

Health Level 7 Working Meeting Report

Holland, May 1 - 6, 2005

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Introduction

This is a report of my participation in the HL7 Working Meeting held in Noordwijkerhout, Holland, May 1 - 6, 2005

My 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 acquittal 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 report focuses on my set objectives and other activities at the Working Meeting. Historical and consolidated reports of the Australia participation at the HL7 Working Meetinga and other relevant documents can be found at www.HL7.org.au/HL7-WGM.htm. The minutes of the meetings of the HL7.org Technical Committees, Special Interest Groups and other bodies can be found at <http://www.HL7.org/Special/committees/>

This trip report will be presented to meetings of HL7 Australia and IT014-06-03.

Scope of Participation

This was the second Working Group Meeting outside the United States (the first was held 1999 in Canada). Initially, there was substantial opposition to holding a meeting "overseas" with concerns about problems for US delegates to obtain their employers' approval for overseas travel. Eventually, the Meeting was put forward late 1999 by the then HL7.org chair Stan Huff and approved by the HL7.org Board. The meeting was initially scheduled for Germany or Holland in May 2004. However, the events of September 11, 2001 annihilated this plan, as our US colleagues were increasingly unwilling to travel outside the USA, with some organisations formally forbidding overseas staff travel.

The Netherlands meeting had 431 attendees. This exceeded the 4-year average for May Working Meetings of 427. Recent Working Meetings have shown increasingly strong 15%-20% non-USA participation. At the Netherlands meeting over 50% of the participants were from countries outside the USA.

The Working Meeting program and descriptions of each group together with the agendas can be found at <http://www.hl7.org/events/netherlands052005/index.asp>.

Reflecting the needs and activities 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 Patient Administration Co-chair)
- HL7.org Board (as Board member)
- HL7.org Board Finance Committee (as Board member)
- HL7.org Board Electronic Services Committee (as Board member)
- Patient Administration TC (as Co-chair)
- Publications Committee (as Co-chair)
- Process Improvement Committee
- Orders/Observations Committee (re the Australia AS4700.6 requirements)
- Patient Care Committee (re the Australia AS4700.6 requirements)
- Financial Management Committee (re the Australia AS4700.6 requirements)

Outcomes of the Working Meeting

HL7 V2.6

Contrary to what I previously understood, the Australian Discharge/Referral/Event Summary enhancements have not been included in the HL7 V2.6 draft.

HL7 V2.7

Work on V2.7 has been endorsed by the HL7.org Board and has commenced.

Version 3

Balloting and ballot resolution continues, with more ballot cycles expected. A number of trial implementations are in progress in the UK, The Netherlands, Japan, etc. Australia, similar to many others, has succumbed to ballot-fatigue as progress in areas that are relevant to Australia (ease of use, V2-V3 migration, etc.) is only slow.

Internationalising of HL7

The number of local HL7 organisations has grown to 32 with Affiliates formed in Malaysia and Uruguay.

Committee Meeting Highlights

International Committee

The International Committee met on Sunday from 9:00 to 5:00 with over 80 attendees.

The committee is chaired by five co-chairs:

- Kai Heitmann (HL7 Holland & HL7 Germany) - Int. Representative to HL7.org Board
- Klaus Veil (HL7 Australia) - Int. Affiliate liaison
- Laura Sato (HL7 United Kingdom) - HL7.org HQ liaison
- Jane Howarth (HL7 Canada) - secretary
- Miroslav Koncar (HL7 Croatia) - technical co-chair.

The main agenda items worked on were:

- Reports from ISO TC215 and CEN (TC251)
- International Education activities
- 6th International Affiliates Meeting: July 21-23, 2005: Taiwan
- "International Affiliates Meeting" now renamed to "HL7 Implementation Conference"

- Reports from International Liaisons to various technical committees and SIGS were received.
- Reports from the International Affiliates were also received.

The Int. Committee Chairs lunch on the Thursday progressed issues from the Int. Affiliates Committee meeting and 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:

- Updates from Architecture Review Board (ARB), Organisation Review Committee (ORC) and Process Improvement Committee (PIC)
- Updates on the V2.x (Klaus Veil) and V3 (Helen Stevens) publishing status
- "Anaesthesiology Special Interest Group (SIG)" 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:

- A Vocabulary tooling proposal jointly funded by HL7.org, the NLM and Mayo was approved.
- A new full-time position of "Tooling Administrator" was approved.
- The creation of the "USA realm" similar to the Affiliate realms was approved.
- Following the success of the Holland meeting, the intention to hold the next non-USA Working Meeting in 2007 was endorsed by the Board.

Patient Administration Technical Committee

- I chaired the session to review new content into V2.7. All pending proposals were processed and the first draft of Ch. 3 for V2.7 was created.
- The majority of the work was on V3; while the patient administration section has progress to a DSTU, there are still substantial work being done on the V3 patient administration section.

V2.x Publishing Committee

I chaired the meeting of the V2.x Publishing Committee.

Although the balloting of V2.6 is complete with the 2nd membership ballot cycle being limited to chapters 9 (paper record tracking) and 16 (e-Claims), there still appear to be some problems that are hindering the step to publication. The V2.x Publishing Committee is ready to progress V2.6 to publication as soon as the OK is given.

The Committee also discussed moving V2.x to a database-based publication approach, similar to the V3 publishing process. This would have substantial advantages for the V2.x standards development but also for implementers.

Process Improvement Committee

This Board-appointed committee focuses on the processes within the HL7 Working Group. The Committee's deliberations and its most recent work item "Decision Making Procedures" influence the operation and consensus-building of every HL7.org Technical Committee and SIG.

Again, I found the discussions interesting and relevant to the management of the technical standards development and consensus processes in Australia.

A current major work item is the review of the HL7.org By-Laws and "Policies & Procedures". This has been ongoing since the Orlando Working Meeting and the review may influence some of HL7.org's processes.

Evaluation of Benefits and Difficulties of Continued Participation

As stated in previous Meeting Reports, participation at the HL7 Working Meetings requires exhausting travel, hard work and long hours. However, 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 find support from other countries and 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 continued to build its substantial influence in HL7.org. This 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 active in Health Informatics, such as The Netherlands, Germany, etc are now routinely sending more than 10 delegates to each 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, the Health Information managers Association of Australia (HIMAA) and HL7 Australia for part-funding my attendance at the HL7 Working Meeting.