PUBLIC HEALTH DATA STANDARDS CONSORTIUM

PHDSC

Promoting Standards Through Partnerships

The PHDSC Quarterly Standard E-Newsletter

Promoting Standards Through Partnerships

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The Johns Hopkins Bloomberg School of Public Health
Public Health Informatics Certificate Training Program

Tuition Subsidies Available - All Courses Online

Targeting public health professionals, The Johns Hopkins Bloomberg School of Public Health, in collaboration with the Johns Hopkins Schools of Medicine and Nursing and the Public Health Data Standards Consortium (PHDSC), is pleased to announce that the **Public Health Informatics Training Program** is accepting applications**.** This program results in a Maryland State-approved Post-Baccalaureate Certificate in Public Health Informatics.

The goal of the program is to offer training in methods and concepts of health informatics and health information technology for application to public health. It is designed for current and future public health professionals who wish to develop expertise or specialization in this area. Courses for this program are available completely online. Individuals residing in the Mid-Atlantic region may also take selected courses on site.

The training program focuses on the following core informatics topics:
· Overview of public health and biomedical informatics
· Health information systems design and development
· Health information technology standards and systems interoperability
· Systems evaluation and leadership in health sciences informatics
· Population health informatics

Electives are available in: Knowledge Engineering and Decision Support; GIS; Real-Time Surveillance; and "eHealth and mHealth."

To complete the training, students will also undertake a "practicum," working on a public health informatics project at an organization that they will identify in collaboration with Johns Hopkins faculty.

	The program can be completed in 9 months, but students may take up to 24 months to complete the program. **On a competitive basis, $4,000 tuition subsidies are available to 5 individuals from a philanthropic contribution from the Lockheed Martin Corporation.** We also encourage you to contact your employer about possible tuition reimbursement for this program. Credits earned in the certificate program may be applied towards other Johns Hopkins degree programs - such as the MPH or informatics MS - if a student is currently enrolled or accepted into a program at a later date (certain rules apply). This certificate is available to those with no current Johns Hopkins affiliation as well as current degree candidates at the Bloomberg School of Public Health. Eligibility requirements for the certificate include either: 1) an earned graduate degree in public health; 2) current enrollment in a graduate public health degree program; or 3) a bachelor's degree and a minimum of 3 years of direct public health experience. The next cycle of training for the 2013/14 academic year will commence in late August of 2013. **The preferred application deadline for entry into this cohort and the deadline for consideration for scholarships is 4/1/13.** However we will consider applications from non JHU students until 6/1/13 and from JHU degree program students until 8/8/13. More information about the Public Health Informatics Certificate Training Program, including application forms and detailed instructions, can be found at: http://www.jhsph.edu/dept/hpm/certificates/informatics If, after carefully reviewing the program web site, you have further questions, please contact Ms. Pamela Davis, the program coordinator at pdavis@jhsph.edu or 410-614-1580. As part of the Johns Hopkins University-wide health informatics training, two other programs are available for medical, nursing, information technology, software engineers, and clinical management professionals without public health experience. These other programs are hosted at the Johns Hopkins School of Medicine and School of Nursing. Information on these other programs for professionals without public health experience can be found at: http://www.jhu.edu/healthIT
	Assuring Health IT Standards for Public Health *By Maiko Minami* PHDSC has been working diligently on several projects under the Cooperative Agreement from the Centers for Disease Control and

Prevention (CDC). These projects, organized under the umbrella project entitled *Assure Health IT Standards for Public Health*, include:

Project 1: Implementing Business Case: Role of Public Health in National HIT Standardization
Project 2: PHDSC Participation in Health Data Standards Development for Administrative Data Exchanges
Project 3: Public Health Functional Requirements Project
Project 4: Assure HIT Standards for Public Health: Early Hearing Detection and Intervention (EHDI) Program
Project 5: Assure HIT Standards for Public Health Laboratory (PH-Lab) Data Exchange and Case Reporting
Project 6: Assure HIT Standards for Occupational Health Data Exchanges

Descriptions and updates of the project activities are provided below.

To Learn More about Health IT Standards and Standardization Process **Visit the HIT Standards Module on our website**	## Project 1: Implementing Business Case: Role of Public Health in National HIT Standardization ### *PHDSC Web-Resource Center on Public Health in HIT Standardization* *By Maiko Minami* PHSDC has continued to update and improve the content of the PHDSC Web-Resource Center on Public Health in HIT Standardization (Resource Center) which contains four Modules. The Resource Center was one of the first products to be implemented from the *Business Case: Role of Public Health in National HIT Standardization* and was created to support and encourage public health participation in HIT standardization activities. **** **J.D. Power and Associates Survey and Analysis** Beginning Fall 2012, PHDSC collaborated with **J.D. Power and Associates** to evaluate the effectiveness of the Resource Center in supporting participation of public health professionals in the national HIT standardization process. We developed a survey and identified members and non-members in the public health community whom were willing to provide feedback through J.D. Power and Associate's Voice-of-the-Customer (VOC) survey. After the survey period was completed, J.D. Power and Associates analyzed the survey data and provided a report of the findings. By utilizing VOC data gathered through survey responses, the importance of each aspect of the Resource Center was determined relative to overall website satisfaction and usefulness. The report also compared the Resource Center feedback with feedback for websites across other industries, and recommended key improvements based on successful implementations. PHSDC has proceeded to incorporate the recommendations from the report

and will continue to implement changes through Spring 2013.

Thank you to all participants that provided feedback in the survey – it is greatly appreciated! Your contribution has helped improve the PHDSC Resource Center, enabling PHDSC to better support the public health community.

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The PHDSC Web-Resource Center includes the following:

Module 1: ***HIT Standards Resource*** – Launched in June 2009 – an informational resource that describes HIT standardization phases, entities and their products.

Module 2: ***HIT Adoption Stories*** – Launched in April 2011 – a searchable database on the activities and varied uses of health information technology in public health. The stories cover local, state, federal and international public health agencies, public health research, public health interoperability and standards development, and HIT resources, as well as broader HIT activities that affect public health. We now have over **650 stories** since the Module was launched.

Module 3: ***Public Health Participation in Health IT Standardization*** – Launched in August 2011 – a resource for public health professionals to navigate through and participate in the national HIT standardization entities and their activities. The Module describes:
   Why participate?
   Where should public health participate?
   What public health interests to bring to the HIT standardization table?
   Who should participate?
   How should public health participation be coordinated?
   How much does participation cost and how can it be funded?

Module 4: ***Functional Requirements for Information Exchanges*** – an online survey to gather functional requirements for public health information systems. This Module is based on the Johns Hopkins (JH) Task Guide. The Task Guide Tool was tailored to collect information from users in order to build Functional Requirements Analysis Documents (FRAD) that specify user needs for HIT products (information systems). Specifications for this Module have been completed. The Module will be launched in May 2013.

Please send your feedback on the PHDSC Web-Resource Center on ***Public Health in HIT Standardization*** to Maiko Minami at maiko@hln.com.

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For more information about the project, please visit the project wiki pages at
https://wiki.phdsc.org/index.php/CDC-CA

To Learn More About Why, Where, Who, and How Public Health should Participation in IT Standards

Visit
Public Health Participation in Health IT Standardization
Module on our website

Project 2: PHDSC Participation in Health Data Standards Development for Administrative Data Exchanges
By Bob Davis and Maiko Minami

PHDSC continues to support participation of public health representatives at several development organizations including: **Accredited Standards Committee (ASC) X12, National Uniform Billing Committee (NUBC)** and **National Uniform Claim Committee (NUCC).**

In addition, PHDSC has continued maintain and update the **Health Care Service Data Reporting Guide** and the **Gap Assist Tool**.

The **Health Care Service Data Reporting Guide (HCSDRG)** is an ASC X12 specification based on the HIPAA adopted Health Care Claim: Institutional (837) that supports state and federal public health reporting requirements. The source of the data content is from the UB-04, the National Committee on Vital and Health Statistics core elements, as well as some state-specific public health reporting requirements. The **HDSDRG** has continued to be updated as part of the ongoing work at ASC X12 to align with the changes to the X12 standards.

Gap Assist Tool
The **Gap Assist Tool**, jointly developed with the Washington Publishing Company (WPC), is a visual tool that provides a meta data perspective on the format and content attributes of each data element supported by the HCSDRG. The Gap Assist tool also shows which data elements are supported in the HCSDRG across different versions of the X12 standards. As the HCSDRG is updated, the Gap Assist Tool is also updated.

The Gap Assist Tool was recently updated to include information about the 6020 version of ASC X12. With the most recent update, the Gap Assist tool now has a view of the 4050, 5010, and the 6020 ASC X12 versions. To access the Gap Assist Tool, visit http://www.phdsc.org/standards/x12/gapassist.asp.

Data Element Name	4050 Version	5010 Version	6020 Version
Submitter Information			
Submitter Name	yes	yes	yes
Submitter Identifier	yes	yes	yes
Submitter Fax	yes	yes	yes
Submitter Telephone	yes	yes	yes
Processing Date	yes	yes	yes
Input/Tape Supplier Number (TSN)	yes	yes	yes
Receiver Information			
Receiver Name	yes	yes	yes
Receiver Identification	yes	yes	yes
Provider Information			

**PRISM:
A Privacy Toolkit for Public Health Professionals**

PHDSC's PRISM Privacy Tool helps look at health information privacy issues from different public health perspectives.

Access it here.

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All Payer Claims Database Portal
Under this project, PHDSC continues to partner with CDC National Center for Health Statistics, Agency for Healthcare Research and Quality (AHRQ), All Payer Claims Database (APCD) Council and the Washington Publishing Company in building the **All Payer Claims Database Portal**. APCDs are databases created by state mandate, that typically include data derived from medical, pharmacy, and dental claims with eligibility and provider files from private and public payers. The **APCD Portal** in United States Health Information Knowledgebase (USHIK) compares corresponding data elements of each state's APCD with the national standard for each data element.

Today, APCD Portal compares state APCD data and ASC X12 Data Standards. APCD Portal will eventually include data elements from:
> ➢ Each state's All-Payer Claims Database (APCD)
> ➢ ASC X12 5010 standard
> ➢ ASC X12 Post-Adjudicated Data Reporting Guides (published in August 2012)
> ➢ National Council for Prescription Drug Programs (NCPDP) Uniform Healthcare Payer Standard Implementation Guide Version 1.0.

PHDSC plans to work with six APCD states to solicit feedback about the portal through May 2013.

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Source of Payment Typology on Track to Wider Use
By Bob Davis

The PHDSC currently maintains the Source of Payment Typology. The development process for the Typology included making changes to the ANSI ASC X12 standard to provide support for the reporting of the Typology in the Health Care Service Data Reporting Guide. In addition, a reference to the Source of Payment Typology has been added to the UB-04 Data Specifications manual maintained by the National Uniform Billing Committee. As part of the ongoing education of the Payer Type Work Group, a webinar on the Typology was held. This is old news.

As a result of that webinar, other groups within ASC X12 expressed interest in using the Typology to replace a data element currently mandated by HIPAA. *This is the new news.*

To enable the broader use of the Source of Payment Typology by ANSI ASC X12, a change to that standard was necessary. That change was initiated during the January 2013 meeting. Approval of this change for broader use by ANSI ASC X12 transactions is a 5-step process. Three of those steps were completed during this meeting. It should be noted that so far in the process there have not been any objections from the X12 community on the substance or format of this proposed change.

Even more significant is the intention of ANSI ASC X12 community to name Source of Payment Typology as a replacement for the existing data element as a future HIPAA requirement.

Another result of the work -- there are other groups in X12 that are also interested in exploring the use of Typology. Those additional uses of the Typology will be discussed further at the June 2013 ANSI ASC X12 meeting in Indianapolis.

BOTTOM LINE: The Source of Payment Typology is currently on a track to become a HIPAA mandated external code set in the future.

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We Want Your Feedback on the Source of Payment Typology
By Roxanne Andrews and the Payer Typology Subcommittee

The Public Health Data Standards Consortium (PHDSC) Payer Typology Subcommittee will hold its annual **Source of Payment Typology Coordination and Maintenance Meeti**ng on Wednesday, **April 3, 2013 from 2:00 - 4:00 p.m**. (Eastern). This meeting provides an opportunity for interested parties to request changes or additions to the Source of Payment Typology.

The Source of Payment Typology is recognized by the national standards committees HL7, ASC X12, and National Uniform Billing Committee (NUBC). It provides a mechanism for consistent reporting of payer data to public health agencies, hospital associations and other organizations for monitoring health care trends. CMS includes the Payer Typology as one of the required supplemental variables for quality e-measures (for the CMS 2014 Meaningful Use Clinical Quality Measures) and the National Quality Forum includes the Payer Typology as a default supplemental variable in its tool for e-measure developers (Measure Authoring Tool). Several states have adopted the Source of Payment Typology in their statewide hospital administrative data.

Additional information about the Source of Payment Typology, including a recording of a recent webinar on the Typology, is available from the Committee's home page at: http://www.phdsc.org/standards/payer-typology.asp.

Please register to attend the call and/or provide suggested modifications to the Source of Payment Typology by visiting http://www.phdsc.org/about/feedback.asp?cf=pt.

If you have any questions, please contact Tammara Jean Paul (tjeanpaul@cdc.gov) or Roxanne Andrews (roxanne.andrews@ahrq.hhs.gov).

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For more information about the project, please visit the project wiki pages at https://wiki.phdsc.org/index.php/HDSD

Submit A Story
to our
HIT Adoption Stories Module

**to Share
Your Successes &
Lessons Learned**
with the
Public Health Community
on HIT Adoption
and Participation in
HIT Standardization

Project 3: Public Health Functional Requirements (PHFP) Project
By Hetty Khan and John Ritter

The Public Health Data Standards Consortium (PHDSC) Electronic Health Records-Public Health (EHR-PH) Task Force in collaboration with the CDC/NCHS and the Health Level Seven, International (HL7) Electronic Health Record (EHR) Work Group published the *Public Health Functional Profile (PHFP), Release 1 Informational Level 2* of the HL7 Electronic Health Record Systems (EHR-S) Functional Model (FM) Release 1.1. A license for the Profile is available at no cost via the HL7 website (www.HL7.org); the Profile includes the functional requirements and conformance criteria for EHR-based information exchanges between clinical and public health information systems for the following public health domains/programs:

- Vital Records
- Early Hearing Detection and Intervention (EHDI)
- Cancer
- Public Health Laboratory (PHL),
- Health Care Statistics (HCS),
- Occupational Disease, Injury and Fatality (ODIF),
- Birth Defects, and
- Deep Vein Thrombosis and Pulmonary Embolism (DVT/PE).

In addition, the **PHDSC Task Force** has been working to transition all existing domains of the PHFP to the new HL7 EHR-S Functional Model Release 2.0. As an open standards development organization, HL7 (through its EHR Work Group) gathered input from a variety of sources as the EHR-S FM Release 2 (R2) was being developed in order to provide updated, consensus-based guidance to the healthcare industry; cover current and anticipated needs of healthcare providers in hospitals, ambulatory care, long-term care, behavioral health and other care settings, both US and international; cover the needs of Public Health stakeholders; provide updated guidance to vendors and EHR-S developers; and provide benchmark requirements and criteria for EHR-S certification activities.

The Public Health Functional Profile Release 2 (PHFP R2) will be submitted to HL7 for a "Comment Only" ballot. The ballot period is from March 25th – April 29th 2013. A **Webinar** was held on March 25th to present the content of the Public Health Functional Profile and describe how to participate in the HL7 balloting process.

If you would like to participate in the Public Health Functional Profile webinar, please contact Ms. Alla Fridman at afridman@phdsc.org.

General information about the PHFP Project is available on the Project wiki page: https://wiki.phdsc.org/index.php/EHR-PH.

This PHDSC project is supported through the Cooperative Agreement with the CDC National Center for Health Statistics

Project 4: Standards for Early Hearing Detection and Intervention (EHDI) Program

EHDI Interoperability using Clinical Document Architecture (CDA) Standard - CDA EHDI Pilot Project
By Maiko Minami

PHDSC, in partnership with the CDC Early Hearing Detection and Intervention (EHDI) Data Committee and with the support from CDC, is working with 2 participant states and 10 observer states in the design and implementation of **two pilot projects** to demonstrate electronic data exchange between clinical Electronic Health Record (EHR) Systems and public health EHDI information systems using the Health Level Seven (HL7) Clinical Document Architecture (CDA) standard.

The pilot projects focuses on the reporting of newborn hearing screening results from the birthing facility's EHR to the State EHDI Program.

Since Fall 2012, PHDSC has been working with state participants and observers to design the pilot, gather state EHDI requirements, build the data model for sending data.

PHDSC conducted technical assessments of candidate participant states to understand each state's capabilities in conducting the pilot. After careful evaluation, two States were selected to conduct the pilot: the **North Dakota and Oregon EHDI Programs**. As part of the process, States recruited EHR and HIE vendor partners to participate in the pilot.

The pilot is targeted to be conducted by the end of April, with the Pilot Report completed by the end of May.

EHDI Standards: EHDI-Workflow Document (XDW-EHDI) & Changes to the Early Hearing Care Plan (EHCP)
By Lisa Nelson and Maiko Minami

In addition to the pilot project, PHDSC has been actively working on two Integrating the Healthcare Enterprise (IHE) EHDI profiles: **Early Hearing Detection and Intervention-Workflow Document (EHDI-WD)** and to remodel the **Early Hearing Care Plan (EHCP).**

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The **Early Hearing Detection and Intervention-Workflow Document (EHDI-WD)** Profile will enable execution of a standard workflow to collected data produced during the clinical care process and orchestrate the

exchange of data between clinical and program-specific public health information systems.

The EHDI-WD profile orchestrates the workflow for newborn hearing screening at the birthing facility, for a State EHDI Program to create an Early Hearing Care Plan that can be shared with the newborn's pediatrician, and for referrals to specialists who may be needed for additional hearing testing or intervention.

By improving the way newborn hearing screening information is tracked and shared between clinical care and public health, the EHDI document-based workflow will improve health outcomes on a personal and national scale for children at risk for hearing loss.
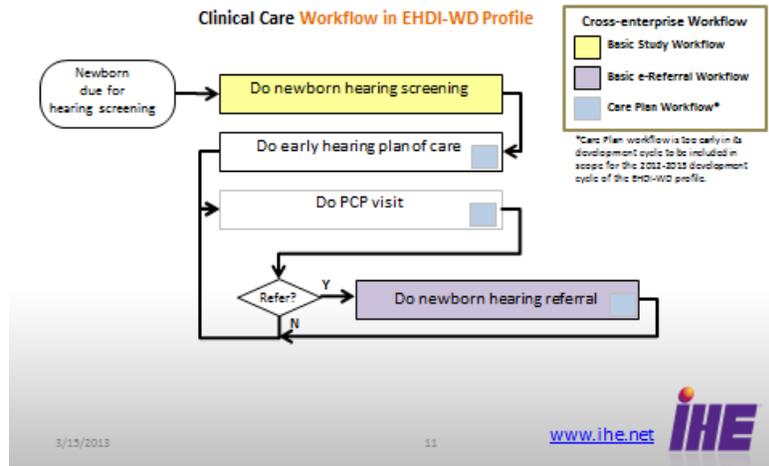
EHDI-WD is a workflow document content profile. It defines the workflow document to orchestrate cross-enterprise document-based sharing of information to automate the early hearing detection and intervention process. The EHDI process includes performing newborn screening, developing an early hearing care plan, and performing any needed referrals for specialized audiology care. It also includes generating patient-level quality reports which facilitate monitoring performance against public health care guidelines.
The EHDI-WD profile utilizes specifications developed in the cross-enterprise workflow document (XDW) to define the flow of tasks for performing a newborn hearing screening, generating an early earing care plan (EHCP), and making a referral to a hearing specialist if needed. It defines the tasks and task states required for each workflow participant to record and automate the sharing of information among the workflow participants.

EHDI Standards-based Information Exchange
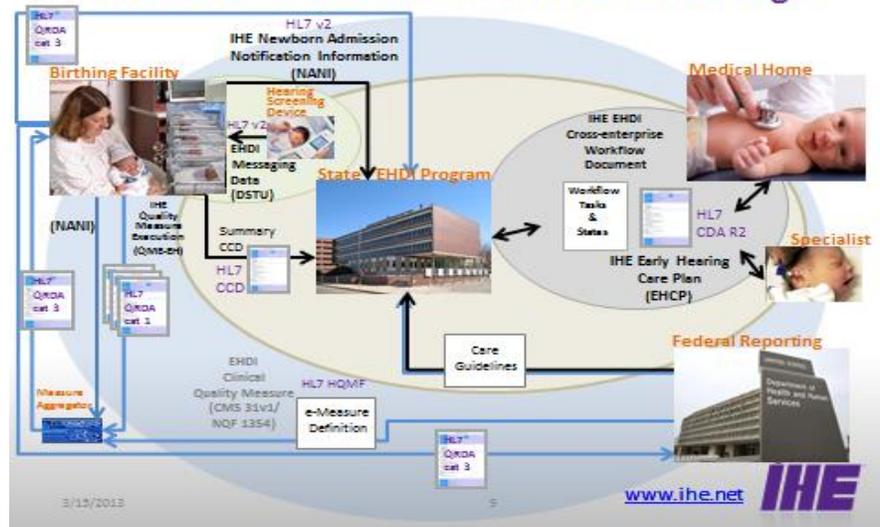
The EHDI-WD profile is expected to be available for public comment during IHE's regular public comment cycle in April or May 2013. It is expected to be in the IHE deployment cycle for 2013-14.

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The **Early Hearing Care Plan (EHCP)** defines a CDA content document to communicate care plan instructions to manage the detection and intervention of hearing loss in newborns and young children. It includes clinical content such as hearing screening results, the presence of risk indicators for hearing loss, suggested referrals for additional hearing health care, interventions, and instructions for management of the patient's care. The content defined for the ECHP document is pertinent for early hearing detection and intervention (EHDI) and Newborn Hearing Screening programs that exist in the United States and other countries such as England, Scotland and Australia.

In re-publishing this profile in 2013, the primary changes include:

1. Use of the new IHE Technical Supplement template

2. Redesign of the Early Hearing Procedures and Interventions section and associated entries

3. Redesign of the Early Hearing Screening Results section and associated entries

4. Redesign of the Risk Assessment for Hearing Loss Indicators section and associated entries

5. Addition of an EHDI Domain Data Element Index

6. Removal of the Physical Examination and Review of Systems sections

7. Constrain the Problem Section to include Problems related to Newborn Hearing Screening – thus renamed Early Hearing Screening Problem Section

PHDSC STRATEGIC PLAN

PHDSC has released its **2012-14 Strategic Plan: *Towards Public Health Sector Transformation and Unity***

Read it here

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PHDSC encourages organizations interested in participating in deployment to review the profiles as early as possible during the public comment period, to provide feedback, and begin preparing for deployment in the Fall. This will help enable adequate time to prepare for participation at the IHE Connectathon in early 2014.

PHDSC at IHE Connectathon and HIMSS Interoperability Showcase
By Anna Orlova and Maiko Minami

To foster awareness, partnerships, and collaboration at the local, state, and national levels in developing HIT standards for EHDI information exchanges with clinical electronic health record systems; and to enable the integration of EHDI information systems to meet the health data needs of public and private organizations, agencies, and individuals, PHDSC continues to work with International Standards Organization (ISO) and the Integrating the Healthcare Enterprise (IHE) to develop and test interoperability standards for HIT products to support electronic health information exchanges in EHDI domain.

In January 2013, PHDSC participated in the **IHE Connectathon** for Electronic Health Record System (EHR-S) and EHDI Information System (EHDI-IS) vendors to test their ability to exchange data using interoperability standards defined in the EHDI Profiles.

In March 2013, PHDSC participated in the **2013 HIMSS Interoperability Showcase**. **About the HIMSS Interoperability Showcase:** Touted as the nation's premier forum highlighting the IHE common framework, the HIMSS Interoperability Showcase brings solution providers and decision-makers together in a "seeing is believing" interactive environment where attendees can become the patient in a clinical use case scenario and watch their health data move from system to system.

PHDSC participated in the demonstrations below.

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Care Theme: Maternal & Newborn Health

Use Case 16: Vital Registration and Care Coordination for Newborn Hearing Screening

Primary Goal: Demonstrates information flow related to vital registration, newborn hearing screening, care coordination, and quality measures that occur after baby is delivered. Newborn hearing screening is conducted after delivery. Results are transmitted to state public health's Early Hearing Detection and Intervention (EHDI) information system (IS) to prepare an Early Hearing Care Plan (EHCP). Care coordination is demonstrated by sharing EHCP with each baby's pediatrician. Demonstrates interoperability between Birthing Facility Electronic Health Record (EHR) and State Vital Records' IS. Pediatric quality measure as defined by CDC are computed by quality measurement service provider.

Key Points:
- The demonstration uses multiple IHE profiles to show exchange of medical information between EHR Systems and the development of long-term, quality health care plans based upon state /government historical information.

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Care Theme: Leveraging Healthcare Registries in Care Delivery

Use Case 3: Improving Population Health via Biosurveillance Monitoring & Detection

Primary Goal: To support case detection and investigation for the reportable infectious diseases (conditions) using electronic information exchanges between clinicians, laboratories, and public health registries. This scenario demonstrates interoperability between a physician's electronic health record (EHR) system, a laboratory information management system (LIMS), and the local/state/national Public Health Infectious Disease Registry (surveillance system). The scenario is focused on pertussis.

Key Points:
- Provide laboratory information from LIMS to Public Health State Infectious Disease Registry on all patients diagnosed with a reportable condition
- Provide clinical information from physician EHR to a local/state Public Health Infectious Disease Registry on all patients diagnosed with a reportable condition
- Public Health Reporting decision support triggered from the Health Information Exchange (HIE)
- Public Health Disease Monitoring
- The use of Clinical Data Architecture (CDA) to define content for Public Health Reporting data exchange is demonstrated.

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For more information on the PHDSC EHDI project, please visit our project wiki: https://wiki.phdsc.org/index.php/EHDI

Project 5: Standards for Public Health Laboratory (PH-Lab) Data Exchange
By Maiko Minami

CDA Templates for Laboratory Reports
This project's goal is to enable real-time electronic information communication between laboratories, public health agencies and clinicians by operationalizing the HIT standards that already exist for laboratory information.

For this project, PHDSC has developed **CDA templates for laboratory reports** for 17 conditions. The conditions include:

Anthrax (Bacillus anthracis)	Pertussis (Bordetella pertussis)
Campylobacteriosis	Respiratory Syncitial Virus
Chlamydia (Chlamydia trachomatis)	Salmonella
Diphteria	Shigellosis
Gonorrhea (Neisseria gonorrhoeae)	Staphylococcus
Hepatitis (B & C)	Tuberculosis (Mycobacterium tuberculosis)
Influenza	Tularemia (Francisella tularensis)
Lead (Blood Lead)	West Nile Virus
Measles	

PHDSC will explore the importing of the CDA templates for laboratory reports into the open source **Model Driven Health Tool (MDHT)**. The MDHT tool is an open source platform that promotes healthcare information exchange and interoperability by delivering a common modeling framework and tools to support consistent standards implementation. It allows the automated publication of Implementation Guides, automated generation of validation tools, delivery of a consistent format of published documents, and the reuse of existing templates to republish Implementation Guides for future initiatives.

Public Health Laboratory Standards Development
PHDSC is focusing on incorporating **Public Health Laboratory (PH-Lab) perspectives** in ongoing activities to develop HIT standards for public health at **HL7**, by participating in the development of the PH-Lab component in the *HL7 Public Health Functional Profile (Project 3)*.

In addition, PHDSC continues to participate in the development of the **HL7 Public Health Requirements Standard,** which defines a machine-readable format for representation of public health reporting guidelines, i.e., what, when, whom and how to report data from clinical systems including laboratory information management systems (LIMSs) to public health information systems. The standard will be based on the existing HL7 standard on **Healthcare Quality Measures Framework (HQMF).**

PHDSC is also incorporating PH-Lab perspectives in the **Integrating the Healthcare Enterprise (IHE)** development activities for HIT interoperability standards for public health. PHDSC continues to develop the **IHE Public Health Case Reporting Integration Profile** focusing on defining and executing PH-Lab triggers for reporting. This profile will also include the specification of the public health decision support for case identification that will trigger laboratory results reporting from LIMSs to the public health surveillance systems.

For more information about this project, please visit project wiki pages at
https://wiki.phdsc.org/index.php/PH-Lab

Project 6: Assure HIT Standards for Occupational Health Data Exchanges
By Maiko Minami and Lisa Nelson

PHDSC is collaborating with the CDC National Institute for Occupational Safety and Health (NIOSH) to establish implementation standards that ensure consistent capture and use of occupation information.

The activities for this project include:
- Conducting an analysis of current representation of Occupational Health (OH) data across existing interoperability standards.
- Developing proposal(s) for the IHE 2012-2013 development cycle to assure consistent representation of OH data across IHE interoperability standards
- Update existing IHE Profiles to enable consistent representation of OH data
- Developing a template for representing occupational risk factors for utilizing occupation and industry demographic data within CDA documents.

In Fall 2012, PHDSC analyzed the current representation of occupational health data across existing interoperability standards. The analysis assessed the general use cases for including occupation health data in CDA document standards for clinical notes. It identified current templates defined within IHE profiles to represent the occupation health data and assessed the modeling to support the envisioned use cases for the information.

Based on the assessment, a preferred modeling for the data was envisioned and a brief project proposal was developed to describe the changes needed to develop new CDA templates, which better addressed the data modeling requirements and allowed representation of occupation health data to be harmonized across all the IHE profiles. This approach developed a set of defined occupation health data templates which could be used within the industry and across various standards development initiatives to achieve a consistent and more complete representation of occupation health data.

A change proposal was submitted to IHE proposing the need for and where representation of occupational health data can be improved, so that it is consistently represented in interoperability standards, facilitating the structuring of OH data in EHRs and enabling clinicians and patients to use/re-use OH in their healthcare communications

More information about the project activities can be found at the project wiki pages at https://wiki.phdsc.org/index.php/NIOSH

	Centers for Disease Control and Prevention (CDC)
FREE ONLINE COURSE through Johns Hopkins OpenCourseware: *HIT Standards and Systems Interoperability* Submit your feedback on the course content and organization	### HIT Standards and Systems Interoperability: ### Johns Hopkins OpenCourseWare: Free Online Course for Public Health Professionals *By Anna Orlova* The PHDSC continues to work with Johns Hopkins Division of Health Sciences Informatics at the School of Medicine to hold an online public health informatics program under the University-based HIT Training grant from the ONC. PHDSC members previously contributed in the development and delivery of the on-line course *HIT Standards and Systems Interoperability* - the required course for the Johns Hopkins Informatics Master Program and Public Health Informatics Certificate Program. The *HIT Standards and Systems Interoperability* course is designed for health professionals to help understand and navigate through the world of HIT standards and HIT standardization processes. The goal of this course is to provide students with methods and tools for participation as users in HIT standardization activities for the design and evaluation of integrated health data systems at the local, state, regional, national or international levels. The intended audience comprises of public health and medical professionals responsible, or advocating for information systems used in (1) providing services; (2) developing, implementing and evaluating policies; and (3) performing research. The faculty is comprised of the internationally acclaimed leaders in HIT standardization. The course is available free of charge through the Johns Hopkins OpenCourseWare at http://ocw.jhsph.edu/courses/infstandards/ To apply to the **Johns Hopkins Public Health Informatics Program,** please visit: http://www.jhsph.edu/dept/hpm/certificates/informatics This PHDSC project is supported through the University-based Training grant from the Office of National Coordinator of Health IT (ONC)

PHDSC Member News

APHL Electronic Laboratory Reporting Technical Assistance (ELR TA)
and the Nation's Public Health Agencies (PHAs)
By Association of Public Health Laboratories (APHL)

The Electronic Laboratory Reporting Technical Assistance (ELR TA) program, a collaboration between CDC and APHL, is offering technical assistance to health agencies nationwide with the goal of helping PHAs implement and advance ELR with a variety of messaging partners.

As of March 2013, the ELR TA initiative has received more than 50 requests for technical assistance in 23 jurisdictions. The team has completed or has ongoing work with 23 PHAs, 16 PHLs, several hospitals, 1 regional laboratory, 2 large national laboratories, and 2 health information exchange networks.

For more information on APHL interoperability projects, please contact Patina Zarcone, Director of Informatics at patina.zarcone@aphl.org

What Is NIST Doing to Improve Certification Testing?
By Association of Public Health Laboratories (APHL)

The National Institute of Standards and Technology (NIST) is working with APHL and other national organizations to improve certification testing and help HIT messaging partners comply with the CMS "Certified Technology" rules that will take effect in 2014.

The new version of the NIST testing tool will include the 2014 certification criteria as outlined in MU Stage 2. NIST will also provide test stories in a context-based validation tab. Each of these stories will present a realistic user story that tests specific objectives. Each user story provides the necessary information (including vocabulary) with which to populate the system in order to achieve the objective. During the development of this tool, NIST worked closely with the PHINVADS team to confirm that the value sets are correct for vocabulary validation.

The NIST testing tool allows for non-context based validation. This validation is similar to the Message Quality Framework (MQF) tool from CDC, and efforts are underway to ensure similar test results for the same message. In time, NIST plans to allow jurisdictions to expand their non-context based testing to meet their individual requirements. While the validation tool is not yet perfect, NIST and its partners continue to improve the tool.

For more information on APHL informatics projects, please contact, please contact Patina Zarcone, Director of Informatics at patina.zarcone@aphl.org

The 2013 Influenza Outbreak and the Public Health Laboratory Interoperability Project (PHLIP)
By Association of Public Health Laboratories (APHL)

This season, with concurrent outbreaks of several influenza-like illnesses, providers are ordering more influenza tests than usual. In MMWR week ending February 2nd, for example, laboratories reported 4,000+ positive tests for influenza to the Centers for Disease Control and Prevention (CDC) but laboratory scientists had to test almost 14,000 samples and report all results – both positive and negative – to CDC's Influenza Division.

PHLIP, a joint initiative of CDC and APHL, is helping PHLs ease this reporting burden. Since 2005, PHLIP has helped 41 PHLs implement a system that generates Electronic Laboratory Surveillance Messages (ELSM) for influenza reporting to CDC, ensuring the timely and accurate flow of analysis-ready data to the CDC.

The PHLIP community of public health laboratory scientists was key to the timely and effective response last summer to the outbreak of a variant influenza known as H3N2v. During the outbreak, the PHLIP community's Change Control Board approved a new PHLIP code to describe the H3N2v subtype, and notified all participant labs – all in less than 24 hours.

For more information on APHL interoperability projects, please contact, Patina Zarcone, Director of Informatics at patina.zarcone@aphl.org

HLN, University of Illinois SHARPS, and ILHIE collaborate to use Clinic Decision Support (CDS) for Data Segmentation for Privacy
By Noam Arzt, HLN Consulting, LLC

Strategic Healthcare IT Advanced Research Projects on Security (SHARPS) at the University of Illinois at Urbana-Champaign -- one of four Office of the National Coordinator (ONC) projects conducting breakthrough research to address problems in Health IT -- contracted with HLN Consulting, LLC in February to extend and enhance a prototype being developed in collaboration with the Illinois Health Information Exchange (ILHIE).

The HLN-SHARPS-ILHIE team has developed an architecture to apply a standards-based, open source clinical decision support (CDS) platform called OpenCDS to the task known as Data Segmentation for Privacy (DS4P). DS4P is concerned with the sequestration of certain health data that may be undesirable to share, either from a legal, policy, or patient preference perspective. The design utilizes standards selected by the S&I Framework DS4P initiative, as well as HL7 CDS standards, and is aimed at Health Information Exchanges seeking to enforce more granular disclosure policies. The goal of the open source prototype is to demonstrate the applicability of well-known CDS constructs in the privacy domain and to provide a common platform for researchers and health professionals to work together to improve the state of the art in automated data segmentation.

ICD-9-CM Procedure Codes to SNOMED CT Map Now Available
By *National Library of Medicine*

The National Library of Medicine (NLM) announces that an ICD-9-CM Procedures Codes to SNOMED CT Map is now available. SNOMED CT (Systematized Nomenclature of Medicine - Clinical Terms) is considered to be the most comprehensive, multilingual clinical healthcare terminology in the world. It is designed for use in clinical documentation in the Electronic Health Record (EHR). SNOMED CT is one of the required standards for procedures in the 2014 Certification Criteria for EHR products that may be used to qualify for meaningful use incentives. This map is designed to support a transition from the use of legacy ICD-9-CM procedure codes to SNOMED CT.

The most useful mappings are the one-to-one maps, in which a single SNOMED CT concept can be used to represent the full meaning of an ICD-9-CM code. This allows the automatic translation of ICD-9-CM codes into SNOMED CT codes without loss of meaning. In the creation of the map, we tried to identify as many one-to-one maps as possible. However, due to the differences between the two coding systems, this is not possible for some ICD-9-CM codes. The Map is published in two separate files, one containing the one-to-one (exact) maps, and the other the one-to-many (partial) maps. In the partial maps, the target SNOMED CT concept can be broader or narrower than the meaning of the ICD-9-CM code.

Mapping Methodology

In-patient claims data for 2011 were obtained from the Centers for Medicare & Medicaid Services (CMS). Using the UMLS, we identified synonymy relations between ICD-9-CM terms (both the main rubric and inclusion entries) and SNOMED CT concepts, which formed the basis of the map. One-to-one synonymy between the ICD-9-CM rubric and a SNOMED CT concept was accepted as valid one-to-one map and not manually reviewed. One-to-many maps were manually reviewed for validity and converted to one-to-one maps if possible. Frequently-used ICD-9-CM codes which fell within the 95th percentile of usage and did not have any UMLS maps were manually reviewed for possible mappings. All target SNOMED CT codes belong

to the Procedure hierarchy.

The Map is published as two tab-delimited value files with the same file structure.

We welcome any questions, comments or suggestions that would improve the quality, accuracy and usability of the Map. Please send feedback via e-mail to Dr. Kin Wah Fung, Lister Hill National Center for Biomedical Communications, National Library of Medicine through NLM's Customer Service with the subject line "ICD-9-CM Procedure Codes to SNOMED CT Map".

NLM to Include AMA Current Procedural Terminology (CPT) Codes in the Genetic Testing Registry
By *National Library of Medicine*

Under a recent agreement with the American Medical Association (AMA), the National Library of Medicine will be including the AMA's Current Procedural Terminology (CPT) codes for molecular pathology tests in the National Institutes of Health's Genetic Testing Registry (GTR).

GTR, which is operated by NLM's National Center for Biotechnology Information (NCBI), is an NIH resource for comprehensive information about genetic tests. The database provides a central location for voluntary submission of test information by providers. Content includes the test's purpose, methodology, validity, evidence of the test's usefulness, and laboratory contacts and credentials.

Under the new agreement, AMA's CPT codes for molecular pathology tests will be integrated into GTR. The AMA-created codes describe the latest advances in genetic testing and molecular diagnostic services for reporting and tracking purposes. AMA's new, more detailed CPT codes for molecular pathology became effective in 2012.

Inclusion of the CPT codes in GTR further enhances the database's interoperability with electronic medical records and laboratory information management systems. GTR also incorporates SNOMED CT (Systematized Nomenclature of Medicine - Clinical Terms), an extensive clinical terminology produced by the International Health Terminology Standards Development Organisation (IHTSDO), and LOINC (Logical Observation Identifiers Names and Codes), produced by the Regenstrief Institute, which provides standardized terms and codes for identifying laboratory and clinical observations. NLM is the US Member of the IHTSDO and provides support for the development and free US-wide use of both SNOMED CT and LOINC. CPT, SNOMED CT, and LOINC are required standards in the certification criteria for electronic health record products issued by the Office of the National Coordinator for Health Information Technology, Department of Health and Human Services.

PHII: Defining Functional Requirements for Immunization Information Systems
By *Public Health Informatics Institute*

This project focused on collaboratively identifying and fully documenting the business processes and information system requirements for Immunization Information Systems (IIS), arguably the most sophisticated and complex information systems in public health. This collaboration of local and state IIS managers, the American Immunization Registry Association, and the CDC IIS Support Branch has developed a set of system requirements that reflect best practices for IIS functionality, which over time should help to standardize and enhance IIS functionality and interoperability, including with Health Information Exchanges (HIE). The urgent need for this project arose from the accelerated adoption of interoperable health information technology; the emergence of HIEs; the number of states migrating to new IIS applications; and

the overall need to better integrate maternal and child health information systems.

This document contains the products of the three workgroup sessions that were held to collaboratively and rigorously define the full range of important IIS functions. This detailed documentation for seventeen such business processes is intended to establish best practice for how an IIS should function in an increasingly eHealth world. The IIS experts who participated in this effort represent local, state and federal level health agencies. This publication contains the work products developed by the workgroup. First, an overall framework for the IIS business processes is provided. Then, each individual business process is defined with a business process matrix, a task flow diagram, and a requirements document.

New Children's Electronic Health Record Format Announced
By Agency for Healthcare Research and Quality

The benefits of electronic health records (EHRs) may become more widely available to children through an EHR format for children's health care announced today by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ) and Centers for Medicare & Medicaid Services (CMS).

Growing use of EHRs continues to improve the quality and safety of health care in the United States, but many existing EHR systems are not tailored to capture or process health information about children. The EHR format for children's health care announced today includes recommendations for child-specific data elements such as vaccines and functionality that will enable EHR developers to broaden their products to include modules tailored to children's health.

"Health care for children is a calling that carries special challenges," said AHRQ Director Carolyn Clancy, M.D. "This new children's EHR format will help software developers meet the needs of health care providers for children by combining best practices in clinical care, information technology and the contributions of health care providers who treat children every day."

The children's EHR format was authorized by the 2009 Children's Health Insurance Program Reauthorization Act (CHIPRA) and developed by AHRQ and CMS. The format is intended to improve care for children, including those enrolled in Medicaid and the Children's Health Insurance Program (CHIP), by guiding EHR developers to understand the types of information that should be included in EHRs for children. The format is designed for EHR developers and providers who wish to augment existing systems with additional features or to build new EHR systems for the care of children.

The format includes a minimum set of data elements and applicable data standards that can be used as a blueprint for EHR developers seeking to create a product that can capture the types of health care components most relevant for children. Child-specific data elements and functionality recommendations are sorted into topic areas that include prenatal and newborn screening tests, immunizations, growth data, information for children with special health care needs and child abuse reporting. The EHR format provides guidance on structures that permit interoperable exchange of data, including data collected in school-based, primary and inpatient care settings. The format is compatible with other EHR standards and facilitates quality measurement and improvement through the collection of clinical quality data.

"We have been pleased to partner with AHRQ on this first and much needed step to move EHR products to better capture the health care needs of children and adolescents," said Cindy Mann, CMS deputy administrator and director of CMS's Center for Medicaid and CHIP Services. "The EHR format provides a foundation upon which developers can build EHRs that, by differentiating between children and adults, ultimately will lead to better quality information about children's health."

AHRQ and CMS led development of the children's EHR format by multiple experts including the American Academy of Pediatrics (AAP) and the American Academy of Family Physicians. The format is built on specifications from sources that include the Health Level Seven International (HL7®) EHR-S Functional Model, the HL7 Child Health Work Group's Child Health Functional Profile, and the HHS Health Resources and Services Administration's Health IT for Children Toolbox.

"Children are special—they are not little adults where one size can be made to fit all, including one-size EHRs," said Thomas McInerny, M.D., president of the AAP. "Until now many EHRs have lacked child-specific functionality such as the ability to record age-appropriate development, nutrition, immunizations, or growth."

Next steps include testing by two CHIPRA quality demonstration grantees, the Commonwealth of Pennsylvania and the State of North Carolina. As part of the longer term vision, CMS will work toward integration of the format into future editions of the Office of the National Coordinator for Health Information Technology's EHR Standards and Certification Criteria. This would be required for achieving "meaningful use" of certified EHR technology in future stages of the Medicare and Medicaid EHR incentive programs.

For more information about the children's EHR format, please visit http://healthit.ahrq.gov/childehrFormat.

California Launches Health Professions Workforce Database
Employment trends among registered nurses and doctors available
By State of California Office of Statewide Health Planning and Development

For the first time, Californians will have access to a one-stop source of healthcare workforce employment and education data trends through the Office of Statewide Health Planning and Development's (OSHPD) Healthcare Workforce Clearinghouse. The Healthcare Workforce Clearinghouse can be found at www.oshpd.ca.gov/clearinghouse.
The first phase of the new Healthcare Workforce Clearinghouse allows users to access data and reports on the number of California health providers by occupation and geographic area. This is especially important to track, as demand for such professionals is expected to increase with the implementation of the Affordable Care Act.

"Many people in government and private nonprofit organizations need access to the type of timely and user friendly data that OSHPD is making available," said OSHPD Director Robert P. David. "Accurate information on the health workforce will be vitally important as we plan to meet California's future healthcare needs." Some examples from the database include:

• About 130,440 physicians and surgeons are currently licensed in California.

• About 43 percent of active physicians are primary care doctors who specialize in family practice, general medicine, internal medicine or general pediatrics.

• There are about 330,943 registered nurses with active licenses residing in California.

Reports can be produced by identifying the gender of healthcare providers by occupation, age, race, ethnicity, and languages spoken. Clearinghouse data sources include Board of Registered Nursing, the California Medical Board, California Department of Public Health and Employment Development Department, among others.

OSHPD is a leader in collecting and disseminating data about California's healthcare infrastructure, promoting an equitably distributed healthcare workforce, and publishing valuable information about healthcare outcomes. The Clearinghouse is administered by OSHPD's Healthcare Workforce Development Division, whose mission is to collect, analyze, and publish information on the educational and employment trends for healthcare occupations in the State.

Denver Public Health Honored for Excellence in Public Health
By [Denver Public Health](#)

Denver Public Health was honored at the 2012 annual conference of the National Association of County and City Health Officials (NACCHO), a body of peers, for developing and implementing a program that demonstrates exemplary and replicable qualities in response to a local public health need. "HANDI – Using a Mobil App for Mass Intervention Data Collection," was one of 39 public health programs developed by a local health department selected from across the nation to receive NACCHO's Model Practice Award.

Denver Public Health has developed a mobile app, HANDI (Hand-held Automated Notification for Drugs and Immunizations), as a data collection tool for mass immunization and prophylaxis events. HANDI's primary objective is to support efficient public health immunization and prophylaxis activities through rapid collection and transfer of standardized data. HANDI facilitates data collection by healthcare workers functioning as a team to register individuals, monitor contraindications and track prophylaxis/immunizations administered during mass intervention events. Using commonly available mobile devices (e.g., iPhone, iPod touch), barcode scanning technology and national data standards, HANDI demonstrates mobile technology in public health and emergency preparedness.

Each innovative project receiving the award was peer-reviewed (by other local health department professionals) and selected from a group of 166 applications. Since 2003, NACCHO's Model Practice Awards program has honored initiatives—including programs, resources, and tools—that demonstrate how local health departments and their community partners can effectively collaborate to address local public health concerns.

This award puts **Denver Public Health** into special company—a select group of health departments that exemplify a forward thinking, proactive attitude toward protecting and promoting the health of communities across the nation.

Nebraska Statewide Trauma System Provides Life-Saving Care
By [Nebraska Department of Health & Human Services](#)

Since the creation of the Nebraska Statewide Trauma System in 2002, severely injured Nebraskans have a higher chance of survival because of the life-saving care they receive.

"It takes many people to save a life and if a person is severely injured, getting the right care quickly is critical," said Dr. Joann Schaefer, the state's Chief Medical Officer and Director of Public Health for the Nebraska Department of Health and Human Services. "Nebraska's Statewide Trauma System is a network of health care facilities that provides life-saving care. The system helps ensure people in every area of the state, urban or rural, have access to trauma care in a medical emergency."

Nebraska's case-fatality rate is consistently lower than the national rate. In 2011, the state's rate was 2.91 deaths per 100 trauma cases. The national rate for the same year was 3.8 deaths per 100 trauma cases. As more health care facilities joined the trauma system, case-fatality rates declined.

Approximately 9,300 Nebraskans were admitted to Nebraska's 46 designated trauma centers in 2011. An estimated 56,900 people received life-saving care from trauma centers since 2005.

Participating facilities must meet state requirements to be designated as a trauma center. That includes required training for physicians, nurses, mid-level practitioners and pre-hospital providers along with certain equipment. Facilities also have access to quality improvement programs, statewide and regional protocols for standardized patient care, and access to the Nebraska Trauma Registry – a database that tracks trauma patients and care provided to help improve the performance of the statewide trauma system and reduce injury and death.

Find more information about the statewide trauma system
http://dhhs.ne.gov/publichealth/nebraskaems/pages/Trauma.aspx

50-state Legislative Tracking System from ASTHO
By Association of State and Territorial Health Officials

The Association of State and Territorial Health Officials (ASTHO) State Health Policy team provides research, technical assistance and opportunities for the state health agency legislative liaisons to exchange ideas on public health policies. The State Health Policy team tracks and analyzes legislation, regulations and executive orders across the states. Activity at the state level is tracked through an electronic 50-state legislative tracking system, news from publications and other professional organizations, and communication with ASTHO members. ASTHO provides the resources to assist state health agencies and others in understanding national trends and emerging issues impacting public health and state health agencies. Find more information and access the 50-state legislative tracking system.

NACCHO Local Health Department of the Year Award – Applications due by May 31st
By National Association of County and City Health Officials (NACCHO)

The National Association of County and City Health Officials (NACCHO) is pleased to introduce the new Local Health Department (LHD) of the Year Award. Local health departments are the local stewards of public health— known for helping to ensure the safety of the water we drink, the food we eat, and the air we breathe. This award recognizes and honors outstanding accomplishment of Local Health Departments across the country for their innovation, creativity, and impact on communities. **The 2013 theme will focus on the unique application of technology to generate meaningful data or the use of technology/data to improve the public's health.**

Applications will be accepted April 1 through May 31, 2013. Learn more at
www.naccho.org/membership/lhd-of-the-year.cfm

National Health IT News

ISDS Revises PHIN Messaging Guide, Expands Scope
By Becky Zwickl, International Society for Disease Surveillance (ISDS)

The current *PHIN Messaging Guide for Syndromic Surveillance (*Guide) provides the technical (i.e., HL7)

specifications needed to implement the syndromic surveillance objective of Meaningful Use using clinical electronic health record (EHR) data from Emergency Department (ED) and Urgent Care (UC) settings. For Meaningful Use beginning in 2014, hospitals may begin sending inpatient EHR data for syndromic surveillance purposes. To address the requirements of this expanded scope of data, the International Society for Disease Surveillance (ISDS), in collaboration with CDC, is revising the Guide to include specifications for inpatient data.

The revised Guide (Release 1.9) will provide all needed information in a single, comprehensive implementation document. It will align the specifications with stakeholder priorities and incorporate the Recommendations developed by the multi-stakeholder ISDS Meaningful Use Workgroup that describe the utility of inpatient data. Release 1.9 will also provide important guidance for local implementations, including interaction diagrams and basic specifications for the inclusion of laboratory results. Throughout the revision process, ISDS worked closely with stakeholders from a range of professions, including EHR vendors and state/local public health officials, to ensure that the finished product would be useful, implementable, and comprehensive.

Release 1.9 will be available in Spring 2013 at: http://www.cdc.gov/phin/resources/PHINguides.html.

For more information on ISDS's work to build public health capacity for Meaningful Use implementation, please visit: www.syndromic.org or contact Becky Zwickl, ISDS Public Health Analyst, at bzwickl@syndromic.org.

HL7 Standards Now Licensed at No Cost
By Health Level Seven International (HL7)

The anticipated day has arrived. HL7 will now license its currently published standards, implementation guides and other selected HL7 intellectual property at no cost. This landmark decision represents HL7's commitment to the betterment of healthcare worldwide by ensuring that all stakeholders have equal access to its HIT standards. This policy is consistent with HL7's vision of making our collaborative and consensus-driven standards the most widely used in healthcare, and with our mission of achieving interoperability in ways that put the needs of our stakeholders first. Our primary intention is to maximize benefits to members of HL7, the healthcare community, and all those who have contributed to make HL7 standards so successful.

We announced this news in September 2012 (view the original press release here) and the details surrounding the policy were announced during the recent HIMSS 2013 conference (view the press release here).

A list of frequently asked questions regarding the licensing of HL7 Intellectual Property at no cost is available at http://www.hl7.org/about/faqs/freeip.cfm.