Joachim W. Dudeck Award
Granted to Edgar de la Cruz

By Kai Heitmann, MD, Chair, HL7 Germany

The 2012 Joachim W. Dudeck award was granted at the 13th International HL7 Interoperability Conference IHIC 2012 in Vienna, Austria. This year's recipient is Edgar de la Cruz from Popayan, Colombia. He was awarded the prize for his article "A Reference Architecture for Sharing CDA Documents in Colombia" which was coauthored by Diego M. Lopez and Bernd Blobel, PhD.

Kai Heitmann, MD

The award was established in 2011 in memory of Joachim W. Dudeck, the founder, long time chairman and the first honorary member of HL7 Germany, first affiliate director of the HL7 Board of Directors as well as the founder of the International HL7 Interoperability Conference. It is awarded by the HL7 International Council and recognizes young scientists for their outstanding achievements in the development and implementation of HL7-based interoperability solutions and the promotion of the use of HL7 and its harmonization with other standards.

Edgar de la Cruz

Healthcare Professionals: A New Community for HL7

*Charles Jaffe,
MD, PhD*

HL7 is innovation. For over two decades, HL7 has helped to define the methodology for representing, exchanging, and archiving healthcare information. Today, HL7 solutions serve as the framework for collecting and disseminating healthcare data for patient care, clinical research, biosurveillance, pharmacovigilance, and quality assessment in more than 30 countries and in nearly as many languages.

Interest in the adoption of HL7 specifications has grown beyond the IT technical community. Over the last several years, healthcare professionals have looked to HL7 to help represent their workflow and business needs. This is true for the communities of physicians, nurses, pharmacists and other individuals, linked in the continuum of providing healthcare and supporting wellness. HL7 has become the byword in public health, quality reporting, and wellness initiatives.

Today, the patient-centric approach to care has led to technologies, like the Blue Button, which provide consumers the ability to readily access their records. In the coming months, HL7 will embark on the development of specifications for the entry of patient-level data into the traditional medical record. In Europe, the epSOS model is being tested for the exchange of clinical summaries and electronic prescriptions across borders and among diverse care providers. Another challenge will be the reuse of anonymized data for research and public health.

When HL7 introduced its Mobile Health Work Group, it drew the interest of technology experts in communication, personal health devices, telehealth, and even telepathology. Even more intriguing was the interest it generated among nurses and physicians who saw the need for remote patient monitoring and for bidirectional communications. Another group of physicians and other health professionals naturally gravitated to the newly forming quality initiatives, which will focus on improving care delivery while reducing costs.

Now, basic science researchers have been added to the mix. The fields of genetics and genomics have been crying out for schema for codifying and integrating human genome research into personalized medicine and, more broadly, into clinical decision support. No longer is the single modality for therapeutics a satisfactory model for many clinical specialties including, oncology, cardiology, pediatrics and infectious diseases. These and other related technologies have drawn clinicians and preclinical scientists to the HL7 community.

Without exception, this has brought significant opportunities for education and training. While always a magnet for engineers and computer scientists, HL7 is now drawing nurses, physicians and even dieticians to our community. Moreover, the focus of the education is expanding in order to meet these needs. So too are the alliances that HL7 has begun to develop with other organizations to deliver this knowledge base. The recent collaboration between HL7 and the American Medical

First HL7 FHIR Connectathon a Success

Ease of use of FHIR standard results in successful deployments, leads the way to future events

By Mike Henderson, FHIR Connectathon Manager

HL7 successfully completed its first connectathon supporting its Fast Healthcare Interoperability Resources (FHIR) Initiative in Baltimore, MD, immediately prior to the annual Plenary & Working Group Meeting.

FHIR is a new HL7 draft standard for data exchange in healthcare that is based on current industry principles, including the cloud, web 2.0 and RESTful principles. It defines a set of "resources" representing granular clinical concepts that can be managed in isolation, or aggregated into complex documents. This flexibility offers coherent solutions for a range of interoperability problems. HL7's FHIR webpage, http://HL7.org/fhir, contains a more detailed introduction to FHIR as well as links to FHIR development and implementation resources.

Sixteen HL7 members participated in the inaugural FHIR Connectathon on Saturday, September 8 in Baltimore, including representatives from Kaiser Permanente, GE Healthcare, Orion Health, Mohawk College and Thrasys. The purpose of the event was to test the infrastructural components of FHIR (principally its representational state transfer (REST) interface and profiles) using a few relatively stable resources. Participants demonstrated three types of workflows: the creation and exchange of Profiles, of Persons, and of Lab Reports.

Participants cited the ease of interpreting the FHIR standard as the most important factor in successful server and client deployment. The FHIR Connectathon demonstrated that even quickly developed client applications were able to connect successfully with multiple servers and synchronize server data. In addition, the connectathon established that rapidly developed clients could be used for testing and validation. Finally, the standard's use of REST for FHIR's web services was cited as an important success factor for demonstrating connectivity.

Grahame Grieve, FHIR Technical Lead, coordinated the development activities of Connectathon participants in the months preceding the event. Grieve addressed participants at the conclusion of the Connectathon, thanking them for their dedication and inviting future participation. Support for the Connectathon was provided by Health Level Seven International's staff and by Connectathon manager Mike Henderson.

Plans are underway for the another FHIR Connectathon at the January 2013 Working Group Meeting in Phoenix, AZ. Please see: http://wiki.hl7.org/index.php?title = FHIR_Connectathon_2 for more information. Future events may include additional features such as certification, pre-qualifications and educational offerings.

Healthcare Professionals, continued from page 2

Informatics Association (AMIA) is but one of them. Other professional societies have begun to coordinate training with HL7 beyond the traditional boundaries of information technology.

It was once said that no physician or nurse could ever care about the standards for healthcare IT. Now, Meaningful Use has begun to change all of that. As the Meaningful Use requirements have been evaluated for adoption beyond the confines of North America, healthcare professionals have begun to notice. The very first glimmer came with the incentive program for electronic health record adoption and electronic prescribing deployment. Today, more attention is turning to the natural business requirements for quality reporting and for the evolution of *accountable care organizations.* It is a care paradigm that cannot be ignored, and healthcare professionals worldwide are taking notice of this trend.

HL7 is gaining increased recognition as the environment for nurses, physicians, and other healthcare professionals to *share their expertise and to influence the direction* that the future of wellness and healthcare delivery will take.

Update from Headquarters

# Baltimore Rolls Out the Red Carpet for HL7

Mark McDougall

By Mark McDougall, Executive Director, HL7

Plenary Meeting

HL7's 26th annual Plenary and Working Group Meeting convened in September at the Hyatt Regency Hotel in Baltimore, Maryland. In addition to enjoying wonderful weather during our Plenary meeting week, the over 500 attendees participated in a week filled with 62 work groups meeting, 24 educational tutorials and many other enjoyable activities.

Leslie Kelly Hall
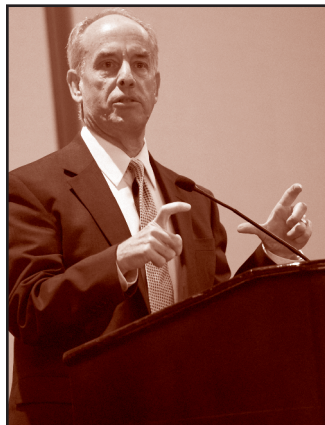
Lee Rainie

Elaine Blechman, PhD

The theme for HL7's 26th annual Plenary meeting was HL7 in the Era of Patient Empowerment. Presentations covered a wide range of topics, such as: Engaging Patients with Standards; Consumer Empowerment, The Rise of e-Patients, and a panel discussion on the future of mobile health and HL7's role in this evolving area.

I would like to extend a special thanks to all of our speakers for their role in making HL7's 26th annual Plenary meeting one of our finest programs of all time. The speakers are listed below:

Keynote speakers: Leslie Kelly Hall, Senior Vice President, Healthwise; Lee Rainie, Director, Pew Research Center's Internet & American Life Project; and Elaine Blechman, PhD, Professor Emeria University of Colorado at Boulder and President of Prosocial Applications.

Panelists: Doug Fridsma, MD, PhD, Director, Office of Standards and Interoperability, Office of the National Coordinator for Health IT; Chuck Parker, President, Continua Health Alliance; Christoph Lehmann, MD, Professor of Pediatrics and Biomedical Informatics, Vanderbilt University; Jim St. Clair, Senior Director, Interoperability and Standards, HIMSS; Lonnie Smith, Policy Analyst, U.S. Food and Drug Administration; and Heather Grain, Standards Australia.

The week of our 26th annual Plenary meeting also included a successful data segmentation for privacy pilot demonstration that was produced by the Standards and Interoperability Framework in collaboration with HL7. The purpose of the privacy pilot demo was to enable the sharing of patient data in compliance with policy, regulation and patient consent through a technology framework applying HL7 vocabulary to segment certain data perceived as undesirable to share. For more information on this pilot, please contact Mike Davis at mike.davis@va.gov.

During our Plenary meeting week, Baltimore also hosted two professional sporting events at nearby stadiums. The Baltimore Ravens football team and Baltimore Orioles baseball teams were victorious at stadiums that were within walking distance from HL7's hotel. In fact, we even shared hotel space with the Baltimore Ravens football team on Monday as they prepared for their Monday night game.

Meeting Sponsors

We are pleased to recognize all of the organizations that sponsored key components of our 26th annual Plenary and Working Group Meeting in Baltimore:

- Beeler Consulting, LLC – MnM Facilitator's roundtable dinner
- Gordon Point Informatics – Wednesday cookie break
- iNTERFACEWARE – Lanyards
- LINKMED – Morning coffee break
- SPARX Systems – Co-chair dinner meeting

Photos courtesy of Ken Rubin Photography

26th Annual Plenary & Working Group Meeting Sponsors–Michael van Campen from Gordon Point Informatics and George "Woody" Beeler, PhD from Beeler Consulting LLC

The additional sponsorship support provided by these organizations contributes heavily to HL7's meeting budget and is much appreciated.

Benefactors and Supporters

We are thrilled to continue to attract impressive numbers of HL7 benefactors and supporters, who are listed on page 19. Their support of HL7 is very much needed and sincerely appreciated. Representatives from the benefactor organizations are pictured below. A special thank you is extended to those firms that represent our 2012 HL7 benefactors and supporters.

Organizational Member Firms

As listed on pages 19-21, HL7 is very proud to report that the number of HL7 organizational member companies is at an all time high, including 796 companies. We sincerely appreciate their ongoing support of HL7 via their organizational membership dues.

Board Election Results

During HL7's annual business meeting in Baltimore, Board Secretary Jill Kaufmann, PhD, announced the results of the recent elections for the following HL7 Board of Director positions. Congratulations to all.

- **Chair-Elect:** Bob Dolin, MD, President and Chief Medical Officer, Lantana Consulting Group
- **Secretary of the Board:** W. Ed Hammond, PhD, Director, Duke Center for Health Informatics
- **Director:** Calvin Beebe, Technical Specialist, The Mayo Clinic
- **Director:** Keith Boone, Lead Interoperability Systems Designer, GE Healthcare Integrated IT Solutions
- **Affiliate Director:** Helen Stevens Love, Consultant, HL7 Canada

HL7 Fellows Class of 2012

The HL7 Fellowship program recognizes individuals with outstanding commitment and sustained contribution to HL7 with at least 15 years of HL7 membership. Contributions to HL7 may be reflected through serving as a work group or committee co-chair, serving on the HL7 Board of Directors, receiving the W. Ed Hammond Volunteer of the Year Award, serving as an HL7 Ambassador, making presentations about HL7, pub-

The 2012 HL7 Benefactors

Update, continued from page 4

The 2012 HL7 Fellows, from left to right: Kai Heitmann, MD; Mark Tucker; Frank Oemig, PhD; Joseph Baptist; AbdulMalik Shakir; and Anthony Julian

lishing a paper about HL7, or other visible activity.

During the reception at the 26th Plenary meeting, HL7 honored the following nine well-deserving members with the distinction as HL7 Fellows in the Class of 2012:

Joseph Baptist
Kai Heitmann, MD
Mike Henderson
Anthony Julian
Frank Oemig, PhD
Gunther Schadow, MD, PhD
AbdulMail Shakir
Mark Tucker
Klaus Veil

Volunteers of the Year
We also were pleased to recognize two valuable volunteers for their dedicated service to HL7. This year marks the 16th year that we have recognized such individuals via the W. Ed Hammond, PhD HL7 Volunteer of the Year Awards. The recipients of the 2012 HL7 Volunteer of the Year Awards included:

Keith Boone
Grahame Grieve

We are honored to recognize these dedicated individuals who have made significant contributions on many fronts, including in specific HL7 work groups and throughout the larger HL7 global organization. Their efforts and contributions are sincerely appreciated and this recognition is certainly well-deserved. Please see the article on page 15 to read more about the impressive contributions that these dedicated volunteers have made to HL7.

Long-Term Members
I remember feeling rather proud of our publication of HL7 Version 2.2
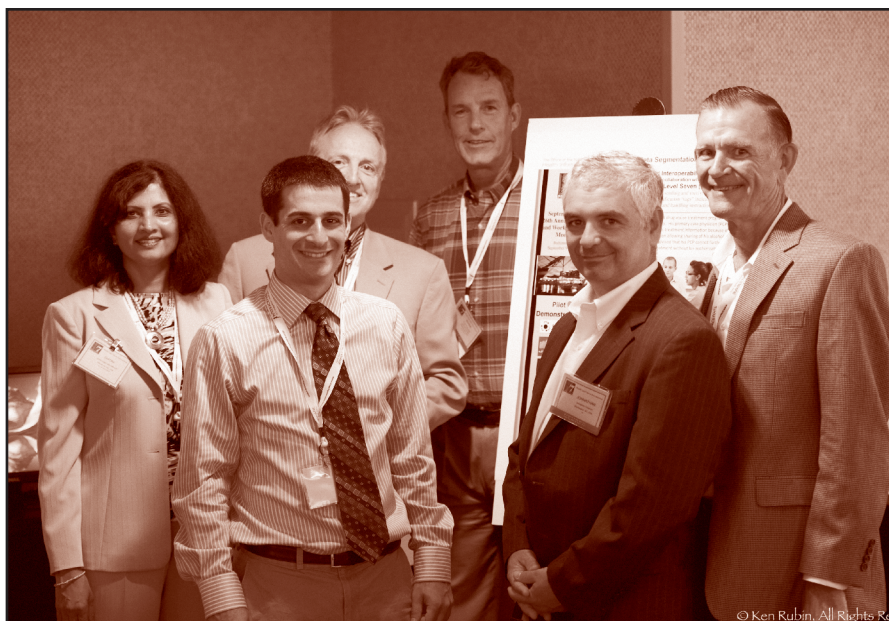
Volunteers staffing the S&I Framework Privacy Pilot Demonstration.
Photo courtesy of Ken Rubin Photography.

in December 1994. Discussing this achievement with Ed Hammond 18 years ago, he enlightened me that HL7's most valuable asset was not our standards, but our community of dedicated individuals and companies. Clearly, Ed was spot on as HL7 has been blessed with a long list of long-time members. Individuals with at least 10 years of membership in HL7 were recognized during slide shows occurring each morning and at lunches. HL7 has the following number of individuals who have been HL7 members for this number of years:

At least 10 years but less than 15 years: 205 members
At least 15 years but less than 20 years: 78 members
At least 20 years but less than 25 years: 31 members
*At least 25 years: three members (W. Ed Hammond, John Quinn and Wes Rishel)

The list of individuals who have been HL7 members for at least 20 years is as follows:

Landen Bain
Woody Beeler, PhD
Joseph Bibbo
Denny Briley
Peter Brueckner, MD
Hans Buitendijk
Patrick Cahill
Jane Curry
Norman Daoust
Gary Dickinson
Albert Edwards
Danny Farley
Michael Fitzmaurice, PhD
Donald Gross
W. Ed Hammond, PhD*
Linda Hyde
Ed Jenkins
Bert Kabbes
Jim Klein
Ted Klein
Ed Larsen

Virginia Lorenzi
Rodney Louk
Clement McDonald, MD
Chuck Meyer
Bruce Mortensen
Gaston Oxman
David Potter
Douglass Pratt
John Quinn*
Larry Reis
Wes Rishel*
Mark Shafarman
Stu Solomon
Richard Stockell
Andrew Ury, MD
Gregory Vail
D. Mead Walker

In Closing

I am proud to have opened the HL7 offices in late 1991 and to have spent the last 21 years helping HL7 grow into the organization it is today. HL7's success would not have been possible without the tremendous contributions of HL7's brilliant leadership (board members, work group co-chairs, tutorial speakers, etc.), dedicated membership and HL7's hardworking staff.

Above I recognized individuals who have provided HL7 with dedicated support for many years. I would also like to recognize the long time service to HL7 from HL7 staff with whom I have the pleasure of working with each day. HL7 staff photos and contact information is provided on page 29. The following list of HL7 staff is in the order that they joined the HL7 team.

1996 (16 years):
Karen Van Hentenryck

2001 (11 years):
Diana Stephens

2004 (8 years):
Linda Jenkins

2006 (6 years):
Lillian Bigham, Mary Ann Boyle, Don Lloyd, and Andrea Ribick

2007 (5 years):
Dave Hamill and Mike Kingery

2008 (4 years):
Lynn Laakso

2009 (3 years):
Joshua Carmody

2012
Sharon Chaplock

As many of you know, the HL7 staff is hard working and consistently provides high quality customer service to the needs of our members, attendees, work groups, and HL7 leaders at all levels. I am grateful and proud of their contributions to the HL7 organization. In fact, I sincerely feel blessed by the opportunity to work with all of the HL7 staff each day. I would like to also mention that after working side-by-side with Karen for 16 years, she is a treat to work with and also the most effective manager I have ever worked with throughout my 30 years in this industry. A thousand thanks to Karen and the rest of the HL7 staff – you guys ROCK!!

With the holidays quickly approaching and on behalf of the HL7 staff, we extend to you and your loved ones best wishes for a holiday season and New Year filled with good health, lots of hugs and much laughter.

Standardizing the Standard: A "One Concept — One Format" Approach in HL7 Version 3?

Tom de Jong

By Tom de Jong, HL7 Pharmacy Work Group Co-Chair and Nictiz Standards Architect

What came before...

When we say 'the HL7 standard' we all know we actually mean 'the HL7 family of standards'. We have Version 2 (V2) and Version 3 (V3) of course, but even within V3 we have several (partly overlapping) messaging domains. Then there is also the Clinical Document Architecture (CDA®), which took a different approach and has led to several (partly overlapping) templates. There would be nothing wrong with that, if all the specifications were consistent with each other. But they are not; they all have the underlying Reference Information Model (RIM) and data types in common, but they offer slightly different over-the-wire formats for the same data elements. This leads to confusion within the implementer community.

What is the problem? Simply put, there is more than one representation possible for the same semantic concept. A prescription for medication (surely a very basic concept in healthcare) has one representation in the Pharmacy domain and another in several CDA templates (although most of these have now been consolidated in the C-CDA specifications). Surely, they will both have the same RIM classes at their core, but the information model, as a whole, is different. And what's more, because of the different implementation technology specification (ITS) rules, the syntax as a message payload will differ considerably from the syntax as a data entry in a CDA document. This won't affect an implementation, as long as the software only has to deal with one of the varieties. But what if they start mixing?

In The Netherlands, for example, we have a national infrastructure, based on HL7 V3 messages being exchanged via a central hub (not unlike the Canadian infrastructure). Almost all major vendors have adapted their software to be able to send and receive these messages. Recently, the Continuity of Care Document (CCD®) and other CDA standards are also making inroads, mostly for transfers between hospitals. This is great, since it helps build a foundation of HL7 V3 standards. But it has made our vendors painfully aware that the format for many core concepts is dependent on whether it's in a CCD document or in a message.

Levels of abstraction in interface standardization

Is there a solution? Yes, but it requires a multi-tier approach to standardization. We need to standardize the HL7 V3 data representation in a way that is independent of the exchange mechanism. Let's take a look at the layers of abstraction in data exchange (next page):

It's not really a problem that there is more than one solution available at the 'HOW?' levels. Some people think of data exchange in terms of messages (e.g. using real-time extractions from source systems), others in terms of documents (e.g. a repository with snapshots of a certain data set), and that's fine. It's not HL7's business to dictate these choices, only to make sure the data standards can deal with all of them consistently.

Mixed implementations of messaging and CDA
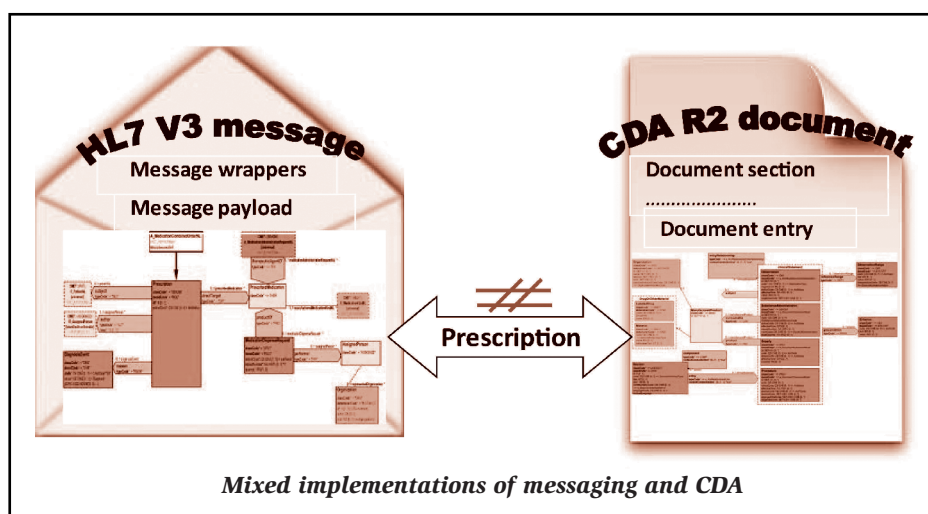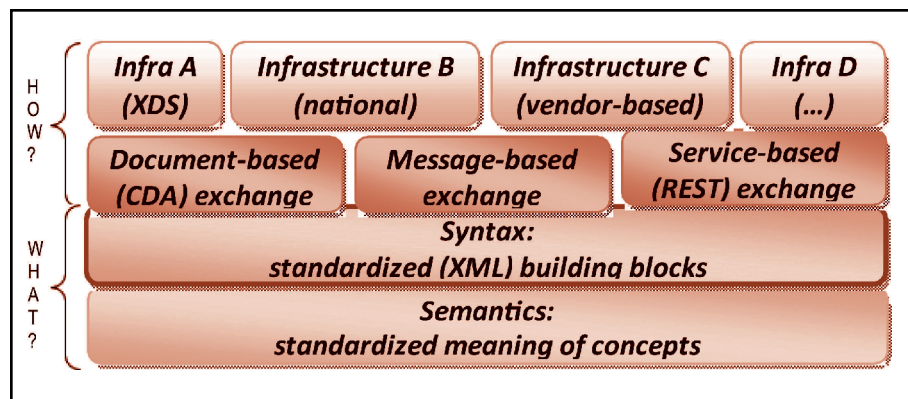
Bridging the gap: standardized building blocks

That means the challenge is at the 'WHAT?' level, where semantics and syntax are standardized. There is already a trend toward harmonization in that area, by ensuring the semantic layer is based on a consistent glossary and domain analysis model. Several domains have consolidated their models (e.g. the Common Product Model) to make sure that all derived models are consistent. But we still have the challenge that CDA Release 2 does not support all the RIM-elements used in messaging domains, and that messages have a different XML-syntax, even if all semantics have been harmonized.

There are a few possible solutions that can be considered to harmonize the syntax:

A) We abandon the messaging ITS altogether and switch everything to CDA.
B) We standardize style sheets for the transformation between representations.
C) Using extensions in CDA Release 2, we encapsulate domain-specific components.
D) We wait for Fast Healthcare Interoperability Resources (FHIR) to introduce standardized resources as building blocks.
E) We use CDA Release 3 to harmonize, using standardized building blocks in V3.

This article does not provide enough space to go into the details of each these options, but A) would lead to a loss of semantics in existing messaging standards; B) is certainly possible, but only as a temporary fix; C) is definitely an option and has been used in many CDA specifications, like epSOS; and D) is on the horizon, but it's hard to tell how far into the future. However, option E) provides a stepping stone to FHIR, using existing V3 technology but allowing full consistency.

Using CDA R3´s ActStatement as the basic pattern

The harmonization we suggest is fairly simple (although migration for both message- and document-based implementation is inevitable). Using

ActStatement in CDA R3 (which has full RIM capabilities and can thus cover all existing messaging semantics), building blocks for data exchange (like 'prescription' mentioned before) are defined (below):

These building blocks can then be used as both message payloads (or components in aggregate payloads) and as data entries in CDA R3 documents. This would allow all domain-specific semantics to be retained, yet use the single-Schema syntax that has been successful for CDA. But most importantly, it would allow HL7 to achieve "one concept – one format" and make the standard internally consistent again. This process definitely requires technical management (and a repository of building blocks), but it doesn't require any re-invention. We believe it can help our Dutch implementers achieve maximum re-use of software components, even when to mix messaging and document-based implementations. But of course we don't want this to be 'Dutch HL7', so we're eager to know if others recognize our challenge and support our suggestions.
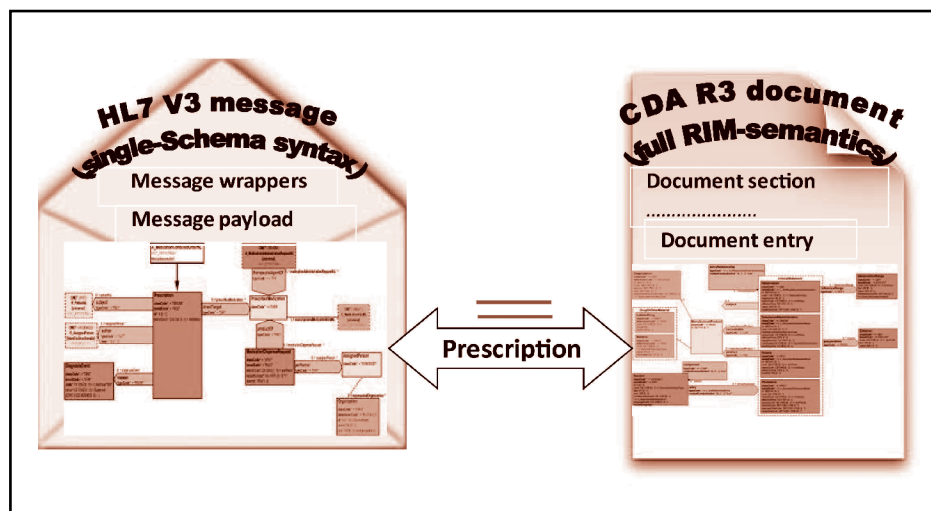
News from the PMO and Project Services Work Group: Updated Project Scope Statement Template for 2013

Dave Hamill

Freida Hall

Rick Haddorff

By Dave Hamill, Director, HL7 Project Management Office; Rick Haddorff and Freida Hall, Co-Chairs, Project Services Work Group

The HL7 Project Management Office and the Project Services Work Group released the 2013 version of the Project Scope Statement (PSS) template; a result of their annual updates to the template. As usual, our goal is to streamline and simplify the template so that it's easier to use by HL7 members and provides the most useful data to the membership.

Changes include:
- Addition of a section to identify Project Requirements in order to enable requirements traceability
- Addition of the FHIR PSS template to the zip file containing the PSS templates and Project Approval process documents
- Indication that a Letter of Agreement is required for projects with a joint copyright. The Letter of Agreement must be submitted with the Project Scope Statement in order to receive TSC approval
- A reference to the document: Guidance for Steering Division Co-Chairs Using PBS Metrics to evaluate work group capacity to undertake new effort
- A reference to the TSC's Guidance on Ballot Levels to assist Project Managers in determining their ballot strategy
- A prompt for Realm in the Project Description

Save The Date For HIMSS 2013

March 3 – 7, 2013
New Orleans, LA

Join us in the HL7 Booth (#4325) at the HIMSS 2013 Exhibit

HL7 will once again offer a variety of education sessions covering HL7 standards and current industry topics such as Meaningful Use. Visit our booth to learn more about how HL7 and HL7 standards contribute to meaningful use and are helping change the face of healthcare IT.
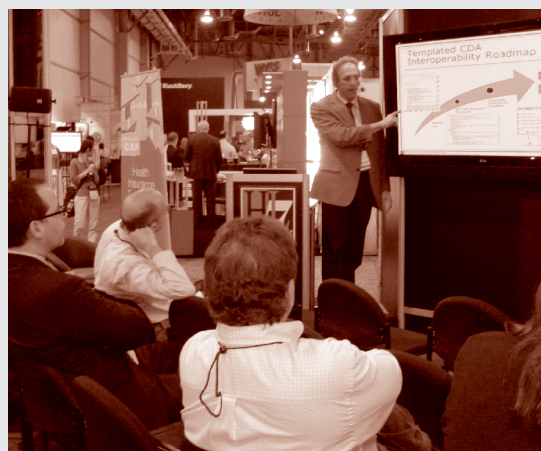
HL7 Vice Chair Dr. Bob Dolin presents at the HL7 Exhibit at HIMSS 2011 in Orlando, FL.

HL7 and Sparx Systems Announce 2012-2013 Tooling Challenge

Challenge encourages the development of HL7 tools: produce a Unified Modeling Language (UML) profile for Model Interchange Format (MIF) static models

HL7 and Sparx Systems, a leading vendor of modeling tools based on open standards, have announced a new tooling challenge. Developers are invited to produce a UML profile for HL7's Model Interchange Format (MIF) static models using Sparx Systems Enterprise Architect for a chance to win $4,000 USD.

The goal of this challenge is to increase the number of modeling tools that are compatible with the MIF format. The 2012-2013 tooling challenge, the first in a planned series of annual challenges sponsored by Sparx Systems, was kicked off at the HL7 Plenary and Working Group Meeting in Baltimore, MD. The contest is open to the public; both HL7 members and non-members are encouraged to participate. Interested parties should declare their intent to participate by May 5, 2013 and submissions must be submitted by July 1, 2013. Entries will be evaluated by a panel of judges and the winner will be announced at the 27th Annual Plenary and Working Group Meeting on September 23, 2013. HL7 CTO John Quinn noted that UML profiles will enable commercial tools to work with the HL7 models,

which have features that extend the standard UML expressions. He stated, "The industry is in need of tooling solutions that will facilitate the implementation and adoption of standards. We hope that this and future challenges will address this need and provide developers with the ability to use more off-the-shelf tools."

To qualify for the prize, submitters must perform the following tasks:

- Create a UML profile using Enterprise Architect that correctly describes MIF static models to the extent allowed by the UML language.
- Document any parts of MIF static models that can not be expressed in UML Profile Language. This documentation will be provided to OMG, the owner of UML, and used when considering potential extensions to UML.
- Use the submitted UML profile to adapt Enterprise Architect to express the proper HL7 stereotypes as a proof of concept.

"Sparx Systems is pleased to sponsor this HL7 Tooling Challenge for the development of health standards. This exciting and forward looking initiative extends our relationship with HL7 and provides a competitive spur to the development of health informatics education courses in the academic sector and strengthens the delivery process to meet urgent and growing demand from the health industry for qualified graduates," said Ken Harkin, Business Development Manager for Sparx Systems. He continued, "We support course development through our Academic License Program which makes Enterprise Architect licenses available on a non commercial basis to universities and institutions for use in teaching and class work."

For more information on the challenge, upcoming webinars and to register, go to the HL7 Tooling Challenge webpage on the HL7.org site at http://www.HL7.org/events/toolingchallenge.cfm.

HL7 in Europe

By Catherine Chronaki, 2012 HL7 Affiliate Director, HL7 International Board of Directors

Catherine Chronaki

The summer and autumn of 2012 highlighted a number of important events for HL7 in Europe.

In August, the MIE conference in Pisa, Italy (www.mie2012.it), attracted more than 400 participants and further strengthened collaboration between HL7 and the European Federation of Medical Informatics (EFMI). The Joint GS1/HL7 Workshop at MIE2012 triggered good discussions about the prospects of an electronic standard to seamlessly support supply chain and workflow management in areas like medication management and immunization for the elderly, increasing quality in healthcare. Selected articles and presentations are available at http://tinyurl.com/948uxz8.

On September 4, the eHealth Governance Initiative (eHGI- www.ehgi.eu) and the Semantic Healthnet Network of Excellence (www.semantichealthnet.eu/) had a joint workshop in Ghent, Belgium, to exchange views and join efforts toward advancing semantic interoperability. The HL7 International Foundation in Europe, a member of both initiatives, was represented by Charlie McCay. This productive workshop provided input to the discussion paper on Semantic and Technical Interoperability of the Interoperability Standardization and Market Workstream of the eHGI. The discussion paper highlights benefits (i.e. mobile and ubiquitous access to medical information, enhanced quality of care, improved cost efficiency, enhanced choice of healthcare providers) and challenges (i.e. the complexity of the health domain, the heterogeneous landscape of healthcare systems in Europe, the non-sys-

tematic use of existing standards, the lack of a universal coding system, the unbalance in the allocation of costs and benefits) of interoperability. It also suggests a number of policy areas for action. These action areas include enabling the recommendation of standards and profiles based on selected use cases, supporting development of implementation guidelines for electronic prescription, facilitating access to standards and medical vocabularies, fostering data portability for patients and health providers, and using the purchasing power of public sector as enabler for semantic and technical interoperability. The discussion paper was presented to the eHealth network of national authorities responsible for eHealth (27 EU member states + Europe) at their meeting on November 7, 2012.

Later in September, Vienna hosted the Joint ISO TC215/CEN TC251 meeting and the 12th International HL7 interoperability Conference organized by HL7 Austria. The Joint Initiative on SDO Global Health Informatics Standardization (JIC - http://www.jointinitiativecouncil.org/) had a strategy meeting the week before the ISO meeting in Vienna, where it welcomed IHE as its newest member and reaffirmed its vision to "facilitate achievement of coherent, coordinated and usable global health informatics standards providing value to member SDOs and their constituencies" and its purpose "to enable common, timely health informatics standards by addressing and resolving gaps, overlaps and counterproductive standardization efforts." Later in the week, several work items calling for synergy and

cooperation among SDOs were voted on to follow the JIC process.

The International HL7 Interoperability Conference (IHIC2012), the annual conference of the HL7 affiliates, was held in Vienna, Austria, Europe, September 27-28. The conference included presentations highlighting the increasing importance of mobile health and the strong drive toward standards adoption, building on world experience. For more information, please read the article by Barbara Franz in this issue.

Moving forward with semantic interoperability for ePrescriptions in the cross-border setting, epSOS organized a workshop in Copenhagen on October 10-11, where HL7, IHTSDO, and IHE participated and exchanged views on the available approach toward solving the problem. Catherine Chronaki highlighted the role of HL7 in the development of ISO Identification of Medicinal Products (IDMP), the HL7 Common Product Model (CPM), the HL7 Individual Case Safety Reporting (ICSR), as well as structured CDA templates in providing the standardization tools to incrementally advance interoperability through collaboration and coordination. David Markwell presented the work of IHTSDO on current and proposed models for pharmaceutical products. Charles Parisot presented various differences between IHE profiles for ePrescription allowing naming of medicines and the epSOS approach that is based on active substances. Sabine Brosch presented the databases and terminologies currently

Barbara Franz

Great Success for the 13th International HL7 Interoperability Conference in Vienna

By Barbara Franz, HL7 Austria

Held since 2000, the annual International HL7 Interoperability Conference (IHIC) is the international scientific forum of HL7 and now a key event of scientific research in the area of HL7 and interoperability in healthcare. This year's conference was hosted September 27-28 for the first time by HL7 Austria in Vienna – and it was a great event!

Despite the tight time frame for the preparation, the program committee, led by HL7 Austria board members Stefan Sabutsch, Alexander Mense and Peter Seifter and completed by Kai Heitmann, Bernd Blobel (HL7 Germany) and Catherine Chronaki (HL7 Greece), organized a dense program of inspiring presentations from experts around the world. Active discussions offered the backdrop for a successful conference, supporting the strengthening of networking and the creation of synergies among the thriving HL7 community.

Session topics comprised concepts and frameworks for smart interoperability infrastructure services, models for intelligent use of EHR and joint HL7 and IHE implementations at regional and national levels. Finally, no IHIC would be complete without the well-known session "Show me your CDA®".

As always, the IHIC 2012 was a perfect forum for scientists and implementers to present and discuss concepts, models and implementations for innovative interoperable e-Health solutions and the conference perfectly played the role as an interface between science, research and real world.

With over 80 participants from more than 20 HL7 affiliates around the world, IHIC 2012 followed the success of previous events. The international HL7 community took great interest in this event. Besides the affiliate chairs of Australia, Czech Republic, Switzer-

land, Germany, Italy, United Kingdom and of the host country Austria, several representatives of HL7 International, namely CEO Dr. Charles Jaffe, CTO John Quinn, Director-at-Large Jamie Ferguson, Catherine Chronaki, Philip Scott and Michael van Campen, as well as ISO TC 215 Secretary Lisa Spellman were welcomed.

One highlight of the conference was the bestowal of the Joachim W. Dudeck Award by the HL7 International Council for the best conference paper of a young author. This award – sponsored by HL7 Germany – distinguishes outstanding achievements in developing and/or implementing HL7-based interoperability solutions as well as in promoting the use of HL7 and its harmonization with other specifications. This year, the award was bestowed upon Edgar De La Cruz of the University of Cauca (Colombia), whose paper describes a reference-architecture for a nationwide exchange of CDA documents in Colombia.

In cooperation with the editorial board of the "European Journal of Biomedical Informatics," all accepted peer-reviewed contributions were published in the EJBI special issue "Standards and Solutions for eHealth Interoperability" (http://www.ejbi.eu).

See you all at the 14th IHIC in 2013 ...

HL7 in Europe, cont.

maintained by the European Medicines Agency (EMA) and possible ways that the Agency could support the cross-border exchange of ePrescriptions, an effort that would pave the way towards a European Database of Medicinal products, possibly building on harmonized national databases.

Moving closer to the end of 2012, we look back at a year full of activity, and venture forward to 2013 as year of exciting new initiatives and wider engagement as the new policy for HL7 standards and other selected IP comes into effect. 2013 is going to be an interesting year— stay tuned!

News from the
PBS Metrics Team

By HL7 International Staff Members Dave Hamill, Director, Project Management Office; Lynn Laakso, TSC Project Manager; Don Lloyd, PhD, Director of Technical Publications; and Karen Van Hentenryck, Associate Executive Director

Dave Hamill

Project Clean Up

The PBS Metrics Team would like to thank the TSC, work group co-chairs, project facilitators and everyone else that had a hand in cleaning up the long list of outstanding projects brought forth by ANSI. While this clean up is not related to the ANSI audit, this should be viewed as a warning from ANSI regarding inefficiencies in our processes. The PBS Metrics Team brought many of these stagnant projects forward several months ago and very little effort was put forward to resolve them. Going forward, the PBS Metrics Team is hopeful that HL7 can resolve these stagnant projects and process inefficiencies without ANSI intervention.

Project Health Now Part of Work Group Health

Introduced at the September 2012 Working Group Meeting in Baltimore, Maryland, the Project Health metric has been incorporated into the TSC's Work Group Health measurements.

A Work Group's Project Health incorporates four metrics from the PBS Metrics report:
- Recirculation (items which have passed Normative ballot but have outstanding negatives that will require a recirculation ballot to be published)
- Unpublished ballots (items that have passed by numbers and reconciliation has been completed but have not yet been published in the Normative Edition or on the HL7 standards page)
- Missing 3-Year Plan items in Project Insight (Work Groups that don't have any 3-Year Plan items are marked in "Red")
- Percent of Project Insight Items that are behind more than 120 days (this measurement is "Red" when the result is 67% or higher)

A Work Group's Project Health is "Red" if two or more of the above criteria are "Red".

Project Health is shown on the Report Card tab in the PBS Metrics Excel file located in GForge, within the TSC's File area (http://gforge.hl7.org/gf/project/tsc/frs/?action = FrsReleaseBrowse&frs_package_id = 169).

PBS Metrics Reports and Dashboard

The PBS Metrics reporting and dashboards are easily accessible via the Reports link on your work group's HL7.org page. The Excel report resides on GForge within the TSC's File area (http://gforge.hl7.org/gf/project/tsc/frs/?action = FrsReleaseBrowse&frs_package_id = 169).

PBS Metrics reflect the following criteria for each work group:

These metrics are available on the Reports link on your work group's HL7.org page:

1. Idle Ballots - Items that haven't balloted in a year, and are still "open" (haven't successfully completed their ballot)
2. No Recon Package - Items that have not had a reconciliation package posted.
3. Non-Advancing Ballots - Items that have gone through 3 or more ballots
4. Expired DSTUs - Expired DSTUs that have not proceeded to normative or some other ballot level

These metrics are in the Excel report located on GForge:

5. Unpublished Ballots - Items that have passed by numbers and reconciliation has been completed but have not yet been published in the Normative Edition or on the HL7 standards page

Lynn Laakso

Don Lloyd, PhD

Karen Van Hentenryck

6. Open Projects and 3-Year Plan items in Project Insight that are behind more than 120 Days
7. 'On Hold' items in Project Insight with a Next Planned Review Date more than 120 Days old
8. Work groups that do not have any 3-Year Plan Items in Project Insight
9. Project Health (as explained above in this article)
10. Unpublished CMETs - CMETs that are Finished (passed by numbers and reconciliation is complete) but unpublished (waiting for the CMET clean-up work to be completed by Andy Stechishin and Dave Hamill)

The PBS Metrics Report was created to support the HL7 Strategic Initiative to "streamline the HL7 standards de-

velopment process". It is intended to be a tool to assist work groups with managing ballots in addition to cleaning up projects and old data. By reviewing the reports, work groups can identify potential issues before they get out of hand as well as move items through balloting to a final document or standard state.

If you have any questions or comments, please direct them to any PBS Metrics team member: Dave Hamill (dhamill@HL7.org), Lynn Laakso (lynn@HL7.org), Don Lloyd (dlloyd@HL7.org) and Karen Van Hentenryck (karenvan@HL7.org

The 2012 W. Ed Hammond
Volunteer of the Year Awards

HL7 honored two members with the 16th annual W. Edward Hammond, PhD Volunteer of the Year Award. Established in 1997, the award is named after Dr. Ed Hammond, one of HL7's most active volunteers and a founding member as well as past Board chair. The award recognizes individuals who have made significant contributions to HL7's success. The 2012 recipients include:

- **Keith Boone, lead interoperability systems designer, GE Healthcare Integrated IT Solutions**
- **Grahame Grieve, national development manager, Health Intersections Pty Ltd.**

About the Recipients:

Keith Boone

Keith Boone has been a member of HL7 since 1998 and has worked diligently over the last several years to promote and support standards adoption. Boone has also been a committed member of HL7 and has relentlessly worked toward achieving the goals for which HL7 was founded. He is continually exploring new and innovative means and technologies to advance the state of healthcare worldwide, and goes to great lengths to express these ideas and concepts to the industry and public as a whole. A well-known expert in many areas of healthcare technology, with many responsibilities, Boone also commits his time to help those with less HL7 presence or experience to become familiar with the inner workings of the organization and its benefits to global healthcare improvement.

Grahame Grieve

Grahame Grieve has been a member of HL7 since 2000. Since then, he has provided clear leadership in developing and implementing HL7 standards. Grieve spearheaded development, balloting and ultimately ISO recognition of Version 3 Data Types Release 2. Most recently, he has led the development of the Fast Healthcare Interoperability Resources (FHIR) standard. FHIR represents a major innovation in HL7 standards, building on top of lessons learned with both the Version 2.x and Version 3 standards while emphasizing easy implementations. Grieve has managed bring a new level of excitement to the HL7 organization with the development of FHIR.

Congratulations

To the following people who recently passed the HL7 Certification Exams

Certified HL7 Version 2.x Chapter 2 Control Specialist

July 19, 2012
Kelli A. Barnhardt
Pat C. Bonham
Robert W. Brown
Robert B. Fogwell
Michael Germain
Kristy D. Glorfeld
Matthew W. Hesse
Lisa Hudson
Phil Lavin
Katherine Olson
Erich Schwarz
Christen M. Schweizer
Joshua Van Horn

August 12, 2012
Catherine M. Colman
Steven C. Eichner
David Laitala
Jason A. Phipps
Theresa Veach

August 24, 2012
Melanie Collins
Joel D. Watson

September 13, 2012
Steven M. Ackerman
Ozair Bajwa
Ray C. Bonds
David E. Burch
Susan J. Downer
Erin L. Holt
Richard W. Walker

October 12, 2012
Danilo B. Colop
Arthur S. French
Justin B. Hansen
Victor L. Martin
Nathan E. Rightmire

HL7 Australia

September 9, 2012
Ian M. Bull

Michael Cowey
Zi Dong
Klaus D. Veil

HL7 Canada

October 3, 2012
Christina M. Taylor

HL7 India

August 4, 2012
Saurabh Ahuja
Animesh Anand
Mr. Ajay Antony
Abhishek Ardey
Chinmay Athaley
Swati Shrikant Babar
Sanket Bhandalkar
Mitesh Bhatt
Meenakshi Chockalingam
Pinky Niket Dhirai
Ehrenfrids Ryan Fernandes
Gourav Goyal
Jasneet Kaur
Apurva Khanna
Rishi Khanna
Mr. Kishan Ashok Khatanhar
Divyesh Khimasia
Rahul Kotecha
Anoushka Kulkarni
Harshala Mandar Kulkarni
Ritesh Kumar
Irfan Md. Ismail Kumte
Pritam Kunder
Neha Mayekar
Shrutali Mayekar
Manoj Mishra
Pooja Nair
Mr. Shrikant K. Nawale
Ajay Nayak
Mr. Jitendra I Parekh
Mangesh Patil
Ms. Pragati M. Patil
Madhusudana Putta
Rajneesh P. Raikhanghar
Shyam Rajadhyax
Dilip Rajani
Shardul M. Rane
Harshita D Shah

Jinali Shah
Sejal Shah
Miss. Sneha Ashok Shendure
Vijayanand Shenoy
Soumya Shetty
Swati D Shetty
Ms. Anupriya Laxman Shiwarkar
Richa Sikka
Mr. Vipin P. Singh
Deepthi Srinivasan
Akshaya Subramanian
Shital Surve
Mr. Karan A. Thakkar
Soumya Unnikrishnan
Mrs. Disha K. Vasant
Ravindranath Venkata
Gajjar Vidhi A.
Niraj Yadav

September 8, 2012
Ankita Ahluwalia
Samuel Gottumukala
Rajaganapathy Panneer Selvam
Krishna Ravuri
Jayanthan Sundarajan

September 29, 2012
Anitha Damerla
Deepak Malpani
Bhupinder Pal Singh

October 13, 2012
Sabeeh Ahmed
Naushad Ali
Muthukumar C
Chiranth H K
Swetha J N
V J Ajeeth Kiran
Manoj K S
Amuthan M
Shashi Kumar N G
Nivedita Ram
Varun Kumar Sinha
Vivek S Vasudeva

Certified HL7 CDA Specialist

July 19, 2012
Janae N. Foss
Heather Galanos
George L. Hernandez
Igor Ignatov
Patrick K. Kendrick
Jim E. Langlois
Patrick E. Loyd
Wendy K. Scharber
Brian W. Scheller
Jennifer T. Sisto
Corey R. Smith
Nawanan Theera-Ampornpunt
Adam W. Zier

September 13, 2012
Regina M. Cullen
Zabrina M. Gonzaga
Michael D. Massey
Bob Milius
Vivek Pillai
Urvijaben Prajapati
Scott Serich
Kanwarpreet S. Sethi
Rajiv Shahi

October 3, 2012
Salman Z. Ghanvi
Sameer Jain
Vikas Kerni
Kamini K. Pattanaik
Vikas Sarmal
Xiaofeng Wu

October 9, 2012
Mary Anthony
Tom J. Bird
Joseph W. Bonazza
Eric G. Bowers
Elizabeth Houck
Timothy Leidig
Thomas B. Mathie
Denis V. Rice
Jonathan E. Shaw
Jacqueline J. Smith
Raghavan Srinivasan

HL7 India

August 4, 2012
Rahul Bajaria
Ronak Bhanushali
Indraneel Chaudhary
Adarsh Dharmavarapu
Teresa Mathew
Rohit Natraj
Neha Pathak
Ami Ramani
Shraddha Sayani
Shweta Satpalkar
Bina Vivek

HL7 Mexico

July 20, 2012
Mercedes Aguilar Rincón
Jose Manuel Castañeda Casas
Efrain Cruz Jiménez
Ana Hilda Morales Aranda
Rubi Esmeralda Navarro
   Cardona
Javier Ramos González
Gerardo Antonio Sam Ruiz

HL7 Taiwan

October 24, 2012
Johnson Huang
Wei-Fan Lee
Wei-Hui Lu

Certified HL7 Version 3 RIM Specialist

July 19, 2012
John R. Frazee
Joshua N. Robinson

September 13, 2012
Abhijeet K. Balsaraf
Diana E. Behling
Isabelle Gibaud
David P. Morris
Sukrut Phansekar
Byreddy Y. Reddy
Giuseppe Saracino

HL7 India

August 4, 2012
Geena Renjan
Priyank Shah
Akhilesh Yadav

Member Spotlight on Melva Peters

Melva Peters is the president of Jenaker Consulting and a consultant with Gordon Point Informatics. She provides consulting services to pan-Canadian jurisdictional e-Health initiatives, regulatory authorities and Ministries of Health. She is based in New Westminster, British Columbia, which is a suburb of Vancouver. Melva is also the current chair of HL7 Canada and co-chairs the HL7 Pharmacy Work Group and the Education Work Group and will begin serving as the co-chair of the Domain Experts Steering Division of the HL7 Technical Steering Committee as of January 1, 2013. Additionally, Melva is a member of Canada Health Infoway's Standard Collaborative.

Melva received a Bachelor of Science in Pharmacy from the University of British Columbia in 1983 and completed her post graduate residency in ambulatory pharmacy in 1984. Her healthcare system experience includes community pharmacy practice, ambulatory care practice as well as regulatory pharmacy practice. She is currently on the non-practice register of the College of Pharmacists of BC. From 1995 to 2005, Melva worked as the PharmaNet coordinator for the College of Pharmacists of BC. The PharmaNet system is the first jurisdiction-wide centralized computer system developed and designed to provide on-line, up-to-the-minute medication profiling, drug utilization evaluation and prescription adjudication. Although first developed and implemented for use by community pharmacists in BC, the system has now been expanded for use in hospital pharmacies, emergency departments and private physician offices.

Melva grew up in Alberta and moved to British Columbia as a teenager. She has two sisters, one brother and multiple nieces, nephews and great nieces and nephews. Melva enjoys spending time with her husband Terry and her two year old dog, a Shitzu Bichon crossbreed. She is an avid sailor, and spends the summers cruising around the British Columbia Islands on her 34-foot sailboat. She loves to travel and as a result of her participation in HL7, has had many opportunities to see new cities and countries. Melva also has a creative side – she teaches on and makes paper crafts and cards. In addition, she is an active member of Beta Sigma Phi, an international woman's social, cultural and service organization.

Upcoming INTERNATIONAL EVENTS

CDISC Asia-Pacific Interchange 2013
Singapore
February 18 - 22, 2013
For more information, please visit
http://www.cdisc.org/interchange

CDISC Europe Interchange 2013
Frankfurt, Germany
April 22 - 26, 2013
For more information, please visit
http://www.cdisc.org/interchange

HL7 May Working Group Meeting
Atlanta, GA
May 5 - 10, 2013
For more information, please visit
http://www.hl7.org/events/Working Group Meetings

Save the Date!

eHealth Week 2013
Dublin, Ireland
May 13 - 15, 2013
For more information, please visit
http://www.worldofhealthit.org/

eHealth 2013
Ottawa, ON, Canada
May 26 - 29, 2013
For more information, please visit
http://www.e-healthconference.com

medinfo2013
Copenhagen, Denmark
August 20 - 23, 2013
For more information, please visit
http://www.medinfo2013.dk/

HL7 Benefactors
as of November 28, 2012

HL7 ORGANIZATIONAL MEMBERS

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Abbott
Accenture
Allscripts
Centers for Disease Control and Prevention/CDC
Duke Translational Medicine Institute
Epic
Food and Drug Administration
GE Healthcare
GlaxoSmithKline
Hospital Corporation of America (HCA)
IBM
Intel Corporation, Digital Health Group
InterSystems
Kaiser Permanente
McKesson Provider Technologies
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Oracle Corporation - Healthcare
Partners HealthCare System, Inc.
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Gordon Point Informatics Ltd.
Haas Consulting
Healthcare Integration Technologies
HLN Consulting, LLC
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Infovide-Matrix S.A.
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iNTERFACEWARE, Inc.
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Keiper & Associates Inc
Lantana Consulting Group
Life Technologies
LMI
Logica
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Matricis Informatique Inc.
Netsoft USA
newMentor
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Octagon Research Solutions, Inc.
OTech, Inc.
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Raven Tech LLC
RedGranite, LLC
Rob Savage Consulting
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Soa Software Inc.
Society of Chest Pain Centers
Stat! Tech-Time, Inc.
Strategic Solutions Group, LLC
The Audigy Group, LLC
United Laboratory Network IPA, LLC
Vangent, Inc.
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General Interest
Aarhus University, Dept of Computer Science
Advanced Medical Technology Association (AdvaMed)
Agency for Healthcare Research and Quality
AGH University of Science and Technology
Alabama Department of Public Health
American Assoc. of Veterinary Lab Diagnosticians
American College of Cardiology Foundation
American College of Surgeons, NTDB
American Dental Association
American Dietetic Association
American Health Information Management Association
American Immunization Registry Association (AIRA)
American Medical Association
American Society of Clinical Oncology
Arizona Department of Health Services
Arkansas Department of Health
ASIP SANTE
Blue Cross Blue Shield Association
Brigham Young University
CA Department of Public Health
California Department of Health Care Services
California HealthCare Foundation
CalOptima
Cancer Care Ontario
CDISC
CEI Community Mental Health Authority

Center for Elders' Independence
Centers for Disease Control and Prevention/CDC
Centers for Medicare & Medicaid Services
City of Houston
College of American Pathologists
College of Healthcare Information Mgmt. Executives
Colorado Regional Health Information Organization
Columbia University
Connecticut Department of Public Health
Contra Costa County Health Services
Council of Cooperative Health Insurance
Council of State and Territorial Epidemiologists
Delaware Division of Public Health
Delta Dental Plans Association
Department of Developmental Services
Department of Health
DGS, Commonwealth of Virginia
District of Columbia Department of Health
Duke Translational Medicine Institute
ECRI Institute
eHealth Platform
Estonian eHealth Foundation
Florida Department of Health
Food and Drug Administration
Georgia Institute of Technology
Georgia Medical Care Foundation
ICCBBA, Inc.
IFPMA (as trustee for ICH)
Illinois Department of Public Health
Indian Health Service
Indiana Health Information Exchange
Iowa Department of Public Health
Japan Pharmaceutical Manufacturers Association
Kansas Department of Health & Environment
Kyungpook National Univ. MIPTH
L.A. County Dept of Public Health
LA County Department of Mental Health
Medical University of South Carolina
Michigan Department of Community Health Lab
Ministerio de Salud Púlica del Ecuador
Ministry of Health - Slovenia
Minnesota Department of Health
Missouri Department of Health & Senior Services
N.A.A.C.C.R.
National Association of Dental Plans
National Center for Health Statistics/CDC
National Council for Prescription Drug Programs
National eHealth Transition Authority (NEHTA)
National Health Service
National Institute of Standards and Technology
National Library of Medicine
National Marrow Donor Program
National Quality Forum
NCQA
New Mexico Department of Health
New York State Department of Health
NICTIZ Nat.ICT.Inst.Healthc.Netherlands
NIH/CC
NIH/Department of Clinical Research Informatics
OA-ITSD - Department of Mental Health
Oak Ridge Associated Universities
Office of the National Coordinator for Health IT
Ohio Department of Health
OHIO DEPT. OF JOB AND FAMILY SERVICES

Oklahoma State Department of Health
Oregon Health & Science University
Oregon Public Health Division
Pennsylvania Dept of Health-Bureau of Information
Pharmaceuticals & Medical Devices Agency
Phast
Philadelphia Department of Public Health
Primary Care Information Project, NYC Dept Health
Public Health Data Standards Consortium
Radiological Society of North America
Region Syddanmark
RTI International
SAMHSA
SC Dept. of Health & Environmental Control HS
Social Security Administration
South Dakota Department of Health
State Hygienic Laboratory at University of Iowa
State of Montana DPHHS
Telligen
Tennessee Department of Health
Texas Department of State Health Services - Lab
The Joint Commission
The MITRE Corporation
U.S. Army Institute of Surgical Research
University HealthSystem Consortium
University of AL at Birmingham
University of Kansas Medical Center
University of Miami
University of Minnesota
University of Szeged, Institute of Informatics
University of Texas Medical Branch at Galveston
University of Utah Pediatric Critical Care/ IICRC
Utah Department of Health
Utah Health Information Network
Vermont Department of Health
Virginia Department of Health
Virginia Information Technologies Agency
Washington State Department of Health
West Health Institute
WNY HEALTHeLINK
WorldVistA

Payers
AIM Specialty Health
Blue Cross and Blue Shield of Alabama
Blue Cross Blue Shield of Arizona
Blue Cross Blue Shield of North Carolina
Blue Cross Blue Shield of South Carolina
CIGNA
Coventry Health Care
Florida Blue
Meridian Health Plan
MetLife, Inc.
National Government Services
Neighborhood Health Plan
Premera Blue Cross
TriWest Healthcare Alliance
UnitedHealth Group
Valence Health
Wisconsin Physicians Service Ins. Corp.

Pharmacy
Bristol-Myers Squibb
Crescendo Bioscience
Eli Lilly and Company
GlaxoSmithKline
Merck & Co. Inc.
Novartis
Pharmaxo Pharmacy Services

Sanofi-Aventis R&D

Providers

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Akron General Medical Center
Alamance Regional Medical Center
Alaska Native Tribal Health Consortium
Albany Medical Center
Albany Medical Center Hospital
Angel Medical Center
ARUP Laboratories, Inc.
Ascension Health Information Services
Athens Regional Health Services, Inc.
Avalon Health Care
Barnabas Health
BayCare HomeCare
BHR - Behavioral Health Response
BJC HealthCare
Blessing Hospital
Bloomington Hospital & Healthcare Systems
Blount Memorial Hospital
Boston Children's Hospital
Brookdale Senior Living
Butler Healthcare Providers
Carilion Clinic
Cedars-Sinai Medical Center
Center for Life Management
Central Illinois Radiological Associates
CentraState Healthcare System
CHI
Children's Hospital Medical Center of Akron
Childrens Mercy Hospitals and Clinics
Cincinnati Children's Hospital
City of Hope National Medical Center
Cleveland Clinic Health System
Clinical Reference Laboratory, Inc.
Consultants in Laboratory Medicine
Cottage Health System
Deaconess Health System
Diagnostic Laboratory Services
East Alabama Medical Center
Emory Healthcare
Gamma-Dynacare Medical Laboratories
Geisinger Health System
Georgia Cancer Specialists, Inc.
Hendricks Regional Health
Hill Physicians Medical Group
Holy Name Medical Center
Hospital Corporation of America (HCA)
Imagine Health Centres
Institut Jules Bordet
Intermountain Healthcare
Interpath Laboratory
Johns Hopkins Hospital
Jordan Hospital
Kaiser Permanente
Kernodle Clinic, Inc.
KMH Cardiology & Diagnostic Centres
Laboratory Corporation of America
Lahey Clinic
Lakeland Regional Medical Center
Landmark Holdings LLC
Lexington Medical Center
Loyola University Health System
Lucile Packard Children's Hospital
Mayo Clinic
McDonough District Hospital
McFarland Clinic PC
Medicover
MEDTOX Laboratories, Inc.
Meridian Health
Milton S. Hershey Medical Center

MinuteClinic
MultiCare Health System
National Cancer Institute
Natural Molecular Testing Corporation
New York-Presbyterian Hospital
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Region Midt, It-udvikling, arkitektur og design
Regional Medical Center at Memphis
Rheumatology and Dermatology Associates PC
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SA Tartu University Clinics
Saint Francis Care
Saudi Aramco - Healthcare Applications Division
Seneca Family of Agencies
Seton Medical Group, Inc.
Sharp HealthCare Information Systems
South Bend Medical Foundation, Inc.
Spectrum Health
St. Charles Health System
St. Joseph Health
Steven Porter, MD
Steward Health Care
Summa Health System
Texas Health Resources
The Children's Hospital of Philadelphia
Trinitas Regional Medical Center
Trinity Health
Tuomey Healthcare System
U.S. Department of Defense, Military Health System
U.S. Department of Veterans Affairs
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UNC Healthcare
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University of Nebraska Medical Center
University of Pittsburgh Medical Center
University of Utah Health Care
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Axial Exchange
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Axxess Healthcare Consult
Aym Technologies
Beckman Coulter, Inc.
Beijing TPHY Technology Development Co., Ltd.
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Bostech Corporation
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Center for Clinical Innovation
Cerner Corporation
Certify Data Systems
Cetrea A/S
ChartLogic, Inc.
ChartWise Medical Systems, Inc.
Chillisoft Solutions
Clear EMR
Clinical Architecture
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CNIPS, LLC
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CodeSmart Inc.
Cognosante, LLC
Cognovant, Inc
Community Computer Service, Inc.
CompactSoft
Compania de Informatica Aplicata
Complete Medical Solutions
Compu Care ALP, inc.
Computer Technology Corporation
Computrition, Inc.
COMS Interactive, LLC
Conducive Consulting, inc.
Consilience Software
Core Sound Imaging, Inc.

Corepoint Health
Covidien
Covisint
CPSI
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Regulated Clinical Research
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