

Health Level 7 - Working Group Meeting Report

San Diego, California, 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, California, January 18 - 23, 2004.

My travel and accommodation expenses were supported by HL7 Australia, as the nominee of SA-IT-14-6-5, under an arrangement with the Australian 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 10 days time involved.

This is the third HL7 Working Group Meeting that I have attended.

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.

This final report will be presented to meetings of HL7 Australia March 2004, to SA-IT-14-6 and SA-IT-14-6-5 at their next meetings and to QUPC February 25, 2004.

Scope of Participation

500 registrants including, 90 International from 27 Affiliates (9 attendees from Australia and 1 from 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/sandiego012004/index.asp>

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

- Laboratory Automated and Point-of-Care-Testing (LAPOCT) SIG
- Orders and Observations (OO) TC
- Patient Care TC
- Community Health SIG
- Vocabulary TC
- International Mtg

Outcomes of Meeting

International Meeting – The internationalisation of HL7 continues. 70 attendees from 14 countries and 12 Affiliates attended the Sunday meeting. Ireland and Poland have become new affiliates with France about to join.

Kai Heitman from Germany takes over from Klaus Veil as Chair man based on his appointment as the HL7 Director representing International Affiliates following the retirement of Australia's Klaus Veil. There was a restructuring of the committee with agreement on appointing a co-chair. Klaus Veil has taken the role in the interim.

An international V3 early adopters group is being established. Future meetings are: 5th International Affiliates Meeting to be held in Cancun (Mexico) or Vancouver (Canada). There will be a full working group meeting in Amsterdam, May 2005.

An ebXML repository is being established for CEN and HL7 concepts. The repository is to be used in the harmonisation of GPICs and CMETs. Profiles giving a synopsis for each affiliate are to be made available at the HL7.org website with links to home sites where they exist.

Laboratory Automation and Point of Care Testing SIG (A SIG reporting to OO TC) – Consideration of the role of the SIG in relation to the new Lab SIG; It was agreed that the SIG should continue at least until current work with IEEE is finished. Its role is to maintain Chapter 13 of v2.x and relevant elements of Chapter 7 and to model to V3 only.

There is no push to use V3 in laboratory automation or PoCT anywhere in the world currently.

ASTM 1394 is still widely in use for analyser interfacing and there is no expectation that it will stop being used. This Standard is now maintained by NCCLS. It is due to be updated but that has not started.

IEEE 1073 defines standards for continuously connected devices with strong real time requirements (eg ECG in intensive care).

HL7 messages are used where data has to be sent to a repository or where testing is done spasmodically. There is activity relating to telemedicine (including at home) and implantable devices.

The ISO Medical Informatics Committee has taken a co-ordination role.

Orders and Observations TC – Review of Lab SIG Charter and committee rules. V2.6 ballot responses (especially Australian ones) were disposed of.

An Australasian proposal (David Rowed and Stephen Chu) around changes to OO segments required for a V2 Referral Message was made. On the basis, that this is/will be

a regulatory requirement in Australia it was agreed that a proposal be made that describes the additional fields be added to ORC and OBX segments and a new segment to be defined for the act-relationship required in a referral message. **There is the potential that such a modified message could work both for HealthConnect but also for notification to all registries (especially notifiable diseases).**

A new SIG for Lab has been created for working on V3 messages. Interim Chairs are US and Canada. OO will continue to manage V2 maintenance.

New agenda items include:

- Implantable devices – In particular ICD (Implantable Cardiac Devices). “Programmer” communicates to monitor (patient and device diagnostics e.g. battery & leads) and set the ICD (device therapy). Physicians want this as part of their EHR environment. Both message and terminology is required for messages between “programmer” and EHR
- Blood product and adverse events related to the supply of these
- Imaging - Reports
- A process for harmonisation of Choice box in RMIMs between Patient Care, CDA and OO for V3.

Patient Care TC – Following a presentation of the Australian work on the Referral Message to OO and their suggestion that a new segment be defined, David Rowed proposed a draft. It was agreed that the necessary changes to Chapters 11 and 12 be drafted by David and the Chair of Community Health for voting on by the committee at San Antonio. David was also proposed as a co-Chair. There was an agreement to take on new Public Health SIG that would take on the biosurveillance role should it form.

Community Health – Max Walker (Victoria DHS) was elected as co-chair. The scope of committee has been altered to better fit the Australian circumstance and gives support for the work on the Australian Referral message.

Birds of a Feather Session on EHR – Karen Gibson presented HealthConnect in the context of presentations from Israel, Canada and US on ways to cope with national EHR systems.

Evaluation of Benefits and Difficulties of Continued Participation

My comments from my previous reports hold: 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. As the work goes on the Standards are becoming simpler and more robust.

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

There is broad support especially among the Australians for the adoption of the V2 referral message as the message used for reporting to registries. This is particularly pertinent because both Victoria and NSW are in the process of considering how to do e-notification. Representatives from the Australian projects (ML NSW; Max Walker, Klaus Veil; and Dick Harding Qld) met and agreed in principle on a way forward. DoHA Pathology Section may be interested in participating in this discussion and it may be an agenda item for QUPC.

All up, the meeting was productive and I would recommend the continuing participation of representatives from Pathology in the HL7 Working Group Meetings.

Michael Legg, 26-Jan-2004