

# Health Level 7 Working Meeting Report

Memphis, September 7 – 12, 2003

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## *Introduction*

This is a report of my involvement in the HL7 Working Group Meeting held in Memphis, USA, September 7 – 12, 2003.

My travel and accommodation expenses were supported by HL7 Australia, under an arrangement with the Commonwealth Department of Health and Ageing. As Chair of the Australian HL7 Affiliate, my meeting fees were waived. My consultant company contributed the time involved.

I have been attending HL7 Working Meetings since 1997.

This report is intended to fulfil the requirements of the travel grant guidelines of HL7 Australia to report on the meeting and disseminating information to HL7 Australia and the appropriate Standards Australia working groups.

An interim report was distributed to the HL7 Australia list and IT14-06-xx lists on 10 September 2003. This final report will be presented to meetings of HL7 Australia and IT14-06-03.

## *Scope of Participation*

>480 registrants including over 90 International attended. The program and descriptions of each group together with the agendas can be found at [www.HL7.org/events/memphis092003/index.asp](http://www.HL7.org/events/memphis092003/index.asp).

Reflecting the activity in HL7 messaging in Australia I participated in the following HL7.org Committees, Technical Committees and Special Interest Groups:

- International Committee (as Co-chair)
- Technical Steering Committee (as PA Co-chair)
- HL7.org Board (as Int. Representative)
- Patient Administration TC (as Co-chair)
- Publications Committee (as Co-chair)
- Control/Query TC
- Process Improvement Committee

## *Outcomes of Meeting*

### **HL7 V2.5**

V2.5 is in the process of being published and is expected to be available in September/October

## **HL7 V2.6**

The next V2.x release is progressing well with some Australian inclusion to expand tables and improving consistency of implementations in Australia. It is expected to be closed off in 2004.

## **Version 3**

Balloting and ballot resolution continues, with at least another 3 ballot cycles expected. A number of trial implementations are in progress in the UK, The Netherlands, Japan, etc. Australia continues to be one of the major balloters of V3, to ensure that the design concepts and technical detail is compatible with Australian requirements.

## **International Committee**

The group of HL7 Affiliates has been further increased with enhanced with the Ireland and Spain being admitted as new Affiliates. An application from Poland is expected soon and momentum in France to establish an Affiliate is growing.

The HL7.org Board has a broader international representation with now three non-US members:

International Affiliates representative: Kai Heitmann - HL7 Germany (KV served the max. 2 terms)

Full board members: Jane Curry - HL7 Canada; Klaus Veil - HL7 Australia

The International Committee met on Sunday from 9:00 to 5:00 with over 60 attendees. The main agenda items worked on were:

- ISO TC215 report (Woody Beeler)
- Version 3 progress report (Woody Beeler)
- Reports from International Liaisons to various technical committees and SIGS were received.
- International Liaisons are:
  - Robert Stegwee (HL7 The Netherlands) - Process Improvement Committee
  - Peter MacIsaac (HL7 Australia) - Vocabulary Technical Committee
- Reports from the International Affiliates were also received.
- A re-organisation of the International committee with 5 future co-chairs was also agreed.
- For the first time it was agreed to hold an Int. Committee Chairs lunch on the Thursday to progress issues that surfaced during the Working Meeting.

## **Technical Steering Committee Meeting**

The Technical Steering Committee consists of all TC and SIG co-chairs; it met on Monday night from 5:30 onwards.

The main issues handled were:

- The TSC approved a committee ballot of 2.6 following the May 2004 Working Group Meeting
- "Patient Safety" Special Interest Group - approved.
- "Paediatric Data Standards" Special Interest Group - approved.
- Decision Making Procedures (DMP) document: work completed by PIC and distributed for TCs and SIGs to approve and adopt.

## **HL7.org Board Meeting**

I attended the HL7.org Board meeting on Tuesday evening 5:30pm to 11:00pm(!)

The main issues handled were:

- The HIMSS Interoperability Demo, collaboration between HL7 and IHE ("Integrating the Healthcare Enterprise") is progressing well.

- A V3 Implementation Committee was constituted.
- The formation of an HL7 Advisory Committee was approved.
- The Board decided to make the V3 vocabulary tables freely accessible.
- Ireland was approved as an HL7 Affiliate
- The re-organisation of the International Committee with 5 co-chairs was approved.
- The HL7.org Board business is expanding beyond what can be handled in an evening meeting. It was therefore resolved that Board meetings in future should commence at 3:30pm.

#### **Patient Administration Technical Committee**

- I also chaired the session to review and include new content into V2.6. All new proposals were processed; V2.6 includes a number of Australian initiatives, including Discharge/Referral message enhancements and additional table values.
- The majority of the work was on V3; while progress is being made, there are still substantial gaps in the useability of the V3 patient administration. This requires upgrading the descriptive content of the V3 components as well as improving the navigation and presentation of the standards documents.

#### **Publications Committee**

I co-chaired the V2.x publication session. While there are no major new outcomes to report, a smooth publication process is vital to the successful distribution and useability of the V2.x standard.

#### **Process Improvement Committee**

This Board-appointed committee focuses on the processes within the HL7 Working Group. I found the deliberations interesting and relevant to the management of the technical standards development and consensus processes in Australia. With the increasing usage of phone conferences and shorter decision cycles to undertake standards work, the relevance of traditional meeting protocols ("Robert's Rules") are diminishing and are being augmented with appropriate procedures.

A major work item in progress is the creation of formal Decision-Making Procedures for each Technical Committee (TC) and Special Interest Group (SIG). These will be the default for all committee meetings, unless specific TCs and SIGs decide to adopt alternate procedures.

#### **Other Activities:**

#### ***Evaluation of Benefits and Difficulties of Continued Participation***

While attendance at the HL7 Working Meetings requires hard work and long hours, there can be no doubt that is one of the most productive activities of the Australian HL7 standards effort. The focus and the resulting progress that is created at an HL7 Working Meeting are difficult to over-estimate. In my view the quality of the experts and the level of motivation at the meeting is outstanding and without parallel. Due to the high level of international awareness and the breadth of standards development domains, many problems that initially appear to be Australia-specific are solved quite quickly with the help of colleagues from other countries. There can be no doubt that HL7 is leading in the development and delivery of health informatics standards worldwide.

Australia has again increased its substantial influence in HL7.org, which allows us to effect changes that are important to Australian users and stakeholders. This influence is a direct result of our continued and committed participation in the development of the HL7 standards.

### ***Recommendations and Actions***

- The participation of a substantial and competent team of Australian experts results in our influence on the HL7 Standards work. As the HL7 standards development model is based on participation, rather than representation, this is the only way to influence and adapt the HL7 Standards to the needs of Australian HL7 users and stakeholders. As repeatedly reported in previous Trip Reports, other countries such as The Netherlands, Germany, etc are sending more than 10 delegates, with the United Kingdom now regularly sending ~25 delegates! To continue our influence, it is recommended that this level of Australia expert participation is maintained for the duration of the current health informatics agendas.

*I would like to thank the Commonwealth Department of Health and Ageing and HL7 Australia for part-funding my attendance at the Memphis HL7 Working Meeting.*

*Presentations and meeting minutes given can be found at [www.HL7.org](http://www.HL7.org) and [www.HL7.org.au](http://www.HL7.org.au).*