Health Level Seven, Inc.

For Immediate Release

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HL7 to Develop Continuity of Care Record Clinical Document Architecture Implementation Guide

New implementation guide will be based on HL7's ANSI-approved CDA architecture to foster interoperable solutions, reduce medical errors, improve the quality of care and reduce costs.

ANN ARBOR, Mich. — Nov. 2, 2005 — Health Level Seven, Inc. (HL7) today announced that it will create an implementation guide for expressing ASTM International's Continuity of Care Record (CCR) data set in an HL7 Version 3 (V3) Clinical Document Architecture (CDA), Release 2 (R2) document. This implementation guide will afford the United States healthcare industry an incremental but immediate step toward the level of interoperability needed for a national Electronic Health Record (EHR). All stakeholders have been invited to join in this work, which will take place within the framework of HL7's Structured Documents Technical Committee and will follow HL7's normal, open balloting process.

"Building on the positive progress toward harmonization during the recent CCR ballot, the development of the CCR CDA Implementation Guide will bridge the gap between healthcare data elements and a common framework that has been adopted in the United States and globally," said Mark Shafarman, chairman of the HL7 Board of Directors. "HL7 has worked toward finding the sweet spot of standardization by building a common healthcare information technology framework that is robust and nationally accredited."

The new implementation guide will combine the CCR-defined set of patient data elements with the CDA's standardized and industry-accepted method for expressing clinical documents. The implementation guide will be easy to use, concise and can be scaled incrementally as vendors and healthcare organizations in all segments of the healthcare industry achieve higher levels of interoperability. The various CCR clinical data elements expressed in CDA's XML syntax and based on the HL7 Reference Information Model (RIM) would become semantically interoperable — or re-usable without loss of meaning — across the entire family of HL7 standards, and vice versa.

"I believe the ability to implement exchangeable documents for Claims Attachments, the Care Record Summary and the Continuity of Care Record speaks to the strength of HL7's Clinical Document Architecture platform," said Carl Dvorak, executive vice president of EPIC Systems. "I think we have general consensus that the HL7 architecture is a solid platform for the future of interoperability standards."

“The Military Health System (MHS) cooperates closely with the Veterans Health Administration (VHA) and supports its commitment to implement standards based on CDA and the HL7 Version 3 Reference Information Model,” said Colonel David Williams, deputy director of information management at the Office of the Assistant Secretary of Defense for Health Affairs. “For example, we will use the HL7 CDA its first bidirectional pilot between Madigan Army Medical Center and the VHA. Additionally, we have defined an Enterprise-Wide Referral and Authorization System for managing the transfer of care among military treatment facilities and civilian networks. A key feature of this system is support of referrals and authorization through summaries and other clinical documents."

CDA, R2 is the basis for many types of clinical documents both in the United States and internationally. Based on the concept of scalable and incremental interoperability, the CDA is HL7’s specification for the standards-based exchange of clinical documents. CDA is an HL7 V3 standard approved by the American National Standards Institute (ANSI) and, like the other HL7 V3 standards, is defined from the HL7 RIM, an industry and internationally accepted object model for building semantically interoperable healthcare standards. Using Extensible Markup Language (XML), the HL7 RIM, and controlled terminology for structure and semantics the CDA has been used around the world to exchange standard clinical documents such as History and Physical (H&P), discharge summaries, x-ray reports and other documents that represent the core of a patient’s lifetime record.

Davin Hills, vice president of MediNotes, Inc. said, “HL7’s Clinical Document Architecture has depth, breadth and flexibility as a standard and it is rewarding to see the data elements in the CCR being wrapped into such a widely accepted and flexible framework as CDA. Within the last week, HL7 developed the Quick Start Guide for CDA (http://www.hl7.org/Library/Committees/structure/CDAQuickStart%5Fv1%2E1%2Ezip) that reinforced the simplicity of a CDA implementation. For vendors servicing small physician ambulatory practices, CDA levels the playing field and allows communication between hospitals, enterprise vendors and ambulatory practices that has not been available in the past.”

“The announcement of the development of HL7’s CCR CDA Implementation Guide is consistent with the College's policy calling for the development of one standard for pertinent clinical summaries,” said Michael S. Barr, MD, MBA, vice president of practice advocacy and improvement at the American College of Physicians. “As the largest medical specialty association, the American College of Physicians advocates for an interoperable system supporting such technologies as electronic health records, electronic prescribing, and clinical decision support tools that will lead to a higher standard of quality in the U.S. health care system.”

The CCR, jointly developed by the Massachusetts Medical Society (MMS), the Health Information Management and Systems Society (HIMSS) and ASTM International, is a core set of timely and relevant data elements, such as allergies, medications and problems, related to a patient and collected during an encounter with a physician or other healthcare practitioner for transmission to another physician or healthcare practitioner. This set of data elements is particularly useful during patient discharges, referrals and transfers when timely information about the patient needs to be transmitted accurately and quickly from one physician to another. Standardizing this set of data elements will help in the ongoing national efforts to reduce medical errors and contain medical costs.

About HL7

Founded in 1987, Health Level Seven, Inc. (http://www.HL7.org/) is a not-for-profit, ANSI-accredited standards developing organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. HL7's more than 2,000 members represent approximately 500 corporate members, including 90 percent of the largest information systems vendors serving healthcare.

HL7's endeavors are sponsored, in part, by the support of its benefactors: Accenture; Centers for Disease Control and Prevention (CDC); Duke Clinical Research Institute (DCRI); Eclipsys Corporation; Eli Lilly & Company; the Food and Drug Administration; GE Medical Systems; Guidant Corporation; IBM; IDX Systems Corporation; Intel Corporation; InterSystems Corporation; Kaiser Permanente; McKesson Provider Technologies; Microsoft Corporation; Misys Healthcare Systems; NHS Connecting for Health; NICTIZ National ICT Institute for Healthcare in The Netherlands; Oracle Corporation; Partners HealthCare System, Inc.; Pfizer, Inc.; Philips Medical Systems; Quest Diagnostics Inc.; Science Applications International Corporation; Siemens Medical Solutions Health Services; Solucient, LLC.; the U.S. Department of Defense, Military Health System; the U.S. Department of Veterans Affairs; and Wyeth Pharmaceuticals.

International affiliates have also been established in 25 countries throughout the globe including Argentina, Australia, Brazil, Canada, China, Croatia, Czech Republic, Denmark, Finland, France, Germany, Greece, India, Ireland, Italy, Japan, Korea, Mexico, The Netherlands, New Zealand, Spain, Switzerland, Taiwan, Turkey and the United Kingdom. Recently, the HL7 Board approved the establishment of two new affiliates in Malaysia and Uruguay.

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