

Welcome to Rio de Janeiro: *"The Marvelous City"*

By Marivan Santiago Abrahão, MD, Chair of HL7 Brazil

Rio de Janeiro is the tourism gateway to Brazil. With unparalleled natural beauty and hospitable people, it is known as "The Marvelous City." Inside the cosmopolitan area, you will enjoy the beauty of nature with the biggest urban forest in the world as well as 90 kilometers of beaches and mountains.



Marivan S. Abrahão, MD

The city has received many accolades. In 2009, Rio de Janeiro was named South America's best tourist destination by World Travel Awards, the British edition of Travel Weekly magazine. In 2007, the statue of Christ the Redeemer on the top of Corcovado Mountain was elected one of the New Seven Wonders of the World. Forbes Magazine declared Rio de Janeiro as the world's happiest city in 2009. In addition, Rio de Janeiro was recently elected to host the FIFA World Soccer Cup in 2014 and the Olympic Games in 2016.

Experience all that Rio de Janeiro has to offer first-hand and attend the May 2010 HL7 International Working Group Meeting at Windsor Barra Convention Center. Your visit will be an unforgettable experience and will provide you with memories to last a lifetime.

THE CITY

A natural port of the Baía de Guanabara (Guanabara Bay) in southeast Brazil, the city was founded by the Portuguese on January 1, 1502. They named it Rio de Janeiro (January River),

under the mistaken impression that it was an enormous river mouth. Since then, it has grown to a metropolitan area with more than 11 million people.

Rio de Janeiro is an awe-inspiring city where impossibly steep granite mountains rise from the ocean between glorious stretches of golden sand. Brash skyscrapers vie for space with impeccable colonial buildings, and lush forests tumble down hillsides into densely populated residential areas.

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Ilha Fiscal

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Welcome to Rio de Janeiro, continued

The city revels in life, with the beach, football, samba and Carnival as the principal diversions. High above all this fun and frivolity are Rio's ever-present landmarks – the statue of Christ the Redeemer on the summit of Corcovado (hunchback) mountain and Sugar Loaf with its historic cable car.

In addition to these twin icons, Rio boasts a wealth of attractions and activities, plus great food, music and entertainment. Rio de Janeiro is a cosmopolitan metropolis, and its world-renowned celebrations on New Year's Eve and Carnival attract people from all over the world who seek the unique experience of being in the Marvelous City.

SPECIAL EDUCATION SESSIONS

Please plan to attend the free tutorial “Brazil Essentials for the May Rio de Janeiro Working Group Meeting” at the January 2010 Working Group at the Pointe Hilton Squaw Peak Resort Phoenix, Arizona on Thursday morning, January 21, from 9:00 – 10:30 am.

This quarter day tutorial is intended to be a preparation for the May 2010 International Working Group Meeting in Rio de Janeiro, Brazil. An overview of the planning needed for arrival in Brazil, language, cultural aspects, and hotel information will be highlighted. The tutorial will provide you with

additional travel, country, hotel information, practical information about Brazil, its culture and visa requirements.

ARRIVING AND GETTING AROUND

Approximate Flight Times

Flight time from London to São Paulo and to Rio de Janeiro is approximately 11 hours. Flight time from New York City to São Paulo and to Rio de Janeiro is about 10 hours.

Rio's Main Airport

Rio de Janeiro (GIG) (Galeão) is 20km (13 miles) north of the city. To/from the airport: Public buses to the city operate from 5:30 am – 11:30 pm, with a journey time of approximately 40 minutes. An airport shuttle bus runs hourly and stops at all major resorts and hotels. Taxis are also available.

Getting There by Water

The main port is Rio de Janeiro (website: www.portosrio.gov.br) is used by many international cruise ships. Passenger services are limited, but cruise companies offer sailings from Europe. Most major international cruise lines sail to Brazilian ports.

HOTELS

Rio de Janeiro offers around 23,000 hotel rooms, facilities and services for meetings and events. The city has an impressive number of hotels, guesthouses and hostels. The beachside neighborhoods of Copacabana, Ipanema and Leblon have the most accommodation options, which are largely high-rises, scattered near the shore.

continued on page next page



Carnival

Welcome to Rio de Janeiro, *continued*

DINING OUT AND NIGHT LIFE

Rio has restaurants to suit every taste and budget. Eating out is a major attraction with the Cariocas (Rio's residents) so you can expect the best, whether you choose top quality French cuisine, or something more traditionally Brazilian, such as barbecue or a filling feijoada. Feijoada is made with black beans and pork. It is typically served city-wide on Saturdays. For connoisseurs of meat, nothing beats a good rodízio. Brazil has the largest population of Japanese outside of Japan, and sushi has become widely popular in Rio.

The city also boasts an active night life. Lapa is the city's most bohemian neighborhood, and is close to downtown. Considered by many as the cradle of carioca irreverence, today the district houses many bars, show venues and nightclubs, which mix diverse musical genres. Traditional samba and choro styles are the most popular. It is common to walk through the neighborhood and find a samba group playing.

Another highlight of the carioca nights are the samba schools. Most of them are located to the north of the city, and attract large crowds. Demand grows as Carnival approaches.

SIGHTSEEING

Rio de Janeiro is known for its natural beauty: picturesque beaches, mountains and green areas make the city a pleasant place for its residents and a must-see destination for tourists.

Christ the Redeemer

Christ the Redeemer is the symbol of the city of Rio de Janeiro. This iconic postcard subject stands 38 meters high and represents the image of the carioca peoples' faith and sympathy.

Sugar Loaf Mountain

The Sugar Loaf (Pão de Açúcar) is surrounded by tropical vegetation, with vestiges of the Atlantic Forest (Mata

Atlântica) containing native species that have disappeared from other areas of the Brazilian coast. The Sugar Loaf has the greatest number of climbing tracks of any Brazilian mountain and is visited daily by hundreds of Brazilian and foreign climbers, mountaineers and ecologists.

Ipanema Neighborhood

Ipanema is a famous meeting point in Rio de Janeiro. This sophisticated neighborhood offers a lively night life scene with an enticing blend of beach, bars and boutiques.

A major attraction throughout the day, its sands also welcome countless after-dark visitors, including joggers and other athletes who cluster at its kiosks, pedal along the bicycle path and make good use of special lighting to exercise and relax.

Copacabana Neighborhood

This neighborhood's beach is a center of activity during the day and at night. It is lined with modernized kiosks, a bicycle path and racks, lifeguard posts, public showers and bathrooms, hotels, bars and open-air restaurants. Built in 1914 to defend Guanabara Bay, the Copacabana Fort offers visitors many interesting attractions. Outstanding events are recorded for posterity at the Army Historical Museum through displays, video exhibitions, maquettes and a hi-tech multi-media terminal.

Tijuca Forest

The Tijuca Forest was reforested in the middle of the 19th Century after years of intense deforesting and planting. The replanting was a pioneer initiative in all Latin America. It is home to hundreds of species of plants and wildlife and is the largest urban forest replanted by man.

Barra da Tijuca

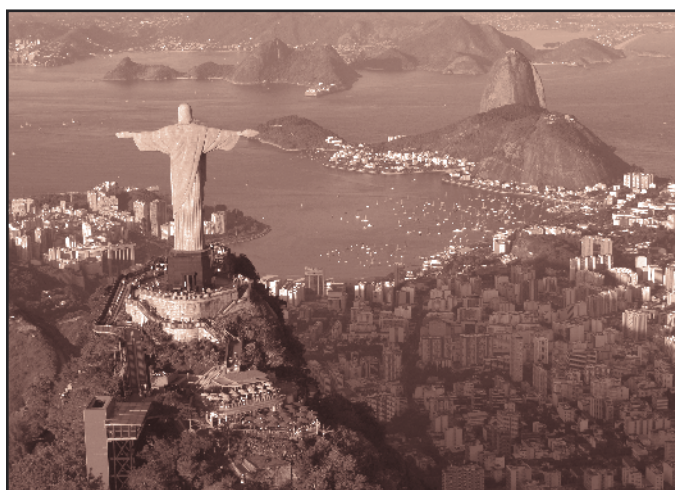
Barra da Tijuca Beach is another highlight of the Rio coastline. Eighteen kilometers in length, the longest beach in the city attracts families, young people and sports-lovers. Surfers, windsurfers and kite-surfers enjoy perfect conditions in its waters.

CULTURE

Rio's diverse culture and people live in varying degrees of wealth or poverty. Exclusive areas stand in stark contrast and close proximity to the slum areas known as favelas. But no matter what their background or economic standing, the Cariocas are characterized by a passion and enthusiasm for life.

The official song of Rio de Janeiro is "Cidade Maravilhosa," and is considered the "civic anthem" of Rio. The city is integral to the development of the urban music of Brazil. Rio is the birthplace of the music known as "Funk Carioca," which became the largest movement in the city and represented an outlet for the youth to voice their feelings about the problems residents face in Rio.

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Welcome to Rio de Janeiro, *continued*

Rio was eternalized in the hit song "The Girl from Ip-anema," composed by Antonio Carlos Jobim and recognized worldwide and recorded by Astrud Gilberto & João Gilberto, Frank Sinatra, and Ella Fitzgerald. This is also the key song of the bossa nova, a musical genre that was born in Rio.

MONEY

Brazil is an affordable destination that is gaining in popularity. It is currently the world's tenth largest economy and is predicted to become the fifth largest by 2016. The country is the world's second biggest food exporter, one of the world's largest oil and ore producers, and has the fifth largest advertising market. The Brazilian economy is the engine of South America and is one of the world's top 10 consumer markets.

Currency

The currency of Brazil is the Real (BRL). Notes are in denominations of R\$100, 50, 10, 5, 2 and 1. There are 100 centavos to the real. Coins are in denominations of R\$1, and 50, 25, 10, 5, and 1 centavos.

All banks, cambios, travel agencies and authorized hotels exchange traveler's cheques and foreign currency. There is an extensive network of ATMS in the country and most major international credit cards are accepted. The US dollar is the most widely accepted foreign currency.

CLIMATE & CLOTHING

Rio has a tropical savanna climate. In May, the average high for temperature is 80F/ 26.4C and the average low is 68F/20.4C. Temperature is moderated by the cool ocean breezes in the main tourist areas located on the city's south side.

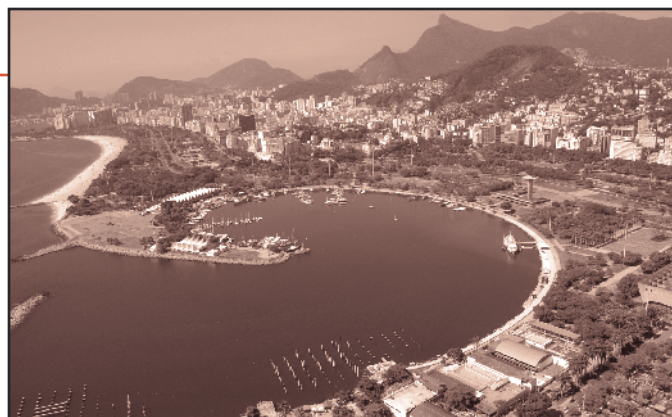
Lightweight natural fabrics work well in Rio and as the sunlight is extremely bright, sunglasses are recommended.

ELECTRICITY

Electricity in Rio de Janeiro is predominantly supplied at 110 or 120V, 60 cycles, AC. You should always check with your hotel before plugging any electrical appliance to the outlet. Some hotels have both 110 and 220V outlets. Electrical plugs in Brazil usually have two flat pins (as in the US, but are not polarized) or two round pins. Outlets usually accept both types of plugs. Some outlets may require a third (grounding) pin.

PASSPORT AND VISA REQUIREMENTS

US citizens traveling to Brazil are required to obtain a visa prior to entering Brazil. This is in reciprocity to the US government's requirement that all Brazilian citizens hold a visa in order to enter the United States. Citizens of countries that do not require visas from Brazilian nationals usually do not need visas to enter Brazil. To see a full list of countries that do not require a visa to travel to Brazil for tourism purposes, please visit the Counslate General of Brazil website at: http://www.brazilsf.org/visa_by_country.htm



Validity

Visas are normally valid for 90 days from date of issue, although this is at the discretion of Brazilian immigration officials. Tourist visas can be used for multiple entries within the period of validity and can be extended up to a further 90 days, provided the application is made at least two weeks before the expiration of the visa.

Tourist Visa

All visa applications must be submitted in person, by the applicant, or by a duly authorized third party (for example: a family member, friend, co-worker, travel agency, visa service).

A tourist visa includes visits to relatives and/or friends; scientists, professors or researchers attending cultural, technological or scientific conferences, seminars; and participation in artistic or amateur sport competitions, whenever no monetary prize or paid admission is involved.

Visa Fees

Reciprocity Fee: American citizens must pay a \$130 processing fee per visa in reciprocity for an identical fee charged to Brazilian citizens applying for a US visa. British citizens must pay US \$155 processing fee when the validity of their visas is over 180 days, in reciprocity for an identical fee charged to Brazilian citizens applying for a British visa under same condition.

Handling Fee: Regardless of nationality, if visa submission is not presented personally by the applicant, an additional fee payment of US \$20 per visa applies to visa submissions sent by mail or presented by a third party (friends, co-workers, visa/travel agencies, etc), except when submitted by an immediate member of applicant's family (spouse, son, daughter, father and mother).

IMPORTANT: You must travel to Brazil within 90 days of the date the visa was issued.

TAXES AND TIPPING

Consumption taxes are always included in the price advertised in store windows or shown in bills. Tips in restaurants are often included in your bill, usually a 10% charge over the total bill. Tipping US \$1 to bellboys and chambermaids is adequate. In some airports, porters may charge as much as US \$1 per bag. In some cities, taxi drivers are allowed to charge for helping you with your luggage, though you are not expected to tip them.

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Charles Jaffe, MD, PhD

The Evolving Internationalization of Health Level Seven

By Charles Jaffe, MD, PhD, HL7 CEO

HL7 has been wildly successful, by most accounts, without changing much over the last two decades. It is the lingua franca of healthcare information exchange in most of the developed world. Despite this, we have learned some lessons over the years, many of them the hard way.

During the more than two decades during which HL7 has evolved, healthcare has become a truly global endeavor. Recognizing this, the time has come to make some changes in our organization. Today, the members and leadership of Health Level Seven are seeking a new model for governance and funding. Although change we must, we would like to get it right, or nearly so, the very first time.

For nearly two years, a Board-appointed committee has met to evaluate the concept of "one member, one vote." The tough part is to identify those things that HL7 has gotten right and ensure they are not lost in the process. Let me state from the outset that I wholeheartedly defend the notion of "one member, one vote." For the next couple of paragraphs, please indulge my thought process and rationalization.

In order to remain economically viable, true citizenship in the HL7 community must also be defined by "one member, one vote, one dues structure." Of course, some refinement in that broad generalization is needed. That said, we must accommodate those most likely to suffer from a significant change in financial responsibility.

There are other principles that must accompany the definition of "member" that preserves our fiscal integrity. For one, the business model must not be so complex as to belie simple reasoning. Secondly, it must encourage a socially sensitive approach that recognizes the ability of any member to pay. At the same time, we preserve a scheme that

continues to reward corporate and government sponsorship.

By the time you read this, a funding proposal will be in the hands of the US Office of the National Coordinator (ONC) for healthcare IT that may change our financing significantly. In the near term, it will not impact our governance, the way we conduct our balloting, or the voting process for Work Group chairs or Board members. It will undoubtedly affect the international community.

As we move forward, we will be legally known as HL7 International, with all of the ramifications that such a name change implies. The term "affiliate" will disappear as well. The national bodies will be identified simply as HL7 Hong Kong or HL7 Russia, our two newest member bodies. In addition, we will quickly move to recognize regional international government

organizations. Very shortly, you will be able to communicate with the HL7 Europe office in Brussels, staffed virtually by HL7 leadership with residency in the EU.

To help achieve this objective, we have formed an Internationalization task force, with broad representation, to help identify the potential for, and obstacles to, changes in the funding and governance models. We expect to keep both the baby and the bathtub. Only the bathwater will go. We want to pay tribute to those who have worked tirelessly to make HL7 International a reality. We are committed to the promise of a truly global organization, responsive to all stakeholder needs. I am certain that you will want to join me on this journey.

Welcome to Rio de Janeiro, continued

TELEPHONE & MOBILE PHONES

Users currently have many options of international carriers: Embratel (AT&T) (carrier code 21) 01 (carrier code 31). Please see below for instruction on how to place a direct international phone call from Brazil: 00 (int'l access code) + [carrier code] + [country code] + [area code] + number

For example, to call New York City, you would dial: 00 + 21 or 31 + 1 (for the US) + 212 (for Manhattan) + 555-5555 (number)

Public phones do not accept coins, but rather tokens or phone cards, both of which can be bought at newsstands.

TIME ZONE

Brazil spans several time zones. Rio de Janeiro is on Eastern Standard Time: GMT - 3

WARNING!!!

Be warned: Rio's powers of seduction can leave you with a bad case of indescribable longing when you leave. Planted between lush, forest-covered mountains and breathtaking beaches, the Marvelous City has many charms, most notably, its exuberant residents.

And the **Beat** Goes On... But to a Different Drummer

By W. Ed Hammond, PhD, HL7 Immediate Past Chair



W. Ed Hammond, PhD

As I complete my third term as the Chair of HL7, I would like to share my thoughts about the last twenty-two years I have spent working with HL7. My first commitment to standards began in 1983 when I participated in a panel at the Symposium on Computer Applications in Medical Care (SCAMC) along with Clem McDonald, Octo Barnett, Elmer Gabrielle, and others. After failing to convince the American Association for Medical Systems and Informatics (AAMSI) Board to endorse standards, we approached ASTM, under the leadership of Clem McDonald, to start an activity (E31) for standards in the health data area. The first such standard was for use by commercial clinical laboratories to send results to hospitals – the E1238 *Standard Specification for Transferring Clinical Laboratory Data Between Independent Computer Systems*. Don Simborg, Wes Rishel and others were interested in mounting a new standards effort that would go beyond reporting lab results. They were interested in creating interface standards to support building a “Best of Breed” Hospital Information System. In March 1987, 50-75 people met for the purpose of creating a new organization that would develop these types of standards. The first day included a lot of frustrating discussions as to whether a new group should be formed, join an existing activity – ASTM, or not do it at all. At the end of the day, the outcome of the discussions was not clear. However, the next day was totally different – positive and enthusiastic – and Health Level Seven was born. The immediate goal was to produce the first version of the standard – Version 1.0 (which was to be the defining syntax and format) – in six months. Health Level Seven met this goal along with its next

goal of creating an implementable standard within that year, Version 2. This version was used mainly for demonstrations. A little over a year later, the first real implemented version of HL7, Version 2.1, was released. This version is still in use today.

In the early years, HL7 met four times per year at various locations around the country. The number of volunteers was as few as 13, but averaged between 20-30. That number grew steadily over the years. Over the past 20+ years, a number of significant events have occurred that I think defines HL7 today.

- Incorporation of HL7 – 1987
- HL7 becomes ANSI accredited – 1994
- Introduction of RIM and commitment to Version 3 messaging standards; movement to model-based standards – early to mid 1990s
- SGML (XML) group decides to join HL7 rather than creating an independent group. Introduced Patient Record Architecture, later to become Clinical Data Architecture – late 1990s
- CCOW group joined HL7 rather than staying independent – 1998
- HL7 opens to international affiliates – 1995
- HL7 expands scope to include vocabulary domain – 1997
- HL7 expands scope to include EHR – 2001
- HL7 becomes standards partner with ISO as Pilot Project – 2002
- Creation of International Advisory Committee – 2004
- HL7 reorganizes; board becomes strategic; hires CEO, CTO – 2007
- HL7 commits to producing tools as a priority – 2009

- Organized and supported the creation of the Clinical Information Interchange Collaborative with the clinical community – 2009

There are other items that I could include in the list. I am sure many of you would add different items, and you would be correct. Changes in HL7 now occur rapidly. The organization is shifting from a totally bottom up approach to creating standards to a more top down-driven approach. The numbers and types of stakeholders have changed. Governments, internationally, are having an influence on what HL7 does and when it does it. HL7 is becoming a more truly international organization. The breadth and scope of work continues to increase as does the number of people, groups, and organizations that are interested in HL7. Our customer base includes a variety of stakeholders and now includes profilers and enforcers. The variety of ways to be involved in HL7—via conference calls, wikis, list servers, out-of-cycle meetings and global working group meetings – has increased the burden of participation.

What might the future hold? The HL7 Board is now engaging in a number of discussions whose conclusions might considerably influence the future. First, what is the most effective funding model for HL7? Should the standard be available without charge, and if so, how is the organization funded? HL7 is currently funded by membership dues, with strong dependence on benefactors. HL7 is exploring funding models similar to IHTSDO and OMG, as well as the current model, or a combination of models. The challenge is to create global standards that meet national requirements.

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Mark McDougall

Recognizing Dedicated HL7 Volunteers

By Mark D. McDougall, HL7 Executive Director

Plenary Meeting in Atlanta

Our recent 23rd Annual Plenary and Working Group Meeting in Atlanta, Georgia attracted over 500 attendees from 25 countries. More than 50 work groups convened at this event. The meeting also featured 29 tutorials and three certification exams.

Kicking off the week-long meeting were timely and impressive keynote presentations by David Blumenthal, MD, National Coordinator for Health Information Technology, Office of the National Coordinator for Healthcare IT (ONC); Janet Corrigan, PhD, President and Chief Executive Officer, The



National Coordinator for Health IT, David Blumenthal, MD, gives his keynote presentation.

National Quality Forum; Jeremy Thorp, Director of Business Requirements, NHS Connecting for Health; and John Tooker, MD, FACP, Executive Vice President/Chief Executive Officer, American College of Physicians.

Board Election Results

The results of the recent HL7 Board elections were announced during our annual business meeting in September. For those not at our meeting, we congratulate the winners and report the election results below. Please note

UPDATE FROM HEADQUARTERS

that each of these individuals will be serving a term of January 2010 thru December 2011.

Treasurer — Hans Buitendijk, product manager, Siemens Healthcare

Director — Bill Braithwaite, MD, PhD, chief medical officer, Anakam, Inc.

Director — Rebecca Kush, PhD, president and CEO, The Clinical Data Interchange Standards Consortium (CDISC)

Affiliate Director — Michael van Campen, chair, HL7 Canada, and president, Gordon Point Informatics Ltd.

Networking Reception

Our networking reception at the Atlanta meeting was poolside with plenty of good music, food and drinks. The evening included an amusing and memorable incident that resulted in our fully-dressed Chairman of the Board taking a dip in the pool. Fun was had by all.

Plenary Meeting Sponsors

The following organizations sponsored functions or publications at our recent Plenary and Working Group Meeting in Atlanta, Georgia. We are grateful for their additional support and are pleased to recognize these organizations:

- Patriot Data Solutions Group

- Gordon Point Informatics
- Interfaceware
- LINKMED

Benefactors, Org. Members & Affiliates

We are thrilled to report that HL7 has 31 benefactors and six supporters, who are listed on page 15. Their support of HL7 is very much needed and sincerely appreciated. Representatives from these companies were presented with plaques of appreciation during our September meeting in Atlanta and are pictured on page 8.

As listed on pages 24-26, HL7 is very proud to report that the number of HL7 organizational members totals 525 companies. We sincerely appreciate their ongoing support of HL7 via their organizational membership dues. HL7's total membership continues to be over 2,000.

We are also pleased to report that the number of countries with HL7 Affiliate organizations continues to climb. As of November, HL7 has 34 Affiliates



Ed Hammond, PhD, takes a dip in the pool at the Wednesday evening Networking Reception.

around the globe. Please see the complete list of countries on page 23.

13th Year of Recognizing Volunteers

This year marks the 13th year of the W. Ed Hammond, PhD, HL7 Volunteer of the Year Awards. The recipients of this year's award included Bernd Blobel, PhD, Gora Datta, John Koisch, and John Ritter. During the September HL7 meeting in Atlanta, Dr. Hammond highlighted their many contributions to HL7 and presented them with well-deserved special recognition awards. To learn more about the many contributions to HL7 from this year's award winners, please read the article on page 9.

Throughout the last 13 years, HL7 has recognized 52 incredibly dedicated volunteers that have played vital roles to the success of HL7. We sincerely appreciate their contributions and dedication to HL7 and the industry. It has been years since we've recognized all Volunteer of the Year Award winners; therefore, on behalf of the HL7 Board and entire organization, I am pleased to once again thank and recognize all 52 individuals listed below by year.



The 2009 HL7 Benefactors

- | | | | |
|------|--|------|---|
| 1997 | Debbie Murray and AbdulMalik Shakir | 2006 | Paul Biron, Lenel James, Austin Kreisler, Patrick Loyd and Don Mon, PhD |
| 1998 | Norman Daoust, Joachim Dudeck, MD, and W. Ted Klein | 2007 | Hans Buitendijk, Jim Case, DVM, PhD, Thomson Kuhn, Ken McCaslin, and Amnon Shabo, PhD |
| 1999 | Ed Butler, Linda Quade, Gunther Schadow, MD, and Wayne Tracy | 2008 | Jane Howarth, Diego Kaminker, Charles McCay, Sue Mitchell, and Rene Spronk |
| 2000 | Woody Beeler, PhD, Jane Curry, and Maria Ward | 2009 | Bernd Blobel, PhD, Gora Datta, John Koisch, and John Ritter |
| 2001 | Liora Alschuler, Freida Hall and Klaus Veil | | |
| 2002 | Dale Nelson, Frank Oemig, John Quinn and Helen Stevens | | |
| 2003 | Virginia Lorenzi, David Marotta, and Lloyd McKenzie | | |
| 2004 | Michael Cassidy, Gary Dickinson, Bob Dolin, MD, Kai Heitmann, MD, Jenni Puyenbroek, and Wes Rishel | | |
| 2005 | Tom de Jong, Bert Kabbes, Joann Larson, Vassil Peytchev, and Harold Solbrig | | |

Upcoming Meetings

We look forward to seeing you at our January Working Group Meeting in Phoenix, Arizona, January 17 – 22, 2010. Please also start planning to join our May Working Group Meeting in Rio de Janeiro, Brazil, May 16 – 21, 2010. More details on getting your visa and the many beautiful attractions are described in the article on pages 1-5.

Happy Holidays!

I would like to convey a sincere thank you for your support, participation, guidance and leadership over the last 23 years. We are extremely grateful for all of your efforts.

On behalf of my family and our HL7 staff, I am pleased to extend to you and your loved ones warm and heartfelt wishes for an enjoyable and safe holiday season. May God bless us all with peace and much love and laughter in our lives.

Mark P. McQuay



The 2009 Volunteer of the Year Award Winners and W. Ed Hammond, PhD. Pictured left to right: John Koisch; John Ritter; Bernd Blobel, PhD; W. Ed Hammond, PhD; and Gora Datta

2009 Ed Hammond Volunteer of the Year Awards

HL7 honored four members with the 13th annual W. Edward Hammond, PhD Volunteer of the Year Award. Established in 1997, the award is named after Dr. Ed Hammond, one of HL7's most active volunteers and a founding member, and immediate past chair of the HL7 Board. The award recognizes individuals who have made significant contributions to HL7's success. The 2009 recipients include:

- Bernd Blobel, PhD, associate professor, eHealth Competence Center, University of Regensburg, Germany
- Gora Datta, chairman and CEO, Cal2Cal Corporation
- John Koisch, founding partner, Guidewire Architecture
- John Ritter, manager of health information technology, College of American Pathologists

About the Volunteers

Bernd Blobel, PhD, is a founding member and current chair of HL7 Germany. He has been involved with the HL7 Germany affiliate since 1995, when he agreed to serve as the first vice chair. Blobel was also HL7 Germany's first elected chair and served on the HL7 Germany Board for six consecutive years in the roles of chair-elect, chair and past-chair. He was instrumental in the adaptation of the HL7 Version 2.x family of standards to meet German requirements. Blobel began actively contributing to the global HL7 organization in 1996 and was the first international HL7 member to co-chair a work group. In 1996, Blobel launched the HL7 Security Work Group and has served as its co-chair since its inception. As a co-chair, he initiated the HL7 Security Services Framework, which he drafted in 1996. Blobel also helped create the HL7 Personnel Management Work Group in 1998 and served as its co-chair for five years. During his leadership, Chapter 15, Personnel Management, was added to the Version 2.x Standard. Blobel participates in several other national and international standards development organizations (SDOs) and is a leading force in European medical informatics and the German telematics infrastructure.



Gora Datta has been a member of HL7 since 2003. He is actively involved in the Marketing Committee and was instrumental in creating the HL7 Ambassador program. He also represents the organization as an official HL7 Ambassador and has given presentations in the US, Greece and Singapore. Datta served as a coor-



dinator of the HL7 eLearning project, HL7's first interactive internet course covering the basics of HL7, including Version 2.x, HL7's use of XML, Version 3, and the Clinical Document Architecture (CDA). He was also a co-leader of the HL7 CDA Products and Service Guide project. As an active member of the HL7 Electronic Health Records (EHR) and Personal Health Records (PHR) Work Groups, Datta co-lead the EHR Interoperability group, and was the task leader for the BioSurveillance EHR-PHR alignment and mapping project. He is also a member of the Education and Public Health Emergency Response (PHER) Work Groups and the International Mentoring Committee.

John Koisch has been a member of HL7 since early 2005. By mid-2006 he was elected co-chair of the Services Oriented Architecture Work Group, a position that he still holds today. Koisch's broad technical knowledge led him to be selected to serve as a key member of the restructured HL7 Architectural review Board (ArB) in June 2008. Since then, he has provided exceptional leadership to the ArB and was elected co-chair of the group in January of this year. Koisch has devoted a significant amount of his time to HL7 as one of the authors and driving forces behind the HL7 Services-Aware Enterprise Architecture Framework (SAEAF) project, and is a regular contributor to the HL7 Technical Steering Committee.



John Ritter has been a member of HL7 since 2002. He has served as a co-chair of the HL7 EHR Work Group since January 2007 and has actively participated in the work group since 2004. As a member of the EHR Work Group, he authored a significant portion of the chapters of the EHR-System Functional Model. Ritter has been responsible for editing all the versions of the EHR-System Functional Model, and its derivative profiles. He is also a co-facilitator of the PHR Work Group and has greatly contributed to the EHR Interoperability Work Group. In addition, Ritter helped create the International Mentoring Committee and has served as a co-chair of the group since its inception in early 2007. He is also actively involved in the Marketing Committee, where he has helped extensively in the development of the HL7 Ambassador program. Ritter has represented the organization as an official HL7 Ambassador at various conferences around the world.



HL7 Services Oriented Architecture Work Group Efforts Achieve New **Milestones**

By Ken Rubin, Co-Chair, HL7 Service Oriented Architecture Work Group; and Ken Kawamoto, MD, PhD, Co-Chair, HL7 Clinical Decision Support Work Group



Ken Rubin

The last quarter of the 2009 calendar year has been marked by the passing of a number of significant events for the Services Oriented Architecture (SOA) Work Group, realized in the form of passing two specifications through normative ballot, two specifications through DSTU ballot, one for-comment ballot, and one standard nearing completion of derivative work occurring in another standards body. In addition, the efforts of the SOA Work Group have been recognized by the American Medical Informatics Association, in the acceptance of a manuscript

on our joint collaboration with the Object Management Group (OMG) as part of the Healthcare Services Specification Project in the form of a manuscript appearing in the November 2009 edition of the Journal of the American Medical Informatics Association (<http://www.jamia.org/cgi/content/abstract/M3123v1>).

A summary of activities achieving milestones follows:



Ken Kawamoto, MD, PhD

Standards Activity	Status
HL7 Version 3 Standard: Healthcare, Community Services and Provider Directory, Release 1	Normative Ballot in September 2009 Cycle, successful reconciliation expected imminently
HL7 Version 3 Implementation Guide: DSS Knowledge Module Implementation of the Context-Aware Information Retrieval (Infobutton) Domain, Release 1	For-comment ballot in September 2009 Cycle (conducted via Clinical Decision Support Committee), positively received by community
HL7 Version 3 Standard: Identification Service (IS), Release 1	Normative Ballot in September 2009 Cycle, successful reconciliation expected imminently
HL7 Version 3 Draft Standard for Trial Use: Common Terminology Service Release 2 (CTS2) http://www.hl7.org/v3ballot/html/infrastructure/cts_r2/cts_r2.htm	DSTU Ballot Completed in May 2009, Published October 2009.
OMG Request for Proposal: Common Terminology Service Release 2 (CTS2) http://doc.omg.org/ad/2009-9-17	Publicly Available as of September 2009
OMG Decision Support Service (DSS) Technical Specification (based on HL7) http://hssp-dss.wikispaces.com	OMG Technology Adoption anticipated for December 2009

Since its inception in 2005, the SOA Work Group has been developing foundational healthcare SOA standards in the form of "Service Functional Models" (SFMs) – balloted HL7 specifications describing the behavior and associated information content needed to support healthcare functionality in a SOA architecture. These SFMs have also provided a cornerstone to the HSSP collaboration with the Object Management Group (OMG). The OMG is a not-for-profit industry consortium standards-setting body.

With the recent publication of the Common Terminology Services – Release 2 DSTU, a Terminology Services Information Day was held on December 8, 2009. This event was co-located at the OMG Technical Meeting in Long Beach, CA, and featured speakers from the semantic and terminology interoperability arenas, including two HL7 Vocabulary Work Group co-chairs. The

information day covered topics ranging from the business drivers behind the use of terminology services to support interoperability, to national efforts to deploy and manage terminologies and the related infrastructure.

We invite the HL7 community to review these specifications to see how they can help enable semantic interoperability in their organizations. As always, we welcome comments and improvement suggestions.

Contact Information:

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HSSP Common Terminology Service Project - Russ Hamm (rhamm@apelon.com)
HSSP Decision Support Service Project - Ken Kawamoto (kawam001@mc.duke.edu)



Lise Stevens

Navigating the Joint Initiative Process for the Individual Case Safety Report Standard (ICSR)

By Lise Stevens, Co-Chair, HL7 Patient Safety Work Group and Project Facilitator for the Joint Initiative Council ICSR Ballot Project

The SDO Joint Initiative Individual Case Safety Report Standard (ICSR) is the first content and messaging standard to navigate through the Joint Initiative (JI) process. The evolution of ICSR began in 2001, when the US Food and Drug Administration (FDA) initiated an HL7 project in the Patient Safety Work Group to create an electronic MedWATCH 3500 form. This project encouraged harmonization with the International Conference on Harmonisation's (ICH) Tripartite Guideline on Clinical Safety Management: Data Elements for Transmission of Individual Case Safety Reports E2B(M). ICSR, Release 1 was approved by the American National Standards Institute (ANSI) in 2005. It supported human drugs, vaccines and medical devices. The FDA continued its work in HL7 to harmonize all adverse event, product problem, and consumer complaint reporting for all FDA-regulated products. ICSR, Release 2 Draft Standard for Trial Use was approved in January 2007. This version supports veterinary drugs, combination products, food, dietary supplements and cosmetics.

As a separate but parallel effort, ICH began to revise its

E2B(M) standard and agreed to collaborate with outside SDOs in late 2007. An ISO New Work Item Proposal was submitted to the ISO TC 215 Workgroup 6: Health Informatics and Pharmacy. It was approved as the first JI project in February 2008. The project is co-managed by ISO Workgroup 6 and HL7 Patient Safety; however, the balloting process follows the ISO framework. As the first JI message development project, the ICSR has identified several challenges and opportunities in the JI publication process. For example, the ISO publication process is better suited to content standards or technical reports using PDF or HTML format. However, the ISO HTML format does not support the intricate and complicated HL7 links between RMIMs, HMDs, vocabulary and transport specifications needed for implementation. In contrast, traditional HL7 ballots do not consider conformance profiles or implementation guides as Normative HL7 content. Overcoming these publication nuances hasn't been easy, but thanks to the patience and technical savvy of the "men behind the publication curtain," we successfully published the first Draft International Standard (DIS) Ballot for ICSR from April 30 – September 30, 2009.

The Beat goes on, continued from page 6

I recently appointed a Task Force, ratified by the Board, to look at issues relating to Version 2 and its future; the RIM and perceived problems: addressing the complexity of Version 3 and promoting its accelerated adoption particularly in the US; and the role of the CDA, including templates. The Board is struggling with strategic issues such as streamlining the HL7 standards development process; facilitating HL7 standards adoption; increased engagement with governments in meeting national needs; ensuring broad stakeholder engagement, particularly the clinical community; and lead development in the area of the EHR.

Finally, at the October ISO TC 215 meeting in Durham, NC, Don Newsham from Canada asked a panel that included the chairs of the five members of the Joint Initiative Council, "Given that you represent the majority of the health data standards efforts in the world, what might be the ideal way to move forward?" My response was to make all standards be ISO standards; do all the development work in the HL7 environment, and create an oversight body that includes the chairs of the participating SDOs. Will we ever do that?

We continue to work toward a final international standard and find solutions to the technical and publication challenges. The ICSR, Release 2 Normative Standard will be the first SDO multi-part, harmonized standard of its kind. The multi-part standard provides an international framework for reporting adverse events for a variety of products (Part 1) and a conformance profile for international reporting for human pharmaceutical products (Part 2). The standard will provide fully harmonized content guidelines and message exchange format to support reporting between regulators, pharmaceutical companies, health-care providers, health information exchanges and consumers. The work group anticipates additional international conformance profiles to be developed over time to support combination products, medical devices, veterinary drugs, food and dietary supplement reporting. A second DIS ballot will be presented for final technical content review between February and April 2010.

Report on the

By Jin-Shin Lai, MD,
Chair, HL7 Taiwan

The 8th Asia-Pacific HL7 Conference on Healthcare Information Standards joined with MIST 2009, NIST 2009, and MISAT 2009 to hold the 2009 Joint Conference on Medical Informatics in Taiwan (2009 JCMIT), which was held on October 3-4, 2009 at Taipei Medical University, in Taipei, Taiwan. The theme was “e-Health — Promotion of Health Informatics Standards.”

2009 JCMIT attracted 380 participants including 10 international speakers and participants. The following keynote speeches were delivered:

- “Matching HL7’s future strategies to new healthcare IT requirements,” by W. Ed Hammond, PhD, HL7 Chair, USA
- “Is information coming out of EMR for clinical research,” by Michio Kimura, MD, HL7 Japan Chair
- “Sustainable and Interoperable eHealth Standards,” by Yun Sik Kwak, MD, PhD, Chair of ISO TC215 and HL7 Korea

Those who participated in the Gala Dinner on Oct 3, 2009 will have fond memories of this occasion. In order to express how much we appreciated these invited speakers, the organizing committee presented them some special gifts as depicted in the following photos:



W. Ed
Hammond,
PhD



Michio
Kimura,
MD



Yun
Sik Kwak,
MD, PhD



Opening Ceremony: Organizing Committee members and invited international speakers.



We look forward to welcoming you and to organizing The 9th Asia-Pacific HL7 Conference on Healthcare Information Standards for you and the HL7 Community.

We intend to spoil and surprise you with all we have to offer and share the unsurpassed Taiwanese hospitality with you. We truly hope you will join us in enjoying Taipei’s beautiful, unique and safe atmosphere, while building collaborations that will last for years to come.

Important Dates

The 9th Asia-Pacific HL7 Conference
Theme: The New Era of EHR/EMR in Taiwan
Date: Late November 2010
Venue: National Taiwan University

For more information contact:
hl7taiwan@mail2000.com.tw

Update from HL7 Hong Kong

By Vicky Fung, Senior Health Informatician,
eHR Information Standards Office, Hong Kong
Special Administration Region

October 2009 was certainly a special month for the e-health community in Hong Kong. On October 6, Professor Charles Kao (the former Vice-Chancellor of the Chinese University of Hong Kong) was awarded the Nobel Prize in Physics for his achievements in the transmission of light in fibers for optical communication. Without Professor Kao's contribution, clinicians working at the 41 public hospitals in Hong Kong would not be able to instantly retrieve information about their eight million patients.

On October 7, we held eHR Shipshape—the first symposium on HL7 and health data standards in Hong Kong. Approximately 130 attendees from the health and IT sectors gathered together to share their views on the development of an interoperable EHR. It was our honor to have the leading experts from HL7 present to share their experience on HL7 and health data standards with us. HL7 Board Chair Professor Ed Hammond introduced issues relating to, and global efforts in, standards implementation. HL7 CEO Dr. Charles Jaffe gave a presentation about how HL7 is being adopted in various countries, which served as a good reference for the development of HL7 in Hong Kong.



Organizers and invited speakers at the eHR Shipshape Symposium on HL7



Official inauguration ceremony of HL7 Hong Kong

Kong. We also had other local speakers share strategies in standardization of health data (Ms Vicky Fung), experience in standards implementation at private hospitals (Mr Pascal Tse), proposals in implementation of message (Mr Michael Cheung) and drug (Ms S. C. Chiang) standards.

On October 8, around 700 participants witnessed the inauguration ceremony for the establishment of HL7 Hong Kong. The main goal and focus of HL7 Hong Kong will be to drive eHealth the adoption of information exchange standards to ensure system interoperability among various healthcare providers in Hong Kong, and to make Hong Kong one of the first regions to have territory-wide patient-centered electronic healthcare records sharing. As Dr. Chun-Por Wong, the interim chair of HL7 Hong Kong, said, "We will engage our partners from the healthcare and information technology sectors to adopt a set of standards that can meet local needs for supporting a truly interoperable system where all records can be shared across all sectors."

"A journey of a thousand miles begins with a single step." HL7 Hong Kong is just at its infancy stage and is no comparison to Professor Kao's great work. One day, this important move will proliferate and link our patients' record within the territory, and with the other countries, just like the use of optical fiber in communicating to the world. The establishment of HL7 Hong Kong represents an important milestone in unifying the e-health development in Hong Kong. We look forward to collaborating with local and international e-health friends to move towards a truly interoperable EHR.

The Successful Transmission of a Version 2 Genetic Test Result Message Captures the Attention of News Media

By Grant Wood, Senior IT Strategist, Clinical Genetics Institute, Intermountain Healthcare; and Mollie Ullman-Cullere, Co-Chair, HL7 Clinical Genomics Work Group and Senior Information Architect, Harvard-Partners Center for Genetics and Genomics



Grant Wood

On September 30, 2009, a TV news conference was held in Salt Lake City, Utah. The three people leading the discussion were Dr. Marc Williams, director of Intermountain Healthcare's Clinical Genetics Institute; Dr. Stan Huff, Intermountain's Chief Medical Informatics Officer and HL7 board member; and via telephone from Boston, Sandy Aronson, Executive Director of Information Technology for Partners HealthCare Center for Personalized Genetic Medicine (PCPGM). Intermountain Healthcare and Partners HealthCare announced the successful transmission of a structured and coded electronic genetic test result from PCPGM's Laboratory for Molecular Medicine (a CLIA certified genetic testing lab) in Boston to a patient's electronic health record in Salt Lake City. (See below for links to TV and print news reports.)

This communication of genetic data was the first of its kind, and featured a pilot test of a clinical genomics HL7 Version 2 message detailed in the HL7 Version 2 Implementation Guide: Clinical Genomics; Fully LOINC-Qualified Genetic Variation Model, Release 1. The message is based on the Clinical Genomics Genetic Variation Version 3 model and the Laboratory implementation guide entitled HL7 Version 2.5.1 Interoperable Laboratory Result Reporting to EHR (US Realm), Release 1.

This Version 2 message is based on the Version 3 Genetic Variation model. It covers the reporting of genetic test results for sequencing and genotyping based tests where identified DNA sequence variants (i.e. mutations) are located within a gene. The message is fully-LOINC qualified, meaning that new LOINC codes have been created to represent the test components and results. Using LOINC codes has several advantages, the highlight being consistency of representation across different message types and for clinical decision support. LOINC visionaries Stan Huff and Clem McDonald worked with PCPGM members (technical experts Larry Babb, Eugene Clark, and Mollie Ullman-Cullere and clinical geneticist Victoria Joshi) to create the new codes. Collaborative efforts within HL7 were coordinated through the Clinical Genomics and Orders & Observations workgroups, and the expertise of Grant Wood, Mollie Ullman-Cullere, Hans Buitendijk and Austin Kreisler.

The news conference explained that the V2 data exchange was routed through a system developed by Partners called VariantWireSM. This central hub enables the transfer of genetic test results from testing laboratories to healthcare providers. Any institution that connects to VariantWire

will be able to communicate with all other connected institutions through a single secure interface, eliminating the complexity of a many-to-many inefficient network. Many genetic test results (identifying inherited mutations or variants) are good for a lifetime of patient care, as these remain constant. However, the clinical interpretation that guides clinical usage may change over time. For instance, a newly discovered genetic variant may first be classified as being of 'unknown significance' and later be found 'pathogenic' or 'benign'. That is, the clinical interpretation may dynamically change over time as new knowledge is discovered about the meaning of identified genetic variants. The electronic capture and transfer of genetic results lays the groundwork for providing clinicians with updates as more is learned about these variants over time.

In order to receive the message from VariantWire, Intermountain's vocabulary, interface, and Q&A people had work to do. First, implementing a new genetics-based terminology and the new LOINC codes into the clinical data repository (CDR) was required. This included building out the structure in the CDR to store the data. Secondly, the interface team wrote Java code (using Java CAPS and a Tuxedo service) to map the V2 message to the CDR schema. The LOINC codes take the flat V2.5.1 message and gives structure to the nested OBX segments. And finally, a Quality & Assurance person used her tools to validate the database structure and stored data. Although it took over a year to complete these steps during the pilot project, with the above referenced implementation guide – it could be done in six months.

The next step in developing the VariantWire infrastructure is to extend it to other laboratories and providers. Provider patient genetic profiles will grow more complete as additional laboratories are connected. As these profiles expand, new forms of clinical decision support will become possible.

The current standard for genetic test results is either paper or electronic narrative reports. Utilizing this solution Intermountain and Partners are working to make this information available within the EHR, including clinical decision support, linkage to clinical genetic knowledgebases (maintaining clinical interpretations up-to-date), and tools for medication order entry. Clinicians expect to use genetic



Mollie Ullman-Cullere

bases (maintaining clinical interpretations up-to-date), and tools for medication order entry. Clinicians expect to use genetic data for confirmatory diagnosis (or risk for developing the disease), and determination of drug metabolism, drug efficacy, or drug toxicity.

Forming a more complete diagnostic picture for inherited conditions may require augmenting genetic data with family history data, represented by the Clinical Genomics Pedigree model. This is especially important, because genetics isn't about just treating the patient, but treating the whole family.

To make a critical point, the news conference emphasized the fact that both Intermountain and Partners are hoping this model will be adopted by others and become a standard. HITSP has been watching the progress of the project and has included these LOINC codes within HITSP vocabulary (C80), making them available for use in the XD Lab (C37) and Consult Note (C84). Future versions of the implementation guide will be released in order to support the transmission of details of the genetic test (e.g. region of DNA examined for sequence variation which would aid clinical decision support for subsequent test ordering guidance). Other enhancements will allow for expanded testing scenarios (e.g. SNP microarrays).

The Clinical Genomics Work Group is also planning to promote its Gene Expression model to become normative in 2011. This will support the exchange of genetic and genomic laboratory data for research use cases.

News media links:

TV - Salt Lake City CBS affiliate: <http://connect2utah.com/content/video/?cid=54062>

TV - Salt Lake City ABC affiliate: <http://www.abc4.com/content/news/top%20stories/story/Medical-break-through-allows-electronic-transfer/c1SCb9ifAEiNND-rCsQQuA.csp>

Salt Lake Tribune: http://www.sltrib.com/news/ci_13457148

Desert News: <http://www.deseretnews.com/article/705333552/Sharing-genetic-data-may-lead-to-better-treatments.html>

BioInform: <http://www.genomeweb.com/informatics/hpcggs-variantwire-network-passes-first-test-cross-country-transmission-genetic?page=show>

HL7 Benefactors



Centers for Disease
Control and Prevention

Duke Translational Medicine Institute



CALL FOR PAPERS

11th International HL7 Interoperability Conference

By Diego Kaminker, Chair, HL7 Argentina and Member of the IHIC 2010 Organizing Committee



Diego Kaminker

We are inviting all interested parties to participate in the 11th International HL7 Interoperability Conference (IHIC 2010), to be held in Rio de Janeiro, Brazil in May 2010. This will be the first time that South America has hosted IHIC.

Following the success of previous IHIC venues in Kyoto (2009), Crete (2008), New Zealand (2007), Germany (2006), Taiwan (2005), Mexico (2004), IHIC 2010 aims to serve as a meeting place for more than 30 HL7 affiliates around the world, as well as individuals interested in interoperability and standards, to share their HL7 implementation experience and strengthen their shared vision.

We welcome paper submissions that demonstrate to the international community successful experiences using HL7 Version 3 and Clinical Document Architecture Release 2, and interoperability between informatics applications using standards. Also, results and experiences from the collaborative use of standards are most welcome, particularly if they are related to HL7 standards. Topics of interest include but are not limited to the following:

HL7 implementation experience from regional, trans-regional, or national implementation:

- HL7 Version 2.x and Version 3 messages
- CDA
- Imaging diagnostics and DICOM standard
- Use of HL7 in IHE profiles
- Terminologies, ontologies and coding systems: use of local and international standards
- Use of other standards in combination with HL7 standards: ASTM, ISO, CEN, etc.

Business models, regional and large scale deployment:

- Electronic Healthcare Record: from strategy to implementation
- Legal and regulatory issues.



- Epidemiology, disease surveillance and control
- Geographical information systems for population health
- Disaster medicine, emergency management and public health

This year, along with the successful “Show me your CDA!” track, IHIC will also incorporate the “Send me your CDA!” HL7 CDA Interoperability Showcase to display basic interoperability of applications using HL7 Version 3 and HL7 CDA R2 standards.

All submitted papers will be reviewed based on their technical quality and merit by the technical committee and reviewers. Papers that describe research and experimentation are encouraged. All paper submissions will be handled electronically using IEEE format. Detailed instructions on the submission procedure will be available on IHIC 2010 website at: <http://www.ihic2010.hl7.org.ar/>. Accepted papers will be published online. For other information, please contact IHIC 2010, (fpfortila@gmail.com)

Important Dates:

- Call For papers: November 2, 2009
- Deadline for submissions: January 31, 2010
- Evaluation and notification: March 1, 2010
- Camera-papers ready due: April 1, 2010

IHIC 2010 Organizing Committee

Fernando Portilla (HL7 Colombia)
 Selene Indarte (HL7 Uruguay)
 Diego Kaminker (HL7 Argentina)
 Marivan Santiago Abrahão, MD (HL7 Brazil)
 Sergio Koenig (HL7 Chile)
 Nancy Gertrudiz (HL7 Mexico)
 Julio Carrau (HL7 Uruguay)
 Analia Baum (HL7 Argentina)
 Diego Lopez (HL7 Colombia)



Dave Hamill

News from the PMO

By Dave Hamill, Director, HL7 Project Management Office

Updated Project Scope Statement Template – Coming in January 2010

The Project Services Work Group (PS WG) will release a new 2010 version of the Project Scope Statement (PSS) template. Our goal is to streamline and simplify the template so that it's easier to use by HL7 members and provides the most useful data to the membership.

Changes include but are not limited to:

- Removed areas that were rarely used or resulted in redundant/duplicated information that was captured elsewhere in the document.
- Have target dates to a WGM or ballot cycle
- Updated the Roadmap Strategic Initiatives to reflect the new initiatives
- Added areas to capture backwards compatibility, stakeholder/customer, and business need. Additionally, the Notification of Intent to Ballot (NIB) web page will be enhanced to pull the last items when creating the NIB

Use GForge to Report Bugs/Suggest Enhancements to the HL7 Website, Wikis, Ballot Desktop or Project Insight

Project Services (PS) and Electronic Services (ES) have created four new projects created in GForge to enable members to report and track issues and suggestions regarding the HL7 website, HL7 wikis, Ballot Desktop or Project Insight. ES WG / PS WG listserv subscribers will be notified accordingly when a tracker item is created within one of the projects.

The four new GForge projects are located at:

- HL7 Website: <http://gforge.hl7.org/gf/project/website/> (notifies the ES listserv)
- HL7 Wikis: <http://gforge.hl7.org/gf/project/wikis/> (notifies the ES listserv)
- Ballot Desktop: <http://gforge.hl7.org/gf/project/ballot-dtp/> (notifies the ES listserv)
- Project Insight: <http://gforge.hl7.org/gf/project/project-insight/> (notifies the PS listserv)

Ballot Info now in Project Insight and the Searchable Project Database

We're in the midst of the second ballot cycle in which ballot status/information for project deliverables has been added to projects in Project Insight. Additionally, the HL7 Searchable Project Index Tool has been updated to reflect the ballot

information and is now integrated with the NIB web page.

New fields to Project Insight and the Searchable Project Index include:

- **Status** – Indicates Active Projects, 3-year plan items and project deliverable(s) in the ballot cycle and more.
- **Ballot Cycle Info** – Reflects the document being balloted, it's most recent ballot level and the NIB submitter.
- **Next Milestone Date and Project End Date** (two fields; replaces Target End Date) – Indicates the next Working Group Meeting (WGM) that a deliverable is due or that the project will complete. Since most projects use a WGM or Ballot Cycle as the target date to provide a deliverable or complete a project, these fields are in a 'trimester' format based on Working Group Meetings and Ballot Cycles (i.e. 2010JanWGM/Ballot).
- **Link to View Ballot Items List** – When a project has ballot deliverables in the Ballot System, this link will take you to a listing that displays the ballot history for those items. The new summary page allows you to review the basic ballot information (when it balloted, what level it balloted at) and view any existing Notification of Intent to Ballot (NIB) form that was submitted for each ballot cycle. In addition, if the ballot item is still flagged as active, you can jump directly to a new or existing NIB form for the current ballot cycle.

Project Review and Cleanup – A Big Thank You!

I'd like to thank all the work group co-chairs, project leaders, steering division project facilitators and members of the Project Services Work Group that have been working hard on the HL7 Project Review and Cleanup effort over the past few months.

HL7 work groups reviewed their projects that resided in Project Insight and updated the project's current status, target dates and other information. The work groups also completed their 3-year planning, and the results were added to Project Insight.

All of HL7's project tools, including the Searchable Project Database, GForge and Project Insight, are available on www.hl7.org via Participate > Tools & Resources > Project Tracking Tools.

Project reports in an Excel spreadsheet format can be found in GForge via the TSC's File tab. The direct URL is: http://gforge.hl7.org/gf/project/tsc/frs/?action=FrsReleaseBrowse&frs_package_id=98

Report from the September Affiliates' Council Meeting

By Catherine E. Chronaki, Affiliate Director, HL7 Board of Directors,
International Council Co-Chair, Affiliate Liaison



Catherine E. Chronaki

On Sunday, September 20, 2009, the HL7 Affiliate Chairs met for the last time as part of the Affiliates' Council. Following the decision of the HL7 Board of Directors, the Affiliates' Council has been renamed "International Council" as part of a broader strategy to highlight the global character and impact of HL7. On this occasion, 20 of the 33 HL7 Affiliates were represented in the meeting that was attended by more than 100 participants from around the world.

Over the years, the Affiliates' Council has become an increasingly active and fascinating forum where the chairs of HL7 Affiliates meet with the leadership of HL7 and other interested members to discuss recent developments. Attendees share views and experiences about the problems they encounter as well as the strategies and tactics they have used in the promotion of HL7 standards to address specific national or regional needs. A typical Affiliates' Council agenda comprises liaison reports, discussion topics, conference reports, and the HL7 around the world session.

The liaisons session includes reports from the Board, CEO, CTO, Joint Initiative Council, Affiliates, Headquarters, Marketing Council, Education Work Group among others. In his Board report, Michael van Campen discussed developments after the Kyoto meeting and the Annual Board Retreat, including the elements of the 2010 budget, the removal of the eight vote cap for HL7 affiliates, and the creation of a global members' directory. HL7 CEO Dr. Chuck Jaffe's report focused on the HL7 Roadmap for 2010, the Clinical Information Interchange Collaborative, and marketing initiatives. Jill Kaufmann, HL7 Board Secretary and chair of the Marketing Council, encouraged stronger involvement from the Affiliates in the Ambassador and University Programs. In my Affiliates' Liaison Report, I was honored to welcome Dr. Tatyana Zarubina as the chair of HL7 Russia and introduce the petition of the Hong Kong Special Administrative Territory to form the 34th HL7 Affiliate.

Topic highlights included the May 2010 Working Group Meeting in Rio, the petition of Australia to host the 2011 international meeting, and updates from the One-Member-One Vote and the International Mentoring Committee. Australians dressed in blue and white shirts reading "Australia" put forward a venue proposal that radiated wide national support, team spirit and enthusiasm. There were also presentations on events sponsored or supported by the Affiliates' Council such as Medical Informatics Europe 2009 HL7 Germany Chair, Bernd Blobel, PhD, reported from Medical Informatics Europe 2009.

My favorite part of the Affiliates' Council meeting is "HL7 around the world." During this portion of the meeting, affiliate chairs present their vision, plans and accomplishments, as well as their problems in their interaction with HIT stakeholders in their region or territory, providing the local insight that makes HL7 a truly global organization.

HL7 UK

Rik Smithies, the past chair of HL7 UK, reaffirmed the mission of HL7 UK, a flourishing organization with 105 organizational and 93 physical members. Highlights of the reported HL7 UK activities were the engagement with universities in the development of HL7 content for IT courses, the development of an "Interoperability Strategy Pack" and work on the NHS Interoperability Toolkit with NHS Connecting for Health. In 2010, HL7 UK will be celebrating its 10th year anniversary at their annual conference planned for early March.

HL7 Brazil

Dr. Marivan Abrahão, Chair of HL7 Brazil, presented the highlights of HL7 activities in Brazil. He focused on SIGA Saúde, the São Paulo City's HIT project and TISS, the Brazilian National Health Electronic Data Interchange in the Private Insurance Market. The SIGA Saúde project aims to provide an integrated Electronic Health Record (SIGA System) to serve than 14 million people (1 million primary care visits, 189K specialized consultations, 2.7 million lab exams, 1.7 million prescriptions, 35K complex procedures per month) connecting the Hospital Information Systems with Laboratory Systems and PACS by using HL7 Version 3, HL7 CDA Release 2, LOINC and ANVISA (National Laboratory Standards from Brazilian FDA). Terminology issues including translation of LOINC terms to procedure codes of the National health system are critical to the success of the effort. Marivan noted that regional collaboration among HL7 affiliates in South America, namely, HL7 Argentina, HL7 Uruguay, HL7 Chile, and HL7 Colombia is top priority for HL7 Brazil.

HL7 Canada

Michael van Campen, affiliate director and chair of HL7 Canada, presented recent developments in Canada. HL7 Canada is part of the Infoway Standards Collaborative which continues to develop, maintain, and integrate Canadian message and terminology specifications. Michael highlighted work on a delta release of various pan-Canadian specifications based on HL7 Version 3, including Lab, Pharmacy, iEHR, Client Registry, Provider Registry, eClaims, Infrastructure services, and Common Terminology (SNOMED, LOINC, etc).

HL7 Taiwan

Professor Jin-Shin Lai, MD, chair of HL7 Taiwan, an organization with 24 organizational and 67 individual members, reported on 2009 activities. He highlighted their close collaboration with the government of Taiwan in promoting the Electronic Health Record standards on medical imaging and providing HL7 Version 2.x, Version 3, and CDA Release 2 education and implementation services. For 2010, the focus of HL7 Taiwan will be on HL7 for lab reports and prescriptions as well as on elaborating a methodology for hospitals to design their EMR based on 108 templates.

HL7 Sweden

The news from HL7 Sweden was rather grim, as CEN13606 is the official standard and all HL7 projects are halting, which is resulting in a reduction of HL7 members. Despite that, HL7 Sweden continues to provide HL7 standards support to its members and cultivate relations with HIT stakeholders.

HL7 Colombia

Fernando Portilla, chair of HL7 Colombia, stressed their commitment to the adoption and use of HL7 standards for the interchange, handling, and integration of electronic health care information. The members of HL7 Colombia include universities, insurance companies, hospitals, and IT providers. They are active in education and training, promotion of HL7 standards, government relations, and technical work. HL7 Colombia has formed active committees on CDA, Lab, IHE, Pharmacy, and EHR. Fernando conveyed that the vision of HL7 Colombia is to seek stronger collaboration in South America, with existing and new affiliates.

HL7 Finland

Juha Mykkänen from HL7 Finland, reported that Kela, the national Insurance Institution in Finland, assumed coordination of the specifications for the national eHealth services with the expressed support, services, and quality assurance from HL7 Finland. HL7 Finland has developed implementation guides for CDA, Release 2, medical records, and web Services in the context of the core national projects, namely nationwide e-prescription (eResepti) services and the national e-Archive (eArkisto). He stressed that HL7 Finland is particularly interested in CDA, Release 3 requirements addressing international needs, as well as in HL7 standards for structured representation of biosignals, dental records, and social services in the frame of SAEF and the Service Oriented Architecture.

HL7 France

Nicolas Canu, chair of HL7 France, reported that ASIP (Agence des Systèmes d'Information Partagés), a new government agency, has been created and has taken charge of several projects including the Shared Medical Record (DMP), interoperability, the shared care professionals directory, and national patient identifiers. Deployment of the first version of DMP is expected for 2010. An interoperability framework is already published for discussion that uses CDA for sharing and exchange of clinical documents. Moreover, on September 22, InteropSanté was created by IHE France, HL7 France, and HPRIM, and has already undertaken projects from ASIP.

HL7 Germany

HL7 Germany Chair, Bernd Blobel, PhD, reported that HL7 Germany celebrates its 16th anniversary with a conference at the end of October. Recent HL7 Germany activities include participation in several conferences and training events, translation of HL7 Version 2.5, Version 2.6, translation of LOINC, further elaboration of implementation guides, as well as educational activities in Colombia, Ireland, Finland, Czech Republic, Hungary, and Romania. Last but not least, Bernd announced a new Booklet entitled "HL7 Communication Standards for Healthcare – An Overview" that is available for download from the hl7.de site.

HL7 India

HL7 India Chair Bimak Naik, reported on an invigorated organization with a strong educational and certification orientation that attracted more than 50 members in 2009. The future plans of HL7 India include updating the website and participating in the HL7 e-Learning and university programs.

HL7 Japan

HL7 Japan Board member Ken Toyoda highlighted the May 2009 WGM in Kyoto, which attracted attendees from 25 countries to the Affiliates Council meeting, the highest international participation on record. Recent developments brought a new board to HL7 Japan, and as a result, all JAHIS (HIS vendor association in Japan) members are automatically members of HL7 Japan. Besides educational activities and seminars, HL7 Japan has a very active CDA SIG, and currently more than 50% of the large hospitals have a Hospital Information System capable to export data in HL7.

HL7 Mexico

HL7 Mexico Chair-Elect Nancy Gertrudiz reported that HL7 Mexico will work on a roadmap and a strategic plan based on national needs and expectations. Focus areas for this plan include CDA, vocabularies, image and equipment integration, and security.

HL7 The Netherlands

Robert Stegwee, chair of HL7-Netherlands, International Council co-chair, and affiliates' representative to the JIC, reported on the focus areas of HL7 Netherlands. He highlighted joint work with IHE and NICTIZ on national access to lab results, pharmacy, patient care templates based on detailed clinical models, administrative management/registry services, infrastructure and data types (Dutch CMET), and RIM Based Architecture (RIMBA) based on the Service Oriented Architecture. He also noted a recent petition to form a work group on the EHR-S Functional Model. In the future, they expect closer collaboration with NEN, the national standards body, to provide structured input to national, European and international work. Planned educational and awareness activities include Version 2, Version 3, and EHR-S courses on the HL7 University. The National HL7 Standardization Conference will be held on December 10, while another conference is planned jointly with IHE Netherlands and the Dutch Architecture Forum in the spring of 2010.

HL7 Russia

HL7 Russia Chair, Dr. Tanya Zarubina stressed the interest of HL7 Russia in the deployment of integrated data exchange standards between hospitals and emergency service on urgent hospitalization of patients, and others. HL7 Russia's immediate activities and goals will be directed at: translating, adopting, developing and implementing HL7 standards in different areas of clinical medicine and the healthcare field; teaching the methodology of HL7 architecture to doctors, IT specialists, students and postgraduates, and educating the public about HL7; and assisting in the creation of national medical standards using HL7 experiences.

The full set of presentations from Affiliates' council meeting can be downloaded from the WG pages at <http://www.hl7.org/Special/committees/international/minutes.cfm>

Congratulations

To the following people who passed the HL7 Certification Exam

Certified HL7 V2.5/2.6 Chapter 2 Control Specialist

July 16, 2009

Ricardo Atherley
Lesley J. Brooks
Ranjeeta Dhuru
Arthur R. Harrison
Marcus Y. Hong
Yuriy Orlov
Chris Reiber
Viswanatham Saripella
Frank R. Szofron
Ted W. Wiesman

September 24, 2009

William B. Atkins
Vishal Bajaj
Thalet Bukhari
Frankie Y. Chan
Shyam Dasari
Brian L. Gardner
Srikanth Nethi
Angie E. Weston

HL7 Canada

November 5, 2009

Yubing Liu

HL7 India

August 29, 2009

Aruna Appam
Aishwarya Bhattacharjee
E.N.V. Prasad Babu Jonnada
Ranga Prasad K V S
Sreelatha Kanagala
Tanmaya Kar
Ranjith Kumar P S
Priyanka Kumari

Rajani Pandala
Deepak Kumar Patkar
Rajendra Prasad Rapuri
Neelima Sunkara
Karthikeyan V D
Vasanth Kumar Varma
Leya William

September 19, 2009

Ramya Achar
Vikash Gaurava
Ezhilarasan Kailasam
Surendar Rajavel
Aiswarya Srinivasan
Sriram Srinivasan

October 10, 2009

Rajeev Kumar T.M.
Devika Jeyachandran
Yuvaraj Chandrasekaran
Aruljothi Andiyappan
Raja K.

October 24, 2009

Timcy Goyal

Certified HL7 CDA Specialist

July 16, 2009

Wendy J. Blumenthal
David J. Katz
Anil Luthra
Sundarajan Vijayakumar

September 24, 2009

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Walter T. Klaus

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July 14, 2009

Valery Malenkov

August 21, 2009

Simon Wong

September 1, 2009

Brian Underhill

September 15, 2009

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Mike Chen
Michael Mowery
Mark McAllister
Ioan Popescu
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UPCOMING EDUCATIONAL SUMMITS

March 23 – 25
Hilton Raleigh-Durham Airport at Research Triangle Park
Durham, North Carolina

July 13 – 15
The Embassy Suites Bloomington
Bloomington, Minnesota

November 9 – 11
The Embassy Suites Portland — Downtown
Portland, Oregon



Upcoming INTERNATIONAL EVENTS

HL7 UK 2010 Conference

London, England

March 3 – 4, 2010

For more information, please visit
<http://www.hl7.org.uk/hl7ukconferencesite/2010.asp>

eHealth Conference 2010 / World of Health IT Conference and Exhibition

Barcelona, Spain

March 15 – 18, 2010

For more information, please visit
<http://www.worldofhealthit.org/?Src=em&ptn=ehlnw&cmp=elbd> or <http://www.ehealthweek2010.org/>

CDISC Interchange Europe

London, England

April 26 – 30, 2010

For more information, please visit
<http://www.cdisc.org/interchange>

11th International HL7 Interoperability Conference

Rio de Janeiro, Brazil

May 2010

For more information, please visit
<http://www.ihic2010.hl7.org.ar/>

May Working Group Meeting

Rio de Janeiro, Brazil

May 16 – 21, 2010

For more information, please visit www.HL7.org

HIMSS AsiaPac 2010

Beijing, China

May 26 – 28, 2010

For more information, please visit
<http://www.himssasiapac.org/expo10/index.aspx>

eHealth 2010: From Investment to Impact

Vancouver, Canada

May 30 – June 2, 2010

For more information, please visit
<http://www.e-healthconference.com/>

EFMI Special Topic Conference: “Seamless Care – Safe Care: the Challenges of Interoperability and Patient Safety in Health Care”

Reykjavik, Iceland

June 2 – 4, 2010

For more information, please visit
<http://sky.is/efmi-stc-2010-.html>

MedInfo 2010

Cape Town, South Africa

September 12 – 15, 2010

For more information, please visit
<http://www.medinfo2010.org/>



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Patient Safety
Pharmacy
Public Health & Emergency Response
Regulated Clinical Research
Information Management

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Modeling & Methodology
RIM Based Application Architecture
Security
Service Oriented Architecture
Templates
Vocabulary

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Process Improvement Committee*
Project Services
Publishing
Tooling

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Clinical Statement
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Orders & Observations
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Upcoming **WORKING GROUP MEETINGS**



January 17 – 22, 2010

Working Group Meeting

Pointe Hilton Squaw Peak Resort
 Phoenix, AZ



May 16 – 21, 2010

Working Group Meeting

Windsor Barra Hotel & Congressos
 Rio de Janeiro, Brazil



October 3 – 8, 2010

24th Annual Plenary & Working Group Meeting

Hyatt Regency Cambridge
 Cambridge, MA



January 9 – 14, 2011

Working Group Meeting

Hilton in the Walt Disney World Resort
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