HL7 International

July 1, 2022

HL7 Work Group Co-Chair Nominees - 2022

Below are the nominees for the Work Group Co-Chair positions that are currently up for election for the term beginning 1/1/2023. 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 one co-chair to fill the positions currently held by Robert Jenders.

- **Robert A Jenders, MD, MS, FACP, FACMI, FHL7, FAMIA**, *Senior Associate Director, Clinical and Translational Science Institute & Professor of Medicine, University of California, Los Angeles* - I have been privileged to serve as cochair of the Arden Syntax Work Group, working with its members and industrial partners to make an already-useful standard even more so with the creation of implementation guides, educational activities at universities and conferences as well as improvements to the Arden Syntax itself. As a practicing clinician and researcher who is board-certified in clinical informatics and whose work focuses on clinical decision support (CDS), I respectfully ask for your support to continue this work as cochair, including advancing the next version of Arden through standardization of its data model, to facilitate increased use of CDS and improved health outcomes.

Biomedical Research and Regulation
This group will be electing three co-chairs to fill the positions currently held by Hugh Glover (not running for re-election), Smita Hastak and Andy Iverson (not running for re-election).

- **Smita Hastak**, *Samvit Solutions* - I have been an active member of HL7 and the Biomedical Research and Regulation (BR&R) Work Group (WG) since 2009 and have served as co-chair of BR&R for the past two years. I have over 22 years of systems modeling & development experience in clinical research for various initiatives at the US NCI and other NIH institutes.

    For the last 15 years I have worked extensively in several data standardization initiatives - BRIDG model, CDISC standards and metadata development at both FDA and the NCI. In last 5 years, I have been working with subject matter experts in structuring and standardizing the pharmaceutical quality domain and representing this domain in FHIR. I have enjoyed my time as a co-chair of the BR&R WG for the past two years and would appreciate the opportunity to continue serving in this role. I would appreciate your support as we continue to actively work towards representing the biomedical research requirements in FHIR.

Clinical Decision Support
This group will be electing two co-chairs to fill the positions currently held by Guilherme Del Fiol and Howard Strasberg.

- **Howard Strasberg, MD, MS, FACMI, FAMIA**, *VP Medical Informatics, Wolters Kluwer Health Clinical Effectiveness* – I am a board-certified clinical informaticist with over 20 years of experience in the field. I've been honored to serve as a co-chair of the Clinical Decision Support (CDS) Work Group (WG) for the last 12 years. I bring the perspective of being both a standards developer and a standards implementer. I have worked on many different standards, including Infobutton, Order Set, vMR, Health eDecisions, Clinical Quality Framework, Clinical Quality Language, CDS Hooks and FHIR. I strive to continue to work on CDS standards that are based on sound informatics principles, but which can also be implemented in a straightforward fashion.

- **Isaac Vetter,** *Epic* - I'm an active member of HL7, including a number of HL7 work groups, notably Clinical Decision Support (CDS). I have over a decade of experience in health IT interoperability and integration. Currently, I lead the Project Management Committee for CDS Hooks, and am also leading development of the FHIRcast and International Patient Access specifications. I value HL7's CDS Work Group, not just due to the importance of the interoperability domain, nor the significant clinician and informaticist engagement, but also because the group is made up of talented, expert, and kind people. If elected as CDS co-chair, I'll work to continue to inculcate CDS's culture, competence, and expertise, but also strive to ensure that Bryn needn't both lead and scribe our calls.

Clinical Genomics
This group will be electing three co-chairs to fill the positions currently held by James Jones, Bob Milius and Mullai Murugan.

- **James Jones**, MPhil, *Project Coordinator, SMART Health IT; Computational Health Informatics Program, Boston Children's Hospital* - As Project Coordinator for SMART Health IT, my focus is on furthering open-source opportunities to use FHIR for population health and research.

  I have been heavily involved with the Clinical Genomics Work Group (WG) since 2018 and have presided weekly FHIR Subgroup calls to shepherd our Implementation Guide through two ballot & reconciliation cycles. I have served as Connectathon Track Lead, represented our WG at DevDays and in HL7 workshops, and I look forward to continuing the important standardization work that needs to be done to enable precision medicine.

Clinical Information Modeling Initiative
This group will be electing one co-chair to fill the position currently held by Claude Nanjo.

- **Nathan Davis -** *No statement submitted*

- **Claude Nanjo**, *Senior Clinical Informaticist, University of Utah* – It would be an honor to continue serving as a Clinical Information Modeling Initiative (CIMI) Work Group (WG) co-chair. I have been an active member of and contributor to the CIMI, CDS, and CQI work groups primarily in the area of clinical knowledge modeling. Our team at the University of Utah has been implementing interoperable CDS solutions and knowledge-driven application enabled by HL7 standards including CIMI, FHIR, SMART, and CDS Hooks in production within our EHR. To better foster broader innovation in health IT, I strongly believe that HL7 standards must promote interoperability and be easily implementable in production. As a co-chair of the CIMI WG, I intend to facilitate cooperation among work groups so that HL7 can contribute towards the development of such work products.

Clinical Interoperability Council
This group will be electing two co-chairs to fill the positions currently held by James McClay and James Tcheng.

- **James McClay, MD -** *No statement submitted*

Clinical Quality Information
This group will be electing two co-chairs to fill the positions currently held by Floyd Eisenberg (not running for re-election) and Juliet Rubini.

- **Abdullah Rafiqi**, *Enterprise Science and Computing (ESAC) INC* - I am seeking election as co-chair of the Clinical Quality Information (CQI) Work Group (WG). 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.

  I have been a contributing member of the CQI WG since 2018 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 efforts allows me to provide a unique insight into the CQI WG. As such, I would appreciate the opportunity to use my knowledge and expertise within **both** the clinical and technical side to further promote the CQI WG's pursuit of standards' development for the measurement, evaluation, and reporting of health care quality data.

- **Juliet Rubini MSN, MSIS, RN-BC** *Mathematica Policy Research* – I have proudly served as CQI co-chair for the past four years. I look forward to continuing to serve and provide insight into QI Core, QM IG and other FHIR based standards that will move quality measurement forward. I am excited for the opportunities FHIR based quality measurement will bring to the landscape.

- **Anne Smith**, **BSN, MSHA**, *Assistant Vice President, NCQA* – I would be thrilled to serve as a Clinical Quality Information (CQI) Work Group (WG) Co-Chair. I have been an active member of the CQI WG since 2002. Recently, I have been taking a more active role in shaping the future direction of the standards. I believe the future of quality measurement depends on having data and measures in a standard format. I also believe that format will be FHIR. I would like to participate more in the effort to improve the standards to support quality measurement.

Community-Based Care and Privacy
This group will be electing three co-chairs to fill the positions currently held by Johnathan Coleman, Suzanne Gonzales-Webb, and Mohammad Jafari (Interim).

- **Johnathan Coleman, BEng, CISSP, CISM, CRISC –** I am a dedicated healthcare security and privacy professional with over 20 years' experience, including helping to facilitate the development and testing of a variety of security and privacy standards. I graduated from the Royal Military Academy, Sandhurst in UK and served for several years deploying secure, wireless communications systems. I am currently working as the CISO for the TEFCA RCE, have been volunteering as a co-chair for the Community-Based Care and Privacy Work Group since May 2014, and would be honored to continue to serve.

- **Mohammad Jafari**, **PhD***, Privacy, Security and Integration Subject-Matter Expert, U.S. Department of Veterans Affairs* - I have worked in the healthcare technology space as an independent researcher in privacy, security, and system integration since 2009 and have served as a subject matter expert and consultant for the VA for the past decade.

  I have been a member of Community Based Care and Privacy (CBCP) Work Group (WG) since 2012 and have been actively involved in the privacy and security of HL7 FHIR, particularly Security Labeling and FHIR Consent resource. I have also served as the interim co-chair of the CBCP WG for the past year. I am coming from an industry and academic background, with a PhD in computer science, an MBA, and nearly two decades of experience in software engineering, including leading engineering teams in the healthcare and e-commerce sector. Most recently, I had the pleasure of serving as the Project Director for the ONC LEAP FHIR Consent Project which was focused on the trial implementation and proof of concept for the FHIR Consent resource.

  Should I get elected, I'm looking forward to facilitating the maturity of the FHIR Consent resource and promoting its adoption within the industry.

Conformance
This group will be electing two co-chairs to fill the positions currently held by Nathan Bunker and Frank Oemig.

- **Nathan Bunker**, *Senior Technical Project Manager, American Immunization Registry Association (AIRA)* – I have 18 years' experience creating and supporting public health systems as a software and standards developer. My work supports the AIRA Measurement and Improvement Project which is working to help all Immunization Information Systems align with community-directed standards. I use this experience to direct discussions at HL7 about how to write requirements so they can be consistently implemented and properly tested.

- **Frank Oemig, PhD, FHL7**, *Oracle Cerner, HL7 Germany* - The improvement – or establishment – of interoperability among information systems is one of my favorite interests in healthcare IT. An essential part is conformance, or more importantly, compliance of systems and specifications on one hand and compatibility and interoperability among different specifications and solutions on the other. A relevant starting point is a consistent development of HL7 standards and elimination of errors, and to help vendors with their implementation. Therefore, I have served the Conformance Work Group as co-chair for some years and am seeking re-election for another term.

  My vision for the Conformance Work Group is to align the conformance methodology across all product lines so that it will be easier for developers and implementers to read and realize the specifications.

  My other positions are as one of the co-chairs of the Version2 Management Group as well as the German "tools, conformance and testing" TC. Furthermore, I have served on the German HL7 Board and other SDOs/PEOs for several years now.

  I have been active in the German and international community for almost 30 years now. I have contributed to the official Working Group Meetings since 1998 and am a recipient of both the Volunteer of the Year award and the HL7 Fellowship award.

  Within Oracle Cerner, my role is that of senior solution leader interoperability for our products and I also serve as the official representative to HL7 and other organizations.

Cross-Group Projects
This group will be electing one co-chair to fill the position currently held by Jean Duteau.

- **Jean Duteau**, *Director, Duteau Design Inc.* - I was a founding member of the Cross-Group Projects Work Group and over the past years have helped move US Core forward through multiple ballots as well as other CGP projects. I understand the nature of this work group and how it provides a liaison role to other work groups for projects that span the entire HL7 ecosystem. I am seeking re-election for another term as co-chair so that I can continue to support the members of this work group.

Devices
This group will be electing five co-chairs to fill the positions currently held by Todd Cooper, John Garguilo, Martin Hurrell, John Rhoads, and Martin Rosner (Interim).

- **Todd Cooper, BA,** *Gemini Device Interoperability Program Director, OR.NET, and Executive Director, Trusted Solutions Foundry, based in San Diego: America's Finest City! -* With over 30 years' experience in software engineering, health informatics, and especially medical device informatics, I am currently leading a multi-SDO effort to create a standards-based cross-vendor ecosystem of device-to-device plug-and-trust interoperable medical technology. The Gemini Safe, Effective & Secure Medical Device Interoperability (SES+MDI) effort is a joint project between IHE and HL7, also integrating standards from ISO and IEEE. I am also a leader in numerous other groups, including the IHE International Board of Directors, the ISO/TC215 US TAG Chair, and the FHIR Foundation Board. As a co-chair of the HL7 Devices Work Group, I will provide the leadership to successfully advance this Gemini project and to help ensure close coordination with other standards and advocacy organizations.

- **John Garguilo,** *Computer Scientist, National Institute of Standards and Technology* **-** I lead the Software Interoperability Group within NIST's Information Technology Laboratory focused on advancing rigorous test methods and leads the Semantic Interoperability of Medical Devices (SIMD) project focused on medical device communication research and testing aimed at enabling the adoption of medical device communication standards by acute, point-of-care, and personal health medical device manufacturers.

  I have been a co-chair for the Devices Work Group for over ten years, focusing on developing conformance test tooling in support of standardization of medical device information exchange and working with device standard and Standards Development Organizations (HL7 V2 and ISO/IEEE 11073).

  My work includes testing and promoting adoption of standards for medical device communications throughout the healthcare enterprise as well as integrating it into the electronic health record. I am closely engaged with medical device experts within HL7, IHE-PCD, and ISO/IEEE Healthcare Devices and Personal Health Devices working and domain groups. I also lead the HL7 message validation test tooling

effort (HL7 V2 based) and development of an industry adopted harmonized medical device terminology database containing ISO/IEEE 11073 medical device terminology (https://rtmms.nist.gov).

In addition to presently serving as a NIST Supervisory Group Leader and HL7 Devices Co-Chair, I was the Secretary for the ISO/IEEE Medical Device Communication (11073) Point of Care Devices Working Group and previously served for six years as the Integrating the Healthcare Enterprise - Patient Care Device (IHE-PCD) Technical Committee Co-Chair.

- **Martin Hurrell, PhD -** I've been an active member of HL7 International for around twenty years and was previously a co-chair of the Anesthesia Work Group (WG) before it merged with Devices. I'm also a member of the SNOMED CT Anaesthesia Clinical Reference Group. Within the Devices WG, my current focus is on the development of a FHIR IG for Intra-Procedural Anesthesia Records (P-1936).

- **John Rhoads, PhD**, *Rhoads Systems, Inc.* - I am asking for your vote to continue as a co-chair of the Devices Work Group (WG). I am now active in the Devices on FHIR project and the Gemini Device Interoperability Project and leading weekly WG meetings. After 28 years at Hewlett-Packard Medical and Philips Healthcare mainly as an interoperability engineer and architect, and a standards officer working on the elusive goal of device interoperability, I have retired but continue to work enthusiastically on that goal.

- **Martin Rosner**, *Senior Standardization Officer, Philips Healthcare* - I have over 20 years of experience in research and standardization of technologies applicable in the healthcare domain, starting with a focus on security and privacy issues facing Philips Healthcare. Currently, I am managing standardization projects directed at enabling the secure exchange of health information within and between the consumer and professional health domains with specific focus on harnessing the data from both consumer and clinical devices. In this capacity, I am participating in several health IT standardization organizations, including Bluetooth, HL7, and IHE. I have been active in HL7 for over ten years, and I would be honored to serve as co-chair of the Devices Work Group.

Electronic Health Records
This group will be electing four co-chairs to fill the positions currently held by Michael Brody, Gary Dickinson, Feliciano Yu and Michael van der Zel (Interim).

- **Michael Brody, DPM –** I have proudly served as a co-chair for the Electronic Health Records Work Group and am pleased to continue to serve in that role.

- **Gary Dickinson, FHL7 -** *No statement submitted*

- **Michael van der Zel,** *University Medical Center Groningen (UMCG)* - My main focus is the tooling, publishing facilitator for the various profile projects and the further development of the EHR tooling towards R3 and FHIR. I have been doing this for a couple of years now already.

- **Feliciano (Pele) Yu, Jr., MD, MSHI, MSPH, FAMIA,** *University of Arkansas Medical Sciences, Professor of Pediatrics, Biomedical Informatics, and Public Health* - I would like to continue as co-chair for the Electronic Health Records Work Group (EHR WG). I have been a member of HL7 since 2003 and my contributions at HL7 demonstrate my advocacy for improving the quality and safety of healthcare using healthcare informatics and technology standards.

I am board certified in Pediatrics and Clinical Informatics and am the Chief Medical Information Officer at the Arkansas Children's Hospital and Professor in the Department of Pediatrics, Biomedical Informatics and Public Health at the University of Arkansas for Medical Sciences (UAMS). I am also Section Chief of the Clinical Informatics Division at UAMS, as well as the Program Director for the ACGME-accredited UAMS Clinical Informatics Fellowship Program.

At HL7, I pioneered standards for advancing child health informatics standards. In 2003, I was founding member of the HL7 Child Health Work Group and served as its Chair from 2008 until 2016. Under my leadership, the group was able to produce several health IT standards, including the HL7 Child Health Functional Profile, which influenced the incorporation of child health requirements for the CHIPRA Child Health Record Format; and the HL7 Quality Reporting Document Architecture (QRDA) which is currently

being used as the reporting standard for quality measure reporting for Stage 2 Meaningful Use Incentive program.

In 2012, I was co-author of the HL7 Version 3 Implementation Guide for CDA® R2 L3: Neonatal Care Reports (NCR), R1, which specifies a standard for electronic submission of neonatal care records (NCRs) in a Clinical Document Architecture (CDA), Release 2 (R2) format. This facilitates electronic extraction of a subset of the Children's Hospitals Neonatal Consortium (CHNC) dataset using a standard reporting specification in the form of a Neonatal Care Report (NCR) to support performance improvement and research.

In 2017, I co-authored the HL7 Developmental Screening and Reporting Services Derived Profile, Release 1 - US Realm, a standard that identifies the critical EHR capabilities for Pediatric Developmental Screening and Reporting services. In 2016, I began serving as co-chair of the HL7 EHR WG, where I started to work on the HL7 Pediatric Care Health IT Functional Profile which was in published May of 2022. The project will establish the HL7 Pediatric Care Health IT Functional Profile Informative Standard that will support the Recommendations for the Voluntary Certification of Health IT for Use in Pediatric Care settings, as published by the 21st Century Cures Act and the U.S. ONC Health IT Certification Program. The common theme across my advocacy relates to helping clinicians make better decisions, provide quality care, and improve healthcare processes using health information and communications technology.

Emergency Care
This group will be electing two co-chairs to fill the positions currently held by Dominik Brammen and Laura Heermann Langford.

- **Laura Heermann Langford PhD, RN**, *Graphite Health* - I am seeking re-election as co-chair of the Emergency Care Work Group (ECWG). I have experience in nursing and emergency care informatics and a strong interest in the interoperability of systems that is very important to emergency care information systems. I am excited about the work the ECWG is doing with the Data Elements for Emergency Departments (DEEDS), the ECWG Functional Profile and the ECWG DAM. We are also interested in incorporating FHIR within the EC domain. I would be pleased to continue serving in the co-chair capacity for the ECWG and continue shepherding these projects.

FHIR Infrastructure
This group will be electing one co-chair to fill the positions currently held by Rick Geimer.

- **Rick Geimer -** *No statement submitted*

Financial Management
This group will be electing one co-chair to fill the position formerly held by Kathleen Connor (who has resigned), and two co-chairs to fill the positions currently held by Jeff Brown and Paul Knapp.

- **Jeff Brown**, *MITRE Corporation – Health Innovation Center -* I have been an active member within HL7 International for the last 12 years and have been a co-chair of multiple work groups during that time. I am also a former appointed member of HL7's Architecture Review Board. At the MITRE Corporation I serve as Health Standards and Interoperability Lead (FHIR Subject Matter Expert) and utilize decades of software engineering and data architecture experience within healthcare to lead standards development implementation guide development as well as leading interoperability efforts for ONC/CMS – most specifically the Da Vinci Burden Reduction use cases (CRD/DTR/PAS) work and FAST Security and Identity. My past work history related to HL7 standards includes Interoperability Standards leadership roles with Cigna/Evernorth and ASCO's CancerLinQ. I also hold HL7 Certifications in FHIR, CDA, and V3 RIM standards.

- **Chris Cioffi** - *No statement submitted*

- **Paul Knapp -** *No statement submitted*

Health and Social Services
This group will be electing five co-chairs to fill the Interim positions currently held by Grey Faulkenberry, Mohammad Jafari, Lizz Olson (not running for re-election), Liz Oppenheim, and Chris Shawn.

- **Courtney Baldridge**, *USAging, Business Strategy and Corporation Relations* - Much like healthcare has expert clinicians, specific protocols and systems, and interoperability needs, social care also requires a specific expertise, appropriate protocols, and systems. Further, social care faces unique challenges relating to data alignment, data integration and information exchange to ensure appropriate coordination, patient care and integration with healthcare. Despite codes being created, substantial work exists to achieve interoperability with social care's systems and data realities, (often driven by unique mandates and funding streams), to recognize regulatory requirements, and to understand the legacy infrastructure (and/or lack thereof) that will impact the success of integrating social care with the broader healthcare landscape. This knowledge is critical as entities like HL7, Gravity and other groups work to align healthcare and social care in the quest for a more efficient system.

  Not only should social care be represented at the HL7 level, HL7 should have representatives that can speak to and educate stakeholders (in their own terms and industry language) about the codes and systems that will inevitably impact them as part of the evolving integrated health and social care landscape. My thirty years of working in aging and social care, ranging from working for a small CBO providing services to at-risk clients to working for large provider networks (like the Area Agencies on Aging & USAging) to partnering with health plans and others, gives me a broad view of the landscape, the associated challenges, the need and the opportunity to get integration "right."

  Over the past two years, I have been able to learn and work with The Gravity Project (CBO lead and Strategic Advisory Council), Direct Trust (Vice Chair of Information Exchange for Human Services) and participate in HL7's Health and Social Services Work Group and Project Unify meetings. This has provided critical insights about the process, the data, and the codes — and has also underscored the need to have the social care voice at the table. I think I can bring that voice as a co-chair to the HL7 Health and Social Services Work Group.

- **Brian Handspicker**, *Consultant* - As an independent consultant I work with several companies that specialize in community care solutions across social care, health care, education, and justice. In support of this mission, I am actively involved in health care and social care interoperability standards, including:

  - HL7 Gravity Project (Social Determinants of Health)
  - FHIR Clinical Ccare SDOH IG (SDOH Referrals)
  - HL7 Human and Social Services
  - DirectTrust Information Exchange for Human Services (IX4HS) Consensus Body (Chair)
  - National Interoperability Collaborative, and
  - Project Unify (Technical Lead), among others

  My interest in serving as co-chair of the HL7 Health and Social Services Work Group is to continue my ongoing efforts to ensure alignment between all our mutual standards efforts across these various groups, while at the same time being sensitive and supportive of differential interests of the participants in each of these bodies.

- **Mohammad Jafari**, **PhD**, *Privacy, Security and Integration Subject-Matter Expert, U.S. Department of Veterans Affairs* - I have worked in the healthcare technology space as an independent researcher in privacy, security, and system integration since 2009 and have served as a subject matter expert and consultant for the VA for the past decade.

  I have been a member of Community Based Care and Privacy Work Group and Security Work Groups since 2012 and have served as the interim co-chair of the Health and Social Services Work Group since its inception.

  Should I get elected, I'm looking forward to bringing the technical expertise based on my background in the industry as well as HL7 FHIR, to support the projects in this work group.

- **Chris Shawn, CISSP-ISSAP, HCISPP, CIPP/G,** *Director of Standards and Interoperability, U.S. Department of Veterans Affairs, Veterans Health Administration* - I have been privileged to serve as a founding interim co-chair of the Health and Social Services (HSS) Work Group (WG), and I look forward to continuing to support this WG that is focused on non-clinically oriented social risks. I have worked for the

last 15 years with VA in healthcare standards, security, and informatics. Additionally, I am a retired US Navy officer having served 20 years in a variety of capacities including serving on the staff of the Navy Surgeon General. My goal in this space is to help remove social barriers in seeking health care – particularly for Veterans.

In addition to serving as a HSS WG interim co-chair, I am a co-chair of the Security WG and actively participate in the Community Based Care and Privacy (CBCP) WG, among other WGs. I also serve on the US Realm Steering Committee and the Technical Steering Committee (TSC), and I additionally represent VA as a founding member of the FHIR at Scale Taskforce (FAST) Accelerator. My professional certifications include Certified Information Systems Security Professional (CISSP), Information Systems Security Architecture Professional (ISSAP), Healthcare Information Security and Privacy Practitioner (HCISPP), and Certified Information Privacy Professional - Government (CIPP/G). I would be honored to continue serving as HSS Work Group Co-Chair.

- **Michelle Zancan, RN, BSN -** I am a registered nurse with over 25 years of experience in healthcare and have worked in many clinical and research organizations including Johns Hopkins Hospital, NIH, and multiple regional and local settings. Early in my career, I specialized in oncology including bench research, clinical trial management for both in-patient and out-patient, CRO clinical operations, bone marrow transplant, and oncology critical care.

    In the last 10 years, I have branched out of the traditional healthcare setting to work as a consultant in the health IT and interoperability domains. I currently work as a Senior Clinical Consultant under the Administration of Children and Families (ACF) Interoperability Grant.

    I have worked on numerous grants and projects, including:

    - Alignment of provider, clinical workflows with Federal and Third-Party Payor initiatives
    - Quality improvement aligning clinical workflow with documentation, and metric reporting
    - Rolling out the Primary Care Medical Home (PCMH) project by CareFirst
    - Practice transformation under the Garden Practice Transformation Network (GPTN) grant from the Centers for Medicare and Medicaid Services (CMS)
    - Technical Assistance (TA) for interoperability work in the behavioral health space under the HIE Connectivity Grant from Department of Healthcare Finance (DHCF) in the District of Columbia
    - Clinical analysis work in the development of the Operational Data Hub, formerly Omnibus Care Plan, for multiple state agencies/programs

    I have been in regular attendance at concalls hosted by Health and Social Services (HSS) Work Group (WG) and closely follow the healthcare, IT Interoperability, and social services arenas. I attended the HL7 Working Group Meeting in May for the HSS WG Tracks and am an active participant in the domain.

Imaging Integration
This group will be electing one co-chair to fill the position currently held by Chris Lindop.

- **Chris Lindop -** *No statement submitted*

Implementable Technology Specifications
This group will be electing two co-chairs to fill the positions currently held by Jeff Brown and Brian Pech.

- **Jeff Brown -** *No statement submitted*

- **Brian Pech, MD, MBA, FHL7**, Principal Technology Consultant, Kaiser Permanente - I am standing for another term as a co-chair of the Implementable Technology Specifications Work Group. I would appreciate your consideration of my re-election. Thank you.

Infrastructure and Messaging
This group will be electing three co-chairs to fill the position currently held by Tony Julian, Nick Radov, and Isaac Vetter (Interim).

- **Anthony (Tony) Julian, FHL7**, *IT Technical Specialist II, Mayo Clinic* - I have been a member of the Infrastructure and Messaging (InM) Work Group since 1998, and a co-chair since 2005. I am firmly committed to the concepts of messaging, having used HL7 messaging as an architect and implementer since early 1998. I fully support the progression from V2 to FHIR. I hope to see HL7 concentrate on quality standards and implementation guides that will underpin the next generation of Electronic Health Records.

- **Nick Radov, MBA**, *Distinguished Engineer, UnitedHealthcare* - As a current co-chair of the Infrastructure and Messaging Work Group (InM WG). I would appreciate your vote for re-election. I have been involved with HL7 standards implementation and development since 1998, working in both the vendor and payer sectors. The FHIR messaging interoperability paradigm has been underutilized so far and I will help develop the right technical foundations for messaging to support key use cases such as the HL7 Da Vinci Project Unsolicited Notifications (Alerts). While HL7's primary focus is now on FHIR, V2 Messaging remains strategically important for many member organizations. I will ensure that our sections of that standard continue to be maintained and updated in a quality manner as we add support for emerging regulatory requirements and transition to the V2+ web publication format. I am also a selected member of the V2 Management Group (V2MG) which works closely with InM, and I hold the HL7 FHIR Proficient certification.

- **Isaac Vetter,** *Epic* - I'm an active member of HL7 and involved in several HL7 Work Groups. I have over a decade of experience in health IT interoperability and integration. I lead the development of three HL7 specifications: CDS Hooks, International Patient Access, and notably FHIRcast. As Infrastructure and Messaging continues to shepherd the FHIRcast specification, project, and community to greater maturity and capability, I would be pleased to assist in leadership of the work group as a co-chair.

Learning Health Systems
This group will be electing one co-chair to fill the position currently held by Russ Leftwich.

- **Russ Leftwich, MD**, *InterSystems* - The Learning Health Systems (LHS) Work Group (WG) was created to take a system level look at standards and standards implantation. This is increasingly important with the ever-expanding number of data sources and electronic data in health and care. I value the opportunity to continue as co-chair of the LHS WG as we work to create standards and implementation guides to enable the intent and goals of learning health systems.

Mobile Health
This group will be electing three co-chairs to fill the positions currently held by Nathan Botts, Gora Datta, and Frank Ploeg.

- **Nathan Botts, PhD**, **MSIS**, *Westat, Behavioral Health & Health Policy* - Please accept this position statement as notification of my interest in continuing to serve as a co-chair for HL7's Mobile Health Work Group. In my role as co-chair over the last eight years, I have helped lead and collaborated on three different new standards development efforts, including the Consumer Mobile Health Application Functional Framework (CMHAFF), the Application Data Exchange Assessment Framework, and Functional Requirements for Mobile Health (mHealth-ADE), and the Mobile Framework for Healthcare Adoption of Short-message Technologies (MFHAST). Skills brought to the co-chair position primarily come through my work as a Senior Study Director within Westat's Behavioral Health & Health Policy division, with over 17 years of experience in research and development of Health IT. I've served as Westat's organizational HL7 representative since 2013.

- **Gora Datta, FHL7, MS, BE,** *Group Chairman & CEO CAL2CAL Corp, Visiting Scholar University of California Berkeley* – I have been an active HL7 member for the past 20 years. I am also actively involved in multiple standards development organizations besides HL7, namely ISO/TC215 & IEEE-Standards Association. As the current (and founding) Co-Chair of Mobile Health (MH) WG, it is my honor and pleasure to resubmit my name for re-election. For the past 10 years, we have seen MH WG grow from an infant to a vibrant, diverse, and active work group of HL7. As the mobile health industry matures and expands its horizon globally, the MH WG needs to ensure that we continue to address the gaps in mobile health standards. Let us continue to build the mobile health standards foundation upon which the healthcare for the 21st century stands!

- **Frank Ploeg**, Enterprise Architect, University Medical Center in Groningen (UMCG); HL7 the Netherlands – I have been participating in HL7 for over 25 years and am currently co-chair of the Core Team in the Netherlands. I have also been working with the Mobile Health Work Group for many years now, the last two terms as co-chair. I have been, and hopefully will continue to be, a frequent participant of HL7 International WGMs.

  I am seeking re-election because I wish to actively continue the work I've been doing, especially in the cMHAFF project. I'm also a past member (the project has successfully published the technical specifications) of the CEN/ISO project 82394-2, where a technical specification is being developed, resembling the approach of the cMHAFF framework. The synergy between the two projects helps to further the mobile health work in HL7.

  Through the HL7 Foundation, I was a participating member of the mHealth Hub project in Europe, a project that aims at operationalizing a mHealth innovation hub for integration into the national health systems in Europe. I'm convinced that mobile health application in healthcare is going to be essential for continued care.

  All these activities as well as my eHealth work at the UMCG make me a qualified candidate for another term as a co-chair, and I would very much appreciate your vote of confidence for another term.

Modeling and Methodology
This group will be electing two co-chairs to fill the positions currently held by AbdulMalik Shakir and Ron Shapiro.

- **Ron Shapiro,** *Vice President and Chief Technical Officer* - I would be happy to continue to serve as a co-chair for the Modeling and Methodology (MnM) Work Group. The MnM work group continues to guide methodology and quality assurance for the FHIR specification and implementation guides. I would love to continue helping to support those efforts.

Orders and Observations
This group will be electing four co-chairs; two to fill the positions currently held by Hans Buitendijk and Ulrike Merrick and two to fill the positions previously held by David Burgess and Patrick Loyd (both of whom have resigned).

- **Hans Buitendijk, MSc, FHL7**, *Director, Interoperability Strategy, ORACLE Cerner* – I'd be happy to continue to help facilitate the Orders and Observations Work Group for another term.

- **Riki Merrick**, *Vernetzt, LLC* - I have appreciated the opportunity to continue to serve as a co-chair of the Orders and Observations (OO) Work Group (WG). I work mostly on laboratory and public health related data exchange in my position as lead terminologist at the Association of Public Health Laboratories, but also support smaller standards development projects as a consultant. The work being done under the stewardship of OO is critical for our ability to provide enhanced services and functionality, including clinical decision support, and reporting for public health and quality measures. 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 the specimen, any lab related projects such as LIVD and the development of LOI and LRI as V2 based lab standards. I also provide a bridge to IHE International 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.

- **Marti Velezis -** *No statement submitted*

Patient Administration
This group will be electing two co-chairs to fill the positions currently held by Brian Postlethwaite and Line Saele.

- **Brian Postlethwaite, BaSc -** *No statement submitted*

- **Line AndreassenSaele, MSc**, *Norwegian Institute of Public Health* - I am an Enterprise Architect in Norway, working for the Norwegian Institute of Public Health. I have been working with HL7 since 2008,

becoming more involved through the years. I am Affiliate Chair of HL7 Norway, Co-Chair of International Council, and co-chair of the Patient Administration Work Group in HL7 International.

I would like the chance to continue contributing to the HL7 community as well as learn from it.

Patient Care
This group will be electing two co-chairs to fill the positions currently held by Stephen Chu and Jay Lyle.

- **Stephen Chu**, *Australian Digital Health Agency* **–** I am a clinical informaticist with 30 years of overlapping clinical and informatics experiences. My clinical experiences covered the domains of orthopedics, internal medicine, and emergency medicine. I have participated in HL7 standards activities since 2002 as an HL7 New Zealand representative and then as an HL7 Australia delegate since 2009. I have served as one of the co-chairs for the HL7 Patient Care (PC) Work Group (WG) since May 2011 and I would like to continue my contributions to the PC WG as one of its co-chairs.

- **Jay Lyle**, *JP Systems for the U.S. Department of Veterans Affairs* - I am a standards architect with over 20 years of experience in systems design and integration. I have conducted projects supporting interoperability for the CDC, ONC, VA, and several clinical registries. My primary design priority is to ensure that technical solutions support their clinical and business drivers. I have served as a Patient Care Work Group co-chair since 2014.

Patient Empowerment
This group will be electing two co-chairs; one to fill the position currently held by Virginia Lorenzi, and one to fill the position previously held by Debi Willis (who has resigned).

- **Virginia Lorenzi**, *Lead Technical Analyst, NewYork-Presbyterian Hospital* – I have extensive experience developing and using HL7 standards. I have been involved in the HL7 community since 1994 and I work to implement standards at NewYork-Presbyterian and have been active there in numerous initiatives to empower patients with information through portals and APIs. In my faculty role at Columbia University, I teach standards and patient facing technologies.

  During my tenure at HL7, I have worked on HL7 breadth issues including education, policy, publishing, breadth balloting, and implementation/adoption. I am also active in the CARIN Alliance, which focuses on consumer directed exchange.

  I have a great deal of personal experience as a caregiver for my parents, my husband, and his family as well as my own complicated pregnancy and caring for my children. My personal experiences have led me to believe that there is a need for a patient voice in the development process of standards.

  In 2019, I helped found the Patient Empowerment Work Group, with its mission to amplify the patient voice in all that HL7 does. I strongly believe in this mission and have been honored to serve as a co-chair in the important work of this group. I am proud that the group has been effective in providing input to the HL7 community and develop work products, and how it serves as an open door to HL7 for the patient advocacy community. I am interested in continuing this work and would like to be considered for re-election.

- **Maria Moen**, *ADVault, Inc.* - I have been an active and engaged member of this work group since August 2019, following the path already carved by my employer who has been an active member and standards creator within HL7 for close to 10 years now.

  I currently co-lead the Patient Contributed Data white paper project under Patient Empowerment and am the Use Case Lead for the ADI w/FHIR project that Patient Empowerment sponsors. I am also an active participant in several other HL7 work groups that impact a person's ability to see, interact with, and have an active role in their electronic health data such as CBCP, Patient Care, O&O, Health & Human Services, and others.

  I believe strongly in the voice of the individual and impact people can have on standards-setting activities, although there aren't numerous individuals who would even understand the process or intricacies of what it takes to bring data exchange standards to life. I intend to advocate for them and represent their interests, which are also my interests and your interests. This work group serves and represents every individual

who moves through the healthcare system but doesn't have a voice in how their information does/doesn't move with them.

I am a caregiver for my aging mother, who is also disabled, and know the health equity and care delivery barriers she faces each day. I am passionate about lending my voice to the already talented voices that make up the Patient Empowerment Work Group so that we can work together to empower those who receive care to have an equal role in data exchange and accessibility of that information with those who deliver and manage health care.

Payer/Provider Information Exchange
This group will be electing two co-chairs to fill the positions currently held by Durwin Day and Christol Green.

- **Durwin Day**, *Health Care Service Corporation* - I would like the opportunity to continue to serve as a co-chair for the HL7 Payer/Provider Information Exchange Work Group (PIE WG). I have been a founding member of HL7 FHIR Accelerators for Da Vinci and FAST programs. The PIE WG has supported these initiates as a secondary sponsor for many of their Implementation Guides, including CDex as the FHIR solution for Attachments. PIE has also supported CARIN Digital ID Card IG as the primary sponsor. PIE WG has published multiple IGs leading to industry standards development and implementations. Additionally, I serve as HL7 representative at the Designated Standards Maintenance Organization. I ask for your support to continue to serve as co-chair for the PIE Work Group.

- **Christol Green,** *Anthem, Inc.* - I appreciate the opportunity to continue to serve as a co-chair for the HL7 Payer/Provider Information Exchange Work Group (PIE WG). If reappointed for the 2-year term 1/2023-12/2024, I shall fulfill in good faith all the obligations expected of an HL7 co-chair. I have been an HL7 member for over 9 years and participate in multiple work groups and accelerator projects including: Da Vinci, CARIN and FAST. I have also represented the US Realm for the past 4 years as a payer community representative. I have worked with the PIE and Financial Management WGs to publish multiple IGs leading to industry standards development and implementations. I look for your support to continue to serve as co-chair for the PIE Work Group.

Pharmacy
This group will be electing one co-chair to fill the position currently held by Danielle Bancroft.

- *No nominations received*

Public Health
This group will be electing one co-chair to fill the position currently held by AbdulMalik Shakir.

- *No nominations received*

Security
This group will be electing three co-chairs to fill the positions currently held by John Moehrke, Chris Shawn, and Patricia Williams.

- **John Moehrke**, *Standards Architect, By Light Professional IT Services LLC* – As a Standards Architect, I specialize in interoperability, security, privacy, and blockchain for By Light Professional IT Services LLC, and I am primarily involved in the international standards development and the promulgation of those standards.

  I am a co-chair of the HL7 Security Work Group, a member of the FHIR Management Group, FHIR core team, and co-chair of IHE IT Infrastructure Technical and Planning Committee. I participate in DICOM, HL7, IHE, W3C, IETF, among others. I am also active in many regional initiatives such as the IHE-USA, USCDI, SMART, HEART, CommonWell, Carequality, eHealth Exchange, Sequoia Project, and WISHIN. Having been active in the Healthcare standardization arena since 1999, I have authored various standards, profiles, and white papers.

- **Chris Shawn, CISSP-ISSAP, HCISPP, CIPP/G,** *Director of Standards and Interoperability, U.S. Department of Veterans Affairs, Veterans Health Administration* - I have been privileged to serve as a Security Work Group (WG) Co-Chair since 2017, working with my fellow co-chairs and WG members to

safeguard the exchange of health information. I have worked for the last 15 years with VA in healthcare standards, security, and informatics. Additionally, I am a retired US Navy officer having served 20 years in a variety of capacities including managing multiple security programs and serving on the staff of the Navy Surgeon General. Over the course of my career, I have developed a strong interest and broad experience in healthcare security and privacy issues related to the public sector, particularly US federal statutes and regulations, standards, and guidelines.

In addition to serving as a Security WG Co-Chair, I am an interim co-chair of the Human and Social Services (HSS) WG and I actively participate in the Community Based Care and Privacy (CBCP) WG, among other WGs. I also represent security/privacy on the US Realm Steering Committee, serve on the Technical Steering Committee (TSC), and represent VA as a founding member of the FHIR at Scale Taskforce (FAST) Accelerator. My professional certifications include Certified Information Systems Security Professional (CISSP), Information Systems Security Architecture Professional (ISSAP), Healthcare Information Security and Privacy Practitioner (HCISPP), and Certified Information Privacy Professional - Government (CIPP/G). I would be honored to continue serving as Security Work Group Co-Chair.

- **Patricia (Trish) Williams, PhD**, *Flinders University* - I have been a member of HL7, HL7 Australia and the Security (SEC) Work Group for 13 years with 8 years as co-chair of the SEC WG, and previously HL7 Australia Chair and Board Member. I am Professor of Digital Health Systems at Flinders University in South Australia, Director of Flinders Digital Health Research Centre and Director of the Digital Health Design Lab. I have 37 years' experience in healthcare computing. I am passionate about practical outcomes in health cybersecurity across old, new and future technologies that HL7 touches including IoT, mobile health, medical devices particularly where they impact patient safety. I would like to continue to keep the unruly Security WG in order, ensuring that the appropriate terminology for afternoon tea remains as "biscuits". 😊

Services Oriented Architecture
This group will be electing one co-chair to fill the position currently held by Vince McCauley.

- **Vince McCauley, MBBS, PhD -** *No statement submitted*

Structured Documents
This group will be electing two co-chairs to fill the positions currently held by Sean McIlvenna and Andrew Statler.

- **Sean McIlvenna**, *Lantana Consulting Group* - I believe I am a strong candidate for re-election given my experience as a software engineer, my history with both CDA and FHIR products, and my contributions to a number of published implementation guides, and tooling that supports implementation guide design.

Vocabulary
This group will be electing three co-chairs to fill the positions currently held by Carmela Couderc, Reuben Daniels, and Caroline Macumber.

- **Carmela Couderc -** *No statement submitted*

- **Reuben Daniels, FAICD CHIA,** *Principal Consultant, Saludax* - In my present role, I provide professional services related to strategy, interoperability, architecture, implementation, and standards adoption. Previously I held a role as Lead Architect in Australia's national program (NEHTA) in which I contributed to the adoption of CDA and FHIR in national standards and national infrastructure services including Australia's FHIR-based National Clinical Terminology Service (the NCTS). In 2021 I successfully led the design and implementation of the FHIR-based Queensland Clinical Terminology Service (QCTS) for the Queensland government's state health department. I have been a member of HL7 for over 12 years and have served as a co-chair of the Vocabulary Work Group since October 2018 and as a member of the HL7 Terminology Authority (HTA) since October 2019. In 2021 I was one of the individuals who successfully advocated for the creation of the HL7 Terminology Services Management Group (TSMG) and now serve as a co-chair of this group. I also serve as a board director of the Australian HL7 Affiliate (HL7 Australia) and am currently the co-chair of its Child Health Work Group. I hold an HL7 Certified CDA Specialist certification and am a Founding Fellow of the Australasian Institute of Digital Health.

As a member and co-chair of the Vocabulary Work Group, I have contributed to:
●development and ongoing curation of terminology related content in the FHIR specification including

terminology resources and the FHIR Terminology Service
- ●resolving FHIR tracker items
- ●evaluating harmonization proposals
- ●the Unified Terminology Governance (UTG) project and HL7 Terminology (THO).

My vision for the work group is to meet its stated objectives and goals by focusing on supporting our internal and external stakeholder communities through:
- ●ensuring that all terminology-related resources in the core FHIR specification and HL7 implementation guides are well curated and remain relevant; and
- ●fostering constructive collaboration to deliver positive outcomes which simplify adoption of terminology and facilitate improved interoperability.

I am seeking re-election as a co-chair to apply my experience, knowledge, and leadership skills in pursuit of this vision. I would be honored to continue serving as a co-chair of the HL7 Vocabulary Work Group and would appreciate your support.

- **Caroline Macumber**, **MS, PMP, FAMIA**, *Clinical Architecture -* In my role as Executive Vice President of Services at Clinical Architecture I am responsible for assisting organizations with implementing standards and standard terminologies. Over the last 20+ years, I have worked on informatics projects across a wide spectrum, including managing distributed authoring of the VA's NDFRT, deploying authoring tools at Canada Health Infoway for the Canadian SNOMED extension, developing a process to unify value set creation across quality measures at NCQA and implementing Terminology Asset Management best practices at the Philippine Department of Health. As a current co-chair of the HL7 Vocabulary Work Group and Terminology Services Management Group, I have actively participated in working group meetings and either co-lead or directly contributed to Unified Terminology Governance (UTG) and the following specifications: Characteristics of a Value Set Definition, Gender Harmony, and Guidelines for a Standardized Terminology Knowledgebase. I was also honored to serve as the Affiliate Forum representative to the IHTSDO Technical Committee for two terms and currently contribute to the leadership committee of the OpenHIE community.

Considerable effort has gone into ensuring that the exchange and delivery of information is secure and well-formatted to promote interoperability. However, much work is needed to ensure semantic interoperability of the content by providing clear and implementable guidance on the use of standard terminologies and value sets. If re-elected, as Vocabulary co-chair, I hope to leverage my knowledge and expertise to help ensure that the standards developed by HL7, including the FHIR specification, utilize content developed by HL7 and external SDO's in a manner geared towards implementing semantic interoperability solutions.

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 2022 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

If you have any questions, please contact Linda Jenkins, Director of Membership and Administrative Services at memberinfo@hl7.org.