

Health Level 7 Working Meeting Report

San Diego, January 18 - 23, 2004

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Introduction

This is a report of my involvement in the HL7 Working Group Meeting held in San Diego, USA, January 18 - 23, 2004.

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.

This trip report will be presented to meetings of HL7 Australia and IT14-06-03.

Scope of Participation

518 registrants including 110 Internationals attended. The program and descriptions of each group together with the agendas can be found at www.HL7.org/events/sandiego012004/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 interim Co-chair)
- Technical Steering Committee (as PA Co-chair)
- HL7.org Board (as full Board member)
- Patient Administration TC (as Co-chair)
- Publications Committee (as Co-chair)
- Process Improvement Committee

Outcomes of Meeting

HL7 V2.5

V2.5 has been published and is being distributed.

HL7 V2.6

The next V2.x release is progressing well with some Australian inclusions to expand tables and improving consistency of implementations in Australia. It will be closed off in May 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, similar to many others, succumbed to a reluctance in reviewing the 6th V3 ballot ("ballot-fatigue") as progress in areas that are relevant to Australia (ease of use, V2-V3 migration, etc.) are only progressing slowly.

International Committee

The group of HL7 Affiliates has been further enhanced with Poland being admitted as a new Affiliate. The 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.
- Reports from the International Affiliates were also received.
- The expansion of the International Committee leadership to co-chairs is progressing and the election procedures were discussed and agreed on.
- The Int. Committee Chairs lunch on the Thursday progresses 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:

- CDA V2 passed the 2nd Committee Ballot; Full Membership Ballot expected to follow
- A number of V3 artefacts became normative after passing the Full Membership Ballot: XML ITS, UML Data types, Shared Messages and regulated studies - ECG.
- The TSC approved the formation of a Laboratory SIG.
- A new voting policy for non-members i.e. as used for the EHR ballot was approved
- The next 7th V3 Ballot was approved.

HL7.org Board Meeting

I attended the HL7.org Board meeting on Tuesday evening 3:30pm to 11:00pm(!)

The main issues handled were:

- The HIMSS Interoperability Demo, a collaboration between HL7 and IHE ("Integrating the Healthcare Enterprise") is promising to be an excellent event.
- A V3 Implementation Committee Mission & Charter was approved.

Patient Administration Technical Committee

- I chaired the session to review and include new content into V2.6. All new proposals were processed and V2.6 will be closed at the next meeting in May 2004. 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 section.

Publications Committee

I co-chaired the V2.x publication session. A draft publication schedule was developed which see V2.6 published in late 2005 or early 2006. While there are no major other 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. Again, I found the discussions interesting and relevant to the management of the technical standards development and consensus processes in Australia.

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

Evaluation of Benefits and Difficulties of Continued Participation

As stated in previous Meeting Reports, participation at the HL7 Working Meetings requires hard work and long hours. It is one of the most productive activities of the Australian HL7 standards effort. It is difficult to over-estimate the focus and the resulting progress that is created at an HL7 Working Meeting. In my view the quality of the experts and the level of motivation at HL7 Working Meetings 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 continues to be leading in the development and delivery of health informatics standards worldwide.

With more Australians in leadership positions at HL7, 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 in the HL7.org Standards work results in our influence on the HL7 Standards. 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 sending 27 delegates to this Meeting! To continue our influence, it is recommended that this level of Australia expert participation be 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 and www.HL7.org.au.