



# HL7 Canada 2003/2004 The Year in Review



Canadian Institute  
for Health Information

Institut canadien  
d'information sur la santé

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## Message from the Secretariat

While the members of HL7 Canada have enjoyed many successes over the years, none can yet compare with 2003/2004. Internationally, we realized the release of HL7 Version 2.5 and several key components of HL7 Version 3, most particularly NeCST; domestically, we achieved the approval of vocabularies and code sets for a number of localized HL7 Version 3 messages. The past year also saw the creation of the online HL7 Canada Membership Directory and the posting of the HL7 Standards to the HL7 Canada Members Only web site. We also had two very successful HL7 Canada conferences.

2003/2004 was also a key year for standards development with respect to the pan-Canadian Electronic Health Record. CIHI and Canada Health Infoway Inc. ("Infoway") signed a Memorandum of Understanding (MOU) in May 2003. The MOU defined the roles and relationships of the two organizations with respect to the development and maintenance of standards required in support of a pan-Canadian Electronic Health Record (EHR) solution. At the Spring 2003 HL7 Canada Conference, Dennis Giokas, Chief Technology Officer, Canada Health Infoway, stated that HL7 Version 3 would be the cornerstone for messaging information in their architecture for the pan-Canadian Electronic Health Record, and that HL7 Canada would be a key forum for Version 3 message development.

So while 2003/2004 once again marked HL7 Canada's significant contribution (both domestically and internationally) to standards development and project implementation, the year was also notable for the organization's recognition of necessary improvements to its governance structure and processes.

As HL7 development commitments multiply and accelerate throughout Canada at the local, regional and pan-Canadian levels, HL7 Canada has been faced with new and important challenges. From an organization primarily focused on promotion and education of the HL7 standard, HL7 Canada's mandate has grown to include the following:

- The archiving/maintenance of standards and related deliverables (codes sets, templates, and vocabularies),
- The forum for approval of localized, pan-Canadian HL7 specifications, and
- A source of ongoing guidance and advice to HL7 projects across the country and indeed around the world.

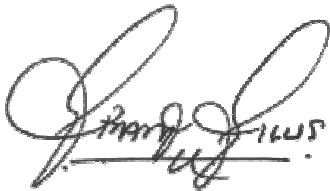
These new roles apply not only to just V2 messaging but also to V3, not to mention CDA and the growing host of HL7 products and services. To support its growing mandate, HL7 Canada initiated reviews of both its governance structure and its ballot process. These reviews resulted in the development and successful balloting of the new HL7 Canada Board of Directors Terms of Reference as well as the ballot approval process. These achievements are important components to HL7 Canada's efficiency and effectiveness as a membership-based organization.

What lies ahead for HL7 Canada in 2004/2005? Operationally, many more ballots to be sure, as V2 and V3 and other HL7 development projects continue. There will certainly be additional implementation projects throughout the affiliate, as individuals, organizations, and jurisdictions work to achieve greater interoperability. The membership will undoubtedly grow, in particular as we continue to enhance the engagement initiated this past year with the academic community. But what about the structures and processes of HL7 Canada?

In the governance review, IBM recognized that "... HL7 Canada stands at a crossroads: HL7 is already of real value to the Canadian health information community and there is great potential for its value to increase ..." While together we took the first steps to move past the crossroads towards our greater potential, much more work needs to be done to secure the value that HL7 Canada can provide. 2004/2005 will see the further evolution and improvement of HL7 Canada's governance structure and operational processes as we continue to work with the recommendations from the IBM review. Elections for the new Directors positions will open in April. With the new slate of Directors in place the following month, HL7 Canada will take the next step in improving its governance by initiating the development of a strategic plan. We need all members to participate in this important endeavour, as the strategic plan will help determine the future course and action of HL7 Canada.

In closing, like any volunteer-based organization, HL7 Canada thrives through the contributions from and returns to its members, so first a very big thank you to you, our Members. On your behalf, I would like to extend thanks to my fellow Executive members Jane Curry, Helen Stevens, Guy Paterson, and Ron Parker for their excellent service and stewardship. Last, but certainly not least, thanks to Gavin Tong, HL7 Canada Secretary-Treasurer, and June Seepersad, Membership Assistant, for their tireless endeavour and dedication.

Yours truly,

A handwritten signature in black ink, appearing to read "Grant Gillis". The signature is stylized with large, flowing loops and a horizontal line at the bottom.

Grant Gillis  
Chair, HL7 Canada

## HL7 Canada Governance

A vital component of the EHR solution involves support for data messaging standards, most notably HL7. With this in mind, CIHI and Infoway agreed to commission an independent review of the governance of HL7 Canada, in order to ensure that the governance reflects the current and expected requirements of HL7 Canada members and stakeholders. In particular, the review is intended to ascertain HL7 Canada's ability to provide the necessary leadership of and support for EHR and other related HL7 message standard projects.

In consultation with the HL7 Canada Executive, CIHI and Infoway undertook an RFP process and engaged IBM Business Consulting Services to undertake the independent governance review. Their findings and recommendations were reported at the Fall 2003 HL7 Canada Conference. The IBM report is available from the HL7 Canada website at:

[http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=infostand hl7can documents e](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=infostand hl7can documents e)

The two key highlights of the IBM recommendations were:

1. Expanding the HL7 Canada Board of Directors to include representatives with experience, knowledge and perspective on the various membership constituencies within HL7 Canada. Specifically, the report proposed the creation of Director positions for:
  - Federal/Provincial/Territorial health organizations,
  - Vendors/Consultants/Private Payers, and
  - Service delivery organizations.
2. Increasing the number of HL7 Canada Technical Committees to three, and referencing them to the following mandates:
  - Realm localization,
  - Education, and
  - Project support.

The report also recommended that the respective Chairs of these committees be given an ex-officio position on the new HL7 Canada Board of Directors.

## New HL7 Canada Board of Directors Terms of Reference

As a first step to implementing the IBM recommendations, the HL7 Canada Executive Committee created the Governance Implementation Committee to develop the new HL7 Canada Board of Directors Terms of Reference. The HL7 Canada Secretariat would like to thank the following members for their considerable time

and effort in assisting with the Terms of Reference development: Paul Conway, Jane Curry, Jim Forbes, Jan Labovich, Ron Parker, Guy Paterson, Helen Stevens, and Michael Van Campen. The Terms of Reference were balloted and approved by the HL7 Canada membership following two successful reconciliation teleconferences. The new Terms of Reference are available from the HL7 Canada documentation page:

[http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=infostand hl7can documents e](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=infostand hl7can documents e)

## HL7 Canada Ballot Process

As standards development activity increases in Canada there is a heightened need for formal pan-Canadian approval of the standards and their support documents. In addition, HL7 Version 3 requires HL7 Canada members to approve how it is localized for use, unlike its Version 2 predecessor.

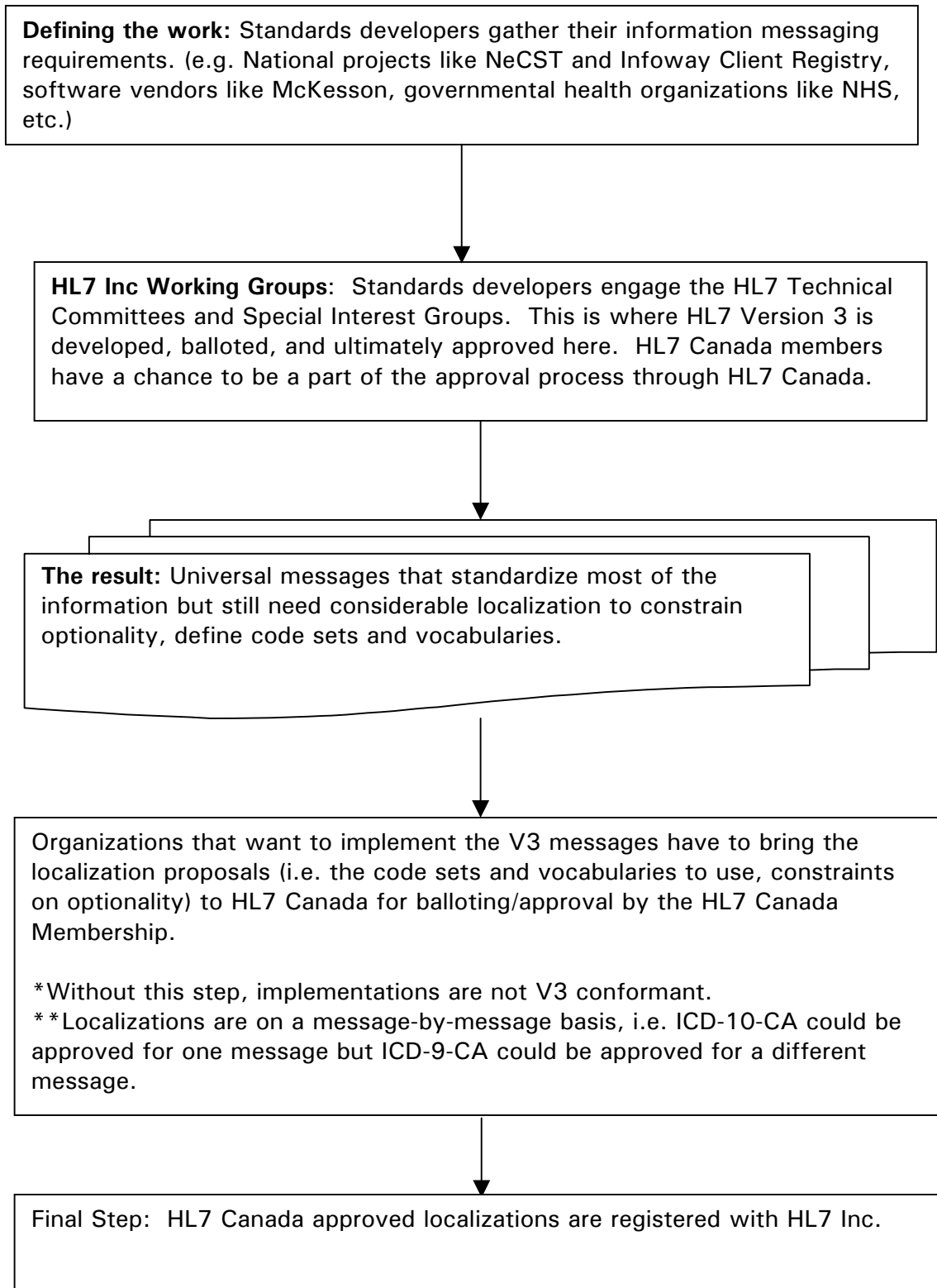
There are some key design considerations in the HL7 Version 3 development process that implementers need to be aware of. Neither HL7 Version 2 nor 3 can be implemented 'as is'. When it comes time to send the messages down the wire, various refinements and constraints need to be made. For example, to create an application that sends a V2 'admit patient message', an implementer needs to decide if they are going to capture information such as whether or not the patient has consented to be an organ donor, if they are a part of an immunization registry or if they have military status. The implementers can make these decisions and the message is V2 conformant so long as they follow the V2 message construction rules. These localized choices are a barrier to interoperability between disparate systems for, in practice, people do not make the same arbitrary choices.

From this issue and others, HL7 Version 3 was born. In HL7 Version 3, implementers cannot take the HL7 Version 3 standard and refine it (localize it) as they wish and claim to be conformant with HL7 Version 3. This is a very important distinction from V2, which any Canadian user of V3 needs to understand. The choices made in the 'admit patient message' example above need to be approved by HL7 Canada Members and registered with HL7, Inc. before they can be implemented in Canada. Without this step, the implemented messages are not conformant with HL7 Version 3.

Given this need for a realm-based localization approval process, over the last year the HL7 Canada Secretariat has worked with the HL7 International Process Improvement Committee [PIC] and HL7 Canada Members to develop a generic balloting process that is sufficiently flexible to serve HL7 Canada Membership's approval process needs. The steps outlined in the ballot process were actually used to approve the ballot process itself. The HL7 Canada Secretariat would like to thank Jane Curry, Jane Howarth, Lloyd McKenzie, and Betty Miller, for their considerable input and contribution to the development of the HL7 Canada Ballot Process. The HL7 Canada Ballot Process is available from the HL7 Canada documentation page:

[http://secure.cihi.ca/cihiweb/dispPage.jsp?cw\\_page=infostand hl7can documents e.](http://secure.cihi.ca/cihiweb/dispPage.jsp?cw_page=infostand hl7can documents e.)

**Figure 1.** Potential workflow for designing and approving HL7 V3 messages for Canadian use.



## HL7 Canada Membership

### 2003/2004 Corporate Members

We would like to thank all of HL7 Canada's members for their contributions this year, with special acknowledgement of our Corporate Members in 2003/2004. Their commitment to HL7 Canada is marked not only by their use of the standard, but also by their valuable contribution towards its ongoing development.

**Table 1. 2003/2004 Corporate Members**

Alberta Blue Cross	Green Shield Canada
Alberta Health and Wellness	Health Canada
Atlantic Blue Cross Care	HealthCare Software Inc.
BCE Emergis Inc.- eHealth Solutions Group	Hospital for Sick Children
Blue Cross Life Insurance Company of Canada	INETCO Systems Limited
British Columbia Ministry of Health	Interassure Group
British Columbia's Children's Hospital	Le Group Jean Coutu (PJC)
Calgary Health Region (RHA #3)	M.H. Nusbaum & Associates Ltd.
Calgary Laboratory Services	Manitoba Health
Canada Health Infoway Inc.	Manitoba Public Insurance
Canadian Dental Association	McGill University Health Centre
Canadian Institute for Health Information	MDI Solutions
Canadian MedicAlert Foundation	Med 2020 Health Care Software Inc.
Canadian Pharmacists Association	Medbase Research
Capital District Health Authority (DHA #9)	MediSolution Inc.
Care Point Medical Centres	Ministère de la Santé et des Services sociaux
Centre hospitalier affilié universitaire de Québec - Pavillon l'Enfant Jésus	Momentum Healthware Inc.
CGI Information Systems & Management	Neoteric Technology Limited
Chatham - Kent Health Alliance	New Brunswick Health and Wellness
COMPETE II Project	Newfoundland and Labrador Centre for Health Information
Courtyard Group	North York Community Care Access Centre
Dalhousie University - Main Campus	Nova Scotia Department of Health
Dinmar Consulting Inc.	Omnitech Labs
EDS Canada Inc.	Ontario Ministry of Health and Long-Term Care
Electronic Child Health Network	Orillia Soldiers' Memorial Hospital
ESI Canada	Praxia Information Intelligence
Gordon Point Informatics Ltd.	
Government of Nunavut Territory	

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Prince Edward Island Health and Social Services  
 QS/1 Data Systems Ltd.  
 Queen Elizabeth II Health Sciences Centre  
 Quest Consulting Group, Inc.  
 Régie de l'assurance-maladie du Québec  
 Regina Qu'Appelle Regional Health Authority (RHA #4)  
 Roam I. T. (Canada) Holdings Inc.  
 RxRite.Com Inc.  
 Saskatchewan Health  
 Saskatoon Health Region (RHA #6)  
 Sierra Systems Consultants Inc  
 Smart Systems for Health Agency  
 Sogique Inc.  
 Software School Consulting  
 Statistics Canada

Sunnybrook and Women's College Health Sciences Centre - Sunnybrook Campus  
 Synapse Project  
 TNT Global Systems Services Inc.  
 University Health Network  
 University of Calgary  
 University of Ottawa Heart Institute  
 University of Victoria  
 Vancouver Island Health Authority  
 VS Communications Inc.  
 Wide Skies Information Technologies  
 Winnipeg Regional Health Authority  
 Workers' Compensation Board of British Columbia  
 Workers' Compensation Board of Manitoba

### From the Archives...

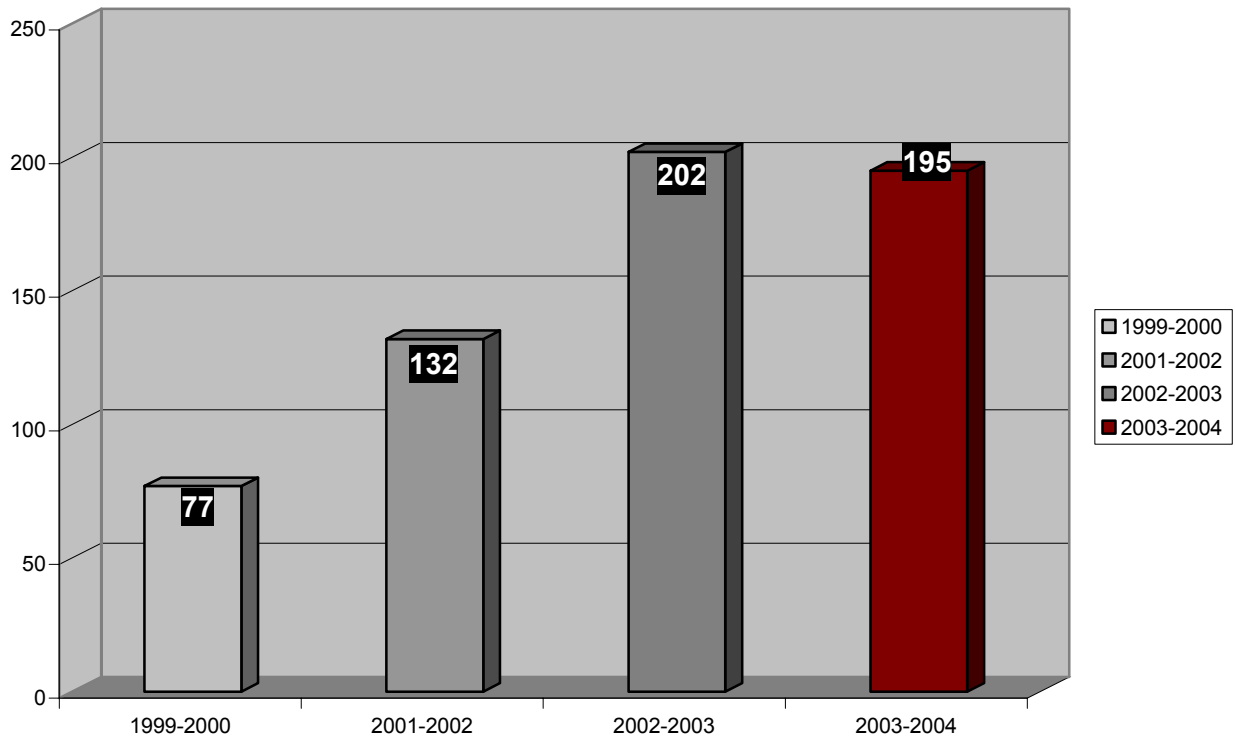
- In 1997, HL7 Canada's Interim Chair, Richard Alvarez, filed the first Annual Report for HL7 Canada.
- In 1997, CIHI's financial contribution to the administration of HL7 Canada was \$63,292.
- The 2000/2001 Annual Report announced that 5 more international affiliates had joined HL7 Inc. bringing the total to 15.
- In that same year HL7 successfully balloted the Clinical Document Architecture (CDA) standard, which at that time was believed to be the first XML-based standard for healthcare.

Yesterday	Today	Tomorrow
MS Word	Rosetree	MIF
Editor's Choice	Templates	Style Guides
US Meetings in the US	International Meetings inside the US	International Meetings outside the US
Single Floppy Disk (HL7)	8 Mb Download (HL7 V2.5)	40 Mb Download (HL7 V3)

## HL7 Canada Membership

Over the past three years HL7 Canada's membership has steadily increased. This growth represents the increasing use of HL 7 as the defacto standard in the electronic exchange of health information in Canada.

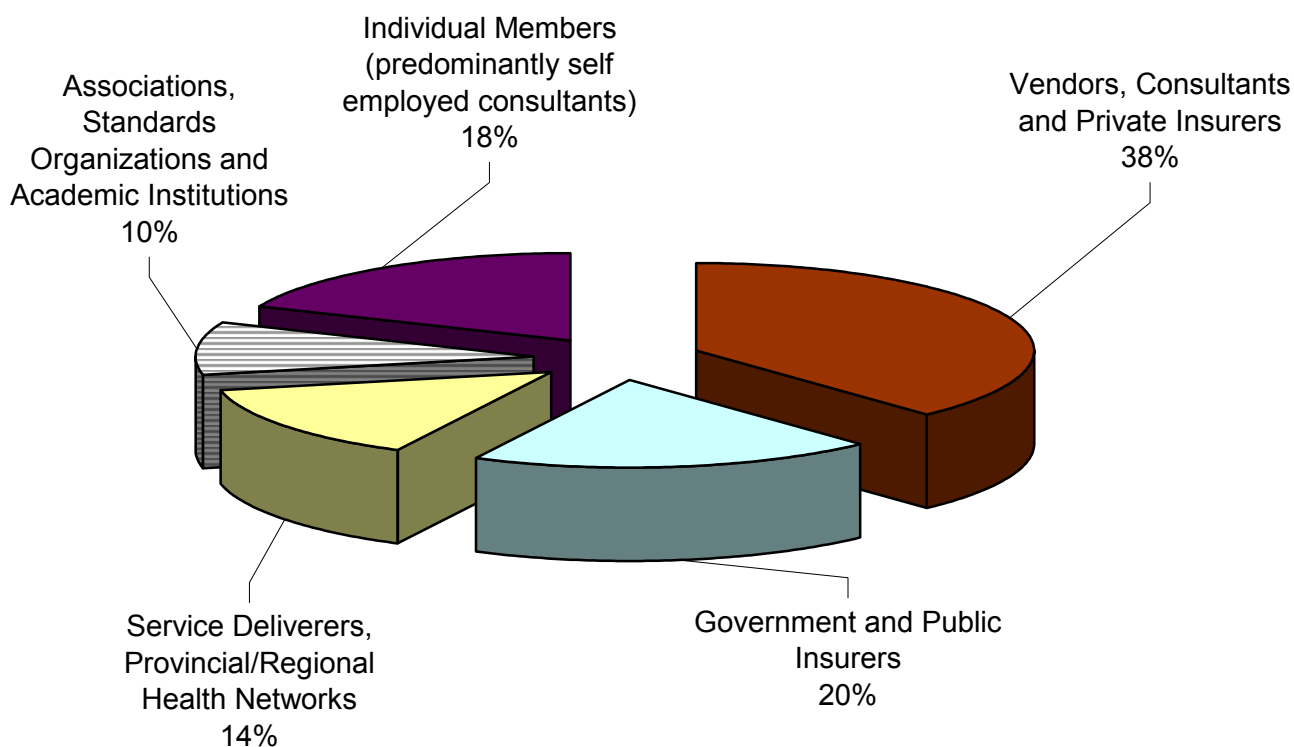
HL7 Canada's Membership



## Our Members' Diversity

HL7 Canada's 195 members represent the interests of a diverse range of organizations, including service providers (and associations), academic institutions, governments, software vendors, and consultants, reflecting the variety of data messaging and communication perspectives and needs within the Canadian health care system.

**2003-2004 HL7 Canada Membership Breakdown  
By Type of Organization**



## 2003/2004 HL7 Canada Workshops & Conferences

2003/2004 marked the continued success of the semi-annual HL7 Canada Meetings & Tutorials. Held in Ottawa and Halifax, the meetings and tutorials were well received, with the highest attendance ever for HL7 Canada events. In addition to the conferences, HL7 Canada hosted a customized workshop by member request.

- **HL7 Version 2 and Version 3 Advanced Training Workshop**

June 2-3, Calgary, Alberta

**Facilitators:**

- Helen Stevens, Chair, HL7 Canada Implementation Committee, Chair, HL7 Version 3 Publications Committee,

- Gavin Tong, Consultant, Canadian Institute for Health Information

On request from the Calgary Health Region, HL7 Canada delivered a two day advanced HL7 workshop to an audience of consisting of mostly interface analysts. The workshop participants learned about the differences between recent versions of HL7 V2. This included an examination of HL7 Version 2 XML, Arden Syntax and CCOW. The following day introduced HL7 Version 3 and gave participants a chance to use the HL7 Version 3 tool sets to work through a real life example demonstrating the complete HL7 Version 3 development methodology. The participants also reviewed the Clinical Document Architecture (CDA) and discussed some of the international implementations of CDA.

- **HL7 Canada Spring 2003 Conference**

April 7 and 8, 2003, Ottawa, Ontario

***Conference Highlights***

- Full day session introducing the HL7 standards aptly titled "Everything You Ever Wanted to Know About HL7 But Were Afraid to Ask"
- Advanced tutorial titled "HL7 Version 3 – From Design to Implementation" demonstrated the software required by the different stages of the HL7 Development Methodology and later took an in depth look at the HL7 Version 3 XML message schemas
- Keynote presentation from Dennis Giokas on the role of standards on Infoway's vision of the EHR and highlighted current activities and future plans

**Presenters at the HL7 Canada Spring 2003 Workshops and Meeting**

***Everything You Ever Wanted to Know About HL7 But Were Afraid To Ask***

- Guy Paterson, Director at Large, HL7 Canada Executive Committee
- Helen Stevens, Chair, HL7 Canada Implementation Committee, Chair, HL7 Version 3 Publications Committee
- Gavin Tong, Consultant, CIHI

***HL7 Version 3 - From Design to Implementation***

- Jane Curry, HL7 Canada Design Committee, Co-Chair, HL7 Modeling and Methodology Technical Committee
- Helen Stevens, Chair, HL7 Canada Implementation Committee, Chair, HL7 Version 3 Publications Committee

***The Role of Health Information Standards in Enabling the EHR Solution***

- *Dennis Giokas, Chief Technology Officer, Canada Health Infoway Inc.*

- **HL7 Canada Fall 2003 Conference**

October 30 and 31, 2003, Halifax, Nova Scotia

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***Conference Highlights***

- ➔ Presentation and consensus-building of the HL7 Canada Governance Review report from IBM
- ➔ Keynote address by Mark Shafarman, incoming Chair, HL7 Inc. discussing the HL7 Board Strategy for HL7 Version 3 and the role of International Affiliates
- ➔ Repeat of the highly acclaimed HL7 introductory tutorial "Everything You Ever Wanted to Know About HL7 But Were Afraid to Ask"
- ➔ Advanced tutorial focused on HL7 Version 3 design and development methodology and an in-depth examination of implementation aspects
- ➔ Energetic group discussions on HL7 implementation and design issues in Canada

**Presenters at the HL7 Canada Fall 2003 Meeting**

***Everything You Ever Wanted to Know About HL7 But Were Afraid To Ask***

- Guy Paterson, Director at Large, HL7 Canada Executive Committee
- Helen Stevens, Chair, HL7 Canada Implementation Technical Committee, and Chair, HL7 Version 3 Publications Committee
- Gavin Tong, Consultant, HL7 Canada
- Michael van Campen, Consultant, TNT Global

***HL7 Version 3 – From Design to Implementation***

- Jane Curry, Chair, HL7 Canada Design Committee, Co-chair, HL7 Modeling and Methodology Technical Committee
- Helen Stevens, Chair, HL7 Canada Implementation Committee, Chair, HL7 Version Publications Committee

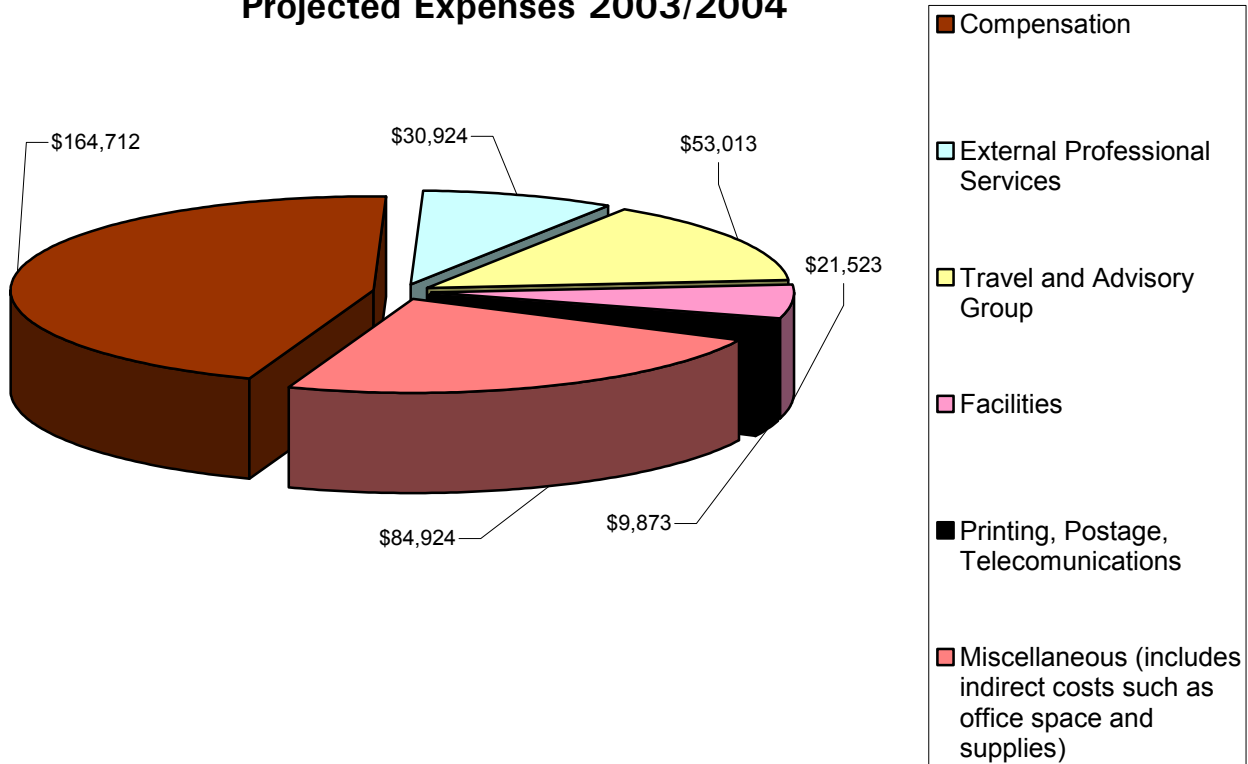
***HL7 Version 3: Developed Globally, Implemented Locally***

- Mark Shafarman, incoming Chair of HL7 Inc.
-

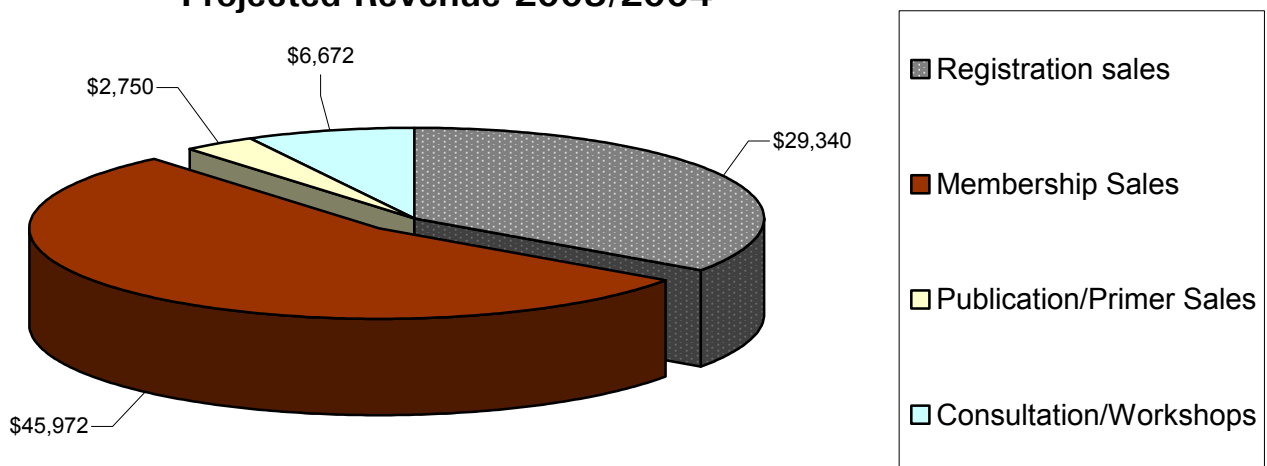
## The Financial Picture—HL7 Canada 2003/2004

The total cost of running HL7 Canada in 2003/2004 is projected at \$364,969. The projected revenue for this same period is \$84,734. CIHI's projected contribution to underwriting this cost is \$280,235 or 77%.

### Projected Expenses 2003/2004



### Projected Revenue 2003/2004



## HL7 Ballots 2003/2004 - Volunteer Efforts Made it Happen!

HL7 International released over 50 ballots and HL7 Canada voted on all of them! The HL7 Canada Secretariat can submit up to 8 votes per HL7 International ballot. HL7 Canada Members are advised of all open ballots and are invited to review and submit their comments to the HL7 Canada Secretariat. The HL7 Canada Secretariat amalgamates all of the comments received and submits them to HL7 International.

In 2003/2004 there was a marked increase in the number of volunteer HL7 ballot reviewers. The combined input from our volunteer HL7 ballot reviewers generated over 80 pages of ballot comments. HL7 Canada would like to acknowledge all of our volunteers who reviewed ballots, participated in meetings and teleconferences, and helped further the development of HL7 standards in Canada (see below). At the same time, the Secretariat also encourages those members who have not participated before to contact to the HL7 Canada Secretariat to learn about how they can be more involved!

### Tips for ballot review:

- Start with the introduction and scope statements
- You don't have to be an HL7 expert, we need people who know the business that drives the need for the standards
- Participate on conference calls and try to get one other colleague or Co-op student to join you
- If you can't find the information you need, contact the HL7 Canada Secretariat

**Fred Agyepong, Alberta Health and Wellness**  
**Anne Belford, BCE Emergis**  
**Louise Brown, TNT Global System Services Inc.**  
**Heather Cooper, Alberta Health and Wellness**  
**Paul Conway, Health Canada**  
**Garry Cruickshank, Canadian Pharmacists Association**  
**Jane Curry, Sierra Systems**  
**Danna Dobson, Smart Systems for Health Agency**  
**Shari Dworkin, Canadian Institute for Health Information**  
**Jim Forbes, University Health Network**  
**Andrew Grant, Sherbrooke University**  
**Bob Grant, British Columbia Ministry of Health**  
**Grant Gillis, Canadian Institute for Health Information**  
**Jane Howarth, Canadian Institute for Health Information**  
**Mary Ann Juurlink, Canada Health Infoway**  
**Perry Kjargaard, Saskatoon District Health Authority**  
**Paul Knapp, Canadian Dental Association**  
**Donald Kroetsch, TNT Global System Services Inc.**  
**Jan Labovich, Manitoba Health**  
**Mike Leavy, British Columbia Ministry of Health**  
**Eric Loken, Saskatoon District Health Authority**  
**Joginder Madra, Alberta Blue Cross**  
**Lloyd McKenzie, Lloyd McKenzie & Associates Consulting Ltd**  
**Betty Miller, Manitoba Health**

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**Don Newsham, *Sierra Systems***  
**Ron Parker, *Canada Health Infoway***  
**Grace Paterson, *Dalhousie University***  
**Guy Paterson, *Independent Consultant***  
**Julie Richards, *Canadian Institute for Health Information***  
**Chuck Sawyer, *Manitoba Health***  
**Krishan Saxena, *British Columbia Ministry of Health***  
**Helen Stevens, *TNT Global***  
**Bob Tate, *Health Canada***  
**Gavin Tong, *Canadian Institute for Health Information***  
**Michael van Campen, *Gordon Point Informatics, Ltd.***  
**Trudy Westad, *Saskatoon District Health Authority***

## On the International Front... HL7 Achievements in 2003/2004

- HL7 Version 2.5 becomes a standard
- HL7 Version 3 chapters pass membership level ballot
- First ever HL7 Education Summit held in Chicago, Illinois
- HL7 Version 2.5 Released
- 4th International Affiliates Meeting in Daegu, Korea
- HL7 Inc. teamed up with IHE to produce a bigger and better Interoperability Demonstration at the 2004 Annual HIMSS Conference and Exhibition

## Five New HL7 International Affiliates Join HL7

This past year, HL7 welcomed 5 new International Affiliates, these being Denmark, Greece, Ireland, Mexico and Spain . Outlined below are the new and established international affiliates for 2003/2004.

### **New International Affiliates**

- Denmark
- Greece
- Ireland
- Mexico
- Spain

### **Established International Affiliates**

- Argentina
  - Australia
  - Brazil
  - Canada
  - China
  - Croatia
  - Czech Republic
  - Finland
  - Germany
  - India
  - Japan
  - Korea
  - Netherlands
  - Lithuania
  - New Zealand
  - Southern Africa
  - Switzerland
  - Taiwan
  - United Kingdom
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## Canadians are Recognized!

Lloyd McKenzie, an HL7 Canada member since 2000, was the deserving recipient of the prestigious *W. Edward Hammond, Ph.D., Volunteer of the Year* award presented by HL7 International Inc. Lloyd, an employee of IBM Canada, was honoured for his outstanding contributions to the progress of HL7 International and accepted his award at the 17<sup>th</sup> Annual Plenary and Working Group Meeting in Memphis last September.

Lloyd's award recognized his time, dedication and strong support of Version 3, in particular his instrumental role in the Publishing Committee's creation of diagramming tools. These tools led to Version 3 content provider's ability to develop complex diagrams for information models, state diagrams and storyboards. Lloyd's many other contributions include involvement in the National e-Claims Standard project and his development of the method by which PDF files are output from the messaging workbench tool. He served as co-Chair of the Medication SIG, is active in the V3 Publishing Committee, the MnM technical committee and serves as the modeling facilitator for both the Orders and Observations technical committee and the Medication SIG. Congratulations Lloyd!

## HL7 and IHE Joint Demonstration – Standards Drive Healthcare Solutions

HL7 and IHE (Integrating the Healthcare Enterprise) joined forces for the February 2004 Annual HIMSS (Healthcare Information and Management Systems Society) Conference and Exhibition to produce the Interoperability Demonstration in Orlando, Florida. The combined efforts of HL7 Inc. and IHE eliminated the use of two interoperability demos that normally existed at the conference and instead produced one bigger and better demo. The joint demonstration was designed around typical scenarios encountered in the healthcare setting, including, among others:

- Identifying an adverse drug event and preventing medication errors,
- Notifying the Food and Drug Administration and reporting sponsors of clinical trials,
- Viewing clinical reports with links to related images,
- Integrating electronic records with public health reports, and
- Driving charge, capture, billing and claims attachments from clinical observations.

At the conference, participants had access to the latest HL7 draft specifications as well as a new set of integration profiles. The demo focused on showcasing how standards are currently used in healthcare and featured new areas of application under development to strengthen industry awareness of the importance of standards use. For more information please visit <http://www.HL7IHEJointDemo.org>

## HL7 Inc. Attributes NeCST with Majority of Domain: Claims and Reimbursement Work

The National e-Claims Standard (NeCST) received constant recognition and project updates in HL7 Inc. newsletters. A project update in the August 2003 newsletter attributed the current pan-Canadian project to the acceleration of the development of a Canadian electronic health record system. NeCST submitted their work to the HL7 Version 3 ballot

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at the Membership level under the Domain: Claims and Reimbursement Chapter and the article attributed their work as the majority of information in the chapter. BCE Emergis accomplished this first HL7 V3 implementation in Canada in conjunction with chiropractic and physiotherapy health care providers. Its implementation of a sub-set of NeCST messages for chiropractic and physiotherapy as part of a project with the Workplace Safety & Insurance Board of Ontario (WSIB).

The objective of NeCST is the development of an electronic standard for the exchange of health claims information between providers and payers. The NeCST project has been developing HL7 Version 3 claims and reimbursement messages for use in Canada but has also been working closely with the Financial Management Committee to submit the Canadian content into the International Standard.

During 2003/04, the NeCST project enjoyed many successes and achieved several milestones. As a result of significant stakeholder effort and sponsor support, the NeCST HL7 generic claims, pharmacy and preferred accommodation messages passed the HL7 V3 membership ballot and are now normative HL7 ANSI-approved standards.

NeCST is one of the first projects in the world to receive official recognition as an HL7 V3 ANSI-approved standard. This is a significant milestone for the NeCST project and for Canada, and development continues: as of November 2003, the Chiropractic & Physiotherapy Special Interest Group (SIG) submitted their messages forward to HL7 for Committee Level review.

The NeCST project has leveraged the extensive experience of the stakeholder group in electronic standards development. The genesis of the NeCST project was the work done by the BC Ministry of Health in their Electronic Health Claims Standard (EHCS) project initiated with chiropractic and physiotherapy providers in 1999. In addition to the BC EHCS, the project also leveraged the standards work of CPhA in their Pharmacy Electronic Communication Standards (PECS) and the widely implemented CPhA 3.

Many of the NeCST stakeholders are pioneers in pan-Canadian electronic standards. The Canadian Pharmacists Association electronic claims development dates back to the mid 1980's, while BC Teleplan dates back to approximately 1988.

### **Canada's First HL7 V3 Implementation**

NeCST's success as an accepted standard is highlighted by the work of BCE Emergis. Working in conjunction with chiropractic and physiotherapy health care providers, BCE Emergis is the initial implementer of a sub-set of NeCST messages for chiropractic and physiotherapy claims for the WSIB (Workplace Safety & Insurance Board) of Ontario. This represents the first HL7 V3 implementation in Canada. BCE Emergis designed a reusable methodology for HL7 V3 messages implementation through the development of an application program interface (API) for use by provider side software vendors.

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## HL7 Version 3 Reality

HL7 Version 3 progressed quite far this year with 9 chapters passing membership level ballot and receiving ANSI approval. Perhaps the most important of these is the HL7 RIM (Reference Information Model), which is the core of the HL7 V3 Standard. Other chapters include:

- Medical Records<sup>1</sup>
- Claims and Reimbursement
- Scheduling
- Shared Messages
- Extensibility and Localization
- XML Implementation Technology Specification - Structures, Release 1
- UML Implementation Technology Specification - Data Types

The following chapters are not normative for HL7 V3 and received Draft Standard for Trial Use (DSTU) status:

- Transport Specification - ebXML, Release 1
- Transport Specification - SOAP/WSDL Profiles, Release 1

<b>HL7 V3 Quick Stats</b>			
<b>Date</b>	<b># Of Chapters</b>	<b>Ballot Type(s)</b>	<b>Progress</b>
<b>August '01: Ballot #1</b>	<b>11</b>	<b>Committee</b>	
<b>January '04: Ballot #6</b>	<b>29</b>	<b>Committee, Memership, DSTU and Informative</b>	<b>7 Chapters have HL7 Standard status</b>

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<sup>1</sup> Even though Medical Records passed membership level ballot the Committee responsible for this chapter felt that not enough people examined their ballot and decided to declare themselves a draft standard for trial use (DSTU).

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## HL7 Expands its Working Group

HL7 International is active in a number of subject areas within health informatics. Special Interest Groups (SIGs), comprised of authorities in their respective fields of interest, work in conjunction with Technical Committees to advance the development of the HL7 standard. Below is a listing of HL7 Technical Committees and Special Interest Groups (SIGs). Each committee and group has a website and list server to promote discussion and ongoing work between meetings. If you are interested in any of the SIGs or technical committees you may wish to join one of the email list servers using the sign-up instructions at [www.hl7.org](http://www.hl7.org).

### HL7 Technical Committees:

- Technical Steering Committee
- Architectural Review Board
- CCOW (Clinical Context Management)
- Clinical Decision Support
- Control/Query
- Education
- Financial Management
- International Affiliates
- Marketing
- Medical Records/Information Management
- Modeling and Methodology
- Orders/Observations
- Organization Review Committee-*\*New\**
- Patient Administration
- Patient Care
- Personnel Management
- Process Improvement -*\*New\**
- Publishing
- Regulated Clinical Research Information Management -*\*New\**
- Scheduling and Logistics
- Structured Documents
- Vocabulary -*\*New\**

### HL7 Special Interest Groups (SIGs):

- Arden Syntax
- Attachments
- Clinical Genomics
- Clinical Guidelines
- Community Based Health Services
- Conformance
- Electronic Health Records
- Government Project
- Imaging Integration
- Java -*\*New\**
- Laboratory -*\*New\**
- Laboratory, Automated, and Testing
- Medication
- Patient Safety -*\*New\**
- Pediatric Data Standards -*\*New\**
- Security and Accountability
- Template
- XML

## Upcoming HL7 Events

**Note:** HL7 Canada members are entitled to discounted registration rates for events in both Canada and the USA.

- Partnership Symposium, April 19-21, 2004, Palliser Fairmont Hotel, Calgary, Alberta
- HL7 Canada Spring 2004 Tutorials and Meeting, April 22-23, 2004, Palliser Fairmont Hotel, Calgary, Alberta
- HL7 Working Group Meeting, May 2 -7, 2004, Hyatt Regency San Antonio San Antonio, Texas

## The 2003/2004 HL7 Canada Secretariat

**Grant Gillis, *Chair, and Director for CIHI***

**Gavin Tong, *Secretary-Treasurer***

**June Seepersad, *Membership Assistant***

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