July 1, 2021

HL7 Work Group Co-Chair Nominees - 2021

This letter is being distributed to the HL7 list server to announce the current nominees for the co-chair positions that are currently up for election for the term beginning 1/1/2022. Each nominee was contacted and asked for a position statement. Their statements are provided below alphabetically by work group and then by nominee.

NOTE: Co-Chair elections will be conducted using Election Runner, an online voting application

Arden Syntax
This group will be electing two co-chairs to fill the positions currently held by Peter Haug.

- Peter Haug, MD, FACMI, Medical Informaticist, Intermountain Healthcare; Professor, Department of Biomedical Informatics, University of Utah – As a part of my commitment to HL7, I have had the pleasure of serving in the Arden Syntax Work Group for many years. During that period, we have advanced Arden through a sequence of new versions, each accommodating additional functionality. I have had the opportunity both to assist in extending the standard and to help promote the standard through publications and presentations in a variety of venues. The work group’s current focus is to redefine parts of the Arden Syntax to achieve compatibility with FHIR, HL7’s next generation of interoperability specifications. Nationally and internationally, the need for interoperable clinical decision support to enhance the quality and value delivered by our healthcare systems has never been more obvious. I respectfully ask for your support to continue this important work as co-chair of the Arden Syntax Work Group.

Biomedical Research and Regulation
This group will be electing one co-chair to fill the position currently held by Boris Brodsky (who is not running for re-election).

- Maryam Y. Garza, PhD, MPH, MMCi, Instructor and Lead Clinical Research Informaticist, University of Arkansas for Medical Sciences (UAMS), College of Medicine, Department of Biomedical Informatics, Little Rock, Arkansas, USA – I am seeking election as co-chair of the Biomedical Research and Regulation (BR&R) Work Group. I have been an active HL7 member since 2012 and have participated in several work groups over the years. During this time, I worked on and managed several HL7 data standards development projects in collaboration with the FDA and CDISC, resulting in the publication of four international data standards and two CDISC Therapeutic Area User Guides. Currently, as a member of the UAMS faculty and the informatics and data management core, I have managed several national and international projects, providing informatics and operational support in the areas of workflow and data flow analysis, process redesign, systems development, data standards development, and data management for both single- and multi-site clinical trials. I also have the privilege of representing UAMS as a member of the HL7 Vulcan Operations Committee. If elected, I aim to bring my unique skillset and expertise to help move projects forward to successful completion. I commit to supporting the needs and objectives of BR&R and HL7 through active participation, collaboration, coordination, and leadership.

- Mike Hamidi, MSHS, MSc, CLSSGB, Director of Clinical Data Standards Strategy Lead at Pfizer – I oversee Pfizer’s global initiatives involving governance, technology, and data standards. I have a MSHS in Clinical Research Administration from George Washington University and a MSc in Information and Knowledge Strategy from Columbia University. I bring over 17 years of biopharmaceutical experience in consulting, operations, technology, data sciences, and in healthcare standards. I am a longtime volunteer and the current Advisor to the CDISC Submission Data Standards Leadership Team (SDSLT), Co-Lead of the OHDSI OMOP Clinical Trials WG, and team member of the HL7 Biomedical Research & Regulation (BR&R) WG. I am passionate about standards and technology and believes in their efficiencies to help drive interoperability, automation, and quality patient outcomes.
Clinical Decision Support
This group will be electing three co-chairs to fill the positions currently held by Robert Jenders, Ken Kawamoto, and Bryn Rhodes.

- **Robert A. Jenders, MD, MS, FACP, FACMI, Associate Director, Clinical and Translational Science Institute & Professor of Medicine, University of California, Los Angeles –**
  It has been my privilege to serve as co-chair of the Clinical Decision Support Work Group, working with other co-chairs, the membership and partners in industry and government to create and maintain standards that facilitate CDS and thereby address real-world problems in this domain, including representation and access to computable knowledge and delivery of knowledge-based interventions. As a practicing physician and university researcher who is board-certified in clinical informatics, I help to advance the field through educational activities that include outreach at national and international meetings and scholarly work. I also help to facilitate our work in HL7 through attending to the work group's administrative tasks. I respectfully ask for your vote to continue this work as co-chair, including advancing and harmonizing standards that further facilitate knowledge sharing and access, in part through integration with standard data models and business process representation.

- **Kensaku Kawamoto, MD, PhD, MHS, Associate Chief Medical Information Officer, University of Utah Health –** I have been an active member of HL7 and the Clinical Decision Support (CDS) Work Group since 2004 and have had the privilege of serving as a co-chair of the Work Group since 2009. Since 2005, I have served as a leader and active contributor, including as Initiative Coordinator of the ONC Health eDecisions initiative, Co-Chair of the ONC/CMS Clinical Quality Framework initiative, and a Board Member of HL7. I also serve on the U.S. Health IT Advisory Committee and co-chaired its Interoperability Standards Priorities Task Force in 2020. I am actively involved in the development and clinical deployment of interoperable CDS solutions enabled by HL7 standards including FHIR, SMART, CDS Hooks, and CQL. Ultimately, I believe that practical usefulness and widespread adoption should be the primary goals of all standards, including HL7 CDS standards. Accordingly, my objective as a co-chair has been to help ensure that the work products of the committee can be widely and easily used by CDS implementers while maintaining semantic interoperability. To this end, I have been leading a multi-institutional effort known as OpenCDS (www.opencds.org) which provides an open-source implementation of several of the standards developed by our Work Group. If re-elected, I commit to continuing to support the efforts of our Work Group to improve patient care and the provider experience at scale through standards based CDS.

- **Bryn Rhodes, CTO, Alphora –** I would be thrilled to continue serving as a Clinical Decision Support Work Group Co-Chair. I have been an active member of the CDS and CQI work groups for almost a decade, the last two years of that as a co-chair, and would be happy to continue to work towards advancing Clinical Decision Support-related standards and supporting and engaging the implementer community.

Clinical Genomics
This group will be electing three co-chairs to fill the positions currently held by Robert Freimuth, Kevin Power, and Patrick Werner.

- **Robert (Bob) Freimuth, PhD. Mayo Clinic –** I have been proud to serve HL7 as co-chair of the Clinical Genomics (CG) Work Group (WG) for the past 4 years, and I am eager to continue serving in that role. During my tenure, I led efforts to develop an information model, which provides common semantics for the CG domain. If re-elected as co-chair I will focus on: [1] continuing development of a CG information model (IM) to guide current and future standards, including an IM-informed FHIR IG, [2] engaging stakeholders and potential adopter communities to elicit feedback about our products, and [3] influencing national agendas related to the development and adoption of standards to support the genomics domain. I would be honored to receive your support in hopes that I can continue to serve the CG WG in these ways.

I have more than 15 years of experience in data standardization and interoperability initiatives. I have been an active member of the CG WG since 2013 and have worked to find touchpoints between and align our standards and those developed by other organizations, which is critical for broader interoperability. I am a co-chair of the Global Alliance for Genomics and Health (GA4GH) Genomic Knowledge Standards WG, and I am a formal liaison between HL7 and GA4GH. I also believe the development of robust standards requires the active engagement of adopters. As the Technical Director for the ONC’s Sync for Genes
program, I help pilot sites implement the FHIR genomics reporting IG. As a member of the EHR WG of the ClinGen Resource, and as co-chair of the EHR Integration WG of the eMERGE research network, I advocate for the use of HL7 standards within translational research projects, and I encourage adopters to engage with the CG WG and provide feedback to improve our standards. I am optimistic about the work of the CG WG and I am excited for the opportunity to provide leadership of the development standards that will improve the clinical utility of genomic data.

- **Arthur Hermann, MS**, Principal Health IT Policy, Kaiser Permanente – I have over 20 years of experience in Health IT Technology and Integration. I have spent the last few years partnering with clinicians at Kaiser Permanente (KP) to define the technological complexities and barriers of deploying “population-level” Precision Medicine in one of the world’s largest health-care organizations. I was privileged to spend 18 months as the Kaiser Permanente Fellow to the World Economic Forum’s Precision Medicine Team, where I worked with, and was mentored by, a strong community of worldwide Precision Medicine thought leaders. As a member of the HL7/FHIR Clinical Genomics WG for over the past years, I have been actively engaged with the efforts to clarify and improve our CG Implementation Guide. I strongly support the re-election of the current co-chairs, but if one of them is not able to serve now, or in the future, I would be honored to serve as one of the co-chairs of the CG Working Group.

- **Kevin Power**, Cerner – I have really enjoyed my time as a co-chair of the Clinical Genomics Work Group. We do very important work, and I would appreciate your support as we continue to make a difference in genomics and precision medicine.

- **Patrick Werner, MS**, Interoperability Manager, MOLIT Institute Heilbronn / Heilbronn University, Germany – I started working with HL7 FHIR in 2016 teaching FHIR courses at the Heilbronn University and joining the German technical FHIR committee. Since 2017, I have been a hapi-fhir contributor and started attending HL7 Working Group Meetings. Since May 2018, I have been an active member of the Clinical Genomics Work Group contributing to the development of the Clinical Genomics Implementation Guide and the Sequence Resource.

  My training includes a nursing degree and a bachelor/master’s degree in medical informatics. I have nine years of experience in the design and implementation of health-related software. Being responsible for the process architecture and interoperability of software developed in the MOLIT Institute, I am especially interested in personalized medicine and software solutions enabling the usage of *omics data to improve cancer treatment.

**Clinical Information Modeling Initiative**

This group will be electing two co-chairs to fill the positions currently held by Richard Esmond and Stan Huff.

- **Stan Huff** – No statement submitted

**Clinical Interoperability Council**

This group will be electing three co-chairs to fill the positions currently held by Laura Heermann Langford, Lindsey Hoggle (who is not running for re-election), and Russ Leftwich (Interim).

- **Bruce Bray, MD**, Professor, Biomedical Informatics and Cardiovascular Medicine, University of Utah Health – I am a cardiologist and clinical informaticist at the University of Utah and have participated in HL7 standards activities for many years. I would be pleased for the opportunity to assist in leadership of the Clinical Interoperability Council (CIC) as an additional co-chair.

- **Laura Heermann Langford** – No statement submitted

- **Russell Leftwich, MD**, Senior Clinical Advisor, Interoperability, InterSystems – I will continue the mission of the Clinical Interoperability Council (CIC) to bring clinical insights and clinical workflow knowledge to the projects in CIC. This WG provides an important mechanism for the increasing number of projects that bring outside clinical domain knowledge to HL7. These projects are often proposed and sponsored by outside organizations or collaboratives, and it is important to have a forum for those projects. There is also a growing need to create awareness and collaboration between these sometimes overlapping projects.
Clinical Quality Information
This group will be electing three co-chairs to fill the positions currently held by Patricia Craig (who is not running for re-election), Paul Denning, and Yan Heras.

- **Paul Denning**, Lead Systems Engineer, The MITRE Corporation – I have been an active participant in the Clinical Quality Information (CQI) Work Group for 5 years and a co-chair for the last 2 years. I have supported the software development of tooling to test electronic clinical quality measures (eCQMs). I have conducted technical reviews of CQL-based eCQMs in support of the CMS annual updates. Recently I have been an HL7 publishing facilitator for a FHIR implementation guide (SMART HealthCards: Vaccination and Testing). I have been a systems engineer for over 38 years supporting refinement and verification of interoperability requirements for numerous systems. In addition to HL7, my career has involved a variety of standardization activities such as the World Wide Web Consortium (W3C), Object Management Group (OMG), the Organization for the Advancement of Structured Information Standards (OASIS), and the National Information Exchange Model (NIEM). As a systems engineer for MITRE, a not-for-profit, federally-funded research and development center (FFRDC), I am unbiased in seeking practical and effective solutions. I am able to reach back to leverage MITRE’s broad and deep expertise in information technology for healthcare and other domains. The CQI WG continues an exciting period of transition from established (legacy) eCQM standards (still used in production) to emerging FHIR-based approaches, and I would be honored to continue serving as co-chair of the CQI WG.

- **Yan Heras**, PhD, Optimum eHealth, LLC – It has been an honor to serve as a co-chair of the Clinical Quality Information (CQI) Work Group. I am grateful for your support and appreciate having had the opportunity to work with all of you. I have been an active member of the CQI WG since it was formed in 2013. I have also been actively involved in the development of many of the standards sponsored by the CQI WG. My training is in medical informatics and I have 20 years of experience in healthcare IT standards development and implementation. I would like to see the CQI WG to continue to play a key leadership role in the industry in advancing interoperability standards in support of measuring and improving healthcare quality. I am committed and look forward to continuing to support the CQI WG effort and contributing to its continued success. I would be honored to serve another term as co-chair of the CQI WG.

- **Abdullah Rafiqi**, Enterprise Science and Computing (ESAC) INC – I am seeking election as co-chair of the Clinical Quality Information (CQI) Work Group. I am a healthcare professional and project officer with extensive experience in clinical research, data management and analysis, health information technology, and program management. I have worked in Clinical Information Systems’ (CIS) development and adaptation, based on the requirements of health care organizations and professionals, using various public health frameworks (such as the Chronic Care Model). The focus of my efforts has been to improve the process measures and healthcare outcomes of patients with Chronic Noncommunicable Diseases using clinical quality measures. Since 2018, I have been a contributing member of the CQI WG and worked on standards development activities with clinical quality measures and population health management in various capacities. I currently provide support in the continual development of the FHIR Quality Measure IG, Quality Improvement Core (QI-Core) IG and the review/validation of standards’ development based on the Clinical Quality Language (CQL) Expression logic built on the QI-Core Data Model. I believe my experience and involvement in these aforementioned efforts allow me to provide a unique insight into the CQI Work Group. As such, I would appreciate the opportunity to use my knowledge and expertise within both the clinical and technical side to further promote the work group’s pursuit of standards’ development for the measurement, evaluation, and reporting of health care quality data.

- **Stan Rankins**, CSM, CSPO, HL7 CDA Specialist, Telligen – I am a Lead System Architect who has worked with clinical quality measure (CQM and eCQM) creation, data mapping and data collection over the last 15 years and am a certified HL7 CDA Specialist. I have specialized in providing solutions for HL7 and other formats. I am a co-editor of both the HL7 Representation of the Health Quality Measures Format (eMeasure), Release 1 and Quality Reporting Document Architecture – Category III Implementation Guide, Release 2. As a Certified Scrum Master (CSM) and Certified Scrum Product Owner (CSPO), I have demonstrated proven leadership and risk analysis management skills across multiple projects. I also have extensive requirements gathering and analysis expertise and have served as a Subject Matter Expert (SME) or Lead Technical Consultant for various CMS quality reporting programs, including IQR, PQRS, and CPC+ and PCF.

Community-Based Care and Privacy
This group will be electing one co-chair to fill the position currently held by David Pyke.

- **Mohamad Jafari – No statement submitted**

- **David Pyke, Audacious Inquiry –** I have been working with Healthcare IT in Europe, Africa, Middle East, the USA, and other countries providing technical and strategic training, advice and design for organizations and governments. I have been an active member of HL7 International for 6 years on the CBCP, Security and other work groups. I am currently a Co-Chair of Community-Based Care and Privacy, a TSC member, the Project Lead on the FHIR Consent Resource project, as well as the author of several FHIR Implementation Guides. My goal is to continue to use my experience as an SME, trained facilitator, and editor to help ensure that projects run as smoothly and efficiently as possible. I look forward to working with the CBCP Work Group moving into a better future.

**Conformance**

This group will be electing two co-chairs to fill the positions currently held by Ioana Singureanu and Rob Snelick.

- **Ioana Singureanu, U.S. Department of Veteran’s Affairs; Book Zurman –** I am inspired to continue to drive interoperability across the public and private sectors through deep understanding and the development of future-enabled solutions.

As a professional highly regarded for my ability to design and implement HIT systems, I have a strong reputation for helping clients achieve exceptional outcomes on their most important strategic initiatives. My HIT standards development and architecture knowledge has resulted in successful requirements analysis, design and development, and information analysis with a focus on quality for industry-leading organizations.

- **Rob Snelick, National Institute of Standards and Technology (NIST) –** I have been active in the Conformance (formerly Implementation and Conformance (IC) and Conformance and Guidance for Implementation/Testing (CGIT)) Work Group for the past 16 years and have been co-chair for 11 years. My technical focus is on improving requirements specification and testing implementations for conformance and interoperability. I have led development efforts to build test tools to support testing for ONC Health IT Certification, IHE, HIMSS, CDC, AIRA, APHL, HL7, HITSP and CCHIT. I am a contributor to the specification of conformance requirements in numerous implementation guides. I currently serve as the technical lead for the NIST Testing Infrastructure project. I plan to use the experience obtained from working in these roles to help drive harmonized standards development with respect to conformance, interoperability and related testing activities. I am the co-author of the book “Healthcare Interoperability Standards Compliance Handbook,” Springer 2016.

**Cross-Group Projects**

This group will be electing one co-chair to fill the position currently held by Floyd Eisenberg.

- **Floyd Eisenberg, President, iParsimony, LLC –** I have been active in HL7 13+ years, and I have served as a current co-chair of the Cross-Projects (CGP) Work Group since its first meeting September 18, 2019 at the Atlanta Working Group Meeting. I look for your support to continue to serve as co-chair for this Work Group. CGP is a home for projects that 1) cross multiple Work Groups and 2) for which a single Work Group sponsor cannot be identified, or for which no existing Work Group would be considered a natural home. Thus, CGP requires strong, centralized communication, coordination, and collaboration capabilities. Specifically for the US Core Implementation Guide project, tasks include coordination with multiple Work Groups and the US Realm Steering Committee. I believe I can continue to provide the leadership required for CGP. I have been successfully performing similar activities for the Clinical Quality Information (CQI) Work Group since its inception. I hope you will provide me with the opportunity to continue these efforts with another elected term as a co-chair of Cross-Projects Work Group.

**Devices**

This group will be electing two co-chairs to fill the positions currently held by Chris Courville and John Walsh.

- **Chris Courville – No statement submitted**
**Electronic Health Records**
This group will be electing three co-chairs to fill the positions currently held by Stephen Hufnagel (Interim), Mark Janczewski, and John Ritter.

- **Steve Hufnagel, PhD** – I have been an HL7 member, HL7 project participant and EHR member and intermittent co-chair for over 20 years. I have also been intermittently active in SOA and CIMI work groups. My focus is on EHR System Functional Model, clinical informatics and EHR system interoperability. I have supported Federal agencies on their quest for EHR interoperability and am sponsored at HL7 by Registry Clearinghouse.

- **Mark G. Janczewski, MD, MPH** – I have been a member of HL7 since 2009 and a co-chair for the Electronic Health Records (EHR) WG since 2013. I am one of two EHR WG CCs who are Board-Certified physicians in the field of Clinical Informatics, having been certified in the inaugural class of 2014. I have worked in Health IT for over 20 years. My primary foci are in the areas of Health IT system functional requirements, workflow and decision modeling, FHIR® implementation, and metrics and analytics. I am one of the co-authors of the EHR-S Functional Model Release 2 (updated now to R.2.1), the Personal Health Records (PHR) FM, and have participated in the development of several Functional Profile standards.

- **John Ritter** – MS Computer Science Applications; HL7 Fellow; HL7 Volunteer of the Year award recipient; (Individual membership) – It’s been my delight to support the EHR Work Group’s efforts since 2003. I’ve co-authored the EHR and PHR System Functional Models, the Public Health Functional Profiles, the Usability Functional Profile, and helped to create the Educational Tutorials. My goals include promoting the Functional Models throughout the world and helping people learn how to create functional specifications for their realms. Advancements in mobile health, telehealth, and personal health devices are opening new avenues for the use of health records in novel ways; a standards-based approach to the design and use of those technologies are undergirded by the efforts of the EHR Work Group. I would be pleased to serve another term as an EHR WG co-chair on behalf of our HL7 colleagues and our stakeholders.

**Emergency Care**
This group will be electing one co-chair to fill the position currently held by Jim McClay.

- **James McClay, MD, MS, FACEP, FAMIA**, Professor, Emergency Medicine, University of Nebraska Medical Center – I am an emergency physician and informaticist running for re-election as a co-chair of the Emergency Care Work Group (ECWG). I have been honored to work with the ECWG since 2004 and have recently served as a co-chair. The COVID pandemic has highlighted the need to improve the interoperability of electronic health information to serve the clinical and scientific communities struggling to understand and treat this disease. I have led the ECWG in creating the EDIS-Functional Profile, the DEEDS specification, and the EC DAM informative ballot while collaborating on related standards. Currently, I am a co-chair for the Clinical Interoperability Council (CIC) and represent the Emergency Medicine specialty society at HL7. At the University of Nebraska Medical Center, I interact nationally with the informatics community. I chair the Graduate Biomedical Informatics Program, direct the Biomedical Informatics Core for our Clinical Translational Research Network (gpctr.unmc.edu), and am the principal investigator for UNMC data node in the PCORnet Research Network (PCORnet.org). I work closely with the emergency medicine specialty society to continue to expand the portfolio of Emergency Care related standards, support the FHIR clinical initiatives, and represent the emergency care community in HL7 projects.

**FHIR Infrastructure**
This group will be electing three co-chairs to fill the positions currently held by Josh Mandel (Interim), Lloyd McKenzie, and Yunwei Wang.

- **Josh Mandel** – No statement submitted

- **Lloyd McKenzie, P.Eng., Senior Consultant, Information Technology Services, Gevity (HL7 Canada)** – I had sort of hoped that the volume of work for FHIR-I would diminish somewhat once many of our resources went normative in R4. However, that's proven to not be the case. I'm happy to continue to assist in polishing and improving the specification and supporting the Structured Data Capture and Workflow projects if the committee members are willing to have me continue in the role.
- **Yunwei Wang, The MITRE Corporation** – As a software developer, I will continue working on outreach to the software implementer community and other HL7 work groups. I will work with other FHIR-I co-chairs to reduce the back logs of FHIR JIRA tickets.

**Financial Management**
This group will be electing four co-chairs to fill the positions currently held by Kathleen Connor, Celine Lefebvre (Interim), Mary Kay McDaniel, and Andy Stechishin.

- **Kathleen Connor, VHA Standards and Interoperability; Book Zurman Inc.** – As a co-chair for the HL7 Financial Management (FM) Work Group for many years, I would like to continue helping the FM Work Group progress its goals and objectives.

  FM is the sponsor of numerous standards and Accelerator Implementation Guides. My focus is on updating HL7 Version 2 Chapter 6 and 16 per community requirements; addressing issues related to C-CDA Payer Section; and maturing all of the FM FHIR Resources, in particular Contract, Financial Transaction, and Coverage. I work on the terminology issues for all three. I also cover FM policy concerns related to emerging statutory and regulatory topics at the HL7 Policy Advisory Committee.

  Being an FM co-chair requires deep involvement with the development and maintenance of Work Group products. It means contributing to the administrative efforts necessary to support the four weekly calls, Work Group Meetings, and Work Group infrastructure. This requires substantial volunteer resources from the very capable and committed FM co-chairs with whom I am proud to serve.

- **Celine Anselmina Lefebvre, JD, Senior Policy Analyst, American Medical Association** – I am re-running for the FM co-chair position to ensure that the provider voice is represented within HL7. As a lawyer by training working in health policy at the AMA, I provide a unique underrepresented perspective to the WG. The co-chair role also allows me to serve as a liaison to the provider community to keep various provider groups abreast of important developments at HL7, and subsequently provide valuable feedback to HL7 and the industry at large regarding the implications of implementations, specifications, corrections, and enhancements on the provider community.

- **Mary Kay McDaniel** – No statement submitted

- **Andy Stechishin, HL7 Canada** – I have been an active member at HL7 International for over a decade and a regular participant on the Financial Management (FM) Work Group teleconferences and Working Group Meetings for more than 5 years. I also bring a wealth of experience in HL7 leadership roles having been a co-chair of 4 other work groups, a Steering Division co-chair, member of the TSC and member of the ARB. I would like to use my skills to assist the current FM leadership navigate through the current challenges arising from the adoption of FHIR in the financial domain.

**Imaging Integration**
This group will be electing one co-chair to fill the position currently held by Jonathan Whitby.

- **Jonathan Whitby, Senior Analyst, Vital (Canon Medical)** – I have been involved in standards development since 2009 and with HL7 Imaging Integration (II) / DICOM WG-20 since 2014. In addition to managing two FHIR resources, II is currently working on several implementation guides that help address interoperability between imaging systems and FHIR. I would appreciate the opportunity to continue progressing this work as co-chair.

**Implementable Technology Specifications**
This group will be electing one co-chair to fill the position currently held by Paul Knapp.

- **Paul Knapp, Knapp Consulting, Inc.** – I am running to continue serving as a co-chair of the Implementable Technology Specifications (ITS) Work Group. I have served as a co-chair for ITS since the early 2000s and can provide the history and continuity and shall continue to contribute ITS development work in: transports, data types and other implementation artifacts and maintenance of ITS artifacts across FHIR, V2, V3 messaging, and CDA/CCDA.

**Infrastructure and Messaging**
This group will be electing one co-chair to fill the position currently open.

- No nominations received

**Learning Health Systems**

This group will be electing one co-chair to fill the position currently held by Bruce Bray.

- **Bruce Bray, MD, Professor, Biomedical Informatics and Cardiovascular Medicine, University of Utah Health** – I am a cardiologist and clinical informaticist at the University of Utah and have participated in HL7 standards activities for many years. I would be pleased to continue to assist in leadership of the Learning Health Systems (LHS) Work Group as co-chair.

**Mobile Health**

This group will be electing one co-chair to fill the position currently held by Matthew Graham.

- **Matthew Graham, Technical Specialist, Mayo Clinic** - I am an active HL7 member for the past 10 years. As a current co-chair of the Mobile Health Work Group (MH WG), it is my honor and pleasure to submit my name for re-election. I would appreciate your consideration in voting for me. Thank you.

**Modeling and Methodology**

This group will be electing two co-chairs to fill the positions currently held by Jean Duteau and Grahame Grieve.

- **Grahame Grieve** – No statement submitted

**Orders and Observations**

This group will be electing four co-chairs to fill the positions currently held by Lorraine Constable, Robert Hausam, Ralf Herzog, and John David Nolen.

- **Lorraine Constable** – No statement submitted

- **Robert Hausam, MD** – I have appreciated the opportunity to continue to serve as a co-chair of the Orders and Observations (OO) Work Group. I am a physician and medical informaticist, working as an independent consultant in healthcare informatics, and I bring those perspectives to the work of OO. I believe that the availability and quality of primary clinical data, much of which in HL7 is based on work being done under the stewardship of OO, is critical for our ability to provide enhanced services and functionality, including clinical decision support and quality reporting. Our WG plays a key role in moving both HL7 standards and ultimately industry practice forward in this area, both in the established product families of V2 and CDA and in the rapidly developing and increasingly adopted FHIR standard. I actively participate in multiple areas within OO, including OO on FHIR and the Specimen, LIVD, Order Catalog and V2-to-FHIR projects. I am running for re-election so that I can continue to serve HL7 and the OO WG and help in progressing this important work.

- **Ralf Herzog** – No statement submitted

- **JD Nolen, MD/PhD/MSPH** Assistant Professor, Director of Laboratory Informatics, Director of the CMRI Biorepository, Children's Mercy Hospital and Clinics – I have been active in HL7 since 2010, and I have served in a co-chair/subject matter expert role the majority of that time. I also serve as a bridge between Clinical Genomics (CG) and Orders and Observations (OO). I am currently one of the co-chairs of OO, and I would like to continue to serve as a co-chair to help our progress in creating and optimizing the V2/FHIR standards in OO.

**Patient Administration**

This group will be electing two co-chairs to fill the positions currently held by Alexander de Leon and Cooper Thompson (Interim).

- **Cooper Thompson, Integration Engineer, Epic** – My day job involves working with health care providers (and some payers) to implement HL7 V2 and FHIR integrations. I'm also involved in Argonaut projects, and have been active in the Patient Administration Work Group for several years.
**Patient Care**
This group will be electing five co-chairs to fill the positions currently held by Laura Heermann Langford, Emma Jones, Michelle Miller, Michael Padula, and Michael Tan.

- **Laura Heermann Langford PhD, RN** – No statement submitted

- **Emma Jones RN, MSN–BC, Expert Business Analyst - Community and Integration Solutions, Allscripts** – I am seeking re-election as co-chair of the Patient Care Work Group (PCWG). I am an Informatics Board Certified Registered Nurse and an Expert Clinical Business Analyst at Allscripts, implementing Health Information Exchange solutions for both FHIR and CDA solutions. My professional focus is on the use of high-quality healthcare technology skills in the areas of healthcare informatics and outcomes management. My clinical experience includes ambulatory care and community health nursing, critical care nursing, nurse-case management, insurance nursing and healthcare utilization management. Voluntarily at HL7, I have participated as a PCWG Co-Chair, an active participant in Structured Documents Work Group as well as the Learning Health Systems Work Group. I am also Co-Chair of Integrating the Healthcare Enterprise (IHE) Patient Care Coordination Committee where I have been instrumental in authoring several IHE PCC Profiles (using both CDA and FHIR constructs) that supports healthcare interoperability workflows. I was also named one of the HL7 Volunteers of the Year 2019.

- **Michelle M. Miller, Senior Director at Cerner Corporation** – I am currently a co-chair of the HL7 Patient Care Work Group (PCWG) and have been nominated for re-election. My contributions within Patient Care have focused on FHIR. I am one of the HL7 FHIR committers, such that I apply changes that the PCWG approves. At Cerner, I am a Senior Director with executive responsibility for product management across 16 products that serve as the HealtheIntent Data Foundation, which includes the products under development for population/bulk FHIR APIs. I have 23 years of experience working at Cerner developing, designing, innovating, and leading within our intellectual property (engineering) and product management organizations. Among my past accomplishments, I hold two critical care patents.

- **Michael Padula, MD** – No statement submitted

- **Michael Tan, MSc, NICTIZ, HL7 Netherlands** – As product manager for Nictiz, the National Institute for IT in the healthcare for the Netherlands, I am actively involved in developing and implementing patient care scenarios in national programs in the Netherlands. Patient care resources are used for perinatology, public youth healthcare, GP summaries and emergency care on a nationwide scale. As such I have a keen interest to make the domain of Patient Care a success.

  In the past period I have led projects for health concerns, assessment scales and HL7 V3 Care Records. As co-chair I would like to contribute to the further development and transition to FHIR resources. An example is the International Collaboration in Child Health and Obstetrics (CHOICE), where the UK, USA, Australia, Germany, and Netherlands work together towards an international profile for obstetrics. I facilitate these meetings.

  I also believe that the Patient Care Work Group should have a balanced worldwide representation in its leadership to be called an International HL7 work group. As representative from Europe, I intend to bring in the input from our European Community in the Patient Care Work Group.

**Patient Empowerment**
This group will be electing one co-chair to fill the position currently held by Abigail Watson.

- **Abigail Watson** – No statement submitted

**Payer/Provider Information Exchange**
This group will be electing one co-chair to fill the position currently held by Russell Ott (who is not running for re-election).

- **Alberto Llanes, Federal Electronic Health Record Modernization Office** – I ask your consideration for service in the role of PPIE Co-Chair. I understand it is a two-year obligation starting on January 1, 2022 and have the full support of my leadership at the Federal Electronic Health Record Modernization
Pharmacy
This group will be electing four co-chairs to fill the positions currently held by John Duteau, John Hatem, Melva Peters, and Scott Robertson.

- **John Hatem, MS, MBA, MS, FHL7** – I am interested in continuing contributing to the growth and use of FHIR resources and providing input and guidance into developing IGs that are directly related to the use of the Pharmacy resources. I have been serving the HL7 community for over 15 years and desire to continue this involvement with my clinical domain knowledge and health care system and implementation experience. I look forward to how the re-envisioning work at HL7 will influence our workgroups and the broader HL7 community. I am currently a Pharmacy co-chair of Pharmacy and am also an HL7 Fellow.

- **Melva Peters, Jenaker Consulting** – I am seeking re-election as co-chair of the Pharmacy Work Group. I have been involved in the Pharmacy Work Group since 2008 and have been co-chair since 2011.

I have been an individual member of HL7 International since 2012 and a member via the HL7 Canada Affiliate since 2006.

- **Scott M. Robertson, PharmD, RPh, FHL7, Principal Technology Consultant, Health IT Strategy & Policy, Kaiser Permanente** – I have been fortunate to have served as a Pharmacy WG Co-Chair for many years. Things have changed considerably since V2; and even with the dominance of FHIR, pharmacy requirements and solutions will continue to evolve. I want to continue serving as a Pharmacy Co-Chair to help lead that evolution and to continue promoting cooperation within HL7 and with outside entities, such as ISO TC 215 and NCPDP.

Public Health
This group will be electing four co-chairs to fill the positions currently held by Erin Holt, Craig Newman, Laura Rappleye, and Danny Wise.

- **Erin Holt, MPH, Chief Public Health Informatics Officer, Tennessee Department of Health** – I am a communicable disease epidemiologist by training and have focused much of my career on surveillance implementation. In doing so, I have lead trading partner onboarding and the implementation of interoperability standards and principles for traditional public health interfaces. Such interfaces include electronic laboratory result reporting, syndromic surveillance reporting, communicating with our immunization registry, and electronic case reporting; all of which support surveillance and public health action and response. Much of my time is currently spent supporting the establishment of interoperability amongst our internal systems or with external partners, including lab information systems, supporting the opioid crisis response in TN through overdose surveillance and controlled substance monitoring efforts, facilitating data integration for advanced analytics and visualization, and developing and implementing a data governance program for our agency. I am a current member of the Council of State and Territorial Epidemiologists (CSTE), participating in the Surveillance and Informatics Committee and serving as Co-Chair of the CSTE COVID Data Preparedness Workgroup, and also serve as our agency’s representative to the Association of State and Territorial Health Officials (ASTHO) Informatics Directors Peer Network.

In addition to standards implementation, I have also been participating in standards development. I have been an active member of the HL7’s Public Health (PH-formally PHER) work group since 2011 and have served as a co-chair since January 2015. While our work group has been extremely busy over the last several years supporting numerous projects in all three HL7 product families, I have been most intimately involved in the electronic laboratory result reporting and electronic case reporting standards development, which have been critical to supplying data to jurisdictional and federal public health agencies for COVID response and situational awareness. I believe that my experience and expertise is a valued contribution to public health standards development, and I hope to get the opportunity to continue to serve as a co-chair of the PH Work Group as our work to support the public’s health continues to evolve.
Craig Newman, PhD, Altarum, Public Health Interoperability Subject Matter Expert – It has been my pleasure to work for the Public Health WG as a co-chair the last few years. If re-elected, I look forward to using my experience developing and implementing interoperability standards to ensure that the WG continues to be an active, organized, and well-informed group.

Laura Rappleye, Altarum – Please accept this position statement as notification of my interest in serving as co-chair for the HL7 Public Health Work Group. For the past 26 years, I have been working in the field of public health serving in several different capacities. Leading interoperability implementations for the State of Michigan's public health systems has been my primary focus for the past 14 years. I've had the pleasure of serving in this position for the past six years and would like to continue to serve as a PH WG co-chair.

Danny Wise, Allscripts – I have been working at Allscripts for the past 10 years (and recently transitioned to our Practice Fusion EHR product team) supporting and building various HL7 interfaces, including extensive work with public health integration for ambulatory care providers in the US, e.g., immunizations, syndromic surveillance, cancer registries, electronic case reporting. I have been a co-chair of the Public Health Work Group since 2019 and additionally participate in various other industry collaborative groups such as the American Immunization Registry Association (AIRA), the HIMSS Immunization Integration Program (IIP), and the Digital Bridge Immunization Registries Workgroup. I would be honored to continue to serve as an HL7 co-chair and represent the EHR and provider perspective for public health interoperability.

Publishing, Electronic Services and Tooling
This group will be electing three co-chairs to fill the positions currently held by James Agnew, Brian Pech, and Andrew Statler.

- Brian Pech – No statement submitted

Security
This group will be electing two co-chairs to fill the positions currently held by Kathleen Connor and Alexander Mense.

- Kathleen Connor, VHA Standards and Interoperability; Book Zurman Inc. – With your support, I would like to continue serving as a Security Work Group co-chair in order to maintain the many privacy and security standards developed across HL7 product lines (HL7 Version2, CDA and FHIR); promote those in development, especially by the Accelerator Project; and bring emerging healthcare privacy and security business requirements, such as those related to ONC Cures and CMS payment regulations, into the HL7 standards development process and to the HL7 Policy Advisory Committee on which I've served since its inception.

Contributions to the HL7 Security Work Group to date include facilitating HL7 privacy and security vocabulary development, and co-authoring or contributing to the development/maintenance of: Healthcare Privacy and Security Classification System; PASS Security Labeling, Access Control, and Audit Service Functional Models; Composite Security and Privacy Domain Analysis Model; Privacy and Security Architecture Framework; Privacy and Security Logical Data Model; Data Segmentation for Privacy and Data Provenance CDA Implementation Guides, FHIR DS4P and Cross Paradigm US Regulatory Security Labeling Implementation Guides; and FHIR Security Label Module and the AuditEvent, Provenance, Consent and Contract Resources.

Relevant Background: Deeply involved in developing HL7 privacy and security standards since 2011; 20 years of HL7 co-chair experience; and 28 years of policy and standards subject matter expertise gained from support of HHS CMS, OCR, ASPE, SAMHSA, and ONC initiatives including HIPAA Privacy and Security Rule guidance, HITSP Transaction Packages 20 and 30, Data Segmentation for Privacy, Data Provenance, Patient Choice, FAST Security Team, and Advancing SDoH projects.

- Alexander Mense – No statement submitted

Services Oriented Architecture
This group will be electing two co-chairs to fill the positions currently held by Jerry Goodnough and Stefano Lotti.
- **Jerry Goodnough** – No statement submitted
- **Stefano Lotti** – No statement submitted

**Structured Documents**
This group will be electing five co-chairs to fill the positions currently held by Gay Dolin, Benjamin Flessner, Austin Kreisler, Russell Ott (Interim), and Matt Szczepankiewicz (Interim).

- **Gay Dolin, MSN, RN FAMIA, Namaste Informatics** – As a current co-chair of the Structured Documents Work Group (SDWG), and as an experienced clinician and CDA expert, I am happy to continue my service to support the activities of the work group. I have been active in HL7 and the SDWG since 2005. My vision is for data-driven healthcare, based on a foundation of cohesive interoperability standards. My focus is alignment of regulatory and technical initiatives and use of clinical terminology within standards, with goals of easing clinical burden while supporting patient needs. I believe that CDA, specifically C-CDA, will continue to play a significant role in that vision while FHIR Clinical Documents and the referenced resources/profiles become more widely implemented. SDWG will play a major role in the much-needed alignment of C-CDA templates and FHIR profiles.

- **Benjamin Flessner** – No statement submitted
- **Austin Kreisler** – No statement submitted
- **Russell Ott, Specialist Leader, Health Technology, Deloitte Consulting LLP** – Since developing my first HL7 standard in 2015, I’ve appreciated the importance of informed, patient, and accessible co-chairs to facilitate the efficient operation of work groups. Since then, I’ve published 3 more HL7 standards, and am actively working on several more, including the next version of C-CDA. In my day job, I work closely with the Federal EHR’s Joint DOD/VA Health Information Exchange and help the federal community monitor and improve how it uses document-based exchange to support the health of our Military and Veterans. If elected a permanent co-chair, I commit to being the same type of informed, patient, and accessible co-chair as those who have helped me over the years.

- **Matt Szczepankiewicz, Epic** – I hope to keep contributing my expertise to Structured Docs as a co-chair to help us keep developing and maintaining high-quality, usable standards. By way of experience, I’ve got:
  - 1.5 years of participation on Structured Docs and Examples Task Force calls
  - In that time, I’ve contributed 7 pull requests to the C-CDA examples repo
  - HL7 CDA® Specialist Certification
  - 4+ years of CDA development on Epic’s Care Everywhere team

**Vocabulary**
This group will be electing three co-chairs to fill the positions currently held by Rob Hausam, Ted Klein (*who is not running for re-election*), and Robert McClure.

- **Jessica Bota, MS, Manager, Content and Product Services, Apelon, Inc.** – I have been serving as the project manager on the Unified Terminology Governance (UTG) project since early 2019 focusing on requirements gathering, documenting the UTG process, and educating the community on the submission of vocabulary change request proposals and the consensus review process. I will continue to participate in the maintenance of the HL7 Terminology and in the enhancement of the UTG process to best serve the HL7 community. I have been actively involved in several other vocabulary projects such as the Value Set Definition Profile (VSDP) project and the Standardized Terminology Knowledgebase project. I appreciate your consideration for the opportunity to take a more active role as a Vocabulary Co-Chair.

- **Rob Hausam, MD** – I have appreciated the opportunity to serve as a co-chair of the Vocabulary Work Group over a number of years. I am a physician and medical informaticist with extensive experience in terminology. I am the co-lead from HL7 on the joint SNOMED on FHIR project along with SNOMED International. I am a FHIR Core specification editor, in the terminology and terminology services plus additional areas, and have been co-leading the Terminology Services track at the FHIR Connectathons for several years. Proper and effective use of terminology is foundational to the work that we do across all of
our standards product families (V2, V3/CDA and FHIR). I support the efforts of the Vocabulary WG to work with and alongside the other HL7 Work Groups to develop common principles and content that works effectively with all of our standards. I am running for re-election so that I can continue to serve HL7 and the Vocabulary WG and help in progressing this important work.

Robert McClure, MD, MD Partners, Inc. – I would be honored to continue as a co-chair for the Vocabulary Work Group and offer my self-nomination to be re-elected. I remain committed to providing support, guidance and input into the HL7 community regarding the definition of standards-based use of terminology and the implementation of the same. I am a current co-chair since 2015, am an HL7 Fellow, fill an ad hoc position on the HL7 TSC as a terminology representative, and have served on other HL7 committees and task forces. I act as the vocab facilitator for Structured Documents, CQI, CDS, and am one of a few supporting the Da Vinci Project. I helped put together the Value Set Definition Normative standard and am working on the Gender Harmony standard. I am the current LOINC document Ontology sub-committee chair, support the NLM VSAC and the ONC as terminology SME. And yes, I own a small Panamanian coffee farm.

ELECTION PROCESS VIA ELECTION RUNNER

NOTE: YOU MUST BE SUBSCRIBED TO THE LISTSERV USING THE DEFAULT EMAIL IN YOUR MEMBER RECORD.

ELECTION PROCESS
As a reminder, per the following sections of the GOM, the 2021 co-chair elections shall be conducted as follows:

08.02.08 Work Group Co-chairs

HL7 Headquarters shall provide an official Work Group co-chair ballot to those eligible members of each Work Group holding co-chair elections reflecting those individuals nominated by their peers or themselves.

Eligible voters shall be those members subscribed to the WG’s primary list server one week prior to the start of the nomination period who:

• are current individual members, or
• have a domain name reflecting the name of a current Organizational member, or
• have been validated by a current Affiliate member.

A list of those elected to co-chair Work Groups shall be provided to the Work Groups and posted during the annual Plenary meeting with newly elected WG co-chairs assuming their duties January 1 of the following year.

A copy of the GOM suitable for download and printing is available on the HL7 website at:
http://www.hl7.org/permalink/?GOM