IT-014 Health Informatics Committee

HL7 Working Group Meeting

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1. ADVISORY COUNCIL

WORKING GROUP DESCRIPTION

The Advisory Council comprises a select group of individuals that provides strategic input to the HL7 Board. Individuals are selected for service on the Advisory Council based on their personal experience and their ability to work with others to provide useful strategic advice to the Board.

Most members of the Advisory Council are senior executives from industry, the health sector, and government and are not involved with HL7 Working Group Meetings (WGMs). The Advisory Council does not meet at WGMs but has a meeting most months by teleconference with a face-to-face meeting at the annual HL7 Board retreat, which is held in July/August each year.

In recent times, the Advisory Council has provided advice and feedback on a variety of topics, including pathways for revenue growth; engagement with major stakeholder groups including government, the health IT industry and clinicians; linking with industry to improve communications and marketing; being more business-like in the protection and management of intellectual property; and strategic planning - including review of HL7 vision, mission, objectives and processes for developing and maintaining the strategic plan and roadmap. It played a key role in moving HL7 to a more professional standards development organisation with a full-time CEO and CTO.

2. AFFILIATE AGREEMENT TASK FORCE

WORKING GROUP DESCRIPTION

The affiliate agreements between HL7 International and its affiliates set out the rights and obligations of HL7 International and its affiliates and provide the legal basis under which affiliate organisations are able to operate as the HL7 affiliate in a territory, make use of HL7 International intellectual property and extend privileges of HL7 membership to their own members.

The Affiliate Agreement Task Force (AATF) is responsible to the International Council for drafting revised affiliate agreements acceptable to both HL7 International and its international affiliates. HL7 Australia had been active in the AATF since its formation and was represented at its meetings by David Rowlands and subsequently by Richard Dixon Hughes.

The AATF was originally formed in January 2011 to resolve issues relating to management, control and licensing of intellectual property that had delayed renewal of revised agreements originally planned to come into force on 1 January 2011.

After the issues were resolved and revised agreements executed with all affiliates, the original AATF was disbanded in May 2012.

3. AFFILIATE DUE DILIGENCE COMMITTEE

WORKING GROUP DESCRIPTION

The Affiliate Due Diligence Committee (ADDC) assists HL7 International by reviewing applications to establish an HL7 affiliate. This includes receiving and considering applications, conducting enquiries and making a recommendation to the HL7 Executive Committee, who then forward their recommendation on to the Board of Directors for final approval.

The constitution of the ADDC is prescribed in the HL7 General Operations Manual and comprises two Board Members, two representatives of the international affiliates and one HL7 staff member (Diana Stephens, Membership Officer). Its role is to:

- Maintain the criteria for approval and documentation to be submitted by organisations applying to become HL7 affiliates in a country (or more formally, a 'territory');
- Maintain information on 'How to Become an Affiliate' and publish it on the HL7 web site and, as appropriate, through other channels including direct presentation;
- Review each application to become an HL7 affiliate for a territory and make the necessary enquiries to ensure that the application addresses and meets the criteria for approval;
- Serve as the primary contact point for applicants – particularly in relation to any aspects needing to be revised or strengthened before an application is ready to be approved. This often involves collaboration with the Mentoring Committee, which assists countries seeking to form an HL7 affiliate; and
- Make recommendations to Executive Committee for approval or denial of each application.

Richard Dixon Hughes a member of the ADDC. In addition to face-to-face meetings at each WGM, the ADDC has conference calls each month and more frequently when required to progress particular matters.

4. ARCHITECTURE REVIEW BOARD

WORKING GROUP DESCRIPTION

The HL7 ArB seeks to define a coherent architecture for HL7 work that outlines the relationships among the HL7 work products and how they relate to other standards and components of local implementations. This architecture includes the Business Architecture by which these work products are produced and managed through their life cycle, the governance that will be enacted on these work products, and the scope of the standardization effort itself.

The following is a HL7 ARB wiki site: http://www.hl7.org/special/committees/arb/index.cfm [Accessed 18, October 2012]

5. ARDEN SYNTAX

WORKING GROUP DESCRIPTION

See also report on CDS WG as Arden is a CDS technology standards technology.

This Working Group develops and maintains the specific Clinical Decision Support Arden Syntax standard and works closely with the CDS Working Group, having common Co-Chairs, shared meetings and work which overlaps in projects, research, and exploratory activity. The Working Group's main deliverable, Arden Syntax is a normative HL7 standard that is actively maintained, developed, and re-balloted. It is implemented in at least four commercial systems and several academic and open source developments. The Working Group has strong involvement from the commercial vendors.

The importance of Arden is illustrated in the level to which it has informed, and partly parallels, the ONC S&I Framework Health eDecisions (HeD) Knowledge Artefacts IG project (see the report on the DSTU in the CDS section of this report). This HeD DSTU is groundwork for CDS in US Meaningful Use

The Arden Syntax standard was originally an ASTM standard developed outside of, but brought into, the organisation several years ago. It was first developed in the late 1980's with considerable resources from IBM. It is now one of several overlapping standards for CDS but the only one maintained by a separately dedicated WG, the others being maintained by the CDS WG. Arden Syntax provides a formal machine processable language for CDS and uses of Medical Logic Modules (MLMs) that can be independently authored, distributed and deployed over differently provided systems. In the early stages its developers famously articulated the difficulty in inter-application clinical data access as the 'Curly Braces Problem' named after the format through which Arden accesses external data. This is not a specific Arden problem and is more widely recognised now. It is important for standards development generally in CDS as well as in SOA, and EHR. Arden can also interface to GELLO-written applications.

Arden is a very comprehensive standard for knowledge representation as well as knowledge processing, standardized knowledge communication, and alert generation. Its breadth can be seen as a disadvantage for building simple applications, however its representation is readily human readable and understandable which gives it an advantage over other more limited standards. The standard has many facets including: that it can be used as a Rule InterChange Format (RIF), expression with declarative representations while also offering workflow / process support; it has a rich set of over 160 operators in its expression functionality, some of which, such as the time-oriented operators, are very powerful in the clinical space; and, it is highly suitable to working inter-operatively with other applications and services environments. The most recent version (2.9) incorporates fuzzy logic to enable operation in real-world environments of linguistic imprecision and Arden is thought believed to be the only rule system capable of this.

There is aAn XML representation of Arden has been developed,, however this is at present an informative-only section within the current normative standard. It will be developed for newer versions of Arden wherin it will become normative.

Having an XML representation of the Arden Syntax will facilitate the development of tools for syntax-checking and shareable knowledge acquisition.

6. HL7 BOARD

WORKING GROUP DESCRIPTION

The HL7 Board is the principal governing body for HL7 International. It has four face-to-face meetings each year (three working group meetings and an annual Board retreat) and holds regular teleconferences in the other months.

The Board comprises of 14 voting members; the Chair, Vice-chair, Treasurer, Secretary, seven directors at large (including three appointed by the CEO), two directors elected by Affiliates and the Chair of the Technical Steering Committee (TSC).

The senior executive team (CEO, CTO end Executive Director) are non-voting members of the Board and the Advisory Committee external Co Chair is an invited non-voting participant.

The CEO report, CTO report and Treasurer's report are standing items on the Board agenda and, where appropriate, these items as well as general governance issues arising from these reports are also discussed in this section.

As the Advisory Council external Co-Chair, Richard Dixon Hughes participated in the meeting as a non-voting member of the Board.

7. CLINICAL DECISION SUPPORT

WORKING GROUP DESCRIPTION

See also the separate section on the Arden Syntax CDS Standard.

The CDS WG develops communication standards (including documents, services, messages), information models (including the Virtual Medical Record (vMR), support tools, an expression language and knowledge representation formalisms, around Clinical Decision Support. This is both patient-centric for alerts, reminders and care optimisation as well as population-based for quality assurance, surveillance and resource allocation. The WG identifies the controlled vocabularies and develops the feeder and response communications for interactions with CDS systems. It works closely with the Arden Syntax WG (common Co-Chairs) and develops specific knowledge and processing formalisms now implemented in deployed systems. This section of the report should be read in conjunction with that of Arden Syntax. The WG also collaborates closely with HL7 clinically focussed groups whose stakeholders use CDS and which who also develop standards useable by, or closely aligned with those of, CDS. These include Patient Care, Orders and Observations, Clinical Genomics, and CDA/Structured Documents (documents and messages for Referral, Patient Care Provision, Lab Orders and Results, Guidelines and Protocols which form bases of standardised feeders, outputs, and control of CDS systems). The group has also developed a CDS Services standard in collaboration with HL7 SOA and the OMG HSSP project. The WG membership mainly comprises vendors with working applications, and clinicians associated with academia or industry. There is currently no V3 facilitator.

With its end-points of care optimisation, quality and safety, CDS is arguably the raison d'être of Health IT. Consequently CDS has become important in the US Meaningful Use (MU) program initially for MU 2 and now much more importantly for MU 3. To this end, over recent months, the ONC's Standards & Interoperability (S&I) Framework group has in a very short time developed extensive CDS requirements which have led to a DSTU ballot on Knowledge Artefacts. to be implementable in standards in a very tight timeline and will test the resources of the WG over coming months. This may develop into the needed unified CDS standard for HL7 subsuming existing standards.

CDS is also of prime importance to the Australian community. Until this last year it had not been well represented in our local standards efforts. Our implementations are ad-hoc and not safely interoperable but still widely used in clinical practice especially in Primary Care.

The WG has been open to suggestions for new work and the Australian delegation has, at this and the last two meetings, been successful in having the WG favourably consider, and then undertake, two projects which address Australia's needs and which will closely follow and facilitate proposed projects in IT-014-013.

The CDS WG will continue to grow in importance for Australia due to the recent formation of IT-014-013. This IT-014 subcommittee will be able to identify Australia's needs to HL7 as well as benefit from work already conducted at HL7 and influence future directions of the CDS WG.

Additional information can be located at:

http://wiki.hl7.org/index.php?title=Clinical_Decision_Support_Workgroup [Accessed 21, October 2012] [Accessed 2nd February, 2013]

8. CLINICAL GENOMIC

WORKING GROUP DESCRIPTION

This group supports the HL7 mission to create and promote its standards by enabling the communication between interested parties of the clinical and personalized genomic data. The focus of clinical genomics work is the personalization (differences in individual's genome) of the genomic data and the linking to relevant clinical information.

This Work Group will facilitate the development of common standards for clinical research information management across a variety of organizations -- including national and international government agencies and regulatory bodies, private research efforts, and sponsored research -- and thus the availability of safe and effective therapies by improving the processes and efficiencies associated with regulated clinical research.

http://www.hl7.org/Special/committees/clingenomics/overview.cfm [Accessed 31, January 2013]

9. CLINICAL STATEMENT

WORKING GROUP DESCRIPTION

A Clinical Statement is an expression of a discrete item of clinical (or clinically related) information that is recorded because of its relevance to the care of a patient. Clinical information is fractal in nature and therefore the extent and detail conveyed in a single statement may vary. To be regarded as a clinical statement, a concept must be associated with a patient in a manner that makes clear:

- Its temporal context;
- Its relationship to the patient;
- In the case of an observation, its mood and presence, absence or value; and
- In the case of a procedure, its mood and status.

This clarity may be achieved by:

- Explicit representation; or
- Implicit application of defaults ONLY where explicitly modeled rules state the appropriate defaults.

This group maintains a close working relationship with other HL7 WGs including EHR, Patient Care, Pharmacy, MnM, Structured Documents, and Vocabulary. Additional information can be located at:

http://wiki.hl7.org/index.php?title=Clinical_Statement_Work_Group [Accessed 31 January 2013]

10. COMMUNITY BASED COLLABORATIVE CARE

WORKING GROUP DESCRIPTION

The CBCC WG facilitates development and use of HL7 standards that support and integrate the provision of HHS (health and human services) in community and non-acute care residential settings. It engages experts and other stakeholders to identify, clarify, and validate (by consensus) information system requirements with an emphasis on privacy protection. As such it works closely with the Security WG on projects that involve the privacy and security of data transmitted for community based projects.

The concept of HHS includes health promotion, disease prevention, assisted living, home health, long-term custodial care, hospice, community health centres and day treatment centres, as well as office-based behavioural and physical health care services. HHS may also include other human services and skill training for consumers to the extent that these other services affect needs for and outcomes of health care services e.g. parenting and other basic occupational skills training.

The CBCC WG is currently focused on following domains:

- EHR functional profiles: long term care and behavioural health
- Human services directory domain model
- Referral and Patient Care chapters in V2 & V3
- Long term or social care domain model terminology
- Composite Privacy Consent Directive message format and vocabulary
- Personal Health & Human Service Record Systems (PHHSRs) profiles: functional and content domains

This WG was set up at the request of Australia to address communication needs coming to IT-014-06-06 from Department of Human Services (Victoria) and NSW Health covering their HL7 V2 work on community based projects including Rapid and CHIME. This included messaging in Mental Health, Aged Care, Home Nursing, Allied Health, as well Social and Community Support.

Its agenda has been diverted by the needs of US authorities working in CBCC to have a unique privacy and security model to control access to “sensitive” data in CBCC systems. Re-invigoration of the original agenda is more than ever of high importance to Australia’s delivery of cost-effective, multi-disciplinary management of complex and chronic disease and related social welfare.

Additional information can be located at:

http://wiki.hl7.org/index.php?title=Community-Based_Collaborative_Care [Accessed 21, October 2012]

11. CONFORMANCE GUIDELINES FOR IMPLEMENTATION & TESTING (CGIT)

WORKING GROUP DESCRIPTION

The Conformance and Guidance for Implementation and Testing WG supports all conformance activities of users of the HL7 standards. This includes the localisation of HL7 standards to suit specific real-world situations, the creation of implementation guides, and the mechanism to specify, interpret, and test conformance to HL7 standards.

Additional information can be located at:

http://wiki.hl7.org/index.php?title=Implementation_and_Conformance [Accessed 21, October 2012]

12. EDUCATION WORKING GROUP & MARKETING COMMITTEE

WORKING GROUP DESCRIPTION

The HL7 Education WG ensures the quality and availability of education and learning deliverables provided by HL7 International and nurtures a community of HL7 educators.

The objective of the Education WG is to allow all those involved in delivering HL7 education and learning services to develop the quality and availability of education and learning deliverables.

The Education WG strategic plan has extended the scope of this group to include identification of potential educational products and certification requirements to support HL7 internationally.

13. ELECTRONIC HEALTH RECORDS

WORKING GROUP DESCRIPTION

The goal of the Electronic Health Record (EHR) Work Group is to support the HL7 mission of developing standards for EHR data, information, functionality, and interoperability. It contributes to HL7's goal by creating and promoting appropriate and necessary standards in areas which include:

- Functional Requirements for Electronic Health Records (EHR) and systems (EHRS);
- Functional Requirements for Personal Health Records (PHR) and systems (PHRS);
- Definition of a high-level framework to support the interoperability requirements and life cycles; and
- Identification of existing and emerging information requirements and other HL7 artefacts.

Additional information can be located at:

http://www.hl7.org/Special/committees/ehr/index.cfm [Accessed 3 February 2013]

http://wiki.hl7.org/index.php?title=EHR [Accessed 3 February 2013]

14. ELECTRONIC SERVICES

WORKING GROUP DESCRIPTION

The Electronic Services WG is appointed by the Technical Steering Committee (TSC) to oversee and prioritise HL7 headquarters' electronic services with a mission of optimising all forms of electronic interaction with HL7.org.

Electronic services comprise interactions with HL7.org either via the internet or e-mail that includes, but are not limited to:

- Hosting a web site, http://www.hl7.org, [Accessed 22, October 2012] that provides useful information to the public while serving the needs of the HL7 members;
- Maintaining list servers to facilitate member interaction;
- Providing and supporting electronic balloting including the availability of electronic ballot materials.
- Providing a membership management system to register members and their rights and entitlements to HL7 resources

It should be noted that Electronic services does not encompass the interchange of HL7 messages or other specifications.

15. HL7 ACTIVITIES WITH OTHER SDOs

WORKING GROUP DESCRIPTION

This is an open forum, convened by the TSC, to consider matters proceeding across the various SDOs. Reporting at this meeting has been reduced with a view to providing more opportunity for discussion and feedback.

16. HL7 ARCHITECTURE PROGRAM & SAIF

WORKING GROUP DESCRIPTION

The purpose of the Services Aware Interoperability Framework (SAIF) Architecture Program is to coordinate all the activities necessary to define an enterprise architecture specification for HL7 that will apply SAIF within HL7. The program will guide HL7's use of SAIF in the future. The program goals include:

- Coordinate projects necessary to launch SAIF within HL7
- Exercise SAIF via one or more projects developing standards
- Over time, expand use of SAIF to a broader set of HL7 standards
- Long term goal of SAIF being the normal way of developing HL7 standards

The long-term goal of rolling out SAIF will be fleshed out and refined as the program matures. It should be noted that this program might have a very long lifetime. The two initial goals of standing up the SAIF Architecture for HL7 and exercising it will consume a considerable amount of time and effort coordinating the necessary projects. The SAIF Architecture Program may sponsor a project to plan a roll out strategy.

The SAIF Architecture Program is sponsored by the Technical Steering Committee (TSC). The program is a key component in how the TSC will address many of the HL7 Strategic Initiatives. Successful implementation of the SAIF based HL7 Architecture goes to the heart of most if not all the high level strategic initiatives currently identified by the HL7 Board of Directors (HL7 Strategic Initiatives). The SAIF Architecture Program is intended to be one of the primary mechanisms through which HL7 can allocate strategic resources to projects tied to strategic initiatives. The premise is that any HL7 standards projects that are tied to HL7's strategic initiatives will be overseen by the SAIF Architecture Program.

Additional information can be located at:

http://wiki.hl7.org/index.php?title=SAIF_Architecture_Program [Accessed 22, January 2013]

17. INTERNATIONAL COUNCIL – GENERAL SESSION

WORKING GROUP DESCRIPTION

The International Council is a body that comprises the chair of each national HL7 affiliate that includes and is led by three elected Co-Chairs and, the two HL7 directors elected by the HL7 affiliates. It provides a forum within HL7 for discussion of international aspects of HL7's activities and for resolutions relating to the needs of the HL7 International Affiliates (like HL7 Australia) and for other interested HL7 members to discuss and communicate issues regarding the international development, adoption, application and implementation of HL7 standards. Previously called the Affiliates Council this meeting considers international advances and issues of the HL7 organisations around the world and now includes a US representative.

The International Council recommends to the Board of Directors actions and policies on behalf of the International Affiliates and advises the Technical Steering Committee and Board of Directors on matters relating to areas of standardisation that are relevant to the International Affiliates. This group supports the HL7 mission to create and promote its standards by helping to assure that the needs, issues and other input of the HL7 International Affiliates are recognized and effectively acted on by the HL7 organization. In summary the role of the International Council meeting is to update the international community on the board and its nominated group activities.

Additional information can be located at:

http://www.hl7.org/special/committees/international/index.cfm [Accessed 01 February, 2013]

http://wiki.hl7.org/index.php?title=International_Council [Accessed 01 February, 2013]

18. INTERNATIONAL COUNCIL – AFFILIATE CHAIRS SESSION

WORKING GROUP DESCRIPTION

In addition to the general session of the International Council at which reports are presented and discussed with all who are able to be available, the affiliate chairs also spend at least half a day in business sessions, parts of which are often closed to outsiders to enable frank and open discussion among the affiliate chairs and with HL7 leaders about matters being considered by the HL7 Board.

Matters are officially resolved at the International Council by resolutions of the affiliate chairs, with each HL7 affiliate having one vote, which may be exercised by the affiliate chair being present in person or represented by a nominee or proxy-holder.

19. ISO/TC 215 WG2/HL7 DATA COMMUNICATIONS AND DICOM

WORKING GROUP DESCRIPTION

ISO/TC 215/WG2 (Data Communication) and DICOM WG 10 (Strategic Advisory) have developed a tradition of meeting jointly at the January HL7 WGM each year that the HL7 WGM is held in North America, with a view to strengthening harmonisation and cooperation with each other and with HL7 International and IHE.

20. JOINT INITIATIVE COUNCIL LIAISON

WORKING GROUP DESCRIPTION

The Joint Initiative Council (JIC) for SDO Global Health Informatics Standardization is a grouping of Standards Development Organisations (SDO's) whose aim is to enable common and timely health informatics standards and was constituted to coordinate projects that cross SDO boundaries. Currently the participating SDOs are ISO/TC 215, HL7, CEN/TC 251, CDISC, IHTSDO, GS1 and IHE. Other SDOs may be invited to participate as appropriate to the work and domain of the Joint Initiative and that meet specific criteria as identified by Joint Initiative Council.

On 1 January 2013, Richard Dixon Hughes took over as chairman of the JIC on behalf of ISO/TC 215 from Bron Kisler of CDISC. Lisa Spellman of AHIMA provides the Secretariat to both ISO/TC 215 and the JIC.

Additional information can be located at:

http://www.jointinitiativecouncil.org/ [Accessed 22 October 2012]

21. MEMBERSHIP TASKFORCE

WORKING GROUP DESCRIPTION

The Membership Task Force (MTF) was convened by the CEO immediately after the September 2012 WGM in light of HL7's announcement that HL7 standards and selected IP would be licensed free of charge. Its role is to:

"Develop recommendations for the new membership structure, dues amounts, benefits for each category, and the roll-out campaign that is anticipated to occur during first quarter of 2013."

The scope of the Task Force is limited to examining the membership structure of HL7 International and is not intended to apply to the membership policies of HL7 affiliates.

22. MOBILE HEALTH

WORKING GROUP DESCRIPTION

The Mobile Health (mHealth) WG was formed in response to strong interest from a broad cross-section of potential stakeholders and those who participated in a series of webinars and preliminary teleconferences on the topic.

Subject to further refinement as the result of recent discussions at the May 2012 WGM, the initially proposed mission and charter of the group are:

The Mobile Health workgroup supports the HL7 mission by creating and promoting health (information technology) standards for mobile health device communications used in the practice of medicine, wellness, and public health

The goal of the WG is to support the HL7 mission of developing standards for mobile health services, data and information interoperability, security and integration in mobile and wireless healthcare and public health systems to reduce costs, improve quality and delivery, guide informed-decisions and promote individual and population health.

Additional information can be located at:

http://www.hl7.org/Special/committees/mobile/index.cfm [Accessed 01 February, 2013]

23. MODELLING & METHODOLOGY

WORKING GROUP DESCRIPTION

The Modelling and Methodology WG is responsible for creating and maintaining the HL7 message development methodology and facilitating its use, and maintaining a Reference Model that reflects the shared models that are developed and used by the HL7 Functional Committees. It is responsible for the RIM and the v3 modelling process in general.

Additional information can be located at:

http://www.hl7.org/Special/committees/mnm/overview.cfm [Accessed 22, January 2013]

http://wiki.hl7.org/index.php?title=Modelling_and_Methodology [Accessed 22, January 2013]

24. ORDERS & OBSERVATIONS

WORKING GROUP DESCRIPTION

This WG was formed at the onset of HL7 to address transmission of orders and observations. The initial focus was on laboratory test results and reflected a time when laboratory computer systems were the major source of electronic results. The intent was always to cover general observations, findings, impressions recorded as quantitative and qualitative findings, codes, or narrative text and the Orders & Observation Standards are now being used for such content.

The mission of the Orders and Observation WG is to define information exchange capabilities to support the order / scheduling and clinical event management / reporting requirements between the stakeholders in the healthcare organization regarding patients, non-patients, people, other species, or inanimate objects. These information exchanges are not limited to intra-organizational transactions, but may cross organizational boundaries. These information exchanges may involve messages, documents, services, and other HL7 constructs.

Additional information can be located at:

http://www.hl7.org/Special/committees/orders/index.cfm [Accessed 14, January 2013]

25. PATIENT ADMINISTRATION

WORKING GROUP DESCRIPTION

The Patient Administration (PA) WG defines the requirements and specifications to support interoperability among clinical and non-clinical systems for Patient Encounters and Administrative Registries.

The PA WG is engaged in both v3 and v2 standards development, and is responsible for the Patient Administration, Personnel Management, Registries and Scheduling Domains. As such, it is the custodian of a number of the core FHIR Administrative resources.

Additional information can be located at:

http://wiki.hl7.org/index.php?title=Patient_Administration [Accessed 22, October 2012]

26. PATIENT CARE

WORKING GROUP DESCRIPTION

The Patient Care Technical Committee (TC) was formed as a Special Interest Group (SIG) in 1993. A small group of individuals were brought together with the objective of assessing the current HL7 specification and bringing forward recommendations for extensions to support a variety of activities related to direct patient care. Over a series of meetings and discussions the conclusion was reached that the current HL7 model did not adequately support the needs of the patient care community, particularly in the areas of patient goals, problems, care plans/critical paths, assessments, and histories and physicals. The group developed, as a SIG, a set of new segments and messages, and the decision was made in the fall of 1995 to establish Patient Care as a Technical Committee. A new chapter (twelve) was produced and approved as part of HL7 Version 2.3.

Today the Patient Care Work Group defines the requirements and solutions for communicating information regarding the creation, management, execution and the quality of care provision.

The goal of Patient Care WG is to define the requirements and solutions to support the needs for communicating information regarding the creation, management, execution and the quality of care provision. During the past decade, Patient Care has become more involved in v3 messaging, and the static and dynamic modelling that can be used and reused in different HL7 formats. For instance the core of patient care work is the Care Provision D-MIM, deploying the clinical statements and dynamic model, which was established as Draft Standard for Trial Use in 2007.

Additional information can be located at:

www.hl7.org/Special/committees/patientcare/index.cfm [Accessed 1 February 2013]

http://wiki.hl7.org/index.php?title=Patient_Care_WG [Accessed 1 February 2013]

27. PATIENT SAFETY

WORKING GROUP DESCRIPTION

The Patient Safety WG develops standard message structures for patient safety to facilitate the reporting and investigation of patient safety incidents. PS SIG also works with other committees and SIGs to ensure messages do not adversely affect patient safety and that they appropriately support decision support mechanisms to stop preventable incidents occurring.

28. PHARMACY

WORKING GROUP DESCRIPTION

The Pharmacy WG helps to assure that the HL7 messages and models concerning medication related information including prescribing, dispensing, and administering medication address all of the requirements of the many stakeholders and variations in different countries.

Additional information can be located at:

http://wiki.hl7.org/index.php?title=Pharmacy_WG [Accessed 01 February 2013]

29. PHYSICIAN'S MEETING

WORKING GROUP DESCRIPTION

This is a new group that held its third official meeting at this WGM, cover of which was included as a work priority area for the Australian Delegation.

The rationale for forming the separate clinical group was the need to reach out to this target membership that is different from the general clinician attendance at HL7, particularly from the Clinical Interoperability Council. It is noted that physicians in the US, and certainly Australia, work mostly as individuals, or out of small business units where they hold sway over systems to be used. They do not, in general, have the strong and co-ordinated medical informatics background of the nursing groups whose representatives attend HL7 and who are more likely to be employed by larger institutions. Their input is considered of value to HL7, as it needs to have 'Clinician Facing' aspects to its standards. The group has strong support from the chair and CEO of HL7 who usually attend the meetings.

30. POLICY ADVISORY COMMITTEE

WORKING GROUP DESCRIPTION

The PAC undertakes policy and regulatory review and analysis within the health information technology (HIT) sector with the objective of identifying emerging issues, trends, and problems related to either policy or standards. Topics in scope include HIT legislation, regulation, contracts and contract negotiations, industry consensus, and international coordination. The PAC provides options and recommendations to the Executive Committee (EC) for the resolution of such issues and problems in the form of briefing notes, background documents, discussion papers, and position papers.

Additional information can be located at:

http://www.hl7.org/Special/committees/policy/index.cfm [Accessed 4 February 2013]

31. PUBLISHING

WORKING GROUP DESCRIPTION

This WG supports the HL7 mission to create and promote its standards by recommending the methodology, format and tools for publishing the HL7 standards according to requirements established by the HL7 board, the Technical Steering Committee, ANSI accreditation and the needs of the HL7 membership.

Additional information can be located at:

http://www.hl7.org/Special/committees/publishing/overview.cfm [Accessed 22, October 2012]

32. SECURITY

WORKING GROUP DESCRIPTION

This group supports the HL7 mission to create and promote its standards by publishing standards for trustworthy communication among all applications and services in HL7's scope. The Security WG also will lead the convergence and harmonisation of standards for identity and access management among healthcare standards development organisations.

Additional information can be located at:

http://wiki.hl7.org/index.php?title=Security [Accessed 01 February, 2013]

33. SERVICES ORIENTATED ARCHITECTURE

WORKING GROUP DESCRIPTION

The Services Oriented Architecture Workgroup (SOA WG) supports the HL7 mission to promote and create standards by identifying common architectural 'services' and their behaviours and establishing an industry position on the form these services take. The SOA WG will produce Service Functional Models (SFMs), implementation guides, and educational materials. Additionally, the SOA WG will serve as the stewards for the SOA architectural vision for HL7, and assure that standards produced will align and support their targeted health industry business and clinical needs.

The WG will explore the implications of emerging technologies (such as Cloud computing and advanced distributed systems) for health-related environments. Per the HL7-OMG MoU, the SOA WG serves as the primary liaison with the OMG in cross-standards development organization (SDO) collaboration around SOA e.g. the Healthcare Services Specification Program.

The SOA WG aims are:

- To facilitate the creation of a set of common architectural services e.g. behavioural specifications in the form of a Service Functional Model for each service determined to be of priority to the HL7 community.
- To collaborate with HL7 Foundation and Technology WGs to provide guidance on the use of SOA methodologies, technologies, and assets as applied to healthcare.
- To support other HL7 committees engaged in service specification work.
- To establish a methodology for consistently specifying services within HL7 aligned with documented HL7 guidance and objectives e.g. SAIF.
- To coordinate under the existing MoU with the OMG in the creation of technical specifications supportive of the HL7 standards.
- To leverage existing HL7 content (information models, vocabularies, messaging protocols, etc.) relevant to services and to relate them to service specifications.
- To produce a 'roadmap' document describing the services landscape, identifying the breadth of candidates and service interdependencies, including a taxonomy of services.
- To provide education on service concepts to other WGs and Domain leads for other projects, as well as external education on SOA concepts as applied to healthcare e.g. Ambassador presentations, Practical Guide.
- To produce implementation guidance for SOA and SOA services.
- To provide sustainment support for existing HL7 SOA artifacts and to maintain alignment with corresponding OMG work.

Further detail about the process, current project status, details of specification and standards, as well as committee minutes and teleconference call schedules are available at:

http://hssp.wikispaces.com/ [Accessed 20 January 2013]

34. STRUCTURED DOCUMENTS

WORKING GROUP DESCRIPTION

The SD WG is a parent technical WG which hosts all technical works on CDA including the CDA standards and implementation guides. Specialisation on the more general CDA standards have been applied to develop domain specific standards and implementation guides including the Continuity of Care Document (CCD), Discharge Summary, Progress Notes, and Healthcare Acquired Infection Report. The WG is also working on delivery of Green CDA and CDA Release 3 specifications.

35. TEMPLATES

WORKING GROUP DESCRIPTION

The Templates WG is primarily responsible for the defining processes for creating and managing HL7 Templates. An HL7 Template is a registered expression of a set of constraints on an HL7 RIM derived model. The Templates WG is primarily responsible for the evolution of the HL7 templates methodology and resulting standards. In recent years, their work has extended to consider the business requirements for registries and repositories to facilitate location, indexing, storage, use and access to a wider range of modelling artefacts including HL7 templates, openEHR archetypes and UML-based detailed clinical models.

Key aspects to the work of the Templates WG have included and include:

- Development and maintenance of the Templates DSTU;
- Identifying business requirements for a templates registry and development of a pilot implementation; and
- Identifying business requirements for an HL7 templates repository that was envisaged as being a function of a proposed HL7 V3 artefact repository to be developed as part of the HL7 Tooling initiative.

Additional information can be located at:

http://wiki.hl7.org/index.php?title=Templates_-_HL7_Wiki [Accessed 30, January 2013]

36. VOCABULARY

WORKING GROUP DESCRIPTION

The Vocabulary WG provides an organisation and repository for maintaining a coded vocabulary that, when used in conjunction with HL7 and related standards, will enable the exchange of clinical data and information so that sending and receiving systems have a shared, well defined, and unambiguous knowledge of the meaning of the data transferred. The purpose of the exchange of clinical data includes, but is not limited to: provision of clinical care; support of clinical and administrative research; execution of automated transaction oriented decision logic (medical logic modules); support of outcomes research; support of clinical trials; and to support data reporting to government and other authorised third parties.

To achieve this goal, they work cooperatively with all other groups that have an interest in coded vocabularies used in clinical computing. Some of the groups that this WG seeks to work closely with include: standards development organisations; creators and maintainers of vocabularies; government agencies and regulatory bodies; clinical professional specialty groups; vocabulary content providers; and vocabulary tool vendors.

The Vocabulary WG activities include:

- Document HL7 vocabulary design and maintain the documentation guidelines on the principles of vocabulary message content and structure over time – the Core Principles project defining the principles of how this should be done is a current major work item nearing completion;
- Maintain OID Registry with approval for new OID requests including current consideration of ISO OID registry metadata standardisation;
- Maintain the v3 Vocab repository – there is current consideration of how IHTSDO and other organisations activities might manage more of the vocabulary registration processes i.e. that HL7 will 'use' existing repositories where possible rather than maintain their own;
- Maintain table 0396 (v2 content for registered coding systems) including new requests, changes to existing entries, publishing on HL7 website; and
- Educate stakeholders via tutorials and improved documentation.

Additional information can be located at:

http://www.hl7.org/Special/committees/Vocab/index.cfm [Accessed 23, October 2012]

37. CLINICAL INFORMATION MODELLING INITIATIVE

WORKING GROUP DESCRIPTION

The Clinical Information Modelling Initiative (CIMI) is an international collaboration that is dedicated to develop a common formalism for detailed specifications for the representation of health information content. One of its goals is to provide isosemantic (semantically interoperable) clinical information models to support sharing of clinical information within and between health care enterprises. CIMI has been holding meetings in various locations around the world since July, 2011. Hosting organisation such as NHS of England, NCTIS of the Netherlands, The Mayo Clinic, Kaiser Permanente have borne the costs of hosting CIMI face-to-face meetings. The group has formed a number of taskforces (core modelling, terminology and glossary), each of which holds weekly or fortnightly conference calls to progress work plans developed by each taskforce..

CIMI is a clinical information modelling activity that is derived from the HL7 “Fresh Look Initiative Report” chaired by Stan Huff. This group is formed by representatives from international informatics organisations, health care and government agencies including ISO/CEN 13606 Organisation, ISO TC215, HL7, IHTSDO, US ONC, US DOD and VA, US CDISC, Mayo Foundation, Kaiser Permanente, Intermountain Healthcare, Canadian Health Infoway, UK NHS, Australia (NEHTA), Dutch NITCIZ (National Institute for Healthcare), Singapore MoH, Sweden, Ocean Informatics, etc.

Additional information can be located at:

http://informatics.mayo.edu/CIMI/index.php/Main_Page [Accessed 27, January 2013]