HL7 is people, almost all volunteers, from organizations around the world.

HL7 is solutions, innovative ideas and resources for interoperability.

HL7 is results with the power to enhance human health and wellness on a global scale.
HL7 doesn’t provide patient care. We make caring for patients safer.
HL7 doesn’t write software. We make writing software more intuitive.
HL7 doesn’t do clinical research. We make doing clinical research more effective.
HL7 doesn’t pay for healthcare. We make paying for healthcare less costly.
HL7 is more than standards and messaging.
HL7 is shaping the future of healthcare.

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• What’s new with HL7, including sessions on FHIR® and CDA®
• The role of HL7 standards in Federal Meaningful Use criteria

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# Theater Presentation Schedule

## MONDAY, FEBRUARY 24

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<td>12:50 – 1:20</td>
<td>Interoperability Without Tears: New Solutions Accelerate HL7 Implementation</td>
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<td>Immunization Information Systems (IIS), the IIS HL7 2.5.1 Implementation Guide, and Meaningful Use – AIRA Perspective</td>
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<td>Meaningful Use: Consolidated CDA® (C-CDA) Implementation Guide</td>
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<td>HL7 and Meaningful Use</td>
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<td>Bridging Patient Summaries across the Atlantic: The Trillium Bridge Project</td>
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<td>IHE's Impact on the U.S. Health IT Agenda</td>
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<td>11:00 – 11:30</td>
<td>Quality Reporting Document Architecture (QRDA)</td>
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<td>Immunization Information Systems (IIS), the IIS HL7 2.5.1 Implementation Guide, and Meaningful Use – AIRA Perspective</td>
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<td>HL7 Conformance Testing Program Round Table Briefing and Presentation</td>
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<td>1:40 – 2:10</td>
<td>Getting the Most Out of Your Data Using HL7 Clinical Decision Support Standards</td>
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<tr>
<td>2:20 – 2:50</td>
<td>Fast Healthcare Interoperability Resources (FHIR®)</td>
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<td>Quality Reporting Document Architecture (QRDA)</td>
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Bridging Patient Summaries across the Atlantic: The Trillium Bridge Project

Tuesday, February 25
4:20 – 4:50 pm

The Trillium Bridge project investigates the feasibility of exchanging Electronic Health Records (EHR) across the Atlantic starting with the recently adopted European Patient Summaries guideline based on epSOS in the European Union and Meaningful Use II Transitions of Care in the United States. Building on validation results from at least three European Union member states and two US providers, Trillium Bridge will pave the way toward cost-effective, easy to implement global interoperability standards, implementation guides, and specifications. In doing so, Trillium Bridge supports the objectives of Transatlantic eHealth/health IT Cooperation Memorandum of Understanding and Roadmap and the Digital Agenda for Europe in achieving the triple win: quality care, health system sustainability, and economic growth. This presentation will provide a status update on the Trillium Bridge project focusing on its interaction with other relevant European activities and projects of the HL7 Foundation, in Brussels.

Catherine Chronaki: Secretary General, HL7 Foundation

Getting the Most Out of Your Data Using HL7 Clinical Decision Support Standards

Tuesday, February 25
1:40 – 2:10 pm

The use of health information technology (HIT) standards for encoding data, representing knowledge and delivering knowledge-based interventions can help facilitate implementation of clinical decision support (CDS). The presenters, who are co-chairs of the Health Level Seven CDS Work Group, will survey the standards developed by this group. The Arden Syntax is a standard language for representing medical knowledge in the form of medical logic modules (MLMs). The Virtual Medical Record (VMR) is a standard patient data model for CDS, while GELLO is a standard expression language for CDS. Infobuttons are context-sensitive links from EMRs to knowledge resources. The Decision Support Service standard is a joint HL7/OMG service framework for evaluating patient data using knowledge modules. The Health eDecisions Knowledge Artifact Implementation Guide is an overarching schema for defining different types of CDS artifacts, including event-condition-action rules, order sets and clinical documentation templates. The latest versions of these standards will be described at a high level, showing how they can be used to help realize CDS.

Robert Jenders, MD, MS, FACEP, FACMI: Co-Chair, HL7 Clinical Decision Support Work Group; Charles Drew University and University of California
Howard Strasberg, MD, MS: PhD, FHL7: Co-Chair, HL7 Clinical Decision Support Work Group; VP Medical Informatics, Wolters Kluwer Health

HL7 and Meaningful Use

Monday, February 24
4:50 – 5:20 pm

Tuesday, February 25
10:20 – 10:50 am

The US Department of Health and Human Services has published the Final Rule for Health Information Technology for both Stages 1 and 2. The rule includes a set of standards, implementation specifications, and
certification criteria for electronic health record systems. Compliance to these rules is mandated in order to receive funding from the Centers for Medicare and Medicaid Services (CMS). Many of these standards have been developed by HL7.

Many Meaningful Use projects begin with the Clinical Document Architecture (CDA®) and the Continuity of Care Document (CCD®), which are required for the exchange of data for clinical notes and patient summaries. HL7 collaborated with the Office of the National Coordinator for Healthcare IT (ONC), IHE, and the Health Story Project, to consolidate specifications and eight CDA implementation guides. Another CDA template, called the Quality Reporting Document Architecture (QRDA), is used to report quality measures to CMS.

Other HL7 Meaningful Use standards are: Immunization and Electronic Laboratory Reporting to Public Health for submission of immunization records and lab results to public health agencies using HL7 V2.5.1, Standards & Interoperability Framework Lab Results Interface for transmitting laboratory results to ambulatory providers for hospitals, Context-Aware Knowledge Retrieval (Infobutton) Service-Oriented Architecture for accessing referential and patient education content, and the Clinical Genomics Pedigree Model for recording and transmitting family health history.

Grant Wood: Senior IT Strategist, Intermountain Healthcare Clinical Genetics Institute; Co-Chair, HL7 Ambassador Program; Facilitator, HL7 Clinical Genomics Work Group

HL7 Basic Overview

Monday, February 24
12:10 – 12:40 pm  
5:30 – 6:00 pm

Tuesday, February 25
9:40 – 10:10 am

Wednesday, February 26
9:40 – 10:10 am

Learn the basic organizational structure of Health Level Seven International (HL7), the products it offers, and its efforts in standards development worldwide. HL7’s healthcare standards play a key role in the exchange of electronic data in much of today’s global healthcare community and represent some of the most widely implemented healthcare standards in the world. This role has been expanded in the United States, as many HL7 data models and messaging standards have been chosen to be the foundation of several Meaningful Use Stage 2 requirements.

Presenter for Monday, February 24 and Wednesday, February 28:  
George “Woody” Beeler, Jr., PhD, FHL7: Co-Chair, Foundation & Technology Steering Division, HL7 Technical Steering Committee; Co-Chair, HL7 Modeling and Methodology Work Group; Past Chair, HL7 International Board of Directors; HL7 Fellow; Principal, Beeler Consulting, LLC

Presenter for Tuesday, February 25:  
Don Mon, PhD: Board Chair, HL7 International; Co-Chair, HL7 Electronic Health Records Work Group; Senior Director, Center for the Advancement of Health IT and Director, Standards & Interoperability, RTI International
HL7 Conformance Testing Program

Monday, February 24
2:10 – 2:40 pm

Wednesday, February 26
11:00 – 11:30

HL7 International has partnered with AEGIS to offer a new HL7 Conformance Testing Program. In an effort to streamline conformance and interoperability testing procedures, HL7 has leveraged the game-changing technology and architecture of the AEGIS Developers Integration Lab (DIL). The DIL helps automate and execute test cases created by HL7, providing an easy-to-use system for performing both conformance and interoperability tests against published HL7 specifications, standards and profiles, including templates and implementation guides.

The entire HL7 International community, including affiliates, benefits from this shared testing service, which can eventually be used to identify test cases that are sufficiently mature to comprise a certification program. This program serves as a major differentiator in the marketplace and takes the burden off the vendors for verifying and validating technical interoperability. This effort will build upon and accelerate consensus toward national standards, adopting EHR certification criteria and testing procedures as relevant and finalized for Stage 2 of Meaningful Use and beyond.

Barry Dickman: Senior Consultant, AEGIS.net, Inc.

HL7 Conformance Testing Program Round Table Briefing and Presentation

Tuesday, February 25
12:20 – 1:30 pm

Developed in partnership with AEGIS, HL7 International’s new Conformance Testing Program helps healthcare IT developers speed time to market by providing a cost-effective platform for 24/7/365 iterative testing of conformance and interoperability with HL7 standards. This session gives you the low-down on the pilot launch from HL7 and Aegis leadership, as well key players, including program participants. This session is a must for HIT vendors and technologists who need to get highly interoperable products to market quickly and cost-effectively.

Following the briefing, Aegis will provide a presentation giving an overview of the new conformance testing program. In an effort to streamline conformance and interoperability testing procedures, HL7 has leveraged the game-changing technology and architecture of the AEGIS Developers Integration Lab (DIL). The DIL helps automate and execute test cases create by HL7, providing an easy-to-use system for performing both conformance and interoperability tests against published HL7 specifications, standards and profiles, including templates and implementation guides. This effort will build upon and accelerate the consensus toward national standards, adopting EHR certification criteria and testing procedures as relevant and finalized for Stage 2 of Meaningful Use and beyond.

Charles Jaffe, MD, PhD: HL7 International Chief Executive Officer

Mario Hyland: Senior Vice President, AEGIS.net, Inc.

Barry Dickman: Senior Consultant, AEGIS.net, Inc.
Presentation Descriptions

HL7 Fast Healthcare Interoperability Resources (FHIR®)

Monday, February 24
4:10 – 4:40 pm

Tuesday, February 25
2:20 – 2:50 pm

Wednesday, February 26
12:20 – 12:50 pm

FHIR (pronounced “Fire”) is a new specification that describes a RESTful API that can be used to exchange health, healthcare and related information between systems across a variety of contexts, from the classic in-hospital back-office system exchange to social media in a Web 2.0 context. FHIR combines HL7’s existing health knowledge with a simple, scalable exchange protocol that used on the latest web-based technologies. FHIR defines a set of ‘resources’ to represent health and healthcare administration-related information. These resources express granular clinical and administrative concepts that can be electronically exchanged in order to quickly and effectively solve system interoperability problems in healthcare and related processes. The resources cover the basic elements of healthcare – patients, admissions, diagnostic reports, medications and problem lists – with their typical data elements and also support a range of richer and more complex clinical models. The simple direct definitions of the resources are based on thorough requirements gathering, formal analysis and extensive cross-mapping to other relevant standards.

Grahame Grieve: Project Lead, HL7 FHIR Project; Co-Chair, HL7 Modeling and Methodology Work Group; Modeling and Methodology Facilitator-HL7 Infrastructure and Messaging Work Group; Consultant, NEHTA; National Development Manager, Health Intersections Pty Ltd.

IHE’s Impact on the U.S. Health IT Agenda

Tuesday, February 25
5:00 pm – 5:30 pm

Abstract: IHE USA is a regional deployment committee of IHE International. Our mission is to improve our nation’s healthcare by promoting the adoption and use of IHE and other world-class standards, tools and services for interoperability. Learn how IHE USA is impacting the U.S. healthcare agenda and how your organization can become involved.

Elliot B. Sloane, PhD, CCE, FHIMSS: President, Center for Healthcare Information Research and Policy; IHE USA & International Board Member

Immunization Information Systems (IIS), the IIS HL7 2.5.1 Implementation Guide, and Meaningful Use – AIRA Perspective

Monday, February 24
1:30 – 2:00 pm

Tuesday, February 25
11:40 – 12:10 pm

Wednesday, February 26
10:20 – 10:50 am

The AIRA Immunization Information Systems (IIS) community has been working on standardization of HL7 messages for immunization data exchange since the early nineties. Since then, CDC, AIRA and EHR and IIS vendors have worked together to revise and enhance the Implementation Guide for Immunization Messaging (IG) and the IIS community is well positioned to meet the challenges presented by the Centers for Medicare and Medicaid Services’
Meaningful Use Stage 2, which requires the capability to submit and consume electronic data for immunizations using HL7 2.5.1 to meet the mandatory objective for Eligible Professionals (EPs), Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs).

Frank Caniglia: Board President, AIRA
Alison Chi: Program Manager, AIRA

Interoperability Without Tears: New Solutions Accelerate HL7 Implementation

Monday, February 24
12:50 – 1:20 pm

Tuesday, February 25
3:40 – 4:10 pm

Wednesday, February 26
3:00 – 3:30 pm

Identifying the standards for healthcare interoperability initiatives is only half the battle. Real success demands resources and expertise to help with the challenges of implementation. Join HL7’s CEO Dr. Charles Jaffe to learn about a host of innovative programs and technologies that HL7 now offers. Many are new, including the professionally staffed Help Desk, User Group programs, focused educational webinars, and the new innovative Conformance Testing platform.

Charles Jaffe, MD, PhD: HL7 International Chief Executive Officer

Meaningful Use: Clinical Document Architecture (CDA®) and Continuity of Care Document (CCD®) for Patient Summaries

Tuesday, February 25
3:00 – 3:30 pm

This presentation will introduce the audience to the HL7 Clinical Document Architecture (CDA) and HL7 Continuity of Care Document (CCD) standards.

CDA is an ANSI and ISO standard specification for the representation of clinical documents (such as Discharge Summary, Diagnostic Imaging Report, Operative Report, Progress Note). CDA is an XML-based document markup standard that specifies the structure and semantics of clinical documents for the purpose of exchange. A CDA document is a defined and complete information object that can exist outside of a message, and can include text, images, sounds, and other multimedia content. Just as you can create a document in MS Word or in PDF, you can create a clinical document in CDA format.

The “A” in “CDA” signifies the ability to constrain CDA to create more specific document types, such as CCD. A CCD document is a CDA document that has been constrained, based on the ASTM CCR data set, specifically for summary documents.

The presentation will also introduce the audience to latest thinking around CDA and CCD implementation simplification, including greenCCD®.

Calvin Beebe: Treasurer, HL7 International Board of Directors; Co-Chair, HL7 Structure & Semantic Design Steering Division – HL7 Technical Steering Committee; Co-Chair, HL7 Structured Documents Work Group; Co-Editor, CDA; Technical Specialist, Information Services, Mayo Clinic – Rochester, MN

Presentation Descriptions
Presentation Descriptions

**Meaningful Use: Consolidated CDA® (C-CDA) Implementation Guide**

**Monday, February 24**
3:30 – 4:00 pm

**Wednesday, February 26**
11:40 – 12:10 pm

Imagine opening up your favorite word processor and pulling in your favorite template – it constrains what you can do, but it helps ensure consistency across the documents you produce. Imagine you draw your template from a community library, where you benefit from the development work of other contributors.

Imagine further that you can pull multiple small templates into your document – one to define the overall document structure, one to define the detailed content for one of the sections, etc.

Imagine that your favorite word processor produces CDA documents and that templates in the community library are vetted by clinical experts through an open process, and stored in a format that allows them to be used by any word processor – so that generated CDA documents are constrained by the templates selected, in order to ensure consistency.

Imagine if you could do all this in a way that creates minimal disruption to clinical workflow while putting you on an incremental path to semantic interoperability, a path that leads to Meaningful Use.

You’d be imagining “templated CDA.”

Now, imagine that all the CDA templates cited under Meaningful Use were amalgamated into a single collection that had been reviewed and vetted by HL7, ONC, IHE, and the Health Story consortium, and then published, complete with user documentation and implementation artifacts.

You’d be imagining the “HL7 Implementation Guide for CDA Release 2: IHE Health Story Consolidation.”

*Calvin Beebe*: Treasurer, HL7 International Board of Directors; Co-Chair, HL7 Structure & Semantic Design Steering Division – HL7 Technical Steering Committee; Co-Chair, HL7 Structured Documents Work Group; Co-Editor, CDA; Technical Specialist, Information Services, Mayo Clinic – Rochester, MN

**Meaningful Use Stage 2: Laboratory Results Interface**

**Monday, February 24**
2:50 – 3:20 pm

This presentation is intended to provide an explanation on why the Lab Results Interface Implementation Guide (LRI IG) is important and how it can flexibly handle a wide variety of interoperability sophistication of the users. It was developed within the Standards and Interoperability Framework Initiative (S&I Framework) supported by the Office of the National Coordinator of Healthcare (ONC). This IG uses profiles to further refine and tighten the functionality of the IG. This flexibility allows users to use the IG and expand their use of the IG as they gain more functionality in their systems through the selection of more complex profiles.

*Ken McCaslin, FHL7*: Chair, HL7 Technical Steering Committee; Co-Chair, HL7 Orders and Observations Work Group; Co-Chair, HL7 Electronic Services Work Group; Director, HealthCare Standards, Quest Diagnostics; Co-Chair, HIT, American Clinical Laboratory Association (ACLA); Co-Chair, S&I Framework LRI – IG Work Group
Meaningful Use Stage 3: Laboratory Orders Interface (LOI) and Electronic Delivery of a Directory of Lab Services (eDOS)

Wednesday, February 26
2:20 – 2:50 pm

In this session the presenter will highlight how the Laboratory Orders Interface Implementation Guide (LOI IG) has taken advantage of the flexibility developed in the Laboratory Results Interface Implementation Guide (LRI IG). Both the LOI and eDOS implementation guides are being developed to provide the interoperability on the order side of a laboratory interface with the expectation that this will be part of MU3 to be released in 2014. In this session we will continue to explore the flexibility and the expanded role that profiles have between these guides. We will review how this group of guides becomes a family of implementations to help better facilitate interoperability in the laboratory space.

Come learn about data type flavors, implementation guide profiles and other concepts introduced in these implementation guides.

Ken McCaslin, FHL7: Chair, HL7 Technical Steering Committee; Co-Chair, HL7 Orders and Observations Work Group; Co-Chair, HL7 Electronic Services Work Group; Director, HealthCare Standards, Quest Diagnostics; Co-Chair, HIT, American Clinical Laboratory Association (ACLA); Co-Chair, S&I Framework LRI – IG Work Group

Preparing for the Collection and Use of External Family History & Genetic Test Result Data

Wednesday, February 26
1:00 – 1:30 pm

Patients and consumers will use family health history tools and genetic testing services outside of your healthcare organization, but will still expect this data to make it into the EHR. With the developments in personalized medicine, adoption of genetic testing into routine clinical care will increase. As a solution, the HL7 Clinical Genomics messaging models can be leveraged to structure family health history data and genetic test results into the EHR for use by clinical decision support systems.

The ANSI-approved Family Health History and recently piloted Genetic Variation standards will facilitate the flow of clinical genomic and cytogenetic information from genetic testing laboratories to medical practitioners who have ordered such information for patient care. With HL7 CDA®, a Meaningful Use requirement, the CDA GTR (Genetic Test Result) implementation guide is available. Development is proceeding currently on a data transmission model for large data sets that will be created from next generation sequencing.

Grant Wood: Senior IT Strategist, Intermountain Healthcare Clinical Genetics Institute; Co-Chair, HL7 Ambassador Program; Facilitator, HL7 Clinical Genomics Work Group

Quality Reporting Document Architecture (QRDA)

Tuesday, February 25
11:00 – 11:30 am

Wednesday, February 26
1:40 – 2:10 pm

The QRDA is one of Health Level Seven’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 presentation will provide a high level overview of the structure of the QRDA specification, demonstrate how QRDA relates 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.

Chris Millet: Co-Chair, HL7 Clinical Quality Information Work Group; Senior Director, e-Measurement, National Quality Forum
SAMPLE LISTING OF HL7 SPECIFICATIONS

Clinical Document Architecture (CDA®)
Clinical documents are the core of a patient’s lifetime health record. HL7’s CDA standard provides an exchange model for clinical documents such as discharge summaries and progress notes. A consistent approach to electronic clinical documents means that critical information contained in the documents can be used independently of the application on which it was produced. For example, CDA documents can be displayed using XML-aware Web browsers or wireless applications on mobile devices. The standard is used throughout the world in countries such as Argentina, Germany, Japan and the United Kingdom. CDA, Release 2 was published as an international standard by the International Organization for Standardization (ISO) in late 2009.

Clinical Genomics Pedigree Topic
The HL7 Clinical Genomics Pedigree Model is a data standard for transmitting family health histories between systems. This includes describing a patient’s full pedigree with diseases and conditions, and the option to link genetic data and risk analysis. It has the ability to transmit complete family history information for clinical decision support. This model is ANSI-approved and is the HITSP-accepted standard. This standard allows EHR/PHR interoperability, and is in use by the Surgeon General in his family history collection website: My Family Health Portrait. It is also in the process of becoming of an international standard through ISO.

Continuity of Care Document (CCD®)
HL7 and ASTM International created the Continuity of Care Document (CCD) to integrate two complementary healthcare data specifications; ASTM’s Continuity of Care Record (CCR) and HL7’s Clinical Document Architecture (CDA). The CCD is endorsed by the Healthcare Information Technology Standards Panel (HITSP) as the harmonized format for the exchange of clinical information, including patient demographics, medications and allergies. In 2010, the CCD was named in the US Office of the National Coordinator for Health Information Technology’s Final Rule on the initial set of standards, implementation specifications and certification criteria for EHR technology.

S&I Framework Laboratory Results Interface Implementation Guide Using HL7 Version 2.5.1
This implementation guide was included in the Meaningful Use Stage 2 Standards and Certification Criteria for 2014. It provides guidance for electronic reporting of laboratory test to ambulatory care providers in the US. This guide was developed within the S&I Framework supported by the Office of the National Coordinator of Healthcare Information Technology (ONC) and balloted through HL7. The LRI IG uses profiles to further refine the IG. The refinement can occur through the use of identifiers, fields or other critical items that help define the information necessary to support the EHR and the laboratory based on business requirements and the healthcare setting. In addition, this flexibility allows implementers to expand their use of the guide as they gain more functionality in their systems through the selection of more complex profiles.

Fast Healthcare Interoperability Resources (FHIR®)
FHIR (pronounced “Fire”) is a new project specifying a RESTful API that can be used to exchange health, healthcare and related information between systems across a variety of contexts, from the classic in-hospital back-office system exchange to social media in a Web 2.0 context. While the FHIR project represents a new technology and new approach for HL7, it also leverages the strengths of HL7 previous work. FHIR defines a set of ‘resources’ to represent health and healthcare administration-related information. These resources express granular clinical and administrative concepts that can be electronically exchanged in order to quickly and effectively solve system interoperability problems in healthcare and related processes. The resources cover the basic elements of healthcare – patients, admissions, diagnostic reports, medications and problem lists – with their typical data elements and also support a range of richer and more complex clinical models. The simple direct definitions of the resources are based on thorough requirements gathering, formal analysis and extensive cross-mapping to other relevant standards.

Quality Reporting Document Architecture (QRDA)
QRDA describes constraints on the CDA and is a document format that provides a standard structure with which to report quality measure data to organizations that will analyze and interpret the data. Quality measurement in health care is complex. Accurate, interpretable data efficiently gathered and communicated is key in correctly assessing that quality care is delivered. The standard has recently been included as one of the requirements for EHR certification in the Meaningful Use Stage 2/3 Standards certification criteria.

Version 2 Messaging Standard
The Version 2 Messaging Standard is one of the most widely implemented standards for healthcare information in the world and was published as an international standard by ISO in 2009. First released in October 1987 as An Application Protocol for Electronic Data Exchange in Healthcare Environments, Version 2 is a messaging standard that allows the exchange of clinical data between systems. It is designed to support a central patient care system as well as a more distributed environment where data resides in departmental systems. In 2010, Version 2 was named in the US Office of the National Coordinator for Health Information Technology’s Final Rule on the initial set of standards, implementation specifications and certification criteria for EHR technology.

Version 3 Normative Edition
The release of HL7’s Version 3 Normative Edition marks a quantum leap in the functionality and interoperability of messaging standards. Developed using the Reference Information Model (RIM), Version 3 is one of the first in the industry to embrace XML and provides a single source that allows implementers of Version 3 specifications to work with the full set of messages. It includes standards for communications that document and manage the care and treatment of patients in a wide variety of healthcare settings. As such, it is a foundational part of the technologies needed to meet the global challenge of integrating healthcare information, in areas such as patient care and public health. Several countries throughout the world have already begun significant Version 3 implementations, including the United Kingdom, Canada, the Netherlands, Mexico, Germany and Croatia.
THE WORLD OF HL7 INTERNATIONAL

Countries with HL7 Affiliate Organizations

Argentina - Australia - Austria - Bosnia & Herzegovina - Brazil - Canada - China - Colombia - Croatia - Czech Republic - Finland - France - Germany - Greece - Hong Kong - India - Italy - Japan - Korea - Luxembourg - Netherlands - New Zealand - Norway - Pakistan - Puerto Rico - Romania - Russia - Singapore - Spain - Sweden - Switzerland - Taiwan - Turkey - United Kingdom - Uruguay