



## REPORT TO EXECUTIVE BOARD

<b>Subject:</b>	<b>May 2015 Working Group Meeting: Paris</b>
<b>Dates:</b>	Saturday 9 <sup>th</sup> May to Friday 15 <sup>th</sup> May 2015
<b>Attendees:</b>	David Hay (DH) & Peter Jordan (PJ) – from total of 320 (inc.173 from 28 non-US countries)
<b>1</b>	<b>FHIR Connectathon 9</b>
	<p>70 attendees, 4 tracks, all exercising the new DSTU-2 version and reflecting current ‘hot spots’ in the evolution of FHIR:</p> <ul style="list-style-type: none"><li>● Patient (led by David Hay). PJ participated - converting a client from DSTU1 to DSTU2 using the latest version of Ewout Kramer’s .NET library and highlighting some test server bugs.</li><li>● V2 Message Conversion</li><li>● Financial Management</li><li>● Terminology Services</li></ul> <p>A noticeable feature was the large number of the 63 participants refining real-world applications (notably integration engines), rather than just developing clients on the spot, although the ease of doing the later, by a manger, was illustrated by Furore’s Rob Mulder.</p> <p><a href="http://thefhirplace.com/2015/05/10/make-your-first-fhir-client-within-one-hour/">http://thefhirplace.com/2015/05/10/make-your-first-fhir-client-within-one-hour/</a></p> <p>We think that this illustrates how FHIR is maturing – as people are now actually using FHIR internationally, connectathons are an opportunity to validate and test implementations, rather than learning from scratch (though there are certainly still ‘newbies’ that come along!)</p> <p>DH worked with other Core Team members on preparing tooling for the Clinical Connectathon the following Friday.</p> <p>The major debate in the concluding, demo, session, surrounded the issue of querying (possibly the most controversial area of the specification) – notably the differences between the HTTP (ignore unrecognized parameters) and Database (accept/reject an entire query) views of the world.</p>
<b>2</b>	<b>Policy Summit Meetings</b>
	<ul style="list-style-type: none"><li>● HL7 standards in action throughout the world, including ‘Green Field’ nations (so to speak) such as Kenya and Saudi Arabia. Major challenges appear to be the implementation of identifiers and providing ‘frustration-free’ and ‘outcome driven’ user experiences.</li><li>● Most widely-discussed presentation was FHIR and the Future of Healthcare... now available at <a href="http://www.slideshare.net/ewoutkramer">http://www.slideshare.net/ewoutkramer</a></li></ul>

3	<b>Board Meeting</b>	<ul style="list-style-type: none"> <li>● Incorporation of CIMI into HL7 approved in principle.</li> <li>● On-going discussion on the terms of a proposed grant of US\$400k from ONC (including 100k for FHIR testing) – aggressive deadline appears to be non-negotiable.</li> <li>● Project Argonaut (FHIR-&gt;Meaningful Use 3). 14 organisations (including Epic &amp; Cerner) involved in Phase 1 (due for completion on May 31) and 100 other organisations have expressed interest.</li> <li>● HL7 Terminology Authority report generated a scoping discussion between the Terminology and Vocabulary Working Groups. IHTSDO require value sets incorporating SNOMED-CT concepts to be reviewed every 18 months, is this realistic?</li> <li>● US politicians confusing interoperability with connectivity an area causing much frustration for the CEO and Congressional representatives.</li> <li>● Open Health Tools – code governance a major issue with open source projects.</li> <li>● FHIR governance moving into the core HL7 Structure – “the aim is not to slow it down!”</li> <li>● Suggested topics for next Board Retreat included governance of FHIR Profiles and vendor blocking of interoperability.</li> </ul>
4	<b>International Council Meeting</b>	<p>Individual Affiliate reporting has moved from an ‘around-the-world’ set of brief comments to 4 substantive, 30 minute, presentations per WGM. <b>New Zealand was pre-selected to present at the next WGM.</b></p> <p>The International Task Force has established 4 key principles:</p> <ol style="list-style-type: none"> <li>a. Universal standards (profiles, constraints &amp; extensions) registered at HL7 international (n.b. Registries of FHIR profiles and associated tooling).</li> <li>b. Organizational and individual members belong to both an Affiliate and HL7 international</li> <li>c. Financial equity – based on per capita criteria</li> <li>d. Creation of a US Affiliate (becoming more certain to happen).</li> </ol> <p>Proposed reporting template for HL7-related projects in affiliates – may not be possible for URLs of document repositories to be exposed because of IP and multi-standard projects.</p> <p>Recovering 25% voucher fees from on-line testing agents a major issue for India where, on average, 100 new certifications are issued per year!</p> <p>Reminder that attendance at 1 WGM per year is a condition of each Affiliate Agreement.</p> <p>Some debate over the venue for the next WGM to be hosted outside of North America – in May 2017. Cologne is the front-runner; however a more imaginative (and profitable) choice might be Bangalore. Big issue in many countries is finding venues that can accommodate 30 break-out rooms and 400 bed block bookings.</p> <p>Amalgamations with standards organisations in other Affiliates (e.g. Canadian Standards Collaborative) – will openEHR move to an affiliate model?</p> <p>Venue sought for IHIC 2016 – probably Switzerland or Italy.</p>
5	<b>FHIR Management/ Governance Group Meetings</b>	<p>There was discussion around some ‘governance’ changes that are occurring within FHIR – specifically that a FHIR Infrastructure’ working group has been formed to maintain the infrastructure resources (like the conformance resources). These have been maintained by FMG until now.</p> <p>Plan for DSTU-2 is for release end of July. This allows 6 weeks for committees to work on outstanding issues, QA and for changes to be actually deployed into the spec. There’s a possibility of slippage as there are many changes – though mostly at the resource rather than infrastructure level (which is a good thing). Some 1400 ballot comments were received.</p>

6	<b>Working Group Meetings</b>	<p>Many of these focused on FHIR DSTU-2 ballot reconciliation and were attended by members of the Core FHIR Team.</p> <p>PJ attended Modelling &amp; Methodology meetings - included items on timing events and use cases, plus the introduction of a new (annotation) data type – and the Conformance Guidance &amp; Testing Group. DH attended mainly infrastructure type meetings – e.g. conformance and profiling resources. Significant effort in preparing for the Clinical Connectathon on the Friday.</p> <p>The ‘Birds of a Feather’ presentation by Art Décor – a terminology mapping application using FHIR - was also of particular interest and provoked a long after-session debate with openEHR practitioners and members.</p>
7	<b>Training</b>	<p>DH presented the Introduction to FHIR tutorial.</p> <p>DH and PJ both attended the FHIR Profiling tutorial.</p>
8	<b>Clinical Connectathon</b>	<p>Showed how FHIR is starting to attract more Clinicians and Business Analysts who are less interested in the technology, and more interested in how it can be used to represent the clinical information they want to share.</p> <p>In particular the tooling developed by DH (hosted at <a href="http://clinfhir.com/">http://clinfhir.com/</a> ) was extremely well received by the clinicians at the event (and in other meetings throughout the week). The purpose of the tooling to allow non-technical folk to understand and contribute to FHIR – so it’s a training &amp; ‘experimenting’ tool.</p> <p>The event is going to be re-branded as ‘Clinicians on FHIR’ and it is expected to significantly grow in numbers (much as the technical connectathon has done). To date the numbers have been strictly capped (invitation only) to allow the format of the event to be determined, and tooling developed, but it looks like this is now ready, and there is significant interest from those who have not been able to attend so far. It will certainly grow to the level of the Technical Connectathon – and likely beyond.</p>
9	<b>Concluding Remarks</b>	<p>An organisation in ‘rude health’, energized by the collective drive to push a high-quality FHIR version into normative status as the flagship, next generation, HIE standard. It’s probably accurate to say that a FHIR-related project is now underway in nearly every single affiliate. The ‘bread and butter’ version 2 and CDA standards remain strong, but version 3 messaging is clearly heading to deprecated status as evidenced by its replacement being seen as a core driver for FHIR adoption in the UK.</p> <p>Government funding of HL7 NZ is the envy of many other affiliates who are struggling to cope with falling membership in the light of open standards.</p> <p>FHIR continues to mature. We are seeing more vendors (e.g. Epic, Cerner, Allscripts) participating throughout the event (not just at the connectathon), but also Clinicians are increasingly becoming active. This is especially important as FHIR profiling is going to become very important - as described by the Chair of HL7 – Stan Huff in his introductory remarks:  <a href="http://www.hl7.org/documentcenter/public_temp_B81924D8-1C23-BA17-0C5FD6D3D2372EA1/brochures/wgm/HL7_WGM_20150312.pdf">http://www.hl7.org/documentcenter/public_temp_B81924D8-1C23-BA17-0C5FD6D3D2372EA1/brochures/wgm/HL7_WGM_20150312.pdf</a></p> <p>Next WGM is in Atlanta, GA, USA – October 4-9, 2015. One, FHIR-free, NZ representative required to present to the International Council on Sunday, 4<sup>th</sup> October!</p> <p>If funding allows, consideration should be given for 2 people to attend this time to allow participation in the widest range of activities. It is expected that the Connectathons (Technical and Clinical) are going to be very large this time as they are back in the US, DSTU-2 will be out, and initiatives like Argonaut continue to raise the profile of FHIR. New Zealand has a high profile in the development of FHIR, and it’s nice to see non-US countries contributing to such an important standard.</p> <p>Hopefully the vendor community will continue to support this – and we’d like to especially thank Orion Health who funded DH travels to the event – as well as HL7 NZ who funded both PJ &amp; DH accommodation and attendance costs.</p>