

**Summary of HL7 Meeting
September 11 – 16, 2005
San Diego, California
Prepared by
Bob Davis**

This report includes the highlights of the 3 different activities attended by Bob Davis, data standards consultant during the week. At each September trimester HL7 meeting Monday morning is a plenary session. At this meeting the featured speaker was Dr. David Brailer. During the rest of the week Bob Davis attended the working groups of two special interest groups, Attachment Special Interest Group (ASIG) and the Public Health Emergency Response Special Interest Group (PHERSIG). This report will highlight Dr. Brailer's presentation and the activities of both special interest groups.

Highlights of Dr. Brailer's Plenary Presentation.

- Katrina affect
 - Highlights the importance of Standards Harmonization
 - Medical Records lost forever
 - Health threat because of upsetting the process of people in treatment
 - No plans for health response in place
 - Office of the National Coordinator for Health Information Technology (ONCHIT) plans
 - Plans in development for emergency response system for medications
 - Plans in development for digital health information system
 - Plans in development to support the mobile nature of citizens in the region
- Standards Harmonization
 - Standards for interoperability is essential
 - Consumers need to be more active in their own care
 - Standards infrastructure strong today, especially in the people doing standards today
 - Government should set constraints for the standards, not the standards themselves
 - National Health Infrastructure fatally broken today
 - No political buy in yet
 - Standards need to fix business problems not process problems
 - Selfish for Standards Development Organizations (SDO's) to fight for theoretical interests over real life problems
 - SDO's should not fight over standards with no problem attached
 - Debate of clinical versus administrative standards is a process issue – not differentiating between the two
 - Standards are ultimately about money
 - Current situation a market failure

- Need to move toward a patient centric solution
- Supply side failure – no network to connect Electronic Health Records (EHR's) into one solution. The issue here is that the functional model for EHR's identifies the data needs for many care settings. The comprehensive use of Electronic Health Records to create a longitudinal Personal Health Record (PHR) would require a more robust network than exists today. The EHR for each care setting serves as a front end into the information system for each care setting. The optimal use of the many EHR's would be to have the data available at the point of care in a way that would support care decisions both medically and legally.
- THINK WHOLE SOLUTION
- Standards issues
 - Standards need to be rigorous enough so 2 programmers can talk
 - Too many uncoordinated SDO's in US today
 - 30 at last count
 - SNOMED CT planning to become another SDO
 - People perceive they are taking a risk today to use standards because there is no singular solution
 - Governments role is not to set standards, rather to support singular solution
 - Standards need to be simplified
 - Standards harmonization not rip and replace but to simplify what we have today
 - Most difficult problem is bringing individually talented people together to come up with one simple solution
 - Job of infrastructure to reduce complexity
 - Standards single most important task is to make interoperability work
 - ONCIT wants SDO's to come together to solve use cases in singular way
 - Need SDO's to lead in development of processes that make interoperability part of the solution
 - Personal Health Records (PHR's) and EHR's need infrastructure to work as intended
 - "SDO's are like sovereign nations that even at times go to war."

Public Health Note: Dr. Brailer was very complementary and encouraged by the level of existing intellectual capabilities of the people currently engaged in the standards development process. He emphasized the importance of standards harmonization to fix what he described as a broken National Health Infrastructure. He views the turf battles of the many standards development organizations as counter productive. He challenged the talented individuals from HL7 and the other SDO's to work hard together to achieve the necessary levels of interoperability to fix the National Health Infrastructure. He also challenged all SDO's to develop interoperable standards that solved business problems. It was

his opinion that standards developed that don't solve business problems are wasteful of valuable human resources. The web site for the ONCHIT is: <http://www.hhs.gov/healthit/>.

Attachment Special Interest Group (ASIG) highlights.

Claims attachments

- **NEWS FLASH:** The Claims Attachment NPRM will be published in the Federal Register before the end of September.

In anticipation of the event the ASIG finalized a process to track and respond to the public comments received. The HL7 message embedded in the X12 wrapper was developed using Clinical Document Architecture (CDA) Release 1. In the time between the development of the messages to support reporting of claims attachments and the anticipated publication of the NPRM in the Federal Register, HL7 has approved CDA Release 2 as a standard. The ASIG approved the work request to migrate current claims attachment documents (implementation guide and Additional Information Specification [AIS] booklets) to CDA R2 as the standard used for claims attachments. In addition the ASIG will be developing a transformation algorithms to map CDA R2 documents to CDA R1 documents. This will provide a mechanism for application systems to be developed using CDA R2 with the ability to comply with the expected HIPAA regulations that are likely to name the CDA R1 standard for the HL7 Claims Attachment messages.

Empire Blue Cross was contracted by the Department of Health and Human Services to conduct a pilot of the claims attachment process prior to the publication of the NPRM. This pilot was successful enough that participating providers have requested that the process continue after the pilot finishes. Anyone interested in details about this pilot should contact Bob Davis for the proper contact information at Empire Blue Cross.

During this meeting the Pediatric Special Interest Group met jointly with the be applicable for their applications.

The ASIG is also developing new attachment types for Children's Preventive Health Services (CPHS), Patient Information Unspecified Content (PIUC), and ePrescribing attachment types. These attachment specifications will not be included in the initial HIPAA claims attachment NPRM.

Public Health Note: Now that the Notice for Proposed Rule Making (NPRM) is published a high level summary will be created to assist public health organizations that potentially may be affected by this federal rule. It is my opinion that the resulting final rule from this NPRM will define the clinical elements that support a claim versus the elements necessary to be contained in the claim. Many of the current pay-for-performance algorithms are recommending

collection of various clinical elements not currently collected by state discharge systems. This NPRM and resulting final rule will most likely dictate how clinical data will be stored and retrieved from future health information systems. These decisions could potentially affect future public health systems too. For that reason, it is important that organizations that manage and use public health systems spend the time and effort to determine whether an individual or group comment on this NPRM is necessary. The URL for that Claims Attachment NPRM is:

<http://a257.g.akamaitech.net/7/257/2422/01jan20051800/edocket.access.gpo.gov/2005/pdf/05-18927.pdf>

Public Health Emergency Response Special Interest Group (PHERSIG) highlights.

One issue of note being discussed by the PHERSIG is how to represent spatial data in three dimension. The work done prior to this meeting on this particular topic was to solicit industry input on use cases to support the need for spatial data. At this meeting some of those use cases were analyzed to determine what data “gaps” exist between the current HL7 Reference Information Model and the defined need. There was also discussion about possible solutions to fill those “gaps”. This discussion originally began to support spatial data in the third dimension. There is still a need to develop use cases using spatial data in all three dimensions. Currently, the discussion has been focused on describing single points in three dimension, though the group recognizes the eventual need to describe multiple related points that would identify a bounded area.

One alternative is to modify the existing data types supporting spatial data. The other alternative is to develop a new data type to solely support the spatial data use cases.

Public Health Note: Spatial data is widely used by public health to highlight areas of public concern. Because of this any discussion to enhance or change the way the standards support spatial data should include input from the public health community. This is a request for public health use cases needing three dimensions. This is the first necessary activity to get the public health community engaged in this discussion by this special interest group at HL7. Thanks in advance.