

## **Report from the Australian Delegation to the HL7 Working Meeting**

**Cleveland Ohio, April 27 – May 2, 2003**

401 registrants including, 70 International (12 Australia +1 NZ) attended 31 Technical Committees and Special Interest Groups and 17 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/cleveland042003/index.asp>

Version 2.5 finally appears to have passed ballot including resolution of the Australian major negatives for pharmacy. All Australian input to this version has been included.

Version 3 ballot resolution continues, with another 3 ballot cycles expected. A number of trial implementations are in progress in the UK, The Netherlands, Japan, etc.

Australia participated actively in both ballots and was one of the major balloters of V3, to ensure that the design concepts and technical detail is compatible with Australian requirements.

The group of HL7 Affiliates has been further enhanced with the re-affirmation of New Zealand and Turkey as Affiliates and the admission of Mexico as a new Affiliate.

### **Vocabulary:**

HL7 vocabulary TC has recommended that there should be vocabulary domain standards in each realm/context (eg. UK, USA Veterinary) which apply across health domains eg. the same drug identifiers used in GP, Community, Specialist and Hospital domains. From a HL7 perspective this affects the process of validation or conformance to HL7 standards. This will require consideration for action in Australia in relation to existing V2.x standards.

HL7 is progressing with a structured approach to downloading HL7 maintained and registered vocabularies. A central terminology service is being developed both as a physical repository (based on LDAP server model) and a common API specification.

The US Government (in addition to other health standards development processes) has established a cross Departmental process called Consolidated Health Informatics (CHI) linking primarily Health, Defence and Veterans Affairs. This set standards directions for Government agencies and will act as an influence on industry and opportunity for Government leadership without recourse to regulation. Standards have already been released for messaging (HL7v2 and v3 to be fasttracked). It should be noted that all the major US Government agencies are active participants in several HL7 standards areas.

The negotiations regarding a national US SNOMED-CT licence have concluded and are being processed.

### **Medication:**

Australian recommendations for revisions to Version 2.5 were accepted with thanks. Contacts with officials from the Centres for Disease Control indicate a readiness to accept new immunisation codes.

Australian contributions to the ballot (new story boards and interaction diagrams) did not get published and are being used as the basis for development for the next ballot.

Work is progressing in UK and Netherlands on V3 implementation in medication related areas.

### **Referral:**

After working through storyboards and activity diagrams the Patient Care TC was able to secure the change of mood code from order to request as required for Referral has been accepted.

Further work has been done on the Storyboards, domain UML Class model, and Activity diagrams as started within IT 14/6/6. The RMIM has been developed to support Shared Care and Referral and the Patient Care TC will include these in the coming ballot after further work by members over the next 6 weeks. The Australasian team also undertook refinement and further development of the storyboards, activity diagram, and RMIM. This will be continued within IT 14/6/6 in the next few weeks.

IT 14-6-6 working group met twice in the evenings, joined by a number of international delegates, to further develop the domain model R-MIM and resolve recently discovered outstanding problems with V2 Referral message.

The Structured Documents TC has reviewed our proposals for enhancements to the CDA Release 2 specification necessary to support Referral. Again further discussion of some of these items on the list server has been requested and will start next week. The TC wants our work included in the coming ballot so that Referral can be represented in CDA as well as V3 messaging.

UK and Finland have joined the Australasian effort on Referral, Finland for CDA and UK for both this and V3 messaging.

### **Clinical Decision Support:**

Clinical Decision Support has, at this meeting, engaged the HDF methodology, which we have been recommending at all the recent meetings. This is an important step to resolve the impasse between competing guideline approaches and difficulties in the overall direction of HL7 Decision Support. It also provides a mechanism for Australasian requirements to be accommodated. Australasian members will work on application of the HDF methodology particularly the requirements and activity diagram.

We have begun exploratory discussion with TC members from the US and UK regarding the delivery of Guideline and Decision Support conference sessions at the coming HL7 meeting in Australasia.

### **“Orders”:**

The term used for a mood code has been changed from 'order' to 'request' after 2 years lobbying. This was approved by the V3 Facilitators Round Table meeting.

### **Various V3 Issues:**

Substantial progress has been achieved on issues raised by Australian attendees. Some of these include simplifying the V3 Dynamic model, upgrading the descriptive content of the V3 components, improving the navigation and presentation of the ballot material. As some of these improvements require changes to the tooling, they may not be evident in the next V3 ballot cycle.

Significant work has been done in Patient Care Technical Committee to develop ballot content for a Patient Care domain in the next ballot release. This will include a message for a referral and a discharge summary. Significant amount of this work has been and will continue to be done by the Australian and New Zealand contingent outside of this meeting.

The Australian RIM ballot responses were reviewed and a few issues were accepted with modification whilst the others (the more significant issues) were found as "Not Persuasive" for this version of the RIM. It was acknowledged that they were issues but would be deferred to a later version of the RIM. This was accepted as long as there was a process in place, which would allow the RIM to evolve and be improved. This item was discussed later in the week and guidelines were documented to indicating what can be changed without re-balloting the RIM and others that would require them to be approved via the balloting process.

A few out of committee meetings were held to provide a mapping of OpenEHR archetypes to V3 RIM structures, which evolved towards a preliminary proposal. A series of RMIM extracts were developed to have a one to one mapping from the OpenEHR List\_s, Single\_S, Tree\_S, Table\_S and History structures. These can be used as a pattern to represent an instance of an Archetype such as an Full Blood Count. These structures are valid constrained models of a Generic Archetype RMIM extract that may be proposed as an alternative Observation message representation when the required lobbying carried out. An outcome of this may be a Archetype CMET.

Sunday afternoon and evening included a tools training session, which took a room full of people from the writing of storyboards, drawing RMIM diagram, creating HMD's and generating XML Schema's. This should improve the number of people who have the capability to produce the V3 artefacts including a group of Australians.

This Working Meeting has been even busier than every before, as the V3 work moves towards completion. While there are certainly modelling and methodology issues with the current V3 ballot, it is approaching implementability. The infrastructure has taken leaps and bounds towards a workable standard:

- \* XML Data types are expected to pass Normative ballot
- \* Abstract Data Types are expected to pass Informative ballot
- \* several issues with the schemas have been resolved

\* a number of issues with the tools have been identified and will be fixed before the next ballot

Dick's comments about the dynamic model were listened to at MnM and we should expect to see improvements in the next ballot, though it is not clear how quickly these changes can happen

**Education:**

The Education committee (a Board appointed committee) now has two distinct roles; programming for meetings and broader education activities. Australia has influenced the committee to put on the agenda the development of curriculum guidelines, tutorial quality assurance, and collaborative education delivery. There was also a commitment to the preparation of a basic text and upgrading the HL7 website to include links to all available resources and publications. The subject of availability of all education materials was discussed (including making freely available HL7 Tutorial materials to all Affiliates although this depends on existing copyright restrictions).