UNLOCKING THE **POWER** OF HEALTH INFORMATION

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INTERNATIONAL

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NEWS

C-CDA Implementation and its Effects

ART-DECOR Templates for the Impatient: C-CDA 2.1 and Temple

ONC Grant Projects for HL7

Trillium Bridge Recommendations for Policy Convergence

Plus...

ASSESS CT – Second Validation Workshop in Berlin

HL7 Serbia and Spain Affiliates

A Retrospective on HL7's Process Improvement Committee

In this Issue

In this Issue

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Update from Headquarters

By Mark McDougall,
HL7 Executive Director

Key Contributors Recognized at 29th Annual Plenary Meeting

HL7's 29th Annual Plenary and Working Group Meeting (WGM) convened October 4-9, 2015 at the Sheraton Atlanta Hotel in Atlanta, Georgia. This year's plenary theme focused on *Remote Monitoring and the Interoperability of Things*. The week of the WGM was a productive one, featuring 31 tutorials and more than 50 work groups meeting.

The 29th Annual Plenary Meeting featured four keynote speakers as well as a panel presentation. Our first keynote speaker was Sam Bierstock, MD, Founder and President of Champions in Healthcare, and Executive Director for the Global Medical Microtechnology Association. Dr. Bierstock's presentation was both entertaining and insightful on the tidal wave of new and ever-evolving technologies used in patient care. His spell-binding keynote address set the stage for the presentations that followed by:

- **Taha A. Kass-Hout**, MD, MS, FDA Chief Health Informatics Officer
- **Joe Corkery,** MD, Senior Project Officer, Google Cloud Program
- **James Tcheng,** MD, Professor, Duke University, Chair of the Informatics and Health Information Technology Task Force of the American College of Cardiology
- Panel presentation on the clinician's need for improved interoperability and how HL7 can help featuring:
  - **Steve Hasley,** MD, American College of Obstetricians and Gynecologists; Medical Director for Information Technology, Women's Health, UPMC
  - **Michael Hodgkins,** MD, MPH, VP & CMIO, American Medical Association
  - **Dr. Phil Koczan,** MBBS, FRCGP, General Practitioner; Chief Clinical Information Officer, UCL Partners and North East London Foundation Trust
  - **Frank Opelka,** MD, Medical Director, American College of Surgeons for Quality and Health Policy; Executive Vice, President, Louisiana State University Health

This year's plenary meeting presentations were viewed by many as the best HL7 has produced to date.

Board Election Results

One of the many changes that 2016 will bring us is a new HL7 Board of Directors. As recently announced, the election results for 2016 Board positions are as follows:

TREASURER
Russell Leftwich, MD

DIRECTOR AT LARGE
Keith Boone

DIRECTOR AT LARGE
Floyd Eisenberg, MD

AFFILIATE DIRECTOR
Beat Heggli

Congratulations to Russ, Keith, Floyd and Beat. Photos and contact information for all members of the 2016 HL7 Board of Directors are provided on page 38.

Volunteers of the Year Awards

It is amazing to realize that we are already in the 19th year of recognizing incredible efforts by our dedicated volunteers via our W. Edward Hammond, PhD HL7 Volunteer of the Year Awards. While there are certainly dozens of individuals who merit this recognition each year, the Awards Committee is challenged to limit the annual award to only a few. This year's recipients are three very worthy HL7 members who have become valuable leaders and significant contributors to HL7 within a relatively short number of years. As Ed mentioned during the awards ceremony, we are honored and pleased to recognize this year's recipients of the W. Ed Hammond HL7 Volunteer of the Year Awards:

- **Elaine Ayres,** deputy chief, Laboratory for Informatics Development, NIH Clinical Center
- **Russell Leftwich, MD,** senior clinical advisor for interoperability, InterSystems
- **Grant Wood,** senior IT strategist, Intermountain Healthcare

More details on the contributions of this year's three volunteer of the year award recipients are provided on page 11.

Benefactors and Supporters

We are proud to recognize our growing list of HL7's 2015 benefactors and gold members who are listed on page 22. Their support of HL7 is needed and sincerely appreciated. We are pleased to recognize our benefactors in all of our HL7 newsletters, website, press releases, and at all of our HL7 working group meetings.

Organizational Member Firms

As listed on pages 23-26, HL7 is very proud to recognize the organizations who are HL7 organizational member companies. We sincerely appreciate their ongoing support of HL7 via their organizational membership dues.

HL7 Fellows

During our recent 29th Annual Plenary Meeting, HL7 was pleased to bestow HL7 Fellowship to eight deserving individuals. The HL7 Fellowship program recognizes individuals who have contributed significantly to HL7 have been an HL7 member for at least 15 years. HL7 Board Chair, Stan Huff, MD, thanked and congratulated the following individuals as the 2015 class of HL7 Fellows:

- Calvin Beebe
- Tom de Jong
- Grahame Grieve
- Diego Kaminker
- Austin Kreisler
- Dale Nelson
- Scott Robertson, PharmD
- Ioana Singureanu

HL7 Fellows at the 29th Annual Plenary Meeting

Meeting sponsors gather during the 29th Annual Plenary Meeting.

Meeting Sponsors

I am also pleased to recognize these organizations that sponsored key components of our 29th Annual Plenary and Working Group Meeting.

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

- AEGIS
- Akana
- Gevity
- Hi3 Solutions
- Intelligent Medical Objects
- iNTERFACEWARE
- PenRad Applicadia
- Qvera Interface Engine

MEDINFO

Since 1995, HL7 has participated at the premier international medical informatics-focused conference called known as MEDINFO. The location of these meetings has spanned the globe, including:

- Vancouver, Canada (1995)
- Seoul, Korea, (1998)
- London, England (2001)
- San Francisco, USA (2004)
- Brisbane, Australia (2007)
- Cape Town, South Africa (2010)
- Copenhagen, Denmark (2013)
- São Paulo, Brazil (2015)

This year's MEDINFO event was the 15th World Congress on Health and Biomedical Informatics conference and was held August 19-26, 2015 in São Paulo, Brazil. It focused on eHealth-enabled Health and was hosted by SBIS (Brazilian Health Informatics Association) on behalf of the International Medical Informatics Association (IMIA).

HL7 formally participated in a panel presentation titled "Innovation in Standards Development: Learning from the Past & Envisioning the Future" which featured HL7 CEO Chuck Jaffe, MD PhD; HL7 Board Chair Stan Huff, MD, HL7 Affiliate Director Diego Kaminker; HL7 Board Secretary and Chair Emeritus W. Ed Hammond, PhD; and Doug Fridsma, MD PhD. HL7 also produced its popular reception for many of the world's leaders in medical informatics during the event. In addition, several HL7 standards, particularly Fast Healthcare Interoperability Resources (FHIR®) and Clinical Document Architecture (CDA®), were also covered in dozens of presentations.

We are pleased to congratulate Beatriz de Faria Leão, Claudio Giulliano Alves da Costa and the entire Brazilian Health Informatics Association for producing an exceptionally well run and successful MEDINFO.

We would also like to extend sincere thanks to our good friend, Marivan Santiago Abrahão, MD, for his assistance in planning and producing our HL7 VIP reception. Marivan was instrumental in planning HL7's reception at an outdoor lounge area on the building's top floor and featured wonderful Brazilian cuisine. This year marks the seventh time HL7 has sponsored a reception at MEDINFO.

Available Online:

To see the online MEDINFO proceedings:

http://ebooks.iospress.nl/volume/medinfo-2015-ehealth-enabled-health-proceedings-of-the-15th-world-congress-on-health-and-biomedical-informatics

Newly Certified HL7 Specialists

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

Certified HL7 Version 2.x Chapter 2 Control Specialist

AUGUST 2015

Harshita Vijh
Shruti Madur

SEPTEMBER 2015

James Hubbard
Stacey Lee
Mohammed Rishal Sait
Rama kanth Ande
David Johns
Julien Goussard
Mingyao Zhang

OCTOBER 2015

Ambarish Kundu
Ranjan Kumar
Karla Korlaet
Silvana Puđa
Bojan Buić
Ivan Siluković
Gabrijel Babic
Michael Kuck
Kevin Snow
Erica Kim
Moises Gutierrez
Pat Wenke
David Mooney
Jeremy Crane
Jacob Beers
Aaron Bartshe
Tim McCarthy
Ignacio Carmona Govantes
María Acevedo Ahijado
David Goñi Burgos
Luis Eduardo Pardo De Los Reyes
Sofia Isabel Cerro Martin
Lamberto Ruíz De La Hermosa García-Rayo
Ismael Díaz De Gracia
Alberto Ibáñez Lumbreras
Mónica Alexandra Pérez Ortiz
Laura García-Madrid García-Carpintero
Lorenzo Garcia Celada
Jose Luis Gonzalez Mendez
Jesús Cabello Díaz
Eva María Cano Casanova
Maria Jesus Gil Ballesteros
Alberto Pozas Martín-Ambrosio
Jesús López Bravo Díez
Agner Gonzales Camargo
Juan Carlos Flores Pacheco
Rubén Rivera Barreiro
Ana Baños Cano
Juan Diego Cano Cavanillas
Alen Zivanovic
Sead Dzubur

NOVEMBER 2015

Grace Powell
Jeesun Park
Muhammad Ahsan
Tina Hardin
Bharath Perugu
Gian Paolo Tomasini
Alberto Melgarejo Banegas
Paloma Nogales Clavel
Yolanda Mayor Gimenez
Juan Angel Aroca
Jose Joaquín Mena Martínez
Emilia Aguirre Sánchez
Juan Carlos Muñoz Pellicer
María Henar Martínez Miñano

Certified HL7 CDA Specialist

OCTOBER 2015

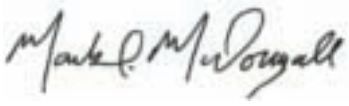
Andrew Statler

NOVEMBER 2015

Alfonso Moreno Mosqueda
Lorenzo Chacón Mendoza
Wolf Metzner
Shawn Watts
Clay Sebourn

In Closing

As we begin a new year, I wish to close with a heartfelt thank you to all of you who have made a positive difference in our industry. On behalf of the HL7 staff, we extend to you and your loved ones our best wishes for good health, much happiness, and lots of smiles this holiday season and beyond.



News from the HL7 Project Management Office

ONC Grant Projects for HL7

By Dave Hamill,
Director, HL7 Project
Management Office

The Office of the National Coordinator for Health IT (ONC) has awarded Health Level Seven International two grant funded cooperative agreement projects: Enhancing Consolidated CDA® Implementation and Standards Development Organization Collaboration to Enhance Standards Alignment, Testing, and Measurement.

Enhancing C-CDA Implementation Project

The Enhancing C-CDA Implementation Project is an 18+ month endeavor to support a $500,000 ONC grant awarded to HL7 to achieve the following goals:

1. Discovery of C-CDA content inconsistencies via surveys and in-person Implementation-a-Thons
2. Extension and/or modification of template samples to address inconsistencies identified by item 1 above
3. Creation of an updated C-CDA Companion Guide informed by items 1 and 2 above
4. Updates to the HL7 Help Desk section specific to C-CDA to address items 1-3 above
5. Create a C-CDA rendering tool
6. Create a C-CDA scoring tool
7. Enhance/upgrade the platform where C-CDA sample templates reside

HL7 has already distributed the C-CDA survey through various channels. During the first half of 2016, HL7 will bring together vendors and large hospital personnel to create and exchange C-CDA documents with the specific goal of discovering and documenting inconsistencies in content that inhibit interoperability. Based on these activities, a report will provide data needed to identify C-CDA inconsistencies as well as prioritize and recommend the necessary resources to implement consistent results.

Available Online:

HL7's C-CDA Example Task Force has identified 40+ template examples found at:

http://wiki.hl7.org/index.php?title=CDA_Example_Task_Force

The analysis and resulting report described above will be the basis for the C-CDA R2.1 Companion Guide and will also identify the most critical use cases for which templates need to be either created or modified. HL7's C-CDA Example Task Force has identified 40+ template examples found at: http://wiki.hl7.org/index.php?title=CDA_Example_Task_Force.

The grant opportunity includes funds to migrate these C-CDA template examples from the wiki to an enhanced platform.

The cooperative agreement will also provide HL7 new and updated tools, including a C-CDA rendering tool, a C-CDA scoring tool and appropriate updates to the C-CDA section of the HL7 Help Desk.

Lastly, webinars will be conducted at various points during the project to keep the industry informed of its progress and solicit additional input.

SDO Collaboration to Enhance Standards Alignment, Testing, and Measurement Project

SDO Collaboration to Enhance Standards Alignment, Testing, and Measurement is a 12 month project to support a $20,000 grant awarded to HL7 by the ONC. Its main objective is to provide a report to the ONC addressing HL7's specific testing infrastructure and standards measurement.

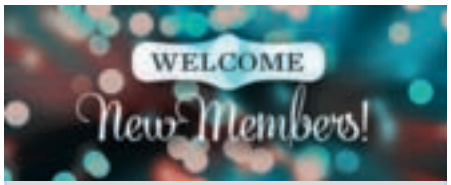
The ONC has requested that the report contain the following:

1. Catalogue of published HL7 standards along with their release and implementation timelines
2. Prioritization of which standards are the most important to focus on for testing and measurement
3. Recommendations for testing infrastructure or alternative for pre/post standards publication conformance testing
4. Target health IT systems, industries, entities or populations for measurement activities
5. Rates of adoption, use and interoperability

In order to complete the report, HL7 will:

- Analyze its library of standards and document their realm, version and release information and other pertinent information
- Issue an RFP to undertake a gap analysis of current internal and external conformance tools. The result of this gap analysis will be used to identify available tools, their usefulness and the resulting gaps

The public facing Final Project Report that is created will include the following: challenges; successes; summary of activities; progress and accomplishments; recommendations to further SDO measurement of standards; identify how the work may be adopted or replicated; and how the project links back to a learning health system.



HL7 Welcomes New Members

Benefactor

- IBM
- Optum
- Pfizer

Gold

- Health Care Service Corporation
- eHealth Initiative

Organizational

- Cerus
- ChartLogic, Inc.
- EMD Systems Software, Inc.
- Fresenius Medical Care North America
- Fulcrum Consulting Inc. DBA Contineo Health
- Goldblatt Systems, LLC
- Illinois Department of Public Health
- Muculoskeletal Imaging Consultants
- Samarind Ltd

By Reza Fathollah-Nejad, MA, Faculty of Healthcare, Competence Center eHealth, Niederrhein University of Applied Sciences

Heike Dewenter, MSc, Faculty of Healthcare, Competence Center eHealth, Niederrhein University of Applied Sciences

By Sylvia Thun, MD, PhD, Faculty of Healthcare, Director of the Competence Center eHealth, Niederrhein University of Applied Sciences

Assessing SNOMED CT for large scale eHealth deployments in the EU

ASSESS CT – Second Validation Workshop in the Heart of Berlin

After a successful First Validation Workshop in Brussels earlier this year, the second Validation Workshop of the ASSESS CT-project was held in Berlin in early October. The workshop proved to be a success, drawing 58 participants including 35 eHealth vendors and specialists as well as invited experts.

The EU-Commission Research Program Officer Gerald Cultot and Gerold Werner from Germany's Federal Ministry of Health IT attended the event to present the different work package contents of the ASSESS CT project, including the methodological approach as well as the project's current state of progress.

ASSESS CT – whose working title is "Assessing SNOMED CT for large scale eHealth deployments in the EU" – is subdivided into four technical work packages.

Work Package 1

Work package (WP) 1 is led by HL7 International's Secretary General Catherine Chronaki and the experienced HL7 consultant of HL7 International Giorgio Cangioli. Its goal is to collect information about the past, present and future use of terminologies.

This includes a special focus on SNOMED CT in the European Union (EU) but also in many countries outside the EU, which are IHTSDO members and therefore have experience with the use of SNOMED CT.

For this purpose, the consortium uses national focus groups, online questionnaires and conducts a systematic literature review. Furthermore, this WP identifies appropriate use cases suitable for performing an evidence-based assessment.

Work Package 2

The topic of WP 2 (subcategory 3) is to experimentally assess SNOMED CT, alternative terminologies (UMLS in this case) and local terminologies for semantic annotation of 60 clinical narratives from different medical disciplines in six European languages. In this context, the chosen endpoints are term coverage, concept coverage and inter-rated agreement. The results of the term and concept coverage experiments show that UMLS probably has higher term coverage for English. There is a clear advantage of SNOMED CT in the Swedish text snippets. Additionally, the inter-rater agreement is highly dependent on the individual interpretation of the annotation task.

The purpose of WP2 (subcategory 5) is to assess the fitness of terminologies for representing structured data in the ASSESS CT scenarios. The main idea of this work is to focus on the field that has not reached considerable attention so far, such as cross-border system agreement. Chosen endpoints in this approach are coverage, agreement or time for annotation. One result of this work package was the creation of the Terminology Binding App, which allows users to test the given endpoints inside of different information model cases.

Work Package 3

WP3 provides the business model and financial data of using SNOMED CT as clinical terminology. Therefore, for the purpose of building a cost-benefit-assessment tool that can serve as a model for customized country-specific cost-benefit analyses (CBAs) in the future, cost and benefit indicators are explored, defined and categorized. After validating and weighing the cost indicators by the stakeholders at the first validation workshop in Brussels, the second workshop in Berlin presented the methodological approach by elaborating on the benefit indicators to the audience. A business meeting to construct a country-specific CBA is planned for the near future with representatives from both the Swedish and Danish health systems.

Work Package 4

WP 4 covers policy guidance and provides final recommendations. The task of this WP is to propose a portfolio of best practice approaches to the adoption of SNOMED CT, including prerequisites, critical success factors and methods to overcome technical, legal, organizational and human factor barriers. Additionally, important gaps in the availability and licensing of SNOMED CT and derived assets (such as value lists, translations or tools) and in the market (such as EHR system capability, educational resources or analytics) have to be delineated. The major goal of WP 4 is to produce recommendations for the European Commission, the EU member states, IHTSDO and other relevant decision-making bodies. WP 4 will also provide strategy recommendations for countries, regions, industry stakeholders, academia and professional organizations to scale up the successful adoption of SNOMED CT and maximize value from coded clinical data. At the time of this writing, the policy workshop is scheduled to take place at the beginning of December. It is expected that major progress will be made on WP 4 at this event. The policy workshop will gather knowledge and expertise from a variety of stakeholders, including healthcare professionals, vendors and representatives of national governments who are responsible for the local eHealth strategy.

All in all, the Second Validation Workshop was a success. Methodologies and the current state of all technical work packages were presented to the audience. Essential and valuable input from experts was collected and are now being intgrated into the working process of all WPs. ■

HL7 Netherlands

Member Spotlight on Irma Jongeneel

Irma Jongeneel has been involved with HL7 since the early 1990s. She worked for a vendor organization developing HL7 2.1 interfaces between hospital information systems and departmental systems. At the time, Irma's manager suggested she take his place in the newly-formed HL7 Netherlands affiliate. And that is where it all began!

Irma Jongeneel with her painting, Autumn Sundown.

The Netherlands affiliate grew rapidly as HL7 Version 2 became the defacto standard for data exchange in hospitals. (Of course, in those days, it was all about ADT and Financial Management.)

While Irma attended her first HL7 Plenary and Working Group Meetings in 1995 and 1996, it was the late 1990s before Irma became a regular at the WGMs.

She was also actively involved in the HL7 Netherlands affiliate and served as a co-chair for the Technical Steering Committee and the Administration Management Work Group in the Netherlands. Together with Tom de Jong, she tried to make HL7 more internationally aware of requirements for things like names and addresses. As a result, she was even named in the first datatype specifications for Version 3 as a use case!

As HL7 Netherlands regularly delegated Irma to the WGMs to ensure Dutch requirements were covered in the newly developed standards, she met many people through HL7 that became good friends. The meaningful contact she has with people from all over motivates her to spend quite a few vacation days on HL7! She sometimes even brings her husband with her to the WGMs so he can see for himself what all the excitement is about.

The Patient Administration (PA) Work Group became Irma's home within HL7, where she became the third co-chair for PA in January 2013. The PA workgroup became a very friendly, solid and committed group of co-chairs, facilitators and dedicated members that clearly enjoy working together. Also in 2013, Irma was very honored to become an HL7 Fellow.

In her day job, Irma works as an implementation manager for the VZVZ. The VZVZ is responsible for providing, implementing and maintaining the national infrastructure for exchange of medical information.

When she is not working, Irma loves to paint. She is very inspired by the British artist William Turner, especially his more abstract seascapes. Some HL7 members have even purchased her work. As a result, she is very proud to report that her paintings are now available in five countries!

In addition to being an avid painter, Irma also enjoys reading, traveling, playing tennis and going to concerts, especially U2 shows!

The 2015 W. Ed Hammond Volunteer of the Year Awards

Volunteers Recognized by Hammond at Atlanta Meeting

By Andrea Ribick, HL7 Director of Communications

HL7 honored three members with the 19th annual W. Edward Hammond, PhD Volunteer of the Year Award at the 19th Annual Plenary & Working Group Meeting in Atlanta, GA.

Established in 1997, the award is named after Dr. Ed Hammond, one of HL7's most active volunteers and a founding member, as well as past Board chair. The award recognizes individuals who have made significant contributions to HL7's success.

Elaine Ayres, Deputy Chief, Laboratory for Informatics Development, NIH Clinical Center

Russell Leftwich, MD, Senior Clinical Advisor for Interoperability, InterSystems

Grant Wood, Senior IT Strategist, Intermountain Healthcare

The 2015 recipients are:

Elaine Ayres has been a member of HL7 since 2010. She is well versed in HL7 governance and procedures and knowledgeable about existing standards. She serves as a co-chair for the Patient Care Work Group where she has contributed to a number of projects and activities including acting as the lead facilitator for the Allergy/Intolerance Domain Model as well as for the HL7 Nutrition Orders DAM, Nutrition Order Clinical Messaging and FHIR Nutrition Orders. She has also acted as the lead contact for the Patient Care Work Group when collaborating with outside organizations such as the National Library of Medicine (NLM) and the International Health Terminology Standards Development Organization (IHTSDO). In addition, Ayres organized the Clinician Connectathon in Paris.

Russell Leftwich, MD joined HL7 in 2012 with the first wave of Standards and Interoperability (S&I) Framework participants who were shepherding their work through the HL7 standards process. Since then, he has become very active in the organization. He currently serves as the co-chair for both the Patient Care and the newly-formed Learning Health System Work Groups. Leftwich participates in a variety of work groups, where he provides a physician's view of the topics. In addition, he is a leader in the physician community within HL7. He serves as the chair of HL7 Physician Professional Engagement. He was also instrumental in launching a Fast Healthcare Interoperability Resources (FHIR®) Connectathon for clinicians and leads the effort which, now called "Clinicians on FHIR," is a mainstay at our working group meetings. Finally, Leftwich has been instrumental in helping HL7 secure critical speaking engagements at conferences such as HIMSS, and speaks to various professional groups, such as the American College of Cardiology on the value of HL7.

Grant Wood has been a member of HL7 since 2005. He is actively involved in the standards development process for the Clinical Genomics Work Group and serves as their publishing facilitator. He is also a strong supporter and advocate for HL7 as an organization and serves as the chair of the HL7 Membership Committee, a group tasked with reviewing the membership model and its benefits as well as researching revenue opportunities outside of membership. Wood also serves as a member of the HL7 Finance Committee. In addition, he was instrumental in the development and expansion of the Ambassador Program. In this role, he facilitated, moderated/or presented more than 20 webinars aimed at educating the healthcare and HIT industry on various HL7 topics. Most recently, Wood was instrumental in planning the first HL7 Clinical Genomics Policy Conference that was held in Washington, DC, in July 2015.

C-CDA 2.1 Template Library Available in ART-DECOR

ART-DECOR Templates for the Impatient: C-CDA 2.1 and Temple

By Dr Kai U. Heitmann, FHL7, Co-Chair, HL7 International Templates Work Group; CEO, HL7 Germany; ART-DECOR Expert Group; Heitmann Consulting and Services (info@kheitmann.de)

With assistance from ART-DÉCOR Expert Group members: Alexander Henket, Marc de Graauw, Maarten Ligtvoet, and Gerrit Boers

What is C-CDA?

You are probably aware of the fact that the Consolidated CDA® (C-CDA) is a US-realm specification. Meanwhile, Release 2.1 has been published by HL7 International, with over 210 Templates and their associated value sets. Although it serves US-centric requirements – with US-specific code systems (such as CPT-4 and RxNorm) and value sets, US-specific identifiers, requires Race and Ethnicity that is inappropriate in many other countries, etc. – it has been, is, and will be a source of inspiration for a lot of other projects such as those happening in Europe.

ART-DECOR and C-CDA

After having transformed and published C-CDA 1.1 in HL7's Templates Exchange format (a draft standard for trial use (DSTU)) months ago, Version 2.1 was also made available. While the original C-CDA specifications focus on implementation guides, the ART-DECOR Building Block Repository (BBR) features all 370 templates and template versions as a template library that can easily be used in any ART-DECOR project, whether as-is or as a basis for refinement or adaptation.

For more information about ART-DECOR's Building Block Repository feature, see:

http://art-decor.org/mediawiki/index.php/Building_Block_Repository_(BBR)

Consolidated CDA Release 1.1 and 2.1

In addition to the C-CDA Release 1.1, published through the ART-DECOR BBR mechanism, C-CDA Release 2.1 was made available through exactly the same type of repository. It must be noted that this setup is an amalgamation of C-CDA 1.1 and 2.1. Templates and value sets are versioned and each is tied to one or more release of C-CDA.

The templates and value sets for 1.1 and 2.1 in this ART-DECOR project are transformations from the proprietary export format of the Lantana's Trifolia Workbench. They have been revised and manually corrected to fit the requirements of the Templates DSTU and to allow proper schematron generation. Please note that parts of the Trifolia Workbench maybe copyrighted by Lantana Consulting Group (see http://www.lantanagroup.com).

C-CDA: Everywhere as a Source of Inspiration and More

A couple of years ago a project started to harmonize epSOS (the European Patient Summary document) and the Continuity of Care Document (as in C-CDA). A revision is underway to eliminate some minor errors and flaws. The

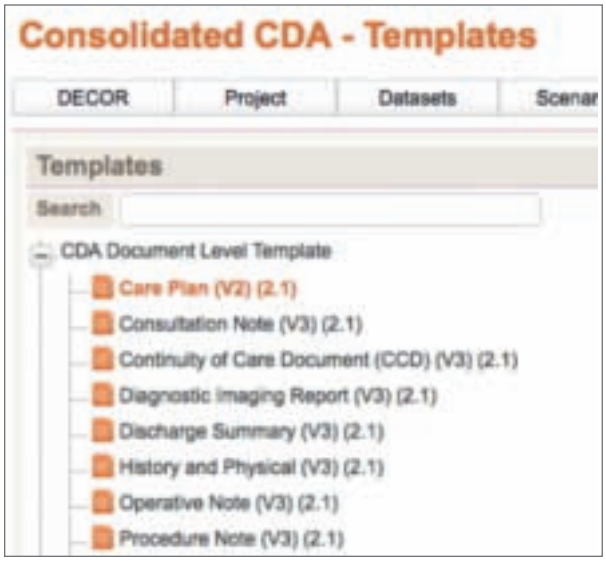


Figure 1: Navigation index of document level C-CDA Release 2.1 Templates in ART-DECOR

original epSOS specification in ART-DECOR can be found here:

http://art-decor.org/art-decor/decor-project--epsos-

A new project called "Interpas" (International Patient Summary) is seen as an attempt to create a document definition to exchange patient information for persons traveling between Europe and the United States. The specification is planned to be jointly balloted with ISO.

Originally included in C-CDA for Diagnostic Imaging Reports there is now the DICOM PS3.20 "Imaging Reports Using HL7 Clinical Document Architecture". It features two document level templates: Imaging Report (1.2.840.10008.9.1) and Imaging Addendum Report (1.2.840.10008.9.24).

How to Use C-CDA in ART-DECOR

On the main servers hosted by the ART-DECOR Expert Group (ADEG), C-CDA 2.1 is available automatically. It is published under

http://art-decor.org/art-decor/decor-project--ccda-

In regular ART-DECOR projects it is easy to either link C-CDA Templates from the repository as-is by linking them into your project or to refine them by specialization or adaptation.

Continued on page 14

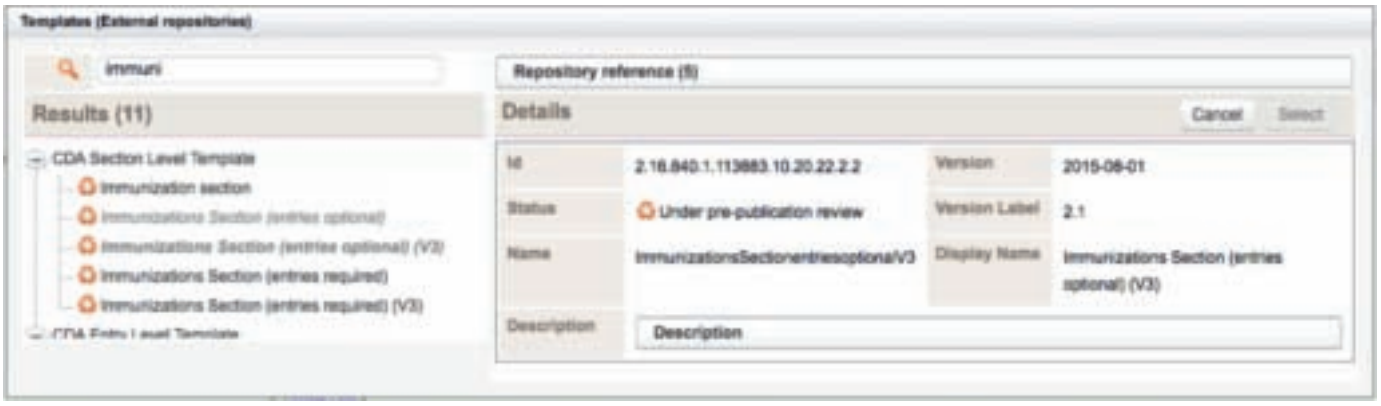


Figure 2: Simple search and link dialog to reference C-CDA Templates from the Building Block Repository in ART-DECOR

Continued from page 13

ART-DECOR Templates for the Impatient: C-CDA 2.1 and Temple

Temple: ART-DECOR's Second Template Editor Released

After completing intense testing, the ART-DECOR Expert Group has officially released *Temple*, the second HL7 Template Editor as part of the ART-DECOR tool suite.

In addition to the regular graphical Template Editor supporting tabular editing of templates, *Temple* offers an XML-like editor with extra support with auto-complete functionality for those who are familiar with HL7's Templates DSTU (HL7 Templates Standard: Specification and Use of Reusable Information Constraint Templates, Release 1) and prefer to work with XML-editing rather than a graphical tool.

Temple allows direct manipulation of the underlying definition in XML. It supports content completion, inspection of referenced artifacts, and validation of the definition before saving. ■

About ART-DECOR

ART-DECOR is an open-source tool suite that supports the creation and maintenance of HL7 templates, value sets as well as data sets. It features cloud-based federated Building Block Repositories (BBR) for templates and value sets. The tool offers a data set and a scenario editor, two template editors, a value set editor and includes browsers for various international terminologies such as LOINC and SNOMED CT.

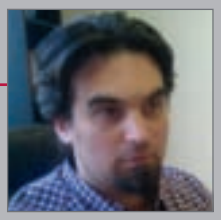
ART-DECOR supports comprehensive collaboration of team members within and between governance groups. For an overview, see ART-DECOR: An Open-Source Tool Bridging the Chasm between Clinicians and Health IT in the September 2014 edition of the HL7 News (http://www.hl7.org/documentcenter/public/newsletters/HL7_NEWS_20140908.pdf).

ART-DECOR is used in over 30 projects throughout Europe and other parts of the world, e.g. the national infrastructure ELGA in Austria, the Dutch Nictiz (National Healthcare Standards Institute), the RIVM (National Institute of Public Health and the Environment in the Netherlands), HL7 and IHE Germany.

For more information go to http://art-decor.org or visit the ART-DECOR Blog at http://blog.art-decor.org on a regular basis.

Serbia promotes the construction of complex information systems

HL7 Welcomes HL7 Serbia as Newest Affiliate



By Filip Toškovi,
Chair, HL7 Servia

HL7 Serbia was established with the aim of introducing HL7 in the healthcare system of the Republic of Serbia in order to provide better, more efficient and effective healthcare.

At the encouragement of Lab Experta, the largest distributor of Abbott Laboratories in the Serbian market, companies Last Byte, Solving IT Solutions and New Vision Bytes along with prominent professors from the Faculty of Organizational Sciences (Bratislav Petrovic, PhD, and Dejan Petrovic, PhD) and the dean of the Faculty for Project and Innovation Management (Petar Jovanovic, PhD) came together to establish the HL7 affiliate in Serbia. Additional support for the affiliate is provided by other IT companies including the largest medical institution, Clinical Center of Serbia and Serbia's Ministry of Health.

HL7 Serbia was established with the mission to popularize HL7 standards in the Republic of Serbia. It will enable localization of standards, educational activities in our country, training experts, and surveillance of the usage of standards in the local health informatics community. The aim of HL7 Serbia is to promote the construction of complex information systems through the standardization of various activities using HL7 standards.

HL7 Serbia also hopes to become an effective forum for the exchange of ideas, opinions, attitudes and needs of all stakeholders of the healthcare system of the Republic of Serbia.

Founding Members of HL7 Serbia

Last Byte is an information technology and telecommunications company focused on automatization in data interchange. The company's portfolio includes projects of great complexity, in the areas in medicine, telecommunications and process management.

Solving IT Solutions and Services is a consulting company. One of the company's experts includes a co-author of conceptual design for the integrated healthcare information system of Serbia. In addition to their strong presences in the healthcare IT sector, the company also operates in energy, banking, telecommunications, and retail.

New Vision Bytes focuses on the design and implementation of information systems. In response to modern business needs and with the purpose of maximizing the optimization work and the establishment of a higher degree of control over the resources of the company, New Vision Bytes has designed a universal information system which has been successfully applied in various sectors of healthcare as well as the public sector.

Lab Experta is a distributor of Abbott Laboratories in Serbia. Its customers include the most significant and largest health institutions, such as the largest clinical centers and regional institutes for transfusion. Lab Experta provides users with laboratory optimization services and the implementation of the laboratory information systems.

The Faculty for Project and Innovation Management is the only higher education institution in Serbia that deals with the education of project managers. Professors are top experts in project management who have extensive experience implementing a large number of successful projects. The National Association for Project Management (YUPMA) is its partner and is an important contributor to the training of personnel. The Faculty of Project and Innovation Management received accreditation from the Ministry of Education for two study programs: Project Management and Business and Innovation Management for both undergraduate and graduate studies.

Gap Analysis Leads to eHealth Recommendations for Europe

Trillium Bridge Recommendations for Policy Convergence

By Catherine Chronaki, Secretary General, HL7 Foundation

Trillium Bridge compared patient summary specifications from epSOS/European Union (EU) patient summary guidelines and EU Meaningful Use II, carried out a gap analysis, developed proof of concept demonstrations and collected evidence that led to one key and twenty supporting recommendations as well as a draft action plan to be further refined by eHealth stakeholders in Europe.

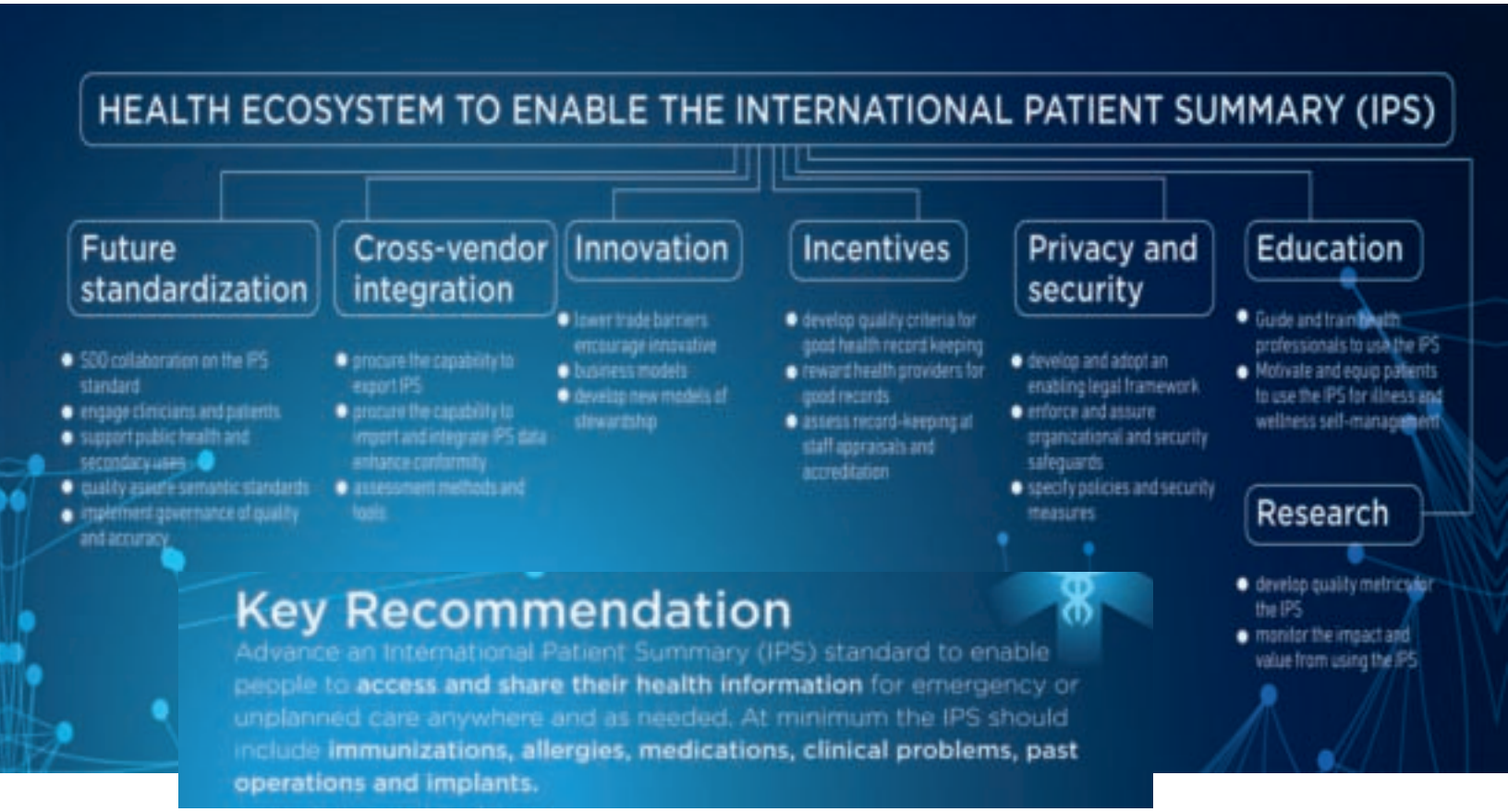
As part of the gap analysis, Trillium Bridge compared patient summary specifications in the European Union and the United States. The gap analysis identified shared clinical elements including: problems, medications, allergies, etc.

Some of this work is being continued in the HL7 Structured Documents and Templates Work Groups as well as through the Joint Initiative Council as part of its work on standards sets. A link to the document describing the detailed gap analysis is located in the resources section of this article.

Trillium Bridge also developed proof of concept interoperability assets for the community to test, use, and develop further. Specifically, a terminology prototype Common Terminology Services (CTS) 2 service was established and a transformer of patient summaries created in the EU to patient summaries created in the US and vice versa. At the same time, differences in EU/US IHE XCPD/XCA profiles for Patient Identity and Document Query/Retrieve were mediated.

Trillium Bridge validation activities involved four EU countries and Kaiser Permanente. They were carried out in 2014-2015 as part of the EU/US Marketplace; HIMSS 2015; the IHE Europe Connectathon 2015, and eHealthWeek 2014/2015.

Finally, the feasibility study reflected upon standards, cross-vendor integration, incentives, clinical research, security and privacy, innovative business models, and education.



The 20 recommendations are organized by theme as follows:

Future Standardization

By 2020, standards and profile development organizations and eHealth/health IT should:

1. Collaborate to develop and adopt an International Patient Summary (IPS) standard based on reusable interoperability assets and tools to enable the interoperable representation and communication of information about a patient's immunizations, allergies, medications, clinical problems, past operations and implants;
2. Work closely with clinician and patient associations globally to define, refine, and validate the IPS standard as well as establish a governance process under the Joint Initiative Council of SDO Global Health Informatics Standardization to help maintain the standard;
3. A) Target the IPS standard as the means for sharing a core set of clinical data for the purpose of emergency or unplanned patient care, B) align it with other relevant existing standards, and C) incorporate the needs of public health and other secondary uses of aggregated health summary data;
4. Work with multi-national terminology systems developers to publish reliable and quality assured translations of patient summary value sets between relevant languages and of cross-mappings between terminology systems;
5. Work with EU and US policymakers to secure funding for governance processes to validate and endorse the accuracy of cross-border clinical information structures and associated terminology value sets.

Cross-Vendor Integration

EU and US policy makers, in collaboration with competence centers and other relevant stakeholders, should:

1. Promote the capability to generate and export patient summaries in the IPS standard, as well as import and integrate patient summaries in the IPS standard with locally-held EHR data;
2. Advance conformity assessment methods and tools that verify the robustness and quality of vendor implementations of the IPS standard, including the ability to generate and exchange patient summaries conforming to the IPS standard from/between EHR systems.

Innovation

EU and US policy makers, and eHealth/health IT purchasers and providers, with support from relevant stakeholders, should:

1. Stimulate the market for the adoption of the IPS standard by lowering trade barriers and supporting entrepreneurs working with eHealth/health IT systems and mHealth applications to capture and deliver patient summaries in the IPS standard, and by encouraging novel business models;
2. Make a joint transatlantic commitment to demonstrate the value of sharing patient summaries in the IPS standard internationally, potentially leveraging events of high visibility such as international sporting championships;
3. Refine, test, and evaluate multiple models of comprehensive person-centered health information stewardship, supporting the IPS standard.

Incentives

Healthcare stakeholders should consider:

1. Payers and insurers: Offering rewards and incentives for healthcare providers to maintain complete and up-to-date health records that enable the generation and sharing of accurate patient summaries in the IPS standard.
2. Healthcare professional associations: Licensing and accreditation schemes that demonstrate competence and commitment to accurate and complete clinical documentation that enables the creation, maintenance, and communication of patient summaries in the IPS standard.
3. Healthcare providers: Requiring healthcare professional staff and other care givers to conform to quality criteria to ensure that accurate health data is exchanged using the IPS standard.

Continued on page 18

Continued from page 17

Trillium Bridge Recommendations for Policy Convergence

Privacy and security

EU and US policy makers should:

1. Develop and adopt a legal framework enabling the safe and secure global exchange of patient summaries in the IPS standard;
2. Develop and enact legal agreements to enforce and ensure the implementation of organizational and security safeguards needed to support global exchange of patient summaries in the IPS standard between providers;
3. Define policies specifying the safeguards and measures needed to protect citizens in the cross-border exchange of patient summaries in the IPS standard including, but not limited to, identity management, access controls and audit trails.

Education

EU and US policy makers, with support from eHealth/health IT stakeholders, should:

1. Promote the development of training for all healthcare professional disciplines, specialties and patients to create, maintain and use high quality health records, including the appropriate use of patient summaries in the IPS standard to inform clinical decision-making;
2. Foster initiatives that motivate and equip patients to maintain and harness their own health summary information in the IPS standard for better health and the self-management of health conditions.

Research

EU and US policy makers should promote:

1. Joint research on metrics for assessing the quality of patient summaries in the IPS standard;
2. Allocation of resources to monitor the implementation of the IPS standard and its impact on patient safety and continuity of care, such as more efficient emergency diagnosis, reduced adverse drug events and fewer duplicate investigations.

For more information:

www.trilliumbridge.eu

Comparing Patient Summaries in the EU and US: Gap Analysis and Pilot Use Case Definition:

http://www.trilliumbridge.eu/repository/Deliverables/FP7-SA610756-D2%202_v2_20150210.pdf

PHAST terminology prototype CTS-2 service

http://extension.phast.fr/STS_UI

Mayo Clinic Transformer of Patient summaries:

http://informatics.mayo.edu/trillium-bridge

Affiliate Spotlight: HL7 Spain

HL7 Spain celebrated its 10th anniversary in 2015. The affiliate was established in 2005 and is actively involved in HL7 International and in promoting standards in Spain and the European Union.

What are the most successful HL7 implementations in Spain?

There are 17 regional governments in Spain (Autonomias). Each of these has its own healthcare ministry. In the 10 years since our affiliate was formed, HL7 is used in all 17 regions for achieving interoperability. The level of HL7 implementations varies by region, but Catalonia's HC3 project (Regional HIE) is the most successful HL7 implementation in Spain.

What other implementations are currently underway in Spain?

Many regions in Spain are currently in the implementation phase of health information exchanges (HIEs). There is also a central HIE at the national level in the Spanish Healthcare Ministry which is in the initial phase. All of these projects are currently implementing HL7 Clinical Document Architecture (CDA®) and HL7 Version 2.x.

What other health IT standards are used in Spain?

HL7 Version 2.x is the most widely implemented standard in Spain and is used in all 17 regions. HL7 CDA use is still in the initial stages, but is gaining in popularity.

HL7 Spain also implements other health IT standards. In 2016, use of ICD-10 will be mandatory across the country. Spain is also a member of IHTSDO and does use SNOMD-CT; however, the actual implementation of this standard is progressing at a slow rate. Spain is also using IHE in some European projects such as epSOS.

Is HL7 Spain balloting any HL7 standards or implementation guides?

A few years ago, HL7 Spain defined a few changes and developed implementation guides for HL7 ADT messages. Those included recommendations about patient names and identification that are specific to Spain (and for some Latin American countries as well).

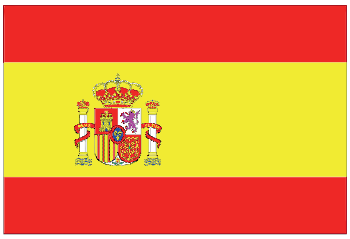
What other activities does HL7 Spain participate in? Is HL7 Spain planning any meetings or taking part in any upcoming events?

HL7 Spain is actively promoting the use of HL7 standards across the regions. The affiliate organizes approximately 3-4 annual seminars in different regions of the country. This means that the majority of the public tenders in healthcare IT include the use of HL7 as mandatory and also mandate that project teams include individuals who have been certified as HL7 specialists. As result of this, HL7 Spain offers a great deal of training and certification. The affiliate currently has around 500 HL7 certified specialists. We can say that Spain is the biggest country with a population with more density in HL7 certified people. ☺

What role do you see HL7 standards playing in Spain over the next 1-3 years?

The majority of healthcare IT projects were either delayed or postponed in Spain over the past five to six years. Therefore, HL7 Spain sees a big opportunity for growth and expansion in these efforts in the next three years.

The use of HL7 CDA will be essential in reaching the objectives of the final implementation of the HIE projects at both the regional and national levels. In addition, the use of mobile devices and the collaboration between public and private healthcare brings an opportunity to introduce HL7's Fast Healthcare Interoperability Resources (FHIR®) as the new paradigm for interoperability. Anticipating the need for FHIR education, HL7 Spain organized the first two FHIR training courses in Barcelona and Madrid in 2015. The affiliate plans to continue providing FHIR training courses in the coming years.



Who are the current members of the HL7 Spain Board?

PRESIDENT

Francisco Perez
Business Development Manager
Agfa Healthcare

VICE PRESIDENT

Manuel Vaillina
Technical Advisor
Regional Healthcare Ministry in Castilla-Leon

TREASURER

Carlos Gallego
Cross Health IT Projects Manager
Regional Healthcare Ministry in Catalonia

SECRETARY

Luis Javier Bonilla
Managing Director
Orion Health Iberia

By HL7 Process Improvement Committee Co-Chairs

Liora Alschuler, President and CEO, Lantana Consulting Group

Sandra Stuart, Executive Director Health IT Standards, Health IT Strategy and Policy; Kaiser Permanente Information Technology

PIC Me Up!

A Retrospective on HL7's Process Improvement Committee

Following is a short history of HL7's Process Improvement Committee (PIC), its reason for being, major accomplishments, how our mission has evolved, and a brief look ahead.

Origins

PIC was formed at the 2002 Board retreat in response to a presentation by Steve Wagner, Veterans Administration (VA), at the previous working group meeting (WGM). The new board-appointed committee held an organizational call in August and the first open session at the October 2002 WGM.

"When PIC was created, a significant driver was that there were widespread distrust and concerns between HL7 leadership (Board, Chair, Executive Committee, etc.) and the general membership. Many of the practices that governed day-to-day procedures were undocumented or unfollowed, and there were no clear paths to reconciliation," recalls Ken Rubin of Hewlett-Packard, who was appointed a founding co-chair, along with Freida Hall of Quest Diagnostics.

When raising a concern over process on behalf of the VA, Wagner was directed to several groups, including the Board, Technical Steering Committee (TSC), and Architectural Review Board (ARB). He saw no clear path for resolution.

"What PIC achieved was to establish a trusted HL7 ombudsman role," says Rubin. "With accountability to the HL7 Chair and the Board, and established with enough authority and autonomy to allow us to be successful, we became an avenue of corrective action."

Early Accomplishments

The 13-page minutes document from the first PIC WGM

session is a snapshot of HL7 circa 2002. Common themes identified included co-chair elections; disposition of ballot issues; attracting, retaining, and educating volunteers; a host of decision-making issues including quorum; the perception of "US centricity" and of an "inner circle" of decision-makers; fragmentation across work groups; and a variety of concerns over Version 3 and the relationship of Version 3 to prior and current work on Version 2.

From this starting point, PIC prioritized work on a short list of process-related improvements.

Decision-Making Practices

These were a high priority and encompassed many of the issues that prompted PIC's formation, including definition of quorum, voting practices, proxy participation, and publication of agendas, minutes, as well as others. PIC created a standard Decision-Making Practice (DMP) template that was reviewed and approved by the Board and rolled out to the organization.

According to Rubin, the DMP "Established a 'bill of rights' for committee attendees, and in effect legislated a set of open practices." At the same time, out of respect for work group autonomy, PIC set up channels to deviate from the default as needed. Today, DMPs are highly consistent across HL7, firmly established, and the standard way of doing business.

Ballot Task Force

The Ballot Task Force identified, tracked, and worked to resolve issues related to all aspects of the ballot process, according to a newsletter article from August 2004. Among the achievements we take for granted today is the creation of the Ballot Amalgamation Macro. which – if you have ever been faced with hundreds of comments across dozens of spreadsheets – is a life-saver. PIC also created a Ballot Overview Checklist to be replaced by a "HL7 Ballot Guide" under the auspices of Project Services.

Open Nominations

PIC successfully advocated to open Board-level nominations to the membership at large through a process that continues today. "Prior to PIC advocacy," according to Hall, "nominations to the Board came from the Board and a Board-appointed Nomination Committee."

PIC worked with the Board to define qualifications for candidates and to establish processes where members interested in Board positions could be nominated by peers.

And More

The list of PIC accomplishments includes ongoing responsibilities as a member advocate for continuous improvement. PIC reviews each revision to the Bylaws and when the Policies & Procedures were merged into the Governance & Operations Manual (GOM), PIC was named as a player in review and arbitration of changes to the GOM and HL7 Essential Requirements – documents that are ultimately under Board control. PIC also oversees communications to First-Time Attendees and revisions to the Co-Chair Handbook.

Impact and Evolution

Both HL7 and PIC have undergone tremendous change since 2002. Rubin and Hall, who were there at the beginning, believe that PIC has had an enormous positive impact on the organization. The key changes put in motion by PIC all those years ago are now HL7 standard operating procedures. PIC petitioned the Board to hold its own co-chair elections and now operates independently as a work group and is open to all.

To assess awareness and perception of our role, we surveyed members over the summer and fall of 2015. Results are mixed – on one hand, survey participation was extremely low with only 19 respondents. On the other hand, the numbers exceeded attendance at the first PIC meeting thirteen years ago and those who did respond raised a host of questions around areas that could be improved. We will be reporting back to membership on the survey and our steps to ensure that PIC continues to work effectively on behalf of the members and the organization as a whole.

No longer faced with the same degree of foundational change, we hope that PIC can continue to sustain and support membership and the interests of the organization. We meet by teleconference every month and at least one quarter day at the WGM. You are invited to join a meeting and to reach out directly to us as co-chairs. We look forward to hearing from you.

Contact information:

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Sandra Stuart
sandra.stuart@kp.org

Benefactors

Representatives from benefactor companies gather during the 29th Annual Plenary Meeting.

Organizational Members

BENEFACTORS

Accenture
AEGIS.net, Inc.
Allscripts
Centers for Disease Control and Prevention/CDC
Cerner Corporation
Duke Translational Medicine Institute
Edifecs, Inc.
Epic
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Pfizer
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GOLD

American College of Cardiology
American Health Information Management Association
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NoMoreClipboard.com
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Standing Stone, LLC
t2b AG
UMass Memorial Health Care
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MCNA Dental
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Professional Laboratory Management, Inc.
River Rock Associates
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Shafarman Consulting
SLI Global Solutions
Stat! Tech-Time, Inc.
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Virginia Riehl
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Organizational Members (Continued)

GENERAL INTEREST

Academy of Nutrition & Dietetics
Advanced Medical Technology Association (AdvaMed)
Agence eSante Luxembourg
Alabama Department of Public Health
American Assoc. of Veterinary Lab Diagnosticians
American Clinical Laboratory Association
American College of Physicians
American College of Radiology
American College of Surgeons, NTDB
American Dental Association
American Immunization Registry Association (AIRA)
American Medical Association
American Psychiatric Association
Arizona Department of Health Services
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ASIP SANTE
Association of Public Health Laboratories
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Center for Medical Interoperability
Centers for Medicare & Medicaid Services
City of Houston
College of American Pathologists
College of Healthcare Information Mgmt. Executives
Colorado Regional Health Information Organization
Connecticut Department of Public Health
Contra Costa County Health Services
Delaware Division of Public Health
Department of Developmental Services
Department of Health & Human Services
DGS, Commonwealth of Virginia
ECRI Institute
Estonian eHealth Foundation
Florida Department of Health
Georgia Medical Care Foundation
GS1 US
HealtheConnections
HIMSS
ICCBBA, Inc.
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Indian Health Service
Indiana Health Information Exchange
Iowa Department of Public Health
Japan Pharmaceutical Manufacturers Association
KMH Cardiology & Diagnostic Centres
Medical University of South Carolina
Mercer University
Michigan Health Information Network
Michigan State University HIT
Minnesota Department of Health
Missouri Department of Health & Senior Services
NAACCR
National Cancer Institute
National Center for Health Statistics/CDC
National Centre for Healthcare Information Systems
National Council for Prescription Drug Programs
National eHealth Transition Authority (NEHTA)
National Institute of Standards and Technology
National Library of Medicine
National Marrow Donor Program
NCQA
New Mexico Department of Health
New York State Office of Mental Health
Oklahoma State Department of Health
Oregon Public Health Di vision
OSEHRA
Pathology Associates Medical Laboratories
Primary Care Information Project, NYC Dept Health
Radiological Society of North America
Ramsey County Public Health
Region Midt, It-udvikling, arkitektur og design
Region Syddanmark
SAMHSA
SC Dept. of Health & Environmental Control HS
Software Partners LLC
Tennessee Department of Health
Texas Health Services Authority
The Joint Commission
The Sequoia Project
Twin Lakes Regional Medical Center
UCLA Arthur Ashe Student Health & Wellness Center
Universidad Distrital Francisco Jos? de Caldas
University of AL at Birmingham
University of Miami
University of Minnesota
University of Texas Medical Branch at Galveston
Virginia Department of Health
Washington State Department of Health
Westat
WNY HEALTHeLINK
WorldVistA

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Blue Cross and Blue Shield of Alabama
Blue Cross Blue Shield Association
Blue Cross Blue Shield of Louisiana
Blue Cross Blue Shield of Michigan
Blue Cross Blue Shield of South Carolina
BlueCross BlueShield of Tennessee
Cambia Health Solutions
CareMore Medical Enterprises
Delta Dental Plans Association
Healthspring
Highmark Health
Medscheme
Meridian Health Plan
Premera Blue Cross
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Merck & Co. Inc.

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Alaska Native Tribal Health Consortium
Albany Medical Center
ARUP Laboratories, Inc.
Ascension Health Information Services
Banner Health
BJC HealthCare
Blessing Hospital
Boston Children's Hospital
Boston Medical Center
Carilion Services, Inc.
Cedars-Sinai Medical Center
Center for Life Management
Central Illinois Radiological Associates
CHI
Children's Mercy Hospitals and Clinics
Children's of Alabama
City of Hope National Medical Center
Cleveland Clinic Health System
Cottage Health System
Deaconess Health System
Diagnostic Laboratory Services
Duncan Regional Hospital, Inc.
Emory Healthcare
Fresenius Medical Care North America
Geisinger Health System
Hendricks Regional Health
Hill Physicians Medical Group
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Lexington Medical Center
Loyola University Health System
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Muculoskeletal Imaging Consultants
MultiCare Health System
New York-Presbyterian Hospital
North Carolina Baptist Hospitals, Inc.
Pathologists' Regional Laboratory
Patient First
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Summa Health System
Sutter Health
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The Children's Hospital of Philadelphia
Trinity Health
Tuomey Healthcare System
UK HealthCare
UNC Health Care System
University of Louisville Physicians
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University of New Mexico Hospitals
University of Pittsburgh Medical Center
University of Utah Health Care
University of Utah Pediatric Critical Care/ IICRC
University Physicians, Inc.
UT M.D. Anderson Cancer Center
Vanderbilt University Medical Center
West Virginia University Hospitals

VENDORS

Agilex Technologies
3M Health Information Systems
AlphaCM, Inc
Amtelco
Apelon, Inc.
Applied PilotFish Healthcare Integration
Assistentis, SIA
Availity, LLC
Aversan Inc
Becton Dickinson
BEST TELEPRODUKTER AB
Cal INDEX
Care Everywhere, LLC
Carestream Health, Inc.
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Center of Informational Technology DAMU
Cerus
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Change Healthcare
ChartLogic, Inc.
ChartWise Medical Systems, Inc.
ClientTrack
Clinical Architecture LLC
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Forte Research Systems, Inc.
Fretwell-Downing Hospitality
Futures Group
Genesis Systems, Inc.
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Geriatric Practice Management
GlobalOne Information Technologies, LLC
GlobalSubmit
Goldblatt Systems, LLC
Greenway Health
Halfpenny Technologies, Inc.
Harris Corporation

Organizational Members (Continued)

VENDORS (continued)

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Healthland
HealthReveal, Inc.
HealthTrio, LLC
HealthUnity Corp
Healthwise, Inc.
Hewlett-Packard Enterprise Services
Hi3 Solutions
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Iatric Systems
IBM
ICS Software, Ltd.
ifa united i-tech, inc.
Infor
Information Builders
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Upcoming International Events

February 21-22, 2016 HEALTHINF 2016	www.healthinf.biostec.org	Rome, Italy
February 29-March 4, 2016 HIMSS16	www.himssconference.org	Las Vegas, Nevada
May 8-13, 2016 HL7 May Working Group Meeting	www.HL7.org	Montréal, Quebec, Canada
June 5-8, 2016 e-Health 2016 (Canada)	www.e-healthconference.com	Vancouver, British Columbia, Canada
June 6-8, 2016 16th International HL7 Interoperability Conference (IHIC) 2016	ihic2016.eu	Genoa, Italy
June 25-29, 2016 NI2016	ni2016.org	Geneva, Switzerland
August 28-September 2, 2016 HEC 2016 (Includes MIE 2016)	hec2016.eu	Munich, Germany

May 8-13, 2016
HL7 May Working Group Meeting

www.HL7.org
Montréal, Quebec, Canada

Get Ready for Montréal!

By Melva Peters, Chair, HL7 Canada
Email: mpeters@gevityinc.com

The HL7 working group meeting (WGM) will be returning to Canada in May 2016. This time, Montréal will be the destination. We've had two successful WGMs in Canada in 2008 and 2012 and HL7 Canada is excited to welcome everyone to Montréal. The May 2016 meeting will be an excellent opportunity to learn more about the experiences in Canada implementing HL7.

You're about to experience a city whose passion, joie de vivre and rich cultural heritage are legendary. Montréalers love to greet visitors and show off their city's charms, so expect a very warm welcome. It's like a taste of Europe in North America.

Please mark your calendars, brush up on your French and plan to attend the May 2016 WGM in Montréal. We look forward to sharing Montréal with you.

Enjoy...à la Montréal.

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

HL7® FHIR®

Institute & Meaningful Use Standards Implementation Workshops

What is the HL7 FHIR® Institute?

The HL7 FHIR® Institute provides resources and training for the next generation standards framework created by HL7: Fast Health Interoperability Resources or FHIR®. The FHIR Institute focuses on making this new standard easier to understand and implement across the healthcare community. Training at the FHIR Institute includes both face-to-face and virtual events and is targeted at software developers, implementers and executives. Learn about FHIR straight from the source at FHIR® Institute programs delivered by expert FHIR standard developers.

What is an Implementation Workshop?

An HL7 Implementation Workshop is a three-day interactive hands-ons event focused on HL7-specific topics such as Version 2, Clinical Document Architecture (CDA®), Quality Health Reporting Document Architecture (QRDA), and Health Quality Measure Format (HQMF). It includes a combination of exercises and presentations to help attendees learn how to implement HL7 standards.

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 are:

- **Efficiency** Concentrated 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 develop the HL7 standards
- **Certification Testing** Become HL7 Certified: HL7 is the sole source for HL7 certification testing, now offering testing on Version 2.7, 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

Upcoming Working Group Meetings

January 10 – 15, 2016
Working Group Meeting

Hyatt Regency Orlando
Orlando, Florida

May 8 – 13, 2016
Working Group Meeting

Le Centre Sheraton
Montréal (Quebec), Canada

September 18 – 23, 2016
30th Annual Plenary & Working Group Meeting

Hyatt Regency Baltimore
Baltimore, Maryland

January 15 – 20, 2017
Working Group Meeting

Hyatt Regency San Antonio on the Riverwalk
San Antonio, Texas

September 10 – 15, 2017
31st Annual Plenary & Working Group Meeting

Hyatt Regency La Jolla at Aventine
San Diego, California

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