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NEWS

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Preparing for the Future of International Healthcare IT Standards

Update on the HL7 International Strategic Plan

**Report from the HL7 Leadership Development and
Nomination Committee**

Plus...

**HL7 and TransCelerate:
Facilitating Use of eSource for
Clinical Research**

**HL7 Poland: Tukan is Up and
Flying**

**Bert Kabbes: 25 Years as
Mister HL7 Netherlands**

Back in Cologne

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HL7 News

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Update from Headquarters



By Mark McDougall,
HL7 Executive Director

Giving Thanks to So Many

We are pleased to recognize many individuals and organizations for their invaluable contributions to HL7 this year and over the last three decades.



HL7 2017 Fellows at the 31st Annual Plenary and Working Group Meeting.

HL7 Fellowship Award

The HL7 Fellowship award was presented to eight individuals during HL7's 31st Annual Plenary and Working Group Meeting that was held in San Diego, California. The award was established to recognize HL7 members with at least 15 years of active membership as well as outstanding service, commitment and contributions to HL7.

HL7 is honored to recognize these recipients of the class of 2017 HL7 Fellowship Award for their incredible service to HL7:

- Chris Chute, MD
- Kathleen Connor
- Jane Daus
- John Hatem
- Nancy Orvis, MHA
- Craig Parker, MD
- John Ritter
- Sandra Stuart

Volunteers of the Year Awards

It is amazing to realize that we are already in the 21st year of recognizing incredible efforts by our dedicated volunteers via our W. Edward Hammond, PhD, HL7 Volunteer of the Year Award. 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 have contributed hundreds of hours, if not thousands, and have certainly served HL7 extremely well for many years. HL7 is pleased to recognize this year's recipients of the W. Ed Hammond HL7 Volunteer of the Year Awards:

- Eric Haas
- Laura Heermann Langford, RN, PhD
- John Roberts

Highlights of their many contributions to HL7 are provided on page 6.

Membership Milestones

As I have stated from the podium for over 20 years, HL7's community of incredibly talented and dedicated volunteers are HL7's most valuable asset. Such a community is dependent upon the service of hundreds of key members who drive the organization forward via various leadership roles such as on the board, the Technical Steering Committee, work groups, mentors, facilitators and tutorial speakers. The co-chairs of our 50 work groups are truly the backbone of the organization. These co-chairs help steer the standards development process via meetings and conference calls throughout the years. We thank all of our co-chairs listed on page for their invaluable contributions to HL7.

We are also pleased to recognize HL7 leaders who have supported HL7 for more than 25 years. We sincerely thank the following for their incredible contributions to the industry and dedication to HL7.

HL7 members for more than 25 years:

- Hans Buitendijk
- Gary Dickinson
- Clem McDonald, MD
- Doug Pratt
- Mark Shafarman
- Mead Walker

HL7 members for more than 30 years:

- Wes Rishel
- W. Ed Hammond, PhD

Board Election Results

2018 brings new members to the HL7 Board of Directors. As recently announced, the election results for 2018 Board positions are as follows:



*Director:
Jennifer Covich
Bordernick*



*Treasurer:
Russ Leftwich, MD*



*Affiliate Director:
Line Saele*



*Director:
Walter Suarez, MD*

We look forward to working with them on the board and we are happy to extend warm congratulations!

FHIR Proficiency Exam Launched

After much effort by many, we launched a pilot of the FHIR STU3 Proficiency Exam during the week of our plenary meeting. We are pleased to recognize many of those who contributed to the creation of this valuable exam:

- Grahame Grieve
- Brett Marquard
- Brian Postlethwaite
- Bryn Rhodes
- David Hay
- Ewout Kramer
- Eric Haas
- James Agnew
- Josh Mandel, MD
- Lloyd McKenzie
- Rob Hausam
- Simone Heckmann
- Viet Nguyen, MD
- Mel Grieve
- Education Work Group
- HL7 Staff



Shafiq Rab, MD, Senior VP and CIO at Rush University Medical Center, presents at the 31st HL7 Annual Plenary Meeting.

31st Annual Plenary Meeting

HL7's 31st Annual Plenary and Working Group Meeting convened September 10-15, 2017, at the Hyatt Regency La Jolla at Aventine, San Diego, CA. The plenary meeting featured exceptional keynote presentations from:

- Scott Weingarten, MD, Senior Vice President and Chief Clinical Transformation Officer, Cedars-Sinai Health System
- Edwin Lomotan, MD, Medical Officer and Chief of Clinical Informatics for the Health IT Division in the Center for Evidence and Practice Improvement, Agency for Healthcare Research and Quality (AHRQ)
- Steve Posnack, Director of Standards and Technology, Office of the National Coordinator
- Shafiq Rab, MD, MPH, Senior VP and CIO, Rush University Medical Center
- Matthew Might, PhD, Director, Hugh Kaul Personalized Medicine Institute, University of Alabama at Birmingham

Overall our 31st Annual Plenary and WGM attracted 578 attendees. We also produced the 16th FHIR Connectathon that attracted 200 attendees as well as 30 tutorials. In addition, 40 work groups convened meetings on standards development during the week.

I am also pleased to recognize these organizations that sponsored key components of our

31st Annual Plenary and Working Group Meeting:

- Corepoint Health
- Hi3 Solutions
- iNTERFACEWARE
- PenRad Applicadia

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

We encourage you to visit the HL7 website to learn more about the FHIR STU3 Proficiency Exam:

<http://www.hl7.org/implement/certification.cfm>

Mark Your Calendars—Please plan to join us at these upcoming HL7 programs:

- January 27-February 2, 2018: WGM at Hilton Riverside Hotel, New Orleans, Louisiana
- May 12-18, 2018: WGM at the Maritime Hotel, Cologne, Germany (see article on page xx for more information about Cologne)
- June 19-21, 2018: HL7 FHIR DevDays at the State Room, Boston, Massachusetts
- September 29-October 5, 2018: 32nd Plenary and WGM at Hyatt Regency Inner Harbor, Baltimore, Maryland

Calendar						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					



Benefactors and Gold Members

We are pleased to recognize the valuable support provided by HL7 benefactors and Gold members. Representatives from these organizations are pictured at left, during the 31st Annual Plenary and Working Group Meeting in San Diego, California. A special thank you is extended to the list of firms that represent our 2017 HL7 benefactors and Gold members.

Organizational Member Firms

HL7 is very proud of the impressive list of HL7 organizational member companies as listed on pages 24-27. We sincerely appreciate their ongoing support of HL7 via their organizational membership dues.

In Closing

I wish to close with a heartfelt thank you to all of you who have supported HL7 throughout the years. 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 for 2018 and beyond.

Mark L. McQuigall



Recognizing HL7's Most Vital Asset: Volunteers

HL7 2017 Volunteer of the Year Award Recipients

HL7 honored three members with the 21st Annual W. Edward Hammond, PhD Volunteer of the Year Award. Established in 1997, the award is named after Dr. Ed Hammond, one of HL7's most active volunteers and a founding member as well as past Board chair. The award recognizes individuals who have made significant contributions to HL7's success. The 2017 recipients include:

- Eric Haas, Principal, Haas Consulting
- Laura Heermann Langford, RN, PhD, Nursing Informatics Director, Intermountain Healthcare
- John Roberts, Director, Interoperability and Standards, Tennessee Department of Health

About the Volunteers:

Eric Haas has been a member of HL7 since 2012. He actively participates in the Orders & Observations (O&O) and Public Health Work Groups. He has been instrumental in balloting the Electronic Laboratory Reporting to Public Health Release 2 (U.S. Realm) Implementation Guide for HL7's Version 2.5.1 standard. This work resulted in a suite of laboratory guides from test compendium, through ordering, to results reporting to both the providers and public health. This provides a solid foundation to build core laboratory messaging in Version 2 for national adoption with specializations for ambulatory, public health, and soon to be followed with others.

Eric also successfully developed and balloted the HL7 Clinical Document Architecture (CDA[®]) Implementation Guide known as the Public Health Case Report, Release 2 (U.S. Realm) – the Electronic Initial Case Report. In addition, he has maintained the HL7 Fast Healthcare Interoperability Resources (FHIR[®]) resources for the O&O Work Group since its first release and developed the U.S. Lab FHIR profiles, based on the Version 2 guides developed in the O&O Work Group. He leads the O&O on FHIR calls and effectively facilitates resolutions to tracker items. Eric also contributes to the Zulip implementer channel extensively, enhancing implementer understanding of best use of FHIR resources. Finally, he has led several tracks at the HL7 FHIR Connectathons.

Laura Heermann Langford joined HL7 in 2007. As a volunteer, she co-chairs three HL7 work groups. She first began as a co-chair for the Emergency Care Work Group in 2018. Since then, she has become a co-chair for both the Patient Care (2013) and Healthcare Standards Integration (2015) Work Groups. As a clinician and in her role leading the care transitions project, Laura has actively promoted the clinical view of the impact of standards. As a nurse, she is active in the Tuesday morning nursing group and assisted with the Nursing Informatics 2016 showcase. In addition, Laura helps organize the Clinicians on FHIR Connectathon at the HL7 working group meetings. Finally, she plays an integral role on the planning team for the Clinical Information Interoperability Council which is jointly sponsored by HL7 and HSPC.

John Roberts has been an HL7 member since 2001. He has served as co-chair for several work groups, including Public Health, over the years. He currently co-chairs the Templates and Learning Health Systems Work Groups. John also serves as a co-chair of the Domain Experts Steering Division of HL7's Technical Steering Committee. He has worked tirelessly to educate the public health community for 15 years on the importance of computable semantic interoperability, in the form of HL7, and sound informatics principles. John has also mentored numerous individuals and has expanded the participation of public health professionals in HL7 through outreach and training. ■



*W. Ed Hammond
and Eric Haas*



*W. Ed Hammond and
Laura Heermann
Langford*



*W. Ed Hammond and
John Roberts*



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 2017

Brian Upton
Marlene Polito
Krishanu Deb Roy
Kamaldeep Suyal
Tian Changxing

SEPTEMBER 2017

Iñigo Burgués Ascorbe
María Pérez López
Amanda Santander
Yangan Chen
Indraneel Chavan
Dharamveer Thakur
Yong Wang
Stephen Schneider

OCTOBER 2017

Trevor Castillo
Rosa Polo Sanchez-Villacañas
Niroopkumar Shetty
Prithvi Shanbhag
Shailaja Pai
Federico Alcala Ortiz
Lucas Gonzalez Muñoz
Jose Miguel Casado Alvarez
Patricia Diaz Ayuso
Anunciacion Gonzalez Felipe
M. Carmen Lopez Bermudez
M. Angel Montero Martinez
Marcos Prieto Alejano
Manuel Rodrigo Gomez
Ruben Marcos Saavedra Gomez
Jose Luis Valle De La Peña
Eduardo Vazquez Valle
Jose G. Sanchez Blasco
Ana Maria Sanchez Aparicio
Javier Arribas
Alejandro Caballero
Gonçalo Ribeiro
José Antonio Zarzosa

Certified HL7 CDA Specialist

AUGUST 2017

Rosa Polo Sanchez-Villacañas

SEPTEMBER 2017

Jari Vuonos

HL7 FHIR STU Proficient Certified

SEPTEMBER 2017

Yunwei Wang
Matt Blackmon
Joel Francis
Rick Geimer
Diego Kaminker
Jenni Syed
Fernando Campos
Linda Michaelson
Nick Radov



HL7 Standards Approved by ANSI, Since August 2017



Name	Designation	Date
1. HL7 Version 3 Standard: Transport Specification - ebXML Using eb MS2.0. Release 1	ANSI/HL7 V3 TR ebXMLebM2, R1-2012 (R2017)	18-Aug-17
2. HL7 Version 3 Standard: Accounting & Billing, Release 2	ANSI/HL7 V3 AB, R2-2008 (R2017)	18-Aug-17
3. HL7 Version 3 Standard: Claims and Reimbursement, Release 4	ANSI/HL7 V3 GELLO IG CDS MDL, R1-2017	18-Aug-17
4. HL7 Version 3 Standard: Clinical Genomics; Pedigree, Release 1	ANSI/HL7 V3 CGPED, R1-2007 (R2017)	24-Aug-17

Member Spotlight on John Hatem

Career Background and HL7

John Hatem's roots are in nursing and critical care. He spent the first 12 years of his career at the Ohio State University Hospital and the University of Colorado Hospital.

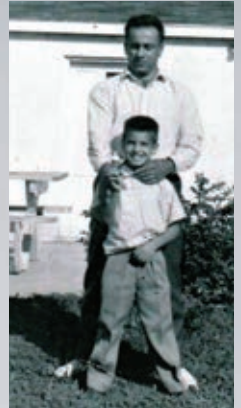
He began working with HL7 in the early 1990's as an informatics coordinator at the University of Colorado Hospital. At the time, his team was implementing a hospital wide order entry system, so he gained experience in almost all areas of the hospital. This experience included flowcharting many departments' workflows. The interfaces they built back then were all HL7 Version 2.

Hatem left the hospital setting in the late 1990's, where he began his first role as a product manager in a software company OACIS Healthcare. He worked there for four years where he made his first trip to an HL7 working group meeting.

At OACIS, Hatem met Mark Shafarman and learned a lot about HL7 and also about a new evolving standard called HL7 Version 3. After he left OACIS and began working at Oracle in 2001, Hatem became a regular attendee at HL7 WGMs. After exploring several different work groups, he settled into Pharmacy. He recalls that this was a great experience to learn the ins and outs of how work groups functioned, and how the various roles in the work group contributed to a standard. The membership of the Pharmacy Work Group was very experienced with HL7 and committed to incorporating input from everyone into the standards development process. In 2013, Hatem was elected as a co-chair of the Pharmacy Work Group where he continues to serve today. He enjoys working with the folks who attend pharmacy and listening to new and old voices as we move forward with HL7 Fast Healthcare Interoperability Resources (FHIR®).

Personal Life

Hatem has lived in San Rafael, California for over 20 years, but grew up in Ohio. He readily admits that his sports team allegiances are still grounded into those teams he supported during his childhood. In his spare time he reads, walks and plays in a darts league. Hatem grew up in a large family and enjoys visits with his brothers and sisters as well as his nieces and nephews (He has a lot of those as he is the oldest of 13 children). ■



*Top left:
John with
four of his
brothers
from the
summer of
2016*

*Top right:
John with
his father
when he
was young
boy*



*Lower left:
John with
almost all of
his brothers
and sisters
and a few
in laws and
cousins*



Tooling Update

Provisioning the Journey

The journey to an improved collaboration tooling infrastructure continues.

My last update focused on the goal to make the Atlassian Confluence Wiki and Jira Issue Tracking tools available for use by HL7 work groups. These tools are now available for pilot use, and are a sample of the myriad of benefits these tools may offer our global community.

Tools like Confluence and Jira are intended to support two of HL7's strategic goals: improving customer experience (part of goal 2) and supporting our standards (goal 4). This pilot period will identify opportunities, explore possibilities and exercise and tune the infrastructure while examining critical opportunity areas for improving core processes.

There is no plan to replace existing tools like MediaWiki or Tracker yet, but to simplify the environment over time to create a more stable, common tooling environment. For now, we're looking to work groups to offer creative ideas on how to improve the way we create standards.

It can be disruptive and challenging to adapt to a new environment, so work groups will be given a quick start package of templates for things like meeting agendas and minutes, action item tracking and notification, decision logs and other basic work group functions.

The self-registration process will be continually tuned and streamlined for easy access to help everyone become familiar with a simple Confluence app to record attendance at WGM sessions in New Orleans.

In addition to these general collaboration capabilities, we're evaluating these tools to help manage core processes. The FHIR team is exploring how Jira can help streamline the balloting process with a hope of conducting pilots in the spring of 2018. Ted Klein, with assistance from Grahame Grieve, Lloyd McKenzie and others, is

Confluence Jira Service Desk

leading the development of a new Unified Terminology Governance process which will provide a single source of truth for all HL7 terminology and provide a less onerous replacement for harmonization, with a completion goal of late 2018.

All of these tools are being made available on a voluntary basis.

Another new collaboration feature is a standard solution for group chat. The Zulip tool has been used to power chat.fhir.org, but the topic streams are restricted to those relevant to the FHIR community. We're now introducing chat.hl7.org for the rest of the HL7 community and hope this will provide another way to help work groups and projects operate more effectively. The Zulip free app allows users to participate on both chat platforms at the same time.

It will take time to adapt to new tools, but issues will be resolved with experience and collaboration. All of these tools are being made available on a voluntary basis. There are no plans to migrate everything in Tracker and MediaWiki to Jira and Tracker. Instead, think of it as moving from a large house in the suburbs to a sleek, modern condo in a world class city, moving only what's essential to quickly get established, always find what is needed, and use the time saved to enjoy all the wonders that the city can offer. Cheers! ■



By Wayne Kubick, CTO, HL7 International

Learn how to create an account on JIRA & Confluence for HL7 members and contributors here:
<http://bit.ly/2DDnGDI>



Remembering Long-time HL7 Member

Bert Kabbes : 25 Years as Mister HL7 Netherlands

Twenty-five years ago, HL7 Netherlands was established as the second official affiliate member, shortly after HL7 Germany. The initial contacts started in 1991 when Bert Kabbes took a small group of health IT enthusiasts on a study trip to see how interfaces between clinical systems were handled in the U.S.

In addition to several hospitals, including Duke University Hospital, this trip included a visit to an HL7 working group meeting, already in its fifth year of existence. The night before the group flew home, they discussed over dinner about what they would do with HL7 once they got back. The group was invigorated, but none of them could fathom what was going to happen with HL7 in the Netherlands.

In the Beginning

Kabbes organized a small event at which five of the participants presented their HL7 experience to interested people from hospitals and health IT vendors from across the country. To their amazement, more than 100 people attended! As a result of that meeting, a volunteer group for translation of the standard was formed and another group agreed to organize

more information sessions. The recognition of HL7 as the right solution for the problems that both hospitals and vendors encountered was astounding. Within a year the first ADT implementations were up and running, including Merwede Ziekenhuis, where Jos Baptist was head of the IT department. Hans Houben, Kees Molenaar and Fons Ariëns were the key people on the vendor side.



By Robert Stegwee, PhD, Member and Past Chair of the Board of HL7 Netherlands



Bert Kabbes with the core HL7 Netherlands team at the traditional New Year's Dinner in 2010

New Blood for Growth

In 1995, Kabbes recognized that it was time for growth. Through his friends on the Technical Committee and his contacts with both vendors and hospitals, he personally invited Tom de Jong, Irma Jongeneel and Robert Stegwee to the next annual meeting as representatives of the younger generation. As a welcoming surprise he asked them to present a few of the newer chapters of the HL7 Version 2.2 standard. This prompted more involvement from both hospitals and vendors as it was now clearly an open organization with room for more volunteers to contribute.

Promoting Innovation

Kabbes was instrumental in crafting the HL7 Project Bureau in the Netherlands in 2000, aiming at the introduction of Version 3 (V3) as part of the endeavors to create a national health information infrastructure. Together with Nictiz, the organization coordinated health information exchange initiatives and the application of standards. HL7

Netherlands worked diligently to: understand the new standard, to get the tooling to work, to create the first specifications for perinatal care, and as a GP summary record and medication record. These developments have heavily influenced the international work on V3, particularly in the area of patient care.

A Global Perspective

Also in 2000, Kabbes invited several people to an informal meeting of European HL7 affiliates at the Sheraton hotel in the Amsterdam Schiphol Airport. Joachim Dudeck and Bernd Blobel represented Germany, Leo Fogarty and David Markwell for UK and Niilo Saranummi for Finland. Participants from the UK were interested in learning how to make HL7 work in their country and building upon the experience in the other countries. We also decided at that time not to form an HL7 Europe, as we quickly recognized that our national requirements were as much alike to each other as they were to the US, Canadian or Australian ones.

It shouldn't come as a surprise that Bert Kabbes and Leo Fogarty took the initiative for a report on Localizing the HL7 Version 3 Standard, to make the new standard truly global.

Memorable in Orange

May 2005 saw the first non-North American working group meeting in Noordwijkerhout. Again, it was due to Kabbes' good connections in the global HL7 community that this leap across the ocean was entrusted to HL7 Netherlands. René Spronk, already a member of the HL7 Marketing Committee, was crucial in generating the awareness that something new was coming to HL7. He took advantage of several opportunities to promote the meeting, including bright orange polo shirts, handing out adapter plugs, and offering cheese at the networking party in 2004 to prepare the crowd for a Dutch experience. Tom de Jong and Adri Burggraaff, assisted by our tireless office manager Diny van de Weerd, acted as local organizers of the event and included a partner program with memorable tourist

Continued from page 11

Bert Kabbes : 25 Years as Mister HL7 Netherlands (Continued)

trips. Queens Day in Amsterdam, just prior to the WGM was also memorable for all who were there, as was the Memorial Day speech by Jos Baptist, when the whole country was silent for two minutes in memory of the victims of the Second World War.

Working Together

In 2010, Kabbes was actively engaged with both IHE Netherlands and the Dutch Health IT Vendor Association to get more industry involvement in the government-led initiatives at that time.

This led to a different perspective on the role of standards organizations in relation to many other players in the health system. The notion of a broad set of stakeholders setting the agenda for eHealth development and the need for standards was touched upon and presented to a number of organizations.

Not wanting to wait for others to act, we already transformed the HL7 Netherlands affiliate into a more project-based organization, where we would interact with the users of our standards so that demand and supply for standards would be brought together.

Always Ahead of the Game

In 2015 Kabbes started thinking about the governance of HL7 Fast Healthcare Interoperability Resources (FHIR®) in the Netherlands and took it upon himself to create an open structure where early adopters of HL7 FHIR would work together to make common resources available that



Bert Kabbes makes a speech in style at the 25th Anniversary Dinner in 2017

were tested against the specific requirements of the Dutch Health System. This led to an agreement with Nictiz in 2016 and two more organizations have already joined and have developed HL7 FHIR profiles. The first validated HL7 FHIR profiles for the Netherlands have been published on simplifier.net for all to use.

Full of Life and Ambition

25 years and still full of life and ambition – that is true both

for Bert Kabbes and for HL7 Netherlands. Over the past 25 years, Kabbes received the Ed Hammond Volunteer of the Year award in 2005 and was inducted as an HL7 Fellow in 2010. The Netherlands created its own HL7 volunteer award, which is named after him. All his friends at HL7 International want to recognize Kabbes for the inspiration and leadership he has provided over the years and hope that many more may follow. ■

Patricia Guerra, Director of Marketing

HL7 Welcomes New Staff

Patricia (Pat) Guerra joins HL7 as Marketing Director, bringing over 10 years of marketing, branding, and corporate relations experience in healthcare membership associations.

Her recent experience includes the American Health Information Management Association (AHIMA) where she served in roles as Director of Marketing and Director of Corporate Development and Sponsorship.

Pat has provided marketing consulting for membership associations including the American College of Healthcare Executives (ACHE) and the Accreditation Association for Ambulatory Healthcare (AAAHC). In addition, Pat has held corporate marketing leadership roles in industry, including

Siemens, and has expertise in integrated marketing tactics and strategic relations.

After earning a bachelor's degree in Public Relations from Illinois State University, Pat earned an MBA from Grand Valley State University and an Executive Certificate in Integrated Marketing from Northwestern University.

She resides in Chicago, is a third generation Cubs fan, and enjoys spending time with her husband and daughter. Other interests include running along Lake Michigan on the lakefront path (or on a treadmill when the true Chicago winter arrives), fitness and nutrition, and reading biographies and mysteries.

Please join us in giving Pat a warm HL7 welcome! ■



Pat Guerra and her family at home in Chicago.

Get Your HL7 Training Straight from the Source

Upcoming HL7 Webinars – Mark Your Calendars!

Introduction to CDA	March 12-13	12:00 – 1:30 ET
Advanced CDA	March 14-15	12:00 – 1:30 ET
CDA Certificate Exam Review	March 19-20	12:00 – 1:30 ET
Consolidated CDA (CCDA) 2.1	March 21-22	12:00 – 1:30 ET
Introduction to Version 2.8 Part 1	March 28-29	12:00 – 1:30 ET
Introduction to Version 2.8 Part 2	April 2-3	12:00 – 1:30 ET
Version 2.8 Certificate Exam Review	April 4-5	12:00 – 1:30 ET
Introduction to HL7 FHIR	April 16 - 17	12:00 – 1:30 ET
Advanced HL7 FHIR	April 18 - 19	12:00 – 1:30 ET
HL7 FHIR STU3 Proficiency Exam Review	April 23 - 24	12:00 – 1:30 ET
HAPI on FHIR	June 4 - 5	12:00 – 1:30 ET
SMART on FHIR: Application for Health	June 6-7	12:00 – 1:30 ET
CCDA on FHIR	June 11-12	12:00 – 1:30 ET

For more information, please visit: www.hl7.org/events/webinars.cfm.



HL7 Poland Testing Platform Goes Live

Tukan Is Up and Flying!



By Roman Radomski,
Chair of HL7 Poland

Tukan is a free testing platform available online for Polish implementers of IHE profiles and HL7.

The first set of tests includes validation of Clinical Document Architecture (CDA®) clinical documents against the Polish national specification and conformance verification of basic interactions of IHE XDS.b profile.

In the summer of 2017, the HL7 Poland team developed and deployed Tukan, making the jobs of Polish implementers of interoperable solutions much easier.

The platform consists of IHE Gazelle components, ART-DECOR® environment and a proprietary schematron-based conformation validator to the Polish National Implementation Guide for HL7 CDA. These validation and verification services are available online at <http://tukan.online>. The project was completed in a short time and without any external funding, as the work was delivered by members of HL7 Poland.

During the month-long pilot phase, 553 CDA test documents were validated by Tukan users representing 27 Polish organizations, mostly software vendors. Some of the teams also explored the possibility of editing their own DECOR specifications or tried an IHE XDS.b conformant simulator of document registry and repository. The pilot will be completed with a user satisfaction survey to allow the board of HL7 Poland to decide how to further develop Tukan. The next steps being considered are allowing peer-to-peer testing of clinical document exchange and setting up an HL7 Fast Healthcare Interoperability Resources (FHIR®) server for demonstration as well as for verification of document and data exchange conformance to FHIR-based IHE profiles, such as MHD.

The Polish National Implementation Guide for HL7 CDA is the most advanced interoperability specification in our country and was developed in a consistent and hierarchical way. It consists of more than 200 CDA

templates in DECOR format, including 24 document level templates and is going to be a normative specification for the exchange of electronic clinical documents. The ePrescription system should be ready in the first quarter of 2018, where the first CDA compliant drug prescription and dispensing documents will be exchanged. ■

More information online:

<http://tukan.online>



Health Level Seven and TransCelerate BioPharma Working Together Facilitating Use of eSource for Clinical Research with HL7® FHIR®

Health Level Seven® (HL7®) International and TransCelerate BioPharma Inc., a non-profit organization to improve the health of people around the world by simplifying and accelerating the research and development of innovative new therapies, are working together to advance the use of eSource in clinical trials and facilitate interoperability by enabling the use of electronic health records (EHRs) in clinical research, enabled by the use of the HL7® FHIR® platform standard.

...making a consistent view of clinical data available through APIs offers an unprecedented opportunity to bridge the historical chasm between healthcare and research...

Although regulators have encouraged use of eSource for several years, sponsor adoption for clinical trials has been slow, largely due to challenges in integrating systems and accessing standardized data from research sites. TransCelerate's eSource initiative has been working to overcome these real and perceived challenges to influence more efficient data gathering practices to benefit patients, sites and sponsors.

"The widespread adoption and advanced capabilities of HL7 FHIR for making a consistent view of clinical data available through APIs offers an unprecedented opportunity to bridge the historical chasm between healthcare and research, and the HL7 and FHIR communities are delighted to be working with TransCelerate toward our common goals of interoperability," said Wayne Kubick, HL7 Chief Technology Officer. "We are delighted to work with TransCelerate to capitalize on FHIR to help meet the ambitious goals of the 21st Century Cures Act, and the desire of FDA leadership to reinvent clinical trials and

bring real world evidence to improve the way we do research."

At HL7's recent Plenary Working Group Meeting in San Diego, dozens of participants from TransCelerate member companies, academia, investigative sites, and technology providers participated in the 16th FHIR Connectathon exploring three different use cases interactively with implementers from the healthcare community, demonstrating real progress in making use of eSource practically achievable with current systems using FHIR.

"The Connectathon was a tremendous event that explored multi-stakeholder perspectives on what may be possible to advance the use of eSource in clinical research. Collaboration is a most critical component and we very much look forward to continued partnership with HL7 to successfully enable greater use of eSource in a compliant, effective, global way," said Brett Wilson, Data Monitoring and Management TA Lead, Global Biometrics & Data Management, Pfizer, and TransCelerate eSource Initiative Co-Lead.

HL7, TransCelerate and the FHIR community are planning several additional upcoming events to continue to advance progress in the use of eSource, including HL7's Partners in Interoperability in New Orleans in December 2017, and FHIR Connectathons throughout 2018. ■



By Andrea Ribick,
HL7 Director of
Communications

More information online:

<http://www.transceleratebiopharmainc.com>



News from the HL7 Project Management Office

ONC Grant Project Updates



By Dave Hamill,
Director, HL7 Project
Management Office

In late 2015, the Office of the National Coordinator for Health IT (ONC) awarded HL7 a grant to enhance and improve the implementation of the Consolidated Clinical Document Architecture (C-CDA) and support the infrastructure for Fast Healthcare Interoperability Resources (FHIR®).

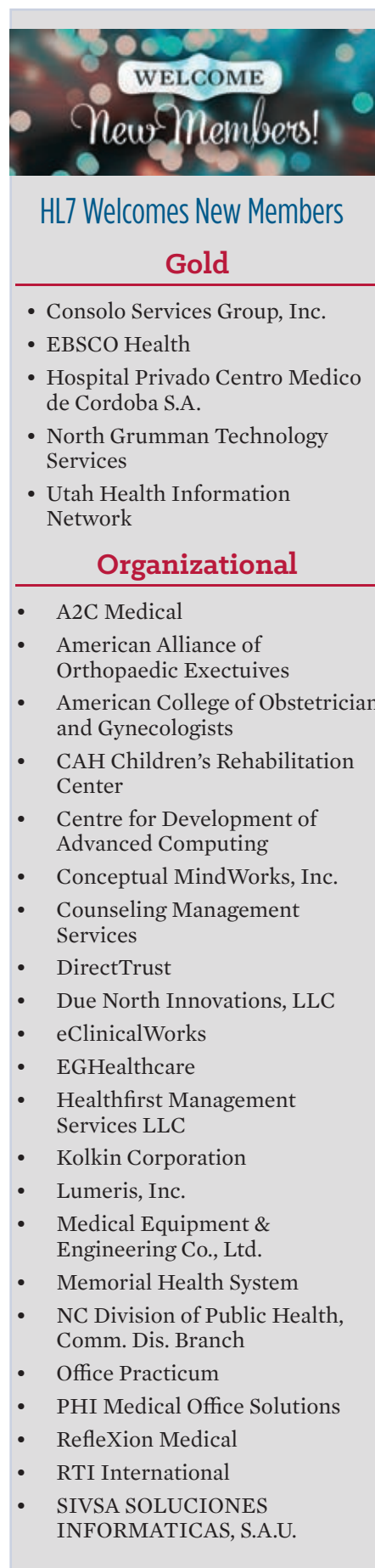
This past September, HL7 completed all the work for that grant, which includes the following:

1. Discovery of C-CDA content inconsistencies via surveys and four in-person Implementation-a-Thons
2. Extension and/or modification of template samples to address inconsistencies identified by the survey and IATs above
3. Creation of an updated C-CDA R2.1 Companion Guide informed by items 1 and 2 above
4. A C-CDA rendering prize challenge, resulting in the HL7 C-CDA Rendering Tool
5. A C-CDA scoring methodology
6. Enhance/upgrade the platform where C-CDA sample templates reside, resulting in the CDA Example Search Tool
7. Modifying and enhancing C-CDA value sets including the creation of a C-CDA value set maintenance process document
8. Design and deployment of a new C-CDA errata process, a future C-CDA templates design guide and Example Task Force updates
9. Defining the HL7 FHIR repository governance, process and requirements
10. Creating a beta version of the FHIR registry at registry.fhir.org
11. Documenting a process for creating logical models and FHIR profiles
12. Support for transforming CIMI (Clinical Information Modeling Initiative) core logical models to FHIR profiles
13. Creating CIMI models, value sets, and FHIR profiles for clinical laboratory data

14. FHIR Registry requirements analysis and gap assessment
 15. Creation of a FHIR tooling roadmap including FHIR core documentation and implementation guide publisher documentation
- Tools created from the efforts above are located at www.HL7.org > Resources > Tools and Resources.
- C-CDA related project deliverables can be found on the HL7 Wiki page titled “C-CDA: Enhancing Implementation (ONC Grant Project)”; FHIR related project deliverables are also on the HL7 Wiki under the “Fast Healthcare Interoperability Resources (FHIR)” Wiki page.
- A New Grant**
- In September, the ONC awarded HL7 a new 12-month, \$875,000 grant for maturing C-CDA and FHIR standards. Work covered under this endeavor includes the following:
1. A Unified Terminology Governance (UTG) process and working prototype
 2. Continue C-CDA Implementation-A-Thons (IAT), comprising of at least one face-to-face and possibly another virtual IAT
 3. Upgrading existing FHIR reference server implementations to more effectively support “bulk access and push” applications
 4. Improve, develop and implement FHIR build and release tools, integrated with the FHIR registry
 5. Migrating issue/project tracking and ballot reconciliation to JIRA
 6. An initial release of a testing platform to support ongoing development and adoption of FHIR-compliant systems
 7. Migration of FHIR code and version management to GitHub with enhanced control processes
 8. Process and tooling improvements to improve integration of CIMI models
 9. A Universal Terminology Governance process implementation guide
 10. Conducting additional Value Set Authority Center (VSAC) value set maintenance updates
 11. Complete the implementation of the improved C-CDA errata process

The above projects will be funded at least in part with federal funds from the U.S. Department of Health and Human Services’ Office of the National Coordinator for Health Information Technology (ONC) via grant number 90AX0019/01-00. The contents of this publication do not necessarily reflect the view or policies of the Office of the National Coordinator for Health Information Technology, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. government.

HL7 appreciates ONC’s continued support of C-CDA and FHIR for 2018 and beyond. ■



HL7 Welcomes New Members

Gold

- Consolo Services Group, Inc.
- EBSCO Health
- Hospital Privado Centro Medico de Cordoba S.A.
- North Grumman Technology Services
- Utah Health Information Network

Organizational

- A2C Medical
- American Alliance of Orthopaedic Executives
- American College of Obstetrician and Gynecologists
- CAH Children’s Rehabilitation Center
- Centre for Development of Advanced Computing
- Conceptual MindWorks, Inc.
- Counseling Management Services
- DirectTrust
- Due North Innovations, LLC
- eClinicalWorks
- EGHealthcare
- Healthfirst Management Services LLC
- Kolkin Corporation
- Lumeris, Inc.
- Medical Equipment & Engineering Co., Ltd.
- Memorial Health System
- NC Division of Public Health, Comm. Dis. Branch
- Office Practicum
- PHI Medical Office Solutions
- RefleXion Medical
- RTI International
- SIVSA SOLUCIONES INFORMATICAS, S.A.U.



Mark your Calendar: HL7 International
Working Group Meeting, May 12-18, 2018

Back in Cologne



By Dr. Kai U. Heitmann,
CEO, HL7 Germany

Some of you may remember our last working group meeting (WGM) in Cologne in 2007. After Noordwijkerhout the year before in the Netherlands, it was the second WGM outside of North America and the start of a series of what are known as international meetings. Ten years later, we will again meet in “Köln” from May 12–18, 2017.

Concluding the plans to go back to Cologne took the meeting team almost four years. Several destinations outside of Germany were discussed, as well as other German cities such as Berlin. However, the decision was made to return back to the Maritim Hotel in the middle of Old Town next to the Rhine river.

Back in History

Cologne was founded as Oppidum Ubiorum in 38 BC by the Ubii, a Germanic tribe. In 50 AD, the Romans founded “Colonia” (colony) on the Rhine. The city was officially named

Colonia Claudia Ara Agrippinensium. Cologne later became the provincial capital of Germania Inferior as part of the Roman Empire. Later in the Middle Ages, Cologne was influenced by the French culture and became a city of East Francia in 843.

And Today?

Roman relics can still be found everywhere in the town. Here is a tip: consider a visit not *in* the Cathedral (Dom) but *under* the Cathedral where the ruins have recently been turned into a museum which takes you through the



centuries of history. You'll find the stones breathing, I swear. Please see first link in the "More" box below for more information.

As described, Cologne has been multi-culturally influenced since its founding and that may be one of the reasons why people live here among the different cultures mostly with a good spirit of tolerance and the evidence that the variety of cultures is an addition to one's own life.

From an architectural perspective, Cologne has changed since 2007. We now have what are known as Crane-houses along the newly designed harbor area (see title picture). This is just one of many more changes in the last 10 years.

Traveling

Cologne has an airport (Köln/Bonn, CGN) that is reachable through many larger airport hubs in Europe. You may also consider flying directly to Frankfurt/Main (FRA) and then take the High-Speed-Train ICE directly from the airport up to the Cologne main station in less than an hour. The Maritim Hotel is close to the main station. Cologne is located in the center of West Europe, so it is also a good hub for investigating other locations in Europe, like the Mediterranean or Scandinavian countries. Be curious.

Meetings

We are happy with meeting space for the May 2018 WGM. While we had to split up into two hotels in 2007, all May 2018 WGM meetings are located in the Maritim Hotel. This makes logistics a bit easier. However, the networking reception is planned to be at an off-site location. Stay tuned for more details. 🤔

On Monday morning, May 14, a half-day plenary is planned to cover European health IT perspectives and achievements, and their alignments and symbiosis with initiatives anywhere else in the world.

Kölsch? Kölsch!

Just a reminder to learn the word "Kölsch", as well-pronounced as possible. I know it is not easy to pronounce the "ö" for non-German speakers, but if you succeed, you will have learned one word with three different meanings:

- Kölsch is the typical local beer, smooth and easy-going down your throat (be careful). It is served in small glasses (tubes) for frequent fresh refills. Yummy, "ein Kölsch, bitte", to order one.

- Kölsch is also the language, actually the dialect they speak here. It reflects a lot of the culture here in words and expressions.
- Kölsch is also the lifestyle. Due to the variety of cultures that influence this city, living here means to be tolerant, to take it easy, to make friends and become friends, and to love to communicate and chat. "Köln du bist ein Gefühl," is a famous local song, "Cologne, you are an emotion".

I am sure that distinct SNOMED codes would exist for all three of them, but for normal life and human interoperability, "Kölsch" does the job. ■

MORE ABOUT COLOGNE:

Under-Cathedral Museum

<https://www.koelner-dom.de/index.php?id=19167&L=1>

See Wikipedia where you also can listen to the word Köln (to exercise the "ö"):

<https://en.wikipedia.org/wiki/Cologne>

Watch a TV-gem—a video that our colleagues from England (Connecting for Health) compiled with their impressions from the Cologne meeting in 2007:

<https://www.youtube.com/watch?v=saVQ1Onn7aU>

Interested in the original Onsite Guide from the May 2007 WGM? It is still online:

<http://bit.ly/2BpkIAZ>

By the way, we are also seeking sponsors for the meeting. Please see:

<http://www.hl7.org/events/sponsorWorkingGroupMeeting.cfm>

New Skills Matrix for Board Members Measures Needed Expertise

Report from the HL7 Leadership Development and Nomination Committee

The Leadership Development and Nomination Committee (LDNC) was created last year to help the organization identify and develop the leadership talent that is needed on the board to ensure that HL7 is a success both today and in the future.

The committee is currently comprised of Stan Huff (chair), Sandra Stuart (vice-chair), Doug Fridsma, Ed Hammond, Diego Kaminker (recently added), Thom Kuhn, Mark Segal, Julia Skapik and Karen Van Hentenryck. According to the GOM, this committee is chaired by the past HL7 Board chair. This means that as of January 1, Pat Van Dyke will take over as LDNC chair, with Stan Huff continuing to serve as a committee chair.

In the last year, the LDNC introduced changes to the 2017 board election cycle. The most notable was the introduction of a skills matrix that all nominees were required to complete. The LDNC, with assistance from the Board, identified various competencies and skills that are typically present on high-functioning, successful boards. Additionally, the HL7 Board felt that the current board would be improved with some sales/marketing and fundraising expertise.

The matrix was organized into three general areas: (1) skills specific to the role being filled (this year a sales/marketing director, a fundraising director and a treasurer), (2) general governance skills, and (3) non-governance skills. Nominees were required to complete the matrix by providing evidence of their competencies and a self-rating in the desired areas of expertise.

The matrix for the sales/marketing director role is provided on page 21. The fundraising and treasurer matrices were the same except for the required skills for the specific position (i.e., the financial acumen skills

shown under the non-governance areas below would appear under the required skills for the treasurer).

The other change that was introduced this year was the ability of the LDNC to select individuals to appear on the slate for the director positions. Members were still able to nominate themselves and other members. All who met the qualifications appeared on the slate.

The LDNC reviewed and reflected on the new processes post-election with no major issues identified. In the interest of ongoing improvement, the LDNC felt that it should provide the membership each year with a board “report card” that shows the collective score of the board in each skills/competency area shown in the table at right. This helps the entire organization understand the strengths and weakness of any current board and assists the membership as they vote for new board members. In the coming year, the board will again identify skills/competencies that would benefit the board and the matrix will be modified accordingly.

Since the elections, the LDNC has turned its attention to launching the mentoring and leadership program. As part of its original charter, the LDNC is responsible for identifying new leadership talent, identifying current leaders who can mentor these individuals, and providing ongoing leadership training to mentees accepted into the program. The committee has done some preliminary work to identify possible mentors and mentees but is currently focused on leadership training.



By Karen Van Hentenryck, HL7 Associate Executive Director

The LDNC has contracted an educational consultant to ensure the most effective leadership training is provided for our organization. To date, the consultant has interviewed six HL7 members, three from the LDNC committee and three from outside the committee, to collect data and opinions on the effectiveness of the current board, their sense of the strategic direction of the organization, skills and competencies of the most

effective leaders and the desired modality for training (e.g., in person, online, blended, etc).

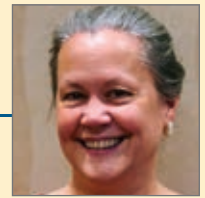
This up-front needs assessment work will inform the development of the training program. Additionally, the consultant met with the LDNC recently to share the results of the needs assessment and has scheduled two more meetings with the LDNC before the end of the year to present his recommendations.

In January, Ed Hammond will be leading a course on the history and current organization of HL7 to the first group of individuals accepted as mentors. This course is free to everyone and those not selected as mentees by the LDNC are free to join provided space is available. This assumes that the LDNC is able to complete its work with the education consultant and recruit mentors and mentees. ■

Required Skills/Experience for HL7 Director – Sales/Marketing		EVIDENCE OF EXPERIENCE	SELF-ASSESSMENT
Sales/Marketing	Sales and marketing experience in the healthcare IT industry. Proven experience creating/increasing brand awareness through mass media and online channels. Ability to suggest and create new revenue streams for a company or organization based on industry needs.		
HL7 Membership	Must be a current individual member or designated voting representative of a current organizational member of HL7 International.		
General Governance Skill/Experience			
Governance/Board	Experience serving on public sector, private sector, or not-for-profit boards or similar strategic committees. Experience with good governance policies.		
Leadership	Experience serving as a co-chair of an HL7 Work Group or committee or council (e.g., WG co-chair, TSC member, member of the HL7 Board of Directors) or relevant experience at a similar organization.		
Strategic Planning	Experience with development, planning, evaluation and implementation of a strategic plan. Focus on long-term goals and strategic outcomes.		
Business/Management Experience	Management level experience at a non-profit organization or other healthcare related organization.		
Financial Management	Management, leadership or board experience as a consumer of financial reports used for strategic decision making.		
Communication	Strong written and verbal communication skills. Ability to effectively interact with and listen to board peers and the HL7 membership. Ability to represent HL7 at external events.		
Non-Governance Skill/Experience		EVIDENCE OF EXPERIENCE	SELF-ASSESSMENT
Fundraising	Experience successfully obtaining major funds/grants/gifts from government agencies, grant making organizations, foundations and other organizations.		
Financial Acumen	<p>Broad understanding of financial management principals to ensure decisions are financially sound and responsible. Includes:</p> <ul style="list-style-type: none">• Ability to align organizational finances with strategic goals• Ability to monitor the overall performance of the organization and suggest adjustments of allocations accordingly• Ability to foster an environment that encourages fiscal responsibility		

Prioritizing Goals and Resources

Update on the HL7 International Strategic Plan



By Pat Van Dyke,
RN, Vice Chair,
HL7 International

“If we cannot predict the future, we had best create it.”

—Peter Drucker

The long-promised strategic plan developed by the board of directors was introduced during the September working group meeting.

The plan is based on the mission and vision of the HL7 International organization and reflects the culture and values of the organization.

The primary goals of the organization include:

- **Enhance the Image** – being very clear about the organizational purpose and work—and then communicating effectively at multiple customer levels globally
- **Organizational Vitality** – ensuring that the organization is financially sound to achieve both short and long term goals
- **Establishing FHIR as Primary Standard** – ensuring that FHIR is an HL7 standard and product, minimizing any confusion in the industry and globally
- **Supporting HL7 Standards** – providing the resources needed to protect our and our customer’s investment in all HL7 standards

Through focused discussion at the board meetings and by listening to members, the board of directors felt that these were the key goals for the organization not only now but in the future.

The board is actively working to make the plan actionable. To that end the board members are assigned to work on the objectives for each of the goals. The plan shows a continued refinement of the following steps:

- Identify and define short and long-term objectives to accomplish each of the goals
- Identify actions and strategies to accomplish each of the goals
- Assign resources to each of the strategies including prioritization
- Develop measures to judge and report on the accomplishments
- Identify a process improvement/feedback to see how we are tracking to all of this
- Ensure the plan is sustainable

This plan will be a guide and reminder of identified priorities, creating the ability to work toward common goals and focus limited resources. This work fosters transparency and discipline, opening discussion and ensuring the appropriate actions are being taken in an effective, efficient and proactive manner.

The plan may not be perfect and will require regular review and updates; however, large changes are not anticipated. The challenge for HL7’s board of directors and management team is to ensure that the plan is active, refined periodically, referenced frequently and measured closely as we pursue our mission and vision to realize continued success. ■

“Change is not your enemy, Fear is your enemy.”

—Author Unknown

Benefactors



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HL7 will offer a variety of education sessions covering HL7 standards such as FHIR, CDA and current industry topics such as precision medicine and the Argonaut Project. Visit our booth to learn more about how HL7 is advancing healthcare IT interoperability across the globe.

Organizational Members

BENEFACTORS

Accenture
Allscripts
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Cerner Corporation
Duke Clinical & Translational Science Institute
Edifecs, Inc.
Epic
Food and Drug Administration
GE Healthcare
Intermountain Healthcare
InterSystems
Kaiser Permanente
NICTIZ Nat.ICT.Inst.Healthc.Netherlands
Office of the National Coordinator for Health IT
Optum
Partners HealthCare System, Inc.
PEO DHMS - DoD/VA Interagency Program Office
Philips Healthcare
Quest Diagnostics, Incorporated
Staywell
Tenet Healthcare
U.S. Department of Defense, Military Health System
U.S. Department of Veterans Affairs

GOLD

Academy of Nutrition & Dietetics
ACUTA LLC
Advocate Healthcare Laboratories
Altarum
American College of Physicians
American Health Information Management Association
American Society of Clinical Oncology
Apprio, Inc.
Asseco Poland S.A.
Aurora Health Care
Avality, LLC
Blue Cross and Blue Shield of Alabama
Blue Cross Blue Shield Association
Botswana Institute for Technology Research and Inn
CAL2CAL Corporation
Central Health
CITRIOM LLC
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Connecticut Department of Public Health

Consolo Services Group, Inc.
Corepoint Health
Department of State Health Services (Texas)
EBSCO Health
eHealth Initiative
ESAC Inc
EyeMD EMR Healthcare Systems, Inc.
Health Care Service Corporation
Healthcare Integration Technologies
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Modernizing Medicine
Moxe Health
National Association of Dental Plans
National Cancer Institute
NHS Digital
NIH/Department of Clinical Research Informatics
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PenRad
Ready Computing Inc.
Rochester RHIO
Sparx Systems
St. Joseph Health
Starwest Tech
Tennessee Department of Health
Therap Services LLC
Transcend Insights
UCSF Center for Digital Health Innovation
University of Arkansas Medical Sciences
Utah Health Information Network
UW Medicine Information Technology Services
VNB Consulting Services

CONSULTANTS

Accenture
AEGIS.net, Inc.
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Analysts International (AIC)
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BlueHealthLinx
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CentriHealth
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Curandi
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Dapasoft Inc.
EnableCare LLC
ESAC Inc
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Haines I.T.
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Healthcare Integration Technologies
HLN Consulting, LLC
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Lantana Consulting Group
M*Modal, Inc.
MCNA Dental
OTech, Inc.
Point-of-Care Partners
Pragmatic Data LLC
Professional Laboratory Management, Inc.
Psmi Consulting, Inc.
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Royal Jay
Shafarman Consulting
SLI Global Solutions
Systex, Inc.
Uticorp, Inc.
Vernetzt, LLC
VNB Consulting Services
Whipple Consulting, LLC

GENERAL INTEREST

Academy of Nutrition & Dietetics
Advanced Medical Technology Association (AdvaMed)
Agence eSante Luxembourg
Alabama Department of Public Health
American Alliance of Orthopaedic Executives
American Assoc. of Veterinary Lab Diagnosticians
American Clinical Laboratory Association
American College of Cardiology
American College of Obstetrician and Gynecologists
American College of Physicians
American College of Surgeons, NTDB
American Dental Association
American Health Information Management Association

Organizational Members (continued)

American Immunization Registry Association (AIRA)	Illinois Department of Public Health	Region Syddanmark
American Medical Association	Indian Health Service	Rhode Island Quality Institute
American Society of Clinical Oncology	International Society for Disease Surveillance	RTI International
Arizona Department of Health Services	Iowa Department of Public Health	SAMHSA
Arkansas Department of Health	Japan Pharmaceutical Manufacturers Association	SC Dept. of Health & Environmental Control HS
ASIP SANTE	L.A. County Dept of Public Health	Tennessee Department of Health
Association of Public Health Laboratories	Medical Research Analytics & Informatics Alliance	The Joint Commission
Australian Digital Health Agency	Michigan Health Information Network	The Sequoia Project
Blue Cross Blue Shield Association	Michigan Technological University	U.S. Department of Defense, Military Health System
Botswana Institute for Technology Research and Inn	Minnesota Department of Health	U.S. Department of Veterans Affairs
CA Department of Public Health	Missouri Department of Health & Senior Services	UC Davis School of Medicine
California Department of Health Care Services	NAACCR	UCSF Center for Digital Health Innovation
CancerLinQ	National Association of Dental Plans	United Physicians
Center for Medical Interoperability	National Cancer Institute	University of AL at Birmingham
Centers for Disease Control and Prevention/CDC	National Center for Health Statistics/CDC	University of Arkansas Medical Sciences
Centers for Medicare & Medicaid Services	National Centre for Healthcare Information Systems	University of Minnesota
Central Health	National Comprehensive Cancer Network	University of Texas Medical Branch at Galveston
Centre for Development of Advanced Computing	National Council for Prescription Drug Programs	Utah Department of Health
College of American Pathologists	National Institute of Standards and Technology	UW Medicine Information Technology Services
College of Healthcare Information Mgmt. Executives	National Library of Medicine	Virginia Department of Health
Colorado Regional Health Information Organization	National Marrow Donor Program	Washington State Department of Health
CommonWell Health Alliance	NC Division of Public Health, Comm. Dis. Branch	Westat
Connecticut Department of Public Health	NCQA	Wisconsin Department of Health Services
Contra Costa County Health Services	Nebraska Dept of Health and Human Services	WNY HEALTHeLINK
Council of State and Territorial Epidemiologists	New Mexico Department of Health	WorldVista
Department of Health and Mental Hygiene	New York State Office of Mental Health	WV Department of Health and Human Resources
Department of State Health Services (Texas)	NHS Digital	Yampa Valley Medical Center
DGS, Commonwealth of Virginia	NICTIZ Nat.ICT.Inst.Healthc.Netherlands	
DirectTrust	NIH/Department of Clinical Research Informatics	PAYERS
Duke Clinical & Translational Science Institute	NJ Division of Developmental Disabilities	Anthem, Inc.
eHealth Initiative	NJDOH	Arkansas Blue Cross Blue Shield
European Medicines Agency	Office of the National Coordinator for Health IT	Blue Cross and Blue Shield of Alabama
Florida Department of Health	Oklahoma State Department of Health	Blue Cross Blue Shield of Kansas City
Food and Drug Administration	Oregon Public Health Division	Blue Cross Blue Shield of Louisiana
Georgia Department of Public Health	OSEHRA	Blue Cross Blue Shield of Michigan
GS1 US	PCPI	Blue Cross Blue Shield of South Carolina
Health and Welfare Information Systems Centre	PEO DHMS - DoD/VA Interagency Program Office	Cambia Health Solutions
Health Sciences South Carolina	Pharmaceuticals & Medical Devices Agency	Delta Dental Plans Association
HIMSS	Provincial Health Services Authority	Health Care Service Corporation
HSE - Health Service Executive	Radiological Society of North America	Healthfirst Management Services LLC
I3L @ GaTech	Ramsey County Public Health	HealthNow New York Inc.
ICCBBA, Inc.		Healthspring
IFPMA (as trustee for ICH)		Highmark Health
		Lumeris, Inc.
		Meridian Health Plan
		Noridian Healthcare Solutions
		Premiera Blue Cross
		Wisconsin Physicians Service Ins. Corp.

Organizational Members (continued)

PHARMACY

eVent Medical
GlaxoSmithKline
Merck & Co. Inc.
UCB

PROVIDERS

Advocate Healthcare Laboratories
AHIS - St. John Providence Health
Alaska Native Tribal Health Consortium
Albany Medical Center Hospital
almerys
ARUP Laboratories, Inc.
Aurora Health Care
BJC HealthCare
Blessing Hospital
Boston Children's Hospital
Boston Medical Center
CAH Children's Rehabilitation Center
Cedars-Sinai Medical Center
Central Illinois Radiological Associates
Children's Mercy Hospitals and Clinics
Children's of Alabama
CHRISTUS Health
Cleveland Clinic Health System
Diagnostic Laboratory Services
EGHealthcare
Emory Healthcare
Fresenius Medical Care North America
HCA IT&S
Hendricks Regional Health
Interfaith Medical Center
Intermountain Healthcare
Johns Hopkins Aramco Healthcare
Johns Hopkins Hospital
Kaiser Permanente
Laboratory Corporation of America
Lee Memorial Health System
Loyola University Health System
Mary Greeley Medical Center
Mayo Clinic
Mediclinic Southern Africa
Mednax Services, Inc.
Memorial Health System
Meridian Health
Milton S. Hershey Medical Center
MultiCare Health System
New York-Presbyterian Hospital
North Carolina Baptist Hospitals, Inc.
Palmetto Health Tuomey
Partners HealthCare System, Inc.

Patient First
Perry Community Hospital
Quest Diagnostics, Incorporated
Radiology Consultants of Iowa, PLC
Rady Children's Hospital
Regenstrief Institute, Inc.
RTZ Associates, Inc
Sharp HealthCare Information Systems
South Bend Medical Foundation, Inc.
Sparrow Health System
St. Joseph Health
Standing Stone, LLC
Stanford Children's Health
Sutter Health
Tenet Healthcare
The Children's Hospital of Philadelphia
UK HealthCare
UNC Health Care System
University of Louisville Physicians
University of Nebraska Medical Center
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
West Virginia University Hospitals

VENDORS

3M Health Information Systems
A2C Medical
Accelerate Diagnostics Inc.
ACUTA LLC
Allscripts
Amtelco
Apelon, Inc.
Applied PilotFish Healthcare Integration
Asseco Poland S.A.
Avality, LLC
axialHealthcare
Azuba Corporation
Beckman Coulter, Inc.
Becton Dickinson
Bizmatics, Inc.
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Cerner Corporation
Change Healthcare
ChartWise Medical Systems, Inc.
Clinical Architecture LLC

Clinical Software Solutions
Clinicomp, Intl
CMG Technologies Sdn Bhd
Cognitive Medical Systems
Community Computer Service, Inc.
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Computrition, Inc.
Conceptual MindWorks, Inc.
Consolo Services Group, Inc.
Corepoint Health
Counseling Management Services
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Data Innovations, LLC
Datuit, LLC
Deer Creek Pharmacy Services
Diameter Health
Document Storage Systems, Inc.
DocuTrac, Inc.
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Edifecs, Inc.
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Health Catalyst
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HealthTrio, LLC
Healthwise, Inc.
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heartbase, inc.
Hewlett-Packard Enterprise Services

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2018 HL7 Webinars – see the Spring schedule on page 13,
or see the full list online at:

www.hl7.org/events/webinars.cfm

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Learning Health Systems

Patient Care

Pharmacy

Public Health

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Conformance

FHIR Infrastructure

Implementable Technology Specifications

Infrastructure & Messaging

Modeling & Methodology

Security

Service Oriented Architecture

Templates

Vocabulary

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Electronic Services & Tools

Healthcare Standards Integration

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Process Improvement Committee

Project Services

Publishing

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Upcoming International Events

February 26-March 3, 2018 GS1 Global Forum 2018	www.gs1.org/events/487/ gs1-global-forum-2018 Brussels, Belgium	May 27-29, 2018 HIMSS Europe Conference and Exhibition	www.himss europeconference. eu/barcelona/2018 Barcelona, Spain
March 5-9, 2018 HIMSS18	www.himssconference.org/ Las Vegas, Nevada	May 27-30, 2018 e-Health 2018 Canada	www.e-healthconference.com Vancouver, BC, Canada
April 24-26, 2018 MIE 2018	mie2018.org/ Gothenburg, Sweden	June 19-21, 2018 HL7® FHIR® DevDays 2018	www.HL7.org Boston, Massachusetts
May 12-18, 2018 HL7 Working Group Meeting	www.hl7.org/events/workgroup- meetings.cfm Cologne, Germany	July 29–August 1, 2018 HIC 2018	www.hisa.org.au/hic/ Sydney, Australia
May 21-23, 2018 10th International Conference on Genomics and Molecular Biology	genomics.conferenceseries.com/ Barcelona, Spain		

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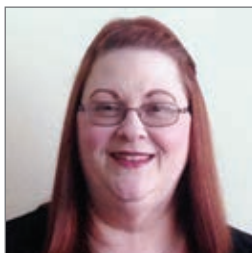
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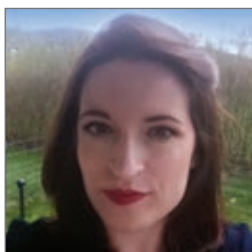
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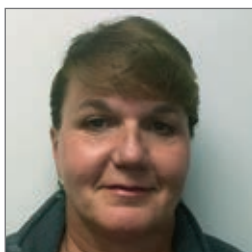
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Working Group Meeting

Maritim Hotel Cologne

Cologne, Germany



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October 5, 2018
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Working Group Meeting**

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