HL7 INTERNATIONAL®

NEWS

JANUARY 2011

UNLOCKING THE POWER OF HEALTH INFORMATION

2010 Ed Hammond Volunteer of the Year Awards

Seven members honored

HL7 honored seven members with the 14th 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, founding member and past Board chair. The award recognizes individuals who have made significant contributions to HL7's success. The 2010 recipients include:

- Hugh Glover and Julie James, HL7 UK
- Stan Huff, MD, chief medical informatics officer, Intermountain Healthcare
- Charlie Mead, MD, MSc, CTO, 3rd Millennium, Inc.
- Mark Shafarman, principal, Shafarman Consulting
- D. Mead Walker, Health Data and Interoperability, Inc.
- Pat Van Dyke, director of information, security, privacy and EDI representing Delta Dental Plans Association

About the Volunteers:

Hugh Glover and Julie James have been involved with HL7 since 2001. They received the award jointly as they are partners both personally and professionally. They have both actively contributed to HL7 for many years and have held leadership positions in the Pharmacy Work Group such as a co-chair or facilitator. Their backgrounds—James as a pharmacist and Glover's expertise in data modeling—complement each other and have brought valuable insight to HL7. Both have been involved with Version 3 development since its inception. James is also active in the Patient Safety Work Group. She currently serves as a Vocabulary Facilitator for medication and pharmacy. Glover currently serves as the Pharmacy Work Group representative on the Common Product Model project. He also serves as a Modeling and Methodology Facilitator for medication and as a Vocabulary Facilitator for CMET.

Julie James, Ed Hammond and Hugh Glover

Ed Hammond and Stan Huff

Stan Huff, MD is a long-time member of HL7 and currently sits on the HL7 Board of Directors. An international expert on vocabulary, he was one of the first co-chairs elected to lead HL7's Vocabulary Work Group, a position he held for nearly a decade. He was also one of the early co-chairs for HL7's Templates Work Group. Additionally, Huff has been elected to the HL7 Board of Directors twice, serving as chair from 2000 – 2001. Actively involved in the development of Version 3, he has served as Vocabulary Facilitator for the Vocabulary and Orders and Observations Work Groups. In 2008, Huff was named to the HL7 Roadmap Committee, and in 2009 he was elected by the Board of Directors to serve as the US representative to the HL7 International Council.

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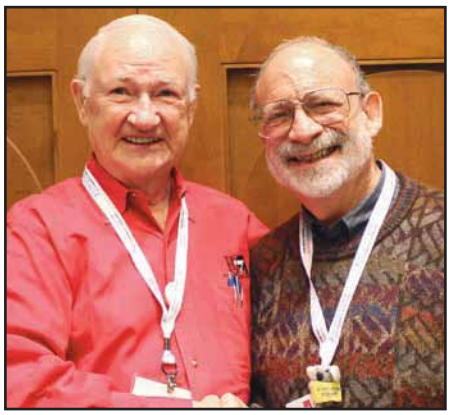
In This Issue...

Seven Members Honored, continued

Ed Hammond and Charlie Mead

Charlie Mead, MD has been a member of HL7 since 1995. He co-chaired the Patient Care Work Group for many years and later became co-chair of Personnel Management. Mead was a member of the HL7 International Board of Directors for two terms, serving one of them as Treasurer. An avid participant in the development of Version 3, he was among the initial Modeling and Methodology facilitators and has spearheaded efforts over the years to improve the accessibility and readability of Version 3.

A member of the CDISC Board of Directors, Mead has encouraged and nurtured collaborations between CDISC and HL7, and has been an active participant in the Regulated Clinical Research Information Management (RCRIM) Work Group. With support from HL7 RCRIM, CDISC, and FDA, he founded the project that developed the model we now know as the Biomedical Research Integrated Domain Group (BRIDG) model. Mead currently serves as chair of the Architectural review Board (ArB), and is instrumental in driving the development of the Services Aware Interoperability Framework, known as SAIF.



Ed Hammond and Mark Shafarman

Mark Shafarman has been a member of HL7 since 1992. He has served HL7 in almost every capacity including co-chair of the Control Query Work Group for many years, co-chair of the Templates Work Group (a position that he holds today), and as co-chair of the initial Affiliates' Council. Shafarman also held the position of the Chair of HL7 from 2004 – 2005, and served on the HL7 Board of Directors, the Technical Steering Committee, and the ArB for a number of years. He was integral in the development of the original HL7 Version 2 certification exam and currently serves as an HL7 Ambassador.

In addition, HL7's current working relationship with the European Committee for Standardization (CEN) was forged under Sharfarman's leadership, and he has served as HL7's liaison to that organization for a number of years.

D. Mead Walker has been a member of HL7 since 1993. Shortly after joining, he was elected co-chair of the Quality Assurance/Data Modeling Committee, a precursor to today's Modeling and Methodology Work Group, and to the Architectural review Board, which he chaired for nearly a decade. Walker served on the HL7 Board of Directors from 1998-1999, and has been actively engaged in the development of Version 3. He was one of the initial authors of the Message Development Framework (MDF) and its successor, the H7 Development Framework (HDF).

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Ed Hammond and Mead Walker

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Scott M. Robertson, PharmD

HL7 Organizational Relations Update

By Scott M Robertson, PharmD, Co-Chair, HL7 Organizational Relations Committee

HL7 interacts with many other standards development, professional, industry/trade and academic organizations. These interactions are key to making sure we have the appropriate interests and knowledge involved in our standards development, and that our standards are coordinated with other standards, industry initiatives and regulatory developments. While some of these relationships are casual, there are a number of formalized agreements with other organizations, currently as Memoranda of Understanding (MOUs) and Associate Charter Agreements (ACAs). The purpose of a formal agreement is to define common goals, working parameters, and, in some cases, extending some joint member benefits (e.g., conference registration at member rates).

The Organizational Relations Committee (ORC) is charged with monitoring and managing these relationships. The ORC does not "control" relationships, but we ensure that the appropriate agreements are in place, and up-to-date, as appropriate. The current agreements are posted on the HL7 website under About Us > Agreements *(http://www.hl7.org/about/agreements.cfm*

Over the past year, the ORC has been reviewing the existing MOUs and ACAs. We have found that there is little difference between an MOU and an ACA, and that there are no criteria to determine when a formal agreement is necessary. The ORC has developed a proposal to consolidate the MOU and ACA into a single document. The new paradigm would differentiate between agreements that are specific to projects and general agreements which align organizational goals and principles. That proposal is being revised in discussions with the TSC and the International Council and is expected to go to the Board during the January Work Group Meeting in Sydney.

The development work for ORC is maintained on an HL7 Wiki page *(http://wiki.hl7.org/index.php?title=Organizational_Relations_Committee)*. The ORC welcomes comments and input on this work.

Seven Members Honored, *cont. from pg. 2*

A sought after modeling expert, Walker has served as Modeling Facilitator for both the Patient Safety and RCRIM Work Groups, and been an active member of the Modeling and Methodology (MnM) Work Group for many years. He also serves as the co-chair to the Patient Safety Work Group and has participated in the Public Health and Emergency Response Work Group. Walker recently served another term on the newly-formed ArB and is the immediate past chair of the Foundation & Technology Steering Division, serving as one of that group's two representatives on the Technical Steering Committee.

Ed Hammond and Pat Van Dyke

Pat Van Dyke joined HL7 in 2003. An active member, she is deeply involved in the development of Electronic Health Record (EHR) standards. Van Dyke currently serves as a co-chair for the Electronic Records (EHR) Work Group and is the group's primary organizer. She coordinates and leads all weekly conference calls, face-to-face meetings, ballot submissions, and with the ArB, facilitates the process of tying the HL7 Electronic Health Record System Functional Model (EHR-S FM) to the SAIF. Van Dyke also co-leads the development of the dental functional profile for the Electronic Health Record System Functional Model (EHR-S FM).

HL7 Comes of Age

By Charles Jaffe, MD, PhD, HL7 CEO

Charles Jaffe, MD

2010 has brought changes in the leadership of governments around the world. In some instances, this has created a new focus on the challenges of managing healthcare in an aging population. In other countries, the obstacles to embracing a healthier citizenry has all but been lost to budget constraints and a contraction of new healthcare projects and reforms. By the time you read this, there may be new leadership in the legislative branch of the American Federal government. The direction that may take us is vague and clouded in macroeconomic philosophies. Regardless of the fiscal approach the governments everywhere may take to return to real economic growth, HL7 will continue to pursue our vision of interoperable healthcare.

Interoperability of healthcare information is not a destination. It is but one path in our journey to improve the well being of the citizens of this planet. HL7 is maturing. We have moved past our "growth spurt" years, overcome the turmoil of adolescence, and become a more mature organization. The impact of a global economic downturn does not seem to have dampened the spirit of creativity and innovation that has been such an important part of the last two decades.

Interoperability of healthcare information is not a destination. It is but one path in our journey to improve the well being of the citizens of this planet.

In order to become increasingly successful, however, HL7 must be wiser and more efficient. We must evolve a business model that sustains us beyond the wide economic swings that have been part of the last decade. As in the past, we will always rely upon the collaborative efforts with our stakeholders and with other standards development organizations. Collaboration has been a vital component of our technical development, and it must grow in the coming year. It is certainly a time during which we will be required to leverage the limited resources at our disposal.

Although governments everywhere have promised dramatic increases in spending for healthcare technology and training, those resources may be harder to obtain than many predicted. When we can share in those resources, HL7 must be wise in how we make use of them. Wisdom does not come easily. It is achieved on the road filled with wrong turns and misguided intentions. HL7 needs to learn from failures and learn to celebrate our successes. While there have been many achievements, both great and small, some may come from places that we least expect.

Our intellectual capital, expressed as the products and services that we develop, should never be recklessly abused. More than ever, we have been asked to share the achievements of HL7 and ensure that others do the same. Like any other resource, the intellectual property of HL7 must be provided with great generosity to those who need it but cannot truly afford to pay for it. At the same time, HL7 must become more adept at managing that intellectual property and at ensuring that we are appropriately rewarded for creating and nurturing and building upon those resources. In 2011, we will see some important steps toward better management of our IP and the value that it brings.

For my part, I want to thank those of you who have contributed to the great strides that HL7 was able to make in 2010. I especially applaud those who have selflessly contributed countless hours with little recognition or acclaim. I salute those organizations and the stakeholder communities that provided collaboration and many times showed the way. More than anything, so much of what we accomplished was made possible by the gift of trust. In 2011, there will be many new milestones to reach and accomplishments to commemorate. So here's a toast to HL7, "May it always be the offspring for which we can be most proud, and the parent to the many accomplishments we can only dream about."

Liora Alschuler

HL7 Structured Documents Work Group and Health Story

Looking Ahead to Meaningful Use Stage II

By Liora Alschuler, Co-Chair, HL7 Structured Documents Work Group and Health Story Project Liaison

HL7's Structured Documents Work Group (SDWG) started the Cambridge meeting looking to new projects to support the next stage of "Meaningful Use" of electronic health records. The specific project consolidates a series of HL7 Clinical Document Architecture (CDA) implementation guides. These include eight common types of clinical notes:

- History & Physical
- Consult
- Operative Note
- Procedure Note
- Diagnostic Imaging Reports
- Discharge Summaries
- Unstructured Documents (any clinical type) and
- Progress Notes

All are either Draft Standards for Trial Use or Informative Documents. All of these have been already been published with the exception of the Progress Note, which is expected to be published by year-end. The consolidation project would re-publish these documents in a single guide, including the Continuity of Care Document (CCD) templates, which are reused within the series.

The significance of the project is multifaceted:

- It highlights the reusability of CDA templates at each level: entry, section and document, an approach called "templated CDA"
- A package of guides supports ease of implementation for EHR vendors and clinical document vendors building a common platform for interoperability between the applications
- Creating a single-source document containing all the information needed will ease implementation, accelerate adoption, and be aligned with the goals of the US national program
- It provides a glide path into the next stage of meaningful use by building off existing work already in the current regulation

Regarding the last point—the development of a glide path—the Final Rule states that, "Increasingly robust expectations for health information exchange in stage two and stage three will support and make real the goal that information follows the patient." (p.35) Although specific guidance on Phase II is not yet available, the HIT Policy Committee (HITPC) recommended earlier this year that Progress Note, at a minimum, be included and stressed the importance of availability of complete electronic information at the point of care. The proposed project can make it easier to implement a fully interoperable patient record using the same framework as Phase I.

The full scope and detail of the project is yet to be determined. The project was presented by HL7 Chair Bob Dolin, MD to the International Council on the Sunday preceding the Cambridge Working Group Meeting, where it generated much interest. It is likely that the project will be initially pursued for the US Realm on the premise that it is best to establish a benchmark for realm-specific best practices and then reconcile those across domains.

SDWG co-chair Keith Boone suggested that the project include templates developed by Integrating the Healthcare Enterprise (IHE), a suggestion that was enthusiastically received.

Additional scope could include incorporation of US-specific requirements such as those found in the HITSP C32 Version 2.5. Other guides may be considered for inclusion, such as the recently-renewed Personal Health Monitoring Implementation Guide developed with the support of the Continua Alliance.

Development of the eight guides mentioned above followed HL7's open processes under the auspices of SDWG with collaboration from Imaging Integration on Diagnostic Imaging Reports and Patient Care on several note types. The work was supported in part by the Health Story Project, an alliance of associations, vendors and providers working together to open the gateway between dictated notes and electronic health records. (See *www.healthstory.com.)* Health Story is developing a Project Scope Statement to bring to SDWG and hopes to have a ballot by the spring cycle. While much work remains to be done, this project holds the potential to reconcile and resolve discrepancies across a number of implementation guides, further highlight the strengths of MDHT, augment the cooperation with IHE, and provide guidance for the industry. We look forward to an interesting and successful project!

HL7 Fellows Program Recognizes 25

Mark McDougall

By Mark McDougall, HL7 Executive Director

UPDATE FROM HEADQUARTERS

HL7 Fellows

During the Plenary meeting, HL7 announced a new recognition program: HL7 Fellowship. This program recognizes individuals who have contributed significantly to HL7 and have held continuous HL7 membershp for at least 15 years. HL7 CEO, Charles Jaffe, MD, PhD, announced the new program and congratulated the following 25 individuals as the inaugural 2010 class of HL7 Fellows:

Woody Beeler, PhD
Bernd Blobel, PhD
William Braithwaite, MD
Hans Buitendijk
Jane Curry
Norman Daoust
Gary Dickinson
Bob Dolin, MD
Jean Ferraro
Freida Hall
W. Edward Hammond, PhD
Stan Huff, MD
Bert Kabbes
Ted Klein
Virginia Lorenzi
Ken McCaslin
Clement McDonald, MD
Charlie Mead, MD
Chuck Meyer
John Quinn
Wes Rishel
Robert Seliger
Gregg Seppala
Mark Shafarman
D. Mead Walker

Volunteers of the Year Awards

It is amazing to realize that we are already in the 14th year of recognizing incredible efforts by our vast number of dedicated volunteers via our W. Edward Hammond, PhD HL7 Volunteer of the Year Awards. While there are certainly dozens of individuals who merit this recognition each year, the Awards Committee is challenged to limit the annual award to only a few. This year's recipients have contributed hundreds of hours, if not thousands, and have certainly served HL7 extremely well for many years. As Ed mentioned during the awards ceremony, we are honored and pleased to recognize this year's recipients of the W. Ed Hammond HL7 Volunteer of the Year Awards:

- Hugh Glover
- Stan Huff, MD
- Julie James
- Charlie Mead, MD
- Mark Shafarman
- Pat Van Dyke
- Mead Walker

Please see the cover story for more details.

Right: The 2010 Volunteers of the Year

Below: The 2010 HL7 Fellows

Board Election Results

One of the many changes that 2011 will bring us is a new HL7 Board of Directors. As recently announced, the election results for 2011 Board positions are as follows:

Vice Chair/Chair-elect: Don Mon, PhD
Secretary: Jill Kaufman, PhD
Directors-at-Large: Keith Boone and Ed Hammond, PhD
Affiliate Rep: Catherine Chronaki

Congratulations to these individuals. Photos and contact information for the above individuals along with the other members of the 2011 HL7 Board of Directors are provided on page 34.

Medinfo

Since 1995, HL7 has had a significant presence at the premier tri-annual international medical informatics-focused conference called "Medinfo." The location of these meetings has spanned the globe, including:

- Vancouver, Canada (1995)
- Seoul, Korea (1998)
- London, England (2001)
- San Francisco, USA (2004)
- Brisbane, Australia (2007)
- Cape Town, South Africa (2010)

This year's event was the 13th Medinfo conference and the first in Africa. The September 12-15, 2010 convention attracted about 1,100 attendees from 75 countries. HL7 had a booth in the exhibit hall and hosted our popular reception for many of the world's leaders in medical informatics.

I'd like to personally thank several HL7 members from around the globe who helped staff the HL7 booth, including Fernando Campos, Catherine Chronaki, Michio Kimura, Ed Hammond, Bob Dolin and Chuck Jaffe.

Many individuals with direct and indirect ties to HL7 also made presentations at this year's Medinfo. HL7 Board Chair Bob Dolin, MD, provided a half-day tutorial on CDA and CCD. Ed Hammond, PhD, served as panel moderator and speaker for a session on "Translational strategies for introducing health IT and standards into developing countries," along with several panelists such as Chuck Jaffe, MD, PhD.

Raju Kucherlapati, PhD

I am pleased to also report that I had the pleasure of attending the EFMI Council Dinner during the Medinfo conference. We discussed opportunities for closer collaboration between our organizations. I would like to thank the following individuals for their kindness: John Mantas, EFMI President; Jacob Hofdijk, EFMI & IMIA Vice President for Europe, and Cristina Mazzoleni, EFMI Institutions Liaison Officer.

24th Annual Plenary Meeting

HL7's 24th Annual Plenary and Working Group Meeting convened October 3-8, 2010 at the Hyatt Regency Cambridge Hotel, in Cambridge, Massachusetts. The setting on the Charles River was both wonderful and productive.

In addition to our regular Working Group Meeting with over 40 committees meeting and 25 tutorials, the 24th Annual Plenary meeting focused on the ***Future of healthcare using genomics as a key tool.*** Our first keynote speaker for this program was Raju Kucherlapati, PhD – Paul C. Cabot Professor of Genetics and Professor of Medicine at Harvard Medical School. His spell-binding keynote address focused on the implementation of personalized medicine and set the stage for the presentations that followed. Our slate of incredible speakers clearly hit a home run.

A special thanks goes to Grant Wood and the co-chairs of the HL7 Clinical Genomics Work Group for their efforts in assembling the excellent Plenary Meeting program: Joyce Hernandez, Kevin Hughes, MD, Amnon Shabo, PhD, and Mollie Ullman-Cullere.

Immediately following our plenary meeting, HL7 also produced an HL7 Ambassadors program on "HL7 and the Final Rule: Health Information Technology: Initial Set of Standards, Implementation Specifications, and Certification Criteria for Electronic Health Record Technology." This very popular session provided an overview of how HL7 will be used to achieve meaningful use and then provided high-level tutorials on HL7's Clinical Document Architecture (CDA), Continuity of Care Document (CCD) and our Version 2 standards, which are named in the Final Rule referenced in the session title. This program was one of many that week that provided MDs with CMEs.

I am also pleased to recognize these organizations that sponsored key components of our 24th Annual Plenary and Working Group Meeting.

- Beeler Consulting, LLC
- Gordon Point Informatics
- iNTERFACEWARE
- LINKMED
- Lockheed Martin
- Virtify

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

continued on next page

Update from Headquarters, *cont. from pg. 7*

Representatives from the 2010 HL7 Benefactors

addition, HL7 raised $211 for Doctors without Borders from the sales of the joke ribbons at our WGMs in 2010.

Benefactors and Supporters

We are thrilled to have attracted the all time highest number of HL7 benefactors and supporters, who are listed on pages 20 and 24. Their support of HL7 is very much needed and sincerely appreciated. Representatives from the benefactors are pictured above. A special thank you is extended to the list of firms that represent our 2010 HL7 benefactors and supporters.

Organizational Member Firms

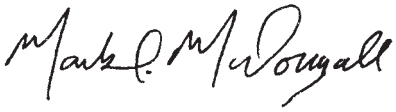
As listed on 24 - 26, HL7 is very proud to report that the number of HL7 organizational member companies is at an all time high, including 588 companies. We sincerely appreciate their ongoing support of HL7 via their organizational membership dues.

Sydney WGM

I look forward to seeing many of you in Sydney, Australia for our January 9-14, 2011 HL7 Working Group Meeting. Not only will the WGM be productive, but we will also have the opportunity to visit one of world's most beautiful cities. While there are many individuals that have played key roles related to this January 2011 WGM, I'd like to personally recognize the incredible efforts made by three individuals: Richard Dixon-Hughes, Klaus Veil and Tina Connell-Clark. They have worked incredibly hard and have devoted hundreds of hours working to ensure the success of this meeting. On behalf of the HL7 Board, I send a sincere thank you and look forward to thanking them in person down under.

In Closing

As this article will be published prior to the upcoming holidays, I wish to close with a heartfelt thank you to all of you who have made a positive difference in my life and/or in the lives around you. On behalf of the HL7 staff, we extend to you and your loved ones our best wishes for good health, much happiness, and lots of smiles this holiday season and beyond.



2011 Publishing Calendar

May 2011 Ballot Cycle

January 23	Project scope statement deadline for new content as well as committee intent to reconcile and advance status
April 4	Ballot open date
May 9	Ballot close date
May 15 – 20	May Working Group Meeting

September 2011 Ballot Cycle

May 29	Project scope statement deadline for new content as well as committee intent to reconcile and advance status
August 1	Ballot open date
September 5	Ballot close date
September 11 – 16	September Working Group Meeting

January 2012 Ballot Cycle

September 25	Project scope statement deadline for new content as well as committee intent to reconcile and advance status
December 5	Ballot open date
January 9	Ballot close date
January 15 – 20	January Working Group Meeting

Remembering Professor Yun Sik Kwak, MD, PhD (1936-2010)

Kwak Sensei

"Sensei" is a prefix to names, almost similar to "Doctor," but it has many more meanings such as a "Medical doctor," "Teacher," or a "Respected person." He was a sensei, by all of these meanings.

Dr. Kwak graduated from National Kyungpook Medical University of Daegu, Korea, which is his hometown.

Above: Miyajima Shrine, Hiroshima Japan, at APAMI Conference, November 2009.

Right: Memorial flowers sent by HL7 and other organizations.

After that, he moved to the United States and became a faculty member of clinical pathology at Case Western University in Cleveland, Ohio. Dr. Kwak was appointed as a certified inspector of the College of American Pathologists (CAP). When he visited his hometown during his sabbatical, he was strongly persuaded to be a faculty member at his alma mater, and was appointed as a professor of medical informatics.

Dr. Kwak was an excellent leader and his natural tendency was to be completely devoted to any endeavor he undertook. His involvement in healthcare informatics, and standards development in particular, was marked by the same devotion and benefitted from his leadership capabilities. Dr. Kwak founded HL7 Korea in 2002 and served as the appointed chair for ISO/TC 215 from 2003-2009. He paved the way for close cooperation between numerous standard developing organizations within and around the HL7, ISO/TC 215 and CEN/TC 251 realm. Dr. Kwak was also a natural and skilled collaborator and brought together diverse groups and interests to achieve the common objective of global healthcare.

Above all, Dr. Kwak will long be remembered as a friend and an example for all of us to follow.

Michio Kimura, MD, PhD
HL7 Japan Chair

Michio Kimura, MD, PhD

Co-Chair Q & A

By Karen Van Hentenryck, HL7 Associate Executive Director
Submitted on behalf of the Process Improvement Committee

Karen Van Hentenryck

Co-Chair Transition

A number of questions related to co-chair transition are routinely raised by work groups during the course of general business. The Process Improvement Committee (PIC) would like to take this opportunity to demystify some of these processes by referencing the relevant sections in the Governance and Operations Manual (GOM) and providing clarifying information.

Q: Do new co-chairs elected at the Working Group Meetings (WGM) take office immediately or do they assume their new role immediately following the WGM?

A: According to § 09.02.04 of the GOM (Term of Office), co-chair terms "shall commence upon validation of election results." In other words, newly elected co-chairs officially assume their new role on Thursdays at the WGM, although many work groups and newly elected co-chairs prefer to have the outgoing chair continue to chair the meetings through the end of the WGM, particularly since he or she planned the agenda. This is certainly reasonable if that's what the work group decides to do.

Q: What happens if one of our work group co-chairs resigns?

A: Co-chairs may need to resign for any number of reasons, both personal and professional. Luckily, there are processes in place to ensure that your work group can fill the vacated co-chair position without too much interruption to the group's activities.

First and foremost, the work group or resigning co-chairs should advise HQ so that the appropriate updates can be made in the office and plans for the next co-chair elections can be made.

If the need is immediate, the work group should, following its established decision making practices, bring a motion forward to fill the vacated position with an interim co-chair. Accept nominees via email and on the phone and then conduct a simple vote on your call or through email/doodle poll. The interim co-chair serves until the open position can be announced through the official 30-day call for nominations from HQ, which is distributed at least 60 days before each WGM. If a co-chair resigns after that announcement has been distributed from HQ, the interim will serve through the upcoming WGM and until the official co-chair elections at the WGM following that. Should the co-chair resign in advance of the 30-day call for nominations, the open co-chair position will be announced in the 30-day call for nominations and elections for the open position will be held at the upcoming WGM.

Sometimes, a work group decides not to fill a vacant co-chair position when a co-chair resigns. As long as the work group has made that determination according to its decision making practices, that is fine. Simply let HQ know so that this change is reflected in the database and the listservs.

Q. Our work group would like to add an additional co-chair. Is there a procedure for doing this?

A. While most work groups should not require more than 2-3 chairs, GOM §09.02.04 (Work Group Co-Chairs) provides the process for work groups that wish to add an extra chair. Once a motion to add an additional co-chair has been raised and approved according to the work group's decision making practices, the work group can designate an individual to serve as the interim co-chair until an official co-chair election can be held. Please notify HQ to ensure that their records can be updated accordingly and that your work group's co-chair elections are announced in the next call for nominations.

Q: Can a work group remove a co-chair from office? If so, under what conditions?

A: §09.02.04.03 (Removal from Office) of the GOM does allow for removal of a co-chair from office. This process outlines two conditions under which removal may be warranted: missing of two consecutive working group meetings without mitigating circumstances and less than 60% participation on the work group's conference calls between WGMs. The individual bringing forward a motion to the work group for removal of a co-chair is responsible for presenting the appropriate evidence and defending their charge; In addition, this work group business should proceed according to the work group's decision making practices. It goes without saying that while

continued on next page

Dave Hamill

News from the PMO

By Dave Hamill, Director, HL7 Project Management Office

Updated Project Scope Statement Template – Coming in January 2011

The HL7 Project Management Office (PMO) and the Project Services Work Group (PS WG) will release a new 2011 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:

- Make co-sponsor its own field in the PSS Template, Project Insight and the Searchable Project Database
- Provide for the ability to list key SDO/Profilers
- Include help text regarding Universal Realm guidelines
- Include recommended communication tasks
- Within the template area, remove Help text and Project Insight guideline text
- Refine help text in the Appendices
- Remove the 2.b Public Document checkbox

Project Health and Project Dashboard Reports

The HL7 PMO has been working with the Technical Steering Committee (TSC) to design Project Health and Project Dashboard reports. Project Health reports reflect the status of a work group's project portfolio. Project Dashboard reports provide an at-a-glance status for individual projects. The reports are based on data gathered from Project Insight, including status updates, milestone deliverable dates and balloting information.

SAIF and Sound – Fast Track to Standard Development

The Project Services Work Group continues their effort on the SAIF and Sound – Fast Track to Standard Development project (project #676). The team is identifying changes to the Project Life Cycle for Product Development (PLCPD) so as to introduce predictable, one-year approval cycles for suitably-scoped projects that leverage both methodology and architecture best-practices and builds on HL7's past successes.

Additionally, the Project Services Work Group will be working with the ArB and the SAIF project teams to create an HL7 SAIF Implementation Guide (project #TBD at press time). The SAIF Implementation Guide will provide stakeholders a clear picture of exactly what is required to use and interoperate with an organization's software components.

Have questions regarding these projects? Contact project facilitators Rick Haddorff (haddorff.richard@mayo.edu) or Ioana Singureanu (ioana.singureanu@gmail.com).

Monthly Webinars

Be sure to look in eNews for the dates and times of the monthly webinar "HL7 Project Management Tool Overview for HL7 Project Facilitators". The sessions are targeted for co-chairs and those leading HL7 projects (i.e. Project Facilitators). The webinar will demonstrate HL7 project tools including Project Insight (HL7's primary project repository), the HL7 Searchable Project Database, GForge, as well as review HL7 project processes and methodologies.

HL7 Project Tracking Tools

All of HL7's project tools, including the Searchable Project Database, GForge and Project Insight, are available on *www.HL7.org via Participate > Tools & Resources > Project Tracking Tools.*

Co-Chair Q & A, *cont. from pg. 10*

there are processes for removing a co-chair from office, these should be used with caution and discretion. Should the work group vote to remove a co-chair from office, it may appoint an interim chair to serve until the next official election. All of these decisions should be conveyed to HQ.

Q: My co-chair term is expiring at the next WGM but our work group won't be meeting there. What should we do?

A. Work groups facing this situation can decide to hold the election anyway or choose to defer the election until the next WGM. GOM §05.02.01 (Variance to Voting Process) allows for either of these two processes. Some work groups choose to move forward with their co-chair election as the election process allows for absentee voting (GOM §05.02.3). Other groups prefer to defer the election until the next WGM. HQ assumes that work groups will move forward with the scheduled election unless they are advised otherwise.

HL7 Static Model Designer Tool

Wilfred Bonney

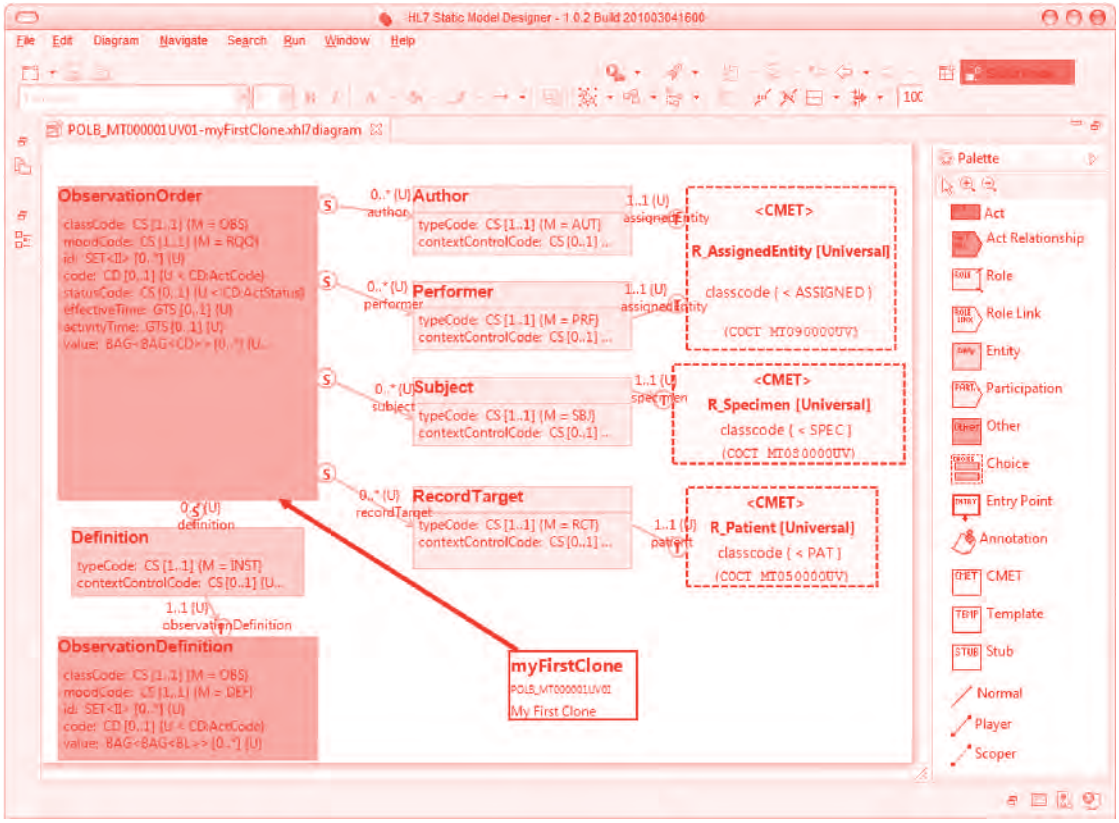
By Wilfred Bonney, HL7 Tooling Administrator

The HL7 Static Model Designer (SMD) tool is a second generation of HL7 Version 3 Message modeling tool in Eclipse platform. In its simplest form, the SMD tool is an Eclipse-based tool that enables HL7 modellers to create, validate, and maintain healthcare models based on the HL7 Version 3 messaging standard. The tool was a NHS Connecting for Health funded project developed by B2 International (B2i) as a replacement of the existing HL7 Visio-based RMIM Designer tool. These two tools have very similar features, but beginners will need to learn how to use the new SMD tool in order to get the same results.

The HL7 SMD tool functions on any 32 or 64-bit machines with Linux, Macintosh, and Microsoft Windows operating systems. The SMD tool is a standalone application that is delivered within the Eclipse (3.3 and above) platform and is usually packaged in Eclipse RCP (Rich Client Platform) with all existing MIF-based plug-ins (Instance Editor, MIF Diff, etc). The SMD tool aims to be a unified modelling workbench that aids HL7 modellers to develop HL7 Version 3 Messages, create instances, test and difference static models. Figure 1 shows a screenshot of a sample static model (e.g. POLB_MT000001UV01) designed using the SMD tool.

The Tooling Work Group has published "Beginners' Guide to HL7 Static Model Designer" documentation to aid beginners in understanding the full functionality and capability of the tool. The document can be downloaded directly from the HL7 GForge site at the URL: *http://gforge.hl7.org/gf/download/frsrelease/704/7666/hl7_smd-beginnersguide-1.0.0.zip.*

For additional assistance and comment regarding the use of the SMD tool, please send your request to wbonney@HL7.org.



A sample static model design (e.g. POLB_MT000001UV01)

Andrew Spooner, MD

Feliciano Yu, MD

HL7 Standards in Child Health

Prove Beneficial to National Efforts

By S. Andrew Spooner, MD and Feliciano "Pele" Yu, MD, HL7 Child Health Work Group Co-Chairs

Electronic Health Record (EHR) systems are often built with adult patients in mind and do not optimally support the provision of healthcare to children. In 2008, the HL7 Child Health Work Group published the HL7 Child Health Functional Profile for EHR Systems as a guide for vendors and providers in the US developing and using electronic medical record systems for child healthcare. The profile is a companion standard to the HL7 EHR-System Functional Model (EHR-S FM), and it became an ANSI-approved American National Standard in January 2009.

The profile represents consensus from the major US pediatric organizations on the critical EHR functionality for child healthcare, receiving strong support from the American Academy of Pediatrics (AAP), The American Board of Pediatrics (ABP), Child Health Corporation of American (CHCA) and National Association of Children's Hospitals and Related Institutions (NACHRI). Because of this, and the benefits of undergoing a vigorous review through the open HL7 standards development process, the profile is a valuable tool for assessing what is needed in an EHR system that might be used to care for children.

Over the previous two years, the profile has been used in two highly visible national efforts in the United States. It was first used a resource for the Certification Commission for Health Information Technology (CCHIT) as its Child Health Work Group defined certification criteria for EHR systems. The profile's criteria for topics such as immunization management, growth tracking, medication dosing, data norms and privacy were used as starting points in developing specific certification criteria for child healthcare. As of October 2010, forty ambulatory EHR vendor products are certified by CCHIT for child healthcare (list available at *www.cchit.org*).

The profile is now being used by a project that originated from the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), which calls for development of a model EHR Format for children enrolled in Medicaid or the Children's Health Insurance Program (CHIP). The legislation mandated that by January 1, 2010, the Secretary of the Department of Health and Human Services establish a program to encourage the development and dissemination of a model EHR Format for children. The project's goal is to develop a model Format, demonstrate that it can be readily used, and package it in a way that facilitates broad incorporation into EHR systems.

The Agency for Healthcare Research and Quality (AHRQ) and the Centers for Medicare & Medicaid Services (CMS) are sponsoring the project. Westat is the project's prime contractor, and subcontractors include the American Academy of Family Physicians, the American Academy of Pediatrics (AAP), Duke University, Fox Systems, Inc., Intermountain Healthcare, and the University of Maryland. The project team, which includes a panel of a dozen technical experts, is reviewing the profile's requirements as one source of information for the model Format. Three HL7 Child Health Work Group co-chairs are participating on the panel. A draft version of the Format will be available March 2011 for assessment by CHIPRA demonstration projects in North Carolina and Pennsylvania.

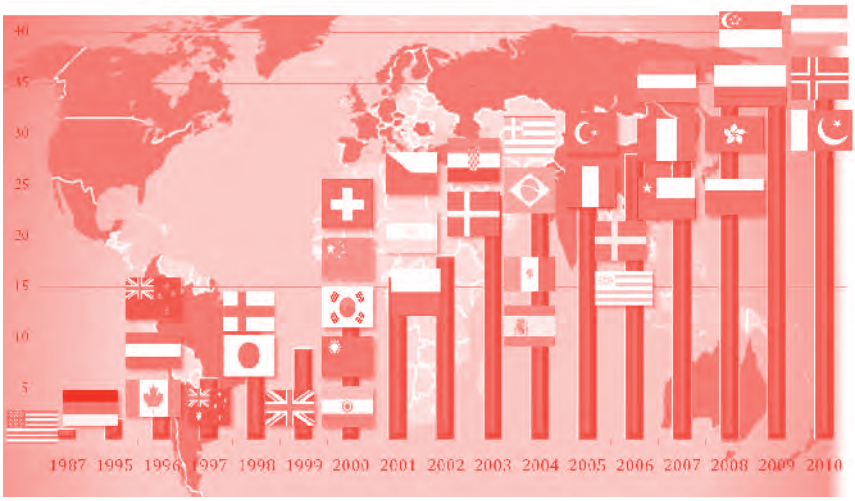
The HL7 Child Health Work Group is providing input into the work underway on Release 2 of the HL7 EHR-S FM and has plans to publish Release 2 for the Child Health Profile shortly after, incorporating good feedback from the above-mentioned CCHIT and CHIPRA efforts. For more information, contact Joy Kuhl at *joy@optimalaccords.com.*

Catherine Chronaki

Report from the HL7 International Council Meeting in Cambridge

By Catherine Chronaki, Affiliate Director, HL7 International Board of Directors, International Council Co-Chair—Affiliate Liaison

On Sunday October 3, the HL7 International Council had its open meeting attended by more than 100 participants from some 30 countries. In the opening session, co-chairs Catherine Chronaki, Robert Stegwee, and Helen Stevens welcomed HL7 Pakistan, the newest member of the International Council which aims to further promote adoption of HL7 standards in Asia.



Graphical representation depicting the growing number of HL7 affiliates

Reports from the CEO, the CTO, and the JIC followed.

Marketing Council Report

Jill Kaufman's report from the Marketing Council discussed progress on the Ambassador Program, an initiative that will be led from now on by Grant Wood, co-chair of the Marketing Council. The Ambassador Program coordinates the creation of standardized short presentations for conferences and other events to promote awareness of key HL7 technical work.

The program has recently launched a webinar series, which has been received with enthusiasm and increasing interest by the global HL7 and healthcare IT community.

Jill also reported on the University Program, which aims to increase the presence of HL7 and other health information technology standards as part of the curriculum at universities. The program recently completed the pilot of "Case of Health Care Interoperability Standards," a slide deck of 56 slides as part of the HL7 University Program Curriculum 2010. University professors around the world are welcome to contact HL7 and receive the slide deck to use it as party of their course material.

Due Diligence Committee Report

Michael van Campen, chair of the Affiliate Due Diligence Committee, reported on the dissolution of HL7 Ireland, and the strong prospects toward the creation of HL7 Puerto Rico and HL7 Bosnia Herzegovina. He also noted several weak affiliates that need support from the International Mentoring Committee, volunteers and affiliate leadership to regain momentum.

Affiliate Liaison Report

Catherine Chronaki, in her affiliate liaison report, noted several events and conferences that were organized or supported by members of the International Council: HL7 Italia Open Days (Role, September 2010), ISPHEP 2010 in Zagreb, Croatia (HL7 Croatia), HL7 Asia Pacific Conference in Taiwan, and the EFMI STC Conference in Reykjavik sponsored by the International Council.

Health Story Project Report

HL7 Chair Bob Dolin, MD, presented on the Health Story Project, a US-driven effort to standardize transcripts of clinical documents that form part of Electronic Health Records using CDA implementation guides and a rigorous conformance testing process. The presentation triggered a vibrant discussion on the transition from realm-based implementation guides to global or international ones.

HL7 Around the World

The last session allowed HL7 affiliates the opportunity to present developments from their affiliates sharing their concerns, roadblocks, progress, and success stories.

The report from HL7 Pakistan delivered by Muhammad Afzal, received warm applause by the members of the council, for the elegant design of the HL7 Pakistan website and logo, the mission

HL7 Pakistan Website

statement "to promote and facilitate the development and use of HL7 and related standards to meet Pakistan eHealth needs" and the slogan "Health with standard."

HL7 Canada Chair Michael van Campen presented HL7 developments from Canada. He revisited the Canada Infoway Standards Collaborative including ISO, IHTSDO, and HL7 Canada, which may soon include IHE Canada and possibly GS1. This fruitful collaboration and synergy has brought wide adoption of HL7 Version 3 specifications including: Chiro/Physio Claims (Ontario), Pharmacy Claims (Newfoundland, PEI), Client and Provider registries (in most regions), Diagnostic Imaging (BC/Yukon, Saskatchewan, Manitoba, Ontario, New Brunswick, Nova Scotia, PEI, Newfoundland), Lab (BC, Ontario (v2), Quebec, Nova Scotia), Pharmacy dispensation (Newfoundland, PEI, Alberta, Saskatchewan, BC (v2), Quebec), ePrescribing (Ontario, underway), Discharge Summary & eReferrals using CDA/Shared Health Record (Ontario, Nova Scotia), and Immunization (PEI, Newfoundland).

Prof. Ken Toyoda from HL7 Japan shared the fact that several HL7 standards (i.e. CDA R2 Referral document and HL7 Version 2.5 message for prescriptions and lab examination results, disease classifications) are now endorsed and subsidized by the Ministry of Health in Japan. Moreover, he stated that as part of the Regional Healthcare Revitalization Fund (3B Yen), more than 10-15% will be devoted to Healthcare Information Technology (HIT) in 90 regions. He also noted that JAMI, along with the Ministry of Health, is engaging in a road show April 16-26, 2011 to teach HIT standards and possible applications in healthcare. This policy turns out to be quite successful as the number of HIS, capable of exporting order entry data in HL7 Version 2.5 format is 594 (March 2010).

HL7 Taiwan Chair Chien-Tsai Liu reported that the efforts in Taiwan concentrate on developing transaction and profiles for the exchange of EHRs including medical imaging reports and discharge summaries, laboratory blood test orders and reports, as well as outpatient medication reports. At the same time, HL7 Taiwan contributes in assessing goals of EMR adoption. For 2010, the goal of EHR adoption within hospitals has been reached by 76%, in primary clinics 100%, and across hospitals 14%, for exchange of medical images and radiology reports.

HL7 France Chair Nicolas Canu reported on the progress of the pharmacy record project known as DP ("Dossier Pharmaceutique") that uses CDA which has gained significant momentum in several regions across France.

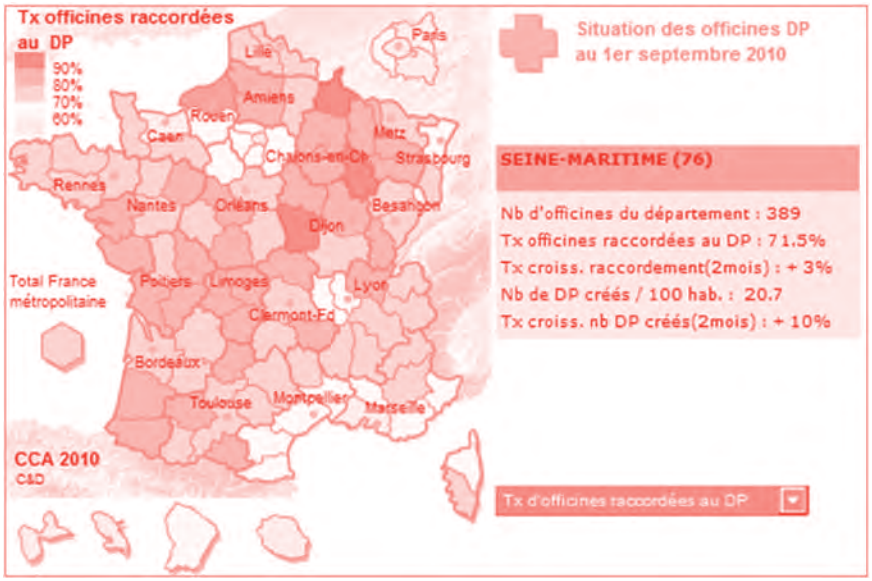
Progress can be monitored online for different regions at as can be seen online at *http://www.ordre.pharmacien.fr/DP/index9.htm.*

At the same time, the DMP ("Dossier Médical Partagé") project aims to go live in December 2010. The underlying Interoperability Framework is based on HL7 CDA plus IHE XDS, while several target profiles are planned for CDA level 3: Lab report, Anatomic pathology report, Hospital discharge report, Multidisciplinary meeting report (cancer case), Birth certificate, etc.

Nicolas also reiterated HL7 France's interest in hosting the Spring 2012 WGM.

HL7 Australia presented the International Council with the latest information on the January WGM which will be held in Sydney. For more details on this meeting, please visit *http://www.hl7.org.au/Sydney2011.htm*

The reports from HL7 Around the World in Cambridge, MA are available for download at the pages of the International Council at *http://www.hl7.org/library/committees/intl/HL7_around_the_world_oct_2010.zip*



DP Pharmacy Record Project in France

GELLO: The Domain Specific Language of Healthcare

By Dr. Andrew McIntyre (FRACP, MBBS), Director of R&D, Medical-Objects, Australia

The journey from idea to implementation can be a long one, but all long journeys begin with a single step. For Medical-Objects, that step was a research and development project to explore ways of streamlining registry reporting for lymphoma treatment in Australia. This project was sponsored by the Australian Federal Government, through their Information Technology Online (ITOL) initiative.

The project was scoped to explore options rather than determine a final solution. The initial thoughts were to hard code a GLIF-like (Guideline Interchange Format) application that enabled data collection from clinicians and subsequent transmission of summary data to a cancer registry. The process of understanding a domain is an iterative one, however, and it became clear that the final domain model would continue to change and hard coding the model and logic would not allow enough flexibility to support the iterative development of the logic. A decision was made early on to implement a framework that allowed configurable workflows and logic. Since the language "GELLO" was part of the GLIF project (GELLO is derived from "Object Orientated Guideline Expression Language") and an HL7 standard, it seemed a logical choice. The project continued in two streams with parallel development of domain modelling and GLIF/GELLO and continuous integration between the two streams.

The existing GELLO standard was very helpful; however, during the project it became clear that the language had not previously been implemented and there were errors in the grammar and documentation that needed resolution. Given that GELLO was OCL-based (Object Constraint Language), we sought out all the OCL documentation we could find for clues and read all the preceding documentation surrounding the GELLO project in HL7. The result of this work was a new Backus-Naur Form (BNF) grammar for GELLO that supported the existing examples and made production of a working GELLO compiler possible. This grammar has been successfully balloted by HL7 as GELLO, Release 2. Our journey from idea to the creation of a revised standard took four years; but the ideas behind GELLO can be traced 10 years back to the team behind the GLIF project.

GELLO is a "Domain Specific Language" (DSL) which is defined by Martin Fowler as "A computer programming language of limited expressiveness focused on a particular domain." GELLO is based on OCL and was a subset of OCL with some additions, but given recent additions to OCL, it may become a subset again. Anyone with OCL experience would have no problems writing GELLO, which is essentially the query part of OCL 2. It has the ability to query an abstract model of the medical record known as a Virtual Medical Record (VMR) and perform logic processing on the results of the query and answer a clinical question. GELLO, unlike OCL, has a well-defined BNF grammar and operators, and is optimized for dealing with HL7 data objects rather than base OCL types. This allows clinical logic to be well-defined, concise and standardized. It also creates a language for defining formulae for calculated values and quality criteria. GELLO's logic processing abilities can make the definition of quality criteria or calculated values, for example, much more natural than encoding the logic into XML constructs. Criteria or formula can then become directly executable.

GELLO can solve the "Curly Brace Problem" of Arden Syntax (i.e. standardize the content of these) and can be used as an executable clinical query and logic language from any executable environment. GELLO does not try to be a natural language environment, but rather tries to be a small precise language with unambiguous logic. An important safety feature of GELLO is that it is read-only and its limited functionality makes it safer to execute in a network connected environment. The results of GELLO expression can be returned to the medical record, but it does not aim to have this ability directly as it is a side effect of free language.

The aim of GELLO is not to replace programmers, but to allow clinicians with domain expertise to at least read, and mostly understand, the underlying logic that drives clinical decision support. This logic can then be shared in an unambiguous way. While the logic can be directly executed by a GELLO compiler, it can also be translated, either manually or automatically, into local implementation languages for use. In many cases, this is achieved by the use of a GELLO interpreter, which has been our approach.

Since we completed the original project, we have continued to find many places where GELLO solves difficult problems. Its largest real world usage is in an HL7 Version 2-based laboratory and clinical system templates for calculation of customized reference ranges and calculated values such as eGFR and the Crohn's Disease Activity Index. It is ideally suited for more complex clinical decision support. We are currently actively involved in the Virtual Medical Record (VMR) project which aims to create a standardized model for a snapshot patient history. This will allow standardized logic for a wide range of more complex clinical problems such as analysis of pedigree data and drug-disease interactions. Making VMR models executable using GELLO enables standardized, sharable logic to be developed for clinical decision support and quality criteria.

Stan Huff, MD

International HL7 Interoperability Conference 2011:

The Tomorrowland of Health

By Stan Huff, MD, US Representative to the Affiliate Council and IHIC 2011 Program Co-Chair

Call for Papers

We are currently inviting the submission of two-page extended abstracts for the 12th International HL7 Interoperability Conference which will be held May 13 – 14 just prior to the May HL7 Working Group Meeting May 15 – 20 in Lake Buena Vista, Florida. Participants will present and discuss HL7 related projects, implementation experience and deployment strategies related to the theme of the conference.

Following the success of previous IHIC venues in Brazil (2010), Japan (2009), Greece (2008), IHIC2011 aims to serve as a meeting place for more than 30 HL7 affiliates around the world as well as individuals interested in interoperability and standards, to share their HL7 implementation experience and strengthen the shared vision for a future of integrated high quality trusted eHealth services.

Topics

Appropriate to the venue in Orlando, the theme of the conference is "The Tomorrowland of Health." Specific topics include:

Meaningful use

- Security, privacy, and confidentiality
- How to generate value from incentive money
- Certification of systems
- Interoperability framework

Simulation, virtual environment

- Virtual hospitals
- Virtual training
- Robotic surgery
- The virtual patient
- Social networking

Future of Personal Health

- Mobile devices
- Home devices, Continua
- Community
- Smoking, obesity
- Beacon grants
- Behavior change
- Electronic aids for aging and independence
- PHR, Google Health, Health Vault, recreational genetics

Next generation architecture

- Next Generation EHR
- SOA in health care
- SMArt platform
- Health care and the semantic web
- Modeling: LRA, openEHR, DCMs, and Clinical Element Models

Format And Submission

Papers should be formatted according to the: IEEE format *(http://www.hl7.org.gr/ihic2008/IEEE_template.doc).*

Papers should be submitted by email to ihic2011@hl7.org by January 31, 2011
(final deadline)

Important Dates

Deadline for Submissions: January 31, 2011
Response to authors: February 28, 2011
Camera-ready papers due: March 31, 2011
Event Venue: Lake Buena Vista, Orlando Florida, May 13 – 14, 2011

IHIC 2011 Program Co-Chairs

Stanley Huff, MD, Intermountain Healthcare
William Edward Hammond, PhD, Duke Center for Health Informatics

Miroslav Koncar

ISHEP 2010 Workshop Recap

Interoperability and Standards in Healthcare – European Perspective

By Miroslav Koncar, ISHEP Program Organizing Committee and Vice Chair, HL7 Croatia

ISHEP 2010 was planned by HL7 Croatia, Croatian Society for Medical Informatics and Slovenian Society for Medical Informatics. The event was organized under the auspices of the Ministry of Health of Republic of Slovenia, and Ministry of Health and Social Welfare of Republic of Croatia. The organizers invited healthcare executives, opinion leaders, physicians, industry and solution vendors, and all other stakeholders for a two-day workshop to present and discuss best practices in standards development and implementations of healthcare IT solutions from top projects in the region. The main purpose was to exchange experiences regarding eHealth strategy execution, costs vs. benefits analysis, integration challenges, user friendliness, performance, reliability and security. Organized for the first time this year, the conference featured several distinguished lecturers and attracted more than 120 participants.

The opening welcome was delivered by Prof. Izet Aganovic, PhD, on behalf of the President of the Republic of Croatia; Dr. Andrej Orel, president of the Slovenian Society for Medical Informatics; and Mira Hercigonja-Szekeres, PhD, chair of the organizing committee.The opening keynote was delivered by Benoît Abeloos, ICT for Health Unit, DG Information Society and Media, European Commission and was entitled "eHealth Interoperability and Standardization: a European perspective".

Other presentations included:

- Jos Devlies from EUROREC on "Through functional harmonization to interoperability of EHR systems"
- Rolf Engelbrech, ProRec-DE on "Communication of EHRs and other data",
- Stanko Tonkovic, Chair of HL7 Croatia on "HL7 Standards in Croatia"
- Smiljana Slavec Voncina, CIO Ministry of Health of Republic of Slovenia on "Standardisation in eHealth project in Slovenia"
- Ranko Stevanovic, Head of Primary Health Care Department, Croatian Public Health Institute on "Primary Healthcare Information System Project in Croatia"
- Fredrik Linden, SKL/SALAR, epSOS Project Coordinator on "Cross Boarder Interoperability with Patient Summaries and ePrescribing – experiences from epSOS project"

Izet Aganovich, PhD and Mira Hercigonja-Szekeres, PhD deliver the opening welcome comments at ISHEP 2010.

Presenters for the panel discussion on "Perspectives of eHealth in Southeast Europe."

A highlight of the program was the panel discussion entitled "Perspectives of eHealth in Southeast Europe," which included representatives from the Croatian, Slovenian and BiH Ministries of Health and was moderated by Smiljana Slavec Voncina and Miroslav Koncar. The distinguished panelists, together with wider audience, discussed their experience and expectations from eHealth projects.

The second day of the workshop featured an invited talk by Catherine Chronaki on "HL7 Standards – State of the World" and educational seminars on HL7 CDA by Rene Spronk, IHE Interoperability profiles by Charles Parisot, and a EHR-Q-TN workshop by Vesna Ilakovac, Jos Devlies, Rolf Engelbrecht and Leo Ciglenecki.

More information on ISHEP 2010 is available at *http://www.ishep.org*

Upcoming INTERNATIONAL EVENTS

HL7 International Standards and Education Meeting– January Working Group Meeting

Sydney, Australia
January 9 – 14, 2011
For more information, please visit http://www.HL7.org and http://www.hl7.org.au/Sydney2011.htm

CDISC Interchange Europe

Brussels, Belgium
April 11 – 15, 2011
For more information, please visit http://www.cdisc.org/interchange

eHealth Conference 2011 / World of Health IT Conference and Exhibition

Budapest, Hungary
May 10 – 13, 2011
For more information, please visit http://www.worldofhealthit.org/

12th International HL7 Interoperability Conference

Lake Buena Vista, FL
May 13 – 14, 2011
Please watch the HL7 website for more information.

eHealth 2011: Enabling Healthy Outcomes

Toronto, Canada
May 29 – June 1, 2011
For more information, please visit http://www.e-healthconference.com/

MIE 2011

Oslo, Norway
August 28 – 31, 2011
For more information, please visit http://www.mie2011.org/

Save the date for MIE 2011

By Anne Moen, RN, PhD, Chair of the Norwegian Society of Medical Informatics and Associate Professor Institute of Health and Society, Faculty of Medicine at the University of Oslo, Norway

The MIE2011 contract between EFMI (European Federation of Medical Informatics) and FDH (Norwegian Society for Medical Informatics) was signed during the HL7 hosted reception at MedInfo2010 in Cape Town in September. MIE2011 is the 23rd European Medical Informatics conference, and takes place in Oslo, Norway, August 28-31, 2011.

Stig Kjær Andersen, EFMI Executive Officer Petter Hurlen, MIE2011 LOC Chair John Mantas, EFMI President Anne Moen, Chair of FDH, MIE2011 SPC Co-Chair at contract signing at the HL7 MedInfo reception.

The chosen theme for MIE2011, "User Centered Networked Health Care," continues discussions of current and future challenges for the health informatics field. The conference opening will commence at Akershus University Hospital, one of the technologically most advanced health facilities in Europe. We will offer interactive workshops to feature the hospital's extensive experience with advanced health technologies, as well as tours through the hospital, focusing on Health Care of the Future (HP Global Centre of Excellence), Integrated EHR, digitalized radiology and laboratory.

MIE2011 is a primary venue for the European health informatics community. Therefore, we welcome the full range of original health and biomedical informatics research and innovation. This includes health records, standards for interoperability, social software, strategies for user involvement, user-centered support to patient care, development for sustainable use, as well as new challenges when health professionals collaborate in (virtual) teams with colleagues and patients. In this regard, we look forward to collaborations with HL7 International, the European Office and national chapters to explore opportunities and topics for longer-term activities. We look forward to seeing you all in Oslo.

Congratulations

To the following people who passed the HL7 Certification Exams

Certified HL7 V2.5/2.6 Chapter 2 Control Specialist

July 15, 2010
Shamila R. Amarasekera
Nicolas S. Babiuch
Edward G. Bartholomew
Courtney L. Bush
James R. Curry
Pravat K. Das
Cathy B. DeVos
Maha A. Elomeri
Kathryn W. Garber
Raj K. Iyer
Raza H. Rizvi
Roderick D. Stitt
Bryan R. Van Hoorn

October 7, 2010
Mary E. Anthony
Christopher M. Bartholomew
Prasanth Chowdary Gottipati
Kyung Jun
Debra A. LaPierre
Atul G. Patel
Jessica L. Stensrud
Rodney D. Terrell
Shuren Wang

HL7 Canada

July 13, 2010
Hamid Babanari

HL7 India

July 17, 2010
Anjali Gupta
Dharam Veer Singh
Manpreet Singh Dargan
Pankaj Sharma
Vishal Nayyar

July 31, 2010
Arvind N. Agrawal
Abhishek Aiyangar
Aniket D. Bartake
Niranjan Deshpande
Roshan Eric Fernandes
Pooja Gandhi
Manas Goel
Puneet Goenka
Akash Gupta
Surbhit Sunil Jain
Anjali Kale
Mayank Kapoor
Anubhav Kumar
Shyam Bahadur S. Maurya
Lokesh Meena
Jiten Pujara
Vishnuvarthan S
Sandeep Kr. Upadhyay
Akhilesh Yadav

September 18, 2010
Dr. Syed Manzoor Ahmed
Syed Salman Pasha.G
Derrick Sequeira
Natasha Sony
Rajani Kumari
Tappali Ekanathan Keestu

HL7 Spain

June 30, 2010
Eduardo López
Jacinto Macías
Salvador Trujillo Sánchez
David Anaya
Mario Villacé Díez
Nicolás Francisco González López
Juan Gabriel Castillo Román

July 1, 2010
Joaquin CerdÁ Enguix
Victor Bas Sanchis
José Luis Bayo Montón
Antonio Martínez Millana
Álvaro Martínez Romero

Certified HL7 CDA Specialist

July 15, 2010
Bernard M. Chester
Phillip J. Frigo
Adam A. Gronsky
Chad E. Peterson
Luis A. Rivera

July 21, 2010
Barbara A. Collinson
Chris L. Brown
Douglas A. Clayton
Guenther C. Hertel
Hui H. Sun
Jody S. Seigle
Lynne J. Hemsteger
Marc A. Waterloo
Mary O. Jarquin
Neelima Chennamaraja
Seth J. Puckett
Sherry Z. Wang
Srinath Vala

October 7, 2010
Carmela A. Couderc
Isabelle Gibaud
Rich M. Kernan
Michael LaRocca
Bruce D. McKinnon
Thomas P. Pole
Mitra A. Rocca
Michael Tan
Nwe Ni Tun
Robert T. Yencha

HL7 India

July 31, 2010
Sameer Desai
Sanjeev Kumar
Rajesh Kisinchand Sajda

HL7 Korea

September 11, 2010
Hangchang Kim
Jeong Hun Ye

HL7 Spain

June 30, 2010
Jaime Bercianos

July1, 2010
Javier Corbin SÁnchez
Jose Colomer Gómez
Juana Caldentey
Julián César Amer Oliver

Certified HL7 Version 3 RIM Specialist

July 15, 2010
Andrei M. Garine
Sathyanarayana V Kovour
Bruce D. McKinnon
Srikanth Suri

October 7, 2010
Muhammad Afzal
Christopher E. Dedels
Robert R. Hausam
Alexander Henket
Michael Rossman

HL7 Canada

June 29, 2010
Rajan Sharma

July 13, 2010
Hamid Babanari

August 18, 2010
Eric E. Maillet

HL7 Romania

July 17, 2010
Akanksha Arora
Pooja Bansal
Jyoti Dewani
Sunil Kumar
Amit Malhotra
Sunny Sharma

July 31, 2010
Swapnil D. Bhojane
Vaishali K. Desai
Lekh Raj Meena
Ritesh Subramanian
Yagnesh Arvind Vashi
Nirmala

HL7 Spain

July 1, 2010
José Luis Bayo Montón
Álvaro Martínez Romero

Save the date for HIMSS 2011

February 20-24, 2011
Orlando, FL

Join us in the HL7 Booth (#5863) at the HIMSS 2011 Exhibit

HL7 will once again offer a variety of education sessions covering HL7 standards and current industry topics. 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 Benefactors
as of November 15, 2010

Abbott – A Promise for Life
Pfizer
accenture – High performance. Delivered.
FDA
Lockheed Martin – We never forget who we're working for
Philips
McKesson
Booz | Allen | Hamilton – 90 years delivering results that endure
GE
Microsoft
Quest Diagnostics
Centers for Disease Control and Prevention
gsk GlaxoSmithKline
NHS – Connecting for Health
Siemens
St. Jude Medical – More control. Less risk.
Duke Translational Medicine Institute
IBM
Nictiz
Thomson Reuters
Eclipsys Corporation
intel
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American Health Information Management Association
American Immunization Registry Association (AIRA)
American Medical Association
AORN
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Carilion Clinic
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Centers for Disease Control and Prevention/CDC
Centers for Medicare & Medicaid Services
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Emergency Care
Government Projects
Health Care Devices
Imaging Integration
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Patient Safety
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Public Health & Emergency Response
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Implementation/Conformance
Infrastructure & Messaging
Modeling & Methodology
RIM Based Application Architecture
Security
Service Oriented Architecture
Templates
Vocabulary

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International Mentoring Committee
Process Improvement Committee
Project Services
Publishing
Tooling

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Clinical Context Object Workgroup
Clinical Decision Support
Clinical Genomics
Clinical Statement
Electronic Health Record
Financial Management
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HL7 EDUCATIONAL SUMMITS

Gain real-world HL7 knowledge

TODAY

that you can apply

TOMORROW

What is an Educational Summit?

The HL7 Educational Summit is a a two-day schedule of tutorials focused on HL7-specific topics such as Version 2, Version 3 and Clinical Document Architecture. Educational sessions also cover general interest industry topics such as vocabulary.

March 15 –17, 2011
The Hilton Suites Chicago/Magnificent Mile
Chicago, IL

July 12 – 14, 2011
Embassy Suites Denver
Aurora Denver, CO

Why Should I Attend?

This is an invaluable educational opportunity for the healthcare IT community as it strives for greater interoperability among healthcare information systems. Our classes offer a wealth of information designed to benefit a wide range of HL7 users, from beginner to advanced.

Among the benefits of attending the HL7 Educational Summit are:

- **Efficiency**
  Concentrated two-day format provides maximum training with minimal time investment
- **Learn Today, Apply Tomorrow**
  A focused curriculum featuring real-world HL7 knowledge that you can apply immediately
- **Quality Education**
  High-quality training in a “small classroom” setting promotes more one-on-one learning
- **Superior Instructors**
  You’ll get HL7 training straight from the source: Our instructors. They are not only HL7 experts; they are the people who help produce the HL7 standards
- **Certification Testing**
  Become HL7 Certified: HL7 is the sole source for HL7 certification testing, now offering testing on Version 2.6, Clinical Document Architecture, and Version 3 RIM
- **Economical**
  A more economical alternative for companies who want the benefits of HL7’s on-site training but have fewer employees to train

Upcoming WORKING GROUP MEETINGS

January 9 – 14, 2011

January Working Group Meeting

Cliftons Meeting and Training Center
and the Amora Hotel
Sydney, Australia

May 15 – 20, 2011

Working Group Meeting

Hilton in the Walt Disney World Resort
Lake Buena Vista, FL

September 11 – 16, 2011

25th Annual Plenary and Working Group Meeting

Town and Country Resort and Convention
Center San Diego, CA

January 15 – 20, 2012

Working Group Meeting

Hyatt Regency on the Riverwalk
San Antonio, TX

PLEASE BOOK YOUR ROOM AT THE HL7 MEETING HOTEL

HL7 urges all meeting attendees to secure their hotel reservations at the HL7 Working Group Meeting Host Hotel. In order to secure the required meeting space, HL7 has a contractual obligation to fill our sleeping room block. If you make reservations at a different hotel, HL7 risks falling short on our obligation and will incur additional costs in the form of penalties. Should this occur, HL7 will likely be forced to pass these costs on to our attendees through increased meeting registration fees.

Thank you for your cooperation!