



## ANNOUNCEMENT OF BALLOT OPENING FOR V2.7 MESSAGING FOR MAY 2008

**March 24, 2008**

Health Level Seven will ballot the candidate standard described in this document before the May 2008 HL7 Working Group Meeting. Comments received in response to this ballot will be discussed at this Working Group Meeting, which convenes May 4 – 9, 2008 in Phoenix, Arizona. The candidate standard is based on the following standards classification:

- Version 2.7 Messaging

A section devoted to this candidate standard follows.

**IMPORTANT NOTE:** Due to the ratification of the new HL7 Governance and Operations Manual (GOM), the rules under which balloting takes place have changed slightly. These changes can be summarized as follows:

- All ballots announced as new Committee ballots will be converted to an alternate form of ballot. For the Version 2.7 Messaging ballot, the ballot level will now be Normative ballot.
- The new quorum and approval levels identified in the GOM will apply to all ballot pools. They are as follows:
  - Informative Ballots – No quorum requirement; 60% affirmative votes for approval.
  - DSTU Ballots – No quorum requirement; 60% affirmative votes for approval.
  - Normative Ballots – Minimum 10 HL7 members in ballot pool; 60% returning votes for quorum; 75% affirmative votes for approval.
  - Committee ballots grandfathered in will be run under the same requirements as Review ballots and, in addition, under the same Review ballot reconciliation guidelines.

Due to these changes, the ballot levels and Unique Ballot ID for the following ballot pool has been updated since the initial Formation of Ballot Pools announcement went out, as follows:

- HL7 Messaging Standard Version 2.7: An Application Protocol for Electronic Data Exchange in Healthcare Environments has changed ballot level from 1<sup>st</sup> Committee ballot to 1<sup>st</sup> Normative ballot. This resulted in a unique ballot id change from V27\_C1\_2008MAY to V27\_N1\_2008MAY.

**NOTE:** Each ballot document has a unique Ballot ID that can be found following its descriptive text. In addition, updated ballot comment spreadsheets will be available on the balloting website at the time the ballots open.

The membership is reminded that ANSI rules dictate that all individuals who were in a membership ballot pool **MUST** be included in the initial ballot pool when the same document goes out for a subsequent membership ballot. Thus, if a document is going out for a 2<sup>nd</sup> membership level ballot, all individuals who were in the ballot pool for the 1<sup>st</sup> membership ballot are automatically subscribed as members of the ballot pool for the subsequent

membership ballot. Please use the Ballot Desktop (URL below) for joining ballot pools, voting, or removing yourself from a ballot pool.

### **Ballot Open/Close Dates**

All ballot pools in this document will open and close for voting on the following dates. If there is an exception to that for a specific pool, alternate dates will be listed.

*Ballot open date: March 24, 2008*

*Ballot close date: April 28, 2008*

### **Ballot Pool Signup**

Within two weeks preceding the ballot opening, sign up for all pools will be available. Pool sign up will be available from this point until two weeks before Ballot Pool close. To sign up, point your browser to <http://www.hl7.org/ctl.cfm?action=ballots.home>. **Important Note:** Beginning with this cycle, **ballot pool signup will close two (2) weeks** before the Ballot Pool close.

### **Ballot Pool Help**

All ballot dates are inclusive: votes cannot be cast before the beginning date or after the ending date of a ballot pool. Please note that all times are tracked in the Eastern Time Zone (US). If you have any problems with the ballot desktop, joining, or voting, please contact the HL7 Director of Technical Services at [webmaster@HL7.org](mailto:webmaster@HL7.org) before the closing of the ballot.

### **Version 2.7 Messaging**

The **Infrastructure and Messaging, Electronic Health Records, Financial Management, Implementation/Conformance, Orders and Observations, Patient Administration, Patient Care, Personnel Management, Scheduling and Logistics, Technical Steering Committee and Vocabulary Work Groups** announce the formation of a ballot group for the following candidate standard:

- ***HL7 Messaging Standard Version 2.7: An Application Protocol for Electronic Data Exchange in Healthcare Environments (1<sup>st</sup> Normative ballot)***

This ballot is for all V2 chapters to create the HL7 V2.7 standard from Version 2.6 by applying those proposals that were accepted by the end of the January 2008 WGM, ruled to be in scope, and found to be possible in the publication timeframe. Global changes include:

- Replacing IS data types with CWE data type where possible. HD.1 and EI.2 are exceptions.
- Revision of length information to minimum ...maximum or null.
- Withdraw fields, data type components, tables, table entries, segments, messages, queries, and data types meeting criteria for withdrawal.

CH2, Control, changes include:

- Change MSH:2 length 4, not 2..4.
- Potential addition of RE to the Optionality table in section 2.5.3.4. This is to support fields associated with the XPN data type and potentially others.
- Potential expansion of the usage of Flavors of Null.

CH2A, Data Types, changes include:

- An additional tuple was added to the CWE, CNE, CF and CSU data types.

- New components for Coding System OID; Value Set OID and Value Set Version ID were added for each tuple.
- A new data type was added called SNM - character-constrained string of decimal digits
- The data type for XTN components country code, area code, local phone number and extension components were changed from numeric (NM) to character-constrained string of decimal digits (SNM)
- Changes in component optionality were applied to various components of the CF, CNE, CSU, CWE, CX, PL, PPN, XAD, XCN, XON, XPN and XTN data types to support the removal of sequence-based meaning constraints.
- Potential addition of new component(s) to the UVC and/or deprecation of the UVC.2.
- Potential addition of new component to XPN data type.

CH2B, Conformance, changes include:

- Clarification of usage, cardinality, and length.
- Add new minimum length attribute and use of the existing length as maximum length (including schema and DTD changes);technical correction for the schema and DTD to reflect 2.6 changes

CH2C (NEW), Code Tables, additions include:

- Code tables from several, but not all, domain chapters have been moved to 2C. Once all chapters have been moved (optional for 2.7, required for 2.8), this will allow us to ballot CH2C separately as table changes are required without re-balloting the entire standard. A method to link to the table in 2C from the domain chapters has been established, but not applied to all chapters.
- Changes to several code tables have been made including additions and retiring of entries in HL7 table 0301 Universal ID Type and HL7 Table 0532 Expanded Yes/NoIndicator.
- Clarification of naming conventions for external coding systems and value sets.
- Inclusion of formal definitions for coding systems and value sets.
- Potential additions and clarifications to table 0200 name type code.

CH3, Patient Administration, changes include:

- IAM Segment changes - New field added to support allergy comment information. Adding more fields to communicate who and when an allergy was created, modified, and inactivated.
- Adding Find Candidates Query Including Visit Information.
- Add NTE segment to the A60 Adverse Reaction Information message to communicate Allergy comments.
- Adding new segment IAR to follow IAM.
- Change Discharge Disposition to an external table;Patient Discharge Status for US realm.
- PV1 - Add Service Episode Description (ST) and Service Episode ID (CX) fields.
- Table 396 - Add universal billing (UB) code sets (UB04FL14, UB04FL15, UB04FL17)
- Support a Visit Service Site with updated definition for PV1-39.

- Potential harmonization of the Race, Ethnicity, Marital Status and Administrative Sex code tables with version 3.

CH4, Orders & Observations, changes include:

- ePrescription Enhancements
- Multiple Order IDs in order messages
- Result and Parent Result Identifier added to OBR
- Enhancement to Universal Service Identifier definition
- Order Number clarification on uniqueness
- Ability to apply an order to all specimens in a shipment
- OBR-50 deprecation
- Various data type changes across various segments
- Advance Beneficiary Notice added to ORC
- Addition of ROL segment to Pharmacy Treatment order message
- Changes to various order messages to improve parsing of prior results
- The Pharmacy and Immunization content has been moved to a new Chapter 4A.
- Potential technical correction (or editorial fix) of inconsistencies in type or status HL7 Table 0070 and 0487.
- Added Order Provider Unit ID to OBR segment per prop 457.
- Added Performing Organization Name, Address, Medical Director & Telecommunication Number fields to OBR per prop 471/472.
- Added NTE for RXE segments where missing (except deprecated messages) per prop 582.

CH5, Queries, changes include:

- Remove the original style queries.

CH6, Financial Management, changes include:

- Complete the value sets for Diagnosis and Procedure Priority.
- Eighteen new fields were added to the following segments - FT1 (12 new fields), IN1 (1 new field), ACC (1 new field), PR1 (3 new fields), and GT1 (1 new field).
- Potential removal of sequence-based meaning on fields with the following data types: XPN, XAD, XTN, XCN.
- GP2-12 length correction.
- Adding the OBX segment to the P12.
- Clarification of the usage of the UB1 and UB2 segments, and correction of inconsistencies.

CH7, Observations, changes include:

- Specimen Shipment manifest message with associated new segments.
- Patient Results Release Category.
- Various data type changes across various segments.
- Various field additions to OBX segment to support Performing Laboratory, Producer Address, and Medical Director Name.
- Enhanced OBX-6 Units description.
- Various attribute additions to Specimen segment.
- Addition of patient connected medical device reporting example.

CH8, Master Files, changes include:

- Remove the original style queries.
- Table 0259 replacement in Chapter 8 with DICOM table .

CH9, Medical Records, changes include:

- TXA segment - adding Folder assignment and Document Title fields.
- Added Optional Repeatable CON segment to all messages.

CH10, Scheduling & Logistics, changes include:

- A new Scheduling event (S27) to send a snapshot of a schedule that would reflect any changes made to scheduled (appointments) since the last time a batch interface ran.

CH11, Patient Referral, changes include:

- A suite of Messages called the Collaborative Care Message (CCM) be included in V2.7. As a new suite further development can be carried out, if required, that will have minimum backward compatibility issues. These messages can include the aspects of (a) being able to share information without requiring a transfer of care and (b) can pertain to a group of people rather than just individuals and are therefore suitable for public health notifications/request as well as patient centric care.
- Various field additions to Authorization segment to support discipline and treatment units.

CH12, Patient Care: no changes other than Global.

CH13, Clinical Laboratory Automation: no changes other than Global.

CH14, Application Management, changes include:

- Create new query, using the model in CP 5.

CH15, Personnel Management, changes include:

- Add field Organization, with data type XON to the ROL segment.
- NK1 & ROL segment added to the end of the message structure PMU\_B01 and query/response Q25/K25. Change to the NK1 usage note to indicate that this segment can also be used for Staff.
- Adding data element 01891 Cost Center Code as a new field to ORG. 4. Adding Religion as a new field STF-40.

CH16, eClaims, changes include:

- PSL-21 length correction.
- Adding "<" and ">" (as a choice out of one) into the segment column for messages

CH17, Materials Management: no changes other than Global.

Unique Ballot ID for all candidate chapters in this ballot: V27\_N1\_2008MAY

### **Balloting Procedure**

HL7 members in good standing and others who are materially affected by the proposed standard and wish to participate in these ballots must join the respective ballot groups. This can be accomplished by going to <http://www.hl7.org/ctl.cfm?action=ballots.home>.

Alternately, you can call the HL7 office at (734) 677-7777 and request that the Ballot Group Declaration Form be faxed or mailed to you.

HL7 will conduct these ballots according to its procedure for electronic balloting. Individuals who sign up for the ballot group will not receive a paper copy of the document or a paper ballot. Instead, they will be notified by e-mail when the ballot package is available. They will download the document from the HL7 web server and will enter their votes and comments using the HL7 web server.

If a member of the ballot group does not have access to the technology being used, or if the person can demonstrate that using the electronic process creates a substantial hardship, he/she may request a paper copy of the ballot package and/or vote using a paper ballot. Because of the extra expense and time delays associated with paper ballots, HL7 does not intend to provide the alternative of using paper to members who have access to the technologies and have no substantial hardship associated with their use.

Comments resulting from this ballot will be discussed at the upcoming HL7 Working Group Meeting, which convenes May 4 – 9, 2008 in Phoenix, Arizona.