


IHE Interoperability Showcase: Collaboration in the Marketplace

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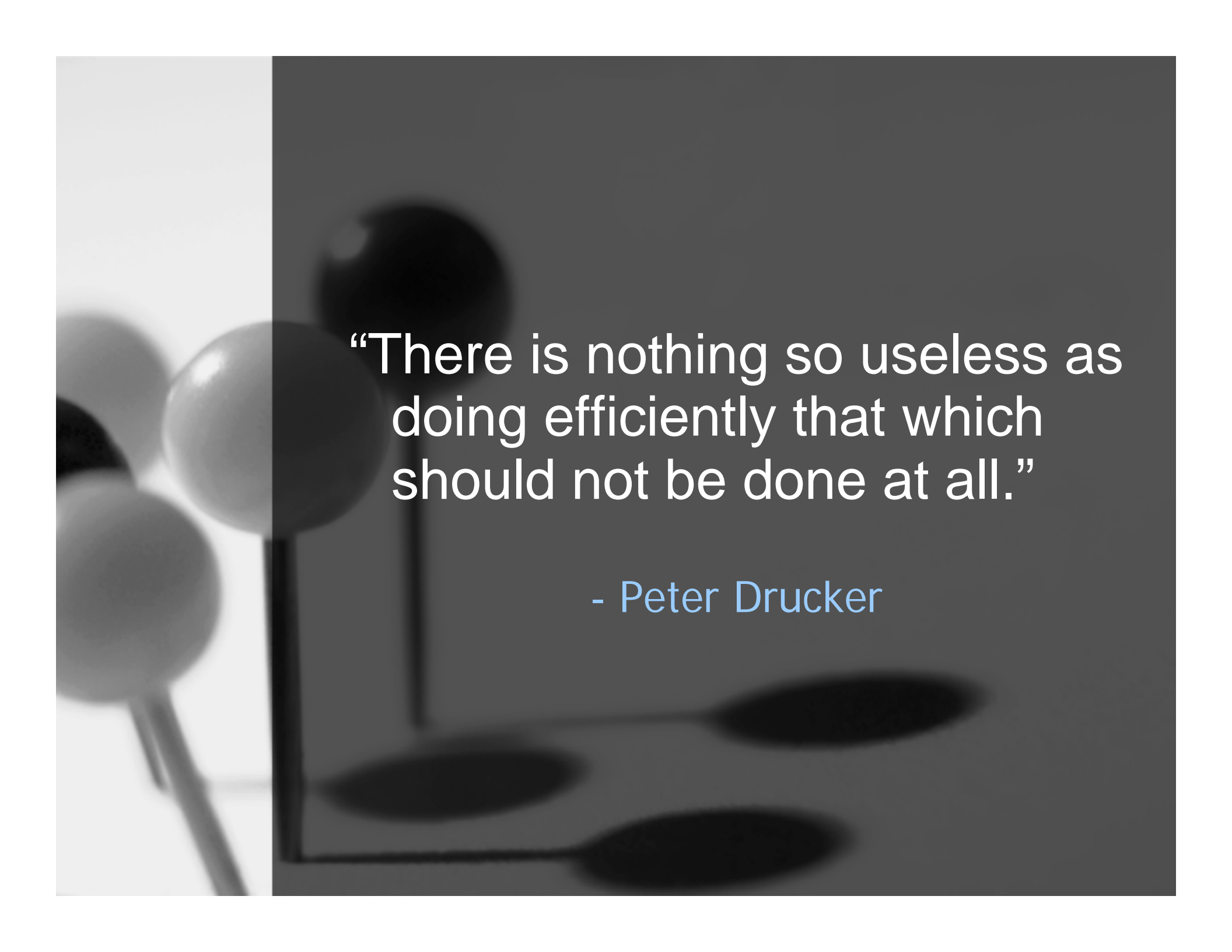
"Nothing will ever be attempted, if all possible objections must *first* be overcome."

- Samuel Johnson



Making HITECH Real: An HL7 Perspective on the Marketplace

- The easy part: getting the technology right...and adopted
- The critical parts: aligning the adoption pathway to the policy objectives
- The valuable part: a collaborator with government agencies, solution providers, end-users and other standards organizations
- And the stuff that makes this possible: the recent RFPs and the ones to come, mandating collaboration




“There is nothing so useless as doing efficiently that which should not be done at all.”

- Peter Drucker

What Standards do we make?

- Messaging standards for exchanging a broad range of healthcare data
- Reference Information Model (RIM): now an ISO standard
- Document standards & the Clinical Document Architecture
- Electronic Health Record System functional model
- Personal Health Record functional model

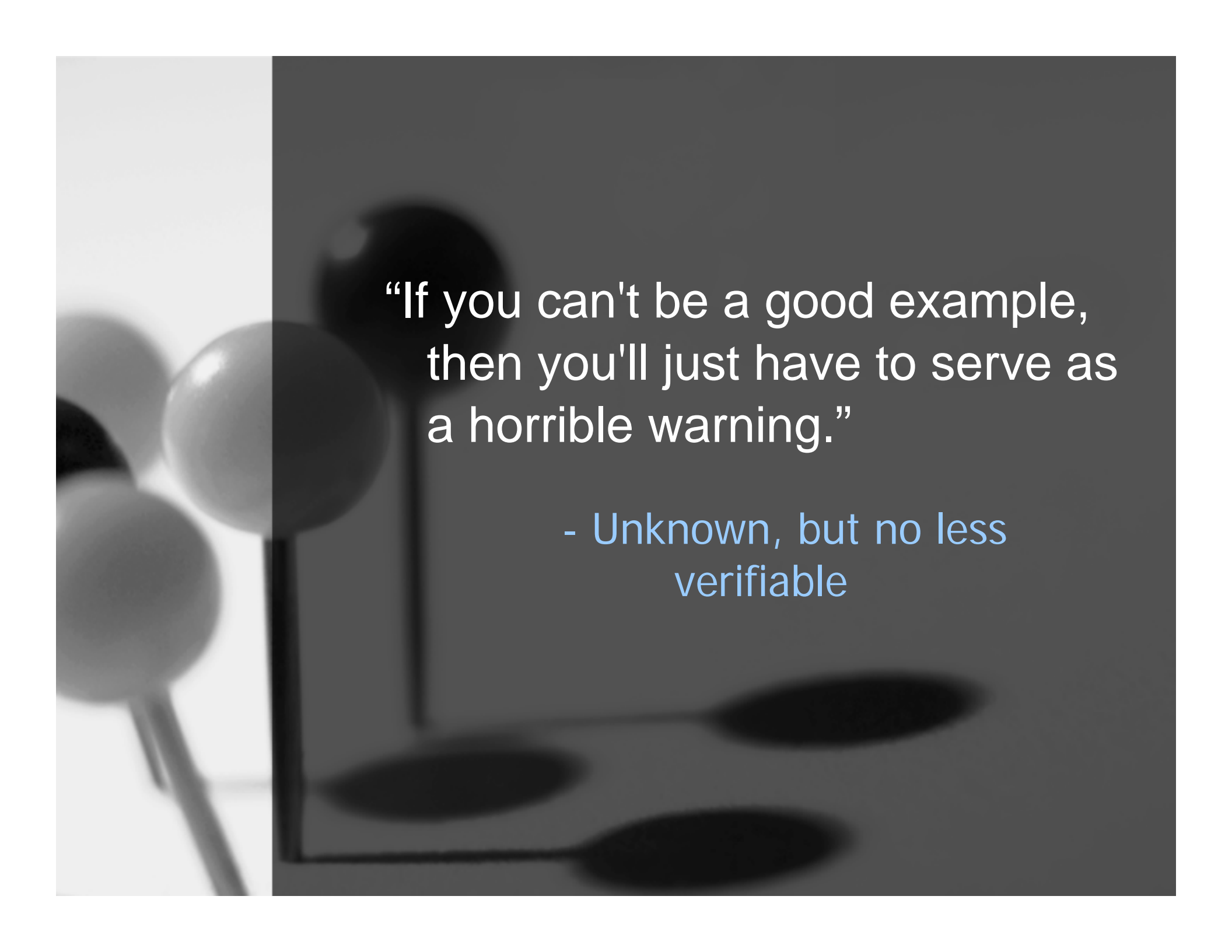


“If you’re doing something the same way for ten years, the chances are you are doing it wrong.”

- Charles Kettering

With whom does HL7 collaborate?

- Government agencies...in the US, like the Office of the National Coordinator, CMS, the Department of Defense, as well as the CDC, VA, NIH and FDA
- ...and worldwide
- Solution developers and software vendors
- Other standards developers for lab, devices, imaging, clinical and basic research, and vocabulary developers
- End-users, academic centers & clinical groups

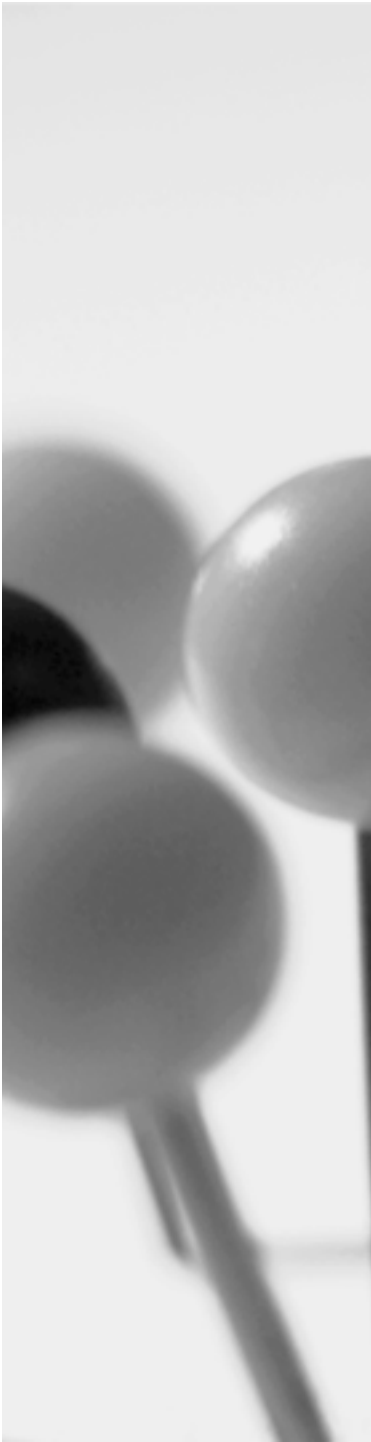


“If you can't be a good example,
then you'll just have to serve as
a horrible warning.”

- Unknown, but no less
verifiable

Collaboration with IHE

- Harmonization of the process for implementation and the development of implementation guides
- Collaboration on realm-specific standards application in the EU and beyond
- Creation of a white paper defining for the US Federal agencies a process for accelerating implementation
- Pilot project: codifying the process and management of implementation guides for clinical document architecture templates



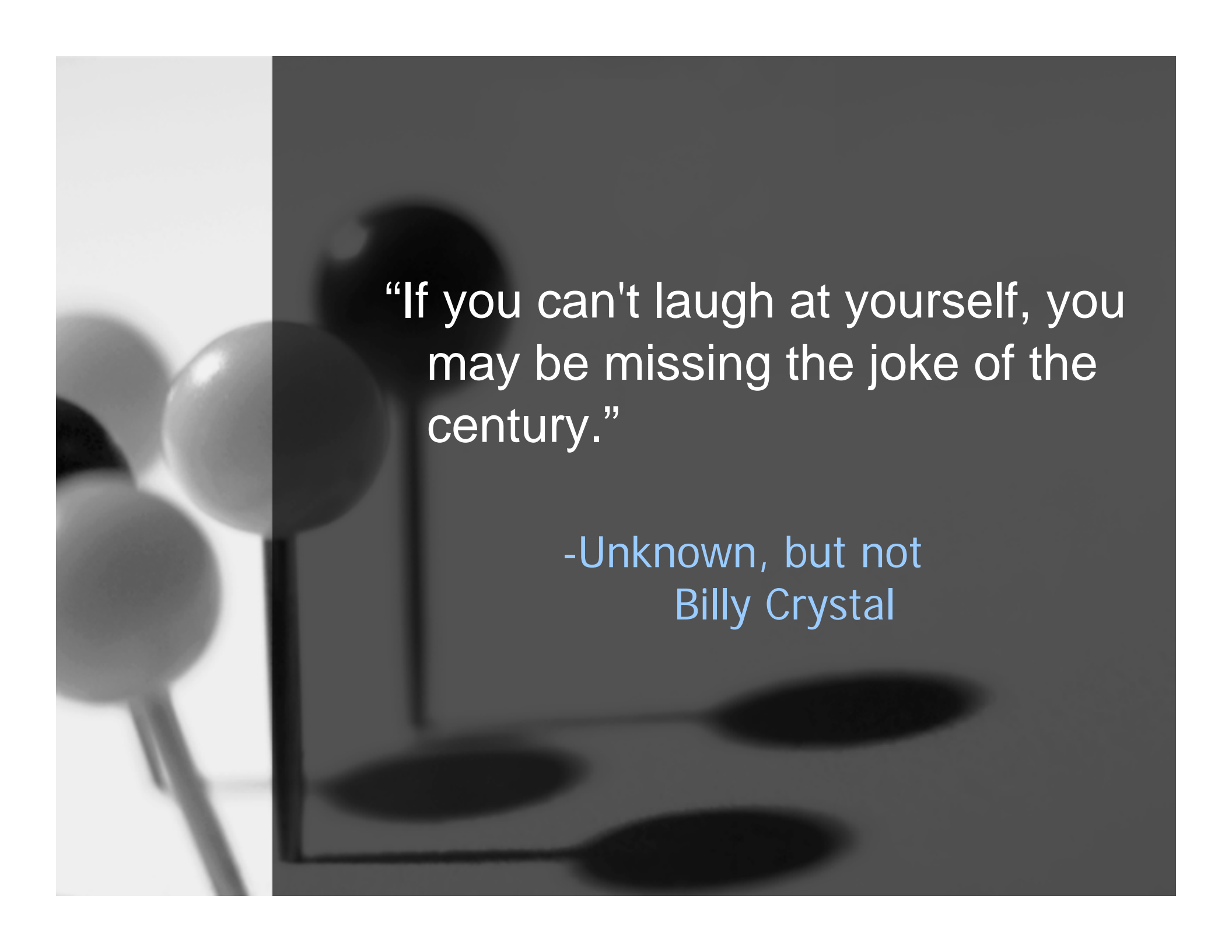
I haven't got the slightest idea
how to change people, but still I
keep a long list of prospective
candidates just in case I should
ever figure it out.

~ David Sedaris
American Humorist



Collaboration with other SDOs

- CDISC: BRIDG model for integration of patient care and clinical research data
- GS1: aligning business requirements for supply chain and resource management
- Continua: integration of device data into clinical records
- LSIT & others: application of genomic and other preclinical data into personalized medicine at the point of care
- Broader collaboration with standards development organizations...
 - in the US (SCO) and
 - in the global community (JIC / ISO)



“If you can't laugh at yourself, you
may be missing the joke of the
century.”

-Unknown, but not
Billy Crystal

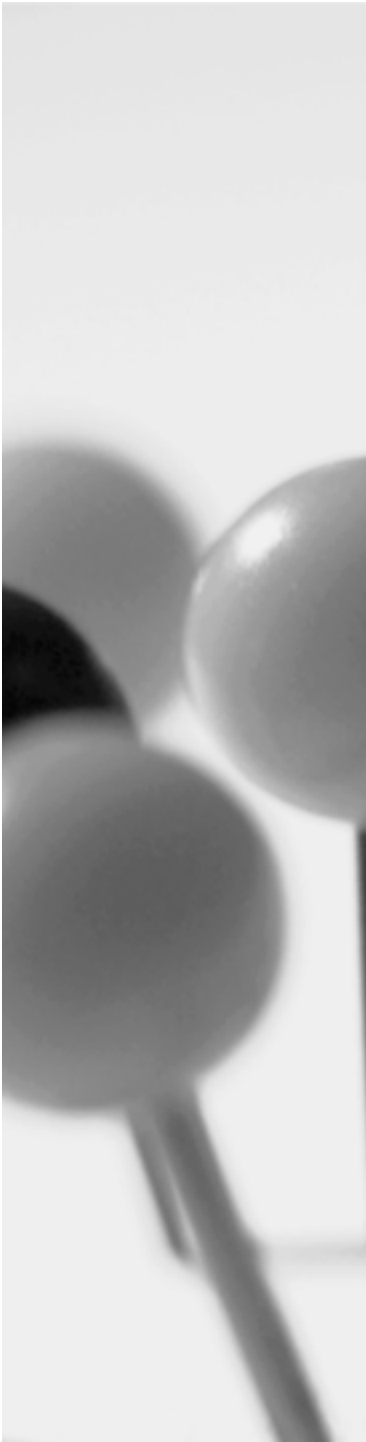
What's next for HL7?

- Expanded involvement in supporting “meaningful use” and the Interim Final Rule
- Innovative solutions for enhancing existing standards & building the tools to make them better
- Collaborative projects with US-centric and with international SDOs
- International growth, bringing experience, expertise, and shared resources
- Support for the Developing World



“How much easier it is to be
critical than to be correct.”

- Benjamin Disraeli



What we need to make Interoperability easier?

- Identity of the owner. Whose data is it?
- Meaning of the terminology. Who agreed to say it that way?
- Understanding of the transport mechanism. How did you get it there?
- Plans for sharing (and reusing). What can you do with it?
- Trust

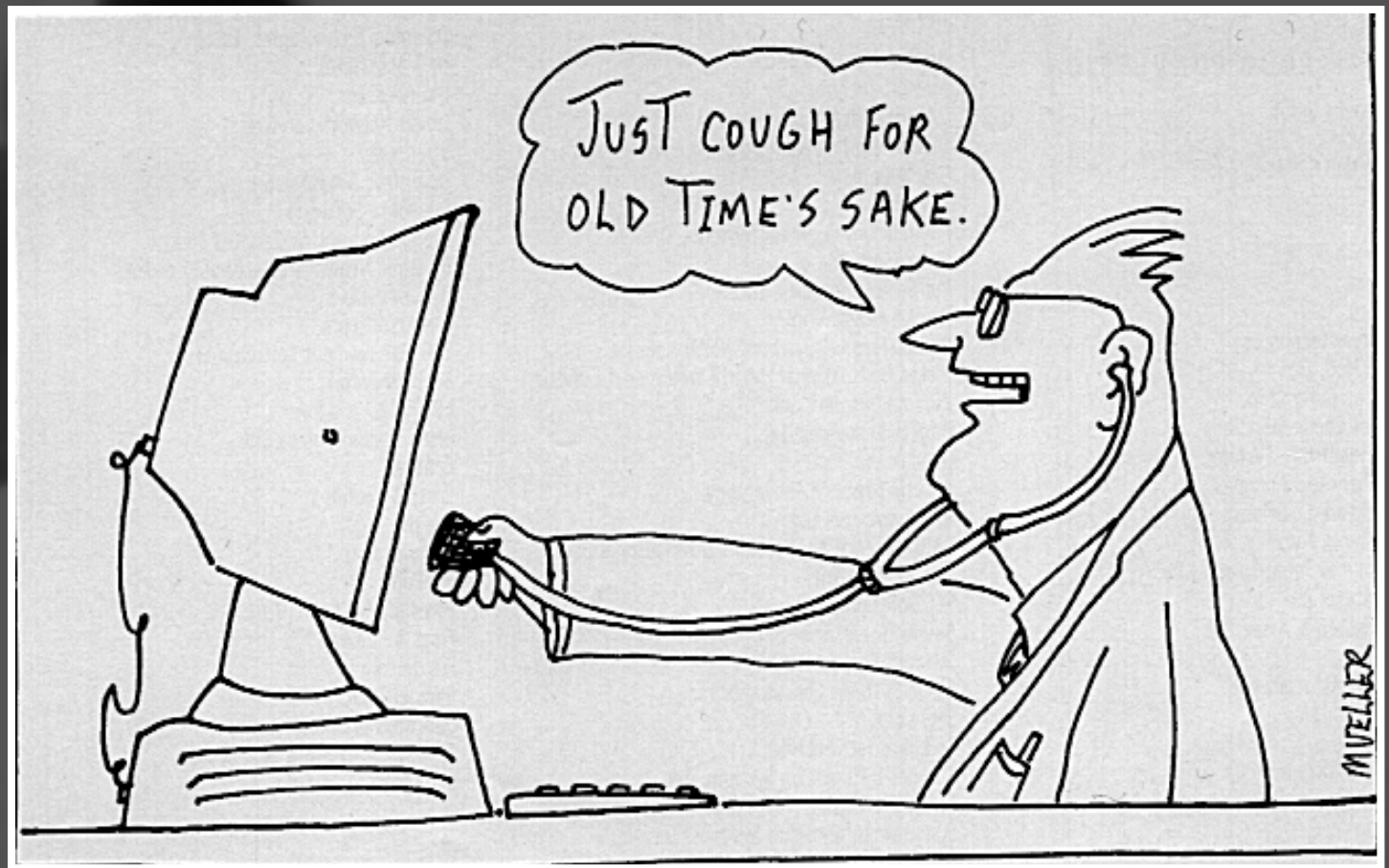


A Closing Thought

“The difference between physicians and pilots is that pilots realize that they have to get into the airplane with the people they care for.”

- Lawrence Weed

Thanks



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