

HL7 Australia/NZ Delegate to Working Meeting, San Antonio, 2-5 May 2004

Interim Report

This is a brief mid week report from HL7 Australia and New Zealand delegates attending the HL7 Working Group Meeting currently being held 2-7 May 2004, San Antonio, Texas. Its purpose is to provide a snapshot of the key events and decisions made to-date at this meeting. A more detailed report will be distributed by delegates in the week following the meeting.

Statistics

- 460 delegates approx 85 international (UK: 20, Canada: 15, Australia: 11, Japan & Holland: 9, etc.)
- 27 International Affiliate nations
- 42 Technical Committees
- 116 Co-Chairs – 8 held by Australians
- 89 Affiliated Technical Special Interest Groups

Highlights

- **EHR – Functional Specification a Draft Standard for Trial Use**
- **EHR SIG elevated to a Technical Committee**
- **Public Health and Emergency Response SIG created**
- **David Rowed was elected as co-chair of the Patient Care Technical Committee.**
- **MoU signed with ASTM on Continuity of Care Record (CCR)**
- **HL7 Board promoting the theme ‘V3 is alive and well’**

Overview

The Australian/NZ team is again making substantial contributions in the V2.x, EHR, Clinical Decision Support, V3, Patient Care and other areas.

The HL7 organisation is also becoming very much more internationally active, with the 2nd Clinical Document Architecture (CDA) Conference set for Oct. 18-19, 2004, in Mexico - co-located with the 5th International HL7 Affiliates Meeting Oct. 22-22. The next "off-shore" HL7 Working Meeting has now been confirmed for May 1-6, 2005 in Holland. Additionally, France is expected to be the next HL7 Affiliates; formation activities are in progress in Malaysia, Uruguay, etc.

The scope of HL7.org is also increasing with the approval of the "Public Health & Emergency Response" Special Interest Group and the elevation of the EHR SIG to a Technical Committee. HL7.org is also expanding its strategic relationships through an MoU with ASTM International (www.ASTM.org) and re-affirming its relationship with the Clinical Data Interchange Standards Consortium (www.CDISC.org). The HL7 Board also accepted the inclusion of the Role-Based Access Control domain into its activities.

V3 adoption

By the end of this meeting, CQ will have resolved all the outstanding negative votes on the core V3 specifications, so V3 is now complete. Early adopters are increasingly able to implement V3, and V3 is coming to the point of being ready for use, though we still need a few important domains to produce specifications - primarily O&O - before V3 will be ready for full adoption.

The new dynamic model that was developed by Rene Spronk from the Netherlands with a great deal of valuable input from Dick Harding is moving slowly through the committee process, and is generally being received with enthusiasm. It will be incorporated into V3 as part of the next release.

EHR SIG promoted to Technical Committee

At its meeting on 4 May, the HL7 Board promoted the EHR SIG to a Technical Committee and it is expected that this will rapidly lead to the formation of further SIGs in the EHR area. In particular, there is expected to be different groups focusing on EHR Architecture and Function and the EHR System (EHR-S) specification.

The EHR TC meetings were attended at various times by Dr Sam Heard (co-chair), Richard Dixon Hughes and David Rowlands. The primary purpose of these sessions, which ran for the first three days, was to reconcile the comments received on the EHR System (EHR-S) DSTU. After breaking into groups for intensive review, the 'dispositions' (what to do in this DSTU and what to do in the future standard) of all sections were accepted almost unanimously. There will be a DSTU called "EHR systems functional model" which will aim to be a full ANSI standard within 2 years. This seems a definite possibility.

XML schemas

There has been a problem with the XML schemas for data types. There have been multiple copies in circulation, all partially wrong, and this has been causing significant problems for early adopters. A small group of us have spent quite some time sorting out a single schema that is correct, and properly supported in an on-going fashion. This work has been completed and the schema distributed. Given the problems that this has caused in the past, this is a major achievement.

Clinical Decision support

Gello – While the Gello language specification had passed the committee ballot, following consideration of negative ballots passed by Eclipsis and Graham Grieve, the Decision Support SIG has withdrawn the specification for rewriting and another committee level ballot.

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Templates - The templates specification will be dramatically narrowed and focused on the actual template representation. The important ADL<->Template mapping work will be moved to a different document in order to manage the scope of the ballot. The status of the new document is yet to be resolved.

Brett Esler's presentation of EDSML was well received. The committee will be making a decision prior to the next working group meeting as to the standard they will be pursuing for an overall decision support architecture. There are a number of different competing approaches, but that of the Australian group is probably the most clinically advanced.

There was an as yet unconfirmed rumour that the American dept of health (AHHS) now believes that standardization of the EHR is on-track and is therefore negotiating with HL7 USA to provide significant funding to fast track standardization of computable clinical guidelines for the 12 most common diseases in America.

Presentation of EDSML was made; some interest from Columbia University; Arden Syntax Suppliers and some International Parties. Ian Purvis (Newcastle Univ.; NHS Information Authority) presented the NHS guidelines tools which included guideline and drug database models. It is recommended this be investigated particularly with respect to the models employed (believe openly available) and the guideline development tools and process employed.

Arden Syntax - Enhancements to this standard for Clinical decision support have been agreed to by the committee to update Arden to a partially object oriented language. This will make this basic building block applicable and usable across a much wider range of problems. These changes will go to ballot in the next ballot cycle.

The two main vendors and academic interests were in attendance at the Arden SIG. Investigations into Arden Syntax tooling (tooling and compilers) were undertaken - raw parser files can be obtained; public version of compiler to C++ is available. Object model enables enhanced support of RIM based object constructs if supplied.

CDA

All CDA referral enhancement requirements submitted by Stephen Chu on behalf of Australia and NZ have been incorporated into the latest revision of the CDA R2 specification. The new CDA R2 RMIM has been released in the San Antonio update revision. Further harmonization work with the Patient Care draft DMIM will begin following completion of the revision of the draft Care Provision DMIM.

The leading work of Australia, NZ and the Netherlands on discharge/referral standards and CDA development were acknowledged at the HL7 Board meeting.

Archetypes & Templates

There were developments in the automation of ADL (Archetypes) to OWL (W3C) constraint definition. This will provide excellent basis for archetype definition, registration and execution by systems. This is particularly relevant for decision support modeling and v3 message modeling - and the implementation of systems. It also provides an excellent basis for the development of automated tooling to achieve modeling directly generated from the archetype definitions. Registration and supply of archetypes via UDDI or the like was seen as a direct consequence with the ability to Pick appropriate archetypes for modeling purposes.

Patient Care

Referral Message - Version 2.6 referral changes proposed by Australia were accepted by Patient Care and Orders and Observations. These cover a new Relationship segment, Segment Instance Identifiers and Mood Code segments in OBX, RXO, PRB, GOL, PTH segments, and additional problem information in PRB. Work is still in progress on extension to the DGI segment.

V3 Care Provision Message (note name change from use of 'referral') - The draft Care Provision DMIM developed by Australia and NZ following the Sept 2003 and Jan 2004 HL7 meetings was tested by the Netherlands with neonatology and stroke patient management use cases. The Dutch have proposed a number of improvements to the draft DMIM. These were discussed and accepted at the Patient Care TC meetings. An international workgroup comprising Australia, NZ, UK and the Netherlands (and possibly the Continuity of Care Record (CCR) group from USA) has been commissioned by the Patient Care TC to harmonize the international requirements and to re-develop the draft R-MIM incorporating the "clinical statement" representation. David Rowed has been nominated to act as the administrative leader of this work group. David was also successfully elected as co-chair of the Patient Care TC.

Clinical Statement - CDA and Patient Care are addressing IT 14.6.6 requirements for Patient Care communication via a 'Clinical Statement' (based on UK NHS V3 work). This promises to provide a solution for the difficult area which has been a barrier to our progress on V3

Community Based Health

This Special Interest Group (SIG), which has been struggling over the past year to avoid being dissolved through lack of involvement and ability to deliver, has received a new lease of life and mandate following an initially tumultuous start. Discussion over the revision of the SIG's Charter elicited much debate around the definition of 'community based health' and whether the previous home health device based messaging development and testing work really belonged. Isobel Frean's (University of Wollongong) ARC funded doctoral research was welcomed and will form the basis for progressing V3 work on behalf of the SIG. Agreement was also made in the Joint meeting with Patient Care to use Isobel's work to provide further validation of the Dutch Care Provision DMIM. This SIG also has strong support from a large US long term care

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provider, whose interest complements the Australian messaging interests in aged care. This provider however is also looking to this SIG to link in their recent contributions to the EHR Functional Specifications on long term care.

Pathology

The LAB V3 message once again did not pass the recent Committee ballot. All negative votes have been reconciled at this working group and re-balloting will occur in the next ballot cycle prior to the next working group meeting. Co-chair elections were held and the co-chairs remain unchanged.

There was a move from a number of U.S.A. Pathology system vendors to further limit the Scope of the V3 LAB message to make a specimen mandatory and from a predefined vocabulary that did not include a patient. This was thought to be a good idea because Pathology laboratories in the U.S.A. never see patients. In Australia this is relatively common for ECG's, Holter monitoring etc. This proposal was not proceeded with after the committee was made aware of practices outside of the U.S.

The Orders and Observations (O&O) Technical Committee has been addressing the issue of messaging a generalized clinical history (clinical statement) which had been previously largely removed from the current V3 work because it was delaying the ballot process due to its complexity. There has been a great deal of work on this and meetings with Patient Care and other interested groups will be taking place in the next few days to try and reach agreement on a consistent approach. This will have implications for the work of IT14-6-5 and IT14-6-6.

Memorandum of Understanding with ASTM on CCR

HL7 has announced that it has executed a Memorandum with ASTM with a view to ensuring that the ASTM Continuity of Care Record (CCR) standard is compatible with HL7's CDA framework. This seeks to ensure that CCR and CDA:

- Have a common basis in the HL7 V3 RIM so that information can be interchanged using v3 messages; and
- Provide CCR with a migration path and XML-tagging structures compatible with integration into the CDA and future development of the CDA and templates.

The Australian delegation indicated its support for current HL7 collaboration with CEN 13606 and was assured that this would not be adversely affected.

First time attendees events

Australia had two first-timers at this working group meeting. Both attended the special induction for first-time attendees and had the opportunity to meet and interact with Board members and senior HL7 mentors. These were useful networking sessions at which issues such as pressure for cross-industry and global harmonisation of standards,

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executive-level marketing of HL7, the need to make the HL7 more user-friendly were discussed informally.

V3 Tutorials

Quite informative - however suggest HL7 Australia could supply a lot of this material themselves. V3 XML ITS particularly useful for implementers with broad overview or real representation formats of data-types and models.

HL7 and ISO TC215

Meeting organised for Thursday am between Ed Hammond, HL7 board and Chair of TC 215 WG2, David Rowlands and Isobel Freaun to discuss next ISO meeting next week in Washington.