td></td>
</tr>
<tr>
<td><strong>CO-CHAIR INFORMATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday 5:30 – 7:00 pm</td>
<td>Co-Chairs Dinner/Meeting</td>
<td>(Open Meeting, however open for dinner ONLY to Co-Chairs.  Co-Chairs MUST register if you wish to attend the dinner/meeting)</td>
</tr>
<tr>
<td>Monday – Tuesday 12:30 – 1:30 pm</td>
<td>Lunch tables reserved for Co-Chairs</td>
<td></td>
</tr>
<tr>
<td>Thursday 7:00 – 7:45 am</td>
<td>Newly Elected Co-Chair Training</td>
<td></td>
</tr>
<tr>
<td><strong>COMMUNITY BASED COLLABORATIVE CARE (CBCC)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday 1:45 – 5:00 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>Tuesday 11:00 – 3:00 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>3:30 – 5:00 pm</td>
<td>Joint w/Sec</td>
<td></td>
</tr>
<tr>
<td>Wednesday 9:00 – 10:30 am</td>
<td>Joint w/EHR, FHIR, Sec</td>
<td></td>
</tr>
<tr>
<td>11:00 – 12:30 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>1:45 – 3:00 pm</td>
<td>Joint w/Sec</td>
<td></td>
</tr>
<tr>
<td>3:30 – 5:00 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>Thursday 9:00 – 10:30 am</td>
<td>Joint w/Sec, FHIR</td>
<td></td>
</tr>
<tr>
<td>1:45 – 3:00 pm</td>
<td>Joint w/CIC</td>
<td></td>
</tr>
<tr>
<td><strong>CONFORMANCE &amp; GUIDANCE FOR IMPLEMENTATION/TESTING (CGIT)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday 9:00 – 5:00 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>Tuesday 9:00 – 12:30 am</td>
<td>Joint w/InM</td>
<td></td>
</tr>
<tr>
<td>1:45 – 3:00 pm</td>
<td>Joint w/InM</td>
<td></td>
</tr>
<tr>
<td>Wednesday 1:45 – 5:00 pm</td>
<td>Hosting: FHIR, Templates</td>
<td></td>
</tr>
<tr>
<td>Thursday 9:00 – 10:30 am</td>
<td>Joint w/Voc, InM</td>
<td></td>
</tr>
<tr>
<td>11:00 – 12:30 pm</td>
<td>Joint w/Voc</td>
<td></td>
</tr>
<tr>
<td><strong>DICOM WG-10</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday 9:00 – 10:30 am</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>11:00 – 3:00 pm</td>
<td>Joint w/TC215 WG-2</td>
<td></td>
</tr>
<tr>
<td>3:30 – 5:00 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday 12:30 – 1:30 pm</td>
<td>Education Facilitators’ Roundtable Luncheon/Meeting</td>
<td></td>
</tr>
<tr>
<td>1:45 – 5:00 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>Thursday 9:00 – 12:30 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td><strong>ELECTRONIC HEALTH RECORDS (EHR)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday 9:00 – 5:00 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>Tuesday 9:00 – 10:30 am</td>
<td>Hosting: MH</td>
<td></td>
</tr>
<tr>
<td>11:00 – 12:30 pm</td>
<td>Hosting: CQI, CIC, EC</td>
<td></td>
</tr>
<tr>
<td>1:45 – 3:00 pm</td>
<td>Joint w/CH</td>
<td></td>
</tr>
<tr>
<td>3:30 – 5:00 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>Wednesday 9:00 – 10:30 am</td>
<td>Hosting: CBCC, FHIR, Sec</td>
<td></td>
</tr>
<tr>
<td>11:00 – 12:30 pm</td>
<td>Hosting: BRIDG, CH, CIC, EC, PC, PHER</td>
<td></td>
</tr>
<tr>
<td>1:45 – 5:00 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>Thursday 9:00 – 12:30 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td><strong>ELECTRONIC SERVICES AND TOOLS (EST)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday 11:00 – 12:30 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>1:45 – 3:00 pm</td>
<td>Joint w/SD, ITS, MnM, V2 Publishing</td>
<td></td>
</tr>
<tr>
<td>7:00 – 9:00 pm</td>
<td>Hosting: AID</td>
<td></td>
</tr>
<tr>
<td>Thursday 9:00 – 12:30 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>Friday 9:00 – 10:30 am</td>
<td>Joint w/Templates, SD</td>
<td></td>
</tr>
<tr>
<td><strong>EMERGENCY CARE (EC)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday 9:00 – 3:00 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>Tuesday 9:00 – 10:30 am</td>
<td>Joint w/PC, FHIR</td>
<td></td>
</tr>
<tr>
<td>11:00 – 12:30 pm</td>
<td>Joint w/EHR, CIC</td>
<td></td>
</tr>
<tr>
<td>3:30 – 5:00 pm</td>
<td>Joint w/PC, FHIR</td>
<td></td>
</tr>
<tr>
<td>Wednesday 9:00 – 10:30 am</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>11:00 – 12:30 pm</td>
<td>Joint w/EHR, BRIDG, CH, CIC, PC, PHER</td>
<td></td>
</tr>
<tr>
<td>1:45 – 3:00 pm</td>
<td>Joint w/PC, FHIR</td>
<td></td>
</tr>
<tr>
<td>3:30 – 5:00 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>Thursday 9:00 – 10:30 am</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>11:00 – 12:30 pm</td>
<td>Joint w/PHER</td>
<td></td>
</tr>
<tr>
<td>1:45 – 5:00 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td><strong>FACILITATORS’ ROUNDTABLE DINNER/MEETING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday 5:30 – 8:00 pm</td>
<td>Hosting: MnM, Voc, FHIR</td>
<td></td>
</tr>
<tr>
<td><strong>FAST HEALTHCARE INTEROPERABILITY RESOURCES (FHIR®)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday 12:30 – 1:30 pm</td>
<td>FHIR Management Group, FHIR Governance Board Luncheon/Meeting</td>
<td></td>
</tr>
<tr>
<td>1:45 – 5:00 pm</td>
<td>Joint w/AID</td>
<td></td>
</tr>
<tr>
<td>Monday 9:00 – 10:30 am</td>
<td>FHIR Governance Board</td>
<td></td>
</tr>
<tr>
<td>11:00 – 12:30 pm</td>
<td>Joint w/MnM</td>
<td></td>
</tr>
<tr>
<td>11:00 – 12:30 pm</td>
<td>Joint w/PHER, Pharm</td>
<td></td>
</tr>
<tr>
<td>12:30 – 1:30 pm</td>
<td>FHIR Management Group Luncheon/Meeting</td>
<td></td>
</tr>
<tr>
<td>1:45 – 3:00 pm</td>
<td>Joint w/O&amp;O</td>
<td></td>
</tr>
<tr>
<td>3:30 – 5:00 pm</td>
<td>Joint w/ITS</td>
<td></td>
</tr>
<tr>
<td>Tuesday 9:00 – 10:30 am</td>
<td>Joint w/PC, EC</td>
<td></td>
</tr>
<tr>
<td>9:00 – 10:30 am</td>
<td>Joint w/PA</td>
<td></td>
</tr>
<tr>
<td>11:00 – 12:30 pm</td>
<td>Joint w/Pharm</td>
<td></td>
</tr>
<tr>
<td>11:00 – 3:00 pm</td>
<td>MEETING</td>
<td></td>
</tr>
<tr>
<td>12:30 – 1:30 pm</td>
<td>Joint w/PC</td>
<td></td>
</tr>
<tr>
<td>1:45 – 3:00 pm</td>
<td>Joint w/RCRIM</td>
<td></td>
</tr>
<tr>
<td>3:30 – 5:00 pm</td>
<td>Joint w/InM, ITS</td>
<td></td>
</tr>
<tr>
<td>3:30 – 5:00 pm</td>
<td>Joint w/PC, EC</td>
<td></td>
</tr>
<tr>
<td>3:30 – 5:00 pm</td>
<td>Joint w/SD</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Time</td>
<td>Meeting Details</td>
</tr>
<tr>
<td>------------</td>
<td>-------------</td>
<td>---------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>FHIR®</strong></td>
<td>(continued)</td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>9:00 – 10:30 am</td>
<td>Joint w/EHR, CBCC, Sec</td>
</tr>
<tr>
<td></td>
<td>9:00 – 10:30 am</td>
<td>Joint w/SOA</td>
</tr>
<tr>
<td></td>
<td>9:00 – 12:30 pm</td>
<td>Joint w/MnM, Voc</td>
</tr>
<tr>
<td></td>
<td>11:00 – 12:30 pm</td>
<td>Joint w/Dev</td>
</tr>
<tr>
<td></td>
<td>11:00 – 12:30 pm</td>
<td>Joint w/ITS</td>
</tr>
<tr>
<td></td>
<td>1:45 – 3:00 pm</td>
<td>Joint w/PC, EC</td>
</tr>
<tr>
<td></td>
<td>1:45 – 5:00 pm</td>
<td>Joint w/FM</td>
</tr>
<tr>
<td></td>
<td>1:45 – 5:00 pm</td>
<td>Joint w/CGIT, Templates</td>
</tr>
<tr>
<td></td>
<td>3:30 – 5:00 pm</td>
<td>Joint w/Clin Gen</td>
</tr>
<tr>
<td>Thursday</td>
<td>9:00 – 10:30 am</td>
<td>MEETING</td>
</tr>
<tr>
<td></td>
<td>9:00 – 10:30 am</td>
<td>Joint w/MnM</td>
</tr>
<tr>
<td></td>
<td>9:00 – 10:30 am</td>
<td>Joint w/Sec, CBCC</td>
</tr>
<tr>
<td></td>
<td>11:00 – 12:30 pm</td>
<td>Joint w/0&amp;O</td>
</tr>
<tr>
<td></td>
<td>11:00 – 12:30 pm</td>
<td>Joint w/Ii</td>
</tr>
<tr>
<td></td>
<td>11:00 – 3:00 pm</td>
<td>Joint w/CDS</td>
</tr>
<tr>
<td></td>
<td>1:45 – 3:00 pm</td>
<td>MEETING</td>
</tr>
<tr>
<td></td>
<td>1:45 – 3:00 pm</td>
<td>Joint w/SD</td>
</tr>
<tr>
<td></td>
<td>3:30 – 5:00 pm</td>
<td>FHIR Management Group and FHIR Governance Board Meeting</td>
</tr>
<tr>
<td></td>
<td>5:30 – 8:00 pm</td>
<td>FACILITATORS’ ROUNDTABLE – DINNER/MEETING – Joint w/MnM, Voc</td>
</tr>
<tr>
<td>Friday</td>
<td>11:00 – 12:30 pm</td>
<td>Joint w/MnM</td>
</tr>
<tr>
<td><strong>FHIR CLINICIAN CONNECTATHON</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>9:00 – 5:00 pm</td>
<td>MEETING</td>
</tr>
<tr>
<td><strong>FHIR CONNECTATHON</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saturday</td>
<td>9:00 – 5:00 pm</td>
<td>MEETING</td>
</tr>
<tr>
<td>Sunday</td>
<td>9:00 – 12:30 pm</td>
<td>MEETING</td>
</tr>
<tr>
<td><strong>FINANCIAL MANAGEMENT (FM)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td>1:45 – 5:00 pm</td>
<td>MEETING</td>
</tr>
<tr>
<td>Wednesday</td>
<td>1:45 – 5:00 pm</td>
<td>Hosting: FHIR</td>
</tr>
<tr>
<td>Thursday</td>
<td>11:00 – 3:00 pm</td>
<td>Joint W/PA</td>
</tr>
<tr>
<td><strong>FIRST-TIME ATTENDEES’ MEETINGS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td>4:00 – 5:00 pm</td>
<td>ORIENTATION MEETING</td>
</tr>
<tr>
<td>Monday</td>
<td>7:00 – 8:00 am</td>
<td>ORIENTATION MEETING</td>
</tr>
<tr>
<td></td>
<td>12:30 – 1:30 pm</td>
<td>Lunch Tables Reserved for Q &amp; A</td>
</tr>
<tr>
<td>Tuesday</td>
<td>12:30 – 1:30 pm</td>
<td>Lunch Tables Reserved for Q &amp; A</td>
</tr>
<tr>
<td><strong>FOUNDATION TASK FORCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td>1:45 – 3:00 pm</td>
<td>MEETING</td>
</tr>
<tr>
<td><strong>FRESH LOOK TASK FORCE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td>3:30 – 5:00 pm</td>
<td>MEETING</td>
</tr>
<tr>
<td><strong>GOVERNANCE AND OPERATIONS COMMITTEE (GOC)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>11:00 – 12:30 pm</td>
<td>MEETING</td>
</tr>
<tr>
<td><strong>HL7 PAYER SUMMIT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thursday</td>
<td>9:00 – 5:00 pm</td>
<td>Summit</td>
</tr>
<tr>
<td>Friday</td>
<td>9:00 – 12:30 pm</td>
<td>Summit</td>
</tr>
<tr>
<td><strong>HEALTH CARE DEVICES (Dev)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday – Tuesday</td>
<td>9:00 – 5:00 pm</td>
<td>MEETING</td>
</tr>
<tr>
<td>Wednesday</td>
<td>9:00 – 10:30 am</td>
<td>MEETING</td>
</tr>
<tr>
<td></td>
<td>11:00 – 12:30 pm</td>
<td>Hosting: FHIR</td>
</tr>
<tr>
<td></td>
<td>1:45 – 3:00 pm</td>
<td>MEETING</td>
</tr>
<tr>
<td></td>
<td>3:30 – 5:00 pm</td>
<td>Hosting: MH</td>
</tr>
<tr>
<td>Thursday</td>
<td>9:00 – 5:00 pm</td>
<td>MEETING</td>
</tr>
<tr>
<td>Friday</td>
<td>9:00 – 12:30 pm</td>
<td>MEETING</td>
</tr>
<tr>
<td><strong>IMAGING INTEGRATION (II)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wednesday</td>
<td>9:00 – 10:30 am</td>
<td>MEETING</td>
</tr>
<tr>
<td></td>
<td>9:00 – 10:30 am</td>
<td>Joint w/O&amp;O, AP, Clin Gen</td>
</tr>
<tr>
<td></td>
<td>11:00 – 12:30 pm</td>
<td>Joint w/SD</td>
</tr>
<tr>
<td>Thursday</td>
<td>9:00 – 10:30 am</td>
<td>Joint w/SD</td>
</tr>
<tr>
<td></td>
<td>11:00 – 12:30 pm</td>
<td>Hosting: FHIR</td>
</tr>
<tr>
<td></td>
<td>1:45 – 5:00 pm</td>
<td>MEETING</td>
</tr>
<tr>
<td><strong>IMPLEMENTABLE TECHNOLOGY SPECIFICATION (ITS)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monday</td>
<td>9:00 – 12:30 pm</td>
<td>MEETING</td>
</tr>
<tr>
<td>Tuesday</td>
<td>9:00 – 10:30 am</td>
<td>Joint w/SA</td>
</tr>
<tr>
<td></td>
<td>11:00 – 12:30 pm</td>
<td>Joint w/InM</td>
</tr>
<tr>
<td></td>
<td>1:45 – 3:00 pm</td>
<td>Joint w/SD, EST, MnM, V2 Publishing</td>
</tr>
<tr>
<td></td>
<td>3:30 – 5:00 pm</td>
<td>Joint w/InM, FHIR</td>
</tr>
<tr>
<td>Wednesday</td>
<td>9:00 – 10:30 am</td>
<td>MEETING</td>
</tr>
<tr>
<td>Thursday</td>
<td>9:00 – 12:30 pm</td>
<td>Hosting: FHIR</td>
</tr>
<tr>
<td></td>
<td>1:45 – 5:00 pm</td>
<td>MEETING</td>
</tr>
<tr>
<td><strong>INFRASTRUCTURE &amp; MESSAGING (InM)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>9:00 – 10:30 am</td>
<td>MEETING</td>
</tr>
<tr>
<td></td>
<td>11:00 – 12:30 pm</td>
<td>Hosting: ITS</td>
</tr>
<tr>
<td></td>
<td>1:45 – 3:00 pm</td>
<td>Hosting: CGIT</td>
</tr>
<tr>
<td></td>
<td>3:30 – 5:00 pm</td>
<td>Hosting: FHIR, ITS</td>
</tr>
<tr>
<td>Wednesday</td>
<td>3:30 – 5:00 pm</td>
<td>Hosting: Voc</td>
</tr>
<tr>
<td>Thursday</td>
<td>9:00 – 10:30 am</td>
<td>Joint w/Voc, CGIT</td>
</tr>
<tr>
<td><strong>INTERNATIONAL COUNCIL MEETING</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td>9:00 – 3:00 pm</td>
<td>MEETING</td>
</tr>
<tr>
<td></td>
<td>12:30 – 1:30 pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>Thursday</td>
<td>12:30 – 5:00 pm</td>
<td>Affiliate Chair or Their Designated Rep Luncheon/Meeting</td>
</tr>
<tr>
<td><strong>INTERNATIONAL MENTORING COMMITTEE (IMC)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sunday</td>
<td>3:30 – 5:00 pm</td>
<td>MEETING</td>
</tr>
<tr>
<td><strong>MOBILE HEALTH (MH)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesday</td>
<td>9:00 – 10:30 am</td>
<td>Joint w/EHR</td>
</tr>
<tr>
<td></td>
<td>5:15 – 6:15 pm</td>
<td>Mobile Health Around the World</td>
</tr>
<tr>
<td>Wednesday</td>
<td>9:00 – 3:00 pm</td>
<td>MEETING</td>
</tr>
<tr>
<td></td>
<td>3:30 – 5:00 pm</td>
<td>Joint w/Dev</td>
</tr>
</tbody>
</table>
MODELING & METHODOLOGY (MnM)
Sunday  1:45 – 3:00 pm  MEETING
Monday  11:00 – 12:30 pm  Hosting:  FHIR
Tuesday  9:00 – 12:30 pm  MEETING
         1:45 – 3:00 pm  Joint w/SD, EST, ITS, V2 Publishing
Wednesday  9:00 – 12:30 pm  Hosting:  Voc, FHIR
Thursday  9:00 – 10:30 am  Hosting:  FHIR
         5:30 – 8:00 pm  FACILITATORS’ ROUNDTABLE DINNER/ MEETING – Joint with Voc, FHIR
Friday  11:00 – 12:30 pm  Hosting:  FHIR

NETWORKING RECEPTION
Wednesday  5:30 – 7:15 pm  RECEPTION

NOMINATIONS COMMITTEE
Wednesday  9:00 – 10:30 am  MEETING

NURSES BREAKFAST/MEETING
Tuesday  7:00 – 8:00 am  MEETING

ORDERS & OBSERVATIONS (O&O)
Monday  9:00 – 12:30 pm  MEETING
         1:45 – 3:00 pm  Hosting:  FHIR
         3:30 – 5:00 pm  MEETING
Tuesday  9:00 – 10:30 am  MEETING
         11:00 – 12:30 pm  Hosting:  PHER, RCRIM
         1:45 – 5:00 pm  MEETING
Wednesday  11:00 – 12:30 pm  Hosting:  AP, Clin Gen, II
         1:45 – 5:00 pm  MEETING
Thursday  9:00 – 10:30 am  Hosting:  Templates
         11:00 – 12:30 pm  Hosting:  FHIR
         1:45 – 3:00 pm  Hosting:  CS, PC
         3:30 – 5:00 pm  MEETING
Friday  9:00 – 12:30 pm  MEETING

ORGANIZATION AND PROCESS ORIENTATION/INTRODUCTION
Sunday  5:00 – 6:00 pm  ORIENTATION/INTRODUCTION

PATIENT ADMINISTRATION (PA)
Monday  9:00 – 5:00 pm  MEETING
Tuesday  9:00 – 10:30 am  Hosting:  FHIR
           11:00 – 5:00 pm  MEETING
Wednesday  9:00 – 5:00 pm  MEETING
Thursday  9:00 – 10:30 am  Hosting:  PHER
           11:00 – 3:00 pm  Hosting:  FM
           3:30 – 5:00 pm  MEETING

PATIENT CARE (PC)
Monday  9:00 – 5:00 pm  MEETING
Tuesday  9:00 – 10:30 am  Hosting:  EC, FHIR
           11:00 – 12:30 pm  MEETING
           12:30 – 1:30 pm  Hosting:  FHIR
           1:45 – 3:00 pm  MEETING
           3:30 – 5:00 pm  Hosting:  EC, FHIR

Wednesday  9:00 – 10:30 am  MEETING
           11:00 – 12:30 pm  Joint w/EHR, BRIDG, CH, CIC, EC, PHER
           12:30 – 1:30 pm  Hosting:  CQI
           1:45 – 3:00 pm  Hosting:  EC, FHIR
           3:30 – 5:00 pm  MEETING
Thursday  9:00 – 10:30 am  MEETING
           11:00 – 12:30 pm  Hosting:  SD, Templates
           1:45 – 3:00 pm  Joint w/O&O, CS
           3:30 – 5:00 pm  MEETING

PHARMACY (Pharm)
Monday  9:00 – 10:30 am  MEETING
           11:00 – 12:30 pm  Joint w/HER, FHIR
           1:45 – 5:00 pm  MEETING
Tuesday  9:00 – 10:30 am  MEETING
           11:00 – 12:30 pm  Hosting:  FHIR
           1:45 – 3:00 pm  MEETING
           3:30 – 5:00 pm  Joint w/PHER
Wednesday  9:00 – 5:00 pm  MEETING
Thursday  9:00 – 5:00 pm  MEETING

PHYSICIANS BREAKFAST/MEETING
Wednesday  7:00 – 8:00 am  MEETING

POLICY ADVISORY COMMITTEE
Wednesday  9:00 – 10:30 am  MEETING

PROCESS IMPROVEMENT COMMITTEE (PIC)
Monday  3:30 – 5:00 pm  MEETING

PRODUCT LINE ARCHITECTURE PROGRAM
Wednesday  3:30 – 5:00 pm  MEETING

PROJECT SERVICES
Thursday  1:45 – 3:00 pm  MEETING

PUBLIC HEALTH & EMERGENCY RESPONSE (PHER)
Monday  9:00 – 10:30 am  MEETING
           11:00 – 12:30 pm  Hosting:  FHIR, Pharm
           1:45 – 3:00 pm  MEETING
           3:30 – 5:00 pm  Joint w/SD
Tuesday  9:00 – 10:30 am  MEETING
           11:00 – 12:30 pm  Joint w/O&O, RCRIM
           1:45 – 3:00 pm  MEETING
           3:30 – 5:00 pm  Hosting:  Pharm
Wednesday  9:00 – 10:30 am  MEETING
           11:00 – 12:30 pm  Joint w/EHR, BRIDG, CH, CIC, EC, PC
           1:45 – 5:00 pm  MEETING
Thursday  9:00 – 10:30 am  Joint w/PA
           11:00 – 12:30 pm  Hosting:  EC
           1:45 – 5:00 pm  MEETING
MEETINGS

PUBLISHING
Tuesday 1:45 – 3:00 pm Joint w/SD, EST, ITS, MnM
Wednesday 9:00 – 10:30 am V2 – MEETING
1:45 – 3:00 pm V2 – Hosting: Voc
1:45 – 3:00 pm V3 – MEETING

REGULATED CLINICAL RESEARCH INFORMATION MANAGEMENT (RCRIM)
Monday 1:45 – 5:00 pm MEETING
Tuesday 9:00 – 10:30 am MEETING
11:00 – 12:30 pm Joint w/O&O, PHER
1:45 – 3:00 pm Hosting: FHIR
3:30 – 5:00 pm Hosting: BRIDG

SECURITY (SEC)
Tuesday 9:00 – 3:00 pm MEETING
3:30 – 5:00 pm Hosting: CBCC
Wednesday 9:00 – 10:30 am Joint w/EHR, CBCC, FHIR
11:00 – 12:30 pm Joint w/SDA
1:45 – 3:00 pm Hosting: CBCC
3:30 – 5:00 pm MEETING
Thursday 9:00 – 10:30 am Hosting: CBCC, FHIR
11:00 – 12:30 pm MEETING

SERVICES ORIENTED ARCHITECTURE (SOA)
Monday 1:45 – 5:00 pm MEETING
Tuesday 9:00 – 10:30 am Hosting: ITS
11:00 – 5:00 pm MEETING
Wednesday 9:00 – 10:30 am Hosting: FHIR
11:00 – 12:30 pm Hosting: Sec
1:45 – 5:00 pm MEETING
Thursday 9:00 – 5:00 pm MEETING

STEERING DIVISIONS
Monday 7:00 – 8:30 pm Domain Experts
Foundation & Technology
Structure & Semantic Design
Technical & Support Services

STRUCTURED DOCUMENTS (SD)
Monday 9:00 – 3:00 pm MEETING
3:30 – 5:00 pm Hosting: PHER
Tuesday 9:00 – 10:30 am Joint w/COI
11:00 – 12:30 pm MEETING
1:45 – 3:00 pm Hosting: EST, ITS, MnM, V2 Publishing
3:30 – 5:00 pm Hosting: FHIR
Wednesday 9:00 – 10:30 am Joint w/COI, CDS
11:00 – 5:00 pm MEETING
Thursday 9:00 – 10:30 am Hosting: II
11:00 – 12:30 pm Joint w/PC, Templates
1:45 – 3:00 pm Hosting: FHIR
3:30 – 5:00 pm MEETING

Friday 9:00 – 10:30 am Joint w/Templates, EST
11:00 – 12:30 pm MEETING

TC215 WG-2
Friday 9:00 – 10:30 am MEETING
11:00 – 3:00 pm Hosting: DICOM WG-10
3:30 – 5:00 pm MEETING

TSC MEETINGS
Saturday 9:00 – 5:00 pm MEETING
Sunday 5:15 – 6:30 pm MEETING
Wednesday 9:00 – 10:30 am Luncheon/Meeting
Thursday 12:30 – 1:30 pm US Realm Task Force Luncheon/Meeting

TEMPLATES
Monday 9:00 – 10:30 am Joint w/CQI, FHIR
Wednesday 1:45 – 5:00 pm Joint w/CGIT, FHIR
Thursday 9:00 – 10:30 am Joint w/O&O
11:00 – 12:30 pm Joint w/PC, SD
Friday 9:00 – 10:30 am Hosting: EST, SD
11:00 – 12:30 pm MEETING

TERMINOLOGY AUTHORITY (TA)
Friday 9:00 – 12:30 pm MEETING

VOCABULARY (VOC)
Sunday 1:45 – 5:00 pm MEETING
Monday – Tuesday 9:00 – 5:00 pm MEETING
Wednesday 9:00 – 12:30 pm Joint w/MnM, FHIR
1:45 – 3:00 pm Joint w/V2 Publishing
3:30 – 5:00 pm Joint w/InM
Thursday 9:00 – 10:30 am Hosting: CGIT, InM
11:00 – 12:30 pm Hosting: CGIT
1:45 – 5:00 pm MEETING
5:30 – 8:00 pm FACILITATORS’ ROUNDTABLE DINNER/ MEETING – Joint w/MnM, FHIR

Meeting times and locations are subject to change.
NOTE: In compliance with our status as an ANSI-accredited standards development organization, anyone may register to attend HL7 meetings.
“EARLY BIRD” RATE DEADLINE
Advance meeting registration, including payment, is required by December 29, 2014 to receive the discounted rates. Otherwise the full fee structure will apply. Consult the registration form (pages 28-30) for a schedule of meeting fees.

TO REGISTER
Please complete the registration form on pages 28-30 and mail it (along with a check payable to Health Level Seven International in U.S. 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 via our website (www.HL7.org). 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 January 5. 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 via 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.

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 Sunday through Friday. Vegetarian and diabetic meals are available upon request. You must register for each day’s lunch on your registration form in order to receive lunch tickets.

PLEASE BOOK YOUR ROOM AT THE HL7 MEETING HOTEL
HL7 urges all meeting attendees to secure their hotel reservation at the HL7 Working Group Meeting Host Hotel. This hotel 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 hotel, HL7 risks falling short on its obligation, which translates in HL7 paying additional costs (penalties) to the hotel. 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 hotel room at our host hotel. Thank you!

GROUNDC TRANSPORTATION AND PARKING
The Hyatt Regency San Antonio is approximately 8.5 miles from the San Antonio International Airport.

TAXI — From the airport is approximately $25 one-way per car (does not include tip). Seating and luggage: 6 passengers; amount of luggage depends on size of bags. Pick up is on the lower level of the airport.

PARKING — The Hyatt Regency San Antonio offers self-parking as well as Valet parking for hotel guests in the Central Parking Garage located across the street from the main hotel entrance. Valet parking is available at the hotels front entrance. The garage features 300 hotel parking spaces; including (10) handicapped parking zones and has 6’9” clearance. Self parking is available for $27/night and valet parking is available for $37/night.

HOTEL INFORMATION
HL7 International’s January 2015 Working Group Meeting will be held at:

Hyatt Regency San Antonio on the Riverwalk
123 Losoya Street, San Antonio, TX 78205
+1 (210) 222-1234 phone  •  +1 (210) 227-4925 fax

To reserve your room, the hotel has set up a special website registration process just for HL7 International attendees. Attendees should log on to https://resweb.passkey.com/go/2015HL7 and simply follow the reservation instructions. Please note the group rate rooms are run of the house, which means the room type is based on the best available at check in, not prior to arrival. You will see the room type on the registration form, but it is only a request. Requests will be noted and based on availability.

You can call reservations directly at +1 888-421-1442. Be sure to mention Health Level Seven International to receive the discounted room rate of $184 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, there are a limited number of rooms available at the discounted rate, so reserve your room early. The hotel cut-off date is January 4, 2015. 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 the three days, you will be charged one night reservation fee.

For those making a reservation under the government rate of $115, log on to the same website and click Government under Room Type. There are also a limited number of government rooms available at the discounted rate so reserve your room early!
1. Contact Information

End of day on December 29, 2014 is the deadline for Early Bird fees. Hotel reservations must be received by January 4, 2015. All advance registrations must be received by end of day on January 5, 2015. After this date, registrations can ONLY be made on-site with payment.

First Name

Last Name

Title/Position

Organization

Address

City

State

Zip

Country

Telephone

Fax

Email

Nickname for Badge

2. Survey & Information

I am a/an: □ Affiliate Chair □ Facilitator — Vocabulary □ HL7 Fellow □ Tutorial Speaker
□ Benefactor □ Facilitator — Steering Division □ HL7 Work Group Co-Chair □ Payer
□ Facilitator — MnM □ First-Time WGM Attendee □ Past Board Chair □ Other: __________________________
□ Facilitator — Publishing □ HL7 Board Member

I have been a member of HL7 for: □ 0-4 years □ 5-9 years □ 10-14 years □ 15-19 years □ 20+ years

Primary employment type: □ Academia □ Consultant □ Government □ Healthcare Professional
□ Payer □ Pharmacy □ Provider □ Vendor
□ Other: __________________________________________________________________________

□ I am a member of an HL7 International Affiliate, employee of an HL7 organizational member or member of another eligible organization (ADA, AHIP, AIRA, ASC-X12, ASTM, BioPharma Association Associate—SAFE, CEN/TC 251, CDISC, CHCF, Cientis Technologies, Inc., CLSI, CHA, DICOM, ehi, GS1, ICH, IEEE, IHE, IHTSDO, IRISS, LOINC, OMG, The Health Story Project, WEDI) and eligible for the member rate.

Please list affiliate or organization: __________________________________________________________________________________________________________

□ I am a full time student.

University attending: ____________________________________________ Student # ___________________________

Meal Requirements:

□ Diabetic □ Regular □ Vegetarian □ Other: __________________________________________________________________________
☐ I plan to attend the **FHIR Clinician Connectathon** (Friday). Please register below.

The HL7 FHIR Clinician Connectathon is open to clinicians from all disciplines—nurses, physicians, pharmacists, nutritionists, and other patient care professionals—who are registered for the HL7 January Working Group Meeting. Registration before the Friday event is required.

☐ I plan to attend the **HL7 Fellows Dinner** (Sunday). Please register below.

☐ I plan to attend the **HL7 Payer Summit** (Thursday & Friday) — for payers only. Please register below.

☐ I plan to attend the **International Council Meeting** (Sunday).

### 3. Registration and Tutorial Fees:

You must register for either the ALL WEEK OPTION or the DAILY FEE in addition to any tutorials that you attend.

<table>
<thead>
<tr>
<th></th>
<th>Members Before 12/29</th>
<th>Members After 12/29</th>
<th>Non-Members Before 12/29</th>
<th>Non-Members After 12/29</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sunday – Friday Option:</strong></td>
<td>□ $920</td>
<td>□ $1,195</td>
<td>□ $1,305</td>
<td>□ $1,720</td>
<td>$ __________</td>
</tr>
<tr>
<td>Please register me for the entire week: Please note that the Sunday-Friday Option does not include the cost of tutorials. Please register separately for any tutorials you would like to attend.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Monday – Friday Option:</strong></td>
<td>□ $770</td>
<td>□ $1,045</td>
<td>□ $1,155</td>
<td>□ $1,570</td>
<td>$ __________</td>
</tr>
<tr>
<td>Please register me for the entire week: Please note that the Monday-Friday Option does not include the cost of tutorials. Please register separately for any tutorials you would like to attend.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Per Day Fees:</strong></td>
<td>□ $220/day</td>
<td>□ $290/day</td>
<td>□ $330/day</td>
<td>□ $435/day</td>
<td>$ __________</td>
</tr>
<tr>
<td>Please register me for the following days. Please note that daily fees do not include the cost of tutorials. Please register separately for any tutorials you would like to attend.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Sunday      □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday   # _____ days attending x fee:</td>
<td>$ __________</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**FHIR Connectathon:**

☐ Participant: $295
☐ Observer: $395

**FHIR Clinician Connectathon:**

☐ No Fee

**HL7 Fellows Dinner:**

□ $45

**HL7 Payer Summit Only:**

□ $300

---

**Deadline for Discounted Rates:** Payment must be received by December 29, 2014 to qualify for the “Early Bird” rate. The full fee structure applies to all other registrations where payment is received after this date.

**Cancellation/Refund Policy:** Prepaid registrants who cancel prior to the Early Bird deadline will receive a full refund less a $50 processing fee. After this date, no refunds will be given for ANY reason.

**Payment Policy:** Registrations for the meeting can only be paid for in US currency.
**MEETING REGISTRATION FORM**

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

**SUNDAY**

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Before 12/29</th>
<th>After 12/29</th>
<th>Non-Members Before 12/29</th>
<th>Non-Members After 12/29</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track 6 – Information Forums: First Time Attendees’ Orientation – FREE TUTORIAL (F5)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 3 – Special Topics: Introduction to HL7 FHIR (M3)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 1 – Version 2.x: Introduction to Version 2, Part 1: Control/Patient Administration (M1)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
</tbody>
</table>

**MONDAY**

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Before 12/29</th>
<th>After 12/29</th>
<th>Non-Members Before 12/29</th>
<th>Non-Members After 12/29</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track 6 – Information Forums: First Time Attendees’ Orientation – FREE TUTORIAL (F6)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 3 – Special Topics: Introduction to HL7 FHIR (T9)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 1 – Version 2.x: Introduction to Version 2, Part 2: Orders and Observations (M4)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 2 – Version 3 and CDA® CORE: Version 3 Part 2: Messaging (M5)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 3 – Special Topics: FHIR for Architects (M6)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
</tbody>
</table>

**TUESDAY**

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Before 12/29</th>
<th>After 12/29</th>
<th>Non-Members Before 12/29</th>
<th>Non-Members After 12/29</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track 5 – Information Forums: Glossary Management – FREE TUTORIAL (F6)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 3 – Special Topics: Standards for Interoperability (T8)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 4 – FHIR*: FHIR Profiling (T9)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 2 – Version 3 and CDA® CORE: Version 3 XML IT5 for CDA (T10)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 4 – FHIR*: Introduction to FHIR Development (T11)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 5 – Meaningful Use: Consolidated CDA (T12)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
</tbody>
</table>

**WEDNESDAY**

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Before 12/29</th>
<th>After 12/29</th>
<th>Non-Members Before 12/29</th>
<th>Non-Members After 12/29</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track 5 – Information Forums: How to Design and Deliver an HL7 Tutorial – FREE TUTORIAL (F7)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 3 – Special Topics: Introduction to Health Quality Measure Format (W14)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 5 – Meaningful Use: Under the Hood of the Version 2.5.1 Immunization Guide (W15)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 2 – Version 3 and CDA® CORE: Clinical Document Architecture - Advanced (W16)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 3 – Special Topics: Vocabulary in HL7 – Foundations (Vocabulary 2) (W17)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 5 – Meaningful Use: Meaningful Use Laboratory Implementation Guides (W18)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
</tbody>
</table>

**THURSDAY**

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Before 12/29</th>
<th>After 12/29</th>
<th>Non-Members Before 12/29</th>
<th>Non-Members After 12/29</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track 5 – Information Forums: Newly Elected Co-Chair Training – FREE TUTORIAL (F9)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 3 – Special Topics: Introduction to UML (TH22)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 3 – Special Topics: Authoring Value Set Content (TH23)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 5 – Meaningful Use: Quality Reporting Document Architecture (TH21)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 2 – Version 3 and CDA® CORE: CDA Specialist Certification Test Preparation (TH20)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 5 – Meaningful Use: HL7 Standards for Meaningful Use (TH24)</td>
<td>$110</td>
<td>$215</td>
<td>$325</td>
<td>$490</td>
<td>$___________</td>
</tr>
</tbody>
</table>

**Evening Sessions**

<table>
<thead>
<tr>
<th>Membership Type</th>
<th>Before 12/29</th>
<th>After 12/29</th>
<th>Non-Members Before 12/29</th>
<th>Non-Members After 12/29</th>
<th>Amount Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Track 1 – Version 2.x: HL7 Version 2.7 Control Specialist Certification Test (TH25)</td>
<td>$199</td>
<td>$199</td>
<td>$350</td>
<td>$350</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 2 – Version 3 and CDA® CORE: HL7 CDA Specialist Certification Test (TH26)</td>
<td>$199</td>
<td>$199</td>
<td>$350</td>
<td>$350</td>
<td>$___________</td>
</tr>
<tr>
<td>Track 2 – Version 3 and CDA® CORE: HL7 Version 3 RIM Certification Test (TH27)</td>
<td>$199</td>
<td>$199</td>
<td>$350</td>
<td>$350</td>
<td>$___________</td>
</tr>
</tbody>
</table>

**Total Amount Due $___________**

4. **Payment Information:** Payment must be included in order to process your registration. Method of Payment (US Dollars, Drawn on US Bank Only)

- Check (Please make payable to: Health Level Seven International)
- Credit Card: Visa Master Card American Express Discover

Name on Card (Please Print): 
Signature: 

Number: 
Expiration Date: 
Billing Street Address: 

Mary Ann Boyle at maryann@HL7.org if they wish to use their organization’s free tutorials seats for this meeting.
Upcoming Working Group Meetings

Paris, France
May 10 - 15, 2015
29th Annual Plenary & Working Group Meeting
Hyatt Regency Paris — Charles de Gaulle Hotel

Atlanta, GA
October 4 - 9, 2015
29th Annual Plenary & Working Group Meeting
Sheraton Atlanta Hotel

Orlando, FL
January 10 - 15, 2016
Working Group Meeting
Hyatt Regency Orlando

Montréal (Québec), Canada
May 8 - 13, 2016
Working Group Meeting
Le Centre Sheraton Montréal

Baltimore, MD
September 18 - 23, 2016
30th Annual Plenary & Working Group Meeting
Hyatt Regency Baltimore

Upcoming Co-Chair Elections

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

<table>
<thead>
<tr>
<th>Work Group</th>
<th># being elected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attachments</td>
<td>1</td>
</tr>
<tr>
<td>Biomedical Research</td>
<td>1</td>
</tr>
<tr>
<td>Integrated Domain Group</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Genomics</td>
<td>2</td>
</tr>
<tr>
<td>Clinical Interoperability Council</td>
<td>1</td>
</tr>
<tr>
<td>Clinical Statement</td>
<td>2</td>
</tr>
<tr>
<td>Electronic Health Records</td>
<td>2</td>
</tr>
<tr>
<td>Electronic Services &amp; Tools</td>
<td>4</td>
</tr>
<tr>
<td>Health Care Devices</td>
<td>1</td>
</tr>
<tr>
<td>Modeling and Methodology</td>
<td>1</td>
</tr>
<tr>
<td>Orders and Observations</td>
<td>2</td>
</tr>
<tr>
<td>Patient Administration</td>
<td>1</td>
</tr>
<tr>
<td>Public Health and Emergency Response</td>
<td>1</td>
</tr>
<tr>
<td>Structured Documents</td>
<td>2</td>
</tr>
<tr>
<td>Templates</td>
<td>1</td>
</tr>
<tr>
<td>Vocabulary</td>
<td>2</td>
</tr>
</tbody>
</table>

Save the Date for HL7’s Exhibit at

April 12-16, 2015 • Chicago, IL
Booth #3836
San Antonio has always been a crossroads for travelers, explorers, and those on a quest for liberty. Its sights, sounds, tastes and past captivate, while friendly people, the relaxing river and a superb climate entice visitors to come back for more. From its important role in Texas independence to its fusion of cultures, San Antonio is a truly unique and authentic destination. Explore the routes of the conquistadors, the settlements of the first missions, and the Shrine of Texas Liberty—the Alamo. San Antonio’s heart is in its past—but its future is in its celebration of cultures.

For history buffs, San Antonio is a mecca. Native Americans first lived along the San Antonio River. A band of Spanish explorers and missionaries came upon the river in 1691, and because it was the feast day of St. Anthony, they named the river “San Antonio.” The actual founding of the city came in 1718 by Father Antonio Olivares, when he established Mission San Antonio de Valero. Known as the Alamo, it became permanently etched in the annals of history in 1836 when 189 defenders held the old mission against some 4,000 Mexican troops for 13 days. The cry “Remember the Alamo” became the rallying point of the Texan revolution against Mexico. Located in the heart of downtown, today the Alamo is a shrine and museum.

San Antonio’s old world Spanish flair and blend of cultures makes it one of America’s most picturesque cities. Amidst the daily hubbub of the metropolitan downtown, sequestered 20 feet below street level, lies one of San Antonio’s jewels—the River Walk.

A verdant oasis of cypress-lined paths, arched stone bridges, and lush landscapes, the River Walk winds its way through the middle of the business district. The River Walk has multiple personalities – quiet and park-like in some stretches, while other areas are full of activity with European-style sidewalk cafes, specialty boutiques, nightclubs and gleaming high-rise hotels.

Experience San Antonio’s fiesta spirit, and see all that it has to offer. With so much to do, you’ll never want to go home.

Copy and photos courtesy of the San Antonio Conventions & Visitors Bureau.