

Summary of Health Level 7 (HL7) Meeting

January 14 – January 18, 2008

San Antonio, Texas

Reported by Bob Davis

Attachment Special Interest Group (ASIG) Activities

- *Changes are being finalized to reconciled HL7 balloted documents to be used by the Office of E-Health Standards and Security (OEES) to be incorporated into the Final HIPAA rule for claims attachments. The anticipated completion date for these documents is February 2008. In addition the group is developing a Frequently Asked Questions document. There are a couple of FAQ's that will require input from X12. These will be discussed at the Seattle meeting. Once this document is finalized it will be posted to the HL7 ASIG site. This is a living document and will continue to be updated. The group is also worked on revising the Claim Attachments White Paper. This paper needs to be revised to incorporate the CDA Release 2 information.*
- *A Patient Information Unspecified Content (PIUC) Additional Information Specification (AIS) is continuing to be developed. The group is making revisions to accommodate the CDA Release 2 changes. This AIS will be included in the next ballot for the May meeting. The ASIG still needs to define the process for when the specific AIS for one of the PIUC attachment types is developed. There needs to be a period of time to implement the new attachment type and remove it from the PIUC AIS list. **It is important to note that development of new attachment types is continuing based on industry needs unrelated to issues associated with HIPAA. The ASIG would also be supportive of a public health reporting attachment type if that becomes necessary to satisfy public health data needs.***
- *The group began to work on the Children's Preventative Health Services (CPHS) AIS. **It is important to note again that development of new attachment types is continuing based on industry needs unrelated to issues associated with HIPAA. The ASIG would also be supportive of a public health reporting attachment type if that becomes necessary to satisfy public health data needs.***
- *There was conversation on the IHE data. There was a comment that Medicare is discussing the ability to have the providers such as institutions, nursing homes, skilled nursing homes, etc. send the patient history data to Medicare. There was a question whether this should be housed at Medicare and sent to the facilities as the patient moves. Additionally the group was asked whether this data would be something that should be developed by the ASIG.*
- *There was a comment about the possible implications of SNOMED licensing requirements on the use of claims attachment.*
- *There are several states which are adopting laws that will require the workers comp claims and bills be submitted electronically. Each state is a little different. There is a possibility that HL7 will pursue a MOU with the Workers Comp group (IAIABC).*

Public Health Note:

This is a repeat of the note from the last HL7 meeting, but it still applies.

With each new quality initiative the increased importance of integrating clinical and administrative data becomes more significant. With the Attachment Final Rule still anticipated along with progressive changes to provider information systems, it is unclear what solution(s) for integrating clinical and administrative data will gain the most traction in the industry. While the discussions on this issue continue, it is important that Public Health reporting systems continue to be attentive to the national discussions. This is necessary to position these systems to capture and use this data at the least burden to the health care industry.

Harmonization Activities of the Vocabulary and Patient Administration Technical Committees

- *Work continues with the joint HL7 and X12 harmonization project for the demographic vocabularies. Since the last HL7 and X12 meetings there has been general agreement on the definitions for marital status concepts. The next step for the marital status value set is to establish a data steward for ongoing maintenance responsibilities. It is also important to note that the HITS Foundations Committee Small Scale Harmonization Project is also interested in harmonizing the marital status value.*

Since HL7 is an organization with international members, there is work going on to harmonize the marital status concepts with those from other countries. In particular Germany, Canada, Holland and Australia have expressed interest in the work that has already been accomplished.

As reported previously the living and residential arrangement concepts have been separated from the marital status value set as recommended by the National Committee on Vital and Health Statistics (NCVHS). The work to define the living and residential arrangement concepts has just begun. The definitions are being constructed to conform with the ISON 11179-4 standard for definitions. This work is occurring incrementally on Vocabulary Technical Committee Conference calls as well as during this meeting. The resulting definitions are routinely shared with the participating X12 work group chair for input. It should be noted that this work will be incorporated into the work of the HITSP Foundations Committee Small Scale Harmonization Project. This issue continues to provide a need for high level cooperation between X12 and HL7 in the effort to improve health information technology in this country. We still suspect that the Office of National Coordinator will look very favorably on this initiative. There has been considerable progress on this project, but more work is still left.

- *There continues to be work to harmonize HL7 version 2 vocabulary with HL7 version 3 vocabulary. This includes harmonizing vocabularies referenced by HL7 with the UB-04. As reported from the September 2007 HL7 meeting the Priority (type) of Visit (FL 14), Point of Origin (FL 15), and Patient Discharge Status (FL 17) are being harmonized. It is significant to note the harmonizing effort in HL7 to reference common UB-04 code sets as is the case in X12 transactions.*
- *There was a presentation to the Patient Administration Technical Committee to harmonize name, address, and communication number with ISO.*
- *There is work beginning with the Patient Administration Technical Committee to develop a white paper on a standard way to represent patient identifiers within HL7 standards.*

Public Health Note:

X12, HL7, and HITSP are increasingly seeing the importance of harmonizing the common data elements starting with demographic data in order to truly achieve interoperability between the variety of existing clinical and administrative systems. The importance of semantic interoperability (the fancy way of saying having common agreed upon data definitions) was one of my first lessons learned when I first started in the health care information business. It is encouraging the current importance being placed in this task by the current leaders in health information technology. Our bottom line is that the long standing lessons learned from public health are still very relevant. We have to keep reminding those current players the importance of our lessons learned to today's business of health care. Yes, we do have something to toot our horn about and we should do it.

This is very significant because the UB defined value sets references in many of our state data collection regulations or requested voluntarily are now becoming integrated into the standards used to communicate clinical data across health care entities. I hope this is the beginning of much more cooperation between HL7 and X12 in efforts such as this.

A new external code list for Marital Status and Living & Residential Arrangements would impact the current public health applications using these data fields.

Additional Harmonization Initiatives

- *As part of an organizational restructuring, HL7 is engaged in a process to formally harmonize its standards with those of ISO and CEN. A next step is to also include X12 in this activity. There will be a conference call with HL7 and X12 to lay the ground work for this activity. .*

Public Health Note:

As the standards development organizations increasingly see purpose in closer coordination of the content within their respective standards, it is increasingly important that entities needing to integrate clinical and administrative data should stay in touch with the progress of this joint HL7 and X12 initiative. Since we are seeing more states adding a variety of clinical content to state discharge reporting systems, it is important that the activities of the recognized SDO's be monitored.

Claim / Service Review Authorization and Attachment Data Determination Coordination Project Activities

- *HL7 and X12 management have both approved the project plan. This could effect the entire install base for the 837 claim and 278 preauthorization/referral transaction sets. The process to discuss the criteria to for claim versus attachment content is in progress. Any recommendations on the appropriate "home" for data elements between the X12 or HL7 standard would impact the maintenance and use of the X12 standards.*

Public Health Note:

Any entities needing to integrate clinical and administrative data should stay in touch with the progress of this joint HL7 and X12 initiative.

Electronic and Personal Health Record Activities

- *A Personal Health Record Functional Model, three Profiles of the EHR model (Child Health, Behavioral Health, Records Management and Evidentiary Support), and the CDA Profiles of the EHR Interoperability Model are being developed. All except the Records Management "Legal" profile passed ballot. The Regulated Clinical Research Technical Committee presented a draft EHR profile for international use for clinical research. It was motioned and approved for submission to ballot in Spring. The new PHR model was reviewed, and a high level of attention to a presentation on the new \$1.2 billion county-wide effort of France to provide a PHR for every citizen.*
- *February will be used to prioritize the products and allocate resources for the Spring and Summer work in the Technical Committee is initiating a project to begin the process to review all profiles and outstanding comments to begin work on the next version of the EHR model standard, and will seek to coordinate where possible with Europe and international work on EHR. The Technical Committee identified a variety of future work products and activities, including a new PHR class for Spring, consideration for splitting off the PHR work group into its own stand alone Special Interest Group, and work on mapping existing standards and HL7 data elements to the functions of the EHR model.*
- *The Structured Documents Technical Committee discussed and accepted the determination that CDA "observations" would be the best way to represent the few fields for the proposed AHIP/BCBSA PHR. The Technical Committee discussed and recommended the use of a CDA Release 2 Implementation Guide standard as the approach to ballot the proposed PHR portability standard.*

- The TC also recommended that the standard's scope be limited to a Plan to Plan PHR portability standard as the approach most likely to be successful in getting the standard balloted prior to December 2008.

Public Health Note:

It is important to stay connected to national developments with the functional models for the electronic health record as well as the personal health records. It is highly likely that these models will define the universe of data collected for a health care encounter in this country. Therefore, it would become very problematic for public health reporting systems to collect any data not included in the electronic health record once an industry standard emerges.

Next Meetings

Phoenix, Arizona

May 4 – 9, 2008

Vancouver, BC

September 14 – 19, 2008