



# *HL7—An Update & Outlook*

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*John Quinn*

*HL7 CTO*

*January 30, 2008*



# *HL7 in 2008*

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- **Membership: 2,159**
- **Affiliates: 31**
- **Meeting Attendance:**
  - **January 2008 (San Antonio): 553**
  - **September 2007 (Atlanta): 530**
  - **May 2007 (Cologne Germany): 372**
- **Next Meetings:**
  - **May 2008: Phoenix**
  - **September 2008: Vancouver Canada**

# HL7 Affiliates



Argentina

Spain



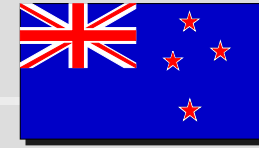
South Korea



Romania



New Zealand



Mexico



Australia

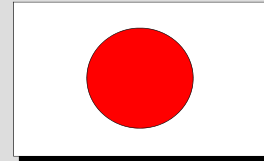
Sweden



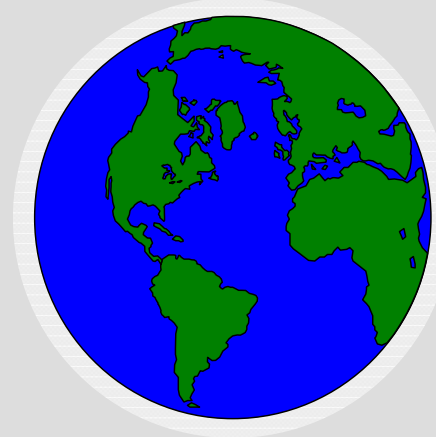
Austria



Japan



*And growing*



Uruguay



Italy



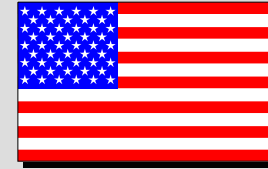
Brazil



Switzerland



United States



Ireland



Canada



Taiwan



China



Turkey



United Kingdom



India



The Netherlands



Greece



Croatia



Czech Republic



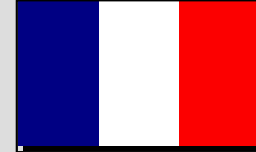
Denmark



Finland



France



Germany





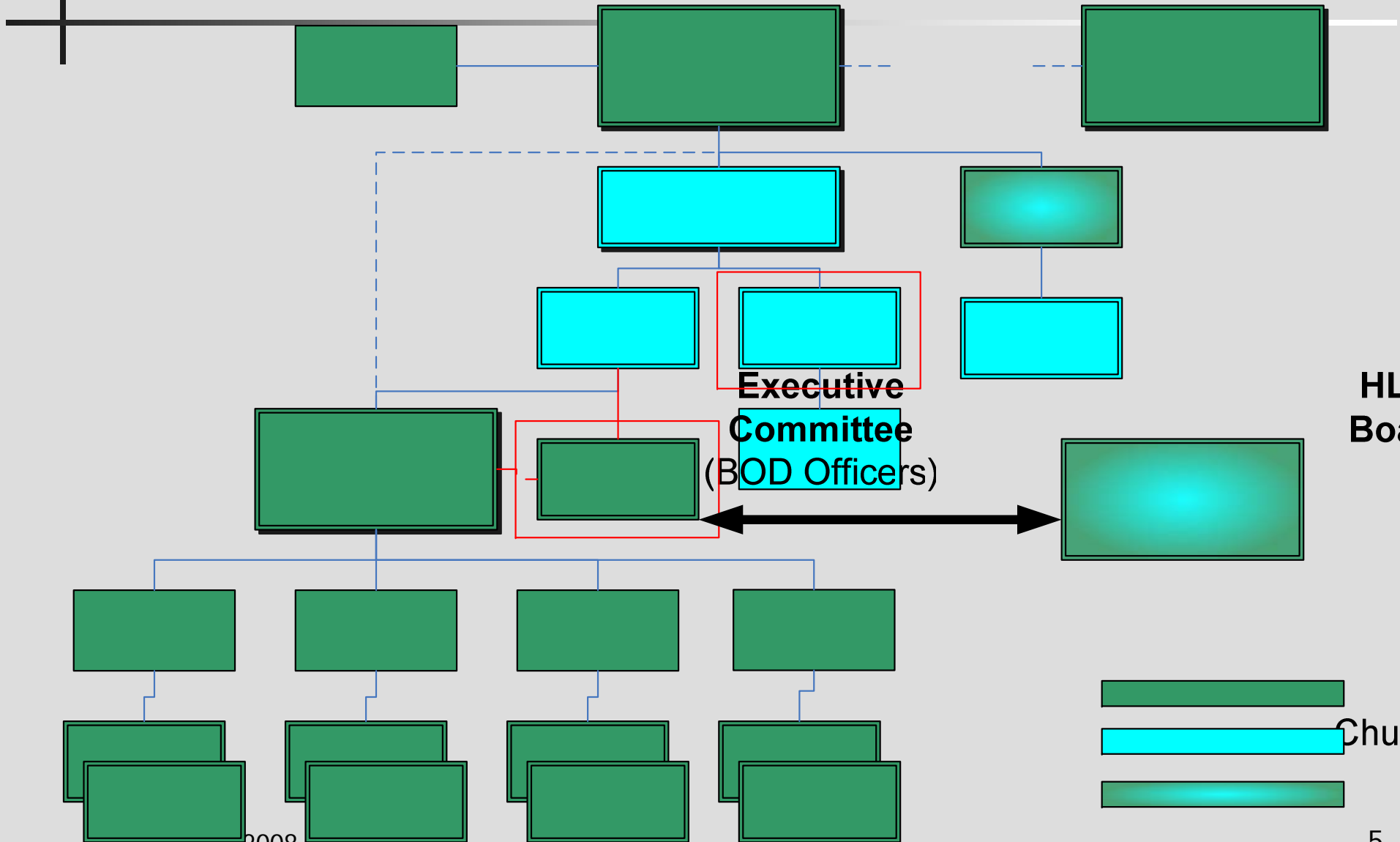
# *HL7 Reorganization*

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- **The reorganization strategic initiative was completed in 2007**
  - **From Intel: Chuck Jaffe MD PhD hired as CEO**
  - **From Accenture: John Quinn hired as CTO**
  - **Board restructured to include 'outside' board members**
  - **Technical Steering Committee and CTO created to guide and manage the creation, and maintenance of HL7 products and services**



# *HL7 Organization— A change in process*



HL7 Int  
Board of

Chuck Ja



## *HL7's Vision*

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*To create the best and most widely used standards in healthcare.*



## ***HL7's Mission***

HL7 provides standards for interoperability that improve care delivery, optimize workflow, reduce ambiguity, and enhance knowledge transfer among all of our stakeholders, including healthcare providers, government agencies, the vendor community, fellow SDOs and patients. In all of our processes we exhibit timeliness, scientific rigor and technical expertise without compromising transparency, account-ability, practicality, or our willingness to put the needs of our stakeholders first.



# *HL7's Industry Advisory Board*

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- **Advisory to HL7's Board of Directors**
- **Conference Calls each month and a yearly face-to-face meeting**
- **A wider stakeholders group that includes the IAB is now instrumental in developing HL7's Roadmap**
- **IAB & Stakeholders Members include:**
  - **Cleveland Clinic Foundation, Intermountain Healthcare, Kaiser Permanente, Mayo Clinic, Partners Healthcare, Quest Diagnostics, Vanderbilt University, University of Manchester (UK), eHealth Initiative, Epic, General Electric, GlaxoSmithKline, McKesson, Oracle, Siemens, United Healthcare, Australian eHealth Transition Authority, UK NHS, Canada Health Infoway, US Department of Veterans Affairs...and more**





# *Current HL7 Work Groups*

- Architectural Review Board
- CCOW
- Clinical Decision Support
- Education
- Electronic Health Record
- Electronic Services
- Financial Management
- Implementation/Conformance
- Infrastructure and Messaging
- International Affiliates
- International Mentoring
- Marketing
- Modeling and Methodology
- Orders/Observations
- Organization Review Committee
- Outreach Committee for Clinical Research
- Patient Administration
- Patient Care
- Process Improvement
- Publishing
- Regulated Clinical Research Information Management
- Scheduling and Logistics
- Security
- Structured Documents
- Tooling Committee
- Vocabulary

- Anatomic Pathology
- Arden Syntax
- Attachments
- Cardiology
- Clinical Guidelines
- Clinical Genomics
- Clinical Interoperability Council
- Community Based Health Services
- Conformance
- Emergency Care
- Generation of Anesthesia Standards
- Government Project
- Health Care Devices
- Imaging Integration
- Implementation Technology Specification
- Java
- Laboratory
- Patient Safety
- Pediatric Data Standards
- Pharmacy
- Public Health and Emergency Response
- Services Oriented Architecture
- Template

- Other:
- Ballot Task Force
- Clinical Statements
- Common Message and Element Types
- Dynamic Model
- Harmonization
- HL7Terminfo
- Services BOF
- Tooling Collaborative



## *Major Recent Developments*

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- SOA Consortium, OMG and HL7 Offer Workshop - SOA in Healthcare:
- HL7 Appoints Three New Board Members
- HL7's Personal Health Record Functional Model Approved as a Draft Standard for Trial Use
- HL7, America's Health Insurance Plans, and the Blue Cross and Blue Shield Association Sign MOU to Collaborate on Portability Standards for Personal Health Records
- HL7's Newest Specification (EHR-S Profiles and PHR-S Functional Models) Moves U.S. A Step Closer to the Reality of Online Medical Records



# *Our Formal Collaborations*

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# *HL7's Current Organizational Collaborations*

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- ISO TC 215
- CEN TC 251
- ASC-X12
- ADA
- AHIP
- ASTM
- SAFE
- CHCF
- CDISC
- SNOMED
- DICOM
- eHI
- GS1
- IEEE
- IHE
- Liberty Alliance
- Medbiquitous
- NCPDP
- OACIS
- OMG
- UNLV
- WEDI



## *ASC-X12 / WEDI*

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- The HL7 Attachments SIG is showing volunteer fatigue after 12 years work on HIPAA 275 Attachments without yet seeing final rules publishing.
- The Mayo Clinic and Montifiore have been early adopters of the proposed HIPAA 275 X12/HL7 CDA based attachment transactions. The have seen as much as 30 days faster turnaround have continued this use after the trial period.



## *ASC-X12 / WEDI*

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- Education about HIPAA, its transactions and its other rules is becoming a more urgent need.
  - Elements of HIPAA have yet to be implemented (e.g., 275). This transaction is clearly more complex and has far more potential elements than previous transactions.
  - The 12 years that has passed since HIPAA was created is in itself creating a knowledge gap with the most knowledgeable resources becoming less available.



## *ASC-X12 / WEDI*

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- **HL7 along with Blue Cross Blue Shield Association (BSBSA) and America's Health Insurance Plans (AHIP) are working together to leverage the HIPAA 275 transaction with the HL7/ASTM Continuity of Care Document to move member information between plans when an individual changes health plans.**



## *ASC-X12 / WEDI*

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- The HIPAA legislation and the existing processes for updating and revising rules are cumbersome, expensive and slow.
- Vendors will not implement without published final rules and dates. Much as they won't implement HL7 without balloted published HL7 Standards.





## *Clinical Data Interchange Standards Consortium (CDISC) & Regulated Clinical Research Information Management (RCRIM)*

- The eClinical Forum has been working with pharmaceutical companies, CDISC, HL7 EHR Committee and European Q-Rec to develop a Clinical Research Profile to augment the EHR Functional Profile.
- The Biomedical Research Integrated Domain Group (BRIDG) model is the domain analysis model that CDISC initiated in 2004. It is now a collaborative, open project supported/governed by CDISC, HL7, The National Cancer Institute and FDA; it is the HL7 RCRIM Domain Analysis Model.
- The CDISC-HL7 Charter (originated in 2001) update was very recently signed and re-emphasizes harmonized clinical research (CDISC) and HL7 standards. CDISC standards are referenced as specifications in FDA Guidance and in the Critical Path Initiative.



# *HL7's Roadmap*

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# *Roadmap*

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- **A current Board Initiative to create a Business Plan for HL7 going into the Future.**
- **Based on recommendations from our Stakeholders, our Members.**



# *Sample Major Roadmap Principles*

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- HL7 must measure success through the users of HL7. This includes the relative rate of adoption of a product when measured against the potential user pool.
- HL7 Standards and Technologies are founded and managed by a set of Architecture principles that help to assure that they are internally congruent, consistent with appropriate measures of quality and have been prepared according to the appropriate approved HL7 associated methodology.



# *Sample Major Roadmap Principles*

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- The continued development of the Standards, implementation guides and other technologies of the V2 family are critical to the maintenance and continued effectiveness of the legacy systems of our stakeholders.
- The development of V3 will continue to maintain its current global trajectory across all realm-specific domains and will not be focused on the specific requirements of any single constituency. Realm-specific requirements and development should be incorporated into and harmonized with the global V3 standard.



# *What Should NCVHS Do?*

- **Do all that you can to revitalize HIPAA, its rules and its processes.**
  - **Finish the unpublished original rules**
  - **Help DHHS and Congress see the importance of a more streamlined maintenance process**



# *What Should NCVHS Do?*

- Recognize and report that although the US's Healthcare Finance system maybe different than other countries, the Science of Medicine, clinical processes practiced and Healthcare Information Technology used in the US are also largely the same in other countries.
  - There is a lot that we (the U.S.) can gain and learn by collaborating with other countries in creating the Clinical Messaging and Terminology Standards that we all need.



# *Questions?*

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