

# HL7 UK eZine Spring 2009



Welcome to the Spring 2009 HL7 UK eZine. In this issue we focus our Roadshow event series, featuring a range of implementation case studies and introductory technical sessions. One of these sessions is on IHE's XDS document registry specification profile, and Nick Brown of IHE UK has contributed an article to whet your appetite to hear more.

We also have reports and less formal snippets from the HL7.org Working Group Meeting held in January.

## **HL7 UK 2009 Roadshows: Case Studies in Integration**

*HL7 UK Marketing Committee*

Following the success of the HL7 UK Roadshows in 2007, we are pleased to announce that HL7 UK is to repeat these events again in 2009. The theme for the events is 'Case Studies in Integration' and will involve three 1-day events in London, Birmingham and Leeds which are open and free of charge to HL7 UK members and non-members alike.

In line with the theme of these events,

delegates will have the opportunity to view presentations from NHS IT professionals, demonstrating successful integration projects which are happening, *now*. In addition to this, Peter Dyke, Head of Industry Liaison at CFH will be addressing the issues faced by NHS Trusts as they strive to achieve true interoperability, and updating delegates on developments at CFH and the support that is in place.

Following a complimentary buffet lunch, the afternoon session focuses on key issues in the form of two tutorials, on CDA (Clinical Document Architecture) and XDS (Cross Enterprise Document Sharing), which aim to provide tangible support and updates to those professionals dealing with these technologies and business issues. Finally, the day will wrap up with a panel-led Q&A session hosted by senior, key HL7 UK members, CFH and members of the supplier community.

The events, sponsored by InterSystems, are to be held at the following locations and dates:

**Tuesday, 3rd March** – The Thackray Museum, St. James University Hospital, Leeds

**Tuesday, 10th March** – The Queen Elizabeth Hospitals Post Graduate Centre, Birmingham

**Tuesday, 24th March** – University College London Hospitals Education Centre, London

The events are scheduled to begin at 9.15am and close at approximately 4.30pm. In addition to the NHS presentations and tutorial sessions, delegates will also have the opportunity to view supplier technology and demonstrations.

Due to the nature of these events, we are expecting the delegate numbers to be high, so to avoid disappointment, register your place today via the HL7 UK website <http://www.hl7.org.uk>

## **From the Chair**

*By Rik Smithies*



Welcome to our first eZine of 2009. It's been a busy few months for HL7 UK, with the successful annual conference, a Technical Committee meeting and the 3 roadshows approaching fast.

Now is also the time to prepare for the May 2009 Working Group Meeting in Kyoto. A background to WGMs appeared in the [last newsletter](#).

This year the International HL7 Interoperability Conference is being held at the same location, in the days leading up to the week long WGM, making the trip even more beneficial (8th, 9th May).

WGMs are primarily for those involved in HL7 working groups, actively



*HL7 UK 2007 Roadshow York*

working on or seeking to become engaged with emerging standards. In practice there are also information sessions, tutorials, and attendees from many allied organisations. The main focus of an IHIC is different, being about sharing the experience of implementing the standards created by those workgroups. Consequently the range of attendees is much broader, many of whom would not otherwise attend an HL7 meeting. These are people who have used the standard to tackle real world problems, and for whom messaging standards are just one part of the solution. Communicating this experience is vital. Papers and presentations are given on a huge range of healthcare integration projects. With HL7 CDA still currently growing in popularity, recent IHICs have covered it in many implementations. The event has the feel of an informative conference, rather than a workshop, with learning and networking being paramount. See [http://www.hl7.org.uk/marketing/archive/2009/090127\\_ihic09.asp](http://www.hl7.org.uk/marketing/archive/2009/090127_ihic09.asp) for further information.

The IHIC and WGM events also coincide with another less technical one, that has a little more history, predating us by around 1400 years. The Aoi festival and parade [\[http://www.city.kyoto.jp/koho/eng/festivals/aoi.html\]](http://www.city.kyoto.jp/koho/eng/festivals/aoi.html), is one of the oldest in Japan. So no doubt there will be some opportunity for sightseeing in this city of 2000 temples, that has 17 UNESCO World Cultural Heritage sites.

At the recent WGM in Orlando, there was renewed discussion about HL7 as a truly international organisation. HL7 has historically been a US centred community and can be viewed by some as an American club with a few people from overseas. The fact that the US is not an "affiliate" to the organisation,



unlike all other countries, serves to reinforce this special case view. We are keen to change this perception, which doesn't reflect the global team of individuals and companies that makes up HL7. Having regular WGM and IHIC meetings outside the US helps. However it is also important that each member in any country has the same rights and influence, including when it comes to voting on standards and elected officials.

As it stands a country such as the UK can have less votes than a large US based company. Switching to a more equitable system is challenging however since for various reasons countries charge different amounts to be a member. As it stands the US actually funds the bulk of what HL7 receives. So creation of a US affiliate and adjusting voting rights accordingly has potential for being controversial or impacting the organization's finances. The One Member One Vote committee continues to wrestle with this issue, at the request of the HL7 board, and this and the 2 UK members of the board (out of 17) should

ensure that our voice is heard internationally.

## **HL7.org** **delivering to** **stakeholders**

*By Charlie McCay,  
HL7.org TSC chair*

The HL7.org board and Technical Steering Committee (TSC) are working on making it easier to engage with the organisation, and to use HL7 products. There are three major tracks to this activity.

1. The TSC are working on visibility, making descriptions of HL7 projects, products and workgroups available. This work will continue, looking at how to make this information more accessible and available where it is needed and relevant.
2. The ARB has delivered an enterprise architecture framework. This will deliver consistency across HL7 products as it gets rolled out into the HL7



standards development process. Equally important, it will provide a framework that HL7 users can expect future HL7 standards to conform to, making their uptake and implementation more attractive.

3. The HL7 Roadmap is being developed by the HL7 board with the help of the Advisory Committee to express the longer term direction of the organisation. To make this a real it needs to connect with the HL7 project, products, and workgroups. Expect to see more progress in this space over the next 18 months.

## **The January WGM**

The Orlando Working Group Meeting was the first WGM for Lynn Laasko, the new Technical Steering Committee Project Manager. Lynn has allowed the [TSC](#) to take on more substantial planning work and is helping to make all the activity within the working group more visible.

An new [Enterprise Architecture Implementation Project \(EA-IP\)](#) (login *wiki* password *wikiwiki*) was setup by the TSC during the working group meeting to manage the rollout of the new HL7 Enterprise Architecture work being undertaken by the [Architecture Board](#) (login *wiki* password *wikiwiki*). The successful adoption of the Enterprise Architecture is a major objective for HL7 and a good deal of thought and effort was put into getting this project off to a good start.

Work on making HL7 projects more visible has progressed over the last three months, with the [searchable project list](#) being available from the HL7.org [home page](#) and also as an [excel spreadsheet](#) for those who want to do their own analysis.

There is also ongoing work to ensure that workgroup activity documents (minutes and agendas) are easier to find, and that committees have Mission and Charter documents that reflect their activity, and have three year plans available so everyone can share common expectations as to what the committees will produce.

A new set of activities led by John Quinn, the HL7 CTO, will ensure that we have a set of market-facing descriptions of the HL7 product set, and a process in place to maintain these descriptions. This should dramatically reduce the difficulty that newcomers have finding what offerings from HL7 are relevant to them. This work will compliment the activities of the HL7 marketing committee and market positioning work being led by Chuck Jaffe the HL7 CEO.

There is a final “visibility” initiative to make the working of the TSC and CTO more transparent. This includes publishing the roles and responsibilities for the CTO, TSC chair, and TSC project manager, and a work plan for the year, and the period until the next WGM. As part of this effort the TSC and CTO activities will be managed in clearly defined projects.

Both the TSC and the board spent time discussing how to deliver more effectively to National Initiatives, including in particular the new US administrations intended large investment in healthcare IT. This is an area where there will continue to be active planning, to ensure that HL7 can deliver the standards that are needed, and is seen to be able to do that.

This will clearly involve working with other standards organizations both internationally and in the US, and the CEO and CTO have been proactive in establishing the MoU agreements other

collaborations that will help ensure that HL7 can provide its members with a gateway into a coherent set of standards that meet the needs of its members. The TSC work to make projects, products, and workgroups more visible is also being extended so that work across organizations can be coordinated and reused.

On a separate note, the Implementation Technology Working Group is continuing to look at the schemas produced to support implementation of the XML ITS, and seeking ways to improve these, as well as considering how to take the “New ITS” proposals forwards. As the body of implementation experience grows there is a better understanding of the challenges and compromises that can be made. The new [HL7 Enterprise Architecture work](#) (login *wiki* password *wikiwiki*) introduces different levels of conformance, and this may help to address some of the concerns expressed during balloting on the New ITS proposals.

## **Sharing Local Clinical Documents and Images using IHE XDS**

*By Nick Brown, IHE UK*

Optimal patient care requires efficient access to relevant clinical documents. Most electronic documents used in local health economies will not be available via the CFH spine. IHE Cross Enterprise Document Sharing (XDS) is an internationally agreed method of sharing stored electronic documents through the use of an ebXML documents registry. IHE XDS supports access to a wide range of documents including HL7 CDA documents, pdf, rtf and DICOM Images. It can be used to provide access to documents in electronic form that are

stored within existing systems. There are plans to extend the specification for use in the UK to enable access to documents in hardcopy form.

Integrating the Healthcare Enterprise (IHE) is an international not-for-profit organization that enables suppliers and users of healthcare IT systems to work together to achieve smooth healthcare workflow. IHE-UK is a member of the British Computer Society Health Informatics Forum.

IHE enables smooth healthcare workflow regarding a specific healthcare delivery tasks through:

- Careful definition of a specific healthcare delivery task
- Specification of essential task information to be exchanged using some provisions of existing international standards
- Specification of essential task processes
- Annual testing of supplier software for conformance with the data exchange and process specifications

International healthcare standards bodies, such as HL7, create specifications that support a very wide range of healthcare use cases. IHE produces highly detailed specifications associated with a small number of key healthcare use cases. IHE specifications include profiles of international standards that have been used in the development of healthcare products.

XDS is an IHE Integration profile that supports a number of different use cases of clinical document sharing:

A group of enterprises (hospitals, hospital departments, community centres etc.) agree to share documents of a given type (Reports, Discharge Summaries, Results etc.) and given

format (pdf, CDA, plain text, rtf, DICOM image, etc). When a patient visits one of the participating enterprises and a document that falls within a category for sharing is produced then a copy of it is stored either in a local or a centralised document repository. In either case an entry is made in a single centralized registry.

A clinician can use an application to search the registry by patient identity, date etc. He/she can then review selected documents. A notification may be sent to relevant clinicians that a document is available for review.

The implementation of the XDS specification will be discussed during the HL7 Roadshow meetings in March in the light of a current project to implement XDS facilities in the Multiple Disciplinary Team setting.

Security is supported in XDS by means of a sensitivity index stored for each document included in the registry. A set of patient 'sensitivity' levels has recently been included in an international standard. One of five levels can be selected as a way of expressing a patient's feelings about who should have access to the documents and images being created for their care.

The five sensitivity levels range from the most sensitive level 5, which is intended to limit access to only one or two people who they trust, to level 1 which is intended to allow access to anyone who is trusted by any organization to be granted access even just for administrative purposes. Level 3, is expected to be the most commonly used level and it limits access to those with direct responsibility for the delivery of healthcare during the current episode.

The two page specification also includes

a set of healthcare professional functional role classes. A table shows which classes of professional are intended to have access to documents and images for each sensitivity level. For full details see section 6 of part 4 of the British Standard version of the CEN standard 13606 (BS EN 13606-4:2007).

This standard will be available for inspection on the IHE-UK stand D13 at the HC 2009 Showcase together with other IHE information (see [www.hcshowcase.org](http://www.hcshowcase.org)). Experts will be available on Stand D13 to discuss your needs. Your help is needed in planning the best use of IHE facilities in the UK.

## **Snippets from the WGM and colocated meetings**

*Further information from the WGM can be found on the HL7 UK website, including a report from Melvin Reynolds, co-chair of HL7 / ISO TC215 WG9 Health informatics - International eHealth standards harmonization.*

Two areas of particular interest for UK participants, & hopefully also for the HL7 UK membership, were the **Joint Initiative Council** (for eHealth standards harmonization), comprising CEN/TC251, ISO/TC215, HL7, CDISC and IHTSDO, and the **HL7 Affiliates Council, & Affiliate Chairs' meeting** that reflect the broader international face of HL7 through its many country affiliates such as HL7 UK.

**The HL7 Affiliates Council** met on Sunday; some highlights included:

1. Chuck Jaffe (HL7 CEO) noted the increasing prominence of Profiler-Enforcer Organizations (e.g. NHS CFH) and that HL7 will look for income from them.



2. John Quinn (HL7 CTO) noted 3 types of tooling: balloting and publishing, CDA implementation guidance/templating, v3 implementation/guidance tooling. All major users seem to apply v3 in different ways depending on infrastructure and architecture choices.
3. A question was asked about IHE specifications that are, functionally, standards (e.g. XDS).

There appears to be a negative attitude towards IHE from some parts of HL7, though in conversations it was difficult to ascertain the reason for this. From HL7 UK's point of view, they are organizations with different aims, scope, and outputs, with some overlap in the practical problems they look to solve.

At Sunday's **JIC Joint Working Group** points of discussion included:

BRIDG (Biomedical Research Integrated Domain Group), has been endorsed as a project of the JIC with CDISC as a lead partner .

Structured Product Labelling to become

a project of the JIC subject to agreement by regulators on the scope, content and implementation. *See Melvin Reynolds' report on the HL7 UK website for more on this topic, & JIC matters generally.*

V2.5 is on way to being an ISO standard, publishing in April at Edinburgh.

There was continued good press about the **HL7 eLearning Program**. In corridor discussions it seemed that hosting this programme in the UK could be a lot of work, but that allowing UK people to tele-commute to a course, in say, the US, might be possible (despite the time difference). *If any eZine readers are interested in this, please contact Rik Smithies.*

At the **Affiliate chairs' meeting** the subject of future WGMs and IHICs was discussed.

2010 WGM is planned for South America, possibly to align with the ISO meeting.

HIMSS is another possible hook up, but seen as too large and not such a good fit. However, an education thread could be appropriate to ensure an HL7 presence.

Plan for a non-US meeting in 2011 is

Australia, with a backup to be worked out (possibly Vancouver). Although there is still commitment to one non-US meeting per year, this has to be seen as part of an overall globalization plan. It is possible that these WGMs may not be an ideal use of money, if lack of profit is considered. However clearly they are good marketing, and Vancouver was one of the most attended WGMs ever.

We were encouraged by Berndt Blobel to consider the MIE (Medical Informatics Europe) in Sarajevo to attend, to submit papers, and to offer to host HL7 workshops (V2, semantic interoperability etc). It needs more than an ambassador programme, and to demonstrate that HL7 is the only organization that covers all eHealth aspects. HL7 is an institutional member of MIE (Medical Informatics Europe), though there has been little link with HL7 UK.

## **HL7 UK Events**

See the HL7 UK website for an up to date list of events.

### ***Future issues depend on you!***

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