

Health Level 7 - Working Group Meeting Report

San Antonio, January 12 - 17 2003

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Introduction

This is a report of my involvement in the HL7 Working Group Meeting held in San Antonio Texas between the 12th and 17th of January 2003 and at the associated ISO-TC-215 Working Group 2 meeting where I was an observer.

My travel and accommodation expenses were supported by HL7 Australia, as the nominee of SA-IT-14-6-5, under an arrangement with the Commonwealth Department of Health and Ageing Quality Use of Pathology Program (QUPP). Michael Legg and Associates however, was the principal sponsor of this trip covering the time involved.

Despite 7 years involvement in HL7 standards development this was my first attendance at the US Working Group meeting. It was, however, not the first time that a representative supported by QUPP has participated.

This report is intended to fulfil the requirements of the travel grant guidelines of HL7 Australia to report on the meeting within 6 weeks of return including transferring information to the appropriate Standards Australia working groups.

An interim report was distributed to the HL7 list January 16. This final report will be presented to meetings of HL7 Australia March 5, to SA-IT-14-6 February 18, SA-IT-14-6-5 March 7, and DoHA Pathology Section February 27.

Scope of Participation

The HL7 Working Group meeting included 30 Technical Committees and Special Interest Groups and 20 other meetings. The program and descriptions of the purpose of each group together with the agendas can be found at <http://www.hl7.org/events/sanantonio012003/index.asp>

Reflecting the activity in pathology informatics in Australia I participated in the following HL7 Technical Committees and Special Interest Groups:

- Orders and Observations (OO) TC
- Modelling and Methodology TC
- Vocabulary TC
- Automated Laboratory and Point-of-Care-Testing SIG and
- Clinical Guidelines SIG
- Electronic Health Records

I was also a member of the Australian team at the International Affiliates Meeting, attended the HIMSS demonstration, observed at the ISO TC-215 WG2 meeting and attended tutorials on LOINC and SNOMED.

Outcomes of Meeting

Much of the time of the OOTC was taken up with resolving ballot responses to v2.5. In the end it was felt there were no remaining substantial issues (here or in other working groups) that could not be resolved by dialogue with those that weren't able to attend the working group meeting. Because of this it was expected that v2.5 would be published within the next couple of months.

Relevant to Australia Pathology and the issue that we have had with the routing of pathology reports to an individual within an institution, version 2.5 resolves that MSH-23 and MSH-24 be used for receiving and sending organisation responsible for action (taking it up to 3 sending and 3 receiving identifiers). MSH-23 would be used for the specific receiving practitioner. The path forward will be to specify this in the V2.3.1 Aus standard and user guide despite not being part of v2.3.1.

Little progress was made on Microbiology this meeting owing to the non-attendance of two prime movers in the Microbiology discussions.

LOINC has released version 2.08 which features more "batteries" but is still somewhat immature and incomplete for ordering. It was noted in the meeting that LOINC are moving toward implementing hierarchies and that there will be more generic codes introduced. Segment 6 (the method) is now optional and should only be specified where it is clinically relevant. It will take a year for the changes to appear.

There has been an undertaking to provide, and a keen interest to receive, the output of the Australian work on request and report codes and the web site used for their maintenance.

There is every indication that an all of country deal has been done between SNOMED and the US Government. The official announcement awaits the voting of funds from Congress.

On of the other meetings to take place in association with the HL7 working groups was a meeting of DICOM and there were moves afoot to integrate the DICOM structured report with HL7 CDA.

At the ISO TC-215 WG2 meeting Ed Hammond for the US presented three ANSI standards from HL7, namely v2.4, HL7 RIM, and the V3 Framework to ISO for consideration as international standards. From the discussion the only impediment for adoption was that some of the member countries had elements of the Standards that they would not want to have as a flow-on mandatory standard eg Japan with their Enterprise Information Model which is different to the HL7 RIM. Of the Standards discussed V2.4 is the most likely to get up.

Outside of the formal meeting structure a number of useful contacts were made. In particular there were discussions around the next HL7 Australia Summit Agenda and with speakers yielding the final program. Also discussed was the possibility of mounting in Australia the demonstration undertaken by HL7 each year in which around 20 vendors come together and over one week work to a scenario to show interoperability actually happening.

Evaluation of Benefits and Difficulties of Continued Participation

Beside the sheer intellectual power and experience of the attendees at this meeting, what impressed most was just how international HL7 has become and how broad the domain of activity in standards development is now. It seems clear to me that this group is going to be the source of most health informatics standards for the foreseeable future.

Australia is making an important contribution in most areas and carries a degree of prestige and weight in its participation well beyond our due based on size alone.

Recommendations and Actions

In my opinion it is vital that Australia continue to participate at least at the current level of activity in this important forum, both because of its own self-interest as a developer, purchaser and exporter of health information systems but also in its role as a good world citizen in contributing to work that the best brains in the world reckon is going to lead to improved health outcomes.

What is also clear is that for Australia to gain the most benefit there is a need to improve the knowledge and awareness especially in the areas of modelling and vocabulary. This should be pursued through HL7 Australia in its summit and education program but also in terms of national manpower development and resourcing.

It would be in Australia's interest to support the adoption of the HL7 standards that have been offered to ISO as it appears to be aligned with our own developing policies.

Australia should join the US in embracing SNOMED. SNOMED and LOINC need to be harmonised. The Australian work on pathology request and report codes needs to be incorporated.

Michael Legg, 15-Feb-2003