

**IOM Panel on the Office of the National Coordinator  
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Thank you for inviting me to speak before this group. It's an honor to share my thoughts about HL7 and its impact on the Office of the National Coordinator.

The volunteers of HL7 have developed standards for 20 years, and I have had the privilege of calling many of you friends and some of you mentors for almost as many of them.

The stakeholders of HL7 are global and their needs are varied. By and large, ONC has been successful in addressing the needs of the US stakeholder community. At HL7, we have a working relationship with many of the ONC components, including HITSP, with whom we work intimately, often on a daily basis.

There are also stakeholders outside the ONC domain, including those at the NIH, FDA, CDC and the VA System.

There are three highly inter-related objectives that HL7 tries to meet: Standards development, standards maintenance, and standards harmonization. They require the reliance on different skill sets and different volunteer groups.

We also work to make our specifications compatible with various standards, including structured vocabularies, business technologies, such as X-12 and NCPDP, and with other implementations and architectures, like CDISC.

Because our stakeholders span the globe, we also provide far-reaching education, technical training, and outreach programs to support our constituents.

We have recently embarked on an initiative to bring our standards into alignment with those of ISO and CEN. This Charter Agreement is intended to achieve harmonization, but perhaps more importantly to work toward a single standard and, even before harmonization is required, to identify gaps where no standards exist. That work offers great promise.

HL7 is responsible for multi-centric cooperative programs, such as the BRIDG model development, that brings together, within a single domain, the diverse expertise of the Regulated Clinical Research sponsor community, the NIH, international Regulatory agencies, such as the FDA, EMEA and JPA, and the technical expertise of CDISC volunteers.

We have other parallel initiatives to align the academic research centers, such as the caBIG program, created and funded by the NCI and supported by university and other non-profit healthcare centers that focus on cancer research.

As you have heard from Dennis Giokas, we participate in other initiatives, such as the program to help connect the Canadian Provincial healthcare systems through Canada Infoway.

There are other international programs, integral to HL7, such as those supported by the UK National Health Service and by the Australian cooperative known as the National eHealth Transitional Authority, or NEHTA.

Recently, we have begun another international outreach effort to develop tooling technology for creation HL7 specifications. This program connects the technical efforts of the UK, Canada, and Australia. The first Board meeting takes place in Toronto next month.

Finally, we have embarked on several significant programs to better understand the needs of our stakeholders, the domain experts with our physician and nursing end-user communities, and the developers and vendors who translate our standards into useful products.

Our efforts are supported by cooperative initiatives through the CCHIT, the EHR Vendors Association, and IHE (Integrating the Healthcare Enterprise).

Foremost, we would very much like to enhance the ongoing relationship with the Office of the National Coordinator.

We see three areas that hold promise:

1. Participation in the HL7 Roadmap project, by which HL7 stakeholders will help define technical, business, and policy goals, timelines for their successful completion, and metrics for success. ONC has committed itself to full contribution to this initiative, and we trust that they will have the resources and funding to participate fully.
2. Secondly, HL7 is reliant upon the policy support of ONC for our international harmonization projects. There is a great deal of need to go beyond the efforts of HITSP. Through the Office of the National Coordinator, the Department of Health & Human Services has an opportunity to support efforts to bridge the gaps in the ISO and CEN standards. This cannot be accomplished without the commitment of ONC on both a policy and a strategic level.
3. Lastly, HL7 needs the support of ONC at a technical level. The CDA, or Clinical Document Architecture, a pivotal component of V3, has begun to enjoy widespread adoption and implementation, both in the US and outside of our borders. There cannot be future functional interoperability without the real incentives necessary for V3 adoption.

The OpenHealth Tooling Group promises to bring much greater implementation of V3 to agencies and healthcare systems beyond the UK, which has invested millions of dollars in its successful development. The tooling project is, in itself, a multi-million dollar investment by government agencies, charitable foundations and trusts, and the private sector, with a goal of transforming our specifications into working solutions.

I am planning to testify before the House Subcommittee on Science & Technology, which is considering legislation to provide policy change and funding to healthcare IT. Successful standards adoption is critical to that achievement.

But we need much more of that.

Some form of HL7 version 2 is deployed in virtually every healthcare system and hospital in the US. As we move toward an interoperable National Health Information Network, we need to bring ONC more intimately into the standards development process. The success of ONC and plans for a national network are, more than ever, tied to the success of HL7.

We need to have a more effective tooling framework, a higher degree of harmonization, a greater realization of the global impact of this process, and a more enlightened community of physicians and administrators, if we hope to achieve the goal of better healthcare quality for all of us.

Thank you.