

# IT-014 Health Informatics Committee

Executive Summary Report

HL7 Meeting

11<sup>th</sup> - 16<sup>th</sup> September 2011 (San Diego, USA)

Date Issued: 14/10/2011  
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Collated by: Standards Australia

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

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- *Richard Dixon Hughes (Delegate)*
- *Grahame Grieve (Delegate)*
- *Hugh Leslie (Delegate)*
- *David Rowed (Delegate)*
- *Patricia Williams (Delegate)*
- *Vince McCauley (Delegate)*
- *Andy Bond (NeHTA)*
- *Stephen Chu (NeHTA)*

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# 1 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, New Zealand, and Australia 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.

The September 2011 HL7 International Standards and Education Meeting was held in San Diego, USA. The meeting covered 6 days, running from Sunday 11<sup>th</sup> September to Friday 16<sup>th</sup> September. 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 HL7 working group meeting was supported with 457 registrants from over 24 countries.

It should be noted that the HL7 International standards work is not structured as "Work Items" that are put forward to the HL7 body for approval, rather most projects arise from the work within the many domain and specialist committees. However, these proposed projects need to be well-defined and documented and require approval by the respective Steering Division and the Technical Steering Committee to ensure appropriate internal (HL7) and external (international standards development organisations) harmonisation.

This report summarises the committee proceedings, issues and actions for consideration by Australia from this HL7 International Standards and Education Meeting.

## 2 OBJECTIVES OF THE 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.

The overarching objectives are to benefit the Australian health system and wider community by:

- Improving Australian capacity to implement health informatics standards and eHealth systems by expanding local knowledge and expertise based on international best practice;
- Promoting free trade and its benefits to health ICT (by lowering the cost of integrating and implementing local health information systems, many of which are imported, and by reducing costs to Australian exporters) – both these outcomes require Australian requirements to be embedded into global standards so that they can be adopted in Australia, rather than having different standards across domestic and international markets; and
- Improving Australian health information systems by facilitating a standards-based approach to development and implementation, and achieving interoperability between systems.

Other more specific objectives for Australian engagement in international standardisation via the HL7 International include:

- Monitoring and influencing HL7's strategic positioning as a global Standards Development Organisation (SDO), encouraging its collaboration with other international and global SDOs and assessing and contributing to the strategic positioning of its key products (HL7 V2.x, V3, CDA, EHR, etc.) so as to encompass Australia's health information interchange and related requirements;
- Negotiating the inclusion of Australian healthcare messaging requirements into HL7 V2.8, CDA and V3 specifications for:
  - Patient administration;
  - Diagnostics (pathology, radiology); and
  - Collaborative care (E.g. Electronic Discharge Summaries and e-Referrals, so that Australian requirements become a formal part of these Standards.
- Negotiating the inclusion of Australian health sector requirements into the HL7 Standards so that Australian EHR developments are supported by the upcoming HL7 and related ISO EHR Standards;
- Negotiating the harmonisation of ISO, HL7 and CEN Standards to achieve progressive inter-SDO eHealth standards harmonisation with the long-term goal of a unified set of global health informatics standards;

- Monitoring, and influencing as necessary, new initiatives to standardise clinical data content so as to improve Australia’s ability to unambiguously and safely exchange semantically interoperable clinical data;
- Assessing and influencing HL7’s work on service oriented architectures (SOA), as required by Australia’s national direction setting, and negotiating the inclusion of Australian health sector requirements (in particular, those described by National E Health Transition Authority [NEHTA] into service specifications being jointly developed by HL7;
- Assessing and influencing the positioning, development, implementation, utility and effectiveness of CDA (including CDA Release 3), to support Australia’s interest in CDA in its national E-Health program;
- Assessing, exploring and proposing approaches to the embedding and transportation of archetypes in HL7 V2.x messages for referral, diagnostic results and collaborative care to support Australian interest in the use of archetypes for the exchange of clinical information; and
- Progressing the international harmonisation of common data types and vocabulary for healthcare information that will meet Australia’s identified requirements.

Additional Australian interests are pursued opportunistically as and where formally agreed upon by the community and to support specific objectives which are required for the development of Australia’s national eHealth agenda and other national interests.

### **Relevance to NEHTA programs**

NEHTA has endorsed a range of Australian Standards derived from international standards work by including them in the National E-Health Standards Catalogue. As the implementation of NEHTA’s domain-specific initiatives are based on many of these standards, it is important that Australia continues to be involved in the international forums that develop, manage and maintain these, and other potentially relevant, health informatics standards.

### 3 MEETING LOGISTICS

The table below shows the meeting schedule for some of the larger meeting groups. Most US based meetings have greater than 60 separate working groups and committee meetings.

Meeting	Sat	Sun	Mon	Tue	Wed	Thu	Fri
Advisory Council		HG		RDH, HG			RDH
Affiliate agreement and access to HL7 IP	RDH		RDH	RDH	RDH	RDH	RDH
Anatomic Pathology							
Architecture Review Board (ArB)		GG					
Arden Syntax				DR			
Attachments							
Board				RDH, GG			
CDISC / BRIDG							
Child Health							
CCOW							
Clinical Decision Support				DR	DR	DR	
Clinical Genomics							
Clinical Interoperability Council						HL	
Clinical Statement							
Community Based Collaborative Care			TW		TW		
Detailed Clinical Models							HG
Education & Marketing							
Electronic Health Records				RDH	RDH, TW, HL		
Electronic Services							
Emergency Care							
Financial Management							
Generation of Anaesthetics Standards							
Governance and Operations							
US Government Projects							

HL7/CEN/ISO		RDH					
Health Care Devices			VM	VM	GG	VM	
Imaging Integration							
Implementation / Conformance				VM	VM	VM	
Implementation Technology Specification				GG			
Infrastructure and Messaging							
International Council		RDH, DR, TW, VM, HL,					
International Mentoring Committee							
ISO TC215 Organisation & Business Plan Task Force, and liaison meetings		RDH	RDH				
JIC liaison		RDH	RDH			RDH	
Laboratory							
Modelling and Methodology		GG	GG				
Orders and Observations				HL, GG			
Organisational Relations							
Outreach Committee for Clinical Research							
Patient Administration							
Patient Care		HL	HL	HL	DR, HL	DR, HL	
Patient Safety							
Pharmacy					VM		
Plenary Sessions			DR, TW, RDH, VM, HG, GG				
Policy Advisory Committee							
Process Improvement Committee							
Project Services							

Public Health Emergency Response							
Publishing							
Recognition and Awards							
RIMBAA					RDH, GG		
Security			TW	TW	TW	TW	
Sensor Networks							
Services Oriented Architecture			DR, VM	DR, VM	TW, VM	VM	
Standards Development Organisations (SDO) collaboration		VM					
Structured Documents				GG	DR	GG	GG
Templates							RDH, TW, VM, HG, GG
Terminfo Project / Terminology							HG
Tooling				HG		HG	
US Government Projects							
Vocabulary		HG	HG	HG	HG	HG, GG	HG
V2/V3/V4 Taskforce (now HL7 Fresh Look)		RDH, HL, GG	DR, HL, GG	RDH	RDH		

**Attendees:**

**Heather Grain**                    **HG**  
**Richard Dixon Hughes**        **RDH**  
**Vince McCauley**                **VM**  
**Trish Williams**                 **TW**  
**Grahame Grieve**               **GG**  
**Hugh Leslie**                    **HL**  
**David Rowed**                    **DR**



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 (e.g. vocabulary submission requirements). At this meeting 25 tutorial sessions were held concurrently with 66 working group and task force meetings.

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.

Given the participatory natures of the HL7 committee work, it is vital that Australians are present and participate in the committee work. Intensive work is done in the committees and often 2 or 3 Australian subject matter experts are required to get the Australian requirements into the consensus-based processes. In most cases, beforehand preparation of "Australian Positions" on the matters to be worked on is not effective, as the discussions and views often substantially change during the consensus-building process. Most of the work done in committee is "leading edge" standards development work that often cannot be locally previewed, assessed and commented on beforehand. As a result, the selection process of the funded participants focuses on their expertise and interests as well as their ability to effectively communicate complex technical issues and achieve the desired outcomes for Australia in a collaborative consensus-based committee environment.

As is customary, the Australian participants met on a daily basis to plan and monitor its involvement, identify any additional sessions and/or activities that should be covered and to identify emerging issues - particularly those that are relevant to the Standards Australia IT-014 and/or NEHTA work plans. Australian participants also coordinate their activities through Skype.

## 4 RECOMMENDATIONS ARISING FROM THE MEETING

The principal issues/actions and recommendations identified by the Australian delegation at the September 2011 HL7 Meeting are summarised in this section. The alignment to the IT-014 Committee Structure is also listed.

Topic	Issue / Action / Recommendations for Australia	Recommended for Action by
epSOS	<p>The epSOS project is expanding rapidly and being implemented. This is based on the IHE profiles, whilst some flexibility within a jurisdiction is possible. This is rapidly being adopted as a de facto standard for Europe and for the proposed US system.</p> <p><b>Action: A review of the current status and architecture implemented in epSOS should be considered to inform design and more importantly implementation of e-prescribing and cross jurisdiction prescription transfer.</b></p>	NEHTA
Health Information Exchange (HIE) initiative in Indiana	<p>The success of projects such as the Indiana Health Information exchange could provide a valuable insight into the infrastructure, structure and processes implemented to create innovative and successful uses of various existing silos of health information.</p> <p><b>Action: A review and investigation of the applicability of projects such as the Indiana HIE project to the Australian environment, and for potential future uses of our Australian health data.</b></p>	IT-014
Consent directives	<p>Currently there are no regulations around consent directives although there are international standards for use through IHE, OASIS and continued development via HL7. Australia needs to ensure that its intended use of e-consent is consistent with international work (such as IHE profiles) to enable interoperability across jurisdictional and international boundaries.</p> <p><b>Action: Ensure that work in the area of consent directives are consistent with international standards, or can define international standards where these are not yet in place.</b></p>	IT-014, NEHTA
Confidentiality codes	<p>Australia should input to this discussion in relation to how confidentiality codes are being implemented in Australia. This would provide a useful insight into the Australian use case for HL7.</p> <p><b>Action: NEHTA should provide IT-014 with information on how the confidentiality codes are being implemented currently and how they are proposed to be used in the PCEHR and e-health information exchange. This would inform and contribute to the international discussion which is important for future cross boundary information exchange.</b></p>	IT-014, NEHTA

<b>Metadata definitions for patient information transfer</b>	<p>The US currently has an advance notice of proposed rulemaking (ANPRM) for 'Metadata Standards' to Support Nationwide Electronic Health Information Exchange. The relevance to Australia is in regard to the metadata requirements specifically for information (as in the ANPRM), where the patient obtains a summary care record from a health care provider's electronic health record system and requests for it to be transmitted to their personal health record (PCEHR). It is assumed that this is already defined (or will be) in the composition of the PCEHR message transfer format.</p> <p><b>Action: Review whether or not the outcomes from this ANPRM have relevance for Australia and the PCEHR in relation to the standardisation of metadata for patient information exchange.</b></p>	<b>IT-014, NEHTA</b>
<b>Harmonisation of ISO and HL7</b>	<p>From ISO updates apparent that security voting and nomination of national experts is not regularly occurring and this is impacting ISO's ability to further new work items. During this meeting this was followed up with Standards Australia.</p> <p><b>Action: Review list of experts in security that can be offered for ISO new work item proposals.</b></p>	<b>IT-14, Standards Australia</b>
<b>Use of existing health information databases (silos)</b>	<p>The US Query Health model for interrogating and querying silos of information is being adopted by several states.</p> <p><b>Action: Review the Query Health model to see if it has relevance to Australian and the use of existing health information databases, and its potential for use in any national programs.</b></p>	<b>IT-014, NEHTA</b>
<b>Security Ontology</b>	<p>The security ontology is very robust and detailed. It covers many aspects of security, privacy and access control that apply to the whole transfer of information for e-health.</p> <p><b>Action: The HL7 Security Ontology is trialled for its potential application to aspects of the Australian e-health initiative and in particular to inform work on the NESAF.</b></p>	<b>NEHTA</b>
<b>Application of security models to e-health implementations</b>	<p>With the knowledge of the current NESAF which is a risk based approach, the HL7 model (Security and Privacy DAM as implemented by the EHR workgroup) is significantly more specific and provides the mechanism for a robust and defensible method for security and privacy. It is particularly relevant to the integration of NESAF to the development of systems that will support and deliver the services of the Australian e-health system.</p> <p><b>Action: IT-14 should review the HL7 security and privacy work as a perspective to strengthen and inform the NESAF. This should include a review of how the HL7 EHR-FM is defining the security requirements and how these are enunciated.</b></p>	<b>IT-014</b>
<b>HL7 Templates Registry Project</b>	<p>HL7 Templates working group is working on the specification of a templates registry. Review and input into the business requirements specifically the metadata requirements, to ensure that it contains the potential Australian requirements.</p> <p><b>Action: Investigate the use of the HL7 Templates Registry and to providing feedback of lessons learned and information obtained as part of the Australian Template Server project, to inform the international work.</b></p>	<b>NEHTA</b>

<p><b>Template exchange format project</b></p>	<p>NeHTA is one of the few major national programs that is not a sponsor of this project.</p> <p><b>Action: NeHTA should engage with this project to ensure that any template implementation in Australia is compatible with future international standards.</b></p>	<p><b>NeHTA, DoHA</b></p>
<p><b>Terminology Conformance Principles</b></p>	<p>Principles to be used when testing terminology conformance.</p> <p><b>Action: Ensure the newly formed Australian Terminology Conformance Working group established by the CCAG is aware of the agreed terminology conformance principles and practice.</b></p>	<p><b>IT-014-02</b></p>
<p><b>Proposals phase for HL7 V2.9</b></p>	<p>HL7 is currently gathering proposals for the next version of HL7 (2.9).</p> <p><b>Action: Ensure Standards Committees and vendors are aware of the opportunity to put forward new V2 proposals at the next HL7 WGM and any new proposals are communicated to the delegates.</b></p>	<p><b>HL7 Australia, IT-014, MSIA</b></p>
<p><b>hData DSTU</b></p>	<p>hData HL7 draft standard for trial use needs to be considered for inclusion in the Australian international work program as it may be relevant to national infrastructure initiatives</p> <p><b>Action: Examine the relevance of hData HL7 DSTU for future simplified Service specifications</b></p>	<p><b>NEHTA</b></p>
<p><b>CTS2 implementations</b></p>	<p>A National Terminology Service would reduce resource investment required to distribute, use and maintain eHealth terminologies. It would also facilitate term and termset searching and provide an underpinning for conformance testing of terminology</p> <p>There are now two open source implementations for a Common Terminology Service. One is a “toolbox approach” that allows rapid development of CTS2 compliant software and the other is the French (Phast) implementation as a “read-only” terminology source.</p> <p><b>Action: Assess benefits of implementing and deploying a standards based Terminology Service. The CTS2 implementations would enable a rapid, low-cost, standards based roll-out in Australia.</b></p>	<p><b>IT-014, DoHA, NEHTA, MSIA</b></p>
<p><b>DSS Implementation</b></p>	<p>The decision support service has now been implemented by the Mayo clinic and the code is available as open source.</p> <p><b>Action: Ensure that groups considering decision support are aware of this highly functional, standards based, low-cost implementation pathway for Decision support.</b></p>	<p><b>NPS, NEHTA, MSIA, DoHA, AMA, RACGP</b></p>
<p><b>HCSPD service</b></p>	<p>Database Consultants Australia (DCA) is submitting an OMG implementation of the Human Services Directory. This is the first time an Australian company has taken part in this part of the HSSP process.</p> <p><b>Action: Provide support as required to facilitate DCAs involvement</b></p>	<p><b>IT-014, DoHA</b></p>
<p><b>Devices - Updated NIST Testing Tools</b></p>	<p>NIST is rolling out new tools.</p> <p><b>Action: Communicate the availability and functionality of this tooling to Australian Healthcare device manufacturers</b></p>	<p><b>DoHA, IHE Australia, NATA</b></p>

<b>Advisory Council - input</b>	<p>HL7 Advisory Council comprises a select group of individuals from the healthcare industry that provides strategic input to the HL7 Board. The Council has been an important influence on HL7 becoming a more professional and business-like organisation and provides input on the thinking of major stakeholders on HL7 and the environment in which it operates.</p> <p><b>Action: HL7 Australia and any other Australian interests with comments or suggestions about general matters of potential strategic importance to HL7 International that might usefully be the subject of advice from the Advisory Council to the HL7 Board to advise Richard Dixon Hughes.</b></p>	<b>HL7 Australia IT-014 others as appropriate</b>
<b>Affiliate Agreement Task Force (AATF) and renewal of Affiliate Agreement</b>	<p>The affiliate agreement that governs the arrangements between HL7 International and its affiliates (including HL7 Australia) is being updated for 2012 through 2013 to better reflect the contractual relationships between the parties and provide greater clarity around the use of HL7 International intellectual property. The changes are being negotiated through the AATF, of which David Rowlands is a member, with assistance from Richard Dixon Hughes and oversight by the HL7 Australia Board and with the aim of ensuring that existing rights such as member access to HL7 specifications and the ability to produce and publish Australian HL7 implementation guides as Australian Standards and other issues raised by HL7 receive favourable consideration and are incorporated into the draft agreement.</p> <p><b>Action: HL7 Australia to continue with negotiation of a suitable affiliate agreement for 2012 through 2013 with the aim of facilitating the continued availability of HL7 materials in Australia under reasonable commercial terms and allowing the continued publication of HL7 Implementation Guides as Australian Standards.</b></p>	<b>HL7 Australia others as appropriate</b>
<b>International Membership &amp; Affiliation Task Force (IMATF)</b>	<p>The IMATF is considering the medium to longer-term membership structure of HL7 and its affiliates, including the desire of some in HL7 International to become a more unitary organisation, whether there should continue to be affiliates and, if so, what role they should play. These discussions overlap consideration by the HL7 Board of its forward business plan and potentially impact the role of HL7 Australia and the benefits currently received by its members and the Australian eHealth community.</p> <p><b>Action: HL7 Australia to continue engagement on HL7 membership model through IMATF with view to ensuring Australian stakeholders can continue to obtain HL7 membership benefits cost-effectively and have their interests in HL7 represented locally and at the global level.</b></p>	<b>HL7 Australia others as appropriate</b>
<b>Strategic Initiatives</b>	<p>Australia should be involved in the Strategic Initiatives ballot to make sure that it aligns with national priorities in Australia.</p> <p><b>Action: Join Strategic Initiatives Ballot</b></p>	<b>Australian Delegation</b>

<p><b>Protection and use of HL7 intellectual property</b></p>	<p>The stability of HL7 International's financial position is likely to continue to depend on organisations paying a reasonable price for use of its intellectual property (IP), at least for the next few years. Without other sources of revenue, ongoing protection of its IP therefore remains a priority for HL7 International, and this needs to be respected where HL7 IP is used in Australia.</p> <p><b>Action: HL7 Australia, Standards Australia and NEHTA to ensure that effective measures are in place to protect HL7 International's IP when distributed and used within Australia.</b></p>	<p><b>HL7 Australia, Standards Australia &amp; IT-014 NEHTA</b></p>
<p><b>Australian support for IHIC 2012 in Singapore</b></p>	<p>HL7 Singapore sought support from HL7 Australia in its bid to hold IHIC 2012 in Singapore on 20-21 September and is looking to Australia to come in as a co-sponsor particularly to provide assistance with organisation and ensuring there is good promotion, support, speakers/faculty etc.</p> <p><b>Action: HL7 Australia to assist HL7 Singapore with promotion, support and raising sponsorship for IHIC 2012, assisting with organisation as required and working with IT-014 and NEHTA to maximise potential Australian interest and benefit to Australia.</b></p>	<p><b>HL7 Australia in collaboration with IT-014, NEHTA and HL7 Singapore</b></p>
<p><b>HL7 Activities with other SDOs</b></p>	<p>There is an ongoing need to monitor and promote harmonisation between the various health informatics standards development organisations (SDOs).</p> <p><b>Action: As Australian ISO/TC215 Head of Delegation and observer for HL7 affiliates on the Joint Initiative Council (JIC), Richard Dixon Hughes to monitor progress in harmonisation of HL7, ISO, CEN, IHTSDO, GS1 and CDISC activities and report on it regularly to IT-014.</b></p>	<p><b>IT-014 Richard Dixon Hughes Heather Grain</b></p>
<p><b>EHR Systems Functional Model Release 2 (EHR-S FM R2)</b></p>	<p>Since Australia last had significant involvement in producing release 1.0 and the subsequent international standard release 1.1 of EHR-S FM (ISO 10781), the document has been extensively revised and restructured based on implementation experience, primarily in the US with some in Canada and Europe.</p> <p>Australian delegates have provided some input on WG teleconferences and through working on reconciliation at HL7 WGMs. However, this involvement has been limited and has highlighted the need for the resulting output to be thoroughly reviewed in Australia, once released for ballot. This work is tracked by IT-014-09. The model provides a framework for functional assessment of EHR systems widely used in systems certification and assurance.</p> <p><b>Action: IT-014-09 to continue monitoring development of EHR-S FM R2, contributing where possible, but with a view to ensuring that there is strong Australian engagement.</b></p>	<p><b>IT-014-09</b></p>
<p><b>PHR Systems Functional Model (PHR-S FM)</b></p>	<p>In the process of progressing from DSTU to a full ANSI/HL7 normative specification, this HL7 specification is also set to become an international standard providing a functional framework for specifying the characteristics of shared personal health record systems. It is potentially applicable to conformant PCEHR repositories but is still some way from completion.</p> <p><b>Action: There are no specific actions for Australia at this time other than to monitor and have oversight of progress.</b></p>	<p><b>IT-014-09</b></p>

<p><b>Clinical Modelling – strategic directions</b></p>	<p>Grahame Grieve and representatives of Ocean Informatics are both invited members of the Clinical Information Modelling Initiative (CIMI), which was formed within HL7 but is presently operating independently of HL7. There is also growing interest in the potential application of the Resources for Health (RFH) philosophy developed by Grahame both inside HL7 and in the wider health informatics community. Significant advances and changes are possible.</p> <p><b>Action: IT-014 (through IT-014-09 and IT-014-06), HL7 Australia and NEHTA CTI/Standards to track, monitor and, where possible, participate in influencing and defining a well-structured approach to future standardisation of clinical models and their implementation in messages, documents and processes.</b></p>	<p><b>IT-014-09 IT-014-06 HL7 Australia NEHTA (CTI Standards) Grahame Grieve</b></p>
<p><b>Specification of business requirements for a templates registry.</b></p>	<p>An updated project proposal is being put forward to carry out a business requirements analysis for a templates registry, which can be an authoritative source of information about HL7 templates being used around the world and similar artefacts developed using other modelling paradigms. The proposal seems to be proceeding by default without strong support and connection to other existing work in the field and likely commitment of the resources needed to implement and maintain such a registry within the global eHealth community.</p> <p><b>Action: IT-014 monitor developments with a view to supporting harmonisation of this proposed work with other activities within HL7, the ISO work on DCM quality processes.</b></p>	<p><b>IT-014 (through IT-014-09 and IT-014-02)</b></p>
<p><b>Update of HL7 Templates DSTU</b></p>	<p>A project proposal was submitted in August 2011 to update the (now expired) HL7 Templates DSTU with a recommendation to change the name to reflect the fact that the document defines an interchange format for templates. Volunteers are being sought to assist in the work.</p> <p><b>Action: There is no specific action for Australia at this time other than to monitor progress.</b></p>	<p><b>IT-014</b></p>
<p><b>Management changes at AHIMA</b></p>	<p>Recent management changes at the American Health Information Management Association (AHIMA) threaten the smooth transfer of the secretariat of ISO TC 215 Health informatics from the Health Information Management Systems Society (HIMSS) and the ongoing level of support and resources needed to provide an effective secretariat service into the future.</p> <p><b>Action: Richard Dixon Hughes (as Australian ISO/TC 215 HoD) and Heather Grain (Convenor TC 215/WG3) to monitor the situation, provide counsel to the incoming secretariat. There is no specific action for Australia at this time other than to monitor progress.</b></p>	<p><b>Richard Dixon Hughes Heather Grain</b></p>
<p><b>Implementation Guides and Technical Specifications</b></p>	<p>While Standards are delivered as convergences from models and development processes there is risk of derivatives e.g. Implementation Guides proliferating and hindering uptake.</p> <p><b>Action: Advise committees and members to carefully assess and justify new IGs, Technical Specifications, Message types etc. which could be better delivered as general products.</b></p>	<p><b>IT-014 to advise committees and submitting organisations</b></p>

<p><b>Services Based Framework for Diverse Clinical Applications</b></p>	<p>Diversity of deployments, User Requirements, National Program data needs, Consumer Involvement in Health IT.</p> <p><b>Action: Groups review how their standards, implementing applications and stakeholder needs can be delivered in the evolving environment of componentised services across device variability. Review past and existing initiatives.</b></p>	<p><b>IT-014, Health IT Industry (notably MSIA), HL7 Australia and RACGP</b></p>
<p><b>Public Health Surveillance</b></p>	<p>Proven Benefits from HL7 V2 Messaging in Community Health for Environmental toxins and Infection detection</p> <p><b>Action: State jurisdictions' Community Health groups re-activate initiatives taken through Standards Australia IT-014-06-06 and Community Based Health at HL7 International</b></p>	<p><b>IT-014-06-06 with Jurisdictions and Quality and Safety groups.</b></p>
<p><b>TermInfo R2</b></p>	<p>This work has a direct impact upon CDA work and as such Australia should be actively engaged in this work.</p> <p><b>Action: Include this work item on IT-014 international work program and ensure that delegations have suitable skills to contribute and represent the Australian position</b></p>	<p><b>IT-014, NEHTA, DOHA</b></p>
<p><b>Vocabulary education needs</b></p>	<p><b>Action: Australia to consider our priorities for tutorial development for Vocabulary</b></p>	<p><b>HL7 Australia</b></p>
<p><b>Value Set Migration</b></p>	<p>The maintenance of value set information and where relevant migration to SNOMED CT based concepts (as HL7 migrate their data content to the HL7 namespace of SNOMED CT) will need to be considered for Australian content. This is an issue for non-clinical data, not just content one would normally consider using SNOMED CT for.</p> <p><b>Action: Consider the impact of HL7 migration and the changes this may require for Australian Implementation Guides and other data components.</b></p>	<p><b>IT-014, IT-014-06, HL7 Australia and AIHW</b></p>
<p><b>Value Set Migration</b></p>	<p>Identification of Australia's priorities for data migration should be identified in order to influence the decisions made for international migration.</p> <p><b>Action: Identify priorities</b></p>	<p><b>IT-014, NEHTA, DOHA</b></p>
<p><b>V2 Vocabulary Model development - Terminology Binding</b></p>	<p>Is this a priority issue for Australia? If so it is essential that we maintain active engagement in these processes.</p> <p><b>Action: Determine national priority for this project and engagement.</b></p>	<p><b>IT-014</b></p>
<p><b>Terminology Binding Project</b></p>	<p>ISO terminology binding project being led by HL7 vocabulary and modelling needs to be actively followed by Australia as a work item on our international engagement.</p> <p><b>Action: Consider national priority for this project and ensure delegation skills are adequate to cover this work item</b></p>	<p><b>IT-014, NEHTA, DOHA</b></p>
<p><b>Education Plan for Australia</b></p>	<p>Identification of educational strategy for HI7 in Australia is needed. This plan should include quality provisions. It should also include priority educational needs to build the workforce and support national initiatives.</p> <p><b>Action: Develop an education strategy for both HL7 provided education and education through suitable educational organisations.</b></p>	<p><b>HL7 Australia, NEHTA, DOHA</b></p>
<p><b>Fresh Look Task Force – Clinical Modelling Initiative</b></p>	<p>Australia should monitor the outcomes of the Clinical modelling initiative as this is likely to drive the DCM approach in the future.</p> <p><b>Action: Monitor outcome of Fresh Look Clinical modelling initiative</b></p>	<p><b>Hugh Leslie, Sam Heard</b></p>



<b>Fresh Look Task Force</b>	<p>This group has the potential to steer delivery of new products which leverage HL7's organisational and technical strengths while addressing major model, interaction, and content-based limitations in Clinical Communications, Decision Support, and workflows.</p> <p><b>Action: HL7 Australia, and IT-014 should consider how best to be updated on progress and encouraged to contribute any Australia specific issues. Oversight should be established with a relevant IT-014 committee.</b></p>	<b>IT-014 HL7 Australia</b>
<b>Detailed Clinical Models (DCM)</b>	<p>Australia should continue to have input to discussions within HL7 about this important topic.</p> <p><b>Action: Australia should remain involved in DCM work.</b></p>	<b>IT-014</b>

## 5 FUNDING SOURCE SUMMARY AND AUSTRALIAN ATTENDANCE

Eleven Australians attended as representatives for the duration of this HL7 meeting, seven of whom were in the formal 'delegation'. The funding source for these delegate numbers is indicated in the table below. DOHA funded delegates were selected through an independent panel process jointly with NeHTA, DOHA, HL7 Australia and Standards Australia.

DOHA provided funding assistance for the following delegates:

- Heather Grain
- Patricia Williams
- Vince McCauley
- Richard Dixon Hughes
- Hugh Leslie
- Graham Grieve
- David Rowed

Funding Source	Number	Change from Previous meeting
Full funding by employer: Private	0	0
Full funding by employer: States/Territories or National Initiatives (NeHTA)	4	-1
Funding assistance – DOHA through Standards Australia contract	7	0
Total:	11	-1

There was a team of delegate from NeHTA who attended the HL7 meeting and these NeHTA delegates are listed below:

- Andy Bond
- Sarah Gaunt
- Stephen Chu
- Stephen Royce

## 6 AUSTRALIAN LEADERSHIP POSITIONS

The table below lists leadership positions held by Australians at the HL7 meeting in September 2011.

<b>Attendee</b>	<b>Position (held at the meeting)</b>	<b>Funding Source</b>	<b>Work Group or Committee</b>
David Rowlands	Chair	Did not attend	HL7 Australia
Grahame Grieve	Co-Chair	Standards Australia via the DoHA Funding Agreement	Structured Documents (Developers of CDA)
	Invited Member		Architectural Review Board
	Co-Chair		Modelling and Methodology Work Group
	Invited Member		HL7 Fresh Look Taskforce
Heather Grain	Co-Chair	Standards Australia via the DoHA Funding Agreement	Vocabulary
Richard Dixon Hughes	Co-chair	Standards Australia via the DoHA Funding Agreement	Advisory Council to the Board of HL7 International
	Invited Member		EHR WG
	Invited Member		v2/v3 CDA Strategy Taskforce
	Non-Voting Member		HL7 International Board of Directors
	Invited Member		HL7 International Business Plan Task Force
Stephen Chu	Co-chair	Nehta	Patient Care
Andy Bond	Invited Member	Nehta	Architectural Review Board
Klaus Veil	Co-chair	Did not attend	Publishing
	Co-chair		Patient Care

## 7 ACRONYMS LIST

ArB	Architecture Review Board
AHIEC	The Australian Health Informatics Education Council
AIHW	Australian Institute of Health and Welfare
CDA	Clinical Document Architecture
CDS	Clinical Decision Support Workgroup
CIC	Clinical Interoperability Council Workgroup
CBCC	Community Based Collaborative Care Workgroup
CTS2	Common Terminology Services Release 2
DAM	Domain Analysis Model
DCM	Detailed Clinical Models
DSTU	Draft Standard for Trial Use
ECCF	Enterprise Compliance and Conformance Framework
EHR	Electronic Health Record Workgroup
eHGI	eHealth Governance Initiative
epSOS	European Patients - Smart Open Services
HIE	Health Information Exchange
HL7	Health Level 7 International
IC	Implementation/Conformance Workgroup
IHE	Integrating the Healthcare Enterprise
IMATF	International Membership and Affiliation Task Force
InM	Infrastructure and Messaging Workgroup
ISO	International Standards Organisation
ITS	Implementable Technology Specifications
MDA	Model Driven Architecture
MnM	Modeling and Methodology Workgroup
MSIA	Medical Software Industry Association
NATA	National Association of Testing Authorities
NIST	National Institute of Standards and Technology
NESAF	National e-Health Security and Access Framework
NQF	National quality (measures) framework
NWIP	New work item proposal
O&O	Orders and Observations Workgroup

OMG	Object Management Group
PA	Patient Administration Workgroup
PC	Patient Care Workgroup
PHER	Public Health and Emergency Response Workgroup
PIM	Platform Independent Model
PSM	Platform Specific Model
RIMBAA	RIM Based Application Architecture
RLUS	Retrieve Locate, and Update Service
RM-ODP	Reference Model of Open Distributed Processing
SAIF	Services Aware Interoperability Framework
SDO	Standards Development Organization
SEC	Security
SHIPPS	Semantic Health Information Performance and Privacy Standard
SOA	Services Oriented Architecture
T3SD	Technical and Support Services Steering Division
vMR	Virtual Medical Record
WGM	Work Group Meeting