



NEWS

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From the Meetings Department Traveling to Kyoto, Japan

By Lillian Bigham, HL7 Director of Meetings



Lillian Bigham

Welcome to Kyoto – Culture Heart of Japan

Plans are underway for the May 2009 Working Group Meeting to be held in Kyoto, Japan, known as “Japan’s Heartland.” Kyoto is special because it has reigned as the national capital for more than 1,000 years. Kyoto is the city where during your visit you can delve into Japanese history as well as experience the way of living that keeps Kyoto at the forefront of developing emerging technologies.

Seventeen UNESCO World Cultural Heritage Sites are situated in the city dominated by 2,000 temples and shrines. The city offers visitors opportunities to gain meaningful hands-on experience of Kyoto culture through tea ceremony, sake brewing, kimono wearing, swordsmanship, and more. Japan is renowned for its safety and the compactness of Kyoto makes for wonderful strolling.

If you are planning to attend the HL7 May 2009 Working Group Meeting, our advice is to relax and absorb the ambience of the setting and fascinating land that you will visit.

Kyoto Aoi Festival May 15, 2009

The annual Aoi Matsuri, a traditional festival popular throughout all of Japan, will be held in Kyoto on May 15, 2009. The name, “Aoi,” is derived from the leaves of the Aoi plant (hollyhock). Hollyhocks decorate the clothing and oxcarts of all of the festival participants. This symbol can be observed throughout the kilometer-long parade. The festival is one of the most solemn and graceful festivals in the country.

The procession is led by the famous horse-riders of the Kamigamo Shrine and the forerunners called Suo' wearing warrior costumes from the Edo period. Others are dressed up as court officers, messengers, and holy maidens. It begins at 10:30 am at the Imperial Palace (Kyoto Gosho) and makes its way across the Aoi Bridge to the Shimogamo Shrine, one of the two Kamo Shrines. After a ceremony, the procession moves north to the Kamigamo Shrine, where a similar ceremony is conducted. The parade then returns to the grounds of the Imperial Palace.

The Aoi Matsuri is one of the three biggest and oldest festivals in Kyoto. It originated sometime in the sixth century. It is an opportunity not to be missed.

Continued on page 6



View of the city and geisha in Kyoto



Charles Jaffe, MD, PhD

Update from the CEO

By Charles Jaffe, MD, PhD, HL7 CEO

New Year's resolutions have become a cultural norm. Resolutions are usually predicated on a brief retrospective of the past year. Where have we been? What aspirations did we fail to achieve and in what areas did we exceed our expectations? How did our stakeholders really see us and in what ways would we like our image to improve?

In many ways, 2008 continued to be a year of great change. A host of the ambitious goals that were set in the previous year have come to fruition, while others seem to be a work in progress. Certainly, the management re-organization defined in the Robert Wood Johnson grant has begun to bear fruit. The development of our products and services is now well-defined through the guidance of our Chief Technology Officer and the Technical Steering Committee. The Roadmap has become a reality and is now tied to five over-arching strategic goals and a broad array of technical objectives and milestones.

The outreach of HL7 is more refined and focused. In fact, the success of our distance learning program is unprecedented and the Ambassador program is bringing the HL7 technology to more corners of the globe with a more clearly defined message. Our educational programs have grown and there is greater demand for HL7 certifications. The HL7 program on Interoperability, supported by the generous Rockefeller grant, was the centerpiece of delivering e-Health to the emerging economies worldwide. In addition, we have begun to reach into other stakeholder groups with the emergence of the Clinical Interoperability Council and the SDO Summit, a consortium of standards development organizations; the goal of which is to bring greater focus and efficiency to standards harmonization.

More than ever, our Associate Charter Agreements and Memoranda of Understanding are bearing fruit. In that vein, we are seeing more cooperative efforts and joint development than almost any time in our history. The Joint Working Group (HL7, ISO, CEN and CDISC) and the Joint Initiative Council are developing more effective mechanisms for defining the gaps in our standards and harmonizing those standards that have previously existed. We have seen further progress in joint efforts, including those with IHE (Integrating the Healthcare Enterprise), GS1, and the medical device community, represented by the Continua Alliance. Our cooperative efforts with AMIA (American Medical Informatics Association) have led to programs for distance learning that promise to bring capacity building to a global community.

The evolution of Version 3 is more defined and the Version 3 family of products and services has continued to grow. These were showcased at the International Plenary meeting in Vancouver, at IHIC (the International HL7 Interoperability Conference) in Crete and the Workshop to Integrate EHR

standards (lead by the NHS Connecting for Health, Canada Health Infoway, and the Australian National eHealth Transition Authority) program in Copenhagen. Innovative development was demonstrated by the international community in areas as far reaching as process tooling and compliance testing.

Our standards are gaining greater traction in the global community with the widespread adoption of the Clinical Document Architecture (CDA). Not only have there been new approaches to the deployment of CDA but far greater adoption by national authorities. In addition, the EHR-S Functional Model and the functional model for personal health record (PHR) systems are gaining constituencies and advocates. With the growing interest in patient-centric healthcare, the drive to further refine the functionality and policy requirements for the personal health record become increasingly critical.

As we look ahead to 2009, there will be new and different kinds of growing pains. We will certainly need to build a more comprehensive funding model and business plan as our resources feel the strains of supporting these ambitious goals. Our need for greater participation by government authorities has run headlong into the global recession that is certain to impact resource development and tactical decision making over the next year or more. We have made even more ambitious commitments to grow our outreach and communication efforts and have formulated comprehensive plans for branding, market development and stakeholder participation. At the same time, we have reaffirmed our resolve to increase grant-based funding to further our promises to the international community. With the roll out of our new web site, HL7 will streamline our member-centric processes and greatly enhance the face we present to our stakeholders.

Our New Year's resolutions do not end there. With the introduction of our first Roadmap, we have made many strategic promises to our membership and to our stakeholders. At the same time, the Roadmap is a living document that will reflect the changes in our technologies and in our world. We have also promised to be more reflective about our impact in the communities we touch and on the other standards development organizations with which we share these responsibilities. And finally, as we have done for the last two decades, HL7 is dedicated to growth and to continually evolving to meet the ever-changing needs of our diverse stakeholders.

The Board of Directors, the staff of HL7 and I wish you peace and success in the New Year.

Charles Jaffe, MD, PhD, HL7 CEO

Letter from the Chair

US Affiliate: How Shall We Go?

By W. Ed Hammond, PhD, FACMI, Chair, HL7



W. Ed Hammond, PhD

The question of whether HL7 should create a US affiliate has been around for at least three years. The time has come to make a decision on this difficult issue. I would like to share my views on this topic. I also invite you to share your views with me as the HL7 Board addresses this issue along with the input from many others.

Fundamentally, the question of a US affiliate can be framed between two positions. The first, and one I support, is that HL7 should be an international organization that creates and supports global standards. The second position is that HL7 should be an affiliation of national bodies working together to create standards that meet the needs of their countries. In this model, each HL7 affiliate has some autonomy with a sharing of each country's output. There are many possible variations between these two extremes.

HL7 began as a US activity and largely still functions in that space. For much of its existence, HL7 officers and board members were from the US. Over time, as other countries joined HL7 as affiliates, an Affiliates' Council was formed with representation on the Board. Currently there is balance among the affiliate countries and the US in the governance of HL7.

There are many issues that need to be considered in making this decision. Affiliates differ in organizational structure, pay different dues, and contribute to the development of standards in different ways. At the present time, a typical HL7 meeting, whether it is held in the US or internationally, is dominated by US members (for US meetings, the ratio is approximately 25% international, 75% US).

HL7 affiliates are under pressure by their country to deliver suitable standards for that country. Examples include the United Kingdom, Australia, Canada, the Netherlands and the United States. That requirement is reasonable and one that should be met by HL7 as a whole. In some cases, the resulting standard still has value to the international community; in other cases (as in Version 2.5.1), the standard has value primarily in a single realm. In the US, HL7 must address the needs of HITSP, and HL7 is committed to doing so. Whether that commitment should be made only by a US realm is an important question. On the other hand, the standard for the EHR-S Functional Model was created by an international community and is relevant in the international arena.

A major problem that needs to be solved is the issue of one member, one vote. At the present time, a benefactor might have as many votes as an affiliate. At a minimum, this condition gives the perception that HL7 does not value its affiliates; more importantly this condition may put a country at a disadvantage in

balloting on standards. This problem needs to be corrected, and the Board has appointed a committee to address this issue.

I have discussed these issues with a number of people in HL7, and there are widely different opinions about what HL7 should do. There is even disagreement about who should be on a committee to deal with this problem. Should the committee include only US members? How much voice should benefactors have in influencing a course of action? What are the issues and what problems do we need to solve? My concerns are that if we create a US affiliate with autonomy — one that has its own meetings and creates its own standards, even though those standards are shared with HL7, Inc.— the unity and working relationship we now have will be damaged.

I propose the creation of a committee from the HL7 Board and that we charge the committee to come up with a recommendation. That recommendation will be shared with the Technical Steering Committee, the Affiliates' Council, and the membership at large. I invite you now to share your opinions on this matter and make your recommendations.



W. Ed Hammond, PhD
HL7 Chairman of the Board

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Vancouver Hits a Home Run

Update from Headquarters

By Mark McDougall, HL7 Executive Director

Plenary Meeting

HL7's 22nd Annual Plenary and Working Group meeting convened September in spectacular Vancouver, BC, Canada. Situated along British Columbia's coastline and majestic mountains, Vancouver was one of the most beautiful cities that ever hosted an HL7 meeting.

On behalf of the HL7 staff and Board, I extend a warm thank you to Canada Health Infoway for their invaluable guidance and support that helped make this recent meeting our largest Plenary meeting to-date with 548 attendees. I would also like to single out the individuals listed below for going above and beyond the call of duty. Their guidance and dedication were instrumental to the success of this meeting:

- Michael van Campen
- Grant Gillis
- Wendy Huang

This year's plenary theme was "The Role of I.T. in Healthcare Policy." The program featured high ranking speak-

ers from Asia, Europe, South America and North America. It also featured insightful presentations by healthcare policy speakers from the campaigns of John McCain and Barack Obama. The presentations from many of the plenary meeting speakers are available on the HL7 website.

A highlight of this year's plenary meeting was our networking reception at the Vancouver Aquarium – Canada's largest. The evening was special and certainly enjoyed by all. We thank Canada Health Infoway and Microsoft for helping to sponsor the costs of the reception at the aquarium. We are pleased to recognize all of the organizations that sponsored key components of our 22nd Annual Plenary and Working Group meeting in Vancouver, Canada:

- **Canada Health Infoway** – Networking Reception
- **Gordon Point Informatics** – Affiliates' Council Luncheon
- **iINTERFACEWARE** – Lanyards
- **LINKMED** – Afternoon Snack Break
- **Microsoft** – Networking Reception
- **Orion Health** – Onsite Meeting Schedule
- **THOMSON** – Morning Coffee Break

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



W. Ed Hammond, PhD and the 2008 Volunteers of the Year

Volunteers of the Year

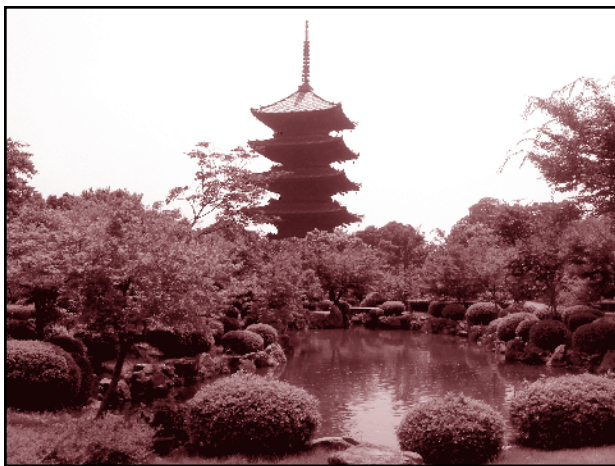
We also were pleased to recognize five incredible volunteers for their dedicated service to HL7. This year marks the 12th year that we have recognized such individuals via the W. Ed Hammond, PhD HL7 Volunteer of the Year Awards. The recipients of the 2008 HL7 Volunteer of the Year Awards include:

- Jane Howarth, Canada
- Diego Kaminiker, Argentina
- Charlie McCay, United Kingdom
- Sue Mitchell, USA (Award accepted by Don Mon in Sue's absence)
- Rene Spronk, The Netherlands

We are honored to recognize these dedicated individuals who happen to be from five different countries. They have all made significant contributions on many fronts, including in specific HL7 work groups, within their respective country, and throughout the larger HL7, Inc. global organization. Their efforts and contributions are sincerely appreciated and this recognition is certainly well-deserved. Please see the article on page 11 to read more about the impressive contributions that these dedicated volunteers have made to HL7.



September Plenary & Working Group Meeting
Sponsors accept their recognition plaques during the Wednesday morning general session in Vancouver



The Toji Pagoda in Kyoto, Japan

Global Activities

Last year, HL7 participated in conferences in Germany, Australia and New Zealand. In recent months, HL7 has participated in conferences in Sweden, Canada and Greece. In 2009, HL7 will continue to participate in programs around the globe. HL7 will participate in the HIMSS AsiaPac09 Healthcare IT Conference and Exhibition February 24-27, 2009 in Kuala Lumpur, Malaysia.

For more information on this program, please visit their website at <http://www.himssasia-pac.org/>.

As has been reported many times, HL7 is producing an upcoming HL7 Working Group Meeting at the world renowned Kyoto International Conference Center in Kyoto, Japan during the week of May 10-15, 2009. We are thrilled to be producing this HL7 meeting in Japan,

and invite you to see the cover story for more details. Please plan now to join us at what will certainly become one of the most memorable HL7 meetings.

In Closing

The year is coming to a close and the holiday season is quickly approaching. I wish to share with you three writings with which you are likely familiar. They describe success, charity and kindness.

To laugh often and much, to win the respect of intelligent people and the affection of children, to earn the appreciation of honest critics and endure the betrayal of false friends, to appreciate beauty, to find the best in others, to leave the world a bit better, whether by a healthy child, a garden patch, or a redeemed social condition, to know even one life has breathed easier because you have lived, THIS is to have succeeded.

—Ralph Waldo Emerson

Every good act is charity. A man's true wealth hereafter is the good that he does in this world to his fellows.

—Mohammed

Be kind whenever possible. It is always possible.

—The 13th Dalai Lama

Best wishes to you and your loved ones for good health, lots of hugs and much laughter.

Mark P. McDougall

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

Traveling to Kyoto, Japan *Continued from page 1*

Special Education Sessions

Please plan on attending the free tutorial “Get the Basics on How to Enjoy Your Kyoto Experience” at the January Working Group Meeting in Lake Buena Vista, FL. This quarter day tutorial will be given from 9:00-10:30 am on Thursday, January 15, 2009. It is intended to be a preparation for the May Working Group Meeting in Kyoto, Japan. An overview of the Japanese language will be given, including some of the essential phrases. In addition, some cultural aspects will be highlighted.

There will be briefings in Japanese for the Japanese participants during every morning break at the Kyoto meeting. More details will be available in the coming months.

Kyoto International Conference Center (ICC Kyoto)

Kyoto was chosen as the location of Japan's first purpose-built conference facility because of its status as world-acclaimed culture capital. Kyoto International Conference Center (ICC Kyoto) (<http://www.icckyo.or.jp/en/index.html>) has shaped the history of conventions in the country since 1966. Over 70% of the interior space consists of lobbies, lounges and other public space ensuring an ample level of comfort. All Working Group Meetings will take place in the center.

Arriving in and Getting around Kyoto

Kyoto is located near the center of Japan. Flight times from US West Coast and European locations take just eleven hours, while Australia and Asia are even closer.

Kansai International Airport (KIX) – Located slightly over an hour away from Kyoto, this airport is the most used international airport in Japan after Tokyo. Transfer from here to Kyoto station on the JR Haruka express train, direct to your hotel in a shuttle taxi, or take a limousine bus to the center of the city.

Osaka Itami Airport (ITM) – Flights from airports in the Tokyo area, including Narita and Haneda, arrive at Itami airport about once an hour. From Itami airport, relax in a shuttle taxi to your hotel or a limousine bus to Kyoto station

A compact and accessible city, almost any two points in Kyoto can be linked within thirty minutes. It is served by integrated rail, subway, and bus services. The streets are laid out in a north-south, east-west grid pattern that makes navigation simple.

Kyoto City Subway operates two lines: the Karasuma Line running north-south and the Tozai Line running east-west meet in the center of the city at Karasuma Oike station. Stops are announced in Japanese and English on the train. Buses have destinations posted in both Japanese and English. The new Raku Buses painted in distinct designs operate on the most popular tourists routes.

Taxis are available by raising your arm. Taxi fares include a service charge and tipping is not practiced. Expect to use cash to pay your fare, but credit cards are accepted in many vehicles.

Hotels

Hotel reservations will be handled by the Japan Travel Bureau (JTB) Western Japan, Corporation. Working Group Meeting attendees will be able to book their reservations through the

JTB website once the reservation system has opened. You'll have a selection to choose from in a variety of locations ranging from luxury hotels to budget accommodations.

Dining and Tipping

Eating establishments range from cheap noodle bars and kisaten coffee shops to more extravagant places that serve formal cuisine. Good food comes reasonably priced with sake and beer in an izakaya bar. Refurbished historic timber machiya town houses used as bars and restaurants cater to all from formal to casual are popular.

Japanese diners share all dishes at a meal; therefore, your order will likely be placed in the middle of the table for you to transfer to a small plate in front of you. Bills are paid at the cashier rather than at the table.

Kyoto people rarely order only for themselves or “go Dutch” when settling the bill. It is far more common to share dishes with everyone present and to split the total cost of the bill equally.

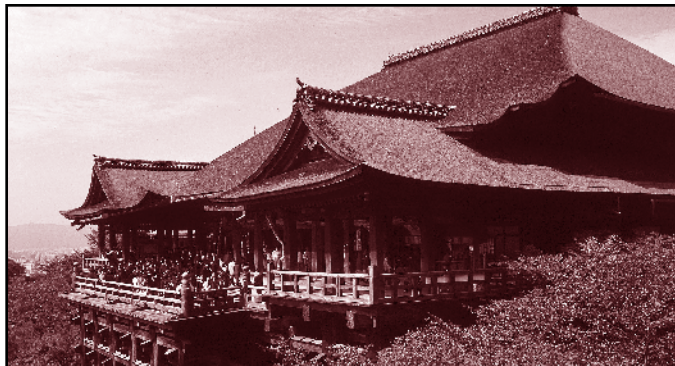
Tipping is not practiced in Japan. Some restaurants and hotels include a service charge in the bill you pay. Some place a tray near the cash register. This is for you to make your payment and for the change and receipt to be passed back to you.

Sightseeing

There is a great deal to see and experience in Kyoto for those who want to venture. Each season brings festivals and event highlights that date back to the founding of Kyoto in the eighth century AD.

Many attractions are located in the area south of Kyoto, such as the home of Japanese green tea in Uji, as well as the UNESCO World Cultural Heritage sites of the Byodoin temple and Ujigami shrine, the spectacular Uji River, and a museum dedicated to interpreting the Tale of Genji.

Central and north-eastern Kyoto is called the Tamba region. It is primarily an agricultural area and provides Kyoto connoisseurs with culinary delights such as prized matsutake mushrooms and Tamba beef. Tamba wine has become one of the leaders in the Japanese wine industry. Kyoto's north coast and hinterland Tango region is a leisure area of coastline and wide sandy beaches. Miyazu is famed for its Amanohashidate land bridge of white sand and pine trees that is considered one of the three most scenic sights in Japan.



Traditional performing arts

Kyoto is the home of geisha arts. Only Kyoto geisha are referred to by the special terms **Maiko** – an apprentice – and **Geiko** – a fully qualified artist. You can see maiko and geiko perform at Gion Corner.

Noh is a classical performance that combines dance, drama, music and poetry. The present form dates back to the 14th and 15th centuries. Stunning costumes and incredible masks are used to convey the characters.

Kyogen is a light comical interlude in a Noh play that is now performed alone as well. Kyogen is highly accessible due to its qualities that overcome language barriers and bridge cultures. Visitors can see Kyogen performances at Gion Corner.

Gagaku is a serene combination of music, dance and chorus from the Imperial Court that sat in Kyoto for more than a thousand years. Performers impress with their Court costume that dates back to the eighth century. Visitors can see Gagaku performances at Gion Corner.

Kabuki is one of the internationally best-known Kyoto performing arts. Kabuki plays are long and impress their audience by telling the story through stylized movements and striking costume/make up.

Money

Japanese currency is yen. Cash is the widely accepted method of payment, but major credit cards are accepted. Call your credit card company for the fee (if any) you may be charged for conversion rates or finance charge/transaction fees.

Debit cards are not common and should not be relied upon as a payment option. Travelers' checks are only accepted for exchange in banks and post offices and cannot be used to purchase goods and services. Currency exchange is available at banks, larger post offices, Kyoto Handicraft Center and a limited number of hotels. You can draw cash on your credit card or debit card at certain ATM cash machines, all post office's (found in every neighborhood) and Seven Bank (in all 7 – Eleven stores; 24 hr). ATMs accept overseas credit cards with a PIN number, and some debit card systems.

Climate and Clothing

Kyoto celebrates the changing of the seasons through festivals



and events, and its exciting and varied seasonal cuisine. The days and nights are mild in May. Sweaters and jackets are not needed during the day. Maximum temperature is 81F/27C and minimum is 64F/18C.

Electricity

Electricity is supplied at 100 volts AC at the frequency of 60 Hertz in Kyoto. Most portable computers and cameras are internationally compatible but please check your equipment before departure. Sockets require a Type A plug, which have two flat blades and are used in the US and Canada. A detailed description on world plugs and sockets is available at: <http://kropla.com/electric2.htm>.



Emergencies and Personal Safety

In the unlikely event of an emergency while you are in Kyoto, it is good to know the systems in place to support you. Your first source of information and advice should be your hotel or meeting secretariat. JNTO gives a detailed description of things to know in an emergency in Japan: <http://www.jnto.go.jp/eng/arrange/essential/emergency/index.html>.

Japan is noted for its safety. Kyoto subways, train stations, and bus terminals are clean and well-lit. Please take proper precautions you would normally practice when in an unfamiliar place.

Passport

A valid passport is required to travel to Japan. If you do not have a passport, you may obtain one through a number of agencies, typically your local post office.

Taxes

Consumption tax across the country is 5% on all purchases (at time of this article). There are no additional local taxes. The displayed price on goods and services is required by law to be tax-inclusive. Receipts and bills often indicate tax and service charge for your reference. You will need your passport to make purchases duty-free and a minimum purchase might apply.

Telephones & Mobile Phones

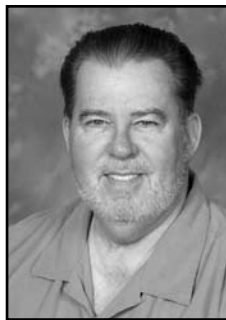
Check with your provider before you depart. Mobile phones are available for rental at the airport, but not in Kyoto. International calls can be made from NTT grey public telephones. Cards can be purchased that allow international telephone calls from any telephone using a code and PIN. For a detailed description of telephone services <http://www.jnto.go.jp/eng/arrange/essential/telephone.html>

Time Zone

Japan is covered by one time zone that is Greenwich Meantime (GMT) plus nine (9) hours.

Keeping up with ANSI requirements

By Chuck Meyer, 2008 HL7 Vice Chair and Member, Governance and Operations Committee



Chuck Meyer

As an ANSI-accredited standards development organization (SDO), HL7 is obligated to adhere to the principles expressed in the current edition of ANSI Essential Requirements: Due process requirements for American National Standards. The Governance and Operations Manual (GOM) is our primary mechanism for demonstrating our compliance with ANSI requirements through our “written procedures” supporting the core principles of openness, balance, coordination and harmonization, consideration of views and objections, and achieving consensus.

Although there are interdependencies throughout the document, the primary evidence of our ANSI compliance is documented in GOM §14 Normative Ballot. This section of the GOM defines our procedures for processing those protocol specifications which will be provided to ANSI for approval as American National Standards (ANS). Although a normative ballot is typically preceded by a review ballot (GOM §13 Review Ballots), these are simply mechanisms for ensuring the protocol specification is ready for a normative ballot and, as such, are not subject to the ANSI process per se.

Just as there are rules for submitting protocol specifications to ANSI upon successful completion of a normative ballot (GOM §15 Submission of American National Standards), there are rules associated with registering informative documents as technical reports or declaring draft American National Standards for trial use once they’ve successfully completed a review ballot. Given the intent of several work groups to register informative documents, the GOM was updated in September as a result of revision cycle 0805 with §13.01.06 Registration as an ANSI Technical Report which explains the process.

With the publication of the GOM last February we recognized the importance of draft standards for trial use (DSTU) and included a review ballot process to validate the draft standard before publishing the DSTU. The approval process for DSTU review (GOM §13.02.05 Approval) includes procedures for registering the DSTU and declaring it a Draft American National Standard for Trial Use. However, that option is no longer available due to a recent announcement by ANSI.

On October 2, HL7 was notified that Annex B: Draft American National Standards for trial use of ANSI Essential Requirements has been eliminated as an option for announcing documents through ANSI. It is important to note that this is an “option” that has been eliminated. It does not affect the ability of an SDO to develop and use DSTU. It simply eliminates the prospect of registering the DSTU with ANSI and declaring it a Draft American National Standard for Trial Use.

In fact, the announcement specifically stated “The ExSC and the NPC recognize that the elimination of Annex B would not unfairly or unduly limit a standards developer’s ability to utilize a “draft standard for trial use” model within its own process. Moreover, there is no compelling reason for ANSI to continue to maintain a substantively revised version of the current draft standard for trial use option that would necessarily require the

imposition of additional substantive procedural requirements and safeguards, akin to the existing American National Standards process.”

However, there are specific actions and deadlines stipulated in the announcement. Of particular importance is the requirement that “A developer whose ANSI-Accredited Procedures includes a DSTU provision associated with the current Annex B as contained in the ANSI Essential Requirements shall revise its procedures to eliminate the DSTU option through ANSI in accordance with the 2009 ANS Compliance Form cycle.” Given this requirement, we have initiated a work item in revision cycle 0809 to address the needed revision to GOM §13.02 Draft Standard for Trial Use (DSTU). This revision will be considered for adoption by the Executive Committee prior to the January Working Group Meeting.

Revisions to ANSI Essential Requirements, the results of periodic ANSI process audits, and a decision by HL7 to exercise options provided by ANSI, often result in revisions to the GOM. The Governance and Operations Committee (GOC) maintains close contact with ANSI staff to ensure our ongoing compliance with this important facet of accreditation. If you have an interest in governance and operations as defined by the GOM, please consider attending the free tutorial being presented by the GOC at the January Working Group Meeting. This tutorial will be Tuesday afternoon following the morning open forum on GOM revisions. I look forward to seeing you there. Happy Holidays!

Chuck Meyer
2008 Vice Chair, HL7

Results of the HL7 Board Elections

Congratulations to the following individuals elected to the 2009 HL7 Board of Directors:

Chair-Elect	Robert Dolin, MD
Secretary	Jill Kaufman, PhD
Director	Stanley Huff, MD
Director	Donald Mon, PhD
Affiliate Director	Catherine Chronaki

Please see page 31 for a complete listing of the 2009 HL7 Board of Directors.



Tom de Jong

The Pharmacy Work Group (sometimes abbreviated as 'Rx') is at the center of many ongoing

activities, both within and outside the realm of HL7. Pharmacy, formerly a Special Interest Group (SIG) under Orders & Observations, has been one of the mainstays of HL7 for several years now, with a group of enthusiasts comprised of domain experts, consultants and system vendors, working on the creation of Version 3 materials. As with many other groups, the work on Version 2 is now mostly limited to Q&A and occasional maintenance.

The work group has good international representation, with steady input from Canada, the UK, the US, the Netherlands, and France. Although a stable core is important for long-term development, new blood is always welcome! Participants bring a wide range of technical and/or domain expertise, which ensures that the standard stays up-to-date and covers an ever broader set of use cases.

Therefore, we would like you to take notice of our plans and current activities, because we feel we might be overlooked by some people

who have a natural interest in our work. We have just passed normative ballot with the Medication domain (dealing with medication as a 'product') and are now starting a normative track for the Pharmacy domain (dealing with the pharmacy business process).

There's a lot going on when it comes to cooperation with other groups, both within and outside HL7. An example is the initiative to construct a Common Product Model, to ensure harmonization between the following work groups: Pharmacy (i.e, the Medication domain), Patient Safety, Regulated Clinical Research Information Management (RCRIM) and Public Health Emergency Response (PHER). This relates to the very important, but often overlooked, aspect of internal consistency within Version 3. Orders & Observations is acting as the steward for a Common Product Model domain in the next ballot. At the same time, we are trying to harmonize this work with what's being done in the joint initiative with the International Organization for Standardization (ISO) and the European Committee for Standardization (CEN).

Recently we have also started cooperating with the Integrating the Healthcare Enterprise (IHE) Pharmacy initiative, to let the balloting

of the Pharmacy domain go hand in hand with the development of IHE work profiles that are based on it. My personal hope is that this will lead to a true win-win situation, with IHE gaining a solid standard for this domain, and HL7 Pharmacy getting new input in the form of excellent use case descriptions.

If you have an interest in medicinal products and/or the business process of ordering, dispensing or administering medication, we urge you to look us up and participate! Pharmacy is a relatively small informal group, and is a great place to actively work on expanding and improving the standard. You can reach us by signing up to the Pharmacy list server, or by paying us a visit at the next WGM, which will start with an introductory session! Before you know it, you'll be a recreational drug...modeler

Looking forward to hearing from you,

Tom de Jong
Co-Chair, Pharmacy Work Group

News from the PMO

By Dave Hamill, Director, HL7 Project Management Office

Project Scope Statement – 2009 Version

The HL7 PMO and Project Services Work Group plan to unveil an updated Project Scope Statement in 2009 based on feedback and suggestions from HL7 project facilitators, work groups and the Technical Steering Committee. Additional areas will be added to capture the project's success criteria and identify where backwards compatibility is broken. An FAQ (Frequently Asked Questions) section will be added to the Appendix as well as refinements to the Project Approval Process to increase project visibility, enhance communication and promote engagement in active projects.

HL7 Project Inventory

Many thanks go out for all the hard work done by the steering division project facilitators, work group co-chairs and HL7 project

facilitators in their effort to ensure each work group has registered all of their projects with the PMO. Steering division project facilitators, with the help from their steering division's work groups, reviewed existing projects and identified missing projects. The result is a more complete and robust list of HL7 projects representing the work being done at HL7.

New Fields Added to the HL7 Searchable Project Index

Search results now include the project's Target Date, Product(s) and the project sponsor's steering division. The Searchable Project Index tool is located in the Resources section on the www.hl7.org homepage. Enter keyword(s), a work group or a project number and the tool will search the most recent Project Insight report residing within the TSC's GForge file tab. The result set can be sorted; or to view more detail regarding a project, just click on any row.

Project Insight/Project Management Presentations Will Continue at the January Working Group Meeting in Lake Buena Vista, Florida.



Dave Hamill

The PMO will again provide free tutorials at the January Working Group Meeting in Lake Buena Vista, FL. The sessions, targeted for co-chairs, steering division representatives and HL7 project facilitators, will demonstrate Project Insight, HL7's primary project repository, as well as review HL7 project management processes and methodologies. Sessions are planned for Q3 Sunday and Q3 Thursday.

Can't make it to a free tutorial in Lake Buena Vista? Have the PMO present a webinar of the tutorial at one of your work group's conference calls! Contact the PMO at pmo@hl7.org to arrange a day and time.

The Newly Formed Clinical Statement Work Group

By Hans J. Buitendijk, Rik Smithies, Interim Co-chairs, HL7 Clinical Statement Work Group;
and Patrick Loyd

About five years ago, Orders & Observations, Patient Care, and Structured Documents started a joint project to create a Clinical Statement pattern to promote consistency across different models that had a need to communicate clinical data. The objective is to provide a Clinical Statement model that can be used by other domains to establish a common and consistent model to express clinical statement data regardless of the domain or communication method. The Pharmacy and Laboratory groups have been active in the work and after Public Health and Emergency Response formed they also joined the effort. In 2007, we achieved a major milestone to complete the Clinical Statement DSTU that is currently in place.

During the May 2008 Working Group Meeting, the joint session took a vote to change the effort from a project to a work group and recognized the need for the ongoing evolution of the pattern and associated CMETs. Most recently, during the September 2008 Working Group Meeting, the newly formed Clinical Statement Work Group concluded that to strengthen the use of the Clinical Statement pattern and drive consistency, it needed to move beyond the current DSTU: "Clinical Statement Goes Normative."

The objective of the project is to submit the Clinical Statement Pattern with a number of updates since DSTU into the May 2009 Ballot cycle. To achieve that goal we are seeking any interested volunteers to help complete all the necessary documentation.

So what value does the Clinical Statement Pattern bring to the standards development process? One question frequently asked is whether the Reference Information Model (RIM) would suffice as the source, so why have another model between the RIM and the specific domain? Wouldn't templates achieve the same?

The key rationale for using a Clinical Statement Pattern is that:

- The RIM is too abstract and allows for many different unroll strategies when different work groups attempt to resolve the same data expression in isolation.
- The pattern allows multiple work groups to jointly solve common issues in the clinical statement space.
- The pattern promotes consistent use of terminology and approaches when unrolling the RIM towards individual domains in common domain space.
- Whether a Lab Test is communicated as part of an Order, Result, or Plan, or as part of a message or document, the test data should be expressed and communicated consistently.

- Templates are an implementation technique and there needs to be consistency of clinical representation between the models they contain.
- Templates and CMETs can themselves be derived from Clinical Statement, that are then applied anywhere.

Therefore, we encourage every domain active in the clinical space to engage with the Clinical Statement Work Group to ensure it sufficiently covers their different needs. Our wiki pages provide a change requests process that enables anybody to submit change request and helps us track and dispose of any updates resulting from these requests. Any requests submitted up to the January Working Group Meeting will be considered for the upcoming normative ballot cycle.

We look forward to working with you as the new Clinical Statement Work Group takes shape.



Hans Buitendijk



Ric Smithies



Patrick Loyd

2009 Publishing Calendar

May 2009 Ballot Cycle

March 30—Ballot open date

April 30—Ballot close date

May 10-15—May Working Group Meeting

May 24—Project scope statement deadline for new content as well as work group intent to reconcile and advance status

September 2009 Ballot Cycle

August 10—Ballot open date

September 14—Ballot close date

September 20-25—September Working Group Meeting

October 4—Project scope statement deadline for new content as well as work group intent to reconcile and advance status

January 2010 Ballot Cycle

December 7—Ballot open date

January 11—Ballot close date

January 17-22—January Working Group Meeting

January 31—Project scope statement deadline for new content as well as work group intent to reconcile and advance status

2008 Ed Hammond Volunteer of the Year Awards

HL7 honored five members with the 12th annual W. Edward Hammond, PhD Volunteer of the Year Award. Established in 1997, the award is named after Ed Hammond, one of HL7's most active volunteers, a founding member, and current HL7 Board chair. The award recognizes individuals who have made significant contributions to HL7's success. The 2008 recipients include:

- Jane Howarth, managing director, Jane Howarth Associates
- Diego Kaminker, chair, HL7 Argentina and consultant, Kern Information Technology
- Charles McCay, owner, Ramsey System, Ltd. and chair, HL7 TSC
- Sue Mitchell, director of clinical systems, Omnicare Information Solutions
- René Spronk, trainer and senior consultant, Ringholm GmbH



Jane Howarth

Jane Howarth has been a member in one or more HL7 Affiliates for 12 years and has served as the Affiliates Council Secretary for more than four years. She has also actively participated in the HL7 TermInfo, Vocabulary, Anatomic Pathology, Laboratory and Realm Localization Work Groups. She has acted as an unofficial HL7 ambassador through her many contributions and

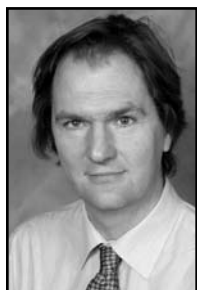
efforts as well as her professional and cordial demeanor. She has positively portrayed HL7 to current and prospective international representatives as a premiere Standards Developing Organization (SDO), in the domestic and international SDO circles in which she participates.



Diego Kaminker

Diego Kaminker is a founding member and current chair of HL7 Argentina. He has been a key contributor to HL7 education and adoption in the Spanish-speaking world and created the first interactive internet course in the basics of HL7, including Version 2.x, our use of XML, Version 3, and CDA. This course emphasizes “learning by doing”, and uses internet tools to create an

interactive learning community environment for the students and instructors. Kaminker was integral in the efforts to offer the course in the English language so it could be available worldwide. His e-Learning course has become the prototype for a distinct new paradigm for HL7 education. The e-Learning pilot has reached more than 400 students from six countries since March 2008 and, with Kaminker's leadership, HL7 is now developing the infrastructure for any HL7 affiliate to offer this course.



Charles McCay

Charles McCay currently serves as the first-elected chair of the newly reorganized Technical Steering Committee (TSC). As an advocate for an improved HL7, he actively participated in and supported the efforts to restructure the organization by joining the Transition Technical Task Force and continues this work as the TSC chair. As the TSC

Chair, McCay has facilitated changes to improve the function and direction of the committee. His dedication and emphasis on consensus building has created a smoother transition for the TSC. McCay has also served as the co-chair of the Implementation Technology Specification Work Group and the Implementation Work Group prior to its merger with the Conformance Work Group. McCay also served as the chair of HL7 UK and is actively involved with the HL7 affiliates.



Sue Mitchell

Sue Mitchell has been an active and valuable member of the EHR Work Group since joining HL7 in 2004. Mitchell contributed heavily to the success of the EHR-System Functional Model (EHR-S FM) standard as well as the subsequent profile development based on this standard and played a key role in the development of the Direct Care section of the EHR-S FM.

As the EHR Work Group's liaison to HL7's publications function, she helped clean up all the sections of the EHR-S FM and PHR-S Functional Models, as well as all profiles for publication and balloting. Mitchell led the development of the Long Term Care Functional Profile and extensively contributed to the development of the Records Management and Evidentiary Support Functional Profile, both of which are derived from the EHR-S FM.



René Spronk

René Spronk has been an active participant in HL7 standards development for many years, both within the Netherlands and internationally. He is a member of multiple HL7 affiliates throughout the world but is most actively involved with the affiliates in The Netherlands and Ger-

many. After many years as an HL7 Version 2 specialist, Spronk became involved in Version 3 development in 2003. As an educator on HL7 standards, he has taught throughout Europe and has helped establish many European HL7 affiliates. In addition, he is involved in the deployment of Version 3 as the standard for the Dutch national infrastructure. Spronk is a past chair of the Marketing Council and the Infrastructure and Messaging Work Group.

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

Certified HL7 V2.5 Chapter 2 Control Specialist

July 30, 2008

Raed AlHazme
Savita Bhake
Ben H. Cartwright
Karen K. Gerrig
Christopher J. Kelly
Benjamin W. Mills
Charles D. Moody, Jr.
Vamshi Krishna B.
Sankarayogi

August 20, 2008

Denise Ballard
Patrick M. Barton
Loren V. Burrell
Casey T. Cato
Drew Cooper
Vincent S. Thakore
Timothy L. Towers
Saritha Vasireddi

August 29, 2008

Ravi B. Alluri
John Estrada
Premchand R. Jonnala
Kavitha Kondamadugula
Narendra N. Sarkar
Praveena Sunkara

September 18, 2008

Joseph W. Bonazza
Daniel Drury
Jin Hao
Rick Lambert
Cynthia K. Vinion

HL7 Canada

October 22, 2008

Mondana Ebrahimi

HL7 India

July 26, 2008

Bhavesh N. Bharadiya
Rohan S. Bhat
Vinod K. Bindal
Harshil B. Gandhi
Sajjad Haidar
Girish B. Kolhe
Jayesh M. Malondkar
Pankaj Kumar R. Mjshra
Rajesh K. Sajda
Manjesh K. Savita
Jaynesh A. Shah
Nilesh M. Teli
Viral S. Trivedi
Sumit Y. Vishwakarma

August 9, 2008

Ruchi Agarwal
Meenakshi Arunachalam
Nutakki Balaram
Mohana Vadivel Baskaran
Arpita Chandra
Sankar V. Chimalamarr
Chenchu Devanagini M.
Abhimanyu Dhar
Kulsoom Fatima
Ankur Gupta
Neha Gupta
Rolly Gupta
Mira V. Iyer
Ankit Jaswal
Kenny K. Joseph
Manikandan K.

Tamilarasan Kannadasan
Manoj Karuppannan
Alankar Kumar
Kshemendra Kumar
Rajesh Kumar
Parul Malik
Sushma Malladi
Indrasen R. Mandalapu
Siva Mannem
Lakshmi P. Middela
Arun Kumar MS
Naga Krishna Chaitanya

Namburu
Dhanapalaksha
Narasimhaiah
Jain Nidhi
Arunodya K Ojha
Linesh Pankaj
Sachin Rastogi
Saurabh
Nilesh Singh
Anshu Singhal
Gayathri Sourirajan
Leon M. Sagaya Valan
Jayashree Venkataramanan
Anjaneya Vittal Kumar
Yerramsetty

September 13, 2008

Laya Amal
Yashavantha Bhadravathi
Sevanayaka
Sugnana V. Birudugadda
Chetan S Chandrashekar
Mohan Kumar Cheppalli
Venkata
Soumik Das
Linu A. Fenny
Dr. Santosh Kumar Gupta
Harinath G. Meda
Sundar Madhavan
Anita Nayak
Arun Kumar Pindikuru
Gururajarao R. Ranganatha

HL7 Spain

September 18, 2008

Ricardo Manzano Cañada
Elías Díaz Pardo
Meritxell Fernández Angulo
Javier Marinero Quintana
María Teresa Sánchez
Bernal
Marta Hernández Fuente
Juan Carlos García Vázquez
Jorge Quintana González

Certified HL7 CDA Specialist

September 18, 2008

Joe Forbes
Steven G. Glinski
David Hay
Brian P. O'Mahony

HL7 Spain

September 19, 2008

Juan Carlos García Vázquez
Jorge Quintana González
Alberto Sáez

Certified HL7 Version 3 RIM Specialist

September 18, 2008

Christopher B. Allan
Oskar L. Andressen
Nicolas Canu
Randy W. Carroll
Lorraine R. Constable
Ernst E. de Bel
Warren J. Kufuor-Boakye
Don Lin
Walter Moar
Lisa Pinto
Bogdan Superceanu
Hammad Tawfig
Alex Yushko
Yunwei Wang

HL7 Canada

October 14, 2008

Muhammad Saeed Abidi

October 22, 2008

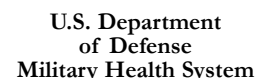
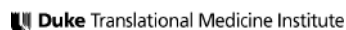
Jane Curry
Frederic Laroche
Greg Ruthman
Modibo Samake
Andrew P. Stechishin

Co-Chair Election Results from the September Plenary & Working Group Meeting

Congratulations to the following individuals elected as co-chairs at the September Plenary & Working Group Meeting in Vancouver, BC, Canada:

- **Anatomic Pathology** – David Booker, MD
- **Clinical Decision Support** – Craig Parker, MD
- **Clinical Interoperability Council** – Sam Brandt, MD and Ed Hammond, PhD (interim)
- **Education** – Abdul-Malik Shakir and Mike Henderson
- **Financial Management** – Mary Kay McDaniel
- **Infrastructure & Messaging** – Dave Shaver and Sandra Stuart
- **Modeling and Methodology** – Woody Beeler, PhD
- **Orders & Observations** – Gunther Schadow, MD
- **Patient Safety** – Nick Halsey
- **Public Health Emergency Response** – Rita Altamore and Joginder Madra
- **Services Oriented Architecture** – Rich Rogers

HL7 Benefactors



UPCOMING WORKING GROUP MEETINGS



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
Atlanta, GA



January 17 – 22, 2010

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 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.



March 10 – 12, 2009

Bally's Las Vegas
Las Vegas, Nevada

July 14 – 16, 2009

Doubletree Guest Suites
Boston, Massachusetts

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 2.6 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



Catherine Chronaki

Report from the International HL7 Interoperability Conference (IHIC 2008) held jointly with the HL7 Hellas Conference, October 8-11, 2008

By Catherine E. Chronaki, HL7 Hellas and FORTH-Institute of Computer Science
and Marios Skiadas, HL7-Hellas BoD, Information Society SA



Marios Skiadas

IHIC 2008 was held jointly with the 3rd HL7-Hellas conference on October 8-11, 2008, in Hersonisos Crete, Greece, bringing together the eHealth community, including government officials, healthcare authorities, hospitals and IT companies to exchange ideas, experiences and best practices regarding e-health in Greece, Europe, and world-wide. Overall, more than 250 attendees from 28 countries attended the event.

Highlights of the 3rd HL7-Hellas Conference

The chairman of HL7 Hellas, George Patoulis, MD, opened the conference underlining its educational value and its long-term impact on establishing a shared vision for an era when electronic automation will guarantee universal health services to all citizens. The national e-health strategy in Greece for 2008-2013 was presented by government officials and discussed in a productive workshop of HL7-Hellas members along with the status and lessons learned from Information Society regional e-health projects. European and national strategies and policies, interoperability from the users' and industry's perspectives, and IT in primary healthcare sponsored by the e-Government Forum Initiative, were the major topics addressed.

The European perspective was highlighted in a joint session with the CALLIOPE project promoting cross border eHealth interoperability in Europe (www.calliope-network.eu). In highly attended keynotes, Charles Parisot presented the IHE initiative, while Henrik Jensen and Niels Rossing reviewed award-winning best practices from Denmark including MedCom (www.med-com.dk), a secure health data network for e-prescriptions (80%), lab reports (95%), discharge notes (81%), etc., and the Danish health portal (www.sundhed.dk).

Highlights of IHIC 2008

The warm-up for IHIC 2008 this year included the Show me your CDA! Interoperability forum (please see the article on page 18), the HL7 Ambassador session, tutorials focusing on the role of HL7 in EHR developments, and the IHE orientation workshop held in parallel to the 3rd HL7 Hellas conference.

In his welcome note, Charles Jaffe, MD, PhD, CEO of HL7 stressed the role of the international community in shaping the future of HL7. From a more technical perspective, John Quinn, CTO of HL7 reflected that "as vendors grow from niche appli-

cation areas, they typically change from willing to interface with anyone to marketing their products to a single vendor unified solution." The very reason that HL7 was born 21 years ago is true now as much as it was then, and SOA is an opportunity for incrementally achieving interoperability.

EHR Future Steps or Mining for Gold

In his keynote address "The Electronic Health Record – the Gold at the End of the Rainbow," Ed Hammond, PhD, remarked that the present state of EHR developments is similar to that of gold as it has just been dug out of the ground and we haven't refined it from all that surrounds it.

In describing where the gold is, Ed drew a parallel to aviation, calling for embedding situational awareness in the EHR through dashboard presentations similar to heads up displays in the cockpit that would combine data with knowledge and call the attention of health providers where needed, supporting them in offering high quality care.



Ed Hammond on EHRs: the Gold at The End of The Rainbow



Ilias Iakovidis, ICT for Health, EC: The eHealth community needs to pull its act together and prove its value.

EU Large Scale Pilots, Mandate for eHealth standards and cross-border exchange of EHRs

In his keynote "Towards Large Scale Deployment: Wishes and Reality," Dr. Ilias Iakovidis, Deputy Head ICT for Health Unit in European Commission (EC) underlined the lack of trust among the main players in the eHealth market that now includes clinical information systems, telemedicine,



health information networks, as well as secondary usage non-clinical systems.

Dr. Iakovides went on to reflect that there is no proof based on a large scale setting showing scientifically that specific eHealth applications improve clinical (health) outcomes and/or are cost effective. On the recent EC recommendation for cross border interoperability of EHRs, and medication records, Dr. Iakovides called for action at four levels (political, organizational, technical, semantic) paired with monitoring, evaluation, and awareness raising.

The vision of this EC recommendation, launched in July 2008, is to ensure the highest possible levels of quality and safety in healthcare provided to patients in need of health services when not in their home member state, by deploying interoperable EHR systems. It focuses on patient summaries, emergency data sets, and medication records. It is supported by large scale pilots and a horizontal action involving all European states.

EC Mandate M/403 to CEN, CENELEC, ETSI

Pantelis Angelidis, member EC Mandate M/403 to CEN, CENELEC, ETSI project team, presented the M/403 draft work program (www.health-interop.nen.nl) and reflected on the need for coherent, cost-effective, and secure provision of electronic healthcare.

A Framework for Personal Health Record Standards

Jill Kaufman, presented a framework for Personal Health Records standards, noting that there are many standards for the PHR, but more work is needed in the area of vocabulary as consumers frequently do not understand the terms used by health professionals.

Exchange of OID Information

Sylvia Thun presented the joint project of DIMDI and HL7 Germany on developing a database with a standardized XML structure for data exchange of Object Identifier (OID) information. In the presence of multiple OID registries at the national and international level and addressing differences in semantics, this work is an example of international collaboration.

Turkish National Infrastructure for Sharing EHRs

Prof. Asuman Dogac presented the national infrastructure for sharing EHRs in Turkey, which is based on HL7 Version 3 web service profiles. Its aim is to guarantee interoperability in the exchange of EHRs through online conformance testing.

Graphical Templates for Conformance Testing

Rik Smithies, chair HL7 UK, presented a method of applying graphical templates to HL7 CDA for conformance testing.

Reporting Quality Indicators from EHRs

Sheila Teasdale discussed developments in the quality of data in EHRs and on the need to create more detailed measure specifications to support the consistent incorporation of measure definitions into EHR products.

Spatially Enabled EHRs

Ann Bossard of ESRI provided insights into the added value of geographical information systems in improving medical intelligence. Ann presented a Spatial Coordinate CMET developed to allow messaging of standardized geographic data along with accuracy information.

HL7 CDA for Notifiable Diseases

Frank Oernig reviewed the use of HL7 CDA for communicable diseases in the federal German context and internationally as an alternative to the current practice of faxing paper forms.

CEN TC 251, ISO TC215, HL7, & CDISC Collaboration for Interoperable EHRs

Dr. Yun Sik Kwak, Chairman of ISO TC215, in his keynote entitled "Global Standards in Transition: Global HIT SDO Collaboration, Coordination, and Cooperation for Interoperable EHRs" referred to the current problems with standards and the barriers that exist. He also provided an update on the Joint Initiative of CEN TC 251, ISO TC215, HL7, and CDISC presenting early results and future plans.

HL7 CDA Implementation Issues

In an animated presentation, Rene Spronk identified common implementation issues after analyzing numerous CDA implementation worldwide.

Best Paper Award

Professor H. Kim received the best paper award for the paper "Interoperable Clinical Information Sharing System based on CDA and the Document Registry framework" that provided insight into the adoption and interplay of HL7 standards in Korea.

Best Poster Awards

D. Benater and H. Leung received a prize for their work "Implementation Experience Delivering a Centralized Terminology Service that supports International and Canadian Standard Coding Systems in a national healthcare solution." The poster "Application of HL7 CDA R2 and V3 messaging for national ePrescription in Finland" also received an award presented to Timo Tarhonen by HL7 Finland.

In Conclusion

The conference closed with a sneak preview of the 10th IHIC which will be held in Kyoto, Japan May 8-9, 2008, just prior to the HL7 May Working Group Meeting.

On behalf of HL7 Hellas, we would like to thank the program committee, and all the participants for making IHIC 2008 a success, as well as Liora Alschuler and Kai Heitmann, MD for their kind input to this report.

All presentations will be soon available at www.ihic2008.org.



Show Me Your CDA! Award Winning CDA Case Studies at IHIC 2008

By Liora Alschuler, HL7 Board of Directors, Co-Chair, Structured Documents Work Group, and Alschuler Associates LLC;
and Catherine E. Chronaki, HL7 Hellas Board of Directors and FORTH-Institute of Computer Science



Liora Alschuler

The “Show me Your CDA!”

Interoperability Forum was held on October 8, 2008 in Heraklion, Crete, as part of IHIC 2008. The aim of the “Show Me Your CDA!” Initiative is 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
- **recognize** best practices in CDA tools and implementation



Catherine Chronaki

Liora Alschuler opened the forum with her keynote “Diversity of Application: CDA Around the World” where she reviewed the CDA case studies submitted as well as the progress made toward the challenges posed in Berlin, during IHIC 2006.

Eleven CDA case studies were reported using the Show Me Your CDA! questionnaire by the deadline set for the IHIC 2008 showcase. Seven out of eleven questionnaires were accompanied by a full case study including CDA samples. These were selected for presentation and considered for an award.

A vibrant audience of about 60 participants assisted the awards committee (Kai Heitmann, MD, Catherine Chronaki, Liora Alschuler, and Rene Spronk) by voting on the Vision (i.e. Is this part of a project strategy with potential future growth?), the Clarity (i.e. How well has this CDA study been presented?), the Maturity (i.e. How well has technical/programming aspect been dealt with?), the Novelty (i.e. Does the case study contain new ideas, e.g. new workflows, input for CDA Release 3, etc.), the Interoperability (i.e. How do you rate the interoperability of this CDA case study?), and the Reference value (i.e. Would you recommend this CDA implementation project to others?).

Middle East Consortium for Infectious Disease Surveillance (MECIDS) Wins First Prize

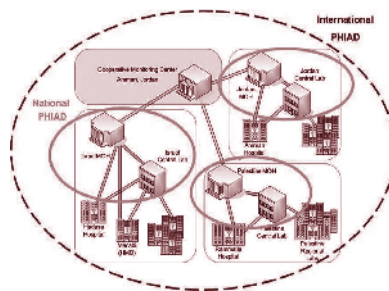
The first Show Me Your CDA! prize was awarded to “CDA for Public Health Laboratory Reports” by S. R. Renly, S. E. Knoop, R. Ram, IBM Almaden, US and IBM Haifa Research Lab, Israel, for their CDA case study on public health monitoring between Israel, Jordan, and the Palestinian Authority. The project used

technology developed by IBM for the US National Health Information Network (NHIN) for reporting of notifiable food-borne illnesses within and across the borders of the participating countries.

According to the published case study, the prototype:

“... provides a web-based end user application and central IHE XDS repositories in the Israel, Jordan, and Palestine Ministries of Health (MOH). A fourth repository for shared laboratory reports will reside in the Cooperative Monitoring Center (CMC) in Amman, Jordan. This prototype provides transformation of data to the HL7 CDA R2 IHE XD-Lab document, policy controls for sharing documents with the CMC, and new tools for document-based analysis, visualization, and reporting (AVR).”

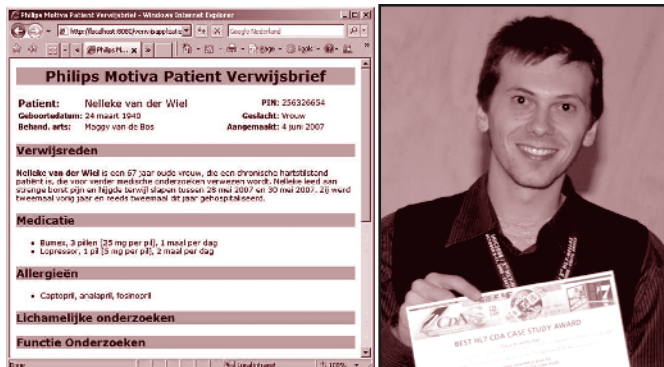
The submission included a full case study report, completed “Show Me!” questionnaire, and a sample document as well as the presentation made at the IHIC conference. One of the strongest points of the case study is the valuable “lessons learned,” some of which will translate into requirements for CDA Release 3.0 and the Structured Document Architecture Standard.



MECIDS Architecture and Deployment Environment (1st prize winner – Sondra Renly)

The second prize was awarded to the case study “Interconnection of Philips Motiva and Catharina Hospital Eindhoven using the Clinical Document Architecture” by Charalampos Xanthopoulos, Philips, The Netherlands. This study reported on:

“...a venture held between Philips Applied Technologies and the Catharina Hospital Eindhoven aiming at interconnecting the Philips Motiva remote patient telemonitoring platform with the information system of the latter. The objective was the exchange of medical information between the two systems – in the form of patient referral and discharge notes – in the context of the Dutch and German national healthcare infrastructures.”



Phillips Motiva CDA Referral note (2nd prize winner – Charalampos Xanthopoulos)

This study includes not only the case study paper and questionnaire, but also CDA samples, architecture and interaction diagrams, a style sheet and web service specs. In his presentation to the showcase, Charalampos declared that CDA was “agile,” which he elaborated on this way in the paper:

“... working iteratively, taking a small step each time, is more efficient than waiting for the panacea to all problems, which by the way can prove more cumbersome and difficult to apply in practice. CDA offers this remarkable flexibility; create the referral note section by section, customize it to your purposes, ask frequently for feedback, and gradually extend with more sections or structured elements.”

The third prize was awarded to the case study “Hip joint replacement” by Marcel Hanselmann, Christoph Knoepfel, Tony Schaller and Peter Steiner and presented by Tony Schaller of HL7 Switzerland. The study provided a multi-lingual, comprehensive catalog of CDA samples documenting the full and complex information life-cycle. In another example of cross-border collaboration and reuse, the specification builds on the German VHTG Arztbrief, illustrated as a series of pyramidal refinements on top of the HL7 Version 3 Reference Information Model (RIM):

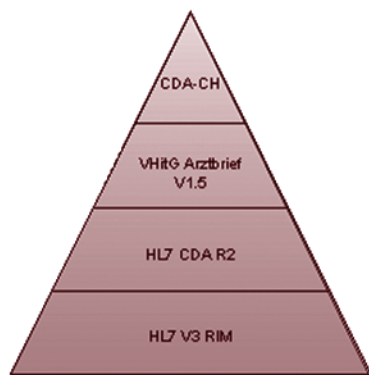


Figure 3: CDA-CH Dependencies
(3rd prize winner – Tony Schaller)

The case study documents use CDA for imaging studies, referral reports, admission, lab, surgery and discharge. One particularly welcome feature of the work was the translation of the style sheet developed for Arztbrief into three additional languages



and the continued refinement of a pleasing and sophisticated “look,” illustrated below in French:



HL7 CDA report in France

The showcase concluded with an open discussion and review of the main findings and challenges for the future, chaired by Liora Alschuler and Kai Heitmann, MD. All relevant Show Me! Materials are available at <http://www.showmeyourcda.net/showme-ihic2008/>



Liora Alschuler and Kai Heitmann, MD at the Show me! Recap

The organizers of IHIC 2008 and “Show Me Your CDA!” would like to thank everyone who participated in the showcase. Plans are underway to consolidate the website with Rene Spronk’s archive and open a continual path for sharing CDA implementation experience.

“Show Me Your CDA” is an opportunity for all members of the HL7 community to share their accomplishments and be recognized for their efforts with the use of HL7 CDA. Individuals and organizations are encouraged to register at www.showmeyourcda.net, fill out the questionnaire; post sample CDA documents, style sheets, and supporting information; and write short case studies about their projects.

Volunteers interested in supporting this effort may contact Catherine Chronaki at chronaki@ics.forth.gr or Liora Alschuler at liora.alschuler@alschuleraassociates.com



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