

January 2011 Working Group Meeting

Sydney, Australia—Here We Come!

January 9 – 14, 2011

By Klaus Veil, HL7 Australia

Following an idea that was expressed during the Sydney 2000 Olympics and three years of preparations, we are going to Sydney, Australia, for the January 2011 HL7 International Working Meeting!

Welcome to Sydney

Everybody knows the Sydney Opera House and Harbor Bridge as Australian tourist icons – our January Working Group Meeting will be held in the heart of Sydney and a two-minute walk from the harbor – we hope this will inspire and not distract our work groups and committees.



Klaus Veil

Sydney is Different

HL7 International traditionally holds its January Working Meeting in a location with a warm climate. January is the middle of summer in Sydney, so if you think that San Diego or Orlando are pleasant, you will be thrilled by the summer weather in Sydney! The daytime temperatures are 75-85°F (24-30°C) and we expect sun and blue skies all week. Sweaters and jackets will not be needed. We hope that some of the world's great beaches (Bondi, Narrabeen, etc.) being within five miles of the city center will not distract us too much!

The meetings of the HL7 International work groups and committees will be held at the Cliftons Meeting and Training Center right next to the Amora, Marriott, Four Seasons, and other hotels within a two-minute walk of the harbor and a stone's throw from the historic "The Rocks" precinct. This arrangement allows us to use the entire purpose-built Cliftons corporate meeting rooms building (www.Cliftons.com/Sydney) with their excellent AV/WiFi facilities and gives the participants the freedom to choose the accommodation that suits them and their budget. The large number of meeting rooms will also allow us to schedule additional tutorials and education sessions.

Sydney is the Same

January Working Meeting participants will find Sydney quite similar to cities in Southern California, only warmer! In fact, my own experience with living in San Diego some years ago was that the two cities are quite similar with regards to culture and weather. The Australian currency is the "Aussie Dollar", which varies between US\$0.80-US\$0.90, so prices are about 15% cheaper. Historically, the US has had a substantial influence on Sydney, so US visitors will immediately feel at home – yes, Starbucks, McDonald's, Burger King, Hard Rock Cafe, Kinkos, FedEx, etc. are here too. You can find more information at www.HL7.org.au/Sydney2011.

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Sydney, continued

Dining and Tipping

Sydney has a very broad range of dining establishments from the very popular casual food courts with their wide variety of Asian, Indian and Italian dishes to extravagant places with fabulous harbor and opera house views. Seafood is prime in Sydney – lobster, shrimp and many other delicacies await you! In Australia, prices must include all taxes and service charges; tipping is not quite as common as in the US, but always welcome for good service.



What else is there to do in Sydney?

Sydney, one of the world's most highly awarded cities, is the gateway to Australia and offers a broad range of tourist activities. Close to Sydney's stunning harbor, our Cliftons meeting facility is perfectly placed for those seeking some post-WGM entertainment. Apart from the Opera House and the Harbor Bridge, the historic The Rocks district with its colonial sandstone buildings, pubs and restaurants is only a five-minute walk while Darling Harbor with its yachts and waterfront dining and bars is also very popular.

For those with a sense of adventure, the Sydney Harbor Bridge Climb is a spectacular



experience, while the Sydney Fish Market lets you get "hands on" with the freshest seafood. The extensive Chinatown district with its many small restaurants and the Chinese Garden reflects Sydney's large Asian population. Due to its proximity to Asia, shopping in Sydney is excellent with all famous brands at good prices and many factory outlets. Of course, Sydney's miles of white sandy beaches and the world famous Blue Mountains nearby should not be missed!

If you have any questions or would like some sightseeing suggestions, please email the HL7 Australia "Sydney 2011 WGM Help-Line" at 2011Help@HL7.org.au.

Traveling to Sydney

Sydney is easily accessible to all WGM participants with over 40 international airlines flying into Sydney International Airport and more than 500 international flights arriving per week.

Traveling to Sydney is convenient for our North American participants, as all flights are non-stop from the three gateways, including Los Angeles, San Francisco and Vancouver. The Clifton's meeting venue is in the center of Sydney, right next to the harbor, and only a 20-minute taxi or airport train ride from the airport. You can compare flight prices online via the Sydney WGM website at www.HL7.org.au/Sydney2011

Arriving in and Getting Around in Sydney

The city of Sydney is compact and accessible, nestled between the harbor and Sydney International Airport. Getting around in Sydney is easy – hail one of the taxis that you will see everywhere (they take credit cards, too) or hop onto one of the

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HL7's 24th Annual Plenary Meeting

Future of Healthcare Using Genomics as a Key Tool

Monday, October 4, 2010

Hyatt Regency Cambridge Hotel • Cambridge, Massachusetts

Program agenda subject to change

- 8:30 – 8:45 a.m. Welcoming Comments**
Charles Jaffe, MD, PhD, CEO, Health Level Seven International
- 8:45 – 9:30 a.m. Keynote Session 1: *Genetics and Genomics in Clinical Medicine***
Raju Kucherlapati, PhD, Paul C. Cabot Professor of Genetics and Professor of Medicine, Harvard Medical School
- 9:35 – 10:20 a.m. Keynote Session 2: *Personal Genome Project***
George M. Church, PhD, Professor of Genetics, Harvard Medical School and Director of the Center for Computational Genetics, Founder of Personal Genome Project
- 10:20 – 10:50 am Break**
- 10:55 – 12:30 pm Panel Presentation: *How HL7 addresses the three elements of clinical services, commercial products, and data intensive research***
- Clinical Assessment through Family Health History**
Kevin Hughes, MD, FACS, Co-Director, Avon Comprehensive Breast Evaluation Center, Massachusetts General Hospital; Associate Professor of Surgery, Harvard Medical School
- Using HL7 Standards to Manage the Cost and Effectiveness of Genetic Testing**
Rick Schatzberg, President & CEO, Generation Health
- NCBI and 20 Years of Standards in Biomedical Research**
Jim Ostell, PhD, Chief of the Information Engineering Branch (IEB) of the National Center for Biotechnology Information (NCBI)

HL7 AMBASSADOR PROGRAM

At The 24th Annual Plenary And Working Group Meeting

HL7 and the Final Rule: Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology

Monday, October 4, 2010 • 1:45-5:00 pm • Hyatt Regency Cambridge Hotel

This session provides an overview of how HL7 will be used to achieve Meaningful Use and then provides high-level tutorials on HL7's Clinical Document Architecture (CDA), Continuity of Care Document (CCD) and its Version 2 standards, which are named in the Final Rule referenced in the session title.

This Tutorial Will Benefit:

- Individuals who will be required to understand HL7's role in meaningful use and electronic health record technology.

Upon Completion of This Tutorial, Students Will Know:

- How to use HL7 to achieve Meaningful Use
- How to use the HL7 CDA standard and the CCD implementation Guide
- How to use HL7's Version 2 standards for submission to Public Health Agencies for surveillance reporting
- How to use HL7's Version 2 standards for submission of lab reporting to Public Health Agencies
- How to use HL7's Version 2 standards for submission to immunization registries

Faculty:

Gora Datta (Speaker – HL7 and Meaningful Use): Chairman and CEO, CAL2CAL Corporation

Keith Boone (Speaker – HL7's CDA and CCD Standards): Lead Interoperability Systems Designer, GE Healthcare Integrated IT Solutions; Co-Chair, HL7 Clinical Document Architecture Work Group

Alean Kirnak (Speaker – HL7 Version 2 and Immunization): American Immunization Registry Association (AIRA); Co-Chair, HL7 Public Health and Emergency Response Work Group

Anna Orlova (Co-Speaker – HL7 Version 2 and Surveillance): Executive Director, Public Health Data Standards Consortium

Lori Reed-Fourquet (Co-Speaker – HL7 Version 2 and Surveillance): Owner/Consultant, e-HealthSign, LLC

Austin Kreisler (Speaker – HL7 Version 2 and Electronic Lab Reporting): HL7 Messaging Specialist, SAIC; Co-Chair, HL7 Orders & Observations Work Group; Co-Chair, HL7 Domain Experts Steering Division; Member, HL7 Technical Steering Committee

Sydney continued from page 2

many buses and trams – the hop-on/hop-off Sydney Explorer bus will take you to the area's main attractions.

Accommodations

As mentioned above, our working group meeting arrangements in Sydney offer you the flexibility to suit you. There are plenty of nice accommodations in all price categories. The average cost of a Sydney hotel room is approximately US\$130 (A\$150) per night. HL7 Australia has a number of 4-star hotel rooms available immediately next to the WGM venue. Please visit www.HL7.org.au/Sydney2011 for details. Note that in Australia, hotel prices include all taxes, surcharges and service charges.

2011 Australian Open

Summer in Australia is also tennis season. Balmy nights, superstar tennis players, colorful fans and unpredictable matches characterize the amazing entertainment showcase that is the 2011 Australian Open. The Australian Open begins immediately following the WGM on Monday, January 17. Mixing world-class tennis with world-class entertainment, facilities and technology creates an energetic sporting carnival that blends the fun and enjoyment of tennis with social and cultural attri-

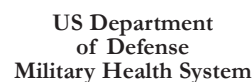
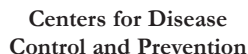
butes that celebrate Australia's iconic love of the great outdoors and fun in the sun. For two weeks in January, Melbourne, a 1-hour plane ride from Sydney, becomes the place 'Where the world comes to play'. You will feel the competitive tension soar as more than 500 of the world's best players arrive, prepare and compete at the Rod Laver Arena. You can find out more information about this event at www.AustralianOpen.com.

Do I need a Visa?

There are no visa requirements for WGM participants from North America, the European Union and most Asian countries – but you should practice your "G'Day", "No worries, Mate" and "Throw a Shrimp on the Barbie" before you travel (see www.KoalaNet.com.au/australian-slang.html). Like the US, for travel security reasons, Australia now requires that visitors register their intent to travel online (ETA) for a nominal fee. More information and links are available on the Sydney WGM website at www.HL7.org.au/Sydney2011. There are no vaccination requirements.

Make your travel plans for Sydney now! Sydney, Australia, here we come!

HL7 Benefactors as of July 23, 2010



JOURNEY

on Four Continents

By Mark McDougall, HL7 Executive Director



Mark McDougall

Rio de Janeiro, Brazil: May Working Group Meeting

After many months of planning, our recent May Working Group Meeting was held in Rio de Janeiro, Brazil. The setting was beautiful and the meetings were productive. Thirty-six HL7 work groups convened meetings in Rio, of which 13 Work Groups conducted co-chair elections. Attendees also took advantage of 19 tutorials that week.

I would like to extend a very sincere thank to Marivan Santiago Abrahão, MD for his invaluable guidance and his hundreds of hours of effort to help us plan this meeting. Please see the picture of Marivan and his beautiful daughter Alexia (below).



Marivan with his daughter

There are also some pictures of HL7 meeting attendees enjoying a very memorable networking reception that included a Brazilian band and dancers (please see the next page). In fact, these dancers were from the Unidos da Tijuca Samba School and were winners of the 2010 Carnival Parade in Rio de Janeiro.

UPDATE FROM HEADQUARTERS

I am also pleased to recognize the following organizations that sponsored key components of our recent May Working Group meeting in Rio de Janeiro. They include:

- Gordon Point Informatics – Wednesday PM Cookie Break
- Interfaceware – Lanyards
- LINKMED – Morning Coffee Break all week
- Beeler Consulting – MnM Facilitator's Roundtable

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

Cape Town, South Africa- Medinfo (September 2010)

Since 1998, HL7 has participated at each of the Medinfo conferences that occur every three years. Cape Town, South Africa will host this year's Medinfo conference, referred to as the 13th International Congress on Medical Informatics from September 12-15, 2010. This will be the first time the conference is held in Africa. It promises to boost exposure to grassroots healthcare delivery and the underpinning health information systems. HL7 will have a booth and will produce HL7 related educational sessions too. Should you plan on attending Medinfo this year, please be sure to visit the HL7 booth. For more information, please visit their website at <http://www.medinfo2010.org/>

Cambridge, USA: Plenary (October 2010)

As I write this article, we are putting the final touches on the program for our 24th Annual Plenary and Working Group Meeting. This year's event will convene October 3-8, 2010 at the Hyatt Regency Cambridge Hotel, in Cambridge, Massachusetts. Cambridge is located across the St. Charles River from Boston and is home to the prestigious academic institutions of Harvard University and Massachusetts Institute of Technology (MIT).

In addition to our regular working group meeting with over 40 work groups meeting and 25 tutorials, this meeting will also feature our annual Plenary meeting on Monday, October 4th. This year's theme is the *Future Of Healthcare Using Genomics As A Key Tool*. I am pleased to report that our first keynote speaker for this program will be Raju Kucherlapati, MD, Paul C. Cabot Professor of Genetics and Professor of Medicine, Harvard Medical School. His keynote address will focus on the implementation of personalized medicine.

This year's Plenary program will also include other valuable presentations on relevant topics. For the complete schedule of presentation topics and speakers, please see the Plenary program schedule on page 3.

The Cambridge Working Group Meeting will also include a special Ambassador Program event. This event will take place following the plenary on Monday afternoon and will cover HL7 and the Final Rule on Standards and Certification Criteria for Electronic Health Record Technology. This program is also eligible for CME credit sponsored by the American College of



Scenes from the Rio WGM
Networking Reception



Physicians. For more information on this event, please see page 4.

Sydney, Australia: January WGM (January 2011)

Lillian Bigham and a team of dedicated Aussies are hard at work finalizing plans for producing our January 2011 Working Group Meeting in Sydney, Australia from January 9-14, 2011. I would like to recognize the hard work by Richard Dixon Hughes and David Rowlands. Richard will be joined by Tina Connell-Clark, Klaus Veil, Vincent McCauley and Chris Lynton-Moll to represent HL7 Australia on the Sydney WGM Organizing Committee. I would also like to thank the Australian Department of Ageing, the Australian National E-Health Transition Authority (NEHTA) and HL7 Australia for the significant amounts

of sponsorship funding they are providing for the January WGM. Please see the cover story for more details.

In Closing

We are working hard to live up to the last word in our name – International. This column includes information on four HL7 meetings on four continents; all within nine months. Of course, this article does not even reference the meetings that our 30 plus HL7 affiliates are also producing over the months ahead.

Best wishes for an enjoyable summer (or winter) season, and remember to take time to enjoy the journey.

Mark P. McQuayall

11th International HL7 Interoperability Conference Report

By Catherine Chronaki, Affiliate Director, HL7 International Board of Directors
and Diego Kaminker, Chair HL7 Argentina, Organizing Committee, IHIC2010



Catherine Chronaki



Diego Kaminker

Brazil welcomed IHIC2010 on May 14-15, 2010 at the Windsor Barra Hotel in Rio de Janeiro. IHIC is an annual conference supported by the HL7 International Council that bridges the gap between national eHealth strategies, standards development and feedback from those who implement HL7's standards. This was the first time that IHIC was hosted in South America and also the first time that

sessions were held in English and in Spanish.

The two-day program included 20 peer reviewed papers and more than 10 invited presentations and keynotes. The program included an Integrating the Healthcare Enter-



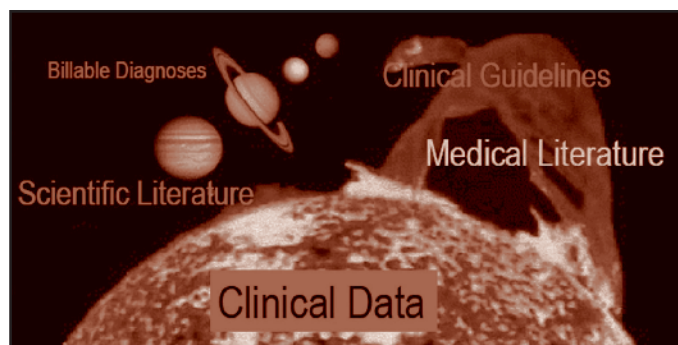
prise (IHE) workshop in three languages (English, Spanish and Portuguese), along with an HL7 Ambassador session and a workshop presenting the innovative approach of the Logical Record Architecture of NHS CFH in the UK. The theme of the closing session was striking National eHealth Initiatives in South America: "Global Health Information Technology Standards Serving Local Needs." The experience from Canada Infoway was discussed alongside government initiatives from Brazil and Uruguay.

Keynote speakers and topics included the following:

- Dr. Beatriz Leão who presented challenges and success stories from EHR initiatives in South America, including several projects in Brazil, Uruguay and Argentina (including Vital Statistics Systems, Maternal and Child Health Program, Perinatal Information System and Electronic Death Certificate, Unique ID initiatives, Lab Integration and Information Exchanges).
- Dr. Bob Dolin, Chair of HL7 International, who presented the challenges faced by CDA, a global HL7 International standard committed to addressing regional needs in the eve of its 3rd release.
- The keynote presentations from Dr. Bob Dolin, Dr. Ken Lunn, Ronald Cornet, Tim Benson (for Clem McDonald) and Daniel Luna focused on terminolo-

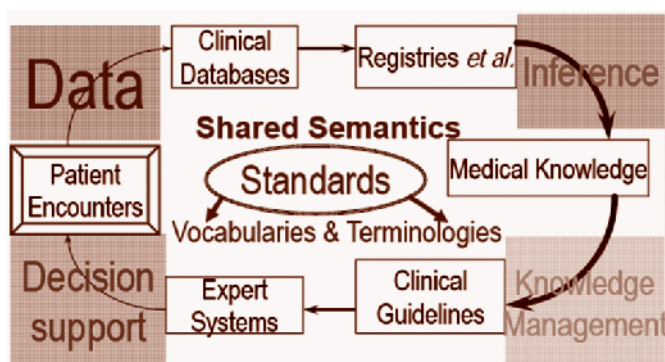
gies, knowledge representation and the interplay of standards ("Content is king/queen"). According to them, it is no longer acceptable to consider separate standards development: the only way forward is through collaborative efforts.

- Dr. Chris Chute, Chair of ISO/TC215, gave a keynote entitled "Health Informatics SDO Collaboration – the evolving role of ISO TC215" in which he discussed the importance of content. Dr. Chute displayed an impressive picture on "Copernican Healthcare," a healthcare universe at the center of which is billable diagnoses and clinical data. According to Dr. Chute, in order to achieve the necessary standards coordination, it is necessary to promote harmonization between SDO's, encourage synchronized balloting, support harmonized architecture, sort technical issues between SDO's, provide an impartial and transparent process allowing consensus, and coordinate with industry partners to better meet needs identified in the market place. He also stressed that "HIT standards are not sufficient to develop and deploy EHR, collaboration among Health IT SDOs is needed for interoperability."



Dr. Chute, Copernicus Healthcare (IHIC2010)

Dr. Chute also commented on the transition from practice based guidelines to evidence based guidelines as well as on shared semantics for vocabularies and terminologies incorporating medical knowledge and decision support.



For Practice-based to Evidence-based, Dr. Chute (IHIC2010)

Dr. Bernd Blobel, chair of HL7 Germany, delivered a tribute to Joachim Dudeck, the first Affiliate Director and inaugural chair of HL7 Germany, who passed away on March 31, 2010. He is fondly remembered as an innovator, pioneer, mentor, and a friend. The HL7 International Council, to recognize his leadership and impact to the HL7 international community, has established a special Joachim Dudeck Best Paper Award for the International HL7 Interoperability Conference.



Joachim Dudeck (1932-2010),
Affiliate Director, HL7 & Inaugural
Chair of HL7 Germany

During the Ambassador session, Gora Data, Diego Kaminker, Dr. Kai Heitmann, Gary Dickinson, and Dr. Amnon Shabo presented ambassador briefings on key HL7 international standards activities including an overall Introduction to HL7, HL7 CDA, Version 3, the EHR System Functional Model, and clinical genomics.

Nicholas Oughtbridge discussed innovative approaches to the development of standards in his workshop on the Logical Record Architecture (LRA -<http://www.connecting-forhealth.nhs.uk/lra>). The LRA is a logical architecture for health and social care records driven by English National Health and Social Care requirements based on EN1360 and exploiting the potential of SNOMED CT terminology. According to Nicholas, the next step for the LRA is the so-called LRA factory machine, which will leverage requirements to produce

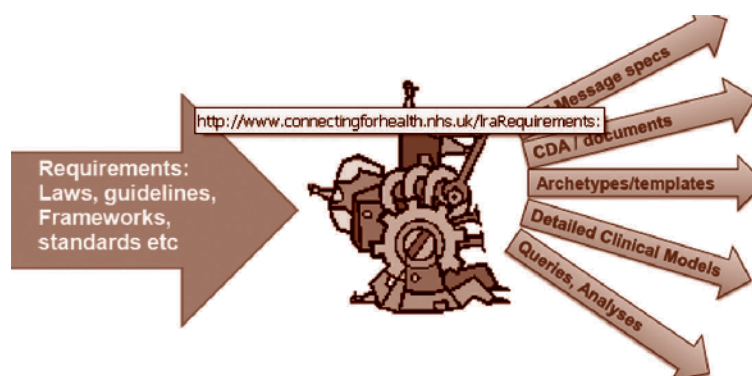
different syntax: HL7 messages, clinical documents in CDA, archetypes, detailed clinical models, etc.

Several of the papers submitted in Spanish were related to experiences using CDA standards for exchange in different settings (radiology, home care) and the legal implications of the use of HL7 standards combined with IHE profiles for a document-based shared EHR.

Dr. Dolin's presentation on green CDA outlined the goals, namely to create an "authoring schema" that simplifies the creation and validation of a particular CDA implementation guide. This will allow for the use of a simpler but clinically meaningful XML instance that is 100% transformable into a conformant CDA R2 while hiding certain CDA complexities (such as mood-Codes, fixed attributes, etc).

During her presentation, "Interoperability in Disaster Medicine and Emergency Management," Catherine Chronaki reviewed recent developments in HL7 standards, IHE profiles and OASIS emergency standards like the Common Alerting Protocol. She examined ways they can be brought together for more effective communication and coordination in cases that challenge our capacity, means, and resources.

IHIC2010 was an exciting venue. Those interested may access most of the presentations and papers at <http://www.hl7elc.org/ihic2010/index.html>. Next year, the US is the likely candidate to host IHIC2011. Please watch for the call for contributions in the months ahead. Your experience, insights, and vision are crucial for HL7 standards to remain the best and most widely adopted health information technology standards addressing regional and global needs.



Logical Record Architecture

Work Groups Evaluate the Rio WGM Experience

By Karen Van Hentenryck, HL7 Associate Executive Director



Karen Van Hentenryck

HL7 International is committed to ensuring that its working group meetings (WGMs) are productive, financially viable, and provide a positive experience for both HL7 members and non-members. To that end, the organization recently implemented a project to gauge how well it is meeting those goals. The project solicited feedback from the co-chairs of the work groups and Board appointed committees that attend each meeting and will subsequently share those results with the HL7 membership and leadership.

HL7 International's most recent meeting convened May 16-20 in Rio de Janeiro. The meeting was attended by 210 individuals from 26 countries. There are currently 57 work groups and Board appointed committees within HL7; of those, 39 met in Rio.

Co-chairs of the 39 work groups that met in Rio were asked to complete a survey to evaluate the meeting experience and 33 work groups responded. Despite relatively low attendance, all but six of the groups that responded to the survey indicated that they reached quorum for most of their Rio sessions. Only one group indicated that they did not set objectives for their work group meeting, citing such reasons as reduced sessions due to expected lower attendance and the fact that they were convening with an interim chair. While the steering divisions were not asked to respond to the survey, it is notable that two of them, Domain Experts and Structure and Semantic Design, did not meet quorum on their Monday evening meetings. The Technical and Support Services Steering Division did not meet on Monday evening.

Not surprisingly, most work groups' objectives for the Rio meeting consisted of working on existing project work (89.2%), providing existing project work status updates (83.8%) and engagement with other work groups (56.8%). One surprising fact is that only 17 (45.9%) respondents identified ballot reconciliation as an objective for the Rio WGM, coming in behind networking (56.8%).

Of the groups that convened meetings, only three indicated that they were not able to accomplish their objectives and meeting business. Respondents were asked to identify those areas that supported their ability to achieve their

objectives and planned work. Sufficient quorum (73.4%) and participation by key members (73.4%) were the two highest responses, with clearly defined meeting objectives (68.6%) and pre-meeting preparedness (65.7%) also scoring high among respondents.

Respondents were also asked to identify those areas that hindered their work or their ability to achieve objectives: missing key members (56.5%) and technical support problems (52.2%) were most often cited.

The survey concluded with an area for general comments. Respondents were almost evenly split on the question of whether they would recommend the venue and location again. Numerous comments were submitted around a variety of topics, but several focused on a common theme: recognizing that while international meetings are valuable and this venue and host were very nice, the location led to inadequate participation. Of the 33 groups that responded, only four had additional participation from local attendees which was very disappointing. Additional comments in support of this theme included travel restrictions on US government employees, problems securing visas, and general difficulties with traveling to Brazil. There was also the perception that Rio is considered a recreational rather than business venue, and that less expensive venues should be considered. A number of respondents also reported problematic technical issues detracting from the overall meeting experience, which included the high cost of internet in the guest rooms, its unreliability in the meeting rooms, and a lack of projectors in meetings.

In conclusion, given the lower attendance and the challenges of the location, a surprising number of the co-chairs reported that their work groups were able to accomplish their overall objectives – largely due to the dedication and unwavering attendance of the members. This survey will be conducted following all future working group meetings and we look forward to being able to use this information to make each meeting better than the last.

Meeting survey responses can be viewed at: http://www.hl7.org/Library/Committees/pi/SurveySummary_06242010.pdf



Marivan Abrahão, MD

Work and Fun in Rio de Janeiro

By Dr. Marivan Santiago Abrahão, MD, Chair, HL7 Brazil

At the Affiliate Council meeting in Vancouver, Ed Hammond suggested Latin America as a possible location for an upcoming HL7 working group meeting (WGM). I saw this as an excellent opportunity to promote HL7 in the Southern Hemisphere. Buenos Aires, the first choice, gained the representative support from all HL7 Latin America affiliate boards that was later extended to HL7 Brazil.

Although the field of medical informatics has been steadily developing in Brazil for the last twenty years, standards themselves have not been widely implemented here. While there were financial risks to convening a WGM in a country without widespread use of HL7 standards, it also provided a unique opportunity to expose the local medical community to HL7 and encourage its uptake. It is also noteworthy that the medical assistance provider's market in Latin America, which develops systemic applications for the health chain, is well developed in Latin America, eclipsing the market in all of Western Europe. Providing this market with an incentive to participate and understand the value of the IT and HL7 was also a consideration in the decision to convene the WGM in Brazil.

A courageous team from the HL7 affiliates in Latin America assumed the responsibility for planning this meeting. The planning team included HL7 Argentina, HL7 Uruguay, HL7 Chile, HL7 Colombia and HL7 Mexico. Their efforts, as well as strong support from the HL7 International Affiliate Board and the HL7 Board of Directors, made this challenge a feasible reality. While HL7 has convened WGMs outside North America, Brazil presented several unique challenges, including the visa restrictions for some countries, including the US, the language barrier, and an implicit feeling of fear in facing unknown and distant lands. Due to these obstacles, attendance at the Rio de Janeiro WGM was less than anticipated.

Over a period of fifteen days, members from the ISO TC-215 Meeting, the IHIC International HL7 Interoperability Conference, the IHE Conference and the International HL7 Working Group Meeting experienced a very professional program and venue organization, with neat meeting rooms, great lodging facilities and superb food service.

Not surprisingly, the unforgettable beauty of the city of Rio de Janeiro left a lasting impression on the WGM attendees.

I have always been curious about the reasons for choosing different cities for hosting HL7 Working Group Meeting, as the extensive hours spent at the meetings leaves very little time left for touring. However, the Rio de Janeiro HL7 WGM gave attendees the opportunity to work and have fun together. The networking reception demonstrated to meeting attendees that fun and work can go hand-in-hand.

It is difficult to express the feeling of pleasure and satisfaction noticed throughout the meeting, but the overall opinion was very positive. As Catherine Chronaki has sincerely expressed, "creating a legacy that will be hard to match".

I would like to thank Lillian Bigham, HL7 Director of Meetings for her unfaltering dedication. Her professional experience and support helped us overcome the challenges and make the meeting a success.

I am very pleased and proud of HL7 Brazil's commitment to making this a successful event for the promotion of HL7 standards in South America.



HL7 International Council Meeting Report



Catherine Chronaki

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

On May 16, 2010, the HL7 International Council had its Sunday meeting in Rio de Janeiro, Brazil. More than 100 participants from 25 countries attended, including representatives from approximately 20 of the Council's members.

During the opening session, the co-chairs welcomed Espen Moeller as the inaugural chair of HL7 Norway, HL7 International's newest affiliate.

Bernd Blobel also shared his memories of Joachim Dudeck (1932-2010), who was the founding chair of the first affiliate, HL7 Germany. A moment of silence was observed as attendees recognized Mr. Dudeck's contributions and lasting impact on the development and adoption of health information technology standards.

Michael van Campen, chair of the Due Diligence Committee reported on the status, number of active petitions, and expressions of interest to form new affiliates in Panama, Pakistan, Puerto Rico, and Bosnia-Herzegovina. In his Board report, Michael presented the work carried out by Board appointed committees and task forces on shaping the role of HL7 International in the future and making global engagement and participation even more effective.

John Quinn, HL7 International's CTO, reported on the resolutions of the Joint Initiative Council (JIC) meeting earlier that week, where HL7 International along with CDISC, ISO, CEN, IHTSDO, and GS1 are working together for Global Health Informatics Standards Harmonization. Current JIC projects include: Individual Case Safety Report (ICSR (progressed to DIS-2), Identification of Medicinal Products (progressed to DIS), EHR-S FM Release 2 and PHR-S FM

Release 2 (both NWIPS approved unanimously by WG8 in Rio), BRIDG Model (Biomedical Research Integrated Domain Group) (progressed to DIS), Clinical Trials Registration and Results, Data Types (progressing to FDIS/publication). A number of additional projects have been proposed and are under consideration including: Glossary and Document Registry (SKMT), Detail Clinical Models/Clinical Data Modeling, Data Types Implementation Guide, and Audit Trails.



Rio De Janeiro, Brazil

In the Marketing Report, I covered recent and planned activities where the Marketing Council participates: free webinars on Introduction to HL7 and CDA, the university program now concluding its pilot phase, and the Ambassador Program's seven plus topics and 27 ambassadors around the world. In addition to a new presentation on Public Health and Emergency Response, a number of topics are planned including: CDA/CCD and Patient Summary Records, Use of HL7 Version

2.5.1 in Immunization Registries Disease Surveillance, and Submission of Lab Results to Public Health Agencies.

Diego Kaminker, chair of HL7 Argentina and co-chair of the HL7 Education Work Group provided an update on the e-Learning Program (ELC, www.hl7elc.org), which is supported by the International Council with a scholarship fund and is delivered in Spanish and English. The most recent Spanish edition had 70 students (four scholarships), with 15 wait-listed for October. The English edition had 100 participants (300 + wait-listed). HL7 India and HL7 Italy are also planning to hold ELC courses later this year.

Several reports relating to conference events and meet-

ings planned were shared. Dr. Bernd Blobel announced the HL7 workshop, in collaboration with GS1, planned in the frame of the EFMI STC conference “Seamless Care – Safe Care: the Challenges of Interoperability and Patient Safety in Health Care” Reykjavík (June 4-5, 2010). Additional events were announced including the HL7 Croatia Workshops ISHER2010 “ISHEP 2010 – Interoperability and Standards in Healthcare – European Perspective” in Zagreb on September 16-17, 2010 (please see article on page 15) and the HL7 Asian Pacific Conference organized by HL7 Taiwan.

Diego Kaminker reported on IHIC 2010 and underlined references to the challenges and opportunities for HL7 in developing nations as reflected in the keynote by Dr. Beatriz Leão. He also reviewed the final round table about national e-health initiatives in Latin America. Please see the full article on IHIC on page 8.

The European HL7 Interoperability Meeting (E-HIM) organized by HL7 Spain, in Barcelona on March 17-18 attracted more than 100 people and offered excellent presentations by a number of HL7 representatives. The second

day included a closed meeting of European affiliate board members and HL7 leadership that provided the opportunity to discuss European affairs and potential projects of European interest.

The “HL7 Around the World” session covered the last quarter with presentations and updates for current members of the Council as well as countries or regions with an active interest in forming an HL7 affiliate. This time there were reports from 25 countries: Argentina, Australia, Austria, Brazil, Canada, Chile, Croatia, Finland, France, Germany, Greece, the Netherlands, Hong Kong, India, Italy, Japan, New Zealand, Norway, Pakistan, Russia, Singapore, UK, Uruguay, and the US. The reports from the HL7 Around the World session along with those from E-HIM can be downloaded from the pages of the International Council at www.HL7.org/international.

The next Sunday meeting of the International Council is planned in Cambridge on October 3, 2010. I look forward to seeing you there and to sharing HL7 developments from around the world!



Scenes from the European HL7 Interoperability Meeting

Meaningful Use Standards Final Rule Names Five HL7 Standards and Implementation Guides

Five HL7 standards and implementation guides are named in the U.S. final rule on standards and certification criteria for meaningful use. The interim final rule published in January of this year included:

- HL7 Version 2.5.1 for the submission of lab results to public health agencies
- HL7 Version 2.3.1 or Version 2.5.1 for submitting information to public health agencies for surveillance or reporting (excluding adverse event reporting)
- HL7 Version 2.3.1 or Version 2.5.1 for submitting information to immunization registries as the content exchange standard and the CDC maintained HL7 standard code CVX—Vaccines Administered as the vocabulary standard
- HL7 Clinical Document Architecture, Release 2 (CDA) Continuity of Care Document (CCD), a Version 3 standard based on the HL7 Reference Information Model, as one of two options for content exchange standards for the receipt of a patient summary record

In addition, the final rule now includes the HL7 Version 2.5.1 Implementation Guide for Electronic Laboratory Reporting to Public Health when HL7 Version 2.5.1 is used for reporting lab results to public health agencies.

HL7 Members Are Heard by ONC

In March, HL7 published comments on the Interim Final Rule on Standards. As a result of feedback from HL7, its members and others in the healthcare industry, a number of changes important to HL7 members were made to that rule.

- **Overlaps and Inconsistencies with Previously Selected Standards Are Reduced**
HL7 recommended that ONC provide clarification on overlaps and inconsistencies between standards required for use in Federal Agencies under Executive Order 13410 and standards that had been previously recognized under this order. The final rule incorporates many more of the implementation guides that had been previously recognized by HHS as requirements, including the ANSI/HITSP C32 Version 2.5 implementation guide. These changes greatly reduce the number of inconsistencies and overlaps between the final rule and Executive Order 13410.
- **Implementation Guidance Has Been Added**
HL7 recommended that the Final Rule provide more implementation guidance. The new rule incorporates implementation guidance for Immunizations

using HL7 2.3.1 or HL7 2.5.1, use of the Continuity of Care Document using the HITSP C32 Version 2.5 specification, guidance for public health reporting using HL7 2.5.1 developed by the Public Health Information Network, and for laboratory to public health using the recently approved HL7 Version 2.5.1 Implementation Guide for Electronic Laboratory Reporting.

- **Transport Standards Inconsistencies Eliminated**
HL7 recommended that the transport standards section be altered to accommodate the use of the selected HL7 standards. The final rule does not make any recommendations for transport.
- **Description of CCD Improved**
HL7 observed that the description of CCD in the Interim Final Rule was inaccurate. The interim final rule described CCD as being a Level 2 implementation guide of CDA. CCD supports both structured narrative (Level 2) and coded data (Level 3). ONC corrected these errors. Furthermore the selection of the HITSP C32 Version 2.5 Specification for implementation guidance means that CCD documents exchanged for meaningful use will contain coded data (Level 3).
- **Use of Appropriate Standards for Discharge Summaries**
HL7 pointed out that Discharge Summaries require content that is not described or supported in the CCD. ONC acknowledged that Discharge Summary documentation can be separated from the content of the CCD, but did not select an alternative standard for them.
- **Use EHRs for Clinical Purposes**
HL7 recommended that the text in the Interim Final rule which required use of the EHR to perform eligibility and claims transactions be removed, as this is inconsistent with EHR systems as described by the HL7 EHR Functional Model. The final rule removes the requirement for the EHR to perform claims or eligibility transactions.

HL7 International members may download copies of the standards and implementation guides for free. Nonmembers may purchase them at <http://www.HL7.org/implementation/standards/hhsifr.cfm>.



Liora Alschuler

HIMSS Analytics Study to Look at Use of HL7 Templated CDA

By Liora Alschuler, Co-Chair, HL7 Structured Documents Work Group; Principal, Alschuler Associates, LLC; Executive Committee Member, Health Story Project

HIMSS Analytics recently added new questions on use of templated CDA documents to its annual study to help track how hospitals are progressing in meeting early meaningful use requirements specified in the American Recovery and Reinvestment Act of 2009. The new section of the survey includes questions about use of HL7 document specifications that support conversion of narrative data to a templated CDA format for import in to the electronic medical record (EMR). Data gathered from the new questions will determine if hospitals have this infrastructure in place and how structured documents are used in conjunction with the EMR.

HIMSS Analytics tracks the EMR implementation status of more than 5,000 US, non-governmental hospitals through its annual study with hospital CIOs. The data gathered provides a detailed look at the clinical and financial application environments in US hospitals. HIMSS Analytics also developed the Electronic Medical Record Adoption ModelSM – or EMRAM – to score hospitals in the HIMSS Analytics Database on their progress in completing the eight stages to creating a paperless patient record environment. The HL7 structured CDA documents are now recognized as an important stage in this progression.

Much of the information in a patient's medical record may be entered by the physician or nurse in narrative form, such as notes taken during a clinic visit, operative reports or other information that contributes to the completeness of individual

health history. The Health Story Project is a non-profit collaborative of healthcare vendors, providers and associations that pooled resources over the previous three years to accelerate development of data standards to enrich the flow of information between common types of healthcare documents and EMR systems.

Health Story has an Associate Charter Agreement with HL7 and supported the development of the following seven HL7 technical implementation guides: Consult Note, History and Physical, Operative Note, Diagnostic Imaging Report, Discharge Summary, Procedure Note, and Unstructured Document. Work began recently on an implementation guide for Progress Notes. The standards are based on the HL7 Clinical Document Architecture re-using templates from the Continuity of Care Document.

Study now includes questions on hospital readiness for Meaningful Use, including use of structured templates supported by the Health Story Project and developed through HL7

“ARRA funding incentives are driving EMR implementation,” said John P. Hoyt, FACHE, FHIMSS, Vice President, HIMSS Healthcare Organizational Services. “With this expanded arsenal of data, HIMSS Analytics can help

healthcare providers better understand and follow the meaningful use requirements while moving higher on the EMRAM scale.” HIMSS Analytics expects to begin reporting on hospital readiness for meaningful use in September 2010. Learn more at www.himssanalytics.org.

The members of Health Story anticipate that inclusion of the new questions in the study will help raise awareness of the availability of the HL7 structured templates as resources to support meaningful use and will aid in tracking their adoption.

For more information on the Health Story Project, please visit www.healthstory.com.

ISHEP 2010 Workshop

Interoperability and Standards in Healthcare – European Perspective



Miroslav Koncar

By Miroslav Koncar, ISHEP Program Organizing Committee and Vice Chair, HL7 Croatia

Healthcare stakeholders are experiencing many positive changes in their every day practice due to the emerging eHealth market across member states and countries around the globe. To quote some of the thoughts from “Together for Health: A Strategic Approach for the EU 2008-2013”, a white paper published by the European Commission in October 2007, eHealth, together with genomics and biotechnologies, can improve prevention of illness, delivery of treatment, and support a shift from hospital care to prevention and primary care. This is of paramount importance when it comes to ageing populations and the impact of chronic diseases to quality of life and costs of care delivery. eHealth, in particular, is expected to help provide better citizen-centered care as well as lower costs and support interoperability across national boundaries, which will facilitate patient mobility and safety.

In order to meet these expectations, eHealth solutions need to be the proper level of quality when it comes to business processes support, costs versus benefits, integration, user friendliness, performance, reliability and security. A key component, in that respect, represents multilayer process and semantic interoperability of deployed solutions. Standards are playing a critical role; they represent the collection of best practices across project implementations, and should serve as a necessary quality component in any current and future endeavor. With that in mind, the ISHEP conference brings together eHealth thought leaders and industry experts from European countries to share the latest developments in best practices and implementation of standards in best-in-breed solutions.

The event is organized under the auspices of the Ministry of Health of the Republic of Slovenia, and the Ministry of Health and Social Welfare of the Republic of Croatia. The organizers (HL7 Croatia, CSMI, SIMIA) would like to invite healthcare executives, opinion leaders, physicians,

industry and solution vendors, and all other stakeholders to this two-day workshop to present and discuss best practices in standards developments and implementations from top projects in the region and beyond.

Invited speakers and lecturers include:

- Ilias Iakovidis, Acting Head of Unit ICT for Health, DG Information Society and Media, European Commission
- Fredrik Linden, SKL/SALAR, epSOS Project Coordinator
- Smiljana Vonina Slavec, MoH CIO, Republic of Slovenia
- Ranko Stevanovi, Public Health Institute, Republic of Croatia
- Catherine Chronaki, International Council Co-Chair, Affiliate Director, HL7 International Board of Directors
- Georges de Moor, EUROREC
- Jos Devlies, EUROREC
- Rene Spronk, HL7 CDA, Ringholm Principal Consultant
- Charles Parisot, GE Healthcare
- Leo Ciglene ki, PROREC Slovenia

ISHEP 2010 is taking place at Faculty of Electrical Engineering and Computing in Zagreb, Croatia, September 16-17, 2010.

Supporting Organizing Institutions Bodies:

- Faculty of Electrical Engineering and Computing, Unska 3, 10000 Zagreb Croatia (www.fer.hr)
- Croatian Society for Medical and Biological Engineering, www.crombes.hr

For more information, please visit the ISHEP workshop website at <http://ishep.org>.



Dave Hamill

News from the PMO

By Dave Hamill, Director, HL7 Project Management Office

Updated Project Approval Process Documentation

The HL7 Project Management Office (PMO) released a revised version of the Project Approval Process. Detailed information was added regarding specific work necessary to accomplish each approval step and the person responsible for conducting that work. The document was expanded to identify the tasks and owners based on the sponsor (e.g. HL7 work group, Board appointed work group, TSC sponsored projects, Board sponsored projects) or the rationale for the project, (e.g. a revised project scope statement or a project reaffirming a standard).

Additionally, the PMO, in conjunction with the HL7 International Council leadership, expanded the project approval process to incorporate International Affiliate projects.

The document can be found on www.HL7.org via Participate > Templates > Project Scope Statement and Project Approval Process.

SAIF and Sound – Fast Track to Standard Development

The Project Services Work Group has teamed up with Service Aware Interoperability Framework (SAIF) project leadership to align the Project Life Cycle for Product Development (PLCPD) with SAIF. The result is Project #676 - SAIF and Sound – Fast Track to Standard Development.

The intent of this project is to depict how HL7 could leverage the well-defined ballot process, the project management track record, and the analysis and design practice in HL7 to adopt a more robust architectural approach to standards development, thus introducing improvements as an evolution of current best-practices. The approach outlined intends to introduce predictable, one-year approval cycles that leverage both methodology and architecture best-practices and builds on HL7's past successes.

Have questions regarding this project?

Contact project facilitators Rick Haddorff (haddorff.richard@mayo.edu) or Ioana Singureanu (ioana.singureanu@gmail.com).

Monthly Webinars

Be sure to look in eNews for the dates and times of the monthly webinar "HL7 Project Management Tool Overview for HL7 Project Facilitators". The sessions are targeted for co-chairs and those leading HL7 projects (i.e. Project Facilitators) and will demonstrate HL7 project tools including Project Insight (HL7's primary project repository), the HL7 Searchable Project Database, GForge, as well as review HL7 project processes and methodologies.

HL7 Project Tracking Tools

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.

Upcoming INTERNATIONAL EVENTS

MedInfo 2010

Cape Town, South Africa

September 12 – 15, 2010

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

ISHEP 2010 –

Interoperability and
Standards in Healthcare –
European Perspective

Zagreb, Croatia

September 16 – 17, 2010

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

24th Annual Plenary and Working Group Meeting

Cambridge, MA

October 3 – 8, 2010

For more information, please visit www.HL7.org

HIMSS Asia '10 Health IT Congress

Daegu, South Korea

October 26 – 28, 2010

For more information, please visit <http://himssasiapac.org/congress10/index.aspx>

eChallenges e-2010

Warsaw, Poland

October 27 – 29, 2010

For more information, please visit <http://www.echallenges.org/e2010/>

HL7 UK Technical Committee & RIMBAA Joint Working Meeting

London, England

November 4, 2010

http://www.HL7.org.uk/committees/agendas/HL7UK_TC_RIMBAA_Agenda.asp

January Working Group Meeting

Sydney, Australia

January 9 – 14, 2011

For more information, please visit <http://www.hl7.org.au/Sydney2011.htm>

MIE 2011-Medical Informatics Europe 2011 Conference and Exhibition

Oslo, Norway

August 28 – 31, 2011

For more information, please visit <http://www.mie2011.org/>



Félix Gascón, MD, PhD

Laboratory Tests Management in Andalusia

By Félix Gascón, MD, PhD, Director of the Clinical Laboratory Department for the Andalusian Health Service in the North Cordoba Health Care Area, Spain. Functional manager of the development team for the Diraya Laboratory Tests Module.

Camilo Vázquez Pavón, Indra Project Manager for the development team of the Diraya Laboratory Tests module.

Description of the Andalusian public health care system

In Spain, providing healthcare services has been transferred to the autonomous communities. Andalusia, a region with 8.3 million residents, has been responsible for its population's health since 1984. The Andalusian public healthcare system has approximately 1,500 healthcare centers and 44 hospitals (100% of the primary healthcare centers and 93% of the beds for specialized care).

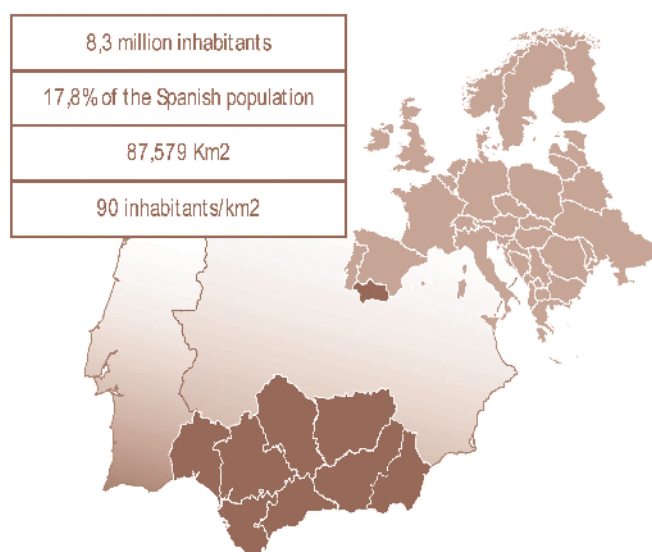


Figure 1: Andalusia

There are more than 30 laboratories in Andalusia with the “receiver-distributor” role one per hospital area, to which the laboratories of different specialties, mainly in large hospitals, must be added. The “receiver-distributor” laboratories have implemented five information systems from four different manufacturers.

Description of the laboratory tests module

The laboratory tests module (LTM) is fully integrated in Diraya, Andalusia's electronic health record (EHR). This module manages everything from the test requests to linking results to the patient's medical records. The main objectives of this module are the following:

- Requesting laboratory tests from any healthcare center connected to Diraya
- Possibility of having the user request the laboratory
- Consulting the results from any healthcare center connected to Diraya
- Full traceability of the entire process, from when the request is made until the last result is received
- Guaranteeing connectivity with all the laboratory information systems on the market
- Respecting to a maximum the autonomy and individual characteristics of each clinical laboratory

MPA, Diraya Laboratory Tests Module

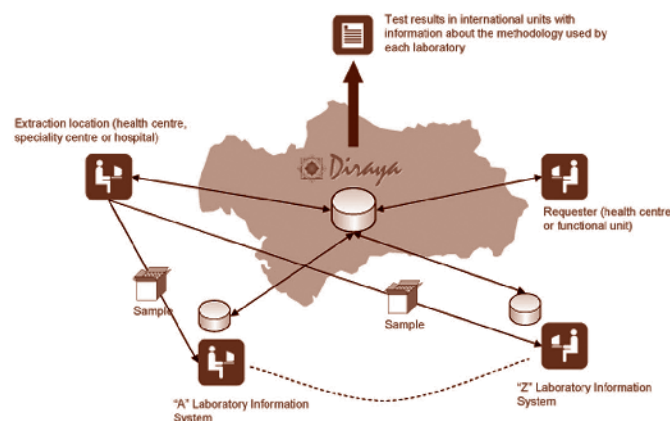


Figure 2: LTM interoperability diagram

Motivation behind the use of standardized messages

The variability of manufacturers of the laboratory information systems implemented in Andalusia makes it difficult for the data architectures of these systems and of the LTM itself to be compatible, thus requiring the use of standard messages that are understood by all the actors, regardless of their data structures. On another hand, the need has arisen to offer standardized external communication in such a way that a standardized route is established for interoperability with other laboratory information systems that are different from the ones already implemented.

Description of the message sequence applied

The HL7 version used in this module is Version 2.5 on XML. The basic interoperability cycle between LTM and the laboratories, which begins when the samples are collected, is perfectly defined with a series of events that send the messages:

1. When health care personnel perform the extraction, the extraction data and the laboratory test request are sent to the laboratory. The message type defined is ORM^O01.
2. Upon the digital arrival of the request, the LTM is informed that the request has been received correctly. The message type defined is ORR^O02.

3. When the samples arrive in the laboratory, the corresponding confirmation message is sent. The message type defined is ORM^O01.
4. When the results of the tests requested are generated from the sample analyses, the LTM is sent a results delivery message (with partial or final results). The message type defined is ORU^R01.
5. When the results are generated from subsequent revisions, the LTM is sent a message of the post-final results. The message type defined is ORU^R01.

Additionally, it is possible to cancel an extraction, as long as the samples have not been received by the laboratory:

1. Upon the extraction cancellation, a cancellation request is sent to the laboratory. The message type defined is ORM^O01.
2. Upon the arrival of the cancellation, the LTM is informed that the request has arrived correctly. The message type defined is ORR^O02.

Difficulties encountered in the standard's use

The use of the HL7 messaging standard for managing laboratory tests has presented certain difficulties, which include different interpretations of the standard by the different project participants; supporting escape characters in the communication with laboratory systems; and the interpretation of the types of data, such as the date type format.

Description of HL7's impact on the design of the LTM

The advantages of selecting HL7 for the interoperability of the different LTM components may be stated as:

- Simplifying the development of communication interfaces between subsystems
- Respecting the idiosyncrasies of the different systems, maintaining a common communication point
- Ensuring its future maintenance:
 - A technological change that affects the architecture or its components will not require having to re-integrate the subsystems
 - A more adequate response is offered to the increasing demand of information managed by this module

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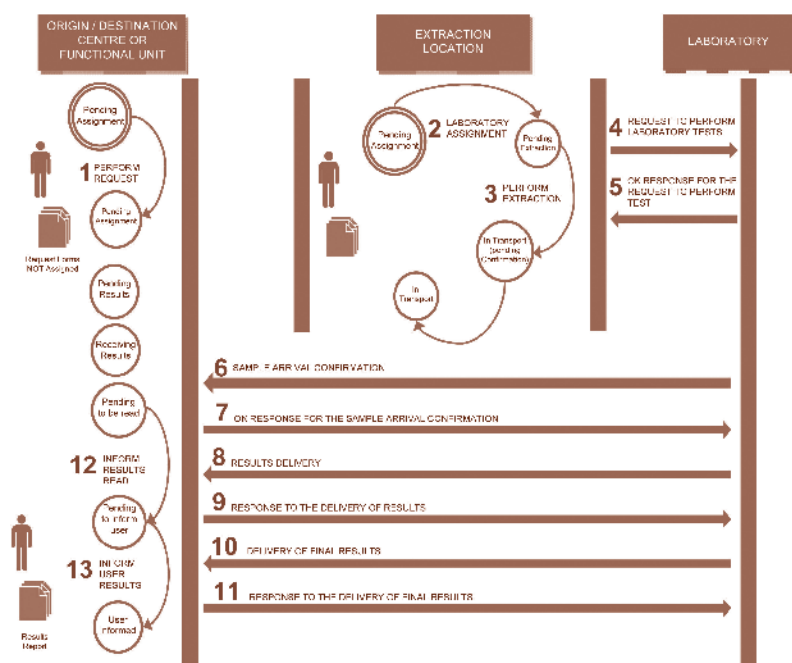


Figure 3: Usual sequence

Laboratory Tests continued from page 19

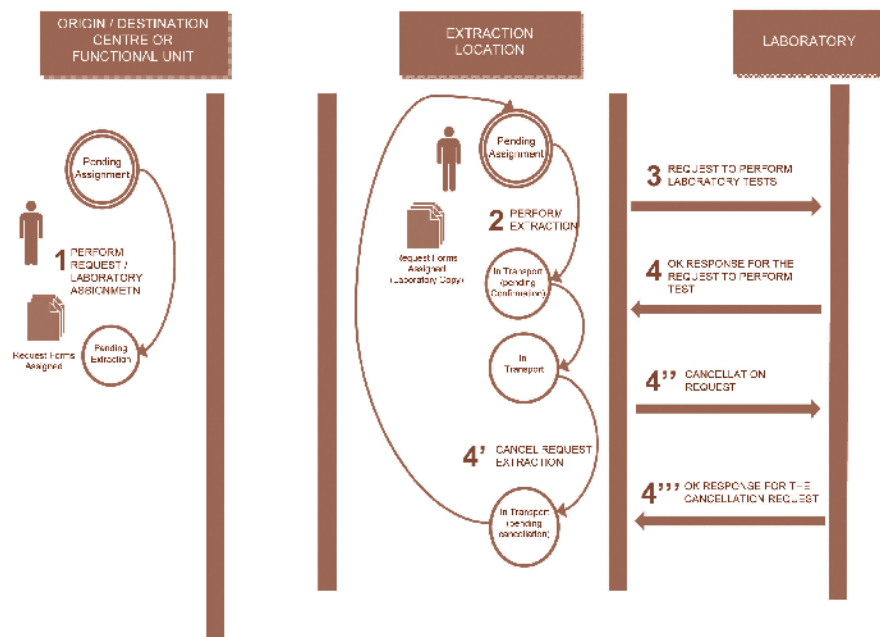


Figure 4: Cancellation sequence

- The module is more oriented towards standardising the services it provides

Conclusions and discussion

The LTM's degree of implementation may be summarized with the following points:

- North Cordoba Healthcare Management Area:
 - It has a single laboratory that integrates the fields of Biochemistry, Hematology and Microbiology
 - In use in the 43 primary healthcare centers since June 2007. In use in hospital emergency rooms since November 2009
 - Manages a volume of 250 daily requests from a total of 550 handled by this laboratory
 - The volume of tests analyzed since its implementation is approximately 1 million laboratory tests that correspond to about 88,000 requests
- Reina Sofía Hospital Area:
 - Pilot programme in a primary health care centre since June 2010
- Campo de Gibraltar Healthcare Management Area:
 - Pilot program in a primary healthcare center since June 2010

The implementation plan is as follows

- Seven additional hospital areas for the remainder of 2010. At the end of this year, it is expected to provide service for more than 2 million residents
- The aim is to implement LTM in all the hospital areas during 2011, with the objective of covering the Primary Healthcare of all Andalusia before 2012

LTM makes it possible to integrate all the laboratory test results from the different healthcare levels in medical records: primary healthcare, specialized healthcare (outpatient consultations and hospitalization), for both scheduled and urgent care.

Upon registering the methodologies

as well as the reference values for each laboratory, the LTM provides a results log regardless of the laboratory that performs the test. Additionally, by recording the methods used by each laboratory it is possible to evaluate the results obtained using different methodologies.

The LTM messaging model allows the laboratory to control the entire laboratory test request process. This makes it possible to guarantee from the laboratory that not only the results leave the laboratory, but that they are available for consultation in the EHR. The LTM functional model saves the laboratory test results linked to the clinical context (episode/consultation) where the request was made. The data may be used for epidemiological studies, along with all the data from the EHR, making this module different from results repositories or web-lab solutions. This allows for a clinical approach for research by being able to link results with clinical suspicions or diagnoses.

The initial objective of the implementation is to cover all of Andalusia's primary healthcare, and to then expand it to specialized care. In the North Cordoba healthcare area, where the different versions of LTM were initially used as pilot programs, it is scheduled to be implemented in outpatient consultations in 2010, and in hospitalization in 2011.

Congratulations

To the following people who passed the HL7 Certification Exams

Certified HL7 V2.5/2.6 Chapter 2 Control Specialist

March 25, 2010

John F. Byrne
Alan M. Grollman
Delta H. Pelgrim
Alan J. Vitale

May 20, 2010

Rui Pedro Pereira
Ugo Caputo
William Lopes
Ana Lucas

HL7 Canada

April 21, 2010

Jean Noel Goumain
Sean McGuire

May 31, 2010

Geraldine Tayco

HL7 India

May 1, 2010

Varun Kumar
Harendra Pandey
Akanksha Rajeev
Naveen Kumar Sharma
Anshu Tandon

May 29, 2010

Anupama Ananthasairam
Nitin Arora
Madhuja Arun
Manjunath Kadaba
Naveen Babu Y
Sheela Bharathi B
Srirajawalli Gummadi
Nitesh Jain
Damodar Reddy Karra
Bhavani Krishnan
Swati Mukherjee
Ananda Priya Muthiah

Kanagaraj N
Dhanasekara Pandian V
Anant Piratla
Arvind Ramaswamy

June 19, 2010

Sumanta Chattopadhyay
D. Leo Rex
Udaya Chandru P
Chanchal Grover
Archana Narayanan
Sheik Abdullah J
Raman Kumar
Maj (Dr) Ashwin Sudheer
Devanahalli
Dr. K. Prafulla Chandra
N. F. Noordeen Shah

June 26, 2010

Anantharam T L
Namrata
Naentara Pradhan

HL7 Spain

March 4, 2010

Pilar Vivas Caballero

April 15, 2010

Vanesa del Casar
Antonio Hernandez Illera
M^a Ángeles Cisneros
Martín
Emili Masoliver Puig
Elisabeth Villa Rubion

May 31, 2010

Arturo Henry Torres
Zenteno
Fabio Muñoz Maestre
Francisco Javier Marín
Reyes
Francisco José Fernández
Galeano
Jesús Pulgarín Paños
Jose Antonio Delgado
Alfonso
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Jose Maria Rodriguez
Mendez
Juan German Arriaza
Posada
Manuel Jesús López
Alcázar
Manuel Rodriguez
Fernandez
Pedro Santos Moreno
Raul Lopez Garcia

June 1, 2010

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Cano
Eduardo Llinares Legido
Gonzalo Montesdeoca
Zamora
Javier Hurtado Tabasco
Joan Manel Tatjé Moreno
Jorge Navarro Sebastián
Oliver Jiménez Hernández

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Miguel E. Curi
Supachi Parchariyanon
Steven Nall
James F. Nevins
Roger Yun-chain Yau

May 20, 2010

Alexander Henket
Austin J. Kreisler

HL7 India

May 29, 2010

Nitin Arora

HL7 Romania

May 10, 2010

Marulis P un
Adrian Podea
Vlad-Alexandru Racovi

Maria Roditis
Dan Constantin Voicu

HL7 Spain

March 4, 2010

Juan Carlos Gonzalez
Herrero

Certified HL7 Version 3 RIM Specialist

March 25, 2010

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May 20, 2010

Fernando A. Campos
Victor Chai

HL7 Canada

April 21, 2010

Duane Benson
Christopher Otto

May 6, 2010

Paul Drover

May 17, 2010

Wenfeng Ge

May 29, 2010

Kumar Ranvijay

June 7, 2010

Robert Thomas

June 29, 2010

Rajan Sharma

HL7 Romania

May 10, 2010

Octavian Şuteu

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 two-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 vocabulary.

UPCOMING EDUCATIONAL SUMMIT



November 9 – 11, 2010
The Embassy Suites Portland — Downtown
Portland, Oregon

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 two-day format provides maximum training with minimal time investment
- **Learn Today, Apply Tomorrow**
A focused curriculum featuring real-world HL7 knowledge that you can apply immediately
- **Quality Education**
High-quality training in a “small classroom” setting promotes more one-on-one learning
- **Superior Instructors**
You’ll get HL7 training straight from the source: Our instructors. They are not only HL7 experts; they are the people who help produce the HL7 standards
- **Certification Testing**
Become HL7 Certified: HL7 is the sole source for HL7 certification testing, now offering testing on Version 2.5/2.6, 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



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Upcoming **WORKING GROUP MEETINGS**



October 3 – 8, 2010

24th Annual Plenary and Working Group Meeting

Hyatt Regency Cambridge
Cambridge, MA



January 9 – 14, 2011

Working Group Meeting

Cliftons Meeting and Training Center
and the Amora Hotel
Sydney, Australia



May 15 – 20, 2011

Working Group Meeting

Hilton in the Walt Disney World Resort
Lake Buena Vista, FL



September 11 – 16, 2011

25th Annual Plenary and Working Group Meeting

Town and Country Resort and
Convention Center San Diego, CA

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!



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See page 6 for details.

Cambridge, MA

Hotel Cutoff—September 6, 2010

Early Bird Registration Cutoff—September 10, 2010

Online Registration Cutoff—September 24, 2010



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