

IT-014 Health Informatics Committee

Executive Supplementary Report

HL7 Meeting

Cambridge, USA, October 2010



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Collated by: Standards Australia

With input from Australian Delegation and other employer funded Australians at the meeting:

- *Richard Dixon Hughes (Delegate)*
- *Heather Grain (Delegate)*
- *David Rowed (Delegate)*
- *Michael Stein (Delegate)*
- *Grahame Grieve (Delegate)*
- *Hugh Leslie (Delegate)*
- *Klaus Veil (Delegate)*
- *Andy Bond (NeHTA)*
- *Stephen Chu (NeHTA)*
- *Tina Connell-Clark (NeHTA)*
- *Sarah Gaunt (NeHTA)*
- *David O'Driscoll (NeHTA)*

INTRODUCTION

HL7 is an international organisation with its origins in the USA, and an expanding group of international users participating in its standards development processes. HL7 provides international standards for inter-system and inter-organisation messaging, for decision support, clinical text document mark-up, user interface integration, EHR/PHR systems functionality as well as a health data model and message development methodology. It produces global health informatics standards through a process of collaboration, which involves its local affiliate, HL7 Australia.

HL7 standards are the dominant health-messaging standards in the USA, Canada, Germany, Holland, Finland, Japan, Korea, Taiwan, Australia, and New Zealand and are being adopted as health-messaging standards by many other countries.

There are many national HL7 organisations that participate in HL7 development activities. These include Argentina, Australia, Brazil, Canada, China, Croatia, Czech Republic, Denmark, Finland, Germany, India, Japan, Korea, Lithuania, Mexico, New Zealand, Pakistan, Switzerland, Taiwan, The Netherlands, UK, Spain, Greece and Ireland.

OBJECTIVES OF THE MEETING

The October 2010 HL7 International Annual Plenary and Working Group Meeting was held at the Hyatt Regency, Cambridge, Massachusetts, USA and covered 6½ days, running from Sunday 3rd October to Friday 8th October with some technical steering committee meetings on Saturday 2nd October. On weekdays formal meetings are scheduled from 8am to 5pm. However some meetings are scheduled from 7am and others go to 10pm (and sometimes later) most days.

This was the first time in recent years that HL7 has held a working group meeting in the North East of the USA and it was rewarded with 561 registrants. This compared with 210 registrations at the previous HL7 working group meeting in Rio de Janeiro, Brazil.

In September/October each year, HL7 holds a plenary meeting at which keynote papers are presented to a plenary session on the Monday morning in addition to there being the normal range of standards-development activities carried out at HL7 working group meetings. The annual report to members is also presented in the Wednesday general session at the annual plenary meeting.

The event is a true working meeting, not a conference, with many individual groups meeting to develop, discuss and improve HL7 standards, processes and implementation guides and to determine the most effective way to meet the needs of the stakeholders – both those present at the meeting and those in the wider community of interest. While HL7 engagement with stakeholders in other forums is also strong (through regular, often weekly teleconferences), the ability to influence the work program, outcomes and strategic direction requires physical presence at working group meetings.

Tutorials are also offered and these are of great value both to new comers and to older hands to bring them up to date on generic changes made that may not be discussed in their individual committee areas (eg vocabulary submission requirements).

The number of concurrent sessions makes it difficult for a small delegation to effectively follow the issues and to influence change. It is noted that delegates funded by their employer, or individually, to international meetings have no obligation to work with or relate information back to the Australian delegation, though some have done so in the past. It is clearly desirable that there be a cohesive Australian position. The size of the delegation assisted in our capacity to cover the most important Australian requirements at the Cambridge meeting.

MEETING LOGISTICS

The table below shows the meeting schedule for some of the larger meeting groups. There were 61 separate working groups and committees, Board and Council meetings at this meeting compared to 50 in Rio.

	Sun	Mon	Tue	Wed	Thur	Fri
HL7 International Council	X				X	
Anatomic Pathology		X	X			
Architectural Review Board (ArB)	X		X	X	X	
Board of Directors		X				
Affiliates' Council	X					
Architectural review Board (ArB)	X		X		X	
Clinical Decision Support		X		X	X	
Clinical Interoperability Council			X	X		
Clinical Statement					X	
Community Based Collaborative Care		X	X	X		
Education		X	X		X	
Electronic Health Records		X	X	X	X	
HL7 activities with other SDOs	X					
HL7 meeting for nurses			X			
Imaging Integration			X	X		
Implementation conformance		X	X	X	X	
Implementation Technology Specification		X	X	X	X	
Infrastructure and Messaging			X			
Marketing Council			X		X	
Modeling and Methodology	X	X	X	X	X	X
Orders and Observations		X	X	X	X	X
Patient Administration		X	X	X	X	
Patient Care		X	X	X	X	X
Patient Safety		X	X	X		
Pharmacy		X	X	X	X	X
Process Improvement			X			
Public Health Emergency Response		X	X	X	X	X
Regulated Clinical Research Information Management			X	X	X	
Security		X	X	X	X	
Services Oriented Architecture			X	X	X	X
Structured Documents		X	X	X	X	X
Templates					X	X
Tooling			X		X	
Vocabulary	X	X	X	X	X	

RECOMMENDATIONS ARISING FROM THE MEETING

The principal issues / actions and recommendations identified by the Australian delegation at the October 2010 HL7 Meeting in Cambridge are summarised in this section.

Topic	Issue/Action/Recommendations for Australia	Alignment to IT014 Structure
Delegation	Review the areas of interest to Australia prior to the next meeting and select delegation accordingly	IT-014 and Delegate Selection Committee
Education	Identify Australia's priority on education related topics. Priority will relate to our commitments to education teleconferences over the next few months and at future HL7 international meetings. Australian guidance from the qualified educators in our recent 'delegations' team (Heather Grain and Tina Connell-Clark) have been requested by the HL7 Education Committee in the strategic development and in improvement of educational offerings.	IT-014 especially Heather Grain and Tina Connell-Clarke
National Priorities	Review the areas of interest to Australia prior to the next meeting	IT-014, DoHA, NeHTA and SA
Sydney Meeting Marketing	HL7 and Standards Australia seek support of NeHTA and DoHA in advertising directly with state authorities, hospitals, professional groups and health care organisations to encourage attendance.	HL7 Australia, SA and NeHTA
V2/V3/CDA Strategic Taskforce	Keep a close watch on the outcome of the V2/V3/CDA Strategic Task Force and its publications so as to make sensible decisions about adopted standards going forward.	IT-014, all subcommittees and HL7 Australia
CDA Alignment With Structured Documents	It was proposed that Canada Health Infoway should list and discuss extension requirements and CDA alignment with Structured Documents WG, Australia should consider our requirements also.	IT-014, subcommittees, IT-014-06, IT-014-06-05, IT-014-09 and NeHTA (Gaunt)
Glossary	Requirement for active contributions and consideration of resource requirements.	IT-014, IT-014-02 and IT-014-06
Detailed Clinical Models	Continue to monitor the developments within HL7 regarding clinical content development and DCMs. Standards Australia should consider archetypes as a useful and pragmatic approach to DCM development within Australia.	IT-014, IT-014-09, IT-014-06, SA and NEHTA
Security and Privacy Ontology	Review and provide further Australian input to ensure that the Security and Privacy Ontology is correct and that any local requirements can be covered in the model.	IT-014-04, IT-014-09, NeHTA and invite relevant experts from IT-012 (IT Security)
SOA and Clinical Terminologies	Monitor activity in the space to ensure harmonisation with Australian initiatives	IT-014, NeHTA and relevant experts

Topic	Issue/Action/Recommendations for Australia	Alignment to IT014 Structure
	and the outcomes of the OMG CTS2 RFP process in February 2011. Advice to be provided to the Australian Vocabulary WG co-chair to assist in strong representation of our requirements and views.	from other SA committees
Clinical Decision Support	Determine the working groups to have oversight of the clinical decision support work at ISO and the priority for HL7 involvement. It began in IT-014-02 as a mechanism for representation of safety and quality concepts, but also fits and is relevant to IT-014-06 and IT-014-09.	IT-014, IT-014-02 and IT-014-09
Patient Provider Directory	Monitor progress of a Patient and Provider Directory SFM and identify national priorities for this work and ensure harmonisation with existing ISO and national initiatives.	IT-014 and NeHTA
SOA Services Ontology	Monitor the development of the SOA Services Ontology and provide input into the development based on local experience and requirements.	IT-014 and NeHTA
SAIF	Seek advice from suitable health informatics educators on material and structure to improve structure and delivery of SAIF tutorials for next meeting.	IT-014 and HL7 Australia
Clinical Terminology Core Principles	This document is one that needs to be carefully reviewed as it relates to the incorporation of vocabulary in CDA content, IT14-02 should also give input.	IT-014-06 , IT-014-02 and NeHTA
Maintenance Processes for HL7 Vocabulary	Be aware of safety issues related to the terminology releases by some SDOs and to consider Australia's required action(s)	IT-014-06, HL7 Australia and NeHTA
Vocabulary Tooling	NeHTA, HL7 Australia and IHTSDO governance members to be made aware of current issues (e.g. use of external code systems and lack of representation of multiple code systems) to inform IHTSDO and HL7.	IT-014-02, IT-014-06, HL7 Australia. NeHTA and IHTSDO
e-rules for Compositional Grammar in Clinical Terminology	Consider the impact upon Australian implementation guides and standards.	IT-014-02, IT-014-06, NeHTA(NCTIS)
Vocabulary Declaration Including Core Principles	Vocabulary declaration will be a major item for discussion at the January 2011 HL7 meeting in Sydney. IT-014 should circulate information on the intent and utility of the core principles and these issues to the community to support attendance.	IT-014

HL7 ELECTION RESULTS AND AWARDS

The following table indicates the results of elections to various HL7 offices announced at the Cambridge meeting.

Office	Elected	Comment
HL7 International – Board of Directors		
Chair-elect of HL7 International	Dr Don Mon	Don becomes Vice-Chair for 2011, replacing Dr Ed Hammond, as Immediate Past Chair in 2010. He then becomes Chair in 2012-13.
Secretary of HL7 International	Dr Jill Kaufman	Re-elected for further 2-year term.
Board member 2011-12	Keith Boone	Keith has a strong technical background and works as a software engineer for GE Medical and is the HL7 technical liaison to IHE.
Board member 2011-12	Dr Ed Hammond	Ed returns as an elected Board member on conclusion of his term as Vice Chair in Dec.
Affiliate director	Catherine Chronaki	Re-elected for further 2-year term.
HL7 International – Technical Steering Committee (for 2011-12)		
Domain Experts Steering Division	Ed Tripp	
Foundation and Technology Steering Division	Tony Julian	
Structure and Semantic Design Steering Division	Gregg Seppala	
Technical and Support Services Steering Division	Patrick Loyd	
Affiliate Representative	Jay Zimmerman	
HL7 International – Work Group Co-Chairs (to Sep/Oct 2012)		
Anatomic Pathology	David Booker	
Attachments	Jim McKinley	
Clinical Decision Support	Howard Strasberg	
Clinical Interoperability Council	Sam Brandt	
Education	Abdul Malik Shakir	
Electronic Services	Bill Braithwaite	
Emergency Care	Peter Park	
Financial Management	Beat Heggli	
Health Care Devices	Patty Krantz	
Implementation/Conformance	Jane Gilbert	AHML Pty Ltd, Ballarat, Australia
InM	Dave Shaver,	
	Sandy Stuart	

Office	Elected	Comment
MnM (Modelling & Methodology)	Woody Beeler	
Orders and Observations	Ken McCaslin	
Patient Safety	Nick Halsey	
PHER (Public Health Emergency Response)	Joginder Madra	
	John Roberts	
RIMBAA - RIM Based Application Architecture	Amnon Shabo	
Tooling	Tim Ireland	
Vocabulary	Jim Case	

FUNDING SOURCE SUMMARY

12 Australians attended as representatives for the duration of this HL7 meeting. The funding source for these delegate numbers is indicated in the table below.

Funding Source	Number	Change from Previous meeting
Full funding by employer: Private	0	0
Full funding by employer: States/Territories or National Initiatives (NeHTA)	5	0
Full funding – DOHA through Standards Australia contract	7	+1
Total:	12	0

ATTENDANCE DETAILS

The DOHA funded delegates were selected through an independent panel process jointly with NEHTA, DOHA, HL7 Australia and Standards Australia.

Attendee	Position (held at the meeting)	Funding Source	Working Group or Committee
Andy Bond	Member	NeHTA	Architectural Review Board
David Rowed	Chair	Standards Australia via the DoHA Funding Agreement	HL7 Australia
David O'Driscoll	Delegate	NeHTA	EHR/PHR Tutorials, EHR WG, SAIF Tutorial, Security WG, SOA WG, ITS WG

Grahame Grieve	Co-Chair	Standards Australia via the DoHA Funding Agreement	Structured Documents (Developers of CDA)
	Member		Architectural Review Board
	Co-Chair		Modelling and Methodology Working Group
Heather Grain	Co-Chair	Standards Australia via the DoHA Funding Agreement	Vocabulary
Hugh Leslie	Delegate	Standards Australia via the DoHA Funding Agreement	Patient Care WG Clinical Interoperability Council
Klaus Veil	Member	Standards Australia via the DoHA Funding Agreement	Organisational Relations Board Committee
	Co-Chair		Patient Care Working Group
	Co-Chair		V2.x Publishing Working Group
Michael Steine	Delegate	Standards Australia via the DoHA Funding Agreement	Implementation Technology Specification, Security, SOA WG
Richard Dixon Hughes	Co-chair	Standards Australia via the DoHA Funding Agreement	Advisory Council to the Board of HL7 International
	Member		EHR WG
	Member		v2/v3 CDA Strategy Taskforce
	Co-Chair		Sydney 2011 International Organising Committee
Sarah Gaunt	Delegate	NeHTA	Structured Documents WG
Stephen Chu	Co-Chair	NeHTA	Patient Care Working Group
Tina Connell Clark	Delegate	NeHTA	Education Committee Marketing Council Sydney 2011 International Organising Committee