HL7 NEWS

AUGUST 2008

THE OFFICIAL PUBLICATION OF HEALTH LEVEL SEVEN, INC.

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Update from the CEO

By Charles Jaffe, MD, PhD, HL7 CEO

Charles Jaffe, MD, PhD

As the languid days of August almost imperceptibly transform into the cool autumn nights of September, some significant milestones emerged from the HL7 landscape.

The membership of HL7 has its very first Roadmap. A strategic plan for technical and business development is embodied in this document. It is more than just a promise to our stakeholders; the Roadmap provides the end-user community, government agencies, software developers and other standards development organizations clear guidelines for our products and services. In addition, the Roadmap offers something beyond a commitment to develop a new standard or a new release of a balloted one. There are clear milestones, deliverables and metrics for success.

The Roadmap enunciates definitive statements of where we plan to devote resources to emerging technologies and in specific domains of expertise. As the Clinical Document Architecture (CDA) becomes more mature and more broadly adopted, we have found greater demand for its inherent flexibility, including the delivery of discharge summaries and the implementation of decision support.

Strategies are also emerging in the realms of Service Oriented Architecture and clinical research integration. Plans for the BRIDG (Biomedical Research Integrated Domain Group) model are defined in the Roadmap, developed in close cooperation with CDISC, the FDA, and the NIH (National Cancer Institute).

The Roadmap also envisions improved collaboration with other partners and other Standards Development Organizations (SDOs). Most importantly, it is a living document. The Roadmap development team will continue to be composed of a broad constituency with distinct requirements, and with plans to publish Roadmap updates annually.

As the Roadmap matures, it will reflect the changing business needs of our organization. More opportunities require more creative resource development and new means of expanding our funding model.

Part of our new funding model emerged with the announcement of the Rockefeller grant to develop a strategy for defining interoperability for healthcare IT in critical developing countries. The World Health Organization (WHO) has contended that millions of dollars have been poured into those regions, referred to by the Rockefeller Foundation as the Global South, without achieving much of the potential of that investment. The leadership envisioned a conference of thought leaders and stakeholders as the starting point for a successful program.

During a four week period in July and August, eight sessions were held, including tracks on public health, electronic health records, mobility solutions and capacity building. Interoperability was designed to serve as the keystone for the conference.

continued on page 7

Bellagio, Italy, where the Rockefeller Foundation conference took place this summer.

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HL7's 22nd Annual Plenary Meeting*

Theme: The Role of IT in Healthcare Policy

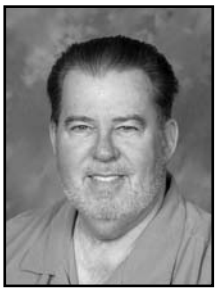
Monday, September 15, 2008
Sheraton Wall Centre Hotel,
Vancouver, BC, Canada

Scheduled Agenda Is Subject to Change*

8:00 – 8:10 a.m.	**Opening Remarks** *Charles Jaffe, MD, PhD,* CEO, Health Level Seven
8:10 – 8:20 a.m.	**Welcoming Comments** *Michael van Campen,* Chair, HL7 Canada
8:20 – 8:50 a.m.	**Plenary Session 1: Canada's Vision for Healthcare IT** *Richard Alvarez,* President and CEO, Canada Health Infoway
8:50 – 9:20 a.m.	**Plenary Session 2: The Status of Healthcare IT in British Columbia** *Elaine McKnight,* Assistant Deputy Minister, Health Sector IM/IT Division, Ministry of Health, Province of British Columbia
9:20 – 9:50 am	**Plenary Session 3: U.S. Presidential Candidate John McCain's Vision for Healthcare IT** *Stephen T. Parente,* McCain health policy adviser and Associate Professor, Department of Finance, Director, Medical Industry Leadership Institute, Carlson School of Management, University of Minnesota
9:50 – 10:20 am	**Plenary Session 4: U.S. Presidential Candidate Barack Obama's Vision for Healthcare IT** *Blackford Middleton, MD, MPH,* MSc, Chairman, Center for IT Leadership, Director, Clinical Informatics R&D, Partners HealthCare System, and Harvard Medical School
10:20 – 10:50 a.m.	**Break**
10:50 – 11:20 am	**Plenary Session 5: European Union eHealth Strategy in Support of Member State Health Policy Priorities** *Dr. Veli N. Stroetmann* and *Dr. Karl A. Stroetmann,* European eHealth Research and Innovation Study, Senior Research Fellows, empirica Technology Research
11:20 – 11:50 am	**Plenary Session 6: The Role of Interoperability Standards in Emerging Countries** *Beatriz de Faria Leão, MD, PhD,* Health Standards Architect, ZILICS Health Information Systems, São Paulo, Brazil
11:50 – 12:20 pm	**Plenary Session 7: Health Policy in Asia** *Goh Aik Guan*, Managing Director, Ministry of Health Holdings, Singapore (invited)

*Schedule and speakers are subject to change.

A final agenda will be posted to the HL7 website and will printed in the HL7 On-Site Meeting Schedule & Hotel Guide in August.



Chuck Meyer

Governance and Operations Column: WORK GROUP CO-CHAIR ELECTIONS: What to expect in Vancouver

By Chuck Meyer; HL7 Vice Chair

How often have you had to skip a quarter of your work group meeting in order to participate in the co-chair election of another work group you had an interest in? How long did it take your work group to get back on track after those folks who filled the room for a co-chair election ambled off? Even if you haven't had to deal with these situations I can almost guarantee that you've heard about them. There's no question that the Governance and Operations Committee (GOC) has heard about them.

On a typical Monday or Tuesday at a Working Group Meeting there are a number of HL7 members wandering from work group to work group solely to participate in co-chair elections. While this proved workable in the past, as HL7 grew, it became more problematic. HL7 leadership has been challenged by the membership, or at least a fairly vocal contingent of the membership, to address these issues and improve the work group co-chair election process at our Working Group Meetings.

As a result, the GOC evaluated several proposals derived from a review of various election processes, keeping in mind the demand for openness while engaging the rather nebulous concept of work group membership or, perhaps more appropriately, participation. Given that HL7 has neither the capability to manage membership at the work group level nor the desire to restrict participation to a single or even several work groups, it has always been the policy that anyone "in the room and identified as an HL7 member" can vote during a work group co-chair election.

The process endorsed by the GOC and adopted by the Executive Committee is defined in §05.02 of the Governance and Operations Manual. HL7 will continue to identify members by the red MEMBER band across the bottom of the Working Group Meeting badge holder which is issued to current individual members and the representatives of current organizational members (normally your employer) and HL7 Affiliates. However, beginning with the September Working Group Meeting HL7 will no longer hold co-chair elections in the work group meeting rooms. Instead, there will be a polling station at or near the HL7 registration desk. On the first day of the Working Group Meeting that a work group officially convenes, that work group's co-chair ballots will be available at the polling station throughout the day to 'registered' voters (admittedly a relative term). Registered voters will posses a member's badge and will have 'registered' an interest in a given work group by subscribing to that work group's primary list server on or before the Wednesday preceding the Working Group Meeting.

Those work groups holding co-chair elections will be announced during each morning's General Session. Co-chairs are also encouraged to mention elections during their opening comments to the work group. Throughout the course of the day a registered voter (one whose name appears on the work group's primary list server subscription list) can visit the polling station to request and complete a work group co-chair ballot. There will be numerous opportunities to cast your ballot: in route to your work group or tutorial following the general session; during breaks; before or after lunch; and for up to the half an hour following Q4.

The ballot format is virtually unchanged and will allow for write-in candidates. Any write-in candidates will be subject to validation and may decline to serve. As in the past, there are allowances for absentee ballots. However, absentee ballots are restricted to those current individual members or voting representatives of current organizational or Affiliate members who are not able to attend the Working Group Meeting. Absentee voters must also be registered as subscribers to the work group's primary list server. Curtailing absentee ballots to 'voting' members is necessary; otherwise any employee of a current organizational member or Affiliate could conceivably submit an absentee ballot.

The GOC is hopeful that this new process for work group co-chair elections will lessen the hassle factor and improve the effectiveness of our Working Group Meetings. So let's all give it a chance and put forth the effort to make it work. Thank you.

Chuck Meyer
Vice Chair, HL7

HL7 NEWS

is the official publication of:

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Phoenix to Göteborg to Vancouver

Update from Headquarters

By Mark McDougall, HL7 Executive Director

Meetings around the Globe

HL7 has continued its global march that was started many years ago. Last year, HL7 convened its May 2007 Working Group Meeting in Cologne, Germany. HL7 was also an active participant and exhibitor in Medinfo 2007 that convened in Brisbane, Australia. Immediately following Medinfo 2007, HL7's IHIC 2007 program was held in Auckland, New Zealand.

MIE 2008 – Sweden

This year HL7 actively participated and exhibited at MIE 2008, which convened during late May in Göteborg, Sweden. While the acronym is much shorter, MIE 2008 actually refers to the 21st International Congress of the European Federation for Medical Informatics. The theme for this event was "eHealth beyond the horizon – get I.T. there," which attracted more than 1000 participants.

22nd Plenary – Canada

HL7's 22nd Annual Plenary and Working Group Meeting will convene September 14 – 19, 2008 at the Sheraton Wall Centre Hotel in spectacular Vancouver, BC, Canada. Situated along British Columbia's coastline, majestic mountains, sparkling ocean, rainforests and beautiful foliage all four seasons make Vancouver one of the most beautiful cities in the world.

This year's plenary theme is "The Role of I.T. in Healthcare Policy." The program will feature high ranking speakers from Asia, Europe, South America and North America. Given the current presidential election year in the United States, the plenary program will also feature presentations by healthcare policy speakers from the campaigns of John McCain and Barack Obama. A complete program schedule is provided on page 2.

A highlight of this year's plenary meeting is that the Wednesday night networking reception will be held at the Vancouver Aquarium. For a nominal charge, HL7's attendees will have private use of Canada's largest aquarium, where food and drinks will also be served. HL7 attendees will have private access to these areas:

Underwater galleries: HL7 guests have the exclusive opportunity to discover areas of the Aquarium after dark, including the underwater habitat of the four Pacific White Sided Dolphins.

Top floor galleries: The Pacific Canada Pavilion includes the Georgia Straight Exhibit, highlighting the marine life from the British Columbia coastline. Tropic Zone has a large display of tropical fish, including sharks. The Exploration Gallery has over 5000 square feet of new animals to explore, such as jellies, barnacles and cuttlefish.

Exhibit at the Vancouver Aquarium

IHIC 2009 – Greece

The 9th Annual International HL7 Interoperability Conference (IHIC) will convene October 8 – 11, 2008 on Greece's largest island, Crete. One of the key objectives of the IHIC is sharing HL7 Version 3 (V3) implementation experience from around the world and the HL7 Clinical Document Architecture (CDA) is a foundational component of many of those V3 exchanges. This year's event also features a "Show Me Your CDA!" project that provides an opportunity for all members of the HL7 community to show off their accomplishments and even win an award for what they have done. For more information on this year's IHIC program please see the article on page 17.

May WGM – Phoenix

Our May Working Group Meeting, held in Phoenix, Arizona from May 4 – 9, 2008, was another big success. More than 40 HL7 work groups met in Phoenix and attendees took advantage of 30 tutorials during that week. The common theme that week was that the meetings were very productive, albeit tiring. Fortunately, we also enjoyed excellent warm weather and celebrated Cinco de Mayo with the locals.

Meeting Sponsors

I am pleased to recognize the following organizations that sponsored key components of our May Working Group meeting in Phoenix, Arizona:

- LINKMED – Afternoon Snack Break
- Thomson Reuters– Morning Coffee Break
- iNTERFACEWARE – Lanyards
- Gordon Point Informatics – Tuesday's Continental Breakfast
- Orion Health – Monday's Continental Breakfast

The additional sponsorship support provided by these organizations contributes heavily to HL7's meeting budget and is much appreciated.

Recognition Awards

Benefactors and Supporters

We are thrilled to have attracted the all time highest number of HL7 benefactors and supporters, who are listed on page 12. Their support of HL7 is very much needed and sincerely appreciated. Representatives from these organizations are pictured below. A special thank you is extended to the firms that represent our 2008 HL7 benefactors and supporters.

Representatives from HL7's 2008 Supporters accept their recognition plaques at the Wednesday morning general session in Phoenix.

May Working Group Meeting Sponsors Marc Koehn of Gordon Point Informatics and Alan McFarlane of Interfaceware accept their recognition plaques at the Wednesday morning general session in Phoenix.

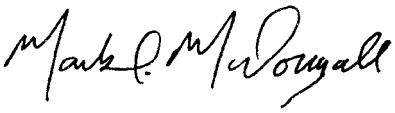
Organizational Member Firms

As listed on pages 21-23, HL7 is very proud to report that the number of HL7 organizational member companies includes approximately 465 companies. We sincerely appreciate their ongoing support of HL7 via their organizational membership dues.

In Closing

As I write this column, those of us in the Northern hemisphere are in the midst of our warm summer season. Many of us are spending more time with family due to school breaks and/or family vacations. We are also aware that many others are facing extremely difficult challenges (e.g., natural disasters occurring around the globe). Therefore, I invite us all to consider praying for and/or doing what you can do to help those in desperate need.

Best wishes to you and your loved ones for good health and much laughter.



Representatives from HL7's 2008 Benefactors accept their recognition plaques at the Wednesday morning general session in Phoenix.

ExL Pharma's 4th Annual Electronic Health Records and eClinical Technologies Conference

September 15-16, 2008 Marriott Waterfront, Baltimore, MD

In 2005 ExL Pharma produced a conference on Merging EHR & EDC, the first ever event on this visionary topic, proudly pioneering the landscape and successfully gathering the most influential leaders in this space to brainstorm on the potential value of co-joining healthcare informatics and clinical trial research systems. With over half of the first year participants returning in 2006 and the conference growing over 60% in size, the event once again successfully articulated the potential value of integrating clinical research and clinical care. Reflecting the topic's evolution, the 2007 conference title expanded to Merging Electronic Health Records and eClinical Technologies, with continued concentration on defining the value proposition, driving user adoption, data standardization and regulatory compliance, and the introduction of recruitment and safety benefits as well as a focus on implementation at the site-level.

In 2008, we will examine the topic through actual case study examples of real world applications. Led by varying industry initiatives to standardize the data collection, aggregation and retrieval, the industry is finally realizing the benefit of successful cases of convergence. This year's event focuses on demonstrating case study examples of the capture of appropriate EHR data for clinical research and the subsequent increases in drug safety and clinical procedural efficiency.

Join the leading pharmaceutical companies, medical centers, industry-led initiative groups, academic organizations and regulatory authorities as we gather in Baltimore and advance towards interoperability.

HL7 members are entitled to a 15% discount on the registration fee. To take advantage of this discount, please use Priority and Discount Code: P424HL7. For more information, to download the conference brochure and to register, please go to: www.exlpharma.com.

News from the PMO

By Dave Hamill, Director, HL7 Project Management Office

Dave Hamill

HL7 Project List

The HL7 Project List is alive and well, and indicates that 150 plus projects are being worked on by the membership. I would like to thank the co-chairs and project facilitators that helped validate the accuracy of the list. This list originates from HL7's primary project repository, Project Insight, and contains projects submitted to the PMO since 2005. You can view the list on GForge, via the TSC's File page at http://hl7projects.hl7.nscee.edu/frs/?group_id=52.

Project Insight Presentations Will Continue at the September Plenary & Working Group Meeting in Vancouver, British Columbia, Canada

The PMO will again demonstrate Project Insight and provide free tutorials to all interested parties at the Vancouver Plenary & Working Group Meeting in September. Sessions are planned for Q4 Sunday and Q3 Thursday. This training will help project facilitators assist their work groups in project development and facilitation by utilizing an online tool. Look for more details under the 'Tutorials' section in the WGM Brochure and in the On-Site Meeting Schedule and Hotel Guide.

As HL7's primary project repository, Project Insight functions as the foundation for project data and reporting, and assists the PMO, steering divisions and TSC in the execution of HL7's project methodology and processes. It is a 100% web-based project management software application with tools that offer many strategic benefits to HL7, such as:

- Intelligent project scheduling, including cross project dependency capability
- Flexible reporting
- Project templates and project methodologies
- Microsoft Outlook and Office integration
- Options for customization

Version 3 Normative Edition 2008 Now Available

The Version 3 Normative Edition 2008 (NE 2008) is now available and is a comprehensive assembly of the HL7 Version 3 specifications that have reached normative status — as either a Normative Standard or a Draft Standard for Trial Use (DSTU) — since 2004. This release includes an improved suite of tools, and XML representations of the standard (in the HL7 Model Interchange Format - MIF) that allow more thorough processing of these standards with tools developed by HL7 and by HL7 implementers. New tools just being released support design browsing and editing, and auto-generation of message instance examples. Additionally, a significant effort went into improving the quality review of the content and reporting any issues found in the "Known Issue" page of the Edition. The enhanced emphasis on the DSTU in this edition allows implementers an opportunity to test these specifications in real-life settings and then provide their feedback to be incorporated into the final standard prior to it becoming a normative specification. Another feature of the NE 2008 is that it is based on a better documented and managed representation of the vocabulary content.

NE 2008 covers about 50% more topics of interest than the previous edition and also includes the following standards:

Foundation Technologies

- Security Role Based Access Control – Definitions, terminologies, frame-works to support RBAC
- DSTU – Templates to constrain and refine standard HL7 Clinical Documents and Messages
- DSTU – Implementation Guide for using SNOMED-CT (the premier clinical terminology used worldwide) in the context of HL7 Version 3 communications

Infrastructure Specifications and Implementation Technology Specifications

- No change

Services (Services Oriented Architecture) Specifications

- Informative Document on Use of SOA in HL7
- Three RIM-based services specifications developed jointly with OMG
- Resource Location and Update Service
- Entity Identification Service
- Decision Support Service

Domain Specifications

- Accounting and Billing Release 2
- Care Provision — A Suite of seven new DSTUs for Patient Care
- Clinical Genomics advanced "pedigree" topic from DSTU to Standard
- Claims and Reimbursements Release 4
- Clinical Statement — a new DSTU to define a common pattern for use in All RIM-based specifications
- Medical Records Communication advanced prior work from DSTU to Standard and added DSTU on Document Queries
- Patient Administration released the second release of their DSTU
- Public Health — Safety Report Management — DSTU 2
- Public Health Generic Incident Notification — DSTU Release 1
- Regulated Products — Structured Product Labeling — Release 3
- Regulated Products — Regulated Product Submission — Standard Release 1
- Regulated Studies — Reporting of Clinical Trials Lab Data — Standard Release 2 (was Release 1)
- Specimen — Informative Document of a pattern for modeling clinical specimens in HL7 V3
- Therapeutic Devices — New standard on follow-up reports on cardiac implantable devices

Version 3 NE 2008 is available for purchase in the "Bookstore" area under the Resources section of the HL7 website. Members logged in to the HL7 website may also download Version 3 standards from the Members Only section of the website.

Continued from page 1

Ed Hammond, the HL7 Chair, provided the closing keynote address for the conference.

In addition to a substantial handbook on Interoperability, HL7 is slated to complete a demonstration project for lab interoperability and participate in the distance e-learning project on healthcare informatics designed by the American Medical Informatics Association (AMIA). This training program will depend significantly on the experience that HL7 has gained during the inaugural year of its own highly successful e-learning project.

Much of the HL7 family is awaiting this year's plenary meeting to be held in Vancouver from September 14 through 19. In addition to an exciting off-site program, developed in conjunction with HL7 Canada, we have confirmed presentations from healthcare IT thought leaders from academia and industry as well as ministries of health from around the globe. In anticipation of the US Presidential elections, we have confirmed presentations from the healthcare advisors of both of the major candidates, who will address the policy platforms of their leadership.

We look forward to an exciting autumn and a challenging year. As the calendar pages turn quickly by, engaging our members and stakeholders has never been more critical to our success.

Sincerely,

Charles Jaffe, MD, PhD

Multiple Modes Of Delivering Education

By Abdul-Malik Shakir, Co-Chair, HL7 Education Work Group

Abdul-Malik Shakir

The Education Work Group is the primary work group responsible for organizing, monitoring, and overseeing educational offerings provided by Health Level Seven (HL7). In recent years, the Education Work Group has expanded the modes in which it provides education. The purpose of this article is to enumerate and describe the existing and emerging modes of delivering education used by the Education Work Group.

Working Group Meeting Tutorials

Working Group Meeting tutorials are instructor-led educational sessions provided at HL7 working group meetings. These tutorials provide attendees the opportunity to combine participation in educational offerings with participation in work group projects and activities. They include lectures regarding the various HL7 products such as messages, documents, services, and functional models. Tutorials are also provided on other standards, information technologies, and regulatory activities related to HL7 products.

Educational Summits

Educational Summits are interim education-only meetings held by the Education Work Group between working group meetings. They provide attendees the opportunity to participate in educational offerings without the distraction of other work group activities and also allow HL7 to reach an audience that does not traditionally attend working group meetings. The summits are also instructor-led educational sessions consisting of lectures devoted to HL7 products and services. Educational Summits provide an opportunity to deliver education in cities not typically utilized for working group meetings.

Compact Disks

Educational CDs are self-directed educational offerings combining PowerPoint-like presentation material, audio, and text on a topic related to HL7. The courses are burned onto CDs for distribution and can be downloaded from the HL7 website or ordered from the bookstore. These are single topic tutorials intended for an audience interested in self-directed study. Compact disks provide users with the opportunity to experience an educational offering at their own pace during times most convenient to them. Educational CDs can be distributed by HL7 in a variety of forums such as HIMSS, TEPRA, and other events.

Webinars and Audio Casts

Webinars and audio casts are instructor-led courses presented as lectures and interactive sessions via the web or teleconference. They provide participants with an opportunity to participate in an educational offering without the need for travel or allocating a significant portion of their time.

Participants can register in advance of the session and participate from anywhere in the world, provided they have the necessary Internet or telephone access. Webinars and audio casts are typically short in length (one to two hours) and focus on a single topic. The sessions may be offered as part of a series of sessions over time.

On-Site Tutorials

On-site tutorials are instructor-led training provided by HL7 and hosted on-site by a coordinating organization. HL7 provides the instructor and educational materials while the host provides the facilities, audio-visual equipment, and the audience. On-site tutorials are typically customized to meet the particular learning objectives of the host. This type of educational offering gives the host organization the opportunity to provide education to a large group without the inconvenience of travel.

Distance Learning Program (eLearning)

The HL7 distance learning program, also referred to as eLearning, is a series of pre-recorded webinars combined with instructional material designed to be taken as a collective. Distance learning programs are multi-topic educational offerings designed to accomplish very broad learning objectives. They also provide participants with an opportunity to explore educational topics in more depth than is covered in our other modes of education.

Distance learning programs include exercises, activities, and tests. Instructors are available through online blogs and email to provide coaching, review the results of exercises, and to answer questions. The distance learning program can be accessed 24/7 from anywhere in the world. .

The Education Work Group is committed to continuing to offer educational services in a variety of modalities to suit the needs of the members of HL7 and the users of HL7 products and services. Other ideas being considered include the use of online forums, blogs, and podcasts. Please share your thoughts with us and your expertise regarding any of the modes of education presented in this article. As a work group we are continually seeking new volunteers to assist us with planning and delivering educational services. Please join our list server to learn how you too can get involved.

Advisory Council News

The HL7 Board of Directors has named seven new members to serve on its Advisory Council: Michael Fitzmaurice, PhD, senior science advisor for information technology, Agency for Healthcare Research and Quality; Harry L. Reynolds, vice president, HIPAA & Information Compliance Office, Blue Cross and Blue Shield of North Carolina; Helga Rippen, MD; Nina M. Schwenk, MD, vice president, Mayo Clinic, chair, Information Technology Committee and consultant, General Internal Medicine; Jeremy Thorp, director of business requirements, NHS Connecting for Health; John Tooker, MD, MBA, FACP, executive vice president and chief executive officer, American College of Physicians; and Charlene S. Underwood, MBA, director, Government and Industry Affairs, Siemens Medical Solutions.

The Board would also like to thank the following individuals who recently completed their terms on the Advisory Council for their service: Carl Dvorak, chief operating officer, Epic Systems Corporation; Ian Ferrier, founder and chair of Bogart Delafield Ferrier, LLC; Mark Frisse, director of regional informatics programs at the Vanderbilt Center for Better Health, and professor in the Vanderbilt department of Biomedical Informatics; Mitch Hansen, vice president for enterprise systems and services, Quest Diagnostics; C. Martin Harris, chief information officer and chairman, Information Technology Division of the Cleveland Clinic Foundation; Dr. Tim Jones, clinical and technical design owner, National NHS Care Record, National Programme for IT; Penelope J. Lie, senior director in healthcare development at Oracle Corporation; Janet Marchibroda, chief executive director, Foundation for eHealth Initiative; and Andrew Updegrove, co-founder and partner, Gesmer Updegrove LLP.

For more information on the members of the HL7 Advisory Council, please visit the HL7 Advisory Council webpage at: http://www.hl7.org/special/committees/Advisory/index.cfm.

Co-Chair Election Results from the May Working Group Meeting

Congratulations to the following individuals elected as co-chairs at the May Working Group Meeting in Phoenix, AZ:

- **Clinical Genomics –** Amnon Shabo
- **Clinical Interoperability Council** – Meredith Nahm
- **Community Based Collaborative Care** – Richard Thoreson
- **Financial Management** – Kathleen Connor, Susan Lepping, and Beat Heggli
- **Implementation/Conformance** – Jason Rock and Jenni Puyenbroek
- **Laboratory** – Austin Kreisler
- **Modeling & Methodology** – Dale Nelson
- **Patient Administration** – Jean Ferraro
- **Patient Care** – Kevin Coonan
- **RIM Based Application Architecture (formerly JAVA)** – Peter Hendler
- **Security** – Bernd Blobel
- **Services Oriented Architecture** – John Koisch and Galen Mulrooney
- **Templates** – Mark Shafarman

Congratulations to the following people who passed the HL7 Certification Exam

Certified HL7 V2.5 Chapter 2 Control Specialist

March 5, 2008
Angela M. Clark
Ronald L. Cowan
Douglas T. Fisher
Karen L. Furman
Linda J. Howell
Sunil Mainali
Dajiba R. Patil
Zane E. Schott
Terry L. Sirdevan
Ted J. Walker

March 26, 2008
Kevin J. Kalp
Joel Kerranen
Lynn R. Laakso
Joe Purrenhage
Edwin D. Ylitalo

May 8, 2008
Rita A. Altamore
Varun Bathla
Subrata Behera
Tina A. Gautreau
David R. Nelsen
Michael A. Yackanich

HL7 Argentina

April 4, 2008
Alfredo Hernán Cancio
Fernando Andrés Campos

HL7 Canada

March 27, 2008
Joshua G. McColeman

April 10, 2008
Alvaro Lemos
Susan L. Slater

May 12, 2008
Grace Woo

May 16, 2008
Elliot Cunningham
Kristofer Hiebert
Edward Hodgson
Brian Katchnoski
Nick Mages
Brad Woodfield

HL7 India

February 23, 2008
Smitha G.K.
Sivakumar K.M.
Karthikkannan Maruthamuthu

April 5, 2008
Rukmoni CK
Anjana Devi Kaleeswaran
Brijesh Mishra
Logeswari Palani
Komathi Radhakrishnan
Sridhar Rajagopalan
Sarath Kumar Reddy
Madhanagopal Sadasivam
Renuka Thangavel

June 14, 2008
Manoj Kumar Chinnaraj
Flora Esther Jacob
Harini N Krishnaswamy
Srinivasan Krishnamoorthy
Nandakumar M Lotlekar
Sathish Kumar Natarajan
Thirunavukkarasu Ramachandran
Nagarajan Ramasamy

June 21, 2008
Neeraj Bharati
Krishan K Bhardwaj
Rina Katiyar
Priyambada Swain

HL7 Spain

March 27, 2008
Javier Barredo Agrax
Javier Carracedo Municio
Elías Castro González
Pablo Costas Álvarez
Ana Belén Devesa Canal
Andrés Gil Rodríguez
Alejandro López González
Urbano Rey Rey
Elvira Sacristán Gil
Alberto Sáenz Heras
Javier Trillo Enríquez
Pablo Francisco Viñas Noseda

Certified HL7 CDA Specialist

May 8, 2008
Paul Avillach
Ugur Bilge
Igor Gejdos
Brett A. Marquard
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Join us in the HL7 Booth (#2427) at the HIMSS 2009 Exhibit

HL7 will once again offer education sessions at our booth during HIMSS. Join us to learn more about how HL7 standards are changing the face of healthcare IT.

Save the Date for HIMSS 2009!

April 4-8, 2009 in Chicago, IL

Upcoming Co-Chair Elections

The following HL7 work groups will conduct co-chair elections at the September Plenary & Working Group Meeting in Vancouver, British Columbia, Canada:

- **Anatomic Pathology**—electing one co-chair
- **Attachments**—electing one co-chair
- **Clinical Decision Support**—electing one co-chair
- **Clinical Interoperability Council**—electing one co-chair
- **Education**—electing two co-chairs
- **Financial Management**—electing one co-chair
- **Implementation/Conformance**—electing one co-chair
- **Infrastructure & Messaging**—electing two co-chairs
- **Modeling & Methodology**—electing one co-chair
- **Orders & Obersvations**—electing one co-chair
- **Patient Safety**—electing one co-chair
- **Public Health & Emergency Response**—electing two co-chairs
- **Services Oriented Architecture**—electing one co-chair

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UPCOMING WORKING GROUP MEETINGS

January 11–16, 2009

Working Group Meeting

Hilton in the Walt Disney World Resort
Orlando, FL

May 10–15, 2009

Working Group Meeting

Kyoto International Conference Center
Kyoto, Japan

September 20–25, 2009

23rd Annual Plenary & Working Group Meeting

Sheraton Atlanta Hotel
Atalnta, GA

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 a three-day schedule of tutorials 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.

November 4–6, 2008
Embassy Suites Hotel
Salt Lake City, UT

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. They 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 Version 2.5 and Clinical Document Architecture, and Version 3 RIM
- **Economical**
  A more economical alternative for companies who want the benefits of HL7's on-site training but have fewer employees to train

Use of HL7 Standards in the JARA Project (Corporate Healthcare Information Systems Transformation) and its Relationship with Other Systems

Submitted by HL7 Spain

Servicio Extremeño de Salud (SES) is the public healthcare provider organization in the Extremadura Region of Spain that is responsible for managing people, resources and centers. It provides healthcare services to more then one million inhabitants, within an integrated functional framework based on the integral concept of health.

The SES organization includes eight health areas, and is the basic system structure that manages resources and funding around the developed activities, integrating the different levels of assistance around the clinical process: primary care, acute care and social assistance. The goal is to effectively manage and coordinate the resources close to the citizens; facilitate accessibility; ensure the required levels of quality; and look for efficiency to address an infinite demand.

The JARA Project scope includes new and integrated information systems based on state of the art information technology, as a driver for a change in the model and processes that provides new tools to the participants in health management: citizens, professionals and managers.

As an organization, SES manages 14 public hospitals, 110 primary care centers and more than 300 offices in medium and small villages in the region, with more than 14,000 employees.

Case I: Integration of patient demographic information

The goal of this integration is to unify the patient demographic data among different information systems, based on a unique code (CIP = Patient Identification Code).

SES implemented a citizens database (and the healthcare resources associated with it) called **CIVITAS,** that interoperates with the JARA Electronic Health Record , based on **SAP for Healthcare,** using the profiles specified in the IHE Framework, and using HL7 messages as the following::

- Any new patient registry in the CIVITAS database will generate an ADT^A28 message to JARA
- Any update in patient demographic data will generate an ADT^A31 message, between CIVITAS and JARA
- Any merger in two or more patient registries will generate an ADT^A40 message

The JARA Clinical Information System can register a new patient or an unknown patient (in this case, the systems will generate a temporary identification to assign it tests or orders) and communicate this event to CIVITAS, with an **ADT^A28** message. In the case of a new patient registry in CIVITAS, this will send another **ADT^A28** message to JARA, including an internal identification in JARA and the new CIP assigned in CIVITAS. If the patient is already registered in JARA, CIVITAS will then send an **ADT^A31** message.

SES has collaborated along with other public healthcare providers as well as private software and services companies in the health industry, to develop an implementation guide, adapted to the specific characteristics of the Spanish National Health System, for Patient Identification Data, mainly in the PID segment. This guide has been used by the JARA Project as a way to guarantee interoperability among different providers.

The technology used in the interoperability infrastructure is IBM WebSphere Business Integration, which manages the data interchange between JARA and other information systems.

Case II: Lab Tests Results Repository (Cornalvo Project)

The goal of the Cornalvo Project is the integration of the Electronic Health Record implemented by the JARA Project, all the results of analytics made to a patient, in any lab in any center in any health area. It graphically represents all of the observations in the follow up time period.

The project definition adhered to the IHE framework, defined in the "Laboratory Schedule Workflow (LSWF)," that establishes the continuity and integrity of the clinical laboratory testing and observation data throughout the healthcare enterprise, following the document **'IHE Laboratory Technical Framework vol. 1'** regarding this profile.

Thus far, the **LAB-3 'Order result management' transaction** has been developed and implemented, which allows the system to "aggregate results, grouped by patient, no matter the incoming center." SES is now developing **LAB-1' Placer order management'** and **LAB-2 'Filler order management'** transactions--in other words, order management.

Use of HL7 Standards in the JARA Project, continued

The LAB-3 transaction uses **OUL^R22** and **OUL^R24** messages that go from the Order Filler to Order result tracker, as specified in the 'IHE Laboratory technical framework vol. 2'.

An implementation guide based on the HL7 Version 2.5 messaging specification and mandatory fields was developed by HL7 Spain to facilitate message definitions between different laboratory information systems providers.

In parallel, lab staff is now working to translate and normalize LOINC codes and test groups, based on CUMUL (a multilingual directory based on LOINC).

Case III: Medical Image integration (Zurbarán Project)

The goal of the Zurbarán Project is to integrate radiology images and reports with the Electronic Health Record implemented by the JARA Project.

In order to achieve this goal, it was necessary to integrate the centralized radiology information system and the PACS (Centricity from General Electric) with SAP for Healthcare, according to the IHE **Scheduled Workflow Integration Profile** specifications and definitions based on HL7 messages.

This integration was particularly challenging, because it was necessary to use two different versions of HL7 messages. The JARA Project interoperability is based on HL7 Version 2.5, but Centricity RIS currently only supports HL7 Version 2.3.1.

Messages that have been implemented are the following:

- **SIU (Schedule Information Unsolicited)**—Transaction 48 of the IHE Technical Framework:
  - **SIU^S12:** Unsolicited Notification of Scheduled Appointment.
  - **SIU^S13:** Unsolicited Notification of Rescheduled Appointment.
  - **SIU^S16:** Notification of Appointment Discontinuation.
  - **SIU^S17:** Notification of Appointment Deletion.
  - **ORR^O02:** Responding to a request has been made or cancelled. Digital imaging would be available from receiving this message.
- **OrderData** (Urgent Order Clinics, requests without planning)—Transaction 2 and 3 of IHE Technical Framework:
  - **ORM^O01:** General order message.
- **ReportData:**
  - **ORU^R01:** Results of a request made, namely data in the report validated radiological.

HL7 Welcomes Newest Affiliate—HL7 Singapore

HL7 Singapore was officially launched at a half-day networking and information exchange event on June 27, 2008. The launch of this HL7 affiliate affirms Singapore's commitment to promote and adopt leading specifications for healthcare data exchange.

Hospitals and various healthcare organizations in Singapore are increasingly implementing new technologies in their operations. "There is a need to ensure these different IT systems work synergistically to optimize workflow, minimize ambiguity and reduce redundancy in processes, thus achieving process, semantic and technical interoperability," said HL7 Singapore Chair Fong Choon Khin. "Through HL7 Singapore, we hope to actively engage local healthcare users, providers and product suppliers in adopting a common set of standards for healthcare systems that will bring about seamless exchange of information such as administrative and clinical data, which goes a long way in enhancing patient care delivery across the care continuum."

HL7 Singapore has a three-fold mission for the Singapore healthcare industry:

- To support the development, promotion and implementation of HL7 standards in ways which meet the needs of healthcare organizations, healthcare professionals and healthcare IT practitioners in Singapore;
- To match Singapore's national requirement with HL7 standards, and if necessary, develop Singapore-specific messages, profiles and implementation guides; and
- To educate the Singapore community and healthcare IT practitioners about HL7 standards, as well as to promote effective and consistent implementation of HL7 standards.

The HL7 Singapore Committee consists of:

Chair: Fong Choon Khin, CTO, Singapore Health Services (SingHealth)

Vice Chairman: Ho Khai Leng, Director, National Health Group

Treasurer: Chan Hock Yan, Manager, Infotech Dept, Singapore Health Services (SingHealth)

Secretary: Steven Yeo, VP and Executive Director, HIMSS Asia Pacific

Committee Members: Quek Hui Nar, Senior Consultant, Ministry of Health Holding (Singapore); Tan Yung Ming, Health Solutions International; Chan Kah Choon, GM, National Computer Systems (NCS); George Lamaris, Oracle Corporation; Werner Van Huffel, Healthcare Technology Strategist, Microsoft Singapore

Invitation to the 9th International HL7 Interoperability Conference

By the IHIC 2008 Organizing Committee

HL7 Hellas is pleased to invite you to Hersonissos, Crete for the 9th International HL7 Interoperability Conference, which will be held October 8-11, 2008.

Greece has many unparalleled advantages, such as: an excellent Mediterranean climate; geographical location (a meeting point of three continents); and rich history and culture. All these in addition to top notch conference facilities and unique local fare will add to the pleasure of the attendees' experience. IHIC 2008 will give attendees the opportunity to exchange views and experience with eHealth standards and HL7. While the program committee is evaluating the many excellent submissions to the conference, the organizing committee is working to ensure an unforgettable social program.

Following the success of previous IHIC venues in New Zealand (2007), Cologne (2006), Taiwan (2005), and Acapulco (2004), IHIC 2008 aims to serve as a meeting place for the HL7 affiliates, to share HL7 implementation experiences and strengthen our shared vision for a future of integrated high quality and trusted eHealth services.

In the **IHE Orientation Workshop,** Charles Parisot and Eric Poiseau will guide us in the use of HL7 standards in IHE profiles, including a hands-on session of testing tools used in the preparation for Connectathons. So don't forget your laptops!

Jill Kaufman, chair of the Marketing Council and **HL7 Ambassadors** will give presentations on working eHealth standards built by HL7. Those interested can navigate the fundamentals of HL7 standards and methodology by attending selected advanced tutorials.

Keynote speeches will be delivered by Liora Alschuler (HL7 Board of Directors), Ed Hammond (HL7 Chair). Hlias Iakovides (EU, ICT for Health), and Yun Sik Kwak (ISO TC215) covering diverse uses of the HL7 Clinical Document Architecture (CDA), Electronic Health Records (EHRs), large scale eHealth deployment, and collaboration among SDOs for interoperable EHRs.

IHIC 2008 is also proud to present the first **"Show Me Your CDA!" Interoperability Forum.** It aims to promote best practices in the implementation of the CDA from around the world, and will share tips and tricks in a hands-on session. Show Me Your CDA! will set the scene for the third release of the CDA standard, based on novel and diverse uses of CDA. Awards will also be presented to recognize outstanding accomplishments in the implementation of HL7 CDA.

CDA case studies will be accepted until September 9, 2008 for the Show Me Your CDA! Interoperability Forum. Submit one today for the chance to win an award. For more information please visit: www.showmeyourcda.net.

We are looking forward to welcoming you to Greece, Crete in particular, and to organizing unforgettable events for you and the HL7 Community. We intend to spoil and surprise you with all we have to offer and share the unsurpassed Greek hospitality with you. We truly hope you will join us in enjoying Greece's beautiful, unique and safe atmosphere, while building collaborations that will last for years to come.

IHIC Important Dates

July 1, 2008-September 9, 2008: Show Me Your CDA! is open for submissions

October 8-11, 2008 IHIC 2008 & 3rd HL7 Hellas Conference
Show Me Your CDA! Interoperability Forum: www.showmeyourcda.net

IHIC 2008 Conference site:
www.ihic2008.org

For more information contact:
info@eurolinecongress.gr

A New Initiative: Show Me Your CDA! Interoperability Forum

By Catherine Chronaki, HL7 Hellas Board of Directors International Liaison
and Liora Alschuler, Editor, CDA and HL7 Board of Directors

Catherine Chronaki

Liora Alschuler

The "Show Me Your CDA!" Interoperability Forum (www.showmeyourcda.net) is a new initiative that will be launched in conjunction with the 9th International HL7 Interoperability Conference (IHIC 2008). Its objective is to promote interoperability by sharing HL7 Clinical Document Architecture (CDA) implementation experience. Specifically, it aims to: collect, analyze, and report on CDA implementations from around the world; share expertise, tips, and tricks on the current and future uses of CDA; benchmark the adoption of CDA worldwide; and recognize best practices in CDA tools and implementations. A questionnaire was created to collect information on CDA implementations worldwide. Please visit www.showmeyourcda.net to report your experience with CDA.

Data collected from the "Show Me Your CDA!" website could provide input to the CDA Product & Services Guide, a project of the HL7 Marketing Council and the HIMSS EHR Vendors Association. We expect that the Show me Your CDA! website will gradually be enriched with information from the questionnaire, case studies, samples and web resources. We also expect it to become a vital HL7 CDA community resource.

IHIC 2008 will be held October 8-11 in Crete, Greece, in conjunction with the 3rd HL7-Hellas Conference. One of the key objectives of the IHIC conference is to share HL7 Version 3 implementation experiences from around the world, and CDA is at the foundation of those exchanges.

The "Show Me Your CDA" Interoperability Forum is an opportunity for all members of the HL7 community to showcase their accomplishments and be recognized for their efforts. Individuals and organizations are encouraged to register, fill out the questionnaire, post sample CDA documents, style sheets, and supporting information, and write short case studies about their projects for the "Show Me Your CDA!" website. The forum will be presented first at IHIC 2008 and will persist as an ongoing web resource.

Prizes will be awarded at IHIC 2008 for "Show Me Your CDA!" submissions reflecting outstanding accomplishments.

Why participate in Show Me Your CDA!?

- Learn from a world of CDA experience
- Be an active part of the worldwide CDA community
- Show off your accomplishments to win recognition for your achievements
- Participate in the evolution of CDA, a live working HL7 Version 3 standard

To submit information on your experience with CDA — through the questionnaire or as a case study or both —- and for inclusion in the Interoperability Forum, please register at the "Show Me Your CDA!" website: www.showmeyourcda.net.

Submit your CDA case study to be considered for an award and international recognition!

IHIC 2008 AWARDS COMMITTEE

Liora Alschuler, US
Catherine Chronaki, GR
Kai Heitmann, DE
Rene Spronk, NL
Grahame Grieve, AUS

Note: Picture courtesy of Kai Heitmann from the CDA conference held in Berlin October 7-9, 2002.

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Upcoming International Events

22nd Annual Plenary & Working Group Meeting

Vancouver, B.C., Canada
September 14 – 19, 2008

9th International HL7 Interoperability Conference

Crete, Greece
October 8 – 11, 2008
www.hl7.org.gr/ihic2008/9o_congress/home.html

HL7 UK 2008 Conference

London, England
October 22 – 23, 2008
For more information, please visit
www.hl7.org.uk/hl7ukconferencesite/2008.asp

1st Medical Informatics Argentinian Congress

Buenos Aires, Argentina
October 29 – 31, 2008

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Pharmacy
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Implementation/Conformance
Infrastructure & Messaging
Modeling & Methodology
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Security
Service Oriented Architecture
Templates
Vocabulary

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Publishing
Tooling

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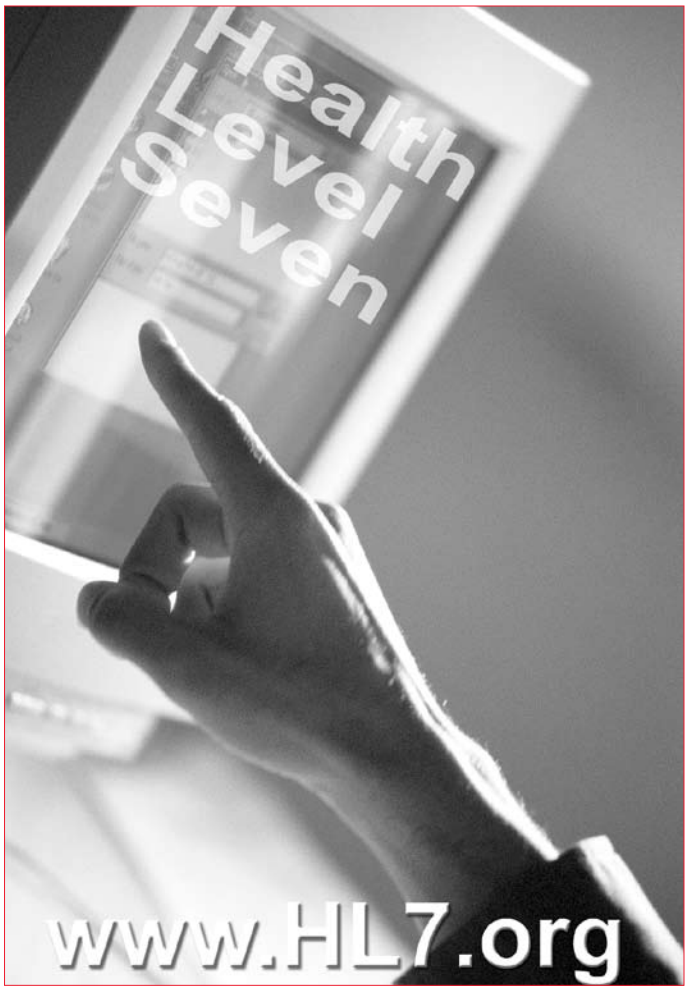

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22nd Annual Plenary & Working Group Meeting

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September 14-19, 2008

Vancouver, British Columbia, Canada

Early Bird Registration Cutoff—August 15, 2008
Online Registration & Hotel Cutoff—August 22, 2008

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