

Health Level 7 - Working Group Meeting Report

San Diego, January 18 - 23 2004

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Executive Summary:

Change in an organisation of volunteers who meet three times per year (HL7) occurs slowly. Nevertheless, there are some significant changes underway.

1. The HL7 board has convened an "Organisational Review Committee" to analyse a myriad of issues that impact on the effectiveness and efficiency of the organisation to develop standards. I was a significant contributor to the development of this committee and am an inaugural member.
2. The next ballot of V3 will be published in an entirely new sequence. This was my initiative. It will produce a more coherent document that is more conducive to being printed.
3. Largely at my insistence, tools will be produced **before the next Ballot cycle** to allow WYSIWYG editing of descriptive content in the V3 repository and a tool will be developed that will allow very simple entry of descriptive content.
4. It is widely accepted that there are significant issues with the V3 Acknowledgement paradigm. These issues may be as simple as lack of adequate documentation or may require some reassessment of the underlying mechanism. This was the result of extensive lobbying by a small group including R Harding
5. A discussion paper on a revised dynamic model is being developed by Lloyd McKenzie. This is to be reviewed by Virginia Lorenzi and R Harding and then circulated for wider comment.
6. V2.5 has been published but the guidelines for upgrades to V2.6 are very restrictive for the type of issues that Australia needs to have resolved.

Introduction

I was selected by HL7 Australia to be an Australian delegate to the HL7 Working Group Meeting which was held in San Diego California between the 18th and 23rd of January 2004.

My travel and accommodation expenses were provided by HL7 Australia under an arrangement with the Commonwealth Department of Health and Ageing. Queensland Health provided my salary for the time involved.

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.

Proposed Scope of Participation

My request to attend the San Diego Working Group Meeting was based on the following main subject areas:

- V3 general issues
 - Publishing structure and associated issues
 - Dynamic model
 - Organisational issues
- V3 Pharmacy and Pathology
- V3 Discharge and Referrals
- V2 Items mainly Pharmacy and Pathology

Outcomes of Meeting

HL7 Organisational Issues

The HL7 board has convened an “Organisational Review Committee” (ORC) to analyse a myriad of issues that impact on the effectiveness and efficiency of the organisation to develop standards.

The creation of this committee stems from a variety of stimuli, one of which being the Letter to the Board from Virginia Lorenzi and me. I was a significant contributor to the development of this committee and am an inaugural member.

I am hopeful that, given time, ORC will produce significant improvements in both how V3 is perceived and how it is developed. I am further hopeful that HL7 will make it easier for new members to contribute to the standards creation process.

ORC met once in San Diego and since then has met weekly by teleconference. Times alternate between 2am and 8am Brisbane time to accommodate participants from Australia, Germany, Britain and the USA. We have created a list of issues to be discussed and are analysing the root causes of these issues.

I note that in an organisation of part-time volunteers that change proceeds frustratingly slowly for those involved and that appears to be even slower to outsiders. The rate of change implementation necessarily depends on the three-times-per-year meeting cycle.

V3 Publishing Structure

The next ballot of V3 will be published in an entirely new sequence. This was my initiative. It will produce a more coherent document that is more conducive to being printed.

Essential difference is that all of the messaging for a single topic eg Inpatients, will now be published in a single document. In the past, all of the topics for a single domain eg Patient administration were published as a set of individual artefacts connected by hyperlinks.

This change will assist in making V3 easier to understand.

Dynamic model

A discussion paper on a revised dynamic model is being developed by Lloyd McKenzie. This will be reviewed by Virginia Lorenzi and me and then circulated for wider comment. This is an attempt to greatly simplify and/or upgrade the descriptions of the V3 dynamic model. The existing model is poorly and incompletely documented.

One aspect of the dynamic model that is causing considerable discussion on the lists is V3 Acknowledgement paradigm. Issues with Acknowledgements may be as simple as lack of adequate documentation or may require some reassessment of the underlying mechanism. Progressing this issue has been the result of extensive lobbying by a small group including R Harding. A team from the Netherlands (Rene Spronk and Robert Hallowell) has produced an analysis of the existing acknowledgement that shows the complexity of the current acknowledgement paradigm. There is some enthusiasm to progress this issue but we are unclear precisely how this will be done.

V3 Descriptive Content

Largely at my insistence, tools will be produced **before the next Ballot cycle** to allow WYSIWYG editing of descriptive content in the V3 repository and a tool will be developed that will allow very simple entry of descriptive content.

The British contingent had demonstrated a WYSIWYG editor for V3 descriptive content over a year ago and recommended upgrading of the attribute-level descriptive content for messages as a critical success factor for V3 early adopters. The above initiative will allow this descriptive content to be added fairly easily by people with little or no understanding of the V3 tooling.

V2 Discharge and Referrals

Following a long-established tradition, a small group met on the Monday night and focussed on producing a draft design for the proposed LINK segment that is required to provide linkages between the various observations, diagnoses, pathways etc in a V2 message. This work has since been reviewed by IT14/6/6.

V2 Items mainly Pharmacy and Pathology

This item was to progress several issues that Queensland Health has identified in specifying the interfaces for our Clinical Information Systems project. This involves changes to HL7 V2 and so must be targeted at V2.6. No work was done on V2.6 at San Diego because the meeting was focussed on resolution of the V2.5 Ballot. Also, the Queensland health proposals fall outside of the guideline for adding new content to V2.6.

The value proposition for Australian Participation:

At the very least, we should consider the following attributes in our assessment of the value of Australian participation in HL7 Working Group Meetings:

Catering for Australian requirements

Traditionally this has been the only consideration for Australian participation. The value of Australian participation is to directly influence new developments to cater for Australian requirements and to change existing standards where Australian requirements are not currently adequately addressed.

Research and Development

Health Informatics is not a mature discipline and many of the concepts are currently still under development. Australians are often in the forefront of Research and Development thinking in various areas (consider the contribution of Thomas Beale, and Sam Heard in EHR theory for example. Other examples exist for Discharge and Referral modelling and messaging Microbiology data representation, standardised data types etc etc).

HL7 working Group meetings provide one of the few venues internationally, where such ideas can be discussed in open forum. Australia has a vested interest in progressing the maturity of these domains and could be seen to have an obligation to provide the resources to do this work.

Governance of International Standards

Australia also has an interest to preserve the integrity of the HL7 standard that we are using (V2) as it evolves. Therefore there is indirect value to be realised by contributing to the governance of V2. In particular this requires Australians to be available to help adjudicate on proposals raised at Ballot. This is not particularly attractive work but must be done to preserve the integrity of the V2 standard.

The same values can also be realised from contributing to the governance of the V3 development.

Richard Harding, 23-February-2004