July 1, 2023

HL7 Work Group Co-Chair Nominees - 2023

Below are the nominees for the Work Group Co-Chair positions that are currently up for election for the term beginning 1/1/2024. Each nominee was contacted and asked for a position statement. Their statements are provided below alphabetically by work group and then by nominee.

NOTE: Co-Chair elections will be conducted using Election Runner, an online voting application (details at end of document).

Arden Syntax
This group will be electing one co-chair to fill the position currently held by Peter Haug (who is not running for re-election).

- Klaus-Peter Adlassnig, PhD, MSc, FACMI, FIAHSI, Professor (retired) of Clinical Informatics, Medical University of Vienna & CEO and Scientific Director, Medexter Healthcare, Vienna, Austria - My life-long professional focus has been on clinical decision support, AI in clinical medicine, and theories of uncertainty, especially fuzzy set theory and fuzzy logic. Looking for a general clinical knowledge representation and processing schema, I have found Arden Syntax highly suitable for this purpose.

I joined the Arden Syntax Work Group in 2011 and was able, together with the Arden Syntax Work Group members to include clinically useful fuzzy concepts into Arden Syntax. From 2002 until 2015, I acted as the Editor-in-Chief of the Elsevier journal Artificial Intelligence in Medicine. A present extension of Arden Syntax includes direct data access to FHIR resources. As a co-chair of the Arden Syntax Work Group, I will intensify my efforts to standardize further and thus establish a clinically highly useful method to computerize clinical knowledge, now finally, with a broadly applicable general data model.

Biomedical Research and Regulation
This group will be electing one co-chair to fill the position currently held by Maryam Garza.

- Maryam Garza, PhD, MPH, MMCi, Assistant Professor and Lead Clinical Research Informaticist, University of Arkansas for Medical Sciences (UAMS), College of Medicine, Department of Biomedical Informatics, Little Rock, Arkansas - I am seeking re-election as co-chair of the Biomedical Research and Regulation (BR&R) Work Group. I have enjoyed co-chairing for the past 2-year term, and I hope that I may continue to provide service to BR&R for another term. I have been an active HL7 member since 2012 and have participated in several work groups over the years. Currently, I am also a co-chair for the Vulcan Accelerator Program’s Operations Committee (halfway through my 2-year term).

Throughout my career, I have worked on and managed several HL7 data standards development projects in collaboration with the FDA and CDISC, resulting in the publication of four international data standards and two CDISC Therapeutic Area User Guides. As a researcher myself, a part of my work has focused on finding ways to streamline data exchange and improve (or achieve) interoperability using standards. From an operational perspective, as an informaticist and data manager, I also have hands-on experience managing several national and international clinical research projects, providing informatics and operational support for both single- and multi-site clinical trials, which has been extremely helpful in the standards development space, as we look to improve our standards to support a wide variety of healthcare and public health use cases.

If re-elected, I will continue to support the needs and objectives of BR&R and HL7 through active participation, collaboration, coordination, and leadership.
Clinical Decision Support
This group will be electing three co-chairs to fill the positions currently held by Robert Jenders, Kensaku Kawamoto, and Bryn Rhodes.

- **Robert Jenders, MD, MS, FACP, FACMI, FHL7, FAMIA**, Senior Associate Director, Clinical and Translational Science Institute & Professor of Medicine, University of California, Los Angeles - It has been my privilege to serve as co-chair of the Clinical Decision Support (CDS) Work Group, working with other co-chairs, the membership and partners in industry and government to create and maintain standards that facilitate CDS and thereby address real-world problems in this domain, including representation and access to computable knowledge and delivery of knowledge-based interventions.

As a practicing physician and university researcher who is board-certified in clinical informatics, I help to advance the field through educational activities that include outreach at national and international meetings, such as organizing CDS workshops and presentations (for example, at AMIA’s Annual Symposium and its Clinical Informatics Conference as well as the HIMSS Global Health Conference in recent years) and scholarly work.

I also help to facilitate our work in HL7 through attending to the work group’s administrative tasks. I respectfully ask for your vote to continue this work as co-chair, including advancing and harmonizing standards that further facilitate knowledge sharing and access.

- **Kensaku Kawamoto, MD, PhD, MHS**, Associate Chief Medical Information Officer and Professor of Biomedical Informatics, University of Utah - I have been an active member of HL7 and the Clinical Decision Support (CDS) Work Group (WG) since 2004 and have had the privilege of serving as a co-chair of the CDS WG since 2009. I have also served as Initiative Coordinator of the ONC Health eDecisions initiative, Co-Initiative Coordinator of the ONC/CMS Clinical Quality Framework initiative and have served as a Board member of HL7. I also serve on the U.S. Health IT Advisory Committee. I am actively involved in the development and clinical deployment of interoperable CDS solutions enabled by HL7 standards including FHIR, SMART, CDS Hooks, and CQL. I also lead a multi-institutional effort known as OpenCDS (www.opencds.org), which provides an open-source implementation of several of the standards developed by the CDS WG. Ultimately, I believe that practical usefulness and widespread adoption should be the primary goals of all standards, including HL7 CDS standards. Accordingly, my objective as a co-chair has been to help ensure that the work products of the committee can be widely and easily used by CDS implementers while maintaining semantic interoperability. If re-elected, I commit to continuing to support the efforts of our work group to improve patient care and the provider experience at scale through standards based CDS.

- **Bryn Rhodes, Director of Standards Strategy, Smile Digital Health** - I am currently a co-chair of the Clinical Decision Support (CDS) Work Group as well as an active participant in several other Work Groups. I am also a member of the US Realm Steering Committee and the Terminology Services Management Group. I have been involved in the development and implementation of numerous HL7 standards including FHIR, FHIRPath, Clinical Quality Language, and CDS Hooks. I am happy to continue serving as a co-chair of the Clinical Decision Support Work Group and value the contributions and community the work group provides. I will continue to work towards promoting the inclusive community of the work group as well as supporting decision support capabilities in HL7 specifications and coordinate with other work groups to ensure those capabilities work as part of the overall FHIR and HL7 ecosystem to deliver on the promise of data and knowledge interoperability.

Clinical Genomics
This group will be electing three co-chairs to fill the positions currently held by Robert Freimuth, Kevin Power, and Patrick Werner.

- **Robert (Bob) Freimuth, PhD**, I have been proud to serve HL7 as co-chair of the Clinical Genomics (CG) Work Group (WG) for the past 6 years, and I am eager to continue serving in that role. During my tenure, I led efforts to develop an information model, which provides common semantics for the CG domain. If re-elected as co-chair I will focus on: [1] continuing development of a CG information model (IM) to guide current and future standards, including an IM-informed FHIR IG, [2] engaging stakeholders and potential adopter communities to elicit feedback about our products, and [3] influencing national agendas related to the development and adoption of standards to support the genomics domain. I would be honored to receive your support in hopes that I can continue to serve the CG WG in these ways.
I have more than 17 years of experience in data standardization and interoperability initiatives. I have been an active member of the CG WG since 2013 and have worked to find touchpoints between and align our standards and those developed by other organizations, which is critical for broader interoperability. I am a co-chair of the Global Alliance for Genomics and Health (GA4GH) Genomic Knowledge Standards WG, and I am a formal liaison between HL7 and GA4GH. I also believe the development of robust standards requires the active engagement of adopters. As the Technical Director for the ONC’s Sync for Genes program, I help pilot sites implement the FHIR genomics reporting IG. As a member of the EHR WG of the ClinGen Resource, and as co-chair of the EHR Integration WG of the eMERGE research network, I advocate for the use of HL7 standards within translational research projects, and I encourage adopters to engage with the CG WG and provide feedback to improve our standards. I am optimistic about the work of the CG WG and I am excited for the opportunity to provide leadership of the development standards that will improve the clinical utility of genomic data.

- **Michael Watkins, PhD, Manager of Data Standards and Modeling, Data for the Common Good (DrCG), Biological Sciences Division, University of Chicago** - While I have not been actively involved with the work group since 2020 (due to institutional time restraints), recent career opportunities have allowed to me join back into the weekly business of the Clinical Genomics WG and I am seeking election as a co-chair for the upcoming term. My reason for seeking this position is as an institutional justification for my involvement in the group. It’s obvious how integral this work group is to the practical feasibility of clinical genomics. The modeling achievements of the group thus far cannot be understated and have produced a sturdy collection of profiles. The need now is to broaden our outreach to reference laboratory partners and institutions willing to implement mapping layers and/or other ways to load-test the model with a variety of live data.

My qualifications are listed below:

- PhD in Biomedical Informatics, research included early implementation of the FHIR Genomics Reporting profiles and GA4GH VRS (back when it was VMC).
- 5+ years as a FHIR educator with Viet Nguyen, for both academic and corporate groups. I personally prepared and delivered the technical training portions, which included EHR sandbox envs, SMART on FHIR, CDS Hooks, CQL, HAPI, queries, bulkFHIR, and authoring FHIR artifacts.
- Experience with FHIR IGs includes authoring (FSH/SUSHI), version management, and conformance.
- Mentored by Karen Eilbeck (creator and maintainer of the Sequence Ontology, a primary source of terminology for the IG)
- Currently involved as a primary lead for a new CodeX accelerator around pediatric cancer. Working with Mark Kramer and others on extending mCODE to the pediatric and liquid tumors space.

- **Patrick Werner, MS, MOLIT Institute Heilbronn / CEO echinos GmbH** - I started working with HL7 FHIR in 2016, teaching FHIR courses at the Heilbronn University and joining the German technical FHIR committee. Since 2017, I have been a HAPI-FHIR and FHIR core contributor and started attending HL7 Working Group Meetings. Since May 2018, I have been an active member of the Clinical Genomics Work Group contributing to the development of the Clinical Genomics Implementation Guide and the Sequence Resource. I have been an active co-chair of the Clinical Genomic Work Group since 2019.

My training includes a nursing degree and a bachelor/master’s degree in medical informatics. I have nine years of experience in the design and implementation of health-related software. I am especially interested in personalized medicine and software solutions enabling the usage of *omics data to improve cancer treatment. Since 2019, I have been advising companies and public agencies on their FHIR implementations and Implementation Guides, providing me with a deep insight in private and public implementation health IT projects.

**Clinical Information Modeling Initiative**
This group will be electing three co-chairs to fill the positions currently held by Kurt Allen (not running for re-election), Nathan Davis, and Stan Huff.

- **Nathan Davis** - no position statement submitted
- **Stanley Huff, MD.** *CMIO, Graphite Health; Professor (Clinical), Biomedical Informatics Department, University of Utah School of Medicine* - I continue to be excited about the activities of CIMI, including creation of a core logical model for health information, creating consistency across FHIR IGs and profiles, and advancing important IGs for Vital Signs, Chronic Diseases, Pain Assessment, and Laboratory Results.

**Clinical Interoperability Council**

This group will be electing three co-chairs to fill the positions currently held by Bruce Bray, Laura Heermann-Langford, and Russ Leftwich.

- **Bruce Bray, MD.** *Professor, Biomedical Informatics and Cardiovascular Medicine, University of Utah Health* - I am a cardiologist and clinical informaticist at the University of Utah and have participated in HL7 standards activities for many years. I would be pleased to continue to assist in the leadership of the Clinical Interoperability Council (CIC) Group as co-chair.

- **Russ Leftwich** - *no position statement submitted*

**Clinical Quality Information**

This group will be electing three co-chairs to fill the positions currently held by Paul Denning, Yan Heras, and Stan Rankins.

- **Paul Denning** - *no position statement submitted*

- **Yan Heras, PhD.** *Optimum eHealth, LLC* - It has been my privilege to serve as co-chair of the Clinical Quality Information (CQI) Work Group (WG). I am grateful for your support and appreciate having had the opportunity to work with all of you. I have been an active member of the CQI WG since its inception. I have been actively involved in the development of many of the standards sponsored by the CQI WG. I have 20 years of experience in healthcare IT standards development and implementation with training in Medical Informatics. I am committed and look forward to continuing to lead and support the CQI WG effort and contributing to its continued success. I would be honored to continue serving as a CQI WG co-chair.

- **Stan Rankins, MIS, MSIT (in progress), Telligen** - I am a Lead System Architect with over 17 years' experience working with quality measure (CQM and eCQM) creation, data mapping, data collection and calculation. As a current Clinical Quality Information (CQI) co-chair, a certified HL7 CDA Specialist, and someone who is well versed in FHIR, I specialize in providing solutions for HL7 and other formats for products and projects centered around quality measurement and reporting and population health management.

  I have helped co-edit both the HL7 Representation of the Health Quality Measures Format (eMeasure), Release 1 and Quality Reporting Document Architecture – Category III Implementation Guide, Release 2. As a Certified Scrum Master (CSM) and Certified Scrum Product Owner (CSPO), I have proven leadership and Risk Analysis management skills across multiple projects. I also have extensive Requirements Gathering and Analysis expertise and have served as a Subject Matter Expert (SME) or Lead Technical Consultant for various CMS quality reporting programs, including IQR, PQRS, and CPC+ and PCF. I currently serve as a HL7 SME to the CMS eCQM measure developers as well as the development team responsible for Measure Authoring Development Integrated Environment (MADiE), which is an application used by CMS measure authors for creating and testing FHIR-based eCQMs.

**Community-Based Care and Privacy**

This group will be electing one co-chair to fill the position currently held by David Pyke.

- **David Pyke** - *no position statement submitted*

**Conformance**

This group will be electing two co-chairs to fill the positions currently held by Ioana Singureanu (not running for re-election) and Rob Snelick.

- **Rob Snelick, National Institute of Standards and Technology (NIST)** - I have been active in the Conformance (formerly I/C-Implementation and Conformance and the CGIT (Conformance and Guidance for Implementation/Testing)) Work Group for the past 18 years and have been co-chair for 13 years. My
technical focus is on improving requirements specification and testing implementations for conformance and interoperability. I am the principal author of the HL7 V2 Conformance Methodology standard (2020). I have led development efforts to build test tools to support testing for ONC Health IT Certification, IHE, HIMSS, CDC, AIRA, APHL, HL7, HITSP and CCHIT. I am a contributor to the specification of conformance requirements in numerous implementation guides. I currently serve as the technical lead for the NIST Testing Infrastructure project. I plan to use the experience obtained from working in these roles to help drive harmonized standards development with respect to conformance, interoperability, and related testing activities. I am the co-author of the book “Healthcare Interoperability Standards Compliance Handbook,” Springer 2016.”

**Cross-Group Projects**

This group will be electing one co-chair to fill the position currently held by Floyd Eisenberg.

- **Floyd Eisenberg, MD, President, iParsimony, LLC** - I am a founding co-chair of the Cross-Projects (CGP) Work Group and I look for your support to continue to serve as co-chair for this work group. CGP is a home for projects that 1) cross multiple work groups and 2) for which a single work group sponsor cannot be identified, or for which no existing work group would be considered a natural home. Thus, CGP requires strong, centralized communication, coordination, and collaboration capabilities. Specifically for the US Core Implementation Guide project, tasks include coordination with multiple work groups and the US Realm Steering Committee. I believe I can continue to provide the leadership required for CGP. I hope you will provide me with the opportunity to continue these efforts with another elected term as a co-chair of the Cross-Projects Work Group.

**Devices**

This group will be electing three co-chairs to fill the positions currently held by Todd Cooper, Chris Courville (not running for re-election), and John Garguilo.

- **Todd Cooper, Executive Director, Trusted Solutions Foundry, Inc, San Diego, CA (“America's Finest City!”)** - As one of the founding leaders of the HL7 Health Care Devices WG - now simply "Devices" - it has been rewarding to advance the integration of HL7 standards, especially V2 and FHIR, in the area of device informatics. This includes close coordination with other standards organizations such as IEEE, ISO, IEC and IHE. Though much progress has been made in the almost 20 years of the HL7 DEV WG's existence, proprietary protocols remain the primary means of communicating directly with devices, with standardized implementation guide solutions coming into play at the enterprise level - often leaving significant amounts of information "on the floor". So, significant work remains, and this is what I would champion in another term as HL7 DEV WG co-chair. Specific areas of focus will include leading the HL7-IHE Gemini Device Interoperability program, advancing FHIR-based device informatics solutions, and the emerging Personalized Health Navigation (PHN) initiative, enabling individuals to successfully pursue their own health and wellness goals, and integrating with 9P medicine when needed.

- **John Garguilo, Computer Scientist, Group Lead-Systems Interoperability Group, Software and Systems Division, Information Technology Laboratory, National Institute of Standards and Technology (NIST)** – This position is in direct alignment in meeting the core NIST mission of advancing standardization and measurement science and improving conformance testing methodologies, which in the context of the HL7 DEV, ultimately leads to interoperability.

NIST’s consistent and dedicated management support, along with presently serving as the group leader of the NIST Information Technology Laboratory (ITL), Software and Systems Division (SSD), Systems Interoperability Group (SIG) puts me in a sound position to fulfill my current (5th-two-year term) and potential future HL7 co-chair duties and responsibilities.

- **Elliot Silver, MSc, Lead FHIR Software Engineer, ResMed; President & Principal Consultant, Argentix Informatics, Inc.** - I have been an active member of the Devices Work Group over the past year, helping focus on FHIR R5 release preparation. I have over 20 years involvement in healthcare technology and medical devices and have been a member of HL7 for over 8 years, previously serving two terms as a co-chair of Imaging Integration. I served as co-chair of IHE ITI Technical committee, DICOM WG-20, and the HIMSS-SIIM Enterprise Imaging Multimedia Reporting task force. Throughout my participation with HL7, I have been actively involved in the development of the FHIR standard. Currently, I serve as a lead software engineer, and FHIR subject matter expert, for a medical device vendor. I have been a consultant for large vendors, government agencies, startups, and more, on standards and interoperability, addressing challenges including AI models, COVID tracking, and patient summaries.
My goal as Devices co-chair would be to help the work group deliver clear implementable standards usable by vendors and implementations, reflecting real world needs and priorities. I would appreciate your support to help us accomplish this beneficial work.

**Electronic Health Records**
This group will be electing three co-chairs to fill the positions currently held by Stephen Hufnagel (not running for re-election), Mark Janczewski, and John Ritter.

- **Mark Janczewski, MD, MPH, FAAFP, FAMIA**, Founder and President of Medical Networks, LLC - I am a retired U.S. Air Force Colonel and physician, with a BS and MA in Mathematics, an ASC in Operations Research, a Doctor of Medicine from Eastern Virginia Medical School, and an MPH from Johns Hopkins. I have over 40 years of experience spanning mathematics, computer programming, communications, health care delivery and health information technology. I am Board Certified in Family Medicine, Occupational Medicine, and Aerospace Medicine. Additionally, I am one of two EHR WG co-chairs (CCs) and just a handful of HL7 members who are Board-Certified physicians in Clinical Informatics, having been certified in the inaugural class of 2014.

My primary interests are in the areas of Health IT system adoption and implementation, functional requirements development, workflow, and decision modeling, FHIR® implementation, metrics and analytics and AI. My current involvement beyond CC responsibilities includes facilitating the Artificial Intelligence (AI) Data Lifecycle Project, the first-ever AI-based standards development effort in HL7.

I have been a member and key participant (one of 6 co-chairs since 2013) in the HL7 EHR Work Group, having been one of the co-authors of the EHR-S Functional Model Release 2 (updated now to R.2.1), the Personal Health Record System (PHR-S) FM, and several Functional Profile standards. I also was a co-author of the Data Elements for Emergency Department Systems (DEEDS). I have been involved in HL7 FHIR Connectathons and “Clinicians on FHIR” sessions over the years. Finally, I am also a member of HIMSS, a Fellow in the American Medical Informatics Association (AMIA) and have participated in the Object Management Group’s Business Process Modeling+ Health (BPM+ Health™) Community.

- **John Ritter, MS Computer Science Applications; HL7 Fellow; HL7 Volunteer of the Year award recipient; (Individual membership)** - It’s been my delight to support the EHR Work Group’s efforts since 2003. I’ve co-authored the EHR and PHR System Functional Models, the Public Health Functional Profiles, the Usability Functional Profile, and helped to create the Educational Tutorials. My goals include promoting Functional Models throughout the world and helping people learn how to create functional specifications for their realms. Advancements in mobile health, telehealth, and personal health devices are opening new avenues for the use of health records in novel ways; a standards-based approach to the design and use of those technologies are undergirded by the efforts of the EHR Work Group. I would be pleased to serve another term as an EHR WG co-chair on behalf of our HL7 colleagues and our stakeholders.

**Emergency Care**
This group will be electing one co-chair to fill the position currently held by James McClay.

- **James McClay, MD, MS**, Professor, Biomedical Informatics and Emergency Medicine, University of Missouri, Columbia, Missouri - I'm an emergency physician and informaticist running for re-election as a co-chair of the Emergency Care Work Group (ECWG). I was honored to assist in establishing the Emergency Care Work Group in 2004 and have recently served as a co-chair. I have led the ECWG in creating the EDIS-Functional Profile, the DEEDS specification, and the EC DAM informative ballot while collaborating on related standards. I work closely with the emergency medicine specialty societies to continue to expand the portfolio of Emergency Care related standards, support the FHIR clinical initiatives, and represent the emergency care community in HL7 projects.

**FHIR Infrastructure**
This group will be electing three co-chairs to fill the positions currently held by Grahame Grieve (Interim), Ron Shapiro (Interim), and Yunwei Wang.

- **Gino Canessa, Health Standards and Interoperability, Microsoft Research** - Hi everyone, I am asking for your support and vote as a FHIR-I co-chair to further contribute to the foundational work that FHIR-I does. I have been working in FHIR specifically since 2019 and healthcare generally (DICOM-focused) for a couple of
decades before that. In the context of FHIR, my ‘larger’ efforts have been focused on code-generation, the Subscriptions rework, and search (including the R5 content rewrite). Beyond FHIR-I, I am also active in the Argonaut Project, the Patient Empowerment WG (re: patient corrections), and FHIRcast.

- **Grahame Grieve** - *no position statement submitted*

- **Ron Shapiro, VP & CTO, Qvera** - I would be happy to continue to serve as a co-chair for the FHIR Infrastructure Work Group. I have been serving as an MnM co-chair for the past 7 years and recently became a FHIR-I co-chair when the MnM Work Group merged into FHIR-I. I would love to continue to support the efforts to move the FHIR specification to broader normative status and adoption.

- **Yunwei Wang, The MITRE Corporation** - As a software developer, I will continue working on outreach to software implementer community and other HL7 work groups. I will work with other FHIR-I co-chairs to reduce the back logs of FHIR JIRA tickets.

**Financial Management**

This group will be electing three co-chairs to fill the positions currently held by Celine Lefebvre, Mary Kay McDaniel (not running for re-election), and Andy Stechishin (not running for re-election).

- **Celine Anselmina Lefebvre, JD, Senior Policy Analyst, American Medical Association** - I am seeking re-election as co-chair to apply my experience and leadership skills in pursuit of HL7’s mission. I have worked in standards development since 2017 and have been an active contributor to HL7 since 2019. I am passionate about reducing clinician burdens and even more so about patient care, which is why I enjoy being a co-chair as our stewardship empowers these goals. For example, Financial Management (FM) is the primary sponsor for many IGs, including but not limited to CRD, PAS, Pdex, PCT, ATR, and CDex, all of which have direct impact on physicians and their patients.

  Part of my role as co-chair is to facilitate cooperation between HL7 work groups and accelerators (e.g. PIE, CDS, Da Vinci) as well as professional associations and standards development organizations (e.g. AHA, CAQH, X12). My long-standing involvement and relationships across stakeholders in this space makes me an effective liaison with a wealth of institutional knowledge. As an attorney by trade, I am trained in policy and process; a critical piece when steering a work group. My background is equally beneficial given the increasing interplay between HL7 standards and U.S. federal regulation. As one of the few provider representatives in the HL7 ecosystem, I possess unique and valuable insight. Moreover, I appreciate working alongside my fellow co-chairs and learning from them. I would like to continue lending my voice as FM co-chair and would be honored to contribute to the community in this capacity.

- **Mark Scrimshire, Onyx Technology, LLC** - I have been an active member within HL7 International for the last 7 years and have been a regular member of the Financial Management (FM) Work Group. My involvement goes back to working with FM on designing the STU3 version of the ExplanationOfBenefit that I utilized in the CMS Blue Button 2.0 API. A solution that I architected as one of the first large-scale implementations of FHIR.

  I am also retained by the Da Vinci Accelerator project to author the Payer Data Exchange IG and lead the Pdex community work group that covers Pdex, Formulary and Plan-Net IGs. I also work regularly with the CARIN Accelerator project on developments to the Blue Button IG. In my work at Onyx, I lead the team that implements FHIR IGs for clients and have overseen the implementation of FHIR IGs to meet the compliance requirements of the CMS Interoperability Rule.

**Human and Social Services**

This group will be electing two co-chairs to fill the positions currently held by Brian Handspicker and Michelle Zancan.

- **Brian Handspicker** - As an independent consultant I work with a number of companies that specialize in community care solutions across social care, healthcare, education and justice. In support of this mission, I am actively involved in healthcare and social care interoperability standards, including:
  
  - HL7 Gravity Project (Social Determinants of Health),
  - FHIR Clinicalcare SDOH IG (SDOH Referrals),
  - HL7 Human and Social Services (co-Chair),
- DirectTrust Information Exchange for Human Services (IX4HS) Consensus Body (Chair),
- National Interoperability Collaborative,
- Project Unify (Technical Lead)

My interest in serving as co-chair of the HL7 Health and Social Services Work Group is to continue my ongoing efforts to ensure alignment between all our mutual standards efforts across these various groups, while at the same time being sensitive and supportive of differential interests of the participants in each of these bodies.

- Michelle Zancan, RN, BSN, Senior Clinical Analyst, Zane Networks, LLC - I am a registered nurse with over 25 years of experience in healthcare. I have worked in many clinical and research organizations including Johns Hopkins Hospital, NIH, and multiple regional and local settings. Early in my career, I specialized in oncology including bench research, clinical trial management for both in-patient and out-patient, CRO clinical operations, bone marrow transplant, and oncology critical care. In the last 10 years, I have branched out of the traditional healthcare setting to work as a consultant in the Health IT and interoperability domains. Currently, I work as a Senior Clinical Consultant under the Administration of Children and Families (ACF) Interoperability Grant.

**Imaging Integration**
This group will be electing one co-chair to fill the position currently held by Jonathan Whitby.

- Jonathan Whitby, Principal Analyst, Canon Medical - I have been involved in standards development since 2009 and with HL7 Imaging Integration / DICOM WG-20 since 2014. I have been a co-chair of the work group since 2019. In addition to managing two FHIR resources, II is currently working on several implementation guides that help address interoperability between imaging systems and FHIR. I would appreciate the opportunity to continue progressing this work as co-chair.

**Implementable Technology Specifications**
This group will be electing one co-chair to fill the position currently held by Paul Knapp.

- Paul Knapp, FHL7, Knapp Consulting Inc. - I am seeking your support to continue in the role of HL7 Implementable Technology Work Group co-chair. I have served in this role for more than 15 years and wish to continue to guide and support the efforts to standardize information exchanges via V2, CDA, FHIR and other HL7 formal forms, through the design and configuration of interoperable datatypes, serializations, transports and search and other expression languages.

**Infrastructure and Messaging**
This group will be electing one co-chair to fill the position currently held by Tony Julian.

- Anthony (Tony) Julian, FHL7, IT Technical Specialist II, Mayo Clinic - I have been a member of the Infrastructure and Messaging (InM) Work Group since 1998, and a co-chair since 2005. I am firmly committed to the concepts of messaging, having used HL7 messaging as an architect and implementer since early 1998. I fully support the progression from V2 to FHIR. I expect to see HL7 concentrate on quality standards and implementation guides that will underpin the next generation of Electronic Health Records.

**Learning Health Systems**
This group will be electing two co-chairs to fill the positions currently held by Bruce Bray and Maria Michaels (Interim).

- Bruce Bray, MD, Professor, Biomedical Informatics and Cardiovascular Medicine, University of Utah Health - I am a cardiologist and clinical informaticist at the University of Utah and have participated in HL7 standards activities for many years. I would be pleased to continue to assist in the leadership of the Learning Health Systems (LHS) Work Group as co-chair.

- Maria Michaels, MBA, PMP, Public Health Advisor, Centers for Disease Control and Prevention - I lead and participate in numerous clinical and public health informatics initiatives, including developing HL7 standards – US Realm and Universal Realm – across multiple sponsoring HL7 work groups, within and outside of CDC. I have participated in HL7 standards activities for over a decade. I would be pleased to continue to assist in leadership of the Learning Health Systems (LHS) Work Group as co-chair (currently, interim co-chair).
**Mobile Health**
This group will be electing one co-chair to fill the position currently held by Matthew Graham.

- **Matthew Graham, Technical Specialist, Mayo Clinic** - I have been an active HL7 member for the past 10+ years. As a current co-chair for the Mobile Health Work Group (MH WG), it is my honor and pleasure to resubmit my name for re-election. I would appreciate your consideration in voting for me. Thank you.

**Orders and Observations**
This group will be electing four co-chairs to fill the positions currently held by Lorraine Constable, Robert Hausam, Ralf Herzog, and John David Nolen.

- **Lorraine Constable** - no position statement submitted
- **Robert Hausam, MD, Consultant** - I have appreciated the opportunity to continue to serve as a co-chair of the Orders and Observations (OO) Work Group (WG). I am a physician and informaticist, working as an independent consultant in healthcare informatics, and I bring those perspectives to the work of OO. I believe that the availability and quality of primary clinical data, much of which in HL7 is based on work being done under the stewardship of OO, is critical for our ability to provide enhanced services and functionality, including clinical decision support and quality reporting. The OO WG plays a key role in moving both HL7 standards and ultimately industry practice forward in this area, both in our established V2 and CDA product families and in the continuing development and increasing adoption of the HL7 FHIR standard. I actively participate in multiple areas within OO - particularly the OO on FHIR, Specimen, LIVD, Order Catalog and v2-to-FHIR projects, and the work being done on developing models and workflows for laboratory orders and results reporting in FHIR. I participate in the SHIELD work on standardizing and harmonizing laboratory data reporting in the US, and I am a participant and contributor to the work currently being done in Europe (sponsored by HL7 Europe and others) on the Laboratory Report FHIR IG. I am running for re-election as an OO WG Co-chair so that I can continue to serve HL7 and the WG and help in progressing this important work.
- **Ralf Herzog, Senior Connectivity Architect, Roche Diagnostics** - I am a Connectivity Architect with more than a decade of experience developing and improving the communication of Laboratory Instruments using the different HL7 Standards. I have served as one of the co-chairs of the Orders and Observations (OO) Work Group (WG) for two terms and would like to continue my contribution to the WG as one of its co-chairs for another term.
- **JD Nolen, MD, PhD, MSPH, Chair of the Department of Pathology and Laboratory Medicine, Children’s Mercy Hospital** - I would be honored to continue as co-chair of the Orders and Observations (OO) Work Group (WG) for another term. Since 2010 I have been actively involved in HL7, and I am proud to help lead the meaningful work that we do to improve the delivery of healthcare around the world, especially for the pediatric population that my organization serves. As I tell folks at work, there is no division between “this is HL7 work” and “this is hospital work” - it is all the same and incredibly important.

**Patient Administration**
This group will be electing two co-chairs to fill the positions currently held by Alexander de Leon and Cooper Thompson.

- **Reinhard Egelkraut, Product Manager at CGM Clinical Austria; Chair of the TC FHIR for HL7 Austria** - I have been involved in the world of interoperability since 2006, working with multiple IT standards in healthcare such as IHE, DICOM or HL7 during product development as well as in projects. What started at first with a “local” cooperation with SDOs in Austria, turned more and more into international activities, beginning in 2016 with regular participation at HL7’s work groups for Patient Administration, FHIR-I and/or Imaging Integration during WGMs and weekly calls.

For the last two years I’ve been contributing to Patient Administration as a FHIR editor and this year I was already stepping up as interim co-chair and scribe on several occasions. Furthermore, I am still working on a voluntary basis as chair of the technical committee for FHIR and as FHIR IG author for HL7 Austria, which
includes the organization of annual FHIR Hackathons in Austria to increase and support the adoption of FHIR.

- **Cooper Thompson, Integration Engineer, Epic** – In my role as an integration engineer at Epic, I am involved in working directly with health care providers (and some payers) to implement HL7 V2 and FHIR integrations. As a subject matter expert on FHIR within Epic, I have been involved in several dozen (or perhaps a few hundred) FHIR integration projects across dozens of different health systems and applications. I am also active in standards development projects and other industry efforts, including several Argonaut projects, the Gender Harmony Project, and others. In my work, one of my primary goals is to ensure that standards-based data exchanges can be operationalized effectively by the engineers and health system analysts I work with every day.

**Patient Care**
This group will be electing three co-chairs to fill the positions currently held by Laura Heermann Langford, Emma Jones, and Michael Tan.

- **Laura Heermann Langford, RN, PhD** - no position statement submitted

- **Emma Jones, MSN RN-BC, Allscripts/Veradigm** - I am an Informatics Board Certified Registered Nurse with over 30 years of experience working in clinical care and health information technology. I am interested in development in the healthcare informatics arena where the use of high-quality healthcare technology skills is encouraged in the areas of interoperability and outcomes management.

- **Michael Tan, MSc, HL7 Netherlands** – In the past, I have been product manager for Nictiz, the National Institute for IT Healthcare for the Netherlands, and I am now retired from active work. However, I am still actively involved in my free time in developing and implementing Patient Care scenarios for child health and obstetrics. As such, I have a keen interest in making the domain of Patient Care a success.

In the past period I have led projects for Health Concerns, Assessment Scales and HL7 V3 Care Records. As co-chair I would like to contribute to the further development and transition to FHIR resources. An example is the International Collaboration in Child Health and Obstetrics (CHOICE), where UK, USA, Australia, Germany, and Netherlands work together towards an international profile for obstetrics. I facilitate these meetings. My ambition is to finalize this project and deliver an IG before I retire from HL7.

I also believe that the Patient Care Work Group should have a balanced worldwide representation in its leadership for it to be considered an international HL7 work group. As representative from Europe, I intend to bring in the input from our European Community in the Patient Care Work Group.

**Patient Empowerment**
This group will be electing two co-chairs to fill the positions currently held by Kim Herman (Interim) and Abigail Watson.

- **Kim Herman, Epic** - I have implemented standards-based integration at healthcare organizations since 1996. I embody the belief that a standard should not only exist, but that it needs to be realistic, implementable, and not duplicative. I started attending the Patient Empowerment weekly meetings to hear the perspective of the group and to participate in the ADI FHIR IG development. The project manager in me accepted the interim co-chair position when it was available, and I’m happy to continue in that role.

- **Abigail Watson, MSBI, The MITRE Corporation** - With the community’s support, I would welcome the opportunity to continue in my current role as co-chair of the HL7 Patient Empowerment Work Group for
another term. Some of the projects I am currently tracking and working on are standard personal health records (SPHR), provider directories (FAST National Directory), social determinants of health (Gravity), quality reporting (DEQM), situational awareness of public health epidemics (SANER), and Physical Activity (PA). My areas of interest include patient safety, rights of medical malpractice victims, situational awareness of changing laws around abortion and LGBTI rights, climate refugees, homelessness and food insecurity, and opioid addiction counseling, etc.

**Payer/Provider Information Exchange**
This group will be electing two co-chairs to fill the Interim positions currently held by Peter Gunter (not running for re-election) and Chris Johnson.

- **Chris Johnson, Blue Cross and Blue Shield of Alabama** - I am honored to be considered a candidate for the role of co-chair for the HL7 Payer/Provider Information Exchange Work Group (PIE WG). I have been an HL7 member for over 9 years and have participated in the PIE WG (formerly Attachments WG) during that time. I have also been involved with multiple HL7 work groups and accelerator projects including Da Vinci and FAST. For two years, I was a co-chair of a Payer’s User Group that focused on standards and interoperability best practice sharing for payers. I have worked with the PIE WG to publish multiple Implementation Guides leading to industry standards development and eventually to implementations. If selected, I will do my best to fulfill the responsibilities of this position and continue our efforts to create a more seamless delivery of healthcare to the people who need it.

- **Karuna Relwani, Business Interoperability Lead, Health Information Technology (HIT), Blue Cross Blue Shield Association** - I am looking forward to the opportunity to serve as a co-chair for the HL7 Provider/Payer Information Exchange Work Group (PIE WG). Having had experience with emerging interoperable technologies, payer and provider workflows and driving consensus across various stakeholders, I am eager to contribute to the advancement of payer and provider goals at the intersection of policy, standards, and business value. As a co-leader, I am committed to the continuity of PIE efforts across the various work groups, as well as ensuring other work groups receive PIE involvement as needed. I have engaged with several industry efforts including WEDI, Da Vinci, CARIN and other HL7 work groups such as Financial Management, Clinical Quality Information and FHIR Infrastructure. I am accustomed to working with diverse priorities and governance operations to advance goals with HIT standards. I kindly seek your support in serving as co-chair for the PIE WG.

**Pharmacy**
This group will be electing three co-chairs to fill the positions currently held by Jean Duteau, Scott Robertson (not running for re-election), and Melva Peters (not running for re-election).

- **Jean Duteau, Director, Duteau Design Inc** - I have been a Pharmacy co-chair for a long time and am seeking re-election to keep supporting the members of the work group. With two of our current co-chairs retiring, I believe that it is important to keep some continuity and I provide that continuity. In the past, I have helped with our JIRA issues, keeping our projects on track, and providing my standards experience to Pharmacy questions on Zulip and on the conference calls.

- **Frank McKinney, Senior Consultant, Point-of-Care Partners** - I am a health information technology consultant with over 20 years’ experience helping organizations participate in healthcare information exchange, primarily in the area of medication management. My roles typically involve business and system analysis and facilitation--helping stakeholders clarify their goals, develop shared understandings, design solutions and build the associated business capabilities and systems. Most of my work has involved implementing pharmacy-related data exchange and I believe that consensus-based standards development processes result in the strongest approaches and buy-in from implementers.

I have been a contributor to healthcare standards for over twenty years and am currently active in the HL7 Pharmacy Work Group. I also see the opportunity for standards organizations to work together to address challenges that span stakeholders and domains. I’ve authored three published FHIR implementation guides—two of which were co-developed with NCPDP working groups to be compatible across HL7 and NCPDP prescription standards.

I seek to contribute further to the Pharmacy WG in the role of co-chair and would appreciate your support.
Public Health
This group will be electing three co-chairs to fill the positions currently held by Erin Holt, Laura Rappleye (not running for re-election), and Danny Wise.

- **Erin Holt Coyne, MPH, Chief Public Health Informatics Officer, Tennessee Department of Health** - I am an epidemiologist by training and started out my career as a communicable disease epidemiologist. I have focused much of the last 18 years on surveillance implementation and public health informatics with a focus on interoperability. In doing so, I have led the implementation of interoperability standards and principles for traditional public health interfaces, conformance validation development and implementation, and trading partner onboarding for public health and clinical interfaces.

In addition to standards implementation, I have also been participating in standards development. I have been an active member of the HL7’s Public Health (PH-formally PHER) work group since 2011 and have served as a co-chair since January 2015. While our work group has been extremely busy over the last several years supporting numerous projects in all three HL7 product families, I have been most intimately involved in the electronic laboratory result reporting and electronic case reporting standards development, which have been critical to supplying data to jurisdictional and federal public health agencies for surveillance, situational awareness, and public health response and preparedness.

I believe that my experience and expertise is a valued contribution to public health standards development, and I hope to get the opportunity to continue to serve as a co-chair of the PH WG as our work to support the public’s health continues to evolve. If re-elected I would continue to work to give public health a voice in interoperability standards development and work to help ensure that relevant interoperability standards developed meet the practical needs of US state, territorial, local, and tribal (STLT) health departments.

- **Forest White, Project Manager, Public Health Interoperability, Public Health Systems, Altarum** - I am seeking a co-chair position with the HL7 Public Health Work Group (PH WG). I have been working at Altarum for the past nine years as a technical project manager, in the Public Health Systems Interoperability practice area. I have 20+ years of experience working with the State of Michigan Department of Health and Human Services (MDHHS) and the past two years working with the State of Washington Department of Health. I am currently a co-program manager for the HL7 Helios FHIR Accelerator for Public Health. I have experience in developing standard implementation guides and quality assurance tools (e.g., CDA validators, CDA viewers). I have been following and participating in the HL7 PH WG weekly meetings for at least the past two years. In addition to the PH WG, I have worked closely with former and existing co-chairs, Laura Rappleye, Craig Newman, and Ravi Kafle, who have been and continue to be great mentors on all things public health. I have attended and participated in many HL7 FHIR Connectathons dating back to 2018, with Post Acute Care Interoperability (PACIO), Gravity, Electronic Long-Term Services and Supports (eLTSS), and Helios (aggregate data). With my knowledge and experience in standards for public health, I believe I can fulfill the duties of a co-chair position for the PH WG. I am excited about the opportunity to help promote standards for interoperability for public health with a seat as co-chair for the Public Health Work Group. Thank you for considering me for this position.

- **Danny Wise, Technical Program Manager, Veradigm** - Throughout 12 years working in various roles for Allscripts (now rebranded as Veradigm), including most recently with our Practice Fusion EHR product, I have specialized in interoperability, building, and supporting HL7 V2, CDA, and FHIR connections. I have worked extensively in public health integration for ambulatory care providers in the US, e.g., immunizations, syndromic surveillance, cancer registries, and electronic case reporting. I have been a co-chair of the Public Health Work Group since 2019 and additionally participate in various other industry collaborative groups such as the American Immunization Registry Association (AIRA), the HIMSS EHR Association’s Public Health Workgroup, and the Digital Bridge Immunization Registries Workgroup. I would be honored to continue to serve as an HL7 co-chair and represent the EHR and provider perspective for public health interoperability.

Security
This group will be electing two co-chairs to fill the positions currently held by Kathleen Connor and Alexander Mense.

- **Kathleen Connor, MPA, Health Standards & Interoperability Principal, Health Innovation Center, The MITRE Corporation** - As Security co-chair, I look forward to ensuring that emerging security, provenance, and trust standards are promoted, e.g., FHIR Access Control, and that HL7 security standards coming up for
reaffirmation, such as the Healthcare Privacy and Security Classification System (HCS), are updated or reaffirmed. Doing so depends on knowing how to leverage and build on security and privacy business, policy, and technical expertise from within HL7 and beyond. I would like to continue that strategy over my next co-chair term to ensure that the HL7 Security Work Group remains a leader in the development of critical security, provenance and trust standards needed for Nextgen HL7 and FHIR interoperability ecosystem.

- **Alexander Mense** - no position statement submitted

**Services Oriented Architecture**
This group will be electing three co-chairs to fill one open position and the positions currently held by Jerry Goodnough and Stefano Lotti.

- **Stefano Lotti**, HL7 Italy Chair - SOA WG is re-envisioning its role in service/microservice architecture and process modeling in an FHIR world. I want to support this strategy.

- **Ken Rubin**, FHL7, Department of Veterans Affairs [US]; University of Utah - I have been a regular participant and contributor within HL7 for over 20 years, having served in capacities ranging from work group member, co-chair, and presently on the HL7 Board. Equally important, I also engage in non-HL7 activities, and as an architect I have a passion for bringing together solution elements in concert to meet the challenges and needs we face within our discipline.

SOA’s impact within HL7 has waned, in part because of the advancement of FHIR, which has left many questioning whether SOA is necessary at all. I believe the opposite and see rich value in marrying modern architectural constructs with FHIR solutions to help drive sustainable interoperable healthcare. Moreover, as data exchange marries care processes and process automation, SOA has an important role to play in framing how FHIR and other solution elements are envisioned and consumed.

If elected to SOA co-chair, my intent is to foster convergence and alignment among related and similar work, both within HL7 and beyond, to the betterment of the industry. My role at the VA is partially to drive this alignment to the advantage of our beneficiary population, and this activity is both a personal passion and well aligned with my “day job.” I appreciate your thoughtful consideration.

**Structured Documents**
This group will be electing three co-chairs to fill the positions currently held by Gay Dolin, Benjamin Flessner, and Sean McIlvenna (not running for re-election).

- **Gay Dolin**, MSN, RN, FAMIA, Namaste Informatics - As a current co-chair of the Structured Documents Work Group (SDWG), HL7’s US Realm Program Manager, and as an experienced clinician and CDA expert, I am happy to continue my service to support the activities of the work group. I have been active in HL7 and the SDWG since 2005. My vision is for data-driven healthcare, based on a foundation of cohesive interoperability standards. My focus is alignment of regulatory and technical initiatives and use of clinical terminology within standards, with goals of easing clinical burden while supporting patient needs. I believe that CDA, specifically C-CDA, will continue to play a significant role in that vision while FHIR Clinical Documents and the referenced resources/profiles become more widely implemented. SDWG will play a major role in the much-needed alignment of C-CDA templates and FHIR profiles.

- **Benjamin Flessner** - As a long-time member of HL7 and contributor to Structured Documents, I've enjoyed helping to develop and support guides from the early C-CDA days to the Companion Guide, to the recent C-CDA on FHIR mapping work. As an engineer with over 15 years of experience both inside an EHR and in the wider vendor community, I share my skills in maintaining technical artifacts like the base CDA schema, C-CDA schematron, and core FHIR resources; and regularly share this knowledge with the community through education, connectathons, and documentation. I look forward to future work of bringing CDA guides into more easily consumed web formats and aligning the different standards to support the widest use cases while maintaining clear interoperability and safe, useful healthcare data.

**Terminology Infrastructure**
This group will be electing three co-chairs to fill the positions currently held by Jessica Bota, Robert Hausam, and Robert McClure (not running for re-election).
- **Jessica Bota, MS, Director, Content and Product Services, Apelon** - I have been serving as the project manager on the Unified Terminology Governance (UTG) project since early 2019, focusing on requirements gathering, documenting the UTG process, and educating the community on the submission of vocabulary change request proposals and the consensus review process. I participate in the maintenance of the HL7 terminology (THO) and in the enhancement of the UTG process to best serve the HL7 community through this role. Additionally, as a member of the Terminology Services Management Group (TSMG), I participate in the UTG/THO and HL7 Terminology Authority (HTA) subcommittees, with a goal of ensuring that THO provides quality terminology and terminology metadata for externally maintained code systems. I have contributed to the improvement of the FHIR specification through participation in FHIR tracker calls and by implementing resolved tickets. I would like to serve another term as a Terminology Infrastructure co-chair to continue to participate in these efforts to ensure that implementer needs around terminology are supported.

- **Marc Duteau, Duteau Design** - I have been an active member of the Terminology Infrastructure Work Group for several years now. In addition to a general enjoyment of terminology and involvement as a terminologist on several different HL7 projects such as the annual C-CDA value set update, I am also the UTG/THO Content Curator, having taken over the position from Ted Klein.

- **Robert Hausam, MD, Consultant** - I have appreciated the opportunity to serve as a co-chair of the Terminology Infrastructure (TI) Work Group (WG) for several years. I am a physician and healthcare informaticist with extensive experience in terminology. I am the co-lead for HL7 working with SNOMED International on the joint SNOMED on FHIR project. I am a FHIR Core specification editor, contributing to terminology and terminology services and additional areas. For many years, I have led or co-led the Terminology Services track at the FHIR Connectathons. I regularly teach basic and advanced FHIR Terminology tutorials at the HL7 WGMs, and I have frequently presented on terminology-related topics at FHIR DevDays and additional meetings.

  I participate in the ongoing work to develop and maintain the HL7 terminology repository (THO) content, and I continue to assist in supporting the FHIR IG build infrastructure by helping with maintaining and updating the terminologies in the tx.fhir.org terminology server. Proper and effective use of terminology is foundational to the work that we do across all the HL7 standards product families (V2, V3/CDA and FHIR). I support the efforts of the TI WG, along with the Terminology Services Management Group (TSMG), to work with and alongside the other HL7 Work Groups to develop common principles and content that works effectively with all our standards. I am running for re-election as a TI WG co-chair so that I can continue to serve HL7, the WG, and help in progressing this important work.

**ELECTION PROCESS VIA ELECTION RUNNER**

**NOTE:** YOUR SUBSCRIPTION TO THE Listserv MUST BE THE SAME AS THE DEFAULT EMAIL IN YOUR MEMBER RECORD.

**ELECTION PROCESS**

As a reminder, per the following sections of the GOM, the 2023 co-chair elections shall be conducted as follows:

**08.02.08 Work Group Co-chairs**

HL7 Headquarters shall provide an official Work Group co-chair ballot to those eligible members of each Work Group holding co-chair elections reflecting those individuals nominated by their peers or themselves.

Eligible voters shall be those members subscribed to the WG’s primary list server one week prior to the start of the nomination period who:

- are current individual members, or
- have a domain name reflecting the name of a current Organizational member, or
- have been validated by a current Affiliate member.

A list of those elected to co-chair Work Groups shall be provided to the Work Groups and posted during the annual Plenary meeting with newly elected WG co-chairs assuming their duties January 1 of the following year.
A copy of the GOM suitable for download and printing is available on the HL7 website at: http://www.hl7.org/permalink/?GOM

If you have any questions, please contact Linda Jenkins, Director of Membership and Administrative Services at memberinfo@hl7.org.