



Health Level Seven, Inc.

For Immediate Release

Contact: Jonathan Himlin
(734) 677-7777

Electronic Health Record System Functional Model Draft Standard for Trial Use (DTSU) Update and Progress Report

Ann Arbor, Mich.—Sept. 29, 2003 — The Electronic Health Record (EHR) System Functional Model Draft Standard for Trial Use (DTSU) ballot closed on September 5 and was reviewed by the Electronic Health Record Special Interest Group (EHR SIG) at the Health Level Seven (HL7) Annual Plenary and Working Group Meeting September 7-12 in Memphis. The EHR DSTU did not pass on this first ballot.

There are several important points relating to this result:

1) This result was not unexpected given the nature of consensus building. In fact, most standards do not pass on the first ballot. In the case of the EHR DSTU, the voting showed polarization among vendors and providers (the two groups that will be most immediately affected by this standard) who hold different views on what functions should be essential to the standard. Their negative votes are indicative of the domestic constituent groups having opposite views, *not* voting against the merit of this activity. The work done at the HL7 Plenary and Working Group Meeting in Memphis (Sep 7-12) is significant in that it helped to align domestic constituents that were voting opposite of each other in the ballot.

2) The EHR ballot's high levels of interest and participation from non-HL7 members have been unprecedented. In fact, with 223 votes cast, this was the largest ballot response ever recorded by HL7. This is extremely encouraging, as input from non-HL7 members has provided invaluable feedback in moving from the first draft to the final product. Further, that the votes were spread among a variety of industry groups indicates that this ballot has succeeded in attaining true industry-wide participation, which will help to ensure a standard that effectively serves its industry.

3) The focus of ongoing work is to re-organize and simplify. Collaborative input resulted in specific strategies to simplify and clarify the DSTU. Specific areas of agreement included:

- Reorganizing the hierarchy into a simpler outline. The outline will have three categories: Direct Health Care Delivery Functions, Supportive Functions and Infrastructure Functions.
- All data or content elements will be removed.
- Care Setting (Outpatient, Inpatient etc) selection and their definitions will be specified by each participating country and will become a country specific activity.
- Direct Health Care Delivery Functions will be specified by each participating country as Essential Immediate, Essential future, Optional and Not applicable.

(more)

2 HL7 EHR BALLOT UPDATE & PROGRESS REPORT

4) The HL7 EHR SIG plans to continue to seek and respond to outside participation in the development of this work. The EHR SIG will to pursue a new ballot, targeting February 2004 for publication. There was agreement that the ballot comments and feedback from the broader community should be incorporated into the next version prior to the formal ballot. Thus the new ballot document will be essentially ready for review by December 1, 2003 and circulated to the sponsors and the community for feedback. Comments and revisions would be made at the next HL7 Working Group meeting, January 18-23 in San Diego.

For more information, you are encouraged to visit the dedicated EHR section of the HL7.org website: www.HL7.org/EHR. You may also contact HL7 EHR SIG co-chair, Linda Fischetti at (301) 734-0417 / Linda.fischetti@med.va.gov.

About HL7

Founded in 1987, Health Level Seven, Inc. (<http://www.hl7.org/>) is a not-for-profit, ANSI-accredited standards developing organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. The federal government has recently adopted HL7 messaging standards as part of the President's eGov initiatives (see separate press release at <http://www.HL7.org>). HL7's 2,000 members represent over 500 corporate members, including 90 percent of the largest information systems vendors serving healthcare. HL7's endeavors are sponsored, in part, by the support of its benefactors: CAP Gemini Ernst & Young U.S. LLC, Eclipsys Corporation, Eli Lilly & Company, the Food and Drug Administration, GE Medical Systems, Guidant Corporation, IBM, IDX Systems Corporation, McKesson Information Solutions, Microsoft Corporation, MiSys Healthcare Systems, NHS National Programme for IT, Oracle Corporation, Philips Medical Systems, Quest Diagnostics Inc., Science Applications International Corporation, Siemens Medical Solutions Health Services, Sun Microsystems and the U.S. Department of Veterans Affairs.

International affiliates have also been established in 25 countries throughout the globe including Argentina, Australia, Brazil, Canada, China, Croatia, Czech Republic, Denmark, Finland, Germany, Greece, India, Ireland, Italy, Japan, Korea, Lithuania, Mexico, The Netherlands, New Zealand, Spain, Southern Africa, Switzerland, Taiwan and the United Kingdom.

####