Better Customer Experiences with **PATIENT COST TRANSPARENCY**

PLUS:
Codex Advances Oncology Data Sharing
DaVinci Project Honors Community Champions
Vulcan Phenotypic Data Project
ANSI Changes that Affect Balloting
FAST Establishes Steering Committee

**INSIDE:** HL7 APPOINTS TWO NEW BOARD MEMBERS

Gupta
Gichoya
We are Excited to Get the HL7 Band Back Together

Update from Headquarters

We are thoroughly excited to get our HL7 family back together this September for our first in-person working group meeting in the United States since September 2019. It’s hard to believe that three years have already flown by since our last in-person WGM. The pandemic clearly required everyone to change how we do things. In fact, we were pleased to hear from several individuals that HL7 produced the best virtual meetings in our industry. I salute Mary Ann Boyle, our HL7 marketing team and HL7 technical staff for their exceptional effort in producing many events virtually and utilizing various approaches for ensuring the WGMs were productive and engaging.

September FHIR Connectathon, Plenary & WGM

We look forward to seeing many of you at the Renaissance Baltimore Harborplace Hotel. The September events will all be in-person only and HL7 will not accommodate remote participation.

The theme for the 36th Annual Plenary meeting is A Global Healthcare Ecosystem to Meet the Needs of the Next Pandemic. It will also include a presentation on the new three-year business plan. The schedule of in-person activities in September are:

- FHIR Connectathon will occur in-person only September 17-18
- 36th Annual Plenary and Working Group Meeting will convene in-person only September 19-23

The Renaissance Baltimore Harborplace Hotel is located in a wonderful area for HL7 colleagues to explore and enjoy. Please join us for a long overdue opportunity to reconnect with our HL7 family.
May Working Group Meeting & FHIR Connectathon

The May WGM was once again produced virtually. Based upon the feedback from our attendees, we are pleased to report that our approach to producing virtual events has continued to provide an experience that is productive and rewarding. Specifically, there were 520 participants in the May FHIR connectathon and 422 in the May WGM. The virtual activities continued to conduct business as usual and advanced the development of our HL7 standards.

A thousand kudos are extended to our work group co-chairs for continuing to manage the HL7 workload with our army of dedicated volunteers. We are also grateful to Computable Publishing for their Gold Sponsorship of the May WGM.

FHIR DevDays

HL7 International and Firely organized HL7 FHIR DevDays 2022, held June 6-9 as a hybrid event. The format included the in-person component taking place at the Global Health Innovation Center in Cleveland, Ohio, a satellite location in Berlin, Germany and others joining virtually from around the world making it possible for the global FHIR community to convene.

The event attracted almost 600 attendees with 244 in-person and 322 virtually, all aiming to learn about FHIR, refine their expertise and connect with the FHIR community. The three pillars for DevDays are education, sharing ideas and networking. The pillars were demonstrated through a program that featured over 120 educational sessions, more than 100 expert speakers, impactful keynote addresses and invaluable networking opportunities. Experts from around the world participated to instruct, guide and discuss how best to implement the HL7 FHIR standard.

For more insight on the event, please review a five minute video with quotes from participants and event highlights at: https://vimeo.com/721208054

We are pleased to recognize our event sponsors that helped make DevDays possible:

<table>
<thead>
<tr>
<th>Platinum Sponsors</th>
<th>Gold Sponsors</th>
<th>Silver Sponsor</th>
<th>Bronze Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Google Cloud</td>
<td>Innovaccer</td>
<td>Smile CDR</td>
<td>Lyniate</td>
</tr>
<tr>
<td>Microsoft</td>
<td>InterSystems</td>
<td></td>
<td>Redox</td>
</tr>
</tbody>
</table>

Continued on page 4
Update from Headquarters

July FHIR Connectathon for CMS

HL7 produced another virtual FHIR Connectathon for the Centers for Medicare & Medicaid Services (CMS) July 19-21, 2022. The event focused on:

- Educating interested parties at CMS and within the health IT community about HL7 FHIR, FHIR implementation guides (IGs) developed by the Da Vinci Project and the CARIN Alliance and their real-world uses.
- Supporting impacted stakeholders as they comply with the CMS and ONC interoperability rules.
- Engaging providers, payers, and partners to join the growing collaborative FHIR community and directly access associated free and open resources.

Over 1440 registered attendees participated in 13 different tracks organized by subject. CMS has expressed their appreciation for HL7 once again producing a successful FHIR connectathon. Many thanks to Sandy Vance for her role in supporting the management of the FHIR connectathon. For detailed information on the CMS Connectathon, see https://blog.hl7.org/july-connectathon-brings-implementers-together-plan-now-for-the-september-connectathon

Mark Your Calendars

In addition to our September events in Baltimore described above, please be sure to add to your calendar the dates and locations of our other upcoming in-person HL7 events:

- January 2023 events near Las Vegas at the Hilton Lake Las Vegas Resort in Henderson, Nevada:
  - FHIR Connectathon will occur January 14-15, 2023
  - January 2023 WGM will convene January 16-20, 2023
- May 2023 events in New Orleans, Louisiana:
  - FHIR connectathon will occur May 6-7, 2023
  - May 2023 WGM will occur May 8-12, 2023

We look forward to seeing many of you at these HL7 events. For more details on these events, please visit www.HL7.org/events.

Benefactors and Supporters

We are pleased to recognize HL7’s 2022 benefactors and gold members who are listed on page 29. Their support of HL7 is very much needed and sincerely appreciated. We are pleased to recognize our benefactors in all of our HL7 newsletters, on the HL7 website, in all of our HL7 press releases, and at all of our HL7 Working Group Meetings.

Organizational Member Firms

As listed on pages 29-31 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. Best wishes to you and your loved ones for staying healthy and finding time to enjoy plenty of hugs and laughter.

Mark E. McGuiggan
HL7 International Appoints Two New Members to the Board of Directors

HL7 recently appointed two new members to the board of directors to serve a two-year term: Aashima Gupta, director, global healthcare solutions, Google Cloud; Judy Wawira Gichoya, M.D., M.S., assistant professor, radiology and imaging sciences, Emory University School of Medicine.

“These leaders represent a critical cross section of global stakeholders who are committed to advancing health through information technology. We are delighted to welcome them to the HL7 board of directors,” said Charles Jaffe, M.D., Ph.D., CEO of HL7. “Their strategic expertise and diverse experience will contribute greatly to HL7’s goal of improving the quality of care and reducing costs by overcoming the barriers to interoperability.”

About the Appointed Board Members

Aashima Gupta serves as the global leader of healthcare provider solutions at Google Cloud. In this role, she sets the direction for transformative health care solutions. She is focused on the dynamic intersection of industry imperatives, technology, and interoperability efforts that enable new models for care and improved patient experiences. By incorporating strategic technology elements of artificial intelligence and cloud technologies into the care regimen, Gupta believes that patient care and experiences can be substantially improved. Formerly, Gupta led digital health incubations at Kaiser Permanente and helped launch the Care Connectivity Consortium that worked together to build a health information exchange between health systems. She was also responsible for driving innovation in digital technologies, including a project centered around remote monitoring of diabetic people. Aashima serves on the board of directors for IntelyCare and board of advisors for HIMSS NA, and GRAIL. She was recently recognized as one of the Most Influential Women in Healthcare IT by HIMSS and as one of the Top 100 Women in Fem Tech and Health Tech by the WomenTech C-Level Network. Aashima received her Bachelor of Science in Computer Science and Master of Science in Computer Applications from Delhi University, India.

Judy Wawira Gichoya, M.D., M.S., serves as an assistant professor in the department of radiology and imaging sciences at Emory University School of Medicine where she is a multidisciplinary researcher, trained as both an informatician and interventional radiologist. In addition, she is also a NIH Data Scholar at the Fogarty International Center, where she helps with the Open Data Science Platform (OSDP) component of the DSI Africa Initiative to “Harness Data Science for Health in Africa.” Her research focuses on curating diverse datasets for AI and validating AI models in real world settings which led to her recognition as the 2021 Most Influential Radiology Researcher by the radiology community website AuntMinnie.com. Dr. Gichoya has more than a decade in open-source projects working as a developer, implementor and evaluator of various standards and systems used in low resource settings. She has contributed to supporting the imaging informatics community by developing the SIIM dataset used for the annual datathon, as well as providing multiple tools to work with DICOM standard for imaging workflows. She has also participated in previous IHE connectathon events. Dr. Gichoya serves on the board of SIIM (Society of Imaging Informatics in Medicine), the American College of Radiology AI advisory board and holds committee positions in multiple radiology societies.
During the DC summer months, Congress has been relatively quiet on healthcare issues, but federal executive agencies and regulators are busy. One important highlight is the National Committee on Vital and Health Statistics (NCVHS) Subcommittee on Standards June 9, 2022, listening session on Standardization of Information for Burden Reduction and Post-Pandemic America Convergence 2.0. HL7 representatives, including our CEO Dr. Charles Jaffe, testified.

During the hearing and in our follow-up letter, HL7 supported all five considerations below that were examined by the NCVHS Subcommittee on Standards on June 9, including:

- **Consideration 1:** Update relevant HIPAA policies to allow for the adoption and use of more than one standard per business function.
- **Consideration 2:** Enable HIPAA covered entities to support multiple versions of adopted standards for business functions.
- **Consideration 3:** Revise the standards exception process for HIPAA covered entities who submit an application with the required justification and business case to automatically authorize them without waiting for review.
- **Consideration 4:** Identify options for improved integration of health information standards, including base standards plus implementation guides, more broadly than at present, and fostering relevant collaboration across HHS Agencies and Offices.
- **Consideration 5:** Develop and publish a guidance framework with recommended definitions, metrics, templates, and pilot test procedures. The specific areas of work include such methods for reporting on standards readiness, standards costs, results of real-world testing and metrics essential for evaluation of standards.

Some key highlights of issues HL7 emphasized are:

**HL7 FHIR As an Alternate Standard to Existing Mandated HIPAA Transaction Standards**

HL7 urges NCVHS to formally recognize HL7 Fast Healthcare Interoperability Resources (FHIR®) as an alternate standard to existing mandated HIPAA transaction standards, furthering the nation’s journey of intersecting of clinical and administrative frameworks and related interoperability objectives. While the information requirements of healthcare data are extremely complex, the HL7 FHIR standard aids in removing many of the barriers to health care data exchange.

**Public-Private Sector Partnerships**

Ongoing meaningful collaboration between the public and private sectors is essential in the interoperability journey and in particular, is improved through more input from industry stakeholders and continued collaboration among Standards Setting Organizations (SSOs).

**Cooperation Across Government**

HL7 enthusiastically supports identifying options for improved integration of health information standards, including legacy technologies augmented
by implementation guides, more broadly than those presently available. Furthermore, HL7 encourages strategic collaboration across U.S. Department of Health and Human Services (HHS) agencies and offices, including state, local, tribal & territorial governments.

Value Proposition and Incentive Alignment

HL7 recommends additional federal incentives, funding and support for testing, implementation and maturing of standards in this area. All ecosystem participants must be considered, and should benefit areas identified as HIPAA administrative, financial, and clinical frameworks that increasingly intersect.

Standards Exceptions Process: HIPAA Covered Entities

HL7 strongly supports revising the standards exception process for HIPAA covered entities who submit an “application” with the required justification and business case to automatically authorize them without waiting for review.

Standards Transition Policy

HL7 recommends adequate, additional policy be in place for more agile standards transitions involved in HIPAA administrative transactions and explicit detail about guardrails and sunsets that are a part of this process to ensure efficiency and transparency. A focus on investing, advancing and aligning both federal frameworks and tools is critical, as underscored by the FHIR Roadmap for Trusted Exchange Framework and Common Agreement (TEFCA) Exchange. HL7 believes that it is critical to accelerate investment in technical tooling and education, in order to extend existing efforts to coordinate and align regulatory and sub-regulatory methods to advance health IT frameworks.

Increased Standards Testing

HL7 agrees with the need for increased standards testing that was mentioned by multiple speakers at the listening session. HL7 supports and can facilitate more Connectathons and standards pilot testing with adequate assistance.

SOGI, SDOH and Public Health Issues

Greater insight is needed on Sexual Orientation and Gender Identification (SOGI), Social Determinants of Health (SDOH) and public health issues in this space. Moreover, federal, state and local policy should be better aligned. HL7 emphasized in its July 2021 letter to the NCVHS Subcommittee on Standards that, “development and adoption of common data standards is foundational to identifying inequities, identifying potential interventions, coordinating interventions across agencies, measuring progress, and conducting research and evaluation. Requiring that health systems collect standardized data elements indicative of social determinants of health, and report these data, are key to improving the ability to share data that helps our society address inequities.”

The June 9 listening session agenda and materials can be accessed at: https://ncvhs.hhs.gov/meetings/standards-subcommittee-meeting-3/


As a next step, the NCVHS Subcommittee on Standards is expected to hold a follow-up listening session this fall. We will keep you updated.

Key 2022 HL7 Policy Responses: Current

HL7 is currently compiling responses for:

- NIH Request for Information (RFI) on Acquiring Electronic Health Record Data from Health Information Networks and Health Information Exchanges for the All of Us Research Program https://grants.nih.gov/grants/guide/notice-files/NOT-PM-22-004.html

By Ticia Gerber, HL7 Senior Policy Advisor, tgerber@hl7.org

Please contact with questions or for more information on these policy updates.
ANSI Changes that Affect Balloting

Recent changes to ANSI’s Essential Requirements eliminate Associations as an interest type for balloting (this does not affect membership). Beginning with the September 2022 ballot cycle, if your organization falls under the Government/Professional Associations/Universities membership category, it will display as General Interest type for purposes of balloting.

ANSI also changed the requirements such that Consultants and Association voters must identify the interest type they are representing for a particular client, consensus group, or constituency. This change was made because many consultants and non-profit organizations are paid or otherwise represent another interest type and ANSI is of the opinion that those votes should be counted under the interest type they actually represent. For example, a consultant may be hired by a provider to participate in a particular consensus group, and their vote should be counted under the provider interest type. Likewise, a non-profit association may represent EHR vendors, and votes cast by that non-profit should be counted under the vendor interest type.

To accommodate these changes to the ANSI Essential Requirements, all Consultant and General Interest voting members will need to choose which interest type they are representing for each consensus group they join. These voters may be representing themselves and can still choose Consultant, Government/Non-Profit, or General Interest for any given consensus group.

Consultant and General Interest voters will see a screen similar to the one at the top of the next column when they join ballot pools:

Consultant and General Interest voters will use the pull-down menu next to the title of each consensus group they are joining to select the interest type they will be representing. An interest type must be selected for each consensus group. The ballot desktop will not allow these members to register for a consensus group unless an interest type is selected. Additionally, the interest type cannot be changed after ballot signup.

Voting members who are not Consultants or General Interest will not see this option. Instead, you will see a screen similar to the one below. Note that there are no pull-down menus, but there is a significant space between the checkbox and title of the ballot (consensus group).

Should you have questions about this change, please feel free to contact Associate Executive Director Karen Van Hetenryck (Karenvan@HL7.org) or Director of Technical Publications, Lynn Laakso (Lynn@HL7.org).

By Karen Van Hentenryck, Associate Executive Director, HL7 International
Newly Certified HL7 Specialists

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

**MAY 2022**
- Sai Teja D

**JUNE 2022**
- Anudeep Kilaparthi
- Niranjan Gajagouni

**JULY 2022**
- Roshani Singh
- Estefanía de las Mercedes Ferrera Vizcaíno
- Antonio Gabriel Sánchez Hernández
- Adrian Vargas Rodriguez

**AUGUST 2022**
- Zoe Chimunda
- Ritesh Singhvi

**JULY 2022**
- Jordan Ayala

**AUGUST 2022**
- Anmer Ayala

**HL7 FHIR R4 Proficient**

**MAY 2022**
- Srinivas Konchada
- Maja Bogdanovic
- Mary Burgess
- Santiago Aso
- Matthew Brewster Storer
- Brandon Raab
- Meagan Peat
- Jesse Barr
- Carmen Daniel Moriana
- Damir Drnovsek
- Kresimir Kers
- Ryan Weihler
- Xiaoyang Pi

**JUNE 2022**
- Andrii Krylov
- Mohamed Omar
- Plamen Tassev
- Toàn Ngô

**AUGUST 2022**
- Alexander Bennett
- Christoph Rettinger

**Certified HL7 Version 2.x Chapter 2 Control Specialist**

**JULY 2022**
- Santiago Aso

**AUGUST 2022**
- Zoe Chimunda
- Ritesh Singhvi

**Certified HL7 CDA R2.0 Specialist**

**JULY 2022**
- Santiago Aso

**AUGUST 2022**
- Anmer Ayala

**HL7 Certified Proficient**

**WELL DONE**

**HL7 FHIR R4 Proficient Certified**

**WELL DONE**

**WELL DONE**

**WELL DONE**
Fonteva: The New Meetings and Membership Software System

Testing continues with Fonteva, a leading association management and membership software solution powered by Salesforce.

Implementation is targeted to be completed by November 1, 2022. At that point, everyone’s account and membership information will be migrated to the new platform. Registration for events and educational opportunities will be a much-improved user experience; however, be aware that historical event and education training registrations will not be migrated to the new system.

Jira and the Project Scope Statement (PSS)

While progress has slowed due to the focus on Fonteva, work continues to add the ability for the Jira PSS to accommodate reaffirmation and specification withdrawals. For the time being, those actions will continue to use the PSS form in Confluence. The same applies to efforts by the project team to migrate all active non-Jira PSSs to Jira as well as planning to sunset Project Insight.

ONC Grant Funded Projects Update

September 2022 ends ONC’s five-year Cooperative Agreement which awarded $1.36M to HL7 each year for continued maturation of the C-CDA and FHIR standards.

Work completed under the most recent fiscal year (2022) included the following:

- Support of the Unified Terminology Governance (UTG) process and tooling
- Improvements to the FHIR Jira Ballot process
- Administration of the FHIR Connectathons
- Advancement of Bulk Data Access and Push
- Continued support for the FHIR Terminology Server
- Continued support on the HL7 FHIR Build and Implementation Guide Publishing tasks
- Enhancements and support to the FHIR Registry
- C-CDA Implementation-A-Thons held in October 2021 and March 2022
- Enhancements to, and quality assurance of, the C-CDA Web Publishing Tool
- Updates to C-CDA R2.1 value set
- Support of the Gender Harmony project
- Develop and deploy key infrastructure for the FHIR-OMOP community
- Prepare for and ballot the At-Home Test Result Report FHIR Implementation Guide

In addition to the above, work progressed on two additional COVID related ONC grant-funded opportunities for HL7.

The first is a four-year $2M cooperative agreement titled “HL7 Public Health Standards and Solutions for Future Pandemics.” Projects under this endeavor include the following:

- Expand the clinical domains supported by HL7 standards by balloting the COVID-19 FHIR Profile Library implementation guide
- Improve the privacy and security of health information by examining the current landscape of relevant security, privacy, and public health standards
- Advance the use of HL7 Bulk Data Access API and other relevant standards-based API technologies to improve surveillance capacity for future pandemics and other public health emergencies by assessing available open-source natural language processing (NLP) tools which unlock high-value information contained in the text of clinical notes
- Support development, advancement, and harmonization of Social Determinants of Health (SDOH) standards by analyzing the current state and emerging activities of SDOH related data
- Advance HL7 public health standards by developing a Physician Orders for Life-Sustaining Treatment (POLST) CDA Implementation Guide
• Analyze and document which HL7 Version 2 messaging standards or FHIR IGs, resources and profiles can be used to support submission of test results from at-home COVID testing applications to state and federal government agencies
• Testing of the Gravity SDOH Clinical Care GHIR Implementation Guide

The second opportunity is a five-year $3.5M contract “COVID-19 support for Accelerating Standards Development for the US Realm.” Projects under this effort include the following:
• Ballot, reconcile and publish updates to HL7’s US Core Implementation Guide
• Financial support for the US Realm Steering Committee (USRSC) Project Manager, Senior Advisor, Content Administrator and Dashboard Developer
• Fund Helios, the HL7 FHIR Accelerator for Public Health

The objectives of this federal contract are:
• Assist the ONC in gathering, organizing, monitoring, and managing work products associated with HL7 standards development and implementation activities for the US Realm
• Assist the ONC in developing, maintaining, and enforcing governance of US Realm standards and implementation specifications
• Assist the ONC in engaging the US standards development community to increase awareness of US Realm guidelines and identify strategic priorities for US Realm standards development and implementation activities
• Lead the development of new versions of the US Core Implementation Guide and C-CDA standard (including the C-CDA Companion Guide)
• Implement relevant aspects of the governance plan and strategic roadmap to manage and oversee standards development and implementation activities in the US Realm

Progress for all of the above ONC work can be found on HL7’s Confluence page at:
https://confluence.hl7.org/display/PMO/ONC+Grant+Project+Page.

HL7 appreciates ONC’s continued support of C-CDA and FHIR since 2016.

By Dave Hamill, Director, HL7 Project Management Office

Progress for all of the above ONC work can be found on HL7’s Confluence page at:
https://confluence.hl7.org/display/PMO/ONC+Grant+Project+Page

HL7 appreciates ONC’s continued support of C-CDA and FHIR for 2022 and beyond.

---

**Gold**

- Asymmetrik, a Blue Halo Company
- Brooklyn Data Co.
- MedCom
- MY Synergy Ltd.
- USAging

**Organizational**

- Allendale County Hospital
- Best Option Healthcare PR
- Brightspace Advertising PTY LTD
- CLM Center for Life Management
- CloverDX
- Idaho Bureau of Vital Records & Health Statistics
- NeuroPsychiatric Hospitals
- Oddball, Inc.
- Radiological Society of North America
- SoftDev Incorporated
- SYNCRONYS
- Vital Data Technology
Member Spotlight on Reuben Daniels, FAIDH CHIA

Professional Background
Reuben Daniels, FAIDH, CHIA, is Principal Consultant at Saludax and is based in Brisbane, Australia. He received his Bachelor of Science (majoring in mathematics and computer science) and Bachelor of Science (Honours in Computer Science) from the University of Cape Town. He is also TOGAF 9 certified, an HL7 Certified CDA Specialist, a Certified Health Informatician Australasia (CHIA) and a Founding Fellow of the Australasian Institute of Digital Health (FAIDH).

Reuben's career in health IT began when he moved to Australia and joined the National E-Health Transition Authority (NEHTA) as a Senior Software Developer in 2010. NEHTA was responsible for the development and delivery of Australia's national e-health program. He became the Lead Architect responsible for the development and execution of strategies, and provision of technical oversight and architectural leadership. During his time at NEHTA, he benefitted greatly from the knowledge and experience of colleagues and mentors, including Grahame Grieve and Dr. Andy Bond.

While at NEHTA, he participated in the following major initiatives:

• Healthcare Identifiers Service – Development of a Java-based integration software library and a software conformance scheme to support software vendors integrating with the service that provides the Individual Healthcare Identifier (IHI)—the Australian national patient identifier
• My Health Record System (formerly known as the Personally Controlled Electronic Health Record) – Participated in the development of new technical specifications to support the exchange of prescriptions, dispense records, pathology reports, and radiology reports in the CDA-based national electronic health record. Later, he participated in the development of a FHIR-based API allowing mobile devices to access the system
• CDA Rendering specification – Co-authored a foundation interoperability specification which ensures consistent rendering of HL7 CDA clinical documents based on NEHTA Implementation Guides. Reuben developed a corresponding XSLT CDA Stylesheet which has been broadly adopted in most Australian healthcare software applications that render CDA documents including the My Health Record System’s patient and provider web portals
• National Clinical Terminology Service (NCTS) – Participated as the lead architect in the project to establish the NCTS, which supports the distribution and meaningful use of SNOMED CT, LOINC, and FHIR CodeSystem based coding systems through adoption and localization of the FHIR terminology service and IETF Atom specifications
During his time at NEHTA, Reuben was very active in standards development and represented NEHTA in various national and international standards development organizations including HL7, SNOMED International, GS1 and Standards Australia.

Reuben started as Principal Consultant with Saludax in July 2016. In this role he provides professional services related to strategy, architecture, standards, interoperability, health informatics, and governance in healthcare. He is currently engaged as an enterprise architect by the state of Queensland’s public health system (Queensland Health) in a team responsible for technical oversight of major IT initiatives, and the development of strategy, policy and standards. In this role Reuben led the design of Queensland Health’s first FHIR-based solution—the Queensland Clinical Terminology Service (QCTS).

**HL7 Activities**

Reuben’s involvement with HL7 started when he joined NEHTA in 2010 which, at the time, was an organizational member of HL7 with many employees participating in standards development in HL7 International and HL7 Australia. The January 2011 HL7 Working Group Meeting (WGM) in Sydney, Australia was his first WGM, which sadly was cut short due to the Brisbane floods, requiring him and other Brisbane-based NEHTA attendees to return to Brisbane. In May 2014, Reuben attended the HL7 FHIR Connectathon and WGM events in Phoenix, Arizona with the primary objective of developing a good understanding of FHIR. This event proved to be an extremely valuable experience in which he not only achieved his primary objective, but also became more familiar with HL7, and made many new friends. Since then, he has remained an active participant in HL7.

Reuben currently serves as a Co-Chair of both the Vocabulary Work Group and the Terminology Services Management Group (which he played a role in establishing in 2021). In these roles, he is able to influence the development and implementation of terminology-related standards, policies, products and services in HL7, including how both internal and external terminologies may effectively and meaningfully be used in HL7 standards. Key to this is HL7 Terminology (terminology.hl7.org) and its underpinning Unified Terminology Governance (UTG) process. Reuben was a member of the team that developed the first release of HL7 Terminology, and he continues to support its evolution and broad adoption.

Reuben is also a member of the board of directors of HL7 Australia. In this role, he works with other board directors to promote the effective and consistent use of standards developed by HL7 International and HL7 Australia across the Australian health sector.

**Personal Life**

Reuben’s family of five lives in Brisbane, Australia. It includes his wife, Joanne, daughters Maya (15) and Zara (13), and Doug, the family dog. Joanne is a Quality Assurance & Regulatory Affairs Manager working in the medical device manufacturing field. They met in Cape Town, South Africa in 2001, and shortly thereafter, moved to the United Kingdom (UK) when Joanne was awarded a scholarship to undertake a PhD in molecular genetics. After eight years in the UK — during which time they were married and had two daughters — the family moved to Brisbane.

Maya is currently in Year Nine in high school and enjoys reading and playing the piano. She recently started her first part-time job in a local coffee shop. Zara is in Year Seven and enjoys camping and playing the violin. Both daughters are Shotokan karate students: Maya hopes to get her provisional black belt and Zara her first Kyu brown belt by the end of 2022.

The family enjoys cooking, restaurants, travel, hiking in the local Australian bushland, beaches, movies, TV shows, boardgames, constructing large LEGO Star Wars sets, and socialising. They regularly travel to South Africa to visit family and friends.

Reuben’s other interests include graphic novels, current affairs (often to his own detriment!), as well as the drum & bass genre of electronic dance music. He enjoys fine wines and whiskies—and a good local brew (especially with fellow HL7 standards developers).
Some domains, such as rare diseases, genomics and genetics, and cancer, rely on phenotypic information for more accurate treatment of patients, but this information is not typically recorded in a patient’s electronic medical record or in a codified format. Phenotypic information is difficult to document for clinical genetics and is often found across medical records, clinical notes, structured labs, image annotations and problem lists. Many times, the data is located in other clinical systems because the EHRs do not fully support what is needed for computational diagnostic tools.

The goal of the Vulcan Phenopackets project is to design an exchange standard using HL7 Fast Healthcare Interoperability Resources (FHIR), for case-level phenotypic and clinical information called a Phenopacket, a GA4GH/ISO standard.

• The Phenopacket can be a single visit encounter or the complete medical history of a patient.
• This standard aims to support the exchange of de-identified case-level information across EHRs, clinical laboratory, registries and journals.
• The result will be an FHIR implementation guide (IG) that will be used by collaborating vendors, healthcare organizations and clinical genetic laboratories.

Included in this package is the Human Phenotype Ontology (HPO) terminology, a standard in many rare disease diagnostic contexts, that has special features such as a full semantic graph with logical underpinnings, i.e., there are multiple inheritances with terms that describe complex relationships not found in clinical terminologies. In clinical genetics, when performing whole exome, genome analysis or targeted gene panels to help diagnose the patient’s genetic disease, the HPO terms are used to improve the diagnostic efficacy by matching against known diseases annotated with HPO or via other algorithms. It would therefore be incredibly impactful if there were a way to extract the HPO terms from all of the locations where such phenotypic descriptors are found within the EHR, to allow a clinician to vet and enhance the description and export the Phenopacket for use by the diagnostic labs.

The September Vulcan Phenotypic Data Connectathon track tests the current implementation guide that aims to do just this.

Connectathon Goals:
• Representing phenotypic information in FHIR based on the IG, or beyond the IG, if and when needed.
• Representing phenotypic profiles.
• Being able to exchange phenotypic data and packets in a reliable way.
• Relating/connecting FHIR-based phenotypic data and packets to other FHIR resources such as laboratory requests and results.
• Converting between the GA4GH Phenopackets Schema format and the equivalent FHIR representations.
• Understanding the possible issues with adopting the GA4GH Phenopacket (version 2) FHIR IG by existing systems such as PhenoTips.

The most recent Connectathon information is here on the HL7 Connectathon Confluence space. We welcome participants!

Phenopacket Community meetings are held on the first and third Mondays at 3 pm PT/6 pm ET.

Zoom information can be found on the Vulcan Phenopacket Confluence page here

If you are interested in the project, contact the Vulcan Project Office (vulcan@hl7.org).
Achieve Industry-recognized expertise with HL7 V2, CDA® and FHIR® Certification

Did the challenges of the past two years keep you from meeting your professional development goals?

Increase your career opportunities and stand out from the crowd by becoming HL7 certified! With online instruction from the fundamentals to deep dives to exam prep, HL7 will help you gain the knowledge needed for certification.

“Even if you are already working with CDA or FHIR, certification will help you learn a ton of stuff that you didn’t know.”

– Sarah Gaunt, Senior Information Analyst / Health Informatician, Lantana Consulting Group

Learn more! Go to:
https://www.hl7.org/certification/index.cfm

EducatiOn On DemanD

Find the training you need, straight from the source! HL7 Education on Demand is your online source for HL7-related professional development and certification resources

• HL7’s Fast Healthcare Interoperability Resources (FHIR®) standard
• Standards cited in federal legislation
• Skill building in HL7’s most popular standards
• Health IT policy issues

➤ Check it out at bit.ly/HL7EdOnDemand ➤
In its fifth year, the HL7 Da Vinci Project continues to channel industry’s best and brightest across provider, payer and vendor sectors to solve interoperability problems and increase efficiencies. More than a dozen use cases and Implementation Guides (IGs) have been developed to date and organizations are using them.

For example, real-world progress was demonstrated at this summer’s CMS HL7 FHIR Connectathon. Google, Hook. md, Infor, MCG, Onyx, Palmetto, and Redox collaboratively leveraged CRD, DTR, PAS IGs as building blocks inclusive of using CQL for populating a questionnaire to demonstrate how HL7 Fast Healthcare Interoperability Resources (FHIR®) can reduce administrative burden for prior authorizations.

To learn more about the use cases and the status of all of the Da Vinci IGs, visit the Use Case Status Tracking pages at Da Vinci Implementation Guide Dashboard (https://confluence.hl7.org/display/DVP/Da+Vinci+Implementation+Guide+Dashboard).

Patient Cost Transparency Implementation Guide
Of all the IGs, Patient Cost Transparency (PCT) has particularly gained interest and attention this year. The goal of the IG is to develop a standard data exchange in support of patient cost transparency for devices, services and collection of services using FHIR APIs for exchange of data. Objectives include:

- Ability to communicate good faith estimates (GFE) for single service, collection of services, and items from provider to payer
- Ability to communicate advanced explanation of benefits (AEOB) prior to scheduled service or upon request to patient and optionally, to provider
- Support current and future regulations and enable compliance

Cost transparency of services for patients is not historically provided in USA healthcare in a consistent way. The complexities of providing costs are inherent in our systems, especially when multiple providers contributing to one patient’s period of care/service (e.g., surgery) and coupled with payer’s complex benefits, plan structures, and

By Vanessa Candelora, Project Manager, HL7 Da Vinci Project and Senior Consultant, Point-of-Care Partners
all the contract structure, discounts available and financial aid. Often additional unknown factors also contribute to a patient’s care.

Consumers have increasingly been able to achieve better transparency into their costs outside of healthcare. When you want to renovate your home, fix your car, or buy milk—you can request a quote or clearly view the price. Bodies are not as simple as cars. With a mechanic, you can get an estimate and then when your car is being serviced, they stop, call you, and mention, “When I was fixing your brakes, I noticed XYZ was broken…do you want me to fix it?” In contrast, the surgeon is not going to wake a patient up while on an operating table. With healthcare, you frequently sign up for services and then cross your fingers when you receive the bill, often having no idea how hard your wallet will be hit.

The No Surprises Act (NSA) became effective January 1, 2022 and was passed to end surprise billing. One piece of the law requires that patients receive a comprehensive estimate of their out-of-pocket costs for expected services and items in advance, and the ability to shop for the best fit to meet their healthcare needs. Note that cost is one factor of the equation—quality, location, language, providers accepting new patients, are just some of the others—that all need to fit together to truly empower patients to be better stewards of their healthcare.

Da Vinci expects continued regulatory activity to improve cost transparency for patients. The industry is in a bit of limbo, with emerging standards, but no clearly adopted or mandated way to solve this problem. The community expects continued CMS/ONC interoperability mandates for increased use of APIs and is working to help shape a solution that will fill this void for transparency in coverage, working across payers, providers on a long-term approach to unlock the workflows and data necessary to ensure patients get accurate estimates. Litigation, arbitration and lawsuits that are currently pending show the government is holding the industry accountable for meeting regulations. For example, fines to a few well known hospital systems (https://www.fiercehealthcare.com/providers/after-months-warnings-cms-begins-handing-out-fines-hospitals-failing-price-transparency) have prompted many laggards and reluctant industry participants to get their rates published to demonstrate compliance with the first set of regulations.

While we await more regulatory activity, it’s clear to the Da Vinci community that there is an opportunity for FHIRM. The promise of pending regulations is allowing parties to reevaluate and update their processes, contracts, and flow of information.

Instead of waiting for the regulations, Da Vinci’s Patient Cost Transparency use case team is looking at the long term, end-to-end problem, and encourages this community to take a thoughtful, incremental approach to building FHIRM APIs and the necessary crosswalks to other existing and
Solving Challenges and Creating a Better Customer Experience with Patient Cost Transparency

emerging standards, so we can begin to unlock these long standing industry challenges.

While the community acknowledges and is informed by regulatory and potential policy inputs, and where there are specific external regulatory or industry dates that can inform and help prioritize the order of the work, as always the work of Da Vinci is not to be constrained to only meeting regulation or anticipated regulation. In all of our work, the focus is to create the supporting rails and connectors to achieve semantic interoperability and deliver value for all stakeholders to begin to unleash the data needed, so industry participants can get to true price transparency for patients. We acknowledge this is only one part of the necessary activities to move forward.” The community appreciates clear support and alignment on goals from Da Vinci’s Steering Committee issued statement of scope around PCT. The full text is here: https://confluence.hl7.org/display/DVPDa+Vinci+Steering+Committee+PCT+Scope+Statement

The team has developed the initial definition of a standard API for creating a “Good Faith Estimate (GFE)” FHIR bundle and to return an Advanced Explanation of Benefit (AEOB) FHIR bundle. The IG balloted and is slated for initial publication of the STU1 draft standard once ballot reconciliation is complete. Alongside this work, it is imperative that payers and providers ensure they have a process to update their network directories with accurate provider information, and that this data is available for use by partners now more than ever with NSA requiring verification of information every 90 days and updates to be made within two days of notification. There was a great demonstration at the July CMS HL7 FHIR Connectathon during the combined FAST National Directory and Da Vinci Plan Net/Provider Directory track showing how FHIR standards can be leveraged for providers to update their information once and appropriate business partners (e.g. payers) can leverage updated, authenticated, verified provider data in a distributed directory model, reducing the burden for updating information several times and supporting the goal for patients to access in-network providers for anticipated services.

While business processes and strategy of data management continue to be some of the biggest underlying challenges to price and cost transparency, getting the data flowing between siloed systems and business partners is essential to progress. Thinking about how your data fits together to create a better customer experience for a patient is critical; consider the services they can expect, how their benefits apply and their out-of-pocket costs.

Come join the work underway at an IG work group, upcoming FHIR Connectathon or pick up the guides and use them

Use Case confluence site: https://confluence.hl7.org/display/DVP/Patient+Cost+Transparency

Implementation Guide:
PCT CI IG: https://build.fhir.org/ig/HL7/davinci-pct/#overview

Project Scope Statement: Project Scope Statement approved by HL7 (FM Sponsor, PIE co-sponsor)

Zulip Chat https://chat.fhir.org/#narrow/stream/301151-Da-Vinci.20PCT
Eight Professionals Honored as Innovative Health IT Leaders

HL7 Da Vinci Project Honors 2021 Community Champions

As an HL7 Accelerator, the Da Vinci Project’s primary mission is to improve the healthcare delivery system by accelerating interoperability standards while reducing administrative burden and improving health outcomes, with a focus in value-based care. Da Vinci is creating change through the collaboration of providers, payers and vendors who have this core mission as their focus. Our greatest strength is our people, and to transform healthcare delivery, we need to foster and attract diverse talent.

Last year Da Vinci created the Community Champions Program to recognize and foster talented problem solvers. The Community Champion Program recognizes individuals who display the unique traits of industry above self, a passion for making the healthcare system work better, supporting others, and promoting change. The honorees are highlighted below.

Holding the unique honor of appearing in both the inaugural class of champions in 2020 and in the Class of 2021, David DeGandi continues to be a leader in advancing modern healthcare by expanding the implementation of the HL7 Da Vinci Project. Dave has created and worked on the Value Metrics Framework, which can be applied to all use cases. Dave also worked on several “firsts” in the nation, including the release of the CRD Smart on FHIR app into the Epic app orchard, and the CMS 278 exception for prior authorization support. His collaborative spirit and commitment to advancing healthcare through interoperability and the Da Vinci project show his passion for innovation and improving the healthcare experience.

The next champion, “Raj” Godavarthi, is highly engaged and is always willing to share the Da Vinci story. He was named the co-lead for the HL7 Da Vinci Project’s burden reduction use cases in prior authorization support (PAS), coverage requirement discovery (CRD), and documentation templates and rules (DTR). He has shared his experiences at MCG in numerous presentations to provide a roadmap for others to become involved in the project. He also embarked on an extensive initiative to educate payers and providers about the future of prior authorization automation by creating a free monthly webinar series that has attracted thousands of individual registrations from payers, third-party administrators, providers, government agencies and quality auditors. He continues to lead interoperability efforts and build bonds between other Da Vinci subject matter experts as well as those new to the project.

Continued on page 20
Eight Professionals Honored as Innovative Health IT Leaders

Heather Kennedy
Principal Interoperability Architect
Humana

“As a twenty something new to healthcare, I never went to the doctor, used a portal or even thought about what a care team was. In my thirties, while navigating cancer, I quickly learned the importance of having the right data at the right place at the right time. It is beautiful to see the healthcare ecosystem partners come together through Da Vinci and solve problems that I know will improve patient outcomes and remove provider burden.”

Heather Kennedy has demonstrated innovative technical leadership to improve payer and provider business for members and patients while bringing together other experts and leaders across the industry to deliver on the vision of value-based care that the Da Vinci project supports. She has provided subject matter expertise and thought leadership, and her continued real-world experience is why we are recognizing her continued efforts.

Alice O’Carroll
Interoperability Product Manager
Florida Blue/GuideWell

“Engagement in Da Vinci is vital for organizations who want to ensure their roadmaps will align with the future industry standards. It also affords organizations the opportunity to have a seat at the table where the standards are being developed. This has taken on an ever-increasing importance as Federal mandates have started to require adherence to some of the IGs coming out of Da Vinci work groups.”

Alice O’Carroll has stepped into Da Vinci to represent Florida Blue from a payer perspective and brings her previous provider expertise to the Patient Cost Transparency Implementation Guide efforts. Her leadership as co-chair brings providers and payers together, and she willingly presents on many stages, including HIMSS, in order to bring awareness and transparency to the implementation guide and future regulations.

Heidi Kriz
Assistant Director Medical Policy
Regence

“Our goal is to be an industry leader in transforming health care processes to improve care access as well as the patient and provider experience, ultimately resulting in better patient outcomes. FHIR is a next-generation standards framework, and the future of healthcare data exchange allowing for a significantly greater degree of automation. Using data, automation and interoperability technology for service reviews improves speed-to-care for members while reducing the burden for providers.”

Heidi Kriz has the heart and the passion to drive prior authorization forward. She is a rising star and is spreading the word to the nation on how we can make healthcare better for patients, members, providers and payers—a “win, win, win, win.” She walks the talk of making change to improve upon the opportunities we have in creating a healthier future for all. Her work on prior authorization is where she started, but her intelligence and her drive has led her to seek more about the use of FHIR and its capabilities to achieve better health outcomes.

Semira Singh
Director, Population Health Informatics
Providence

“Da Vinci creates an opportunity for payers, providers, and vendors to come together and develop national standards that promote transparency, success, and help further the adoption of Value Based Care (VBC). This incredibly important work cultivates an ecosystem where a common healthcare data language is spoken to empower organizations to make data driven decisions that positively impact patient care.”

Semira Singh has served as a pillar of strength and innovation within Da Vinci’s provider community, with a focus on seeking to establish a scalable implementation pathway for value-based care use cases. She has served as a pioneer in working with partners on piloting challenging first initiatives, such as member attribution, and has single handedly led the technical initiatives within Providence that aim to convert these concepts into reality. She has been a great collaborator with Providence’s payer partners in engaging them within a Da Vinci framework, championing standards-based approaches and a collaborative sensibility.
Eight Professionals Honored as Innovative Health IT Leaders

September 2022

Jason Zenobia has been instrumental in getting the risk adjustment use case off the ground, and he is dedicated to making health care better. He has produced numerous slide decks to educate and help the community increase its understanding and knowledge. He also actively digs into the work, taking several examples and identifying additional elements to strengthen them. He works very cooperatively and, like many of his peers, he is truly passionate about getting it right.

Brent Zenobia
Chief Strategist
Novillus

“By reducing the administrative burden on health care providers I believe Da Vinci is our best hope for easing physician burnout.”

Jason Teeple has been instrumental in getting the risk adjustment use case off the ground, and he is dedicated to making health care better. He has produced numerous slide decks to educate and help the community increase its understanding and knowledge. He also actively digs into the work, taking several examples and identifying additional elements to strengthen them. He works very cooperatively and, like many of his peers, he is truly passionate about getting it right.

Jason Teeple
Enterprise Architect
Evernorth

“Da Vinci provides us with an opportunity to work cooperatively to use standards, use cases and implementation guides to improve interoperability for the entire healthcare system.”

Brent Zenobia’s dedication to various use cases and implementation guides has truly created an opportunity to improve interoperability for the entire healthcare system. From burden reduction and prior authorization to payer data exchange, his insight and ideas have made a difference.

Many Thanks to our Champions!

“On behalf of the HL7® Da Vinci Project, our Steering Committee and members, we are delighted to recognize our 2021 Da Vinci Community Champions. The important work of our FHIR accelerator is powered by people dedicated to solving today’s interoperability challenges. Each individual was nominated by their peers based upon their daily applied effort, exemplary achievements and unique contributions to the Da Vinci Project in 2021,” said Kirk Anderson, HL7 Da Vinci Project Steering Committee Member and Vice President and Chief Technology Officer at Cambia Health Solutions.

He added, “The growth and advancement of the industry standards, the expansion of FHIR community between payers and providers, and individuals like these champions are fueling the industry towards true interoperability. We will continue to identify and lift up community members who exemplify our goals, and to encourage and inspire others to join us on this incredible journey of building the future standards that are already improving the delivery of care.”

Congratulations to all the 2021 HL7 Da Vinci Project Community Champions, whose efforts continue to inspire and transform healthcare!

By Leslie Amoros, Communications Lead, HL7 Da Vinci Project and Vice President and Senior Consultant, Imprado
Earlier this year, FAST began transitioning from an ONC-convened initiative, focused on solving infrastructure challenges to enable scalable FHIR adoption, into an HL7 FHIR Accelerator and much progress has already been made! Now FAST, while continuing current work in progress, will also look to prioritize new projects moving forward. Before we get into that, let’s cover how we got here.

Founding members joined FAST between January and April 2022. Transitioning from a volunteer-driven organization to the HL7 Accelerator membership model seemed like a tall order, but a diverse and prominent group of organizations came forward to join and express their commitment to building the FHIR infrastructure to enable scalable adoption. Once founding members were in place, they implemented weekly member meetings to build the foundation for ongoing governance.

**Steering Committee Elections**

In June, FAST held elections to establish the Steering Committee whose purpose is to serve as the elected and representative body that will evaluate and prioritize the focus of FAST work and most especially how resources are applied to support the work. The FAST Steering Committee was designed to include representation from two provider organizations, two payer organizations and two technology/health IT vendor organizations as well as have representation from HL7, Centers for Medicaid and Medicare Services (CMS) and the Office of the National Coordinator for Health Information Technology (ONC), HL7 and 4 at-large seats. The results of the election and the new FAST Steering Committee are detailed below.

**FAST Steering Committee**

<table>
<thead>
<tr>
<th>Providers</th>
<th>Ashish Atreja, UC Davis Health</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Deepak Sadagopan, Providence</td>
</tr>
<tr>
<td>Payers</td>
<td>Robert Holzer, HCSC</td>
</tr>
<tr>
<td></td>
<td>Sheryl Tunney, Elevance</td>
</tr>
<tr>
<td>Technology/HIT Vendors</td>
<td>Sanford Coker, AWS</td>
</tr>
<tr>
<td></td>
<td>Duncan Weatherston, Smile CDR</td>
</tr>
</tbody>
</table>

**Next Steps**

Now that the FAST governance structure is in place, the team looks to identify the next tranche of work FAST will take on. As stated previously, FAST already had implementation guides underway when
the transition to a FHIR Accelerator began, so work on version 2 of the Security, Identify and Directory related implementation guides will likely be on the nearer term horizon for new work. FAST leadership has started consideration of completely new projects as well. It’s important that any new project fall squarely in the scope of building infrastructure to enable scalability rather than functional use cases the other FHIR Accelerators are working on. New FAST projects will:

- Address a common need across functional use cases
- Focus on scaling FHIR and driving towards a national, FHIR-based, API network
- Enable dynamic use of restful APIs based on FHIR

Some examples of new projects under consideration are the architecture approach needed for consent” and scaling architecture as it relates to TEFCA among several others. FAST leadership know that broad industry input is important to ensure FAST is addressing the highest priority infrastructure challenges. With that in mind, we’re asking for your input and suggestions for possible new use cases by submitting this form.

Learn More!
The interoperability community can learn more about FAST, its current work and schedule of public meetings by visiting the FAST Confluence page at https://confluence.hl7.org/display/FAST/FHIR+at+Scale+Taskforce+%28FAST%29+Home. To learn more about becoming a FAST member, please contact fast@hl7.org.
The first half of 2022 has been one of tremendous growth for the CodeX community, with the launch of new domains dedicated to genomics and cardiovascular health. CodeX now boasts 10 different use cases through which community members are working to demonstrate the value of using mCODE-based data in clinical care scenarios. The addition of the new domains offers a variety of new opportunities to positively impact patient care using mCODE and other open data standards to improve system-to-system communication and data sharing. CodeX use cases highlight opportunities to support health care and research in oncology and beyond.

CodeX members began applying mCODE, an open standard language for cancer data, in use cases addressing clinical trial matching, cancer registry reporting, and developing and automating the exchange of radiation therapy treatment summaries. Now teams are advancing use cases through planning phases in preparation for executing pilots, in addition to beginning discovery and pre-discovery work in other areas to address challenges and barriers to care delivery. Some recent use case highlights follow.

**Prior Authorization in Oncology Use Case**

The CodeX Prior Authorization in Oncology use case team is completing a robust planning phase that addresses the complex process associated with obtaining prior authorization (PA) for aspects of care delivery. A recent public call hosted by CodeX confirmed the prior authorization use case aligns with the Centers for Medicare & Medicaid Services’ aspirations to improve the care experience by all involved, including the patient, and to deliver optimal care in a timely manner. The use case team continues with important Coverage Requirements Discovery (CRD) process development, drafting technical specifications and pilot metrics, supporting and leading to the planned synthetic pilot in December 2022/January 2023.
The use case team is interested in having additional stakeholders join this effort. If interested, please contact use case coordinator Kim Boyd. The Prior Authorization in Oncology team meets with the public monthly on the fourth Tuesday of the month. See call details here: https://confluence.hl7.org/pages/viewpage.action?pageId=66941426#PriorAuthorizationinOncology-ConferenceCallSchedule&Dial-Ins

**GenomeX: Enhancing Access to Genomic Data for Improved Patient Care**

Healthcare and EHR workflows lack the collection of standardized, machine-readable data to support reporting and analysis of genomic data. Genomic data provides critical information for identifying treatment options in cancer and other disease states. The standardized transmission of genomic data is important for population health management. The GenomeX community continues their work to identify opportunities to advance the interoperability of genomic data using HL7 Fast Healthcare Interoperability Resources (FHIR®) resources. Over 27 organizations are working together to develop leadership teams and timelines for two use cases:

- **FHIR Genomics Data Exchange** – Designing and building scalable FHIR genomics interfaces so that genomic data can easily be shared between laboratories, EHRs and/or genomics repositories
- **FHIR Genomics Operations** – Enabling access to complex genomic data through APIs so that developers can more easily develop and populate data for a range of genomic applications

The community is interested in engaging all stakeholders in the use cases, especially those from laboratories and healthcare organizations. Join the GenomeX effort to accelerate the adoption of FHIR genomics by contacting facilitator Arthur Hermann or coordinator Mallory Carellas.

**CardX: Developing Smarter Cardiovascular Data to Improve Adherence and Outcomes**

The CardX use case team intends to improve provider and patient adherence to national hypertension management guidelines through FHIR resources and open APIs that leverage treatment standards. This use case is in the early stages of development and, as with the GenomeX use case, takes the CodeX and mCODE experience into new disease states. CodeX invites all interested stakeholders to join in defining and discovering use case possibilities. For information on the goals and objectives of the Cardiovascular domain, please visit: https://confluence.hl7.org/display/COD/Cardiovascular. Contact Kim Ball to learn more about becoming involved with the CardX Hypertension Management Use Case. CardX plans to host its first public call in September. Look for more information via the CodeX Calendar and LinkedIn.

**Stay in Touch**

CodeX encourages stakeholders across the oncology and broader patient health ecosystem to stay up to date with the latest mCODE and CodeX news and project updates by visiting the CodeX Confluence home page and clicking “Sign up for CodeX Communications.” Reach out to Steve Bratt sbratt@mitre.org, Su Chen suchen@mitre.org or Kim Ball kim.ball@pocp.com with any questions!

Explore these links for ongoing CodeX work and stay informed of upcoming calls and activities:

- For more information about CodeX public calls and activities, please visit: https://confluence.hl7.org/display/COD/CodeX+Calendar
- To learn more about the real-world application of mCODE, register for the monthly mCODE Community of Practice call (last Friday of the month, 12-1pm ET): https://confluence.hl7.org/display/COD/mCODE+Community+of+Practice
- To view the high-level CodeX Project Plan, please visit: https://confluence.hl7.org/display/COD/CodeX+Program+Plan

By the CodeX Project Management Team
The Gravity Project

Accelerating National SDOH Data Standards

Since May 2019, over 2,500 stakeholders across the health care, health IT, community-based, federal and state agency, payer, academic, and consumer advocacy sectors have signed up as members of the Gravity Project. Key project accomplishments and target milestones over the past year are:

HL7 FHIR Connectathons. The Gravity Project track regularly participates in scheduled HL7 FHIR Connectathons. In July 2022, the Gravity SDOH Track presented at the 2022 July CMS FHIR Connectathon, which consisted of two sessions where industry organizations demoed Use Cases as part of real-world testing scenarios. The goal of the Gravity track was to understand implementation needs and exercise testing capabilities to advance exchange of health-related social needs information using the Gravity SDOH FHIR Implementation Guide to improve whole-person care.

Success Story: Transforming Assessments and Referrals for NJ Residents. A project funded by the Centers for Medicare & Medicaid Services, called Integrated Care for Kids (InCK), aims to significantly improve health outcomes for at-risk pediatric Medicaid recipients by identifying them far earlier, and then delivering integrated care coordination that connects them to health and human services across an array of partner organizations (e.g., schools, housing, food, and child welfare, and mobile crisis-response services). In doing so NJ InCK's team partnered with MayJuun and Open City Labs (OLC) to scale the Gravity Project’s standards for identifying and addressing patients’ social needs.


Launched in May 2019 by the Social Interventions Research and Evaluation Network (SIREN) with funding from the Robert Wood Johnson Foundation, the Gravity Project is a national public collaborative that is developing data standards to help reduce current barriers for documenting and exchanging social risk and protective factors within health care and other sectors. In August 2019, the Gravity Project became an official HL7 FHIR Accelerator Project.

By Evelyn Gallego, Program Manager, Gravity Project

To learn more about the Gravity Project, please visit: https://thegravityproject.net/

For more information on the multi-SDOH domain ICD-10 CM submission, please visit: https://confluence.hl7.org/display/GRAV/ICD-10+Coding+Submissions

To view the latest consensus voted master datasets by SDOH domain, please visit: https://confluence.hl7.org/display/GRAV/Terminology+Workstream+Dashboard

For more information on the HL7 FHIR Accelerator Program, please visit: https://www.hl7.org/about/fhir-accelerator/
on CMS’s welcome proposal to require two new screening measures in the Hospital Inpatient Quality Reporting (IQR) Program to measure social drivers of health and integrate social drivers of health factors into Medicare quality reporting and payment. View comment letter here.

**CMS Proposed Rules, requiring standards.** On January 12, 2022, CMS published proposed policy and technical changes for Medicare Advantage in 2023. Proposed MA Special Needs Plans (SNPs) include standardized questions on housing stability, food security, and access to transportation as part of their currently required health risk assessments. CMS intends to align the required standardized questions with the SDOH Assessment data element integrated in USCDI v2. Final rule just released. Medicare Program; Contract Year 2023 Policy and Technical Changes to the Medicare Advantage and Medicare Prescription Drug Benefit Programs, 87 Federal Register 27704, 27726-27727 (May 9, 2022) (requiring Special Needs Plans to include standardized questions on housing stability, food security, and access to transportation aligned with Gravity Project’s assessment standards in USCDI v2)

**Upcoming Activities**

The Gravity Project will begin addressing the digital inequity domain from August to November. We are looking for a wide range of community engagement for content submission and domain subject matter experts to serve as expert references in vetting screening tools for validity, developing necessary diagnosis terms and definitions aligned with the evidence, identifying appropriate patient-centered goal statements, and ensuring core programs and professions are included in all intervention terminology. If you are interested in learning more about the pilots, please email: gravityproject@emiadvisors.net

---

**HL7 Standards Published Since May 2022**

- **Informative Publication of HL7 Short Term Solution – V2: SOGI Data Exchange Profile**
- **Errata Publication of US Core STU5 Release 5.0.1**
- **STU Publication of HL7 FHIR® Implementation Guide: Subscription R5 Backport, Release 1**
- **STU Update Publication of HL7 CDA® R2 Implementation Guide: Reportability Response, Release 1 STU Release 1.1- US Realm**
- **STU Publication of HL7 FHIR® Implementation Guide: Clinical Data Exchange (CDex), Release 1 STU1.1.0 – US Realm**
- **STU Update Publication of HL7 FHIR Profile: Occupational Data for Health (ODH), Release 1.2**
2022 Technical Steering Committee Members

EX-OFFICIO
Charles Jaffe MD, PhD
Health Level Seven International
cjaffe@HL7.org
Andrew Truscott
Accenture
andrew.j.truscott@accenture.com

CHIEF STANDARDS DEVELOPMENT OFFICER
Daniel Vreeman, DPT
Health Level Seven International
dan@HL7.org

CDA MANAGEMENT GROUP REPRESENTATIVE
Linda Michaelsen
Optum
linda.michaelsen@optum.com

FHIR MANAGEMENT GROUP REPRESENTATIVE
Josh Mandel, MD
SMART Health IT
jmandel@gmail.com

IMPLEMENTER REPRESENTATIVE
Rick Geimer
Lantana Consulting Group
rick.geimer@lantanagroup.com
Bryn Rhodes
Alphora
bryn@alphora.com

INTERNATIONAL AFFILIATE REPRESENTATIVE
Giorgio Cangioli
HL7 Italy
giorgio.cangioli@gmail.com
Christof Gessner
HL7 Germany
christof.gessner@gematik.de

TSC CHAIR
Austin Kreisler
Leidos, Inc.
AUSTIN.J.KREISLER@leidos.com

TSC CHAIR ELECT
Jean Duteau
Duteau Design Inc
jean@duteaudesign.com

US REALM REPRESENTATIVE
Chris Shawn
U.S. Department of Veterans Affairs
christopher.shawn2@va.gov

V2 MANAGEMENT GROUP REPRESENTATIVE
Amit Popat
Epic
amit@epic.com

WORKING GROUP REPRESENTATIVE
Gora Datta
CAL2CAL Corporation
gora@cal2cal.com

Ulrike Merrick
Vernetzt, LLC
rikimerrick@gmail.com
Melva Peters
Jenaker Consulting
melva@jenakerconsulting.com
AbdulMalik Shakir
Hi3 Solutions
abdulmalik.shakir@hi3solutions.com
Sandra Stuart
Kaiser Permanente
sandra.stuart@kp.org

TS MG REP TO TSC
Robert McClure, MD
MD Partners, Inc.
rmcclure@mdpartners.com

ADHOC MEMBER
David Pyke
Audacious Inquiry
dpyke@ainq.com

Benefactors
## Organizational Members

**BENEFACTORS**
- Accenture
- Allscripts
- Amazon Web Services, Inc.
- American Medical Association
- AmeriHealth Caritas
- Apple Inc.
- Centers for Disease Control and Prevention/CDC
- Cerner Corporation
- CVS Health
- Duke Clinical & Translational Science Institute
- Edifecs, Inc.
- Epic
- European Medicines Agency
- Federal Electronic Health Record Modernization Office
- Food and Drug Administration
- Google
- Graphite Health Inc
- Independence Blue Cross
- Intermountain Healthcare
- InterSystems
- Kaiser Permanente
- MAK-SYSTEM Group Limited
- MuleSoft
- Office of the National Coordinator for Health IT
- Onyx Technology LLC
- Optum
- Partners HealthCare System, Inc.
- Pfizer
- Philips Healthcare
- Quest Diagnostics, Incorporated
- Ready Computing Inc.
- U.S. Department of Veterans Affairs
- UnitedHealthcare

**GOLD**
- Academy of Nutrition & Dietetics
- ACS Solutions
- ADVault, Inc.
- Aetna
- Alphora
- Altarum
- American College of Physicians
- American Heart Association
- Analog Informatics Corporation
- ASSYST, Inc.
- Asymmetrik, a Blue Halo Company
- Audacious Inquiry
- Availity, LLC
- Azuba Corporation
- Blue Cross Blue Shield Association
- BlueCross Blue Shield of Alabama
- Brooklyn Data Co.
- CAL2CAL Corporation
- Carradora Health, Inc.
- CITRIOM LLC
- Cohere Health
- Computer Publishing LLC
- Computation, Inc.
- Connecticut Department of Public Health
- CORMAC Corp
- Council of State and Territorial Epidemiologists
- CU Anschutz Medical Campus
- DasLab GmbH
- Datavant
- Drummond Group
- Duteau Design Inc
- EBSCO Health
- eHealth Initiative
- EMI Advisors LLC
- etherFAX, LLC
- Evernorth
- EyeMD EMR Healthcare Systems, Inc.
- Flexpa
- Health Care
- Service Corporation
- Health Intersections Pty Ltd
- Henry M. Jackson Foundation
- HHS/Office of Inspector General
- ICF
- ICHOM
- Innovaccer Inc.
- Inovalon Inc.
- Intelligent Medical Objects (IMO)
- INTERFACEWARE, Inc.
- Isoprime Corporation
- Johnson & Johnson
- Kailo Medical
- Karkinios Healthcare Private Limited
- Labware, Inc.
- Massachusetts Health Data Consortium
- MaxMD
- Medallies, Inc
- MedCom
- Michigan Health Information Network
- Microsoft Corporation
- Milliman Intelliscript
- MY Synergy Ltd.
- National Association of Community Health Centers
- National Association of Dental Plans
- NeuralFrame
- NICTIZ
- NIH/Department of Clinical Research Informatics
- Northwestern Medicine
- Novillus
- Optimoz, Inc.
- OtisHealth
- P.G.M.D. Consulting S.r.l.
- Particle Health
- PenRad
- PROMTIME
- Public Health Informatics Institute
- Redox
- Renegristef Institute, Inc.
- Registry Clearinghouse
- Reliv
- Rhoads Systems Inc.
- Rochester RHIO
- RTI International
- Samvit Solutions
- Security Identification Systems Corporation
- Security Risk Solutions, Inc. (SRS)
- SenecaGlobal
- Seoul Medical Informatics Intelligence Lab Inc.
- SMART Health IT
- St. Jude Children’s Research Hospital
- Starwest Tech
- System Soft Technologies
- Tata America
- International Corp (TAIC)
- The Sequoia Project
- Thenoz Médica S.A. de C.V.
- Therap Services LLC
- UC Davis School of Medicine
- UCSF Center for Digital Health Innovation
- Univ of TX Health Science Center San Antonio
- University of Arkansas Medical Sciences
- US Aging
- UW Medicine Information Technology Services
- Vermont Oxford Network
- VICO Open Modeling
- Vyntyl
- WSO2
- Zocdoc, Inc.

**CONSULTANTS**
- Accenture
- ACS Solutions
- AEGIS.net, Inc.
- Alphora
- Altarum
- Amazon Web Services, Inc.
- ASSYST, Inc.
- BookZurman
- Brooklyn Data Co.
- Calian Digital Solutions Ltd.
- Carradora Health, Inc.
- CITRIOM LLC
- Computable Publishing LLC
- Curandi
- Drummond Group
- Duteau Design Inc
- DynaVet Solutions, LLC
- Elimu Informatics Inc.
- EMI Advisors LLC
- EnableCare LLC
- EPAM
- GigaTECH LLC
- Health eData Inc.
- Health Intersections Pty Ltd
- Healthcare Integrations, LLC
- Hi3 Solutions
- HLN Consulting, LLC
- ICF
- iINTERFACEWARE, Inc.
- J Michael Consulting, LLC
- Lantanis Consulting Group
- Mathematica Policy Research
- Oddball, Inc.
- Outburn Ltd.
- P.G.M.D. Consulting S.r.l.
- Point-of-Care Partners
- Professional Laboratory Management, Inc.
- Rhoads Systems Inc.
- Rochester RHIO
- Samvit Solutions
- SavantSolutions4HIT, LLC
- Security Risk Solutions, Inc. (SRS)
- Stedi
- SynergyReactor LLC
- System Soft Technologies
- Telligent
- Thenoz Médica S.A. de C.V.
- Vernetzt, LLC
- VICO Open Modeling
- Vitamin Software Inc
- WaveOne Associates Inc.
- Wi4 Corporation

**GENERAL INTEREST**
- Academy of Nutrition & Dietetics
- Administration for Children and Families
- Agence eSante Luxembourg
- Alabama Department of Public Health
- Alliance for Cell Therapy Now
- Alliance Health
- American Academy of Neurology
- American Clinical Laboratory Association
- American College of Physicians
- American Dental Association
Organizational Members (continued)

American Heart Association
American Immunization Registry Association (AIRA)
American Medical Association
American Society of Clinical Oncology
Avaneer Health
Baylor College of Medicine
Blue Cross Blue Shield Association
CA Department of Public Health
California Department of Health Care Services
CAQH
CDISC
Centers for Disease Control and Prevention/CDC
Centers for Medicare & Medicaid Services
Centre for Development of Health Information Systems Centre
Contra Costa County Health Services
Council of State and Territorial Epidemiologists
CU Anschutz Medical Campus
DGS, Commonwealth of Virginia
DirectTrust
Duke Clinical & Translational Science Institute
eHealth Initiative
European Medicines Agency
Federal Electronic Health Record Modernization Office
Florida Department of Health
Food and Drug Administration
Georgia Department of Public Health
Government of the Northwest Territories
Graphite Health Inc
HAS (Haute Autorité de Sante)
Health and Welfare Information Systems Centre
Health Sciences South Carolina
Henry M. Jackson Foundation
HHS/Office of Inspector General
HSE - Health Service Executive
I3L @ GaTech
ICCBBA, Inc.
ICH
ICHOM
Idaho Bureau of Vital Records and Hlth Stats
Indian Health Service
IPRO
Japan Pharmaceutical Manufacturers Association
Massachusetts Health Data Consortium
MedCom
Michigan Health Information Network
Minnesota Department of Health
NAACCR
National Association of Community Health Centers
National Association of Dental Plans
National Cancer Institute
National Council for Prescription Drug Programs
National Institute of Standards and Technology
National Library of Medicine
NC Division of Public Health
NCQA
Nebraska Dept of Health and Human Services
Nebraska Health Information Initiative (NeHII)
New York State Office of Mental Health
NHS Digital
NICTIZ
NIH/Department of Clinical Research Informatics
NJ Division of Developmental Disabilities
NJDOH
NYS DOH, Office of Quality and Patient Safety
Object Management Group (OMG)
Office of the National Coordinator for Health IT
OR.NET
Oregon Health and Science University
Oregon Public Health Division
PA Health and Human Services Delivery Center
Pharmaceuticals & Medical Devices Agency
Public Health Informatics Institute
Radiological Society of North America
RTI International
SLI Compliance
SMART Health IT
Social Security Administration
State of New Hampshire
SYNCRONYS
Tennessee Department of Health
The Joint Commission
The Sequoia Project
U.S. Department of Veterans Affairs
UC Davis School of Medicine
UC Irvine Health Sciences
UCSF Center for Digital Health Innovation
United Network for Organ Sharing
United Physicians
Univ of TX Health Science Center San Antonio
University of AL at Birmingham
University of Arkansas Medical Sciences
University of Minnesota
University of Texas Medical Branch at Galveston
USAging
UW Medicine Information Technology Services
Vermont Oxford Network
Virginia Department of Corrections
Virginia Department of Health and Human Resources
WNY HEALTHeLINK
WorldVistA
WV Department of Health and Human Resources

PAYERS
Aetna
AmeriHealth Caritas
Anthem, Inc.
Arkansas Blue Cross Blue Shield
Blue Cross Blue Shield of South Carolina
BlueCross BlueShield of Alabama
BlueCross BlueShield of Tennessee
Cambia Health Solutions
Clover Health
Evernorth
GuideWell
Health Care Service Corporation
Healthspring
Humana Inc
Independence Blue Cross
Magellan Health
SCAN Health Plan
UnitedHealthcare
WPS Health Solutions

PHARMACY
Johnson & Johnson
Merck & Co. Inc.
Parexel International
Pfizer

PROVIDERS
1Life, Inc.
Affidea Spain
Albany Medical Center
Allendale County Hospital
ARUP Laboratories, Inc.
Babylon Health
Benedictine Health System
Best Option Healthcare PR
Blessing Hospital
Boston Medical Center
CEDARS-SINAI Medical Center
Central Illinois Radiological Associates
Children’s Mercy Hospitals and Clinics
CLM Center for Life Management
Curai Health
CVS Health
Diagnostic Laboratory Services
HCA IT&S
Intermountain Healthcare
Organizational Members (continued)  September 2022

JBH Solutions  
Johns Hopkins Hospital  
Kaiser Permanente  
Laboratory  
Corporation of America  
Mary Greeley Medical Center  
Mayo Clinic  
Mediclinic Southern Africa  
MolecularDX, LLC  
MultiCare Health System  
NeuroPsychiatric Hospitals  
New York-Presbyterian Hospital  
North Carolina Baptist Hospitals, Inc.  
Northwestern Medicine  
Partners HealthCare System, Inc.  
Providence St. Joseph Health  
Quest Diagnostics, Incorporated  
Rady Children’s Hospital  
Redington-Fairview Hospital  
Regenstrief Institute, Inc.  
Spectrum Health  
St. Jude Children’s Research Hospital  
Stanford Children’s Hospital  
StationMD, PC  
The Children’s Hospital of Philadelphia  
UK HealthCare  
University of Nebraska Medical Center  
University of Utah Health Care  
UT M.D. Anderson Cancer Center  

VENDORS  
3 Net Wise, Inc.  
Advanced Concepts AG  
ADVault, Inc.  
Allscripts  
Analog Informatics Corporation  
Apelon, Inc.  
Apple Inc.  
Applied PilotFish  
Healthcare Integration  
Applied Research Works  
Appriss Health  
Asymmetric, a Blue Halo Company  
athenahealth  
Audacious Inquiry  
Availity, LLC  
Azuba Corporation  
Beckman Coulter, Inc.  
Becton Dickinson  
Biology Works  
Brightspace  
Advertising PTY LTD  
By Light Professional IT Services LLC  
CALZCAL Corporation  
Care Everywhere, LLC  
Caristix  
Cerner Corporation  
Change Healthcare  
CitiusTech Healthcare  
Technology Private Limited  
Clinetic, Inc.  
Clinical Architecture LLC  
Clinical Software Solutions  
Clinicomp, Int'l  
CloverDX  
Cognizant Medical Systems  
Cognizant Cohere Health  
Community Computer Service, Inc.  
Computation, Inc.  
Conectate Soluciones y Aplicaciones SL  
Consento  
CORMAC Corp  
CoverMyMeds  
Cyrus-XP LLC  
DasLab GmbH  
Datavant  
Dataware Sdn Bhd  
Deer Creek Pharmacy Services  
Diameter Health  
Digital Healthcare Solutions Arabia (DHS Arabia)  
Document Storage Systems, Inc.  
Dynamic Health IT, Inc.  
EBSCO Health  
eClinicalWorks  
Edifeccs, Inc.  
Electronic Health Management Applications  
Elekta  
EMR Direct  
Envi  
Epic  
Equideum Health  
etherFAX, LLC  
Evident  
EXTEDO  
EyeMD EMR Healthcare Systems, Inc.  
ezEMRx  
FEI.com  
Flatiron Health  
Flexpa  
Foothold Technology  
GE Healthcare  
Goldblatt Systems, LLC  
Google  
Greenway Health  
HCL America, Inc.  
Health Catalyst  
HealthTrio, LLC  
Infor,(US), LLC  
Innosoft Corporation  
Innovaccer Inc.  
Inovalon Inc.  
Intelligent Medical Objects (IMO)  
Interbit Data, Inc.  
Interopion  
InterSystems  
PatientCare, LLC  
IPRD Solutions, Inc.  
Isoprime Corporation  
Kailo Medical  
Karkinos Healthcare Private Limited  
Labware, Inc.  
Leidos, Inc.  
LexisNexis Risk Solutions  
Logibec  
Los Angeles Network for Enhanced Services (LANES)  
Lyniate  
MacroHealth  
MAK-SYSTEM Group Limited  
MaxMD  
MayJun  
Mckesson Corporation  
Medallies, Inc  
MedConnect, Inc.  
MedEvolve, Inc.  
MedicaSoft  
Medicomp Systems, Inc.  
Medicus Clinical, LLC  
MediSked, LLC  
Medisolv Inc  
MEDITECH, Inc  
Medtronic  
Merative  
MHNXUS SDN BHD  
Microsoft Corporation  
Milliman IntelliScript  
ModuleMD LLC  
Moxe Health  
MuleSoft  
Nagnoi  
NeuralFrame  
NextGen Healthcare  
Information Systems, Inc.  
NoMoreClipboard.com  
Novillus  
Objective Medical Systems, LLC  
OneHealthPort  
Onyx Technology LLC  
Optimoz, Inc.  
Optum  
OtsHealth  
Particle Health  
Patient Resource LLC  
PenRad  
Peraton  
Philips Healthcare  
Premier Healthcare Alliance  
PROMTIME  
QSI Systems  
QS/1 Data Systems, Inc.  
Qvera  
Ready Computing Inc.  
Real Seven, LLC  
Redox  
Registry Clearinghouse  
Revil  
Retarus Inc.  
Roche Diagnostics International Ltd.  
Rosch Visionary Systems  
Sabianmed Corporation  
SanctiPHI Tech Inc  
Security Identification Systems Corporation  
SenecaGlobal  
Seoul Medical Informatics Intelligence Lab Inc.  
SIVSA SOLUCIONES INFORMATICAS, S.A.U.  
Smart Reporting GmbH  
SoftDev Incorporated  
Softek Solutions, Inc.  
Software AG USA, Inc.  
Starwest Tech  
Surescripts  
SurgiVision Consultants, Inc.  
Synopsys Finland Oy  
Tata America International Corp (TAIC)  
The MITRE Corporation  
Therap Services LLC  
TIBCO Software Inc.  
Varian Medical Systems, Inc.  
Vital Data Technology  
Vynyl  
West Coast Informatics  
WithmyDoc  
Wolters Kluwer Health  
WSO2  
XchangeWorx  
XIFIN, Inc.  
Yardi Systems, Inc.  
Zane Networks LLC  
Zeus Health  
Zocdoc, Inc.
AR DEN SYNTA X  
Peter Haug, MD  
Intermountain Healthcare  
peter.haug@mail.org
Robert Jenders,  
MD, MS, FHL7  
Charles Drew University/UCLA  
jenders@ucla.edu

B IOMEDICAL RESEARCH  
AND REGULATION  
Maryam Garza  
University of Arkansas Medical Sciences  
mygarza@uams.edu
Hugh Glover, FHL7  
Blue Wave Informatics  
hugh_glover@bluewaveinformatics.co.uk
Smita Hastak  
Samvit Solutions  
shastak@samvit-solutions.com
Andy Ivenson  
Medtronic  
andy.iverson@medtronic.com

C LINICAL DECISION  
SUPPORT  
Guilherme Del Fiol, MD, PhD  
University of Utah Health Care  
guilherme.delfiol@utah.edu
Robert Jenders,  
MD, MS, FHL7  
Charles Drew University/UCLA  
jenders@ucla.edu
Kensaku Kawamoto, MD, PhD  
University of Utah Health Care  
kensaku.kawamoto@utah.edu
Bryn Rhodes  
Alphora  
bryn@alphora.com
Howard Strasberg, MD, MS  
Wolters Kluwer Health  
howard.strasberg@wolterskluwer.com

C LINICAL GENOMICS  
Robert Freimuth, PhD  
Mayo Clinic  
freimuth.robert@mayo.edu
James Jones  
SMART Health IT  
jeames.jones@chip.org

B ob Millius, PhD  
National Marrow Donor Program  
bmilius@nmdp.org
Mullai Murugan  
Baylor College of Medicine  
mullai.murugan@bcm.edu
Kevin Power  
Children’s Mercy Hospitals and Clinics  
kmpower@cmh.edu
Patrick Werner  
HL7 Germany  
pa.f.werner@gmail.com

C LINICAL INFORMATION  
MODELING INITIATIVE  
Richard Esmond  
Graphite Health Inc.  
richard.esmond@gmail.com
Stanley Huff, MD, FHL7  
Graphite Health Inc.  
stan.huff@graphitehealth.io
Claude Nanjo  
University of Utah Health Care  
cnanko@gmail.com

C LINICAL INTEROPERABILITY  
COUNCIL  
Bruce Bray  
University of Utah Health  
bruce.bray@hsc.utah.edu
Laura Heermann  
Langford RN, PhD  
Graphite Health Inc  
laura.heermann@graphitehealth.io
Russell Leftwich, MD  
InterSystems  
russell.leftwich@intersystems.com
James McClay, MD  
NextGen BMI, University of Missouri  
jmcclay@ummc.edu
James Tcheng, MD  
Duke University Health System  
james.tchung@duke.edu

C LINICAL QUALITY INFORMATION  
Paul Denning  
The MITRE Corporation  
pauld@mitre.org

Floyd Eisenberg, MD  
iParsimony LLC  
FEisenberg@iParsimony.com
Jan Heras  
Optimum eHealth LLC  
yanheras@gmail.com
Stan Rankins, MIS, MSIT  
Telligen  
srankins@telligen.com
Juliet Rubini, MSN, MSIS  
Mathematica Policy Research  
juilletkrubini@gmail.com

C OMMUNITY-BASED  
CARE AND PRIVACY  
Johnathan Coleman  
Security Risk Solutions, Inc. (SRS)  
jc@securityrs.com
Suzanne Gonzales-Webb  
U.S. Department of Veterans Affairs  
suzanne.gonzales-webb@va.gov
Mohammad Jafari (INTERIM)  
U.S. Department of Veterans Affairs  
jalafir@va.gov
David Pyke  
Audacious Inquiry  
dpyke@aiinq.com

I oana  
Singureanu, MSCs, FHL7  
US Dept. of Veterans Affairs  
ioana.singureanu@va.gov

C ONFORMANCE  
Nathan Bunker  
American Immunization Registry Association  
nbunker@immregistries.org
Frank Oemig, PhD, FHL7  
Cerner Corporation  
frank.oemig@cerner.com
Ioana  
Singureanu, MSCs, FHL7  
US Dept. of Veterans Affairs  
ioana.singureanu@va.gov
Robert Snellik, FHL7  
National Institute of Standards & Technology  
robert.snellik@nist.gov

C ROSS-GROUP PROJECTS  
Jean Duteau  
Duteau Design Inc  
jean@duteaudesign.com
Floyd Eisenberg, MD  
iParsimony LLC  
FEisenberg@iParsimony.com

D EVICES  
Todd Cooper  
OR.NET  
todd@ORNET.org
Chris Courville  
Epic  
courville@epic.com
John Garguilo  
National Institute of Standards and Technology  
john.garguilo@nist.gov
Martin Hurrell, PhD  
martin.hurrell@gmail.com
John Rhoads, PhD  
Rhoads Systems Inc.  
johnrhoads@johnrhoads.net
Martin Rosner (INTERIM)  
Philips Healthcare  
martin.rosner@philips.com

E LECTRONIC HEALTH RECORDS  
Michael Brody, DPM  
Registry Clearinghouse  
mbrody@registryclearinghouse.net
Gary Dickinson, FHL7  
EHR Standards Consulting  
gary.dickinson@ehr-standards.com
Stephen Hufnagel, PhD  
Registry Clearinghouse  
shufnagel@registryclearinghouse.net
Mark Janczewski, MD, MPH  
Medical Networks, LLC  
mark.janczewski@gmail.com
John Ritter, FHL7  
johnritter1@verizon.net
Michael Van der Zel BSc  
HL7 Netherlands  
m.vanderzel@umcg.nl
Feliciano Yu, Jr., MD, MS  
University of Arkansas Medical Sciences  
fyu@uams.edu
HL7 Work Group Co-Chairs (continued)

EMERGENCY CARE
- Dominik Brammen
  HL7 Germany
  dominik.brammen@aktin.org
- Laura Heermann
  Langford, RN, PhD
  Graphite Health Inc
  laura.heermann@graphitehealth.io
- James McClay, MD
  NextGen BMI,
  University of Missouri
  jmclay@umnce.edu

HUMAN AND SOCIAL SERVICES WORK GROUP
- Grey Faulkenberry MD, MPH
  University of Pennsylvania
  faulknebe@chop.edu
- Mohammad Jafari
  U.S. Department of
  Veterans Affairs
  jafarim@gmail.com
- Lizz Olson MD
  Atrium Health Carolinas
  Medical Center
  lizzgilmore@gmail.com
- Liz Oppenheim JD
  The MITRE Corporation
  eoppenheim@mitre.org

IMAGING INTEGRATION
- Chris Lindop
  GE Healthcare
  christopher.lindop@ge.com
- Jonathan Whitby
  Canon Medical System
  HIT Division
  Jonathan.whitby@mi.medical.canon

FINANCIAL MANAGEMENT
- Jeff Brown
  The MITRE Corporation
  jeffbrown@mitre.org
- Paul Knapp
  Knapp Consulting Inc.
  pknap@pkknapp.com
- Celine Lefebvre, JD
  American Medical Association
  celine.lefebvre@ama-assn.org
- Mary Kay McDaniel
  mk_mcdaniel_hl7@outlook.com
- Andy Stechishin
  HL7 Canada
  Phone: +1 780-903-0885
  andy.stechishin@gmail.com

HL7 TERMINOLOGY AUTHORITY
- Caroline Macumber
  Clinical Architecture
  Phone: +1 317-580-8400
  carol_macumber@clinicalarchitecture.com

HUMAN AND SOCIAL SERVICES WORK GROUP
- Isaac Vetter (INTERIM)
  Epic
  Phone: +1 608-271-9000
  isaac@epic.com

INTERNATIONAL COUNCIL
- Peter Jordan, MSc LLB
  HL7 New Zealand
  pjordan@xtra.co.nz
- Ron Parker
  HL7 Canada
  ron@parkerdhc.com
- Line Saele, MSc
  HL7 Norway / Norwegian Institute of Public Health
  lineandreassen.saele@fhi.no

LEARNING
- Bruce Bray, MD
  University of Utah Health
  bruce.bray@hsc.utah.edu
- Russell Leftwich, MD
  InterSystems
  russell.leftwich@intersystems.com

IMPLEMENTABLE TECHNOLOGY SPECIFICATIONS
- Jeff Brown
  The MITRE Corporation
  jeffbrown@mitre.org
- Paul Knapp
  Knapp Consulting Inc.
  pknap@pkknapp.com
- Brian Pech, MD, MBA, FHL7
  Kaiser Permanente
  brian.pech@kp.org

INFRASTRUCTURE AND MESSAGING
- Anthony Julian, FHL7
  Mayo Clinic
  ajulian@mayo.edu
- Nick Radov
  UnitedHealthcare
  Phone: +1 800-328-5979
  nradov@uhg.com

MODELING AND METHODOLOGY
- Jean Duteau
  Duteau Design Inc.
  jeanduteau@anne.com
- Grahame Grieve, FHL7
  Health Intersections Pty Ltd
  grahame@healthintersections.com.au

ORDERS AND OBSERVATIONS
- Hans Buitendijk, MSc, FHL7
  Cerner Corporation
  hans.buitendijk@cerner.com
- Robert Hausam, MD, FHL7
  rhausam@gmail.com
- Ruby Nash (INTERIM)
  Lantana Consulting Group
  Ruby.Nash@lantana.com
- John David Nolen, MD, PhD
  Children’s Mercy Hospitals and Clinics
  jdnolen@gmail.com
- Marty Velezis (INTERIM)
  Food and Drug Administration
  Marti.velezis@sonrisaconsulting.com

PATIENT ADMINISTRATION
- Alexander de Leon
  Kaiser Permanente
  alexander.deleon@kp.org
- Brian Postlethwaite, BaSc
  Microsoft Corporation
  brian.postlethwaite@microsoft.com
- Line Saele MSc
  HL7 Norway / Norwegian Institute of Public Health
  lineandreassen.saele@fhi.no
- Cooper Thompson
  Epic
  cooper@epic.com
HL7 Work Group Co-Chairs (continued)

PATIENT CARE
Stephen Chu
Australian Digital Health Agency
chuscni88@gmail.com
Laura Heermann Langford, RN, PhD
Graphite Health Inc
laura.heermann@graphitehealth.io
Emma Jones
Allscripts
emma.jones@allscripts.com
Jay Lyle
U.S. Department of Veterans Affairs
jaylyle@gmail.com
Michelle Miller
Optum
michelle.m.miller@optum.com
Michael Padula, MD, MBI
Children’s Hospital of Philadelphia
padula@chop.edu
Michael Tan
Nictiz
Mihata44@outlook.com

PATIENT EMPOWERMENT
Kim Herman (INTERIM)
Epic
kherman@epic.com
Virginia Lorenzi
New York-Presbyterian Hospital
vlorenzi@nyp.org
Maria Moen (INTERIM)
ADVault, Inc.
mmoen@advaultinc.com
Abigail Watson
The MITRE Corporation
awatson@mitre.org

PAYER/PROVIDER INFORMATION EXCHANGE
Durwin Day
Health Care Service Corporation
dayd@hcsc.net
Christol Green
Elevance Health
Christol.green@elevancehealth.com

PHARMACY
Danielle Bancroft
Fred IT Group
daniellek.bancroft@gmail.com
Jean Duteau
Duteau Design Inc
jean@duteaudesign.com
John Hatem, MS, MBA, FHL7
jnhatem@hotmail.com
Melva Peters
Jenaker Consulting
melva@jenakerconsulting.com
Scott Robertson, FHL7
Kaiser Permanente
scott.m.robertson@kp.org

PUBLIC HEALTH
Erin Holt, MPH
Tennessee Department of Health
erin.holt@tn.gov
Craig Newman
Altarum
craig.newman@altarum.org
Laura Rappleye
Altarum
laura.rappleye@altarum.org
AbdulMalik Shakir
Hi3 Solutions
abdulmalik.shakir@hi3solutions.com
Danny Wise
Allscripts
Phone: +1 919-239-7401
danny.wise@allscripts.com

SECURITY
Kathleen Connor, MPA, FHL7
The MITRE Corporation
Kathleen Connor@comcast.net
Alexander Mense
HL7 Austria
alexander.mense@hl7.at
John Moehrke
By Light Professional IT Services LLC
johnmoehrke@gmail.com
Chris Shawn
U.S. Department of Veterans Affairs
christopher.shawn2@va.gov
Patricia Williams, PhD, MSc
HL7 Australia
patricia.williams@flinders.edu.au

SERVICES ORIENTED ARCHITECTURE
Jerry Goodnough
Cognitive Medical Systems
jgoodnough@cognitivemedicine.com
Stefano Lotti
HL7 Italy
Phone: +39 06-42160685
sotti@invitalia.it
Vincent McCauley, MBBS, PhD
McCauley Software
vincm@bigpond.com

STRUCTURED DOCUMENTS
Gay Dolin, MSN RN
Namaste Informatics
gdolin@namasteinformatics.com
Benjamin Flessner
Redox
benjamin@redoxengine.com
Austin Kreisler, FHL7
Leidos, Inc.
austin.j.kreisler@leidos.com
Sean Mcllvenna
Lantana Consulting Group
sean.mcllvenna@lantanagroup.com
Russell Ott
Deloitte Consulting LLP
rott@deloitte.com
Matt Szczepankiewicz
Epic
mszczepa@epic.com

VOCABULARY
Jessica Bota
Apelon, Inc.
jbota@apelon.com
Carmela Couderc
Office of the National Coordinator
for Health IT
carmela.couderc@hhs.gov
Reuben Daniels
HL7 Australia / Saludax
reuben@saludax.com
Robert Hausam, MD, FHL7
rhhausam@gmail.com
Caroline Macumber
Clinical Architecture LLC
carol.macumber@clinicalarchitecture.com
Robert McClure, MD, FHL7
MD Partners, Inc.
rmclure@mdpartners.com
HL7 Work Group Facilitators

BIOMEDICAL RESEARCH AND REGULATION
D. Mead Walker, FHL7
Modeling and Methodology
Mead Walker Consulting
+1 610-518-6259
dmead@comcast.net

Julie James, FHL7
Vocabulary
Blue Wave Informatics
julie.james@bluewaveinformatics.co.uk

CLINICAL DECISION SUPPORT
Craig Parker, MD, MS, FHL7
Modeling and Methodology
Parexel International
craig.parker@parexel.com

Robert McClure, MD, FHL7
Vocabulary
MD Partners, Inc.
mcclure@mdpartners.com

CLINICAL GENOMICS
Amnon Shabo, PhD, FHL7
Modeling and Methodology
Philips Healthcare
amnon.shvo@gmail.com

Grant Wood, FHL7
Publishing
Intermountain Healthcare
grant.wood@infinitehealthcare.ca

Joel Schneider
Vocabulary
National Marrow Donor Program
jschneid@nmdp.org

CLINICAL INFORMATION MODELING INITIATIVE
Susan Matney, PhD, RN, FHL7
Vocabulary
susana.matney@gmail.com

CLINICAL INTEROPERABILITY COUNCIL
AbdulMalik Shakir, FHL7
Modeling and Methodology
Hi3 Solutions
abdulmalik.shakir@hi3solutions.com

Amy Nordo, MMCi, BSN
Publishing
Pfizer
amy.nordo@pfizer.com

Sarah Ryan
Vocabulary
saryan2034@gmail.com

COMMUNITY-BASED CARE AND PRIVACY
Ioana Singureanu, MSCs, FHL7
Modeling and Methodology; Publishing
US Dept. of Veterans Affairs
ioana.singureanu@va.gov

Kathleen Connor, MPA, FHL7
Vocabulary
The MITRE Corporation
kathleen_connor@comcast.net

DEVICEs
Ioana Singureanu, MSCs, FHL7
Modeling and Methodology
BookZurman
ioana.singureanu@bookzurman.com

Todd Cooper, BA
Vocabulary
OR.NET
todd@ornet.org

Christof Gessner
Vocabulary
HL7 Germany
christof.gessner@gematik.de

ELECTRONIC HEALTH RECORDS
Corey Spears
Modeling and Methodology
The MITRE Corporation
cspears@mitre.org

John Ritter, FHL7
Publishing
johnritter1@verizon.net

EMERGENCY CARE
Kevin Coonan, MD
Modeling and Methodology
kevin.coonan@gmail.com

FINANCIAL MANAGEMENT
Kathleen Connor, MPA, FHL7
Modeling and Methodology; Vocabulary
The MITRE Corporation
kathleen_connor@comcast.net

BeaT Heggl, FHL7
Modeling and Methodology; Publishing
HL7 Switzerland
beat.heggl@netscetema.com

Mary Kay McDaniel
Publishing; Vocabulary
mk_mcdaniel_hi7@outlook.com

IMAGING INTEGRATION
Elliott Silver, M.Sc.
Vocabulary
HL7 Canada
elliott@argentinfo.com

INFRASTRUCTURE AND MESSAGING
Grahame Grieve, FHL7
Modeling and Methodology
Health Intersections Pty Ltd.
grahame@healthintersections.com.au

Anthony Julian, FHL7
Publishing
Mayo Clinic
ajulian@mayo.edu

Sandra Stuart, FHL7
Vocabulary
Kaiser Permanente
sandra.stuart@kp.org

MODELING & METHODOLOGY
AbdulMalik Shakir, FHL7
Modeling and Methodology
Hi3 Solutions
abdulmalik.shakir@hi3solutions.com

William Ted Klein, FHL7
Vocabulary
ted@tklein.com

ORDERS AND OBSERVATIONS
Patrick Loyd, FHL7
Modeling and Methodology
patrick.e.loyd@gmail.com

Lorraine Constable
Publishing
HL7 Canada
lorraine@constable.ca

Robert Hausam, MD, FHL7
Vocabulary
The MITRE Corporation
rhausam@comcast.net

PATIENT ADMINISTRATION
Alexander Henket
Modeling and Methodology; Publishing
Nictiz
henket@nictiz.nl

Wendy Huang
Vocabulary
wendyyhuang@gmail.com

PATIENT CARE
Jean Duteau
Modeling and Methodology
Duteau Design Inc.
jean@duteaudesign.com

Susan Matney, PhD, RN, FHL7
Vocabulary
susana.matney@gmail.com

PHARMACY
Jean Duteau
Modeling and Methodology
Duteau Design Inc.
jean@duteaudesign.com

Scott Robertson, FHL7
Publishing
Kaiser Permanente
scott.m.robertson@kp.org

Julie James, FHL7
Vocabulary
Blue Wave Informatics
julie.james@bluewaveinformatics.co.uk

PUBLIC HEALTH
Joginder Madra
Modeling and Methodology
Madra Consulting Inc.
h7@madraconsulting.com

Jean Duteau
Publishing
Duteau Design Inc.
jean@duteaudesign.com

Sunanda McGarvey, BS
Vocabulary
Northrop Grumman Technology Services
sunanda.mcgarvey@ngc.com

SECURITY
Kathleen Connor, MPA, FHL7
Vocabulary
The MITRE Corporation
kathleen_connor@comcast.net

STRUCTURED DOCUMENTS
Austin Kreisler, FHL7
Modeling and Methodology
Leidos, Inc.
austin.j.kreisler@leidos.com

Sheila Abner, PhD
Vocabulary
Centers for Disease Control and Prevention/CDC
sha8@cdc.gov

VOCABULARY
William Ted Klein, FHL7
Modeling and Methodology
+1 307-883-9739
ted@tklein.com

35
HL7 ARGENTINA
Fernando Campos, FHL7
fernando.campos@hospitalitaliano.org.ar

HL7 AUSTRALIA
Isobel Frean MS, PhD
chair@HL7.org.au

HL7 AUSTRIA
Stefan Sabutsch
stefan.sabutsch@HL7.at

HL7 BELGIUM
Jose Costa Teixeira
jose.a.teixeira@gmail.com

HL7 BRAZIL
Guilherme Zwicker Rocha, MD
guilherme.zwicker@gmail.com

HL7 CANADA
Ron Parker
ron@parkerdhc.com

HL7 CHILE
César Galindo, Msc
chair@HL7Chile.cl

HL7 CHINA
Haiyi Liu
liuhaiyi@mail.tsinghua.edu.cn

HL7 COLOMBIA
Mario Cortes
mario.cortes@HL7co.org

HL7 CROATIA
Miroslav Koncar
chair@HL7.hr

HL7 DENMARK
Jens Villadsen, MSc
jenskristianvilladsen@gmail.com

HL7 FINLAND
Jari Porrasmaa
jari.porrasmaa@ksshp.fi

HL7 FRANCE
Nicolas Riss, PharmD
Nicholas.riss22@gmail.com

HL7 GERMANY
Mathias Aschhoff
aschhoff@cmais.de

HL7 GREECE
Alexander Berler
a.berler@gnomon.com.gr

HL7 HONG KONG
Pascal TSE BSc, MA
pascaltse@hl7.org.hk

HL7 ITALY
Stefano Lotti
slotti@invitalia.it

HL7 JAPAN
Michio Kimura, MD, PhD
kimura@mi.hama-med.ac.jp

HL7 KOREA
Byoung-Kee Yi, PhD
byoungkeeyi@gmail.com

HL7 MEXICO
Victor Medina
chair@HL7mx.org

HL7 NETHERLANDS
Rob Mulders
rob@fire.ly

HL7 NEW ZEALAND
Peter Jordan, MSc, LLB
pkjordan@xtra.co.nz

HL7 NORWAY
Line Saele, MSc
lineandreassen.saele@fhi.no

HL7 PHILIPPINES
Raymond Francis Sarmiento MD
sarmiento2008@gmail.com

HL7 POLAND
Roman Radomski, MD, MBA
radomski@iehr.eu

HL7 PORTUGAL
Antonio Martins
antonio.martins@HL7.pt

HL7 ROMANIA
Florica Moldoveanu
florica.moldoveanu@cs.pub.ro

HL7 RUSSIA
Sergey Shvyrev, MD, PhD
sergey.shvyrev@gmail.com

HL7 SAUDI ARABIA
Abdullah Alsharqi
a.alshrqi@cchi.gov.sa

HL7 SINGAPORE
Adam Chee
adam@enabler.xyz

HL7 SLOVENIA
Brane Leskosek EE, PhD
brane.leskosek@mf.uni-lj.si

HL7 SPAIN
Francisco Perez, FHL7
fperezfernandez@gmail.com

HL7 SWEDEN
Mikael Wintell
mikael.wintell@vgregion.se

HL7 SWITZERLAND
Roeland Luykx, PhD
roeland.luykx@rally.ch

HL7 TAIWAN
Marc Hsu
701056@tmu.edu.tw

HL7 UAE
Osama Elhassan, PhD
osama.elhassan@gcehealth.org

HL7 UK
Ben McAlister
chair@HL7.org.uk

HL7 UKRAINE
Leonid Stoyanov
leo@hl7.org.ua
## 2022 HL7 Staff

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Chief Executive Officer</strong></td>
<td>Charles Jaffe, MD, PhD</td>
<td><a href="mailto:cjaffe@HL7.org">cjaffe@HL7.org</a></td>
</tr>
<tr>
<td><strong>Chief Standards Development Officer</strong></td>
<td>Daniel Vreeman</td>
<td><a href="mailto:dan@HL7.org">dan@HL7.org</a></td>
</tr>
<tr>
<td><strong>Chief Standards Implementation Officer</strong></td>
<td>Viet Nguyen, MD</td>
<td><a href="mailto:viet@HL7.org">viet@HL7.org</a></td>
</tr>
<tr>
<td><strong>Deputy Standards Implementation Officer</strong></td>
<td>Diego Kaminker</td>
<td><a href="mailto:diego@HL7.org">diego@HL7.org</a></td>
</tr>
<tr>
<td><strong>Executive Director</strong></td>
<td>Mark McDougall</td>
<td>+1 734-677-7777 x103</td>
</tr>
<tr>
<td><strong>Associate Executive Director</strong></td>
<td>Karen Van Hentenryck</td>
<td>+1 313-550-2073</td>
</tr>
<tr>
<td><strong>Director of Education</strong></td>
<td>Sadhana Alangar, PhD</td>
<td>+1 734-677-7777 x116</td>
</tr>
<tr>
<td><strong>Director of Meetings</strong></td>
<td>Mary Ann Boyle</td>
<td>+1 734-677-7777 x141</td>
</tr>
<tr>
<td><strong>FHIR Product Director</strong></td>
<td>Grahame Grieve</td>
<td><a href="mailto:grahame@HL7.org">grahame@HL7.org</a></td>
</tr>
<tr>
<td><strong>Director of Marketing</strong></td>
<td>Patricia Guerra</td>
<td>+1-773-516-0943</td>
</tr>
<tr>
<td><strong>Director, Project Management Office</strong></td>
<td>Dave Hamill</td>
<td>+1 734-677-7777 x142</td>
</tr>
<tr>
<td><strong>Director of Technical Publications</strong></td>
<td>Linda Jenkins</td>
<td>+1 734-677-7777 x170</td>
</tr>
<tr>
<td><strong>Web Developer</strong></td>
<td>Lynn Laakso, MPA</td>
<td>+1 906-361-5966</td>
</tr>
<tr>
<td><strong>Senior Applications Manager</strong></td>
<td>Laura Mitter</td>
<td>+1 740-963-9839</td>
</tr>
<tr>
<td><strong>Director of Communications</strong></td>
<td>Andrea Ribick</td>
<td>+1 734-726-0289</td>
</tr>
<tr>
<td><strong>Accounting Manager</strong></td>
<td>Theresa Schenk, CPA</td>
<td>+1 734-677-7777 x106</td>
</tr>
<tr>
<td><strong>Director of Technical Services &amp; Webmaster</strong></td>
<td>Eric Schmitt</td>
<td>+1 810-522-8070</td>
</tr>
<tr>
<td><strong>Education Marketing Manager</strong></td>
<td>Melinda Stewart</td>
<td>+1 734-677-7777</td>
</tr>
<tr>
<td><strong>System Administrator</strong></td>
<td>Jon Williams</td>
<td>+1 734-677-7777</td>
</tr>
<tr>
<td><strong>HL7 Project Manager</strong></td>
<td>Anne Wizauer</td>
<td>+1 734-677-7777 x112</td>
</tr>
</tbody>
</table>
2022 HL7 Board of Directors

**BOARD CHAIR**

Andrew Truscott  
Accenture  
andrew.j.truscott@accenture.com

**VICE-CHAIR**

Walter Suarez, MD, MPH  
Kaiser Permanente  
walter.g.suarez@kp.org

**BOARD SECRETARY**

Virginia Lorenzi  
New York Presbyterian Hospital  
vlorenzi@nyp.org

**BOARD TREASURER**

Floyd Eisenberg, MD  
iParsimony LLC  
feisenberg@iparsimony.com

**CHAIR EMERITUS**

W. Edward Hammond, PhD, FHL7  
Duke Clinical & Translational Science Institute  
william.hammond@duke.edu

Aashima Gupta  
Google Cloud  
aashimagupta@google.com

Judy Wawira Gichoya, M.D., M.S.  
Emory University  
judywawira@emory.edu

Ron Parker  
HL7 Canada  
ron@parkerdhc.com

Peter Jordan  
HL7 New Zealand  
pkjordan@xtra.co.nz

**APPOINTED DIRECTORS**

Austin Kreisler, FHL7  
Leidos, Inc.  
austin.j.kreisler@leidos.com

John Loonsk, MD  
CMIO/VP, JHU/APHL  
Hi3 Solutions  
john.loonsk@jhu.edu

Lenel James  
Blue Cross Blue Shield Association  
lenel.james@bcbsa.com

Janet Marchibroda  
Alliance for Cell Therapy Now  
jmarchibroda@allianceforcelltherpaynow.org

Julia Skapik, MD  
National Assoc. of Community Health Centers  
jskapik@nachc.org

**AFFILIATE DIRECTORS**

**TSC CHAIR**

**DIRECTORS-AT-LARGE**

**NON-VOTING MEMBERS**

Charles Jaffe, MD, PhD  
HL7 CEO  
cjaffe@HL7.org

Daniel Vreeman, DPT  
HL7 Chief Standards Development Officer  
dan@HL7.org

Viet Nguyen, MD  
HL7 Chief Standards Implementation Officer  
viet@HL7.org

Diego Kaminker  
HL7 Deputy Chief Standards Implementation Officer  
diego@HL7.org

Mark McDougall  
HL7 Executive Director  
markmcd@HL7.org
HL7 Collaborates

HL7 has renewed an SOU with the following organizations:
- Web3D
- ISO
Upcoming HL7 Meetings

**May 6-12, 2023**
May 2023 Working Group Meeting and FHIR Connectathon
New Orleans, Louisiana

**April 17-21, 2023**
HIMSS23
Chicago, Illinois

**September 17 - 23, 2022**
36th Annual Plenary & Working Group Meeting and FHIR Connectathon
Baltimore, Maryland

**January 14-20, 2023**
January 2023 Working Group Meeting and FHIR Connectathon
Las Vegas, Nevada

**September 17 - 23, 2022**
36th Annual Plenary & Working Group Meeting and FHIR Connectathon
Baltimore, Maryland

**January 14-20, 2023**
January 2023 Working Group Meeting and FHIR Connectathon
Las Vegas, Nevada

For the latest information on all HL7 events please visit

www.HL7.org/events

Get Your Training Straight from the Source!

<table>
<thead>
<tr>
<th>COURSE</th>
<th>STARTS</th>
<th>ENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>HL7 FHIR Exam Prep</td>
<td>September 29, 2022</td>
<td>October 27, 2022</td>
</tr>
<tr>
<td>Clinical Quality &amp; Decision Support on FHIR</td>
<td>October 4, 2022</td>
<td>October 6, 2022</td>
</tr>
<tr>
<td>HL7 FHIR for Healthcare Information Analysts</td>
<td>October 8-9, 2022</td>
<td>October 15-16, 2022</td>
</tr>
<tr>
<td>HL7 FHIR Fundamentals</td>
<td>October 27, 2022</td>
<td>November 24, 2022</td>
</tr>
<tr>
<td>Applied Questionnaire and Data Capture</td>
<td>November 1, 2022</td>
<td>November 3, 2022</td>
</tr>
<tr>
<td>HL7 V2 to FHIR Mapping</td>
<td>November 3, 2022</td>
<td>December 9, 2022</td>
</tr>
<tr>
<td>HL7 FHIR Bootcamp</td>
<td>November 10, 11 and 14, 2022</td>
<td></td>
</tr>
<tr>
<td>HL7 FHIR Terminology</td>
<td>November 29, 2022</td>
<td>December 1, 2022</td>
</tr>
</tbody>
</table>

Visit HL7.org/training for more information