Health Level 7 (HL7) Implementation Guide Current and Future States

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Why do we need a national IG?

- Immunization related data is exchanged between a wide variety of systems
 - >50+ public health jurisdictions
 - >A multitude of EHR vendors
 - >A huge number of provider organizations
 - >Other submitters like pharmacies
- Individualized connections are too much work for everyone

Where have we been?

- > IGs have been published by AIRA/CDC
- > The first IG came out in 1997 (HL7 v2.3)
- > An updated IG using HL7 v2.3.1 came out in 1999
- The last v2.3.1 IG came out in 2006
- > Beginning in 2010 a series of IGs using v2.5.1 were published

Why so many iterations?

- > The immunization community has been out in front
- > We are learning as we go
- > Writing a specification is very different than implementing
- Early versions had some issues
 - Requirements were too loose
 - HL7 best practices were broken
 - Not all core concepts were supported

The latest and the greatest

- Release 1.5 (v2.5.1) is the most recent IG and is called out in the 2015 EHR certification and Meaningful Use stage 3 regulations
 - ►IG published Nov 2014
 - >Addendum published July 2015
- Systems on both sides are actively implementing this document
- Is this the end?

Release 1.5 clarifications

- > AIRA publishes guidance documents to clarify ambiguity in Release 1.5
- > These typically originate with implementer questions
- Unlike the Release 1.5 addendum, these are not called out in regulations
- Clarification are likely to get incorporated into new versions of the IG and reflect a vision for the future and a need for implementation advice now

Published AIRA clarifications

- Solution Series Strategy St
- National Set of Error Codes
- Guidance for HL7 RSP Messages to Support Interoperability
- Solution Service Structure and the Use of Specific LOINC Codes

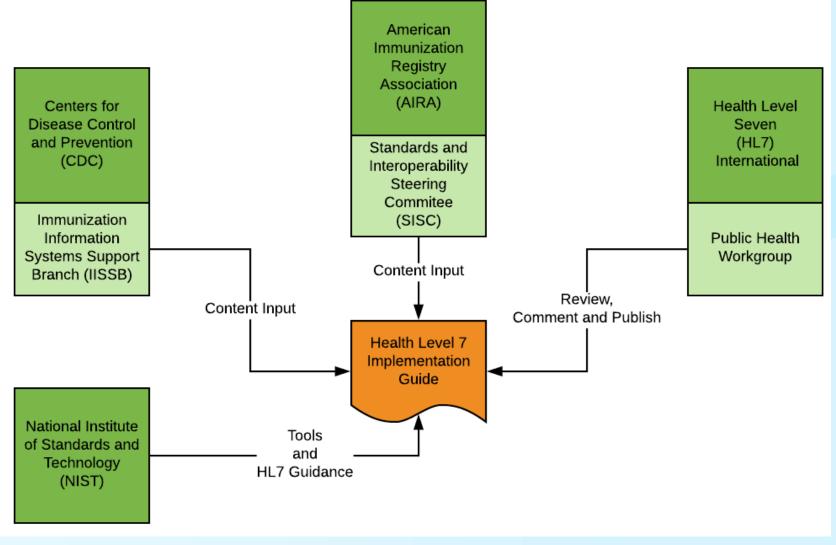
Looking ahead

- While Release 1.5 is being put into widespread use, there are still some issues
 - Ambiguity on how to organize messages containing different types of data (events, contraindications, immunities, etc)
 - Vaguely defined value sets
 - Confusion regarding similar (but different) query profiles
- Release 1.5 uses the HL7 standard but it isn't published or endorsed by HL7

HL7 Release 1.0

- We are developing Release 1.0 based on v2.8.2 as an HL7 balloted document
 - Unfortunately, due to HL7/ANSI regulations we can't name it Release 2.0 to avoid confusion
- There is no expectation that this version will be called out in regulations in the near future

Who is involved?



Why HL7 ballot the IG?

- An SDO approved specification for future inclusion in regulations
- A document consistent with other IGs being used by developers and implementers
- Review by a wider audience prior to publication, decreasing the probability of needing revisions, clarifications and/or addendums after publication
- Increased transparency in the interoperability community regarding the specification development process

What is the balloting process?

We define the scope of the project and find a sponsor
 We are working with the HL7 Public Health work group
 Standard for Trial Use (STU) document

We create the document content

Using new authoring tools and gaining community input

The document is available for 1 month for comment Any HL7 member (including AIRA) can comment The IG was balloted in May 2017

What is the balloting process?

- > We received 173 comment of varying types
 - >Typos, requests for clarification, scope suggestions, etc
- > We also "found" an additional 69 issues
- We worked with SISC to review and resolve comments
 Was it persuasive? What changes should we make?
- Suggested dispositions were taken back to the Public Health work group for formal disposition
- > Approved changes have been applied to the document

What are some of the changes?

> v2.8.2

>Use of OBX segments after the PID

Minor changes in a few fields and data types

Reorganization of the text to emphasize use cases

Send Immunization Event

- Send Demographics Data Only
 - Definition of a new ADT message

Request History with Forecast

Consolidated the existing Complete History and Evaluated History and Forecast profiles

What are some of the changes?

- Formalization of value sets
 - Assigned usages to each value
 - Indicate which values sets are open or closed, static or dynamic
 - >New value sets
 - > Application errors
 - Evaluation Reason
 - Series Status

Use of LOINC codes in different parts of the message

What is not in the document?

- System requirements for consuming messages
- > Workflow issues
 - Baby Names
 - Triggering scenarios (particularly for demographics)
- Value sets for indications and contraindications

What happens next?

> Reballot in September 2018

Gives the community a chance to comment on the significant changes from the first ballot

- Review and dispose of comments and publish
- Collect comments for a period of 1-3 years
- Comments are reviewed and addressed in a manner similar to the original balloting period comments
- If sufficient comments accumulate we can publish "dot releases" which incorporate non-substantive changes in a whole new document

Then what happens?

- At the end of the STU comment period or when substantive changes need to be published, a new ballot must occur or the document lapses
- At the end of the STU period we aim to be ready for a larger update potentially including things such as:
 - Improved guidance on how to message contraindications, adverse reactions, etc in all profiles
 - Review of message content and use cases relative to new functional guidance and/or core data elements
 - >Additional guidance on error handling and acknowledgements
 - > Any other topics found during the implementation of Release 1.5

So now what?

- Continue to implement and use Release 1.5
 - >Let us know where there are ambiguities, holes or errors
- > Work with your trading partners on smoothing out standards
- Attend SISC or HL7 meetings when you have questions or want to contribute ideas or contact us directly
- Look at the new IG and give us your thoughts
- Continue to do what you do to move electronic data exchange forward