

HL7 Connectathon, Annual Meeting and Working Group Meeting+ Atlanta

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Report Submitted to HL7NZ Board

By John Carter

Thanks for your support of my attendance at last month's HL7 meetings in Atlanta, GA, USA. As has become our custom over the past couple of years, we held a Zoom debrief session jointly with HL7 Australia featuring attendees from both countries and members of HL7 staff. I'm also submitting this report with my thoughts about the meeting.

HL7 continues to grow and change as a (not-for-profit) business enterprise, while still fulfilling its primary mission as a standards development organisation. I find these changes both unsettling and exciting at the same time. On the one hand, the steady routines of standards development continue, and more than 100 separate standards have been balloted (including new and reaffirmed standards) in the past year. But half of HL7's revenue now comes from the various "accelerators", where like-minded stakeholders pay (often \$100,000 or more per year) for a faster cadence and a higher degree of professionalism. More startup, less academe.

At the Connectathon, it was hard not to feel a little bit dispirited. Like on social media or academic publishing, the Connectathon puts the successes on display and glosses over the failures and the "still working on it" that characterise most of what most of us do most of the time. Our local interoperability sector is largely in stasis without a clear national vision and the associated financial carrots or regulatory sticks. So, while lots of people demonstrated and refined their projects, I felt like we didn't have much to talk about. Nonetheless, I enjoyed seeing the many successes and innovations at the International Patient Summary table and others, and I hope to share some of those with you at the upcoming Digital Health Week New Zealand FHIR workshop and the March 2025 joint Connectathon with HL7 Australia. I did spend a Connectathon morning talking with Ryan Mavin from the Australian Digital Health Agency, who was attending his first HL7 meeting. He's in charge of the modernisation of the long-standing and troubled AU My Health Record platform, and it was great to share my HL7 knowledge with him and hear his insights about running such a large and high-profile project.

Another sign of the changes at HL7 was the inclusion of a 1.5-day "Working Group +" agenda. The goal of these sessions is to reach an audience of "standards-adjacent" people: clinical, policy, IT, and so on. The presentations focus on the impact of standards on implementers and the many opportunities for collaboration across communities in the larger health IT world. One notable success

in the WGM+ was the visit by more than 90 people from the CDC (the US public health agency), which is headquartered in Atlanta. By exposing these public health officers to what goes on at HL7, we can hope for better uptake of the existing standards and – fingers crossed – maybe a few new volunteers to help build the next ones.

At the International Council meeting, we looked at a new proposal for how HL7 and the national affiliates might work together, but there was substantial pushback from some countries and so the discussion continues. For us, as a small affiliate paying the minimum fees, it does seem likely that a new operating model will be needed soon. Although we've always punched above our weight in HL7 thanks to luminaries like David Hay and Peter Jordan, I worry that we may soon be too small to play a meaningful role in the HL7 International. I will be working with the newly elected Chair of HL7AU, among others, to explore options in the coming year. We also heard from many IC delegates about the regional and often member-driven efforts underway in their areas, and I'm convinced that these are the way to go for us in NZ. When national governments are unwilling or unable to pursue the standards agenda, other members are stepping up to ensure that they are building and procuring standards-based products.

Following the Connectathon and the WGM+ sessions, I attended the HL7 Board Meeting. In past roles, I've worked closely with both the current Chair and especially the Chair-Elect. Although I did sense some tension among Board members, I have great confidence in the Board officers to steer the ship steadily and on a heading that meets the mission: improving health care with interoperable data.

I rounded out the week attending sessions of the Terminology Infrastructure Work Group and the Terminology Services Management Group. In the 25-ish years I've been involved with HL7, I've seen a growing recognition of the importance of getting the terminology issues right. At the same time, some of the more arcane terminology problems have largely been pushed into the corners, which is a good thing. Those (like me) who take an interest in the corner cases are free to debate all night, but most implementers can get on with their work quite well in the meantime.

In conclusion: HL7NZ continues in the standards development mould I'm most familiar and comfortable with: passionate, like-minded volunteers supported by their employers (even when they're self-employed) to spend a few hours a month working on specifications for the public good. But globally, this model is changing, speeding up, and demanding an ever-greater commitment, so that deliverables are defined and produced more efficiently. The Atlanta meeting helped shape my thinking on this and helped me make the connections we will need to ride the waves of change rather than getting pushed under.