HL7 NEWS
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HL7 Appoints Charles Jaffe as CEO

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Health Level Seven announced the appointment of Charles Jaffe, MD, PhD, FACMI, as the organization's new CEO during a press briefing at HIMSS on Monday, February 26, 2007.

In his new role, Dr. Jaffe will help to define and develop the evolving organizational structure of HL7 to advance it as the leading healthcare IT standards development organization worldwide. He will drive the vision of global healthcare information interoperability among the more than two dozen countries that support HL7.

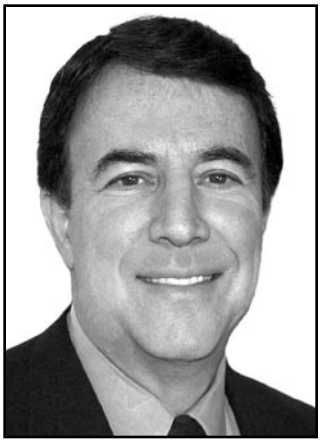
"Dr. Jaffe's extensive experience in the healthcare IT industry will help him lead HL7 in the development of critical healthcare IT standards in the U.S. and allow us to work more closely with our numerous affiliates worldwide," said Chuck Meyer, chair, HL7 board of directors. "We look forward to his strategic leadership continuing the momentum that HL7 has achieved in healthcare IT standards development during the past 20 years."

As CEO of HL7, Dr. Jaffe will serve as a global ambassador and foster relationships with key standards stakeholders. He will act as HL7 industry spokesperson within the U.S. and the international community.

"I look forward to leading HL7 through the implementation of its new strategic plan and building on the critical achievements that HL7 has accomplished in its first 20 years," said Dr. Jaffe. "There are enormous opportunities to partner with other standards development organizations, to support the global healthcare community and to forge new relationships with government agencies, industry leaders, healthcare providers and global advocates."

Dr. Jaffe has been an active HL7 member for the past 14 years and has served in various leadership roles and on a diverse range of technical and operational committees.

Intel Corporation, where Dr. Jaffe has served as Senior Global Strategist for the Digital Health Group, will continue to support him as the full-time CEO of HL7. Although Intel will pay his salary as in-kind funding, Dr. Jaffe will focus 100 percent of his work efforts and commitment to HL7, advancing it as the leading healthcare IT standards development organization worldwide.



Charles Jaffe, MD, PhD

"HL7 has a lot of momentum and a big agenda," said Colin Evans, director of Health Policy and Standards, Intel's Digital Health Group. "We are pleased to be able to contribute to the advancement of healthcare technology standards by supporting Dr. Jaffe in taking on this critical role."

Dr. Jaffe completed his medical training at Johns Hopkins and Duke Universities, and was a post-doctoral fellow at the National Institutes of Health and at Georgetown University. Dr. Jaffe has held various academic appointments, most recently in the Department of Engineering at Penn State University.

Prior to his position with Intel, he was the vice president of Life Sciences at SAIC, and the director of Medical Informatics at AstraZeneca Pharmaceuticals. Formerly, he was president of InforMed, a consultancy for research informatics. Over the course of his career, Dr. Jaffe has been the principal investigator for numerous clinical trials, and has served in various leadership roles in the American Medical Informatics Association (AMIA) and Clinical Data Interchange Standards Consortium (CDISC).

He has served as the chair of a national institutional review board, has been the contributing editor for several journals and has published on a range of subjects, including clinical management, informatics deployment and healthcare policy.

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City Tours of Cologne for the HL7 April/May Working Group Meeting

The following tours have been arranged for spouses, family members, significant others and traveling companions to see some of the beautiful sites Cologne has to offer. All tours are subject to change or cancellation if minimum participation requirements are not met. Tours depart from the Maritim Hotel foyer on the ground level, where you will find your guides. Please recheck departure times, meeting points and possible cancellations of tours at the CONFERENCE&TOURING tour desk, which will be located next to the registration desk in the congress foyer of the Maritim Hotel. CONFERENCE & TOURING is one of Germany's premier destination management companies. Please book your tour online at http://exsite.dmcgermany.de/clients/hl7. CONFERENCE & TOURING will be handling all of the arrangements for the individual tours. HL7 and Conlin Travel will not be able to make any reservations or cancellations. The online booking deadline is April 24, 2007. You may also make tour arrangements on-site at the tour desk located in the Maritim Hotel.

Monday, April 30

Through 2,000 Years of History

Take a stroll through the Old Town and visit the famous Cologne Cathedral on Monday, April 30 from 2:00 – 4:30 pm.

See and feel Cologne with us! Cologne is one of Germany's oldest cities and the enthusiastic guides will share their love and fascination for this cozy city throughout this walking tour.

The tour leads along the small medieval streets of the old historical town—discover lovely places, the riverbanks of the Rhine, and charming old houses! You will also pass vestiges of the Roman Empire, impressive Romantic churches and the rich historical past of this city will come alive. A detailed visit of the simply breathtaking Cathedral, Cologne's landmark, which is listed

Römisch-Germanisches Museum

Cologne Cathedral

UNESCO cultural World heritage, is the highlight of this tour.

No visit would be complete without hearing more about a typical day living and laughing in Cologne, about the famous Cologne carnival (the largest street carnival second only to the one in Rio!) or the worldwide-distributed "Eau de Cologne."

This two and a half hour tour and costs 19.99 euros per person.

Tuesday, May 1

Through 2,000 Years of Art

This is a cultural highlights tour from the Roman Empire to Rubens, Rembrandt and Impressionism. The tour will visit the roman museum and painting gallery of Wallraff-Richartz on Tuesday May 1, 2007 from 2:00 – 5:30 pm.

Cologne is famous for its art scene and museums and if you are an art lover you should not miss this tour!

Just a 10 minute walk from the Maritim Hotel, the Römisch-Germanisches Museum is located in the immediate vicinity of the cathedral and was built on a Roman villa with a world famous mosaic. This popular museum's collection has profited from Cologne's rich archaeological past. The world's largest collection of Roman glass vessels and a unique collection of Roman and early mediaeval jewelry are highlights of this museum as well as the mosaics and the reconstructed tomb of the legendary Poblicius.

The tour will then visit the nearby Wallraf-Richartz Museum and Foundation Corboud, which is one of the oldest and greatest traditional art galleries in Germany. Medieval and early modern paintings from the period between 1250 and 1550 form the historic core of the museum's collection. The Baroque section displays major works by Rubens, and Rembrandt while the nineteenth century section focuses on paintings from the Romantic period, Realism, Impressionism and Symbolism. The painting collection represents nearly every period and school, from the Dutch and Flemish masters to the French Impressionists. The museum also houses Germany's largest collection of works by Wilhelm Leibl as well as paintings by Max Ernst, Paul Klee, and Ernst Ludwig Kirchner.

After the walking tour, you can stop at the museum coffee shop to review and discuss the rich art impressions of this day. (Refreshments are not included)

This three and a half hour tour and costs 37 euros per person.

Wednesday, May 2

Sensual Highlights of Cologne

This tour surrounds the sensory highlights of Cologne—chocolate and perfumes (Eau de Cologne). The tour will take place on Wednesday, May 2 from 1:30 – 4:30 pm.

Experience the sensual highlights of Cologne with us! The Chocolate Museum is unique in the World of Museums and is just an eight minute walk from the Maritim Hotel along the Rhine riverbanks. In the sweetest museum of Germany, you will be guided through 3,000 years of chocolate's cultural history and experience the cultivation of cocoa trees and 60 other tropical species in a tropical greenhouse. Lastly, you will be guided through the production of chocolate where you can taste freshly made chocolate at the chocolate fountain and learn more about the sensual effect of chocolate or "why women need chocolate."

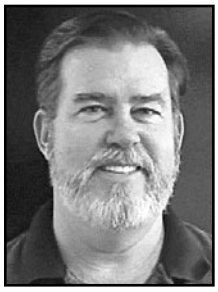
After visiting the Chocolate Museum, we will take a 10 minute walk through the old town to discover the World's Oldest Fragrance Factory, where John Maria Farina began in 1709 to produce the ORIGINAL and world famous Eau de Cologne (which was consumed by nearly all royal houses in Europe). In the small showroom, you will be able to experience three centuries of fragrance and cultural history and the art or perfumery while admiring the impressive collection of perfume bottles dating back hundreds of years. The production of the essences is displayed (still by the Farina family) and a smelling demonstration will await you as well as a small perfume gift.

At the end of the walking tour our guide can bring you to a typical German pastry and coffee shop with views of the Cathedral where you can enjoy typical German black forest cake. (Refreshments not included)

This three hour tour costs 36.5 euros per person.

Going Global!

By Chuck Meyer, Chair, Health Level Seven



Chuck Meyer

Given the success of our May 2005 meeting in the Netherlands, I am certain we are all eagerly anticipating the upcoming Working Group Meeting in Cologne, Germany. One of the precepts of our strategic initiatives was the necessity for HL7 to become more global in scope and perception. Holding one of our three annual meetings outside the US is one facet of that vision; 2007, as our year of transition, sees the implementation of that policy. Our plans for 2008 include a Plenary and Working Group Meeting in Vancouver, British Columbia, Canada. For 2009 we're looking to the Pacific Rim, with plans for a Working Group Meeting in Kyoto, Japan.

Holding meetings in various HL7 Affiliate countries is only one way that HL7 is going global. With the appointment of our first Chief Executive Officer, Charles Jaffe, MD, PhD, HL7 will be extending its presence globally by engaging various national standards and regulatory bodies in support of the objectives of our Affiliate organizations. He plans to commit a significant portion of his time supporting our Affiliate organizations. The CEO will also carry HL7's message to appropriate international forums and meetings. This August, HL7 will have an information booth at Medinfo 2007 in Brisbane, Australia. In late August, the CEO will follow up Medinfo with an appearance at the International HL7 Interoperability Conference (IHIC 2007) in Auckland, New Zealand. I am sure we will see a number of other requests from our Affiliates for his participation.

HL7 will also continue to focus on extending its standards around the globe through collaboration with both the International Organization for Standardization (ISO) and the European Committee for Standardization (CEN). An agreement in principle has been signed by the HL7 Chair, the Chair of ISO TC215, and the Chair of CEN TC251. The first draft of a charter for cooperation and harmonization between HL7, ISO, and CEN is currently under review. The objective of this collaboration is to further the process of international standards by sharing project information, designating a lead agency, and identifying and engaging all appropriate resources. Needless to say, HL7 will continue to be a presence under the aegis of ANSI in the various ISO TC 215 working groups. We expect continued success in promoting our standards to the ISO level.

Our global perspective is also evident in plans for restructuring the organization, particularly in considering broader Affiliate representation on the Board of Directors. Current plans call for two Directors to be elected by the Affiliates. With a growing number of individuals holding joint membership in HL7 and an Affiliate, it is likely that there will be an enhanced international presence in our four Director at Large positions as well. The CEO will also be challenged to increase international membership, both through engaging international organizations and through the growth of the Affiliate community. To that end, the Board of Directors has chartered the International Mentoring Committee to promote our global perspective and assist fledgling Affiliates.

It has been said that until the US becomes only one of many national participants in HL7, the organization and its standards will continue to be perceived as US-based. With the thought of overcoming that particular misconception, HL7 leadership is in the process of studying the pros and cons of forming a US Affiliate and developing a plan of action. Admittedly, there is not unanimity on the actual need for a US Affiliate organization; however, many see the need for more than just a US realm. In any case, it will probably take several years before a final solution is implemented, if for no other reason, than the need to move other initiatives forward near term.

Going global is one of our core objectives and it influences our approach to many of the strategic initiatives. Some have been mentioned above, other are intuitive such as branding and marketing, product and services, and of course volunteer resources. Let's look forward to our next 20 years with the faith and hope that HL7 will come to be accepted and acknowledged as the global organization that it truly is.

Charles (Chuck) Meyer
HL7 Chair

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Health Level Seven, Inc.
3300 Washtenaw Avenue, Suite 227
Ann Arbor, MI 48104-4261 USA
Phone: (+1) 734-677-7777
Fax: (+1) 734-677-6622
WWW.HL7.ORG

Mark D. McDougall
Publisher

Andrea Ribick
Managing Editor

Karen Van Hentenryck
Technical Editor

Eclipse-Based Message Development and Validation Tools for HL7 Version 3 Released

Major Step Forward in Supporting Global Healthcare Interoperability

International software development partnership HL7 Tooling Collaborative (HTC) announced the delivery of the first component of a suite of Eclipse-based message development and validation tools for the latest edition of HL7 Version 3 (V3) at the January Working Group Meeting in San Diego. The HTC suite of tools is a major step forward in global healthcare interoperability that will ultimately improve patient care.

The HTC organization, a software development initiative dedicated to providing commercial-quality highly integrated tools that support the development and implementation of HL7-compliant messages, is led by HL7 Inc. and supported by founding members HL7 Inc., Eclipse Foundation, National Health Service Connecting for Health (NHS CFH) in England, Canada Health Infoway Inc., Intel Corp., Mayo Clinic, US Department of Defense, and Quicksilva.

The first delivery provides software developers with tools that enable them to create, edit, and validate healthcare messages and documents based on HL7 V3 designs. The suite delivers tools for interoperability and allows implementers to ensure that their implementations conform to the V3 specification.

The tool to date has been developed jointly by NHS Connecting for Health (NHS CFH) and Jiva Medical with the backing and contributions from members of the HL7 Tooling Community. It provides infrastructure for dealing with V3 artifacts, based on the HL7 V3 Message Interchange Format (MIF). This international effort reinforces HL7's continuing leadership in achieving interoperability of healthcare information and services. The V3 standard has been the result of more than 10 years of development involving national programs and other stakeholders from around the world.

Speaking at the launch, Jane Curry of HL7, Inc. said, "The development of this suite of tools by the HL7 Tooling Collaborative further reinforces the leadership and the importance of the HL7 messaging standard. It is a major step forward in achieving the vision of interoperability across healthcare systems and settings, which will ultimately greatly improve patient safety and the health quality of citizens across the globe."

The National Health Service (NHS) in England through NHS CFH is a leader in the nationwide exchange of detailed healthcare information using the latest healthcare specifications, including SNOMED CT and HL7 V3. Ken Lunn, representing NHS CFH, commented, "The National Programme for Information Technology in England, which is being delivered by NHS CFH, has already achieved substantial deployments using HL7 V3 messages in clinical and related applications, and has a substantial implementation underway. A strong standards-based approach is critical to our success, and effective tooling support is essential to the implementation of standards."

HL7 Tooling Collaborative

The HL7 Tooling Collaborative envisions building tools that do the following:

- Produce machine-processable artifacts, spanning through all stages of the message design cycle (requirements, design, implementation, and testing)
- Support end-to-end automated testing of interoperability solutions
- Standardize the type and quality of the information conveyed between each stage and between communicating organizations
- Produce coherent, traceable, and versioned concepts from analysis to implementation
- Facilitate direct involvement/feedback in international standards and tools development, ensuring ongoing alignment of implementation specifications with industry standards, including HL7 V3
- Reduce message development time, allowing the automatic translation of message designs to supplier-specific formats
- Facilitates consistent workflows and project management/oversight
- Provide a framework for publishing documentation about the artifacts generated throughout the process.

For further information including media and investor inquiries on the HL7 Tooling Collaborative visit: http://HL7toolingcollaborative.org/

Upcoming Co-Chair Elections

The following HL7 Technical Committees and Special Interest Groups will conduct co-chair elections at the April/May Working Group Meeting in Cologne, Germany:

- **Arden Syntax SIG**—electing two co-chairs
- **Clinical Coordinating Committee**—(new committee)—electing three co-chairs
- **Clinical Decision Support TC**—electing two co-chairs
- **Clinical Genomics SIG**—electing one co-chair
- **Clinical Guidelines SIG**—electing two co-chairs
- **Conformance SIG**—electing one co-chair
- **Financial Management TC**—electing one co-chair
- **Government Projects SIG**—electing one co-chair
- **Imaging Integration SIG**—electing one co-chair
- **Implementation Technology Specification (formerly known as XML) SIG**—electing two co-chairs
- **Laboratory SIG**—electing one co-chair
- **Modeling and Methodology TC**—electing one co-chair
- **Patient Administration TC**—electing one co-chair
- **Patient Care TC**—electing one co-chair
- **Pharmacy SIG**—electing one co-chair
- **Services Oriented Architecture SIG**—electing two co-chairs
- **Templates SIG**—electing two co-chairs
- **Vocabulary TC**—electing one new co-chair

HL7 Announces Industry's First Electronic Health Record System (EHR-S) Functional Requirements Standard

Health Level Seven recently passed the healthcare industry's first ANSI-approved standard that specifies the functional requirements for an electronic health record system (EHR-S).

The standard outlines important features and functions that should be contained in an EHR system. The standard's Functional Model contains approximately 1,000 conformance criteria across more than 150 functions, including medication history, problem lists, orders, clinical decision support, and those supporting privacy and security. The function list is described from a user perspective and enables consistent expression of EHR system functionality, while the conformance criteria serves as a reference for purchasers of EHR systems and vendors developing EHR software. "This new standard is a 'superset' of functions that enables a standardized description and common understanding of functions, which is necessary when you're working across care settings," said Linda Fischetti, EHR Technical Committee co-chair. Fischetti adds, "Throughout the development of this standard, the work products have received comment from over a thousand clinicians, EHR vendors, and others across the industry. The EHR TC is grateful for the continued input and attention that the community has provided to this project."

Electronic health record standard will facilitate key advances in electronic health record systems across the continuum of care to enhance quality, safety and efficiency of patient care.

The EHR-S FM has already proven to be a powerful tool for the Certification Commission for Health Information Technology (CCHIT). "CCHIT congratulates HL7 in achieving formal approval of its EHR System Functional Model standard," said Mark Leavitt, MD, PhD, chair of CCHIT. "The HL7 standard for EHR systems has been extremely valuable to us, providing the starting framework for CCHIT's development of certification criteria. CCHIT and HL7 provide a good example of effective collaboration between different organizations, as we all work toward the goal of accelerating the adoption of robust, interoperable health IT."

Donald Mon, PhD, vice president at the American Health Information Management Association (AHIMA) and HL7 EHR Technical Committee Co-Chair points out that the standard was developed with broad stakeholder input, which has made the EHR-S functional model more versatile, adaptable, and applicable across the continuum of care. "For example, the standard supports key advances in EHR systems, as well as a profile of what EHR systems can look like in a variety of care settings." Functional profiles that are currently in development include the legal EHR, emergency services, long term care, behavioral health, child health, and regulated clinical research.

HL7 encourages healthcare stakeholders to participate in the development of the profiles that will support specific uses, as well as environments of care. The profiles below are a subset of the Functional Model representing field consensus on which functions would be needed by clinicians using EHR Systems for those special purposes or within those environments of care.

PROFILES UNDER DEVELOPMENT

The EHR-S Functional Model Paves the Way for a Legal EHR

According to Michelle Dougherty, RHIA, CHP, director of Practice Leadership at AHIMA, who is co-leading the development of the Legal EHR Profile, the EHR-S standard paves the way for additional EHR system standards development efforts and will serve as a framework for the legal EHR. "It is important that the EHR stand as a legal record for business purpose, otherwise it forces the paper record to serve as the legal health record–causing providers' administrative burden and the additional cost of keeping both paper and electronic records," said Dougherty. "The EHR-S contains functions that help providers maintain a legal EHR for business, regulatory and accreditation purposes."

EHR-S Standard Provides Critical Foundation for Long-Term Care

The long-term care provider community, serving an estimated 3 million frail and elderly patients annually, is a complex mix of private and public enterprises that are heavily regulated and primarily financed by Medicare and Medicaid programs. This provider community is impacted by rising healthcare costs and other challenges that make it difficult to adopt and advance health information technology.

The HL7 EHR Functional Model provides the critical foundation for the long-term care community to move forward in defining requirements and expectations for EHR systems in this vital component of our nation's health delivery system. Functionality from the model will be refined, through a consensus process, into a Long-Term Care Functional Profile that reflects the unique mandates and practices of the long-term care setting. This end product will be an invaluable tool as LTC providers and IT vendors work to advance technology that enhances: patient safety; quality of care; efficiency; and continuity of care as patients move between health care settings.

Abdul-Malik Shakir

HL7 Education Committee e-Learning Project

By Abdul-Malik Shakir, Education Committee Co-Chair (ShakirConsulting@cs.com) and Jim McCain, e-Learning Project Manager (jmstandards@comcast.net)

Jim McCain

The HL7 Education Committee coordinates the delivery of educational programs to members, non-members, and prospective members of HL7. The educational programs delivered by the Education Committee are provided in three primary forums: working group meetings; educational summits; and on-site tutorials.

All of the current delivery methods are instructor-led, face-to-face educational encounters. The Education Committee e-Learning Project is an initiative to reduce the reliance on face-to-face instructor-led education and provide access to educational content through a variety of electronic medium. For the purpose of this project, e-learning is defined as "a wide set of applications and processes such as Web based learning, computer based learning, virtual classrooms, and digital collaboration." It includes the delivery of educational content via Internet, intranet/extranet, audio and videotape, DVD, satellite broadcast, interactive TV, and CD-ROM.

The objectives of the e-learning project are to expand the audience that can be reached by the Education Committee, eliminate barriers such as scheduling and travel cost associated with current delivery methods, and provide an opportunity for a self-directed learning experience for the student. E-learning is viewed as an extension to, not a replacement for, the existing classroom style instructor-led tutorials currently provided by the Education Committee.

continued on page 11

EHR-S Functional Requirements Standard, continued

Emergency Care Environments and Disaster Planning Benefit from HL7's EHR-S Standard

The HL7 Emergency Care Special Interest Group has developed an Emergency Care Functional Profile for Emergency Department Information Systems (EDIS), which has been derived from the HL7 EHR-S Functional Model. This profile is not only critical for the integration of Emergency Departments (ED) into the developing national health information network, but is also needed for handling regional disasters such as Katrina. The standard will facilitate solutions to underlying ED operational problems such as overcrowding, ambulance diversion and shortage of services. The ED care setting was just chosen by CCHIT as a priority for certification of EHRs.

The EHR-S Standard Keys Advancements in HIT for Behavioral Health

A broad range of more than 50 behavioral health stakeholders began work in early 2006 to develop a Behavioral Health Conformance Profile based on the EHR-S Functional Model that could be applied across most behavioral health settings. The Behavioral Health Conformance Profile for EHRs will be used by treatment provider organizations in RFPs when selecting EHR software or in building their own EHRs; EHR software developers to guide their future product development efforts; certification and accreditation organizations to certify EHR software; and healthcare payers as part of their criteria for pay-for-performance and other incentives.

Medical Settings where Children Are Treated to Benefit from EHR Standards

One-third of the U.S. population is children, and more than half of those children visit clinicians in settings other than pediatric offices. The EHR-S Functional Model includes most of the important functionality for general child healthcare, which are also valuable in adult care, including immunization registry communication. As software vendors adopt the model, it will help ensure clinicians in any setting are better equipped to care for children. The Alliance for Pediatric Quality, which includes the American Academy of Pediatrics, The American Board of Pediatrics, Child Health Corporation of America and National Association of Children's Hospitals and Related Institutions, views the work of HL7 as critical in advancing pediatric applications of technology.

The EHR-S FM Goes Global with Regulated Clinical Research

The EHR Clinical Research Profile team is working towards producing a set of functions and criteria in order for EHR systems to be used as a source of data for clinical research. The EHR/CR Profile team is the first international team working with the HL7 EHR-S Functional Model and includes a European co-leader to facilitate collaboration with European clinical research and healthcare groups. The working group consists of very active participants from the pharmaceutical industry, EHR vendors and clinical research technology vendors, and discussions have been initiated with U.S. Federal Government Agencies (FDA and NIH), and European regulatory organizations and the European EHR certification authority, EuroRec.

To download a free copy of the EHR-FM standard, please visit: www.HL7.org/EHR

Mark McDougall

From San Diego to Germany to Australia to New Zealand

Update from Headquarters

By Mark McDougall, HL7 Executive Director

Shafarman and Levin Recognized

During our recent Working Group Meeting in San Diego, the HL7 Board of Directors recognized the many contributions of two outgoing Board members: Mark Shafarman and Randy Levin, MD.

Outgoing Board member Randy Levin, above, receives a plaque from Board Chair, Chuck Meyer. Past Chair Mark Shafarman (right) passes the gavel to Chuck Meyer.

Mark Shafarman served on the Board for many years, and for the last four years as an Officer of the Board (Chair-Elect, Chair and Immediate Past Chair). Dr. Randy Levin served on the HL7 Board of Directors as a Director-at-Large for the last two years. Their dedication and tremendous contributions have been invaluable and much appreciated.

Join us in Cologne, Germany

We are thrilled to be producing our upcoming Working Group Meeting in Cologne, Germany. The dates of the meeting are April 29-May 4, 2007. Cologne is one of Germany's oldest cities and features the world famous Cologne cathedral, innumerable cultural and historical treasures, museums and active art scene. They also are very proud of their own style of beer called Kölsch. Be sure to join us for this HL7 meeting that will likely be one to always remember.

About 70% of our meetings (and lunches) will convene at the Maritim Hotel, while about 30% of our meetings will convene at the InterContinental Hotel, which is only a three minute walk away. For convenience, you may prefer the four star Maritim Hotel. For luxury and comfort, the five star InterContinental Hotel is where you should stay.

Hotel Cancellation Penalty:

The discounted group rate for HL7 attendees has a very significant cancellation penalty. At both hotels, it is very important that you are aware of their cancellation policy. If you cancel your room reservation after March 24, 2007, or if you are a "no show", **your credit card will be charged 100%** of your entire hotel stay reservation. Please be aware of this penalty and make your travel plans accordingly.

The Wednesday Networking Reception has been replaced with a "German Evening" cruise on the Rhine. The cruise will offer a buffet featuring traditional German foods, beer, wine, and soft drinks. The fee is just $50 per person to attend and space is limited to 400. You can register at: http://www.HL7.org/events/cologne042007/index.asp.

In addition, please see the article on page 2 for details on the day tours being offered in Cologne during the WGM.

Medinfo goes to Australia

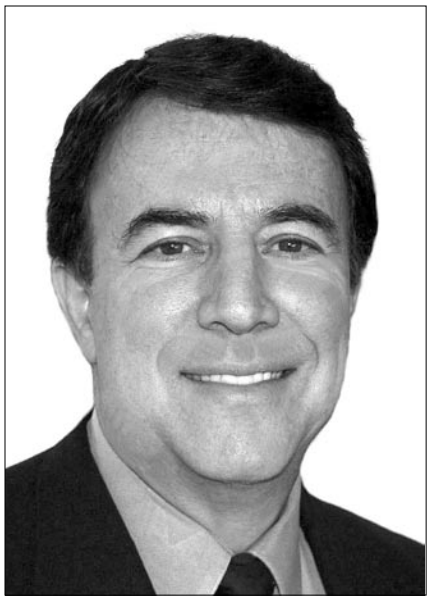
HL7 will once again have a presence at the tri-annual Medinfo Congress that is produced by the International Medical Informatics Association (IMIA). This year Medinfo 2007 will convene August 20 – 24 in Brisbane, Australia. Workshops and tutorials will be held on August 19 and 20. HL7 will participate via sessions, a reception, and with our own booth. Should you attend this event, please be sure to visit the HL7 booth. To learn more about Medinfo, visit: http://www.medinfo2007.org/

IHIC goes to New Zealand

The 8th annual International HL7 Interoperability Conference (IHIC) 2007 will convene in Auckland, New Zealand, August 31 – September 1, 2007. The theme for this event is: *Working Together: How Will HL7 V3.0 Contribute to Achieving Efficient Integrated Care.* The focus of the IHIC 2007 conference will be on HL7 version 3 message standards and Clinical Document Architecture development and implementation experiences including successes, issues, lessons learned, pathway forward and strategies. To learn more about this event, please see the article on pages 20–21.

Welcome to Dr. Jaffe

We welcome Charles Jaffe, MD, PhD, as HL7's first Chief Executive Officer. Dr. Jaffe will serve as HL7's ambassador acting as spokesperson, coordinating technical expertise and reaching out to stakeholders, and help HL7 become more business oriented. HL7's internal operations will continue to be conducted by the HL7 staff based in Ann Arbor, Michigan. As Executive Director, I will report to the CEO and will continue to be responsible for managing HL7's internal operations. We look forward to working with Dr. Jaffe and to providing these additional resources to the benefit of our membership.



HL7's new CEO, Charles Jaffe, MD, PhD

January WGM sponsors with Chair Chuck Meyer

January Meeting Sponsors

The following organizations sponsored functions or publications at our recent Working Group Meeting in San Diego. We are grateful for their additional support and are pleased to recognize these organizations.

Gordon Point Informatics:
Two afternoon cookie breaks
Link Medical Computing:
Morning coffee break all week
Orion Health:
Tuesday's continental breakfast
Thomson:
Monday's continental breakfast

Welcome to New Staff at HQ

I am pleased to welcome two new individuals joining the HL7 team at headquarters. Mike Kingery is HL7's new webmaster and David Hamill is HL7's new Director of the HL7 Project Management Office. We welcome them to the team and are confident that they both will make many significant contributions to the HL7 organization and its members. A more complete profile of their background, along with a photo, is included on page 16. When you meet either one, please be sure to introduce yourself and welcome them to the HL7 family.

In closing, I would like to convey a sincere thank you for your support, participation, guidance and leadership over the last 20 years. We are extremely grateful for all of your efforts. Best wishes for a healthy, rewarding and enjoyable 2007.

Mark L. McDougall

Ken McCaslin

HL7 Website Strategy Update

By Ken McCaslin, Co-Chair, Electronic Services Committee and
Karen Van Hentenryck, Associate Executive Director, Health Level Seven

For many, the HL7 website is the first introduction they have to what it is that HL7 does and how they do it. For others, the website is the home for the many tools and documents that are used on a daily basis to accomplish the work for HL7. The current website has been in place for almost 10 years with a lot of information being added but little time devoted to updating.

Through a very careful and deliberate process, the Electronic Services Committee (ESC) issued a Request for Information (RFI) to select and contract with a website design vendor to determine the appropriate steps to redesign the HL7 website. The selected vendor, ISite, reviewed the current website and then interviewed various stakeholders. These stakeholders included very new members/website users as well as seasoned members who use the site every day. Interviewees were comprised of marketing professionals, co-chairs, facilitators, affiliate representatives, and representatives from the Board of Directors and staff. These interviews provided ISite with valuable information about what parts of the current website are meeting the members' needs and which parts are either missing or not adequately meeting the needs and expectations of the HL7 membership and others who visit the site.

Part of the process included defining the "Criteria for Success" and assigning priorities to each of the items. Developed by the ESC, the document contains over 50 high level requirements under nine categories to which a priority of "Must," "Should" or "Could" is assigned. Using this information, the committee will be able to assess proposed development plans. If a "Could" criteria will adversely impact the ability of a designer to complete a "Must" as planned, the "Could" will be compromised in favor of the "Must." This spreadsheet is available on the ESC website for your review.

The interviews and Success Criteria document provided input to the development of a functional specification that has gone through five revisions before being accepted by the HL7 team in mid-February. On March 8, ISite delivered the second version of the wireframes (information architecture) to the HL7 team. Once the HL7 team accepts the wireframes, ISite will develop the technical architecture document and, finally, a Request for Proposal (RFP). The ESC has developed a list of vendors to whom the RFP will be sent, hopefully by mid-May. We hope to gather responses to the RFP during May and June with the goal of selecting the vendor who will build the website by July. The time required to build the website will depend on the resources of the selected vendor, but our goal is to have major portions of the new website in place by November.

Some of the objectives for the re-designed website are:

- Consistency across pages with URL references for direct reference to a specific page
- Finding what you want in three clicks or less
- An international website
- File and topic search

Please look for the RFP to be posted in the near future.

THE 2007 HL7 BOARD OF DIRECTORS

Back row standing from left: Mark McDougall; Daniel Russler, MD; Freida Hall; Robert Dolin, MD; Charles "Chuck" Meyer; Hans Buitendijk; and Kai Heitmann, MD. Bottom row seated from left: W. Edward Hammond, PhD; Linda Fischetti, RN, MS; William Braithwaite, MD; John Quinn; Jill Kaufman; Wes Rishel; and Liora Alschuler; Missing: Klaus Veil.

Congratulations *to the following people who passed the HL7 Certification Exam*

Certified HL7 V2.5 Chapter 2 Control Specialist

November 8, 2006
Christopher B. Allan
Laurie A. Anissipour
Rebecca R. Getz
Jerry P. Haas
Hirbod Khatir
Adrian B. Maull
Michael H. McQuillan
Elizabeth L. Moon
John R. Munro
Russell Nazareth
Iuliana V. Popescu
David M. Schulz
Samuel E. Slocum
Thomas D. Thompson
Paul D. Tittel
Melanie L. Windsor
Heather Yarde

December 6, 2006
Timothy M. Culbertson
Shelby L. Gibson
Robin N. Porter
Marietta Taylor
Jamell Warren

December 20, 2006
Jagtar S. Cheema
Malkiat S. Sekhon

January 11, 2007
Steven Glinski
Jennifer L. Johnson
George W. Lurlay
Musarrat I. Qamar
Carlos Sanroman
Shameema Shahulhameed
Sherri L. Simons
Igor Sirkovich

HL7 Canada

November 19, 2006
Rahul Bhagat

February 8, 2007
Tracy J. Brown
Stephen Cheok
Lisa M. Ghent
Lesley I. Herren
Peter Hsu
Chad Linton
Kirt M. Noël
Jeffrey Sze

February 9, 2007
Walid El-Hallak

February 26, 2007
Erum F. Khan
Faraz A. Khan

HL7 India

January 13, 2007
Atul Agarwal
Charu Agarwal
Kapil Atrey
Anmol Gupta
Kulpreet Singh Khanna
Madhukar Kulshreshtha
Mayank Midha
Amit Pant
Mehlam Perwaiz
Praveen Sharma
Manpreet Singh Saini
August 12, 2006
Chih Shiao Hsu
Yu-Ming Wang
Ta-Chieh Shen
Yung-Tang Hu

HL7 Korea

December 16, 2006
Eun Hye Ji
Young Mi Kim
Young Hi Kang
Soon-Jeong Koh
Sun Hee Park
Jin Young Yeo

HL7 Spain

November 30, 2006
Hernández Arcia, Maria Nieve
Emilio Diaz
Marcos Gonzalez
Luis A. Lechuga Suarez
Isabel Pardo
Ignacio Perez Gonzalez
Carlos Sanchez Hernandez
Josep Valls Obea

HL7 Taiwan

December 29, 2006
Chia Rong Chou
Hui-Chu Huang
Shiow-Lin Hwu
Yen-Yi Lee
Sueyi Kuo
Mei-Fang Wen
Kun Chih Wu
Chin-Feng Yu

January 13, 2007
Hsiao-Hui Lee
Huiwen Ao
Yu-Ping Lin
Yuan-Hsun Liao
Li-Chi Yang
Godwin Tseng
Pei Cheng Chang

Certified HL7 CDA Specialist

January 11, 2007
Liora Alschuler
Calvin Beebe
Nathan A. Bunker
Craig S. Firn
Robert Dolin
Richard L. Geimer
Tracy L. Gustafson
Jane Ann Hendricks
Gabriele K. Jewell
Il Kon Kim
Jingdong Li
James C. McCain
Enrique Meneses
Larry I. Wolf
Feihong Xin

HL7 eLearning Project, continued from page 7

The e-learning project is an ongoing activity within the Education Committee with well defined limited-scope sub-projects occurring over a finite period. Two such sub-projects are underway. The first sub-project is to produce a course focused on providing an introduction to HL7 for new members, prospective members, and first-time working group meeting attendees. The second sub-project is to conduct a webinar focused on providing a introduction to the HL7 V3 Reference Models (RIM, Data Types, and Vocabulary).

These sub-projects are experimental prototypes. In addition to development of quality e-learning products these experimental prototypes will aid in the discovery what is required to broaden the scope of topics covered and the types of e-learning modalities employed. Upon conclusion of these sub-projects, the Education Committee will prepare a comprehensive business plan for establishing e-learning as a continuous HL7 offering. The business plan will cover such topics as required resources (financial and otherwise), anticipated revenues, required processes and procedures, risks and risk mitigating strategies, and anticipated benefits (tangible and non-tangible). The business plan will be submitted to the HL7 Board of Directors for approval and funding.

For more information regarding the e-learning project please contact the Education Committee co-chairs (Abdul-Malik Shakir and Tim Benson) or the e-Learning project manager, Jim McCain.

HL7 Standards Are Foundation of HIMSS 2007 IHE Interoperability Showcase

Health Level Seven and Integrating the Healthcare Enterprise (IHE) continued their collaborative relationship at this year's IHE Interoperability Showcase at the 2007 Annual Healthcare Information and Management Systems Society (HIMSS) Conference & Exhibition from Feb. 25-March 1, 2007, in New Orleans, LA.

HL7 participated in the HIMSS Interoperability Showcase with IHE and other standards organizations to demonstrate collaboration and harmonization of healthcare interoperability standards. The theme–Leveraging Standards across the HIT Continuum–simulated an interactive HIMSS Regional Health Information Infrastructure Organization (RHIO)-based environment featuring healthcare technology and standards to show how health information is passed among care providers as modeled in local, regional and national networks. HL7 standards are the cornerstone of many of the clinical scenarios supported by the IHE framework.

"IHE promotes the coordinated use of established standards like HL7 to address specific clinical needs in support of optimal patient care. Interoperability can only be achieved in healthcare by using standard-based applications and the demonstrations at this year's IHE Interoperability Showcase show how HL7 standards can be used in real-life settings to provide better healthcare," said Elliot Sloane, Ph.D., co-chair, IHE Strategic Development committee.

HL7's Clinical Document Architecture Used in Most IHE Vendor Profiles

HL7's Clinical Document Architecture (CDA) standard for exchange of healthcare information is rapidly becoming a pillar of interoperability for clinical care and public health. In January 2007, the Health Information Technology Standards Panel (HITSP) cited HL7's CDA in all of its use case recommendations turned over to the Secretary of Health and Human Services. Awareness of the clinical acceptance, the growing profile for public health and the government positioning of CDA as a primary vehicle for all types of information, is driving CDA to become a top priority for Electronic Medical Records (EMR) and transcription vendors.

IHE content profiles and frameworks rely heavily upon HL7's CDA. Approximately 22 vendors implemented and tested CDA in their systems at the IHE 2007 North America Connectathon in January. CDA was utilized by more than 40 of the 51 vendors participating in this year's HIMSS Interoperability Showcase. Highlights of the IHE profiles built on CDA include: Cross-Enterprise Sharing of Medical Summaries (XDS-MS), Basic Patient Privacy Consents (BPPC), Sharing Laboratory Reports (XD*-LAB) Profile, Emergency Department Referral (EDR), and Exchange of Personal Health Record Content (XPHR).

Vendors Employ HL7 in Patient Identifiers and Demographic Profiles

Three vendors demonstrated the Patient Identifier Cross-Reference (PIX) and Patient Demographic Query (PDQ) Integration Profiles using HL7 Version 3 at this year's Interoperability Showcase. Epic Systems, Inc. simulated how to retrieve patient information and a global patient identifier from a centralized Master Patient Index MPI. Quovadx, Inc. (IHE Actors - PIX Consumer/PDQ Consumer) used PIX messages to translate patient identities between affinity domains, and PDQ messages to query for patients using patient demographic information to and from a leading Enterprise Master Person Index (EMPI) system. Initiate Systems, Inc. (IHE Actors - PIX Manager/PDQ Supplier) demonstrated its successfully tested profiles in the New Directions area of the IHE Interoperability Showcase.
For more information on the IHE PIX-PDQ Version 3 testing, please see Allie Grassie's article on page 13.

National Labs and EHR Vendors Demonstrate ELINCS Lab-Reporting Specification

The New Directions Focus of the 2007 HIMSS Interoperability Showcase includes a demonstration of ELINCS (EHR-Laboratory Interoperability and Connectivity Specification), an implementation guide based on HL7 Version 2 for reporting lab results to ambulatory EHRs. The ELINCS specification standardizes details of HL7-based lab reporting for the outpatient setting and demonstrates how standardized ELINCS lab results are sent by various clinical laboratories and displayed in various EHR systems. Participants in the demonstration include Laboratory Corporation of America Holdings (LabCorp), Quest Diagnostics, and Spectrum Laboratory Network as well as the EHR vendors e-MDs, Inc. and NextGen Healthcare Information Systems, Inc.

The widespread implementation of ELINCS by clinical laboratories and EHR vendors is intended to significantly streamline the implementation and maintenance of lab-reporting interfaces nationwide. With this goal in mind, the Certification Commission for Healthcare Information Technology (CCHIT) plans to use ELINCS messages in its 2007 certification of lab interoperability for ambulatory EHRs. Additionally, the HL7 Orders and Observations Technical Committee is reviewing ELINCS in preparation to ballot it as an official HL7 implementation guide later this year.

IHE PIX-PDQ Version 3 Successful Testing!

By Alexis "Allie" Grassie, Stakeholder Engagement Manager, eHealth Collaboratory, University Health Network

Alexis Grassie

On a cold, dark night in Chicago, three vendors huddled together at the 2007 Integrating the Healthcare Enterprise (IHE) Connectathon and made history. Epic (IHE Actor - PDQ Consumer), Initiate Systems (IHE Actors - PIX Manager/PDQ Supplier) and Quovadx (IHE Actors - PIX Consumer/PDQ Consumer) successfully passed testing of the first HL7 Version 3 (V3) messaging (other than CDA) test profiles at an IHE North America Connectathon. IHE's mission is " ... to improve the way computer systems in healthcare share information."

Beginning in November 2005, IHE undertook to create a supplement to the IT Infrastructure Technical Specifications, with the goal to re-purpose the Patient Identification Cross-Reference (PIX) and Patient Demographics Query (PDQ) IHE Integration Profiles, to support HL7 V3 messages, as well as the pan-Canadian Client Registry standard. This supplement was authored, and funded, by Canada Health Infoway, and was completed in September 2006.

The PIX-PDQ V3 project team and the vendors worked closely in the weeks and months leading up to the Connectathon, using Medical Enterprise Simulators and Analyzer (MESA) tests to verify the applications, fixing issues and bugs, and generally working together in a spirit of camaraderie and cooperation that is the hallmark of IHE.

The inclusion of HL7 Version 3 conformance profiles within the IHE environment provides a unique opportunity to elevate Integration Profiles to the level where the support of current and future-state standards is enabled.

Successful testing also allows the vendors to participate in the New Directions area of the HIMSS Interoperability Showcase, as well as the eHealth Conference.

For Canada and other countries around the world that are standardizing on HL7 V3 messages, this exercise provides the added benefit of engaging the vendor community through a full life-cycle of development, conformance testing and demonstration; a key enabler for vendor adoption of the pan-Canadian HL7 V3 Client Registry Standards.

Congratulations to the vendors and the team on their success!

HL7 Benefactors

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Solucient — Insight to Better Healthcare
U.S. Department of Defense Military Health System
Department of Veterans Affairs
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Are You an Active Member of HL7?

By Virginia Lorenzi, NewYork-Presbyterian Hospital; Active Member of HL7;
Co-Chair, HL7 Transition Team Volunteer Task Force

Virginia Lorenzi

Whenever I introduce myself at work, I say, "I work on interfaces…and I am actively involved in HL7." By actively involved, I mean that I am a member who participates in the development of the standard–differentiating myself from those who support HL7 by paying their dues but who do not volunteer their efforts to impact the standard. You might have read articles before about HL7's "volunteer culture" or about how our success is tied to our volunteers. Perhaps you've heard rumors about zealous nerds running amok at Working Group Meetings (WGMs) arguing data models throughout the day, but taking time out for warm cookies at 3 p.m. (I compare WGMs to summer camp for healthcare interoperability nerds). I say all of this with great affection. I have been infected with the HL7 volunteer spirit since my first WGM in January 1994. Since that meeting I have done my best to make it to every meeting from then on, only skipping a year to have a few babies, and then quickly returning to my "active" status. I see the same faces year after year. Sometimes people leave for a few meetings, but they usually return. Sometimes I'll meet people face-to-face who I've had marathon arguments over the list servers with for the past year!

You see, I don't volunteer for HL7 just to be nice and donate my time. In fact, it really might be just the opposite –should I sit back and trust others to develop the standards or should I jump in and make sure it's being done right? This city girl is not going to sit on the sidelines and trust that it will be done right! By activating my membership, I am taking advantage of my right as a member to shape the standard in a way that I believe is the best for my hospital, my country and my world. I might sound egocentric and overly patriotic here but I say it this way because that really is my focus and my angle. HL7 used to be an American hospital standard, but those days are long past. It is now very much a global standard serving many healthcare interoperability needs. And other countries are moving further ahead than America on the new standards such as Version 3 (V3). Most likely this is because they began first with V3 while America was already using Version 2 (V2). Therefore, I push hard to make sure that the developments for V3 will still work in America. I am very excited about widespread adoption of a more rigorous standard than HL7 V2 in America–at our Regional Health Information Organizations (RHIOs), in our dream of a National Health Information Infrastructure (NHII), and inside our hospitals' walls. I want to see V3 in use. In national politics, when we are politically active, we vote, campaign, and lobby. Likewise, I come out and state my piece at HL7 meetings, on conference calls, on list servers, and through ballot responses. I am using my rights and privileges as a member to help meet my goals for HL7.

I guess you could say I am an optimist. I believe the world could use more optimists and I am glad to work side-by-side in a global community full of great optimists at HL7. And while I don't yet see widespread adoption of HL7 V3 in my hospital, my country or my world, I certainly do see HL7 V2 widely used and can imagine the possibilities of V3.

As an American citizen, I sometimes feel like a number–one grain of sand on the beach–when I vote. But with HL7, it's different. A single member can make a difference. Active members can see the impact of their efforts. I have a special place in my heart for HL7 Version 2.3, segment EVN, Field 6; I proposed that field–because I made a difference. Voting on ballots in HL7 is different from voting in democratic elections. If you don't like what you see in the ballot, you write up commentary and vote "negative." The committees are required to take time to address your comments. I have seen my "negatives" change the face of the standard. As Ed Hammond says, "HL7 is, and will continue to be, an organization that is open to an idea if that person is willing to put in the time, effort, and leadership to make it happen."(Using my active member definition, Ed Hammond is one of HL7's "hyperactive" members.)

But I really believe it is not all about reaching the destination – the journey itself continues to be a wonderful experience for me and my hospital. I have learned so much through my participation. It is as if I am in an ever-continuing post-graduate education program taught by the best and brightest in my field. And the community, this special worldwide team I am part of, is always there for me. I have many anecdotes about how fellow HL7 members have helped me solve many of my problems at the hospital–like challenges with gnarly microbiology interfaces! I know that I can send a question out on a list at 9 p.m. and have five answers by 6 a.m.

The unfortunate truth is we do not have enough active members. It saddens me when I see how close we are to success, but how much work is left, and most of all, how much we could use more help and active members. Our scope has grown so large that now we really need more assistance, but it seems the same people just keep taking on more tasks. Our HL7 infirmary is full of ailments like "volunteer burnout," "chronic ballot fatigue," and "chair-itus." So in this vein I would like to encourage more people to get involved.

Sometimes people choose not to volunteer because they speculate that they won't be qualified. The talents in HL7 are certainly diverse yet not diverse enough. We are in need of people with

New Levels of Cooperation among ISO TC 215, CEN TC 251 and Health Level 7

By W. Ed Hammond, Ph.D., Chair Elect, Health Level Seven; Co-Chair, HL7 Transition Team Volunteer Task Force

One of the major criticisms of health data standards is that there are often more than one standard for a single purpose. The choice of standards then results in the requirement to map among the standards, generally loosing interoperability. The circumstance of multiple standards is a consequence of many reasons including intended and unintended competition, increase in scope of work, national and regional pressures, unawareness of the work of other groups, evolution of standards within the same organization, different ways of doing the same thing, and governance models. Three of the major international standards groups are defining new levels of cooperation to begin to solve the problem of multiple standards for the same purpose.

The International Standards Organization Technical Committee 215 (TC 215)–Health Informatics, the European Committee for Standardization [Comité Européen de Normalisation (CEN)] Technical Committee 251, and Health Level Seven (HL7) have committed to the goal of one standard for one purpose. Recognizing that there is great overlap among the members of all three groups and that it is almost impossible for three independent groups to avoid overlaps and conflicts, the three Standards Developer Organizations (SDOs) are looking for a way to integrate the process or creating standards, to share the work on creating the standard, to support simultaneous balloting, and to share credit in the production and distribution of the standard.

W. Ed Hammond

This process is made easier by the fact that CEN has an agreement with ISO called the Vienna Agreement in which CEN standards can be submitted to ISO to become ISO standards. HL7 is an ISO Standards Partner, and HL7 standards can be submitted to ISO to become ISO standards. Hence, ISO becomes the focus and serves as the coordination mechanism for the health data standards activities. The leasers of the three organizations: Dr. Yun Sik Kwak, Chair of ISO TC 215; Kees Molenaar, Chair of CEN TC 251; and Chuck Meyer, Chair of HL7 signed a broad agreement on coordination and collaboration in October 2006 in Geneva, Switzerland.

The details of the agreement and how the groups will actually work together are being worked out. The emphasis will be on joint initiatives and not harmonization which implies multiple standards. Some potential topics for collaboration have been identified: data types, ICH messages, e-prescribing, electronic health record architectural standards, service oriented architecture standards, clinical domains, personal health records, and others. The group also stressed willingness for other groups to join the collaborative effort.

Are You an Active Member of HL7? continued from previous page

fresh perspectives; with technical, functional, marketing, and business skills. So how do you activate your membership? It's easier than you think. Some good ways to begin would be to take meeting minutes, ask questions (that's how I got started and I think it's still my niche), submit a ballot response, or write a proposal. I have known people who have become co-chairs of committees within their first year of "activation" just by being involved.

The main place our work is done is at our WGMs which occur one week three times a year. If you attend one of these events, you will find a wealth of tutorials and orientation programs designed to get you up to speed and help you become effective more quickly. You will also have the opportunity to sit in on the meetings of various committees and special interest groups and may find your niche. But you do not even need to attend a meeting to become involved. Responding to ballots about three times a year is critical to shaping HL7. This can be done on-line at http://www.hl7.org/ctl.cfm?action=ballots.home. A lot of work is done on list servers; there are many to choose from. Sign up at http://www.hl7.org/listservice/index.cfm. Also, regular conference calls are an option; committees and special interest groups often conduct calls weekly. Many collaborative efforts are now taking place on the HL7-focused WIKI hosted by the Mayo Clinic (http://informatics.mayo.edu/wiki/index.php/Main_Page).

What are your interests? What are your concerns? What talents would you like to share? Call the HL7 office, send an email out on one of our numerous list servers, call a chair of a committee you are interested in, come to a WGM, or join a conference call and tell us your interests. If you are not sure what your interests and/or concerns are, you can discover them as you learn more about us; we will help you get started and welcome you wholeheartedly. Most importantly, your efforts could help improve healthcare interoperability in the world and positively impact healthcare as a result. Thanks in advance for activating your membership.

HL7 Continuity of Care Document, a Healthcare IT Interoperability Standard, is Approved by Balloting Process and Endorsed by Healthcare IT Standards Panel

CCD interoperability standard enables clinical data to be transportable, resulting in improved quality, enhanced patient safety and increased efficiency.

Health Level Seven (HL7), with the collaboration of the ASTM International E31 Healthcare Informatics Committee, today announced that the Continuity of Care Document (CCD) has passed HL7 balloting and 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.

The CCD is a joint effort of HL7 and ASTM to foster interoperability of clinical data to allow physicians to send electronic medical information to other providers without loss of meaning, which will ultimately improve patient care.

"The collaboration between HL7 and ASTM reflects the integration of two complementary specifications [ASTM's E2369-05, Continuity of Care Record (CCR), and HL7's Clinical Document Architecture (CDA)] developed by separate standards development organizations, and demonstrates what can be achieved when patient care is the driving priority," said Robert Dolin, MD, co-editor of the CCD specification and board member of HL7.

"It has been a pleasure to work with Bob Dolin and the HL7 team on the harmonization of ASTM's Continuity of Care Record (CCR) and the HL7 Clinical Document Architecture (CDA). The Continuity of Care Document (CCD), resulting from the representation and mapping of CCR data within the CDA, will help drive the use of structured XML standards for clinical information exchange and the improvement of patient safety, quality, and efficiency," said Richard Peters, MD, chair, ASTM International Committee E31 on Healthcare Informatics.

The CCD represents a complete implementation of CCR, combining the best of HL7 technologies with the richness of CCR's clinical data representation, and does not disrupt the existing data flows in payer, provider, or pharmacy organizations.

The CCD team has completed mappings of NCPDP medication data and X12 270/271 demographic data to the CCD, and has harmonized the representation across HL7 Financial Management, Patient Care, Lab, Clinical Genomics, and Pharmacy committees.

HL7 held a 30-day balloting period that began on December 6, 2006 and concluded on January 4, 2007, which resulted in passing the CCD standard. This collaborative development process will continue to refine and enhance the CCD over time.

HL7 Welcomes New Staff Members

Mike Kingery

Director of Technical Services

Mike Kingery joins HL7 with seven years of experience in web development, with five years working with Komtel Inc as a senior developer. A veteran of small companies, Mike is used to wearing many hats including developer, database administrator, sales engineer, webmaster, and integration specialist. Mike graduated early from Rensselaer Polytechnic Institute with a bachelor's degree in Computer Science and pursued the Dot-Com bustle.

David Hamill

Director, Project Management Office

David earned a Bachelor of Arts in Economics from the University of Michigan. He has nine years of experience in project management and has trained and mentored functional managers, project managers and technical leads on project management tools, techniques and standards. David began his career in Information Technology at Electronic Data Systems, where he worked for eight years as a programmer/analyst. He also spent seven years at Borders Group, Inc. managing large information technology projects comprised of more than 100 team members. Most recently, David spent two years at CareerSite, Inc., where he established the Project Management Office and implemented project management processes and methodologies.

UPCOMING WORKING GROUP MEETINGS

April 29–May 4, 2007
May Working Group Meeting
Maritim & InterContinental Hotels
Cologne, Germany

September 16–21, 2007
21st Annual Plenary & Working Group Meeting
Sheraton Atlanta Hotel
Atlanta, GA

January 13–18, 2008
January Working Group Meeting
Hyatt Regency on the Riverwalk
San Antonio, TX

May 4–9, 2008
May Working Group Meeting
Pointe Hilton at Squaw Peak Resort
Phoenix, AZ

PLEASE BOOK YOUR ROOM AT THE HL7 MEETING HOTEL

HL7 urges all meeting attendees to secure their hotel reservations at the HL7 Working Group Meeting Host Hotel. In order to secure the required meeting space, HL7 has a contractual obligation to fill our sleeping room block. If you make reservations at a different hotel, HL7 risks falling short on our obligation and will incur additional costs in the form of penalties. Should this occur, HL7 will likely be forced to pass these costs on to our attendees through increased meeting registration fees.

Thank you for your cooperation!

HL7 EDUCATIONAL SUMMITS

Gain real-world HL7 knowledge TODAY that you can apply TOMORROW

What is an Educational Summit?

The HL7 Educational Summit is a specific schedule of tutorials—expanded in 2006 to three days—focused on HL7-specific topics such as Version 2, Version 3 and Clinical Document Architecture. Educational sessions also cover general interest industry topics such as HIPAA Claims Attachments.

July 10 – 12, 2007
Hyatt Regency Cambridge
Boston, Massachusetts

November 6 – 9, 2007
Hilton Los Angeles Airport
Los Angeles, California

Why Should I Attend?

This is an invaluable educational opportunity for the healthcare IT community as it strives for greater interoperability among healthcare information systems. Our classes offer a wealth of information designed to benefit a wide range of HL7 users, from beginner to advanced.

Among the benefits of attending the HL7 Educational Summit are:

- **Efficiency**
  Concentrated three-day format provides maximum training with minimal time investment
- **Learn Today, Apply Tomorrow**
  A focused curriculum featuring real-world HL7 knowledge that you can apply immediately
- **Quality Education**
  High-quality training in a "small classroom" setting promotes more one-on-one learning
- **Superior Instructors**
  You'll get HL7 training straight from the source: Our instructors are not only HL7 experts—they are the people who help produce the HL7 standards
- **Certification Testing**
  Become HL7 Certified: HL7 is the sole source for HL7 certification testing—now offering testing on V2.5
- **Economical**
  A more economical alternative for companies who want the benefits of HL7's on-site training but have fewer employees to train

The International Column

By Kai U. Heitmann, International Representative to the HL7 Board of Directors

Kai Heitmann

There will be some interesting international health informatics events in the Asia-Pacific region in 2007. For example, the HIMSS meeting will be held in Singapore May 15–18. The Medinfo 2007 Congress takes place August 20–24 in Brisbane, Australia. Medinfo workshops and tutorials will be held on August 19 and 20. The ISO TC215 Health Informatics Working Group Meeting will also be held in Brisbane August 27–29, 2007

International HL7 Interoperability Conference (IHIC)

We are happy to announce that the 8th International HL7 Interoperability Conference (IHIC) will be held in Auckland, New Zealand on August 31–September 1, 2007. This is an excellent opportunity to visit the region and to join several health informatics events in a row.

My colleagues in New Zealand and I would like to invite you to take part in this year's IHIC which brings together international leaders in HL7 V3 development and implementation, to provide a great opportunity to network and learn from each other. Please see Martin Entwistle article on page 20 to learn more details.

More Local Affiliate Events

I am happy to announce that HL7 Romania is one of our new affiliates. After a workshop in Bucharest, held by Robert Stegwee, chair of HL7 The Netherlands, Mark Shafarman and Dan Russler, the petition from our colleagues in Romania to form an official HL7 affiliate was accepted.

Another new "HL7 country" is Austria (Europe). Their petition on the formation of a new affiliate is on the way. As in the days when HL7 Switzerland was formed, HL7 Germany again offered its support to help the new neighbor affiliate with the start-up.

Also, other affiliates are planning conferences in the course of the next year. Please look at the HL7 website (Calendar) to be up-to-date.

Affiliates Council Mentoring Group

Speaking about support for affiliates, a new group has been established within the HL7 organization, called the International Mentoring Committee (IMC). This Committee will assist potential affiliate organizations and struggling existing affiliates with appropriate guidance and education to allow improvement of their processes and procedures. This should help the affiliate to become a viable group, and to renew or strengthen governmental support of the affiliate organization, if appropriate.

At the last meeting in San Diego in January, we had representatives from two affiliate countries, four from Malaysia and four from Brazil. The visit was partially funded by the U.S. Trade Development Agency (USTDA) and was organized by the IMC. We found that this was a success and the efforts will be continued over the next working group meetings.

Also, other affiliates plan conferences in the course of the year. Please look at the HL7 website (Calendar) to be up-to-date.

International Calendar

HL7 Working Group Meeting in Cologne (Germany)
April 29–May 4, 2007

Medinfo 2007 Congress in Brisbane (Australia)
August 20–24, 2007
Medinfo Workshops and tutorials take place on August 19-20

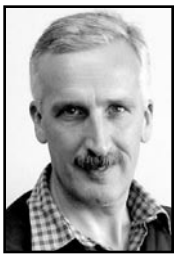
ISO TC215 Health Informatics Working Group Meeting in Brisbane (Australia)
August 27–29, 2007

8th International HL7 Interoperability Conference, Auckland (New Zealand)
August 31–September 1, 2007

21st Plenary & Working Group Meeting, Atlanta (USA, GA)
September 16–21, 2007

IHIC 2007 Auckland, New Zealand–Working Together: How Will HL7 V3.0 Contribute to Achieving Efficient Integrated Care

By Martin Entwistle, Chair, HL7 New Zealand



Martin Entwistle

Taking place in Auckland, New Zealand on August 31–September 1, 2007 is the 8th International HL7 Interoperability Conference "IHIC 2007."

This conference is an annual event organized by one of the HL7 International Affiliates, and focuses on the exchange of experiences with HL7 V3.0. In the recent past the conference has been held in Germany, the United Kingdom, Australia, Korea, Mexico, and Taiwan.

About the Conference

IHIC 2007 is timed to follow closely after Medinfo 2007 and ISO/TC215, which are being held in Brisbane, Australia in August 2007 and will focus on experiences with development of HL7 V3 message standards and Clinical Document Architecture. IHIC 2007 will include successes, issues, lessons, and pathways to successful implementation.

HL7 V3 is designed to exchange complex clinical semantics beyond the capabilities of HL7 V2.x. HL7 V3 is rich and dynamic, but has a level of complexity which means there is much to be learned to achieve effective implementation. Those who have already adopted and used V3.0 have gone up a steep learning curve. Nations such as UK, Canada and the Netherlands have invested significant resources into development and implementation of V3 standards. Many others, including a number of counties in the Asia Pacific region, have rich experiences in implementing Clinical Document Architecture (CDA). These collected experiences are invaluable in assisting others move forwards with their use of V3.0.

Conference Program

The focus of the IHIC 2007 conference is to capture and share these experiences, and an exciting program has been put together with presentations from a range of international speakers, who will focus on the practical learning points from each of their countries. Key themes include the following:

- Seamless interoperability through HL7 V3.0: Sharing international experiences
- HL7 V3.0 Messaging and CDA in Action–Real World Experience
- How to achieve success with HL7 V3.0 implementations
- Implementing V3 services through service oriented architecture
- Networking and Meet the Experts

For more information on the program visit the IHIC 2007 Conference website at: http://www.hl7.org.nz/IHIC

INTERNATIONAL AFFILIATE CONTACTS

HL7 Argentina
Diego Kaminker
Phone: 5411-4959-0507
Email: diego.kaminker@kern-it.com.ar

HL7 Australia
Klaus Veil
Phone: 61-412-746-457
Email: chair@HL7.org.au

HL7 Brazil
Marivan Santiago Abrahao
Phone: 55-11-3045-3045
Email: marivan@abrahao.net

HL7 Canada
Grant Gillis
Phone: 416-595-3443
Email: ggillis@infoway-inforoute.ca

HL7 China
Caiyou Wang
Phone: 86-010-82801546
Email: nctingting@yahoo.com.cn

HL7 Croatia
Gjuro Dezelic
Phone: 385-1-4590-105
Email: duro.dezelic@zg.htnet.hr

HL7 Czech Republic
Petr Hanzlicek
Phone: 420-2-66053788
Email: petr.hanzlicek@euromise.cz

HL7 Denmark
Kenneth Ahrensberg
Phone: 45-3996-6101
Email: ka@ds.dk

HL7 Finland
Niilo Saranummi
Phone: 358-20-722-3300
Email: niilo.saranummi@vtt.fi

HL7 France
Nicolas Canu
Phone: 33-02-3209-0086
Email: nicolas.canu@wanadoo.fr

HL7 Germany
Kai Heitmann, MD
Phone: 49-172-2660814
Email: HL7@kheitmann.nl

HL7 Greece
Dimitris Koutsouris
Phone: 30-210-7723926
Email: dkoutsou@biomed.ntua.gr

HL7 India
Saji Salam, MD
Phone: 044-254-0555
Email: hisind@yahoo.com

HL7 Ireland
Peter Lennon
Phone: 01-635-3011/13
Email: pamlennon@eircom.net

HL7 Italy
Massimo Mangia
Phone: 39-091-2192-457
Email: massimo.mangia@katamail.com

HL7 Japan
Michio Kimura, MD, MS
Phone: 81-53-435-2770
Email: kimura@mi.hama-med.ac.jp

HL7 Korea
Yun Sik Kwak, MD, PhD
Phone: 82-53-420-6050
Email: yskwak@wmail.knu.ac.kr

HL7 Mexico
Mauricio Derbez del Pino
Phone: 52-55-5238 2713
Email: mauricio.derbez@imss.gob.mx

HL7 New Zealand
Martin Entwistle
Phone: 858-717-0465
Email: martin.entwistle@enigma-publishing.com

HL7 The Netherlands
Robert Stegwee
Phone: 31-30-689-2730
Email: robert.stegwee@capgemini.com

HL7 Spain
Joan Guanyabens
Phone: 34-934-171-154
Email: jguanyabens@telefonica.net

HL7 Sweden
Fredrik Strom, MSc
Phone: 46-8-527-400-00
Email: fredrik.strom@brainpool.se

HL7 Switzerland
Beat Heggli
Phone: 41-1-806-1164
Email: beat.heggli@isoft.ch

HL7 Taiwan
Jin-Shin Lai, MD
Phone: 886-2-25233900
Email: jslai@ntu.edu.tw

HL7 Turkey
Bulent Kunac
Phone: 90-312-291-91-00
Email: bkunac@tepeteknoloji.com.tr

HL7 UK Ltd.
Charlie McCay
Phone: 44-01743-232278
Email: chair@hl7.org.uk

HL7 Uruguay
Julio Carrau
Phone: 592-487-11-40
Email: jcarrau@hc.edu.uy

IHIC 2007, continued from previous page

Call for Papers

The Conference organizers wish to encourage active participation of a wide audience. If you have experience in the area, this is your opportunity to communicate your work by submitting a paper. Abstracts of 1–2 pages can be submitted to the Program Committee by email at admin@hl7.org.nz. The closing date is May 30, 2007. The conference will publish electronic copies of all abstracts and presentations and no full paper is required.

Getting to New Zealand

Many of you will be at Medinfo 2007 and the ISO/TC215 meeting at Brisbane immediately preceding IHIC2007. Why not take a short trip over to Auckland, New Zealand to participate in this exciting event and also see this wonderful country?

Getting to New Zealand is easy! International flights arrive daily from around the world. Direct flights arrive multiple times a day from Asia, USA and Australia. If you are attending MedInfo or the 2007 ISO meeting, Auckland is a short flight from Brisbane. Further travel information is provided on the Conference website at http://www.hl7.org.nz/IHIC .

The Organizing Committee looks forward to seeing you in Auckland in August and to assuring you of an exciting Conference and the best of South Pacific hospitality!

HL7 Welcomes the International Mentoring Committee

By Ruth Kidd, Interim Communications Co-Chair, International Committee

Ruth Kidd

The January 2007 HL7 Working Group Meeting saw attendance of the first delegates to be sponsored by the newly formed International Mentoring Committee (IMC). The committee was originally formed as an HL7 'group' in 2006 to provide financial support for small or newly established affiliates to allow them to attend Working Group Meetings, as well as to help structure delegates' time during the week so that they might get as much out of the experience as possible. During the January 2007 meeting the group requested, and has now been granted, official committee status via a unanimous vote from the HL7 Board. Work towards identifying future candidates for future IMC support is ongoing.

IMC-supported delegates at the San Diego meeting came from Brazil and Malaysia. Delegates were invited to give a presentation at a special session during the WGM. These presentations included background information about the affiliate nations and their current projects, as well as their future plans. During the week of the meeting, IMC representatives provided schedules tailored to the needs of each affiliate and each delegate as well as arranging meetings with key representatives from stated areas of interest identified prior to the WGM through questionnaires and email discussion.

Delegates from both countries had some very positive feedback regarding the experience and what it has meant to them in terms of HL7-related progress in their own countries. "The meeting marked a significant step towards the establishment of our local HL7 chapter," says Dr. Badrulhisham Bahadzor of the Malaysian delegation. "We were introduced to some of the key figures and experts within the HL7 international community and had useful discussions with them […] The interest to establish our local chapter has gained a lot of momentum ever since we came back. We are currently conducting a membership drive and the response has been encouraging."

The Brazilian delegation found the opportunity to meet face-to-face with other members of the HL7 community equally rewarding, and they were pleasantly surprised not only by the warmth with which they were received but also by their observations of the standards group's working practices. Beatriz de Faria Leao, one of the Brazilian delegates, said that she and her colleagues were "very impressed to see the HL7 standard being constructed. The working groups meetings were very enticing and gave us trust and confidence in the HL7 standard and its processes for reaching consensus. It was very impressive to see an international group of people with different roles (vendors, government and users) making the standard evolve."

Both parties expressed glowing praise and gratitude to the IMC organizers and volunteers who worked to get the project off the ground and to look after the needs of the attendees during the week of the meeting. "The HL7 meeting was very important for us," Beatriz adds. '[W]e're very thankful to all HL7 staff and especially our hosts Cheryl Warner and Jim Leach of Computer Frontiers. They were superb guardian angels and took really good care of us […] we really felt so comfortable, so well treated, so among friends that I must say HL7 meetings have the warmest atmosphere I've ever seen in an international meeting."

More information about the International Mentoring Committee, as well as the presentations given by the delegates at the January meeting, can be found on the HL7 Wiki at the following address: http://informatics.mayo.edu/wiki/index.php/International_Mentoring_Group

Members of the Brazilian delegation with International Mentoring Committee founders and supporters at the January WGM in San Diego, CA.

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HL7 Technical Committee and Special Interest Group Co-chairs

Anatomic Pathology

John Gilbertson
University of Pittsburgh
Phone: 412-657-5853
Email: GilbertsonJR@upmc.edu

John Madden, MD, PhD
College of American Pathologists
Phone: 919-681-6671
Email: john.madden@duke.edu

Anesthesiology

Martin Hurrell, PhD
Informatics CIS
Phone: 44-7711-522
Email:
martin.hurrell@informatics-cis.com

Terri Monk, MD
Duke Clinical Research Institute
Phone: 919-286-6938
Email: terri.monk@duke.edu

Architectural Review Board

Mead Walker
Mead Walker Consulting
Phone: 610-518-6259
Email: dmead@comcast.net

Arden Syntax

Robert Jenders, MD
Cedars-Sinai Medical Center/UCLA
Phone: 310-423-2105
Email: jenders@ucla.edu

R. Matthew Sailors
The Methodist Hospital
Phone: 713-441-6218
Email: msailors@tmh.tmc.edu

Attachments

Michael Cassidy
Siemens Medical Solutions Health Services
Phone: 610-219-3036
Email: michael.cassidy@siemens.com

Wes Rishel
Gartner
Phone: 510-217-3085
Email: Wes.Rishel@Gartner.com

Penny Sanchez
EDS Corporation
Phone: 916-636-1168
Email: penny.sanchez@eds.com

Maria Ward
PriceWaterHouseCoopers LLP
Phone: 312-890-8572
Email: mward60610@aol.com

Cardiology

Jon Elion, MD
Heartlab, Inc.
Phone: 401-596-0592
Email: jle@heartlab.com

Bron Kisler
Duke Clinical Research Institute
Phone: 850-225-2766
Email: bkisler@cdisc.org

Brian McCourt
Duke Clinical Research Institute
Phone: 919-668-8999
Email: brian.mccourt@duke.edu

Clinical Context Object Workgroup (CCOW)

Barry Royer
Siemens Medical Solutions Health Services
Phone: 610-219-4779
Email: barry.royer@siemens.com

Michael Russell, MD
Duke Clinical Research Institute
Phone: 919-684-2513
Email: michael.russell@duke.edu

Robert Seliger
Sentillion, Inc.
Phone: 978-749-0022
Email: robs@sentillion.com

Clinical Decision Support

Robert Greenes, MD, PhD
Partners HealthCare System, Inc.
Phone: 617-732-6281
Email: greenes@harvard.edu

Robert Jenders, MD
Cedars-Sinai Medical Center/UCLA
Phone: 310-423-2105
Email: jenders@ucla.edu

Craig Parker, MD
Remedy MD
Phone: 800-859-4480
Email: craigparkermd@gmail.com

R. Matthew Sailors
The Methodist Hospital
Phone: 713-441-6218
Email: msailors@tmh.tmc.edu

Clinical Genomics

Kevin Hughes MD
Partners HealthCare System, Inc.
Phone: 617-724-0048
Email: kshughes@partners.org

Amnon Shabo
IBM
Phone: 972-544-714070
Email: shabo@il.ibm.com

Mollie Ullman-Cullere
Harvard-Partners Center for Genetics and Genomics
Phone: 617-909-4309
Email: mullmancullere@partners.org

Scott Whyte
Catholic Healthcare West IT
Phone: 602-697-0567
Email: scott.whyte@chw.edu

Clinical Guidelines

Robert Greenes, MD, PhD
Partners HealthCare Systems, Inc.
Phone: 617-732-6281
Email: greenes@harvard.edu

Guy Mansfield, PhD
Phone: 425-487-0538
Email: jgmansfield@msn.com

Community Based Health Services

Robert Swenson
Cerner Corporation
Phone: 913-385-0212
Email: rswenson@cerner.com

Richard Thoreson
SAMHSA-Center for Substance Abuse Services
Phone: 240-276-2827
Email:
richard.thoreson@samhsa.hhs.gov

Max Walker
Department of Human Services
Phone: 61-3-9096-1471
Email: max.walker@dhs.vic.gov.au

Conformance

Lisa Carnahan
National Institute of Standards and Technology
Phone: 301-975-3362
Email: lisa.carnahan@nist.gov

John Lyons
Siemens Medical Solutions Health Services
Phone: 610-219-4792
Email: john.lyons@siemens.com

Frank Oemig
HL7 Germany
Phone: 49-208-781194
Email: frank@oemig.de

Education Committee

Tim Benson
HL7 UK
Abies Ltd
Phone: 020-8906-3121
Email: tim.benson@abies.co.uk

Abdul-Malik Shakir
Shakir Consulting
Phone: 909-596-6790
Email:
abdulmalik@shakirconsulting.com

Electronic Health Records

Linda Fischetti, RN, MS
US Department of Veteran Affairs
Phone: 301-734-0417
Email: linda.fischetti@med.va.gov

Don Mon
American Health Information Management Association
Phone: 312-233-1435
Email: don.mon@ahima.org

John Ritter
Intel Corporation, Digital Health Group
Phone: 412-372-5783
Email: john.ritter@intel.com

David Rowlands
Department of Health and Aged Care
Phone: 61-7-3234-0073
Email: David.Rowlands@Standards.org.au

Electronic Services Committee

Ken McCaslin
Quest Diagnostics, Incorporated
Phone: 610-650-6692
Email: kenneth.h.mccaslin@questdiagnostics.com

Patrick Loyd
Gordon Point Informatics, Ltd.
Phone: 415-209-0544
Email: Patrick.loyd@gpinformatics.com

Emergency Care

Kevin Coonan
Health Data Security, Inc.
Phone: 801-938-6811
Email:
kevin.coonan@healthdatasecurity.com

Donald Kamens, MD
Xpress Technologies
Phone: 904-477-3435
Email: Xpress@gmail.com

Jim McClay, MD
University of Nebraska Medical Center
Phone: 402-559-3587
Email: jmclay@unmc.edu

Todd Rothenhaus
American College of Emergency Physicians
Phone: 617-864-8014
Email:
todd.rothenhaus@caritaschristi.org

TC and SIG Co-chairs, continued

Financial Management

Kathleen Connor
Fox Systems, Inc.
Phone: 360-357-3536
Email: kathleen.connor@foxsys.com

Francine Kitchen
GE Healthcare Integrated IT Solutions
Phone: 360-992-8001
Email: francine_kitchen@idx.com

Susan Lepping
Siemens Medical Solutions Health Services
Phone: 610-219-8673
Email: susan.lepping@siemens.com

Government Projects

Jim McCain
US Department of Veteran Affairs
Phone: 520-232-2233
Email: james.mccain@va.gov

Nancy Orvis
US Department of Defense, Military Health System
Phone: 703-681-5611
Email: nancy.orvis@tma.osd.mil

Healthcare Devices

Todd Cooper
(IEEE) Breakthrough Solutions Foundry, Inc.
Phone: 858-442-9200
Email: t.cooper@ieee.org

Jack Harrington (Interim)
Philips Medical Systems
Phone: 978-659-3517
Email: jack.harrington@philips.com

Thomas Norgall
University Erlangen
Phone: 49-9131-776-5113
Email: norgall@computer.org

Imaging Integration

Fred Behlen, PhD
American College of Radiology
Phone: 708-960-4164
Email: fbehlen@laitek.com

Helmut Koenig, MD
Siemens Medical Solutions Health Services
Phone: 49-9131-84-3480

Implementation Committee

Lisa Carnahan
National Institute of Standards and Technology
Phone: 301-975-3362
Email: lisa.carnahan@nist.gov

Charlie McCay
HL7 UK
Ramsey Systems Ltd.
Phone: 44-01743-232278
Email: charlie@ramseysystems.co.uk

Implementation Technology Specification (formerly XML)

Paul Knapp
Continovation Services, Inc.
Phone: 604-987-3313
Email: pknapp@continovation.com

Charlie McCay
HL7 UK
Ramsey Systems, Ltd.
Phone: 44-01743-232278
Email: charlie@ramseysystems.co.uk

Infrastructure & Messaging

Grahame Grieve
Kestral Computing Pty Ltd.
Phone: 61-3-9450-2222
Email: grahame@kestral.com.au

Anthony Julian
Mayo Clinic/Foundation
Phone: 507-266-0958
Email: ajulian@mayo.edu

Doug Pratt
Siemens Medical Solutions Health Services
Phone: 610-219-3050
Email: Douglas.Pratt@siemens.com

Scott Robertson
Kaiser Permanente
Phone: 626-381-6624
Email: scott.m.robertson@kp.org

Rene Spronk
HL7 The Netherlands
Ringholm GmbH
Phone: 33-318-553812
Email: rene.spronk.@ringholm.com

International Committee

Jane Howarth
HL7 Canada
Jane Howarth Associates
Phone: 905-717-3717
Email: jhowarth@aci.on.ca

Miroslav Koncar
HL7 Croatia
Ericsson Nikola Tesla, d.d.
Phone: 38-5136-53479
Email: miroslav.koncar@ericsson.com

Klaus Veil
HL7 Australia
Phone: 61-412-746-457
Email: klaus@veil.net.au

Java

Peter Hendler, MD
Kaiser Permanente
Phone: 510-248-3055
Email: peter@javamedical.com

Gunther Schadow, MD
Regenstrief Institute, Inc.
Phone: 317-630-7070
Email: gunther@aurora.regenstrief.org

Laboratory

Austin Kreisler
SAIC
Phone: 404-498-6596
Email: austin.j.kreisler@saic.com

Ken McCaslin
Quest Diagnostics, Incorporated
Phone: 610-650-6692
Email: kenneth.h.mccaslin@questdiagnostics.com

Craig Robinson
Siemens Medical Solutions Health Services
Phone: 610-219-1567
Email: craig.robinson@siemens.com

Marketing Committee

Jill Kaufman
IBM
Phone: 919-543-3978
Email: jillkauf@us.ibm.com

Norbert Mikula
Intel Corporation, Digital Health Group
Phone: 503-712-8006
Email: norbert.h.mikula@intel.com

Modeling and Methodology

George (Woody) Beeler Jr., PhD
Beeler Consulting, LLC
Phone: 507-254-4810
Email: woody@beelers.com

Lloyd McKenzie
HL7 Canada
LM&A Consulting, Ltd .
Phone: 780-993-9501
Email: lloyd@lmckenzie.com

Dale Nelson
Zed-Logic Informatics, Inc.
Phone: 916-365-6344
Email: dale@zed-logic.com

Craig Parker, MD
Remedy MD
Phone: 801-859-4480
Email: craigparkermd@gmail.com

Ioana Singureanu
U.S. Department of Veterans Affairs
Phone: 603-548-5640
Email: ioana.singureanu@med.va.gov

Orders/Observations

Hans Buitendijk
Siemens Medical Solutions Health Services
Phone: 610-219-2087
Email: hans.buitendijk@siemens.com

Patrick Loyd
Gordon Point Informatics, Ltd.
Phone: 415-209-0544
Email:
Patrick.loyd@gpinformatics.com

Gunther Schadow, MD
Regenstrief Institute, Inc.
Phone: 317-630-7070
Email: gunther@aurora.regenstrief.com

Organizational Review Committee (ORC)

Hans Buitendijk
Siemens Medical Solutions Health Services
Phone: 610-219-2087
Email: hans.buitendijk@siemens.com

Mark Shafarman
Shafarman Consulting
Phone: 510-593-3483
Email: mark.shafarman@earthlink.net

Outreach Committee for Clinical Research (OCCR)

Charles Jaffe MD, PhD
Health Level Seven
Phone: 858-720-8200
Email: cjaffe@HL7.org

Patient Administration

Jean Ferraro
McKesson Provider Technologies
Phone: 631-968-4057
Email: jean.ferraro@mckesson.com

Gregg Seppala
U.S. Department of Veteran Affairs
Phone: 703-824-0995
Email: gregg.seppala@va.gov

Patient Care

William Goossen
HL7 The Netherlands
Phone: 31-318-540069
Email: williamtfgoossen@cs.com

Susan Matney
Siemens Medical Solutions
Phone: 801-298-4642
Email: susan.matney@siemens.com

Larry McKnight
Siemens Medical Solutions Health Services
Phone: 610-219-2980
Email:
lawrence.mcknight@siemens.com

Patient Safety

Clive Flashman
National Patient Safety Agency
Phone: 44-0-207927-9551
Email: clive.flashman@npsa.nhs.uk

Lise Stevens
Food and Drug Administration
Phone: 301-827-6085
Email:
Lise.Stevens-Hawkins@fda.hhs.gov

TC and SIG Co-chairs, continued

Pediatric Data Standards

David Classen, MD, MS
First Consulting Group
Phone: 801-532-3633
Email: dclassen@fcg.com

Joy Kuhl
Child Health Corporation of America
Phone: 703-842-5311
Email: joy.kuhl@chca.com

Andy Spooner, MD, FAAP
Cincinnati Children's Hosp. Med. Ctr.
Phone: 513-803-0121
Email: aspooner@gmail.edu

Personnel Management

June Rosploch
Kaiser Permanente
Phone: 925-924-5035
Email: june.rosploch@kp.org

Leon Salvail
Global Village Consulting, Inc.
Phone: 604-608-1779
Email: lsalvail@global-village.net

Pharmacy

Robert Hallowell
Siemens Medical Solutions Health Sevices
Phone: 610-219-5612
Email: robert.hallowell@siemens.com

Julie James
Blue Wave Informatics LLP
Phone: 44-1392-271274
Email:
julie_james@bluewaveinformatics.co.uk

Michael van Campen
HL7 Canada
Gordon Point Informatics Ltd
Phone: 250-812-7858
Email: Michael.vanCampen@GPinfomatics.com

Process Improvement Committee

June Rosploch
Kaiser Permanete
Phone: 925-924-5035
Email: june.rosploch@kp.org

Nancy Wilson-Ramon
Phone: 310-614-0879
Email: nancy.wilson-ramon@att.net

Public Health and Emergency Response (PHER)

Rita Altamore
Washington State Department of Health
Phone: 360-951-4925
Email: rita.altamore@doh.wa.gov

Jim Case
American Association of Veterinary Lab Diagnosticians
Phone: 530-754-9719
Email: jtcase@ucdavis.edu

Kristi Eckerson
Northrop Grumman
Phone: 404-498-6639
Email: keckerson@cdc.gov

Publishing Committee

Jane Foard-V2
McKesson Provider Technologies
Phone: 847-495-1289
Email: jane.foard@mckesson.com

Helen Stevens Love-V3
Email: hstevens@infoway-inforoute.ca

Klaus Veil-V2
HL7 Australia
Phone: 61-412-746-457
Email: klaus@veil.net.au

Regulated Clinical Research Information Management

Ed Helton
SAS Institute
Phone: 919-531-4062
Email: ed.helton@sas.com

Randy Levin, MD
Food and Drug Administration
Phone: 301-827-7784
Email: randy.levin@fda.hhs.gov

Edward Tripp
Abbott Laboratories
Phone: 847-937-2021
Email: edward.tripp.@abbott.com

Scheduling and Logistics

Anita Benson
DataScene
Phone: 860-491-9009
Email: anita@datascene.com

Jane Foard
McKesson Provider Technologies
Phone: 847-495-1289
Email: jane.foard@mckesson.com

Security

Bernd Blobel, PhD
HL7 Germany
University of Regensburg Medical Center
Phone: 49-941-944-6769
Email: bernd.blobel@ehealth-cc.de

Mike Davis
U.S. Department of Veteran Affairs
Phone: 760-632-0294
Email: mike.davis@med.va.gov

Glen Marshall
Siemens Medical Solutions Health Services
Phone: 610-219-3938
Email: glen.f.marshall@siemens.com

Services Oriented Architecture

Alan Honey
Kaiser Permanente
Phone: 925-924-5054
Email: alan.p.honey@kp.org

John Koisch
OCTL Consulting
Phone: 253-223-4344
Email: jkoisch@octlconsulting.com

Jari Porrasmaa
HL7 Finland
University of Kuopio
Phone: 35-817162899
Email: jari.porrasmaa@uku.fi

Ken Rubin
EDS Corporation
Phone: 703-845-3277
Email: ken.rubin@eds.com

Structured Documents

Liora Alschuler
Alschuler Associates, LLC
Phone: 802-785-2623
Email: liora@alschulerassociates.com

Calvin Beebe
Mayo Clinic/Foundation
Phone: 507-284-3827
Email: cbeebe@mayo.edu

Keith Boone
GE Healthcare Integrated IT Solutions
Phone: 617-519-2076
Email: keith.boone@ge.com

Robert Dolin, MD
Kaiser Permanente
Phone: 714-562-3456
Email: robert.h.dolin@kp.org

Templates

Russ Hamm
Mayo Clinic/Foundation
Phone: 507-284-9348
Email: hamm.russell@mayo.edu

Galen Mulrooney
U.S. Department of Veteran Affairs
Phone: 703-742-2866
Email: galen.mulrooney@med.va.gov

Angelo Rossi Mori
HL7 Italy
Phone: 39-06-86090250
Email: angelo@itbm.rm.cnr.it

Mark Shafarman
Shafarman Consulting
Phone: 510-593-3483
Email: mark.shafarman@earthlink.net

Tooling Committee

Lloyd McKenzie
HL7 Canada
LM&A Consulting, Ltd.
Phone: 780-993-9501
Email: Lloyd@lmckenzie.com

Jane Curry
Health Information Strategies, Inc.
Phone: 780-459-8560
Email:
janecurry@healthinfostrategies.com

Laura Sato
HL7 UK
NHS Connecting for Health
Phone: 44-7733-324338
Email: laura.sato@nhs.net

Vocabulary

Heather Grain
Phone: 61-413-155105
Email: h.grain@latrobe.edu.au

Stan Huff, MD
Intermountain Health Care
Phone: 801-442-4885
Email: stan.huff@ihc.com

William T. Klein
Klein Consulting, Inc.
Phone: 631-924-6922
Email: kci@tklein.com

Cecil Lynch
OntoReason, LLC
Phone: 916-412-5504
Email: clynch@ontoreason.com

HL7 FACILITATORS

Modeling and Methodology Facilitators

George (Woody) Beeler, Jr., PhD
Beeler Consulting LLC
Committee: Facilitator-at-Large
Phone: 507-254-4810
Email: woody@beelers.com

Anita Benson
DataScene
Committee: Patient Safety SIG; Scheduling & Logistics TC
Phone: 860-491-9009
Email: anita@datascene.com

Kathleen Connor
Fox Systems Inc.
Committee: Financial Management TC
Phone: 360-357-3536
Email: kathleen.connor@foxsys.com

Jane Curry
Health Information Strategies Inc.
Committee: International
Phone: 780-459-8560
Email: janecurry@healthinfostrategies.com

Norman Daoust
Daoust Associates
Committee: Patient Administration TC
Phone: 617-491-7424
Email: normand@daoustassociates.com

Robert Dolin, MD
Kaiser Permanente
Committee: Structured Documents TC
Phone: 714-562-3456
Email: robert.h.dolin@kp.org

Jane Foard
McKesson Provider Technologies
Committee: Scheduling & Logistics TC
Phone: 847-495-1289
Email: jane.foard@mckesson.com

Sarah Glamm
Epic Systems Corporation
Committee: Laboratory SIG
Phone: 608-271-9000
Email: sglamm@epicsystems.com

Hugh Glover
HL7 UK
Committee: Immunization; Medication; Pharmacy SIG
Phone: 44-0-1392-271274
Email: hugh_glover @bluewaveinformatics.co.uk

Robert Grant
ZOLL Data Systems
Committee: Personnel Management TC
Phone: 800-474-4489
Email: rgrant@zolldata.com

Grahame Grieve
Kestral Computing Pty Ltd
Committee: Infrastructure & Messaging TC
Phone: 61-3-9450-2222
Email: grahame@kestral.com.au

William "Ted" Klein
Klein Consulting, Inc.
Committee: Vocabulary TC
Phone: 631-924-6922
Email: kci@tklein.com

Austin Kreisler
SAIC - Science Applications International Corp
Committee: Laboratory SIG
Phone: 404-498-6596
Email: austin.j.kreisler@saic.com

John Kufuor-Boakye
JMW Systems Consultants
Committee: Patient Care TC
Phone: 780-438-0178
Email: kufuor@telusplanet.net

Lloyd McKenzie
HL7 Canada
Committee: Facilitator-at-Large
Phone: 780-993-9501
Email: lloyd@lmckenzie.com

Nancy McQuillen
California Department of Health Services-Berkeley
Committee: Public Health Emergency Response SIG
Phone: 916-650-6885
Email: NMcQuill@dhs.ca.gov

Dale Nelson
Zed-Logic Informatics, Inc
Committee: CMET
Phone: 916-365-6344
Email: dale@zed-logic.com

Craig Parker, MD
RemedyMD
Committee: Clinical Decision Support TC; Clinical Guidelines SIG
Phone: 801-859-4480
Email: craigparkermd@gmail.com

Rebecca Reed
Strategic Business Solutions, Inc.
Committee: Laboratory SIG
Phone: 703-477-4456
Email: rebecca.reed@sbsi-usa.com

Gunther Schadow, MD
Regenstrief Institute, Inc.
Committee: Orders & Observations TC
Phone: 317-630-7070
Email: gunther@aurora.regenstrief.org

Amnon Shabo
IBM
Committee: Clinical Genomics SIG
Phone: 972-544-714070
Email: shabo@il.ibm.com

Abdul-Malik Shakir
Shakir Consulting
Committee: Modeling & Methodology TC
Phone: 909-596-6790
Email: abdulmalik@shakirconsulting.com

Mead Walker
Mead Walker Consulting
Committee: RCRIM TC
Phone: 610-518-6259
Email: dmead@comcast.net

Publishing Facilitators

Raymond Aller, MD
L.A. County Department of Health Services
Committee: Government Projects SIG
Phone: 213-840-9072
Email: raller@ladhs.org

Douglas Baird
Boston Scientific Corporation
Committee: Templates SIG
Phone: 651-582-3241
Email: douglas.baird@guidant.com

Anita Benson
DataScene
Committee: Scheduling & Logistics TC; Patient Safety SIG
Phone: 860-491-9009
Email: anita@datascene.com

Doug Castle
IDX Systems Corporation
Committee: Vocabulary TC
Phone: 802-859-6365
Email: doug_castle@idx.com

Mark Diehl
CSC Global Healthcare
Committee: Government Projects SIG
Phone: 301-624-1779
Email: markdata@aol.com

Julie Evans
CDISC
Committee: Public Health; RCRIM TC
Phone: 202-675-6977
Email: jevans@cdisc.org

Jane Foard
McKesson Provider Technologies
Committee: Scheduling & Logistics TC
Phone: 847-495-1289
Email: jane.foard@mckesson.com

Alexis Grassie
HL7 Canada
Committee: Canadian Realm
Phone: 416-481-2002
Email: agrassie@cihi.ca

Irma Jongeneel-de Haas
HL7 The Netherlands
Committee: International
Phone: 31-347-327777
Email: irma.jongeneel@mckesson.nl

Anthony Julian
Mayo Clinic/Foundation
Committee: Infrastructure & Messaging TC
Phone: 507-266-0958
Email: ajulian@mayo.edu

Mary Ann Juurlink
Gordon Point Informatics
Committee: Care Provision; Patient Care TC
Phone: 780-920-5224
Email: maryann.juurlink@gpinformatics.com

Helmut Koenig, MD
Siemens Medical Solutions Health Services
Committee: Imaging Integration SIG
Phone: 49-9131-84-3480
Email: helmut.koenig@siemens.com

Joanne Larson
Kaiser Permanente
Committee: Infrastructure & Messaging TC
Phone: 925-924-5029
Email: joann.larson@kp.org

Margaret (Peggy) Leizear
Food and Drug Administration
Committee: RCRIM TC
Phone: 301-827-5203
Email: peggy.leizear@fda.hhs.gov

Patrick Loyd
Gordon Point Informatics Ltd.
Committee: Orders & Observations TC
Phone: 415-209-0544
Email: patrick.loyd@gpinformatics.com

Glen Marshall
Siemens Medical Solutions Health Services
Committee: Security TC
Phone: 610-219-3938
Email: glen.f.marshall@siemens.com

Kenneth McCaslin
Quest Diagnostics, Incorporated
Committee: Laboratory SIG
Phone: 610-650-6692
Email: kenneth.h.mccaslin@questdiagnostics.com

Sue Mitchell
Omnicare Information Solutions
Committee: E.H.R TC
Phone: 740-862-4458
Email: suemitchell@hotmail.com

Dale Nelson
Zed-Logic Informatics, Inc
Committee: CMET
Phone: 916-365-6344
Email: dale@zed-logic.com

Frank Oemig
HL7 Germany
Committee: Conformance SIG; German Realm
Phone: 49-208-781194
Email: frank@oemig.de

Nancy Orvis
U.S. Department of Defense, Military Health System
Committee: Government Projects SIG
Phone: 703-681-5611
Email: nancy.orvis@tma.osd.mil

HL7 Facilitators, continued

Craig Parker, MD
RemedyMD
Committee: Clinical Decision Support TC; Clinical Guidelines SIG
Phone: 801-859-4480
Email: craigparkermd@gmail.com

June Rosploch
Kaiser Permanente
Committee: Personnel Management TC
Phone: 925-924-5035
Email: june.rosploch@kp.org

Gregg Seppala
U.S. Department of Veterans Affairs
Committee: Patient Administration TC
Phone: 703-824-0995
Email: gregg.seppala@va.gov

Amnon Shabo
IBM
Committee: Clinical Genomics SIG
Phone: 972-544-714070
Email: shabo@il.ibm.com

Margarita Sordo
Partners HealthCare System, Inc.
Committee: Gello
Phone: 617-732-6271
Email: msordo@dsg.harvard.edu

Helen Stevens Love
Committee: Patient Safety SIG; Public Health Emergency Response SIG; RCRIM TC
Phone: 250-888-5824
Email: hstevens@infoway-inforoute.ca

Michael van Campen
Gordon Point Informatics Ltd.
Committee: Immunization; Medication; Pharmacy SIG
Phone: 250-881-4568
Email:
michael.vancampen@gpinformatics.com

Bob Yencha
Alschuler Associates, LLC
Committee: Structured Documents TC
Phone: 207-772-5121
Email: bob@alschulerassociates.com

Vocabulary Facilitators

Anita Benson
DataScene
Committee: Patient Safety SIG, Scheduling & Logistics TC
Phone: 860-491-9009
Email: anita@datascene.com

Paul Biondich
Regenstrief Institute for Health Care
Committee: Pediatric Data Standards SIG
Phone: 317-630-8134
Email: pbiondich@regenstrief.org

James Case
American Assoc. of Veterinary Lab Diagnosticians
Committee: Public Health & Emergency Response SIG
Phone: 530-754-9719
Email: jtcase@ucdavis.edu

Kathleen Connor
Fox Systems Inc.
Committee: Financial Management TC
Phone: 360-357-3536
Email: kathleen.connor@foxsys.com

Jane Foard
McKesson Provider Technologies
Committee: Scheduling & Logistics TC
Phone: 847-495-1289
Email: jane.foard@mckesson.com

Palva Frazier, RN, MSN, MBA
Management Systems Designers, Inc.
Committee: Structured Documents TC
Phone: 301-594-4741
Email: frazierp@mail.nih.go

Hugh Glover
HL7 UK
Committee: CMET
Phone: 44-0-1392-271274
Email:
hugh_glover@bluewaveinformatics.co.uk

Margaret Haber, BSN, RN, OCN National Cancer Institute Center for Bioinformatic
Committee: RCRIM TC
Phone: 301-594-9185
Email: mhaber@mail.nih.gov

W. Edward Hammond, PhD
Duke University Medical Center
Committee: Templates SIG
Phone: 919-383-3555
Email: hammo001@mc.duke.edu

Robert Hausam, MD
TheraDoc, Inc.
Committee: Laboratory SIG
Phone: 801-415-4412
Email: robert.hausam@theradoc.com

Stanley Huff, MD
Intermountain Health Care
Committee: Vocabulary TC
Phone: 801-442-4885
Email: stan.huff@ihc.com

Julie James
Blue Wave Informatics LLP
Committee: Immunization; Medication; Pharmacy SIG
Phone: 44-1392-271274
Email:
julie_james@bluewaveinformatics.co.uk

William "Ted" Klein
Klein Consulting, Inc.
Committee: Modeling & Methodology TC
Phone: 631-924-6922
Email: kci@tklein.com

Peter MacIsaac
HL7 Australia
Committee: International
Phone: 61-411-403-462
Email: peter.macisaac@hl7.org.au

Usha Reddy
IBM
Committee: Clinical Genomics SIG
Phone: 215-997-1411
Email: usharedddy@us.ibm.com

Julie Richards
Canada Health Infoway
Committee: E.H.R TC
Phone: 843-388-1214
E-mail: jrichards@infoway-inforoute.ca

June Rosploch
Kaiser Permanente
Committee: Personnel Management TC
Phone: 925-924-5035
Email: june.rosploch@kp.org

Harold Solbrig
Mayo Clinic/Foundation
Committee: Modeling & Methodology TC
Phone: 507-284-0753
Email: solbrig.harold@mayo.edu

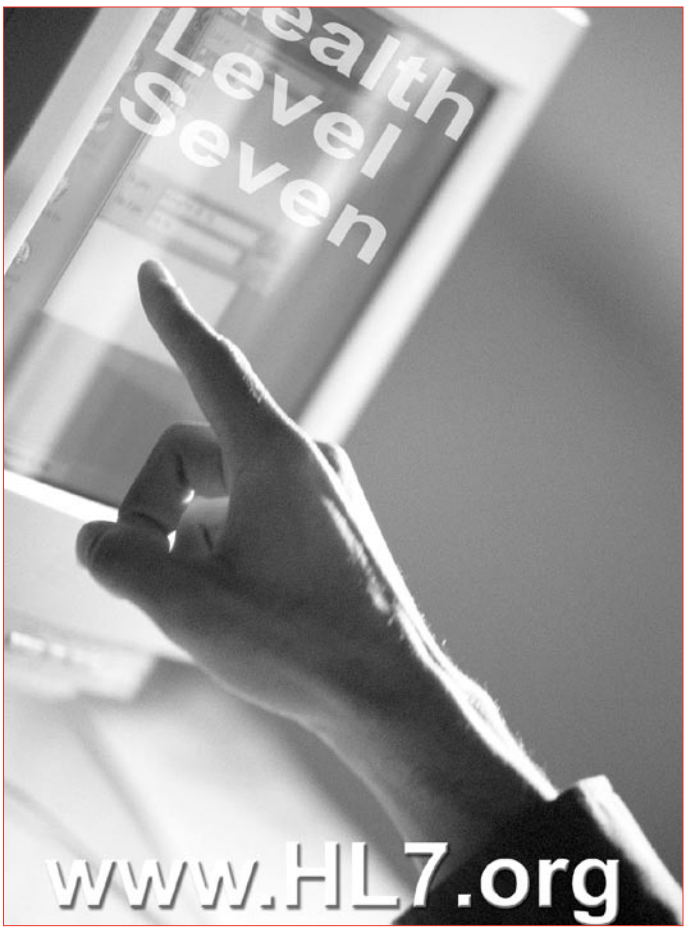
Harry Solomon
GE Healthcare Integrated IT Solutions
Committee: Imaging & Integration SIG
Phone: 847-277-5096
Email: harry.solomon@med.ge.com

Sandra Stuart
Kaiser Permanente
Committee: Infrastructure & Messaging TC
Phone: 510-625-4992
Email: sandystu1@comcast.net

International Liaisons

Helen Stevens Love
Committee: Orders & Observations TC
Phone: 250-888-5824
Email: hstevens@infoway-inforoute.ca

Irma Jongeneel-de Haas
HL7 The Netherlands
Phone: 31-347-327777
Email: irma.jongeneel@mckesson.nl



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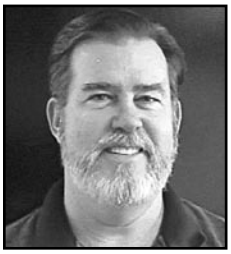
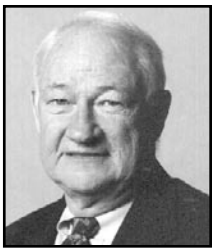


Charles "Chuck" Meyer
Phone: 407-695-8338
Email: cmeyer327@aol.com

Chair Elect



W. Edward Hammond, PhD
Duke University Medical Center
Phone: 919-383-3555
Email: hammo001@mc.duke.edu

Treasurer

William R. Braithwaite, MD, PhD
Phone: 202-669-9444
Email: bill@braithwaites.com

Secretary

Freida Hall
U.S. Department of Veterans Affairs
Phone: 727-398-3212
Email: freida.hall@va.gov

Directors-At-Large

Liora Alschuler
Alschuler Associates, LLC
Phone: 802-785-2623
Email: liora@alschulerassociates.com

Hans Buitendijk
Siemens Medical Solutions Health Services Corporation
Phone: 610-219-2087
Email: hans.buitendijk@siemens.com

Robert Dolin, MD
Kaiser Permanente
Phone: 714-562-3456
Email: robert.h.dolin@kp.org

Linda Fischetti, RN, MS
U.S. Department of Veterans Affairs
Phone: 301-734-0417
Email: linda.fischetti@va.gov

Jill Kaufman
IBM
Phone: 919-543-3978
Email: jillkauf@us.ibm.com

Wes Rishel
Gartner
Phone: 510-217-3085
Email: Wes.Rishel@Gartner.com

Daniel C. Russler, MD
Oracle
Phone: 404-276-1718
Email: dan.russler@oracle.com

Klaus Veil
HL7 Systems & Services
Phone: 61-412-746-457
Email: klaus@veil.net.au

Technical Committee Chair

John Quinn
Accenture
Phone: 216-583-1242
Email: john.f.quinn@accenture.com

International Representative

Kai Heitmann, MD
University Hospital of Cologne
Phone: 49-221-478-6507
Email: HL7@kheitmann.nl

Chief Executive Officer

Charles Jaffe, MD, PhD
Chief Executive Officer, HL7
Phone: 858-720-8200
Email: cjaffe@HL7.org

Executive Director

Mark McDougall
Executive Director, HL7
Phone: 734-677-7777
Email: markmcd@HL7.org

Health Level Seven®, Inc.

April/May Working Group Meeting

April 29-May 4, 2007

Maritim Hotel & InterContinental Hotel
Cologne, Germany

Early Bird Registration Cutoff—March 26, 2007
Online Registration & Hotel Cutoff—April 1, 2007

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