



# Interchange

**News from the Infoway Standards Collaborative and Solution Architecture Group**

## Project underway to define and launch service operations



Welcome to the Summer 2006 edition of *Interchange*. I am pleased to report that, since the last edition in the spring, work has been rapidly progressing on the Standards Collaborative front. A major project is underway to define and launch the function's service operations by October. The operations will cover four main areas: support, education, conformance and maintenance

for EHR standards. In addition, the same project team will establish the Standards Collaborative's governance and define its mission, vision, interim goals, priorities and membership models. Stakeholder consultations will be a big part of this process.

The Standards Collaborative, in addition to supporting and sustaining *Infoway*-developed health information standards, also encompasses several other standards such as the Partnership for Health Information, HL7 Canada and the Digital Imaging and Communications in Medicine (DICOM) standard.

This is an exciting and valuable initiative. Without co-ordination of common standards and the structure to support and maintain these standards, establishment of a truly interoperable EHR cannot succeed. The clear benefits the EHR will bring to Canadians and their healthcare system prove the need for us to carry out the necessary steps to make this invaluable tool a reality in the near future. The work of the Infoway Standards Collaborative will be a vital component of this process.

In the words of Ken Fyke, a health policy consultant, in an address to the Partnership conference in November 2005: "Today Canadians are demanding reforms in health services and

## In this issue

- Standards Advisory Committee
- Infoway Standards Collaborative
- Pan-Canadian project updates: CeRx, Laboratory
- iEHR Standard Project
- OHISC approvals, BC launches eHISC
- HL7, DICOM updates
- ISO news
- Partnership and HL7 Conference
- Standards Liaison Update

governments recognize that reliable health information is essential to effective reforms. No one knows better than you, Pan-Canadian standards are the cornerstone to building meaningful health information in Canada. Electronic health information systems with Pan-Canadian standards can be the next remarkable Canadian public policy achievement."

This issue of our newsletter contains articles about standards work, both at *Infoway* and across the country. Balloting and approval processes, updates on projects, committees and pan-Canadian working group activities are also included. We've also made it easier for you to contact us by adding the co-ordinates for the *Infoway* Standards Liaison staff.

*Interchange* is a newsletter for the standards community as a whole and we invite interested parties to submit articles or ideas for articles. Please see our submission information at the end of this newsletter. And now – read on.

Dennis Giokas  
Chief Technology Officer  
Canada Health Infoway

## Standards Collaboration Process - Standards Advisory Committee

The EHR Standards Advisory Committee (SAC) has reached another milestone in the establishment of pan-Canadian standards for the EHR. At their meeting in Montreal July 13, 2006, the EHR SAC unanimously approved the recommendation of CeRx as a pan-Canadian EHR Information Standard – “Stable for Use” and the Standards Selection Strategy decision for Public Health Surveillance (PHS) messaging standards. The next step is to take these key decision points in the standards life cycle to ratification by the EHR Standards Steering Committee (SSC).

### CeRx Stable For Use

The SAC recommended that the Canadian Electronic Drug (CeRx) Messaging Specifications (V01R04.x) be considered “Stable for Use” subject to resolution of the drug code issue #27, identified during the recent review cycle, as well as recognizing that immunization messages are expected to change based on the work of the PHS pCSG.

The “Stable for Use” designation is intended to signal to early adopters that the specifications are ready for deployment into solutions and that their input will be critical towards validating and, if necessary, adjusting the specifications before they become a full pan-Canadian EHR Information Standard.

### PHS Standards Selection Strategy

The SAC recommended the following Public Health Surveillance Messaging Standards Strategy Selection:

- Adopt Public Health Information Network (PHIN) Common Alert Protocol (CAP) for Alert Messaging;
- Adopt Client Registry, Provider Registry, Location Registry, Pharmacy (CeRx), Laboratory and iEHR pan-Canadian Standards for application in Public Health;
- Adapt Immunization (CeRx) and develop additional Immunization Messaging;
- Adapt HL7 Common Terminology Services (CTS) Release 1-2005;
- Develop Population Candidate Query (Aggregate Denominator) Messaging;
- Develop Disease Knowledge Base Messaging;
- Develop Materials and Inventory Management Messaging;
- Develop Outbreak Management Messaging;
- Develop Case Management Messaging; and
- Develop Care Plan Messaging.

The SAC also recommended that the PHS pCSGs collaborate with other pCSGs to ensure business requirements are addressed in a consistent fashion where the scope overlaps.

All health professionals, representing jurisdictions, vendors, associations and clinicians, interested in learning more about these standards and their implementation can find updated documentation on *Infoway's* KnowledgeWay at:

<http://knowledge.infoway-inforoute.ca>

## Infoway Standards Collaborative: Design and Operationalization Project Team hard at work

A project is currently underway to get the work of the Infoway Standards Collaborative up and running. Launched earlier this year, the Standards Collaborative is a new Canada-wide coordination function created to support and sustain health information standards in Canada.

Housed at *Infoway*, the Standards Collaborative will be responsible for the implementation support, education, conformance, and maintenance for EHR standards currently being developed by *Infoway* and Standards Liaison. The Standards Collaborative will also encompass several standards initiatives formerly managed by the Canadian Institute for Health Information (CIHI), including the Partnership for Health Information Standards, HL7 Canada, Canada's participation in DICOM (Digital Imaging and Communications in Medicine) and, in conjunction with the Canadian Standards Association (CSA), the secretariat to the Canadian Advisory Committee to ISO/TC 215.

The Design and Operationalize Standards Collaborative project has a specific mandate to define and launch the Standards Collaborative's service offerings by the end of October 2006. During the recent Partnership conference (*please see report on page 8*) breakout sessions were held to discuss four of the new service areas that the Standards Collaborative will coordinate: implementation support, education, conformance and maintenance. The information garnered from these sessions will be invaluable material for the team to use in defining these service offerings.

The Design and Operationalize Standards Collaborative project will also establish the overall governance for the Standards Collaborative as well as define its mission, vision, interim goals, priorities and the membership model(s). Stakeholders will be consulted throughout the project for feedback and validation on the work completed to support the establishment of the Standards Collaborative.

For more information, please contact Marsha Bryan at [mbryan@infoway-inforoute.ca](mailto:mbryan@infoway-inforoute.ca)

## Pan-Canadian Electronic Drug (CeRx) Messaging Standard marks milestone

The recent recommendation by the EHR Standards Advisory Committee (SAC) to designate CeRx as a pan-Canadian EHR Information Standard – “Stable for Use” marks a significant milestone for this important specification.

The “Stable for Use” designation is intended to signal to early adopters that the specifications are ready for deployment into solutions and that their input will be critical towards validating and, if necessary, adjusting the specifications before it becomes full pan-Canadian EHR Information Standard. Some of the key factors to consider in designating a specification as “stable for use” include the following:

- **Scope Fit:** Business requirements identified during the development period are reflected in the specifications as per the approved functional scope of the associated standards development project.
- **Pan-Canadian Review Sufficiency:** Specifications have gone through extensive review by a pan-Canadian Standards Group (pCSG) and, as part of the EHR Standards Collaborative Process (SCP) transparency mandate, through exposure on public forums through the development cycle as well as through a formal review cycle.
- **Artefact Sufficiency:** Specifications are fully “implementable” – that is to say, they include all of the key messaging artefacts as well as any vocabulary expected to be used at a pan-Canadian level. (The “Stable for Use” designation makes no comment on the extent to which optional elements exist that need to be further clarified in actual implementations as long as these reflect the associated pan-Canadian consensus).
- **Completeness and Stability Assessment:** Any artefact gaps and potential change influences are understood and well documented, ideally at a detailed artefact/component impact level (i.e., what are the likely scenarios) – Implementers can view the specifications together with this documentation: (1) to make a change risk assessment and (2) to identify areas where opportunities exist to develop solutions in a manner that anticipates potential change.
- **Stakeholder Readiness:** A requirement exists among stakeholders to begin use of the specifications. Ideally these stakeholders are willing to identify issues that can be used to improve the specifications so these can complete their journey to full approval.

The CeRx specifications support a range of clinical transactions in the areas of ePrescribing and eDispensing.

Together with other EHR Information Standards, such as the Client and Provider Registry Standards as well as the National e-Claims Standard (NeCST), CeRx allows Canada’s various health jurisdictions to implement drug information systems (DIS) in a consistent and progressively more interoperable manner. These drug information systems will enable clinician access to a patient’s medication profile – within strict privacy and security guidelines – to help improve patient care and safety.

Efforts are currently underway to begin to hand over the CeRx specifications to the new Infoway Standards Collaborative function in order to ensure the needed support and maintenance mechanisms are in place for early adopters. In fact, several jurisdictions that are implementing, or planning to implement, drug information systems have already begun to work together as they integrate CeRx into their EHR/DIS development plans and hope to share and benefit from their early adopter experiences.

To access the CeRx specifications please visit the applicable *Infoway KnowledgeWay* forum at <http://knowledge.infoway-inforoute.ca/CHIPortal/Forums/CeRX> or contact Marc Koehn at [mkoehn@infoway-inforoute.ca](mailto:mkoehn@infoway-inforoute.ca).

## Pan-Canadian Laboratory Messaging and Nomenclature Standard (pCLMN) Update

The Pan-Canadian Laboratory Messaging and Nomenclature Standard (pCLMN) project is following a classic “leveraging” strategy by building on key standards and specifications already available in the marketplace. Specifically, the Laboratory pan-Canadian Standards Group (pCSG) devised – and the EHR Standards Collaboration Process governance committees endorsed – a project strategy that would:

- Adapt BC and ON lab messages and business requirements and harmonize these with existing HL7 Inc. V3 specifications and adopt these specifications as the basis for pan-Canadian lab standards.
- Adapt BC and ON nomenclature as the basis for the pan-Canadian standards; specifically adopting LOINC® and SNOMED-CT® as the basis for the pan-Canadian Nomenclature standards.
- Adopt SI Units as the basis for numeric results.

Based on these marching orders, the project team has devised messaging and nomenclature specifications and begun to review these with the Lab-pCSG.

## Message Specification Status

The Result Messaging specifications are taking solid shape with the recent publication of a second draft that not only incorporates typical numerical result reporting, but also the more complex Microbiology reports. Efforts are currently underway to make modest adjustments to these specifications and to add support for Anatomic Pathology results.

An initial version of the Order Messaging was published early this year. This package is now going through substantial adjustments based on Lab-pCSG feedback and is expected to be re-published in early August.

Although certain structural portions of the specifications, such as wrappers and data types, are not scheduled to be published until early September, the August publication of the Result and Order message packages will be comprehensive and ready for review by any interested stakeholder.

## Nomenclature Specification Status

Significant progress has been made in the establishment of a pan-Canadian test catalogue based on the Logical Observation Identifiers Names and Codes system (LOINC<sup>®</sup>) created by the Regenstrief Institute ([www.regenstrief.org](http://www.regenstrief.org)) and made freely available to all users. Not only is LOINC<sup>®</sup> used in a number of laboratories throughout North America, it is a core part of the Ontario Laboratory Information System (OLIS) specifications.

The project team has devised a pan-Canadian Laboratory Observation Code Database (pCLOCD) to outline not only those LOINC<sup>®</sup> codes in typical use within Canadian laboratories, but also to identify codes that should be added to LOINC<sup>®</sup> to meet Canadian requirements.

Efforts are also underway to incorporate certain Canadian naming conventions as well as guidance as to most appropriate reporting units. The next version of the pCLOCD, scheduled for publication in early August, will provide a comprehensive review baseline for all interested stakeholders.

The pCLOCD is published together with a Nomenclature Overview document that provides the necessary explanatory context and also provides a formal specification for the proposed laboratory nomenclatures. Efforts are now also underway to explicitly outline, in this overview document, the proposed use of SNOMED-CT<sup>®</sup> within Laboratory result (and perhaps order) messaging.

## Outlook

Starting with the updates to messaging and nomenclature materials during August 2006, the pCLMN specifications will be sufficiently complete to suggest review and comment by other stakeholders and potential early adopters. Lab-pCSG review is targeted to be completed during September/October

so that complete specifications may be published in late October and then commence their journey towards a “Stable for Use” designation.

To access the pCLMN materials and engage in online discussions please visit the applicable *Infoway* KnowledgeWay forum at:

<http://knowledge.infoway-inforoute.ca/CHIPortal/Forums/Labs> or contact Marc Koehn at [mkoehn@infoway-inforoute.ca](mailto:mkoehn@infoway-inforoute.ca).

## XProject Harmonization Initiative

During the recent CR/PR HL7 Canada ballots and SSC/SAC, it was identified that there is a lack of harmonization in some aspects of the *Infoway* standards across projects. Unfortunately, much of the development material in projects has been in silos with little or no co-ordination across projects.

As a result of these factors, *Infoway* has taken an initiative to co-ordinate cross project activities. This project was officially approved by the Operations Management Committee on July 10, 2006.

The main objectives of the project will be to harmonize technical and business artefacts across *Infoway* Standards projects:

- Client Registry;
- Provider Registry;
- CeRx (ePrescribing)
- Laboratory;
- Telehealth;
- iEHR (interpretable Electronic Health Record); and
- PHS (Public Health Surveillance)

The timeline for project deliverables is approximately three-and-half months starting mid-July and completion in October, 2006.

Planning work is already underway, and summit has been scheduled from August 8-11 in Victoria BC. The summit will be attended by business and technical review groups and the *Infoway* Standards Project Managers.

## iEHR Standards Project Update

The iEHR standards project is in full swing. The project has set aggressive goals and a very aggressive timeline. The project began in February 2006 and development work is expected to take no longer than nine months from start to finish. The end product will be standards for the interaction of point-of-service systems with the EHR infostructure.

As with all *Infoway* projects, the iEHR standards project has constituted its own stakeholder group – with whom it meets on a regular basis – called a pan-Canadian Standards Group or pCSG. Through a series of meetings with the pCSG, the iEHR core team has brought forward proposed standards in HL7 messaging and the use of clinical terminologies that are currently under consideration by the pCSG and their own stakeholders in their jurisdictions.

The complexity and ambition of this project was quickly established when the iEHR pCSG pointed out that many of the standards that need to be developed go beyond current workflows and work practices. Yet, the pCSG has acknowledged that those standards need to be in place once providers start using the EHR, as the new technology will support new workflows and practices which are not currently possible. For example, in the future world of the EHR, all providers will be able to access a single list of allergies for a patient – a truly remarkable and exciting prospect which will have a dramatic impact on patient safety. The pCSG is validating the business requirements for the messaging and applicable terminologies, as there are many elements to consider when determining what it means to share EHR information from a clinical practice perspective.

The iEHR standards project is currently developing several issue and discussion documents to resolve some of the issues presented by the pCSG. Through teamwork and the support of the pCSG, those documents are evolving at a rapid pace.

In spite of ongoing discussion of several important issues, the iEHR pCSG has recommended that the Standards Selection Strategy for the project is appropriate and has recommended it be brought forward to the Standards Advisory Committee (SAC). The iEHR standards project is adapting several HL7 messaging standards from the CeRx standards project, from HL7 international, and is developing new standards using well-established HL7 v3 methodology. The project team, after an exhaustive review of existing standards and specifications from across the globe, decided that there were no standards from other countries which could be directly adopted or readily adapted.

On the other hand, the iEHR adaptations of CeRx standards are likely to have some impact on the CeRx standards. The

project team is working with other standards projects to develop an approach to maintaining standards as new projects come up with new requirements and early adopters start to learn about what works and what doesn't.

The iEHR standards project is expected to complete the development and adaptation of standards in its scope by the end of October 2006 in support of those jurisdictions that are issuing RFPs for infostructure components, and for early infostructure design work.

For more information, please contact Laith Boussabah at [lboussabah@infoway-inforoute.com](mailto:lboussabah@infoway-inforoute.com)

### International Technology and Communication in Health (ITCH) 2007 Conference

Health regions, hospitals, provincial systems and physicians are all increasingly investing in clinical applications that will eventually build the electronic health record. The value from these investments will only be realized if we combine, compare and share the information across applications, across departments and across sites and settings or care. Standards will make this possible.

The extent to which technical standards (i.e., ISO 17799) are being used will be discussed at ITCH 2007, an international conference being held in Victoria, British Columbia, Feb 16-18, 2007. "Today's information for tomorrow's improvements" is the working theme for ITCH 2007.

The need for better information and systems to provide improved services and improve patient quality of life has been recognized as being a critical issue, both nationally and internationally. Problems related to the use, usability and usefulness of many healthcare systems continue to hinder and limit the potential of information technology in health care.

Presenters from across Canada and the United States as well as Austria, Brazil, India, Israel, Japan, the Republic of China and the United Kingdom will focus on understanding how health informatics can be applied towards quality improvements of health and healthcare organizational outcomes. ITCH 2007 will promote an international and interdisciplinary gathering of leading practitioners to support today's information systems and ensure tomorrow's improvements.

For more information visit the website at <http://itch.uvic.ca>

## OHISC announces approvals

The Ontario Health Informatics Standards Council (OHISC) is pleased to announce approval of the following:

**Tier 1 – Approval for Consideration:**

- Cross Enterprise Document Sharing for Imaging Interoperability Profile (XDS-I)

**Tier 2 – Approval of Draft Standards for Trial Use:**

- Ontario Laboratory Information System (OLIS) Interface Specifications
- Canadian Classification of Health Interventions (CCI)\*
- National Occupational Classification (NOC)\*
- Global Medical Device Nomenclature (GMDN)\*
- Request and Clinical Care Data Set\*

\* For trial use in the Continuing Care sector

CCI, NOC and GMDN, recognized national and international standards, have been reviewed by the Business Architecture Group (BAG) of Ontario's continuing care sector

to identify vocabulary subsets that are used within the sector. BAG has been working with the respective standard maintenance agencies to identify solutions for terms that are not currently represented.

Chief information officers, information technology departments and vendors can learn more about OHISC-approved standards by visiting:

- OHISC's portal at [www.ehealthontario.ca](http://www.ehealthontario.ca) — click OHISC on the left-hand menu — which describes the standards review process and approved standards as well as OHISC's mission, vision, and members
- OHISC's standards library at [www.cred.ca/skmt](http://www.cred.ca/skmt), which was co-developed with the University of Sherbrooke's Collaborative Research for Effective Diagnostics (CRED) research laboratory. It provides detailed information about OHISC-approved and recommended standards that can help implementers adopt them.

## BC Launches eHealth Information Standards Council (eHISC)

British Columbia has established an eHealth Information Standards Council (eHISC), with particular emphasis on supporting the province's ambitious eHealth initiative and working with other eHealth and standards partners across Canada. The eHISC will ensure that BC selects, adapts and adopts those information and technology standards which are essential to realizing eHealth. The eHISC will be a primary focus for communications on health information and technology standards in the province and the point-of-liaison with other provinces and pan-Canadian and international standards initiatives.

The eHISC will oversee an active standards program in response to three fundamental drivers:

1. eHealth projects require standards and policies for systems interoperability—both within related projects and across health authorities for the provincial integration of eHealth.
2. Pan-Canadian and international organizations are developing standards, which have significant impact on activities in British Columbia and the implementation of eHealth. The eHISC's active participation in partners' processes to develop standards will provide greater assurance that they will reflect the perspectives of British Columbia and respond to local provincial needs.
3. Adoption of standards today paves the road to the future. An inclusive and coordinated approach to standards activities, with leadership through the eHISC, will provide for more timely review and adoption of standards that are suitable for British Columbia's circumstances, create

### OHISC - What Approval of Each Tier Means

**Tier 1 – Approval for Consideration** offers a solution for an identified business need or standards requirement. Although other alternatives may exist, the approved standard can be considered for use.

**Tier 2 – Approval of Draft Standard for Trial/Limited Use** enables early adopters to pilot using the standard and report back to OHISC on the outcome of its use. This feedback could also initiate a request for maintenance to the SDO/SMO that developed or maintains the standard. Limited use means applicable to a specific sector (e.g. large hospitals) or time-limited.

**Tier 3 – Approval for Use** means that the approved standard becomes an integral part of any related e-Health business decision and should be used by all e-Health initiatives when it satisfies business and technical requirements.

opportunities for better alignment with the standards activities of partners and the requirements of stakeholders, and — even for projects not requiring interoperability or integration today — establish a foundation for more options or choice in the future.

Over the summer, eHISC members are reviewing a preliminary mandate proposal, which was discussed at their first meeting in early June 2006. They will meet again in September 2006 and look forward to confirming their full terms of reference and participating in the Pan-Canadian Standards Collaboration Process.

## HL7 Canada Update

The HL7 Canada Spring Conference, a joint meeting with the Partnership for Health Information Standards, resulted in a substantial amount of information sharing. (*Please the conference summary on page 8*). All the presentations from the conference, in particular the HL7 Canada afternoon plenary on Thursday June 8, are now available on the HL7 Canada website.

In terms of HL7 Canada working committee updates, the Realm Localization Committee is advancing its work on the realm localization procedure, as well as the Object Identifiers (OIDs) process. The Communications Committee continues to work on marketing and communication efforts, and the Financial Management Domain Committee is advancing its ballot strategy on the claims and reimbursement messages. Join these committee forums to participate and contribute.

Preparations are now in hand for the upcoming HL7 Inc. August ballot cycle, so watch your email for further updates. In particular, if you plan on, or are interested in, reviewing the ballot, please contact the HL7 Canada Secretariat at your earliest opportunity.

Finally, for those individuals interested in HL7 Canada membership, renewal and recruitment is in full swing. To ensure your continued access to the HL7 standards and other materials, don't delay in renewing your membership. Visit the HL7 Canada website for further details or please contact June Seepersad at [jseepersad@infoway-inforoute.ca](mailto:jseepersad@infoway-inforoute.ca).

## DICOM Update

The following ballots listed below are now open for consideration from the DICOM Standards Committee. Copies of these ballots are available for download from the DICOM website at: <ftp://medical.nema.org/medical/dicom>

Submissions should be sent in on or before August 4, 2006, to the attention of Grant Gillis, Director, Standards Liaison

Department. For further information on these ballots and/or on DICOM in general, please contact Grant Gillis at [ggillis@infoway-inforoute.ca](mailto:ggillis@infoway-inforoute.ca).

### Ballot for Proposed Supplement 113 (E-mail Transport)

This supplement adds an email transport mechanism based on:

- a. Using a ZIP file to encode the DICOM File-set in a single DICOM attachment;
- b. Sending the ZIP file as an ordinary email attachment;
- c. Encrypting the email using S/MIME;
- d. On the receiving side, detaching and extracting the ZIP file using either ordinary office applications or a DICOM aware program; and
- e. Verifying the digital signature using ordinary office applications.

### Ballot for Proposed DICOM Correction Package 37

DICOM, which addresses image communication for a number of modalities and image management functions, was first published in 1993. Since then, many additional medical imaging specialties have contributed to the extension of the DICOM Maintenance Process. This process was established by the DICOM Standards Committee's Working Group Six (WG-06) to address errors in and clarifications to the Standard. WG-06 reviews questions and comments on the standard and determines whether a correction is required. Questions and comments may be submitted in numerous ways – i.e., a letter to WG-06, issues raised by Working Group members, etc. After WG-06 approves the proposed corrections, a ballot is sent to the DICOM Standards Committee members. If approved, the corrections are incorporated into the DICOM Standard.

### Request for Comments on Draft Supplements

The following draft supplements are now out for comment:

- DICOM Supplement 107 - Substance Administration Information Services; and
- DICOM Supplement 116 - 3D X-Ray Storage SOP Class.

## ISO Update

The Canadian Advisory Committee to ISO/TC 215 continues its large mandate, corresponding Canadian content to and, in many instances, providing leadership at the international level on a host of work items on system architecture, messaging, terminology, security, and devices.

In coordinating the work of health information standards development at the global level, ISO/TC 215's role reflects the ongoing need for collaboration and coordination of plans and resources.

Agreements with such other standards development organizations (SDOs) as CEN, HL7, SNOMED, the IEEE Medical Device Committee and others increasingly allow key stakeholders such as governments, vendors and deemed agencies to comprehend and achieve rationalized development of the entire scope of health information standards through ISO.

Stakeholders, therefore, know when and where the work is taking place, and can so prioritize and concentrate their scarce resources with a minimum of concern for gap and overlap amongst the principal SDOs.

This approach, which has involved many Canadians, parallels that of the Infoway Standards Collaborative, and is the best strategy where the required specialization of standards mandates intersects with the segmentation of jurisdictions and markets.

The upcoming meeting of ISO/TC 215 in Geneva October 9-11 will work to advance this approach even further, focusing in particular on the efficiency and effectiveness of health information system vendors' engagement with the world of standards development.

In the meantime, standards development continues apace, so here are a few highlights:

- ISO 22221 "Principles and Practices for a Clinical Data Warehouse" is now complete, and will be published shortly. A large "Thank You" to Dr. Andrew Grant (Universite de Sherbrooke) and Mark Fuller (CIHI) for their leadership on this technical report on the creation and use of data repositories and registries.
- Working Group 1 of ISO/TC 215 has begun development of an "Identification of Providers" Standard. This will be an important standard supporting provider registries and is under Australian and Canadian leadership. Watch for the formation of a Canadian Expert Task Group on this Work item.
- Working Group 3 is initiating work on a common glossary of terms and definitions for health information standards. As the work of ISO/TC 215 broadens and deepens, ensuring commonality of terms and definitions is an arduous, but necessary, discipline. Canadian participation in this work item will be important for all stakeholders.
- Working Group 4's efforts with respect to ISO 27799 "Security Management in health using ISO/IEC 17799" is now at the stage of Draft International Standard (DIS) balloting. An important companion to the 17799 standard, 27799 defines and specifies security of information systems and application in the healthcare

## IHE workshop - Connecting for Health: Using Standards to Connect

Integrating the Healthcare Enterprise (IHE) Canada is pleased to be hosting a workshop entitled *Connecting for Health: Using Standards to Connect* which will be held September 18-19, 2006, in Toronto.

### About the workshop

Day One of the workshop will provide a practical grounding in the IHE initiative and the benefits it provides governments, users and vendors who want to implement integrated systems and participate in building a connected health system.

Day Two will offer detailed sessions on the integration profiles defined by IHE in a growing number of clinical and operational domains, such as IT infrastructure, patient care coordination, laboratory systems and radiology. McKesson Canada is a sponsor for this event.

For more information, to register and for hotel accommodations, please visit:

[www.ihe-canada.com/Events/2006/06Sept18-19.htm](http://www.ihe-canada.com/Events/2006/06Sept18-19.htm)

### About IHE

IHE is an international consortium of healthcare professionals and industry that has been formed to improve the way computer systems in health care share information.

IHE integration profiles promote the coordinated use of established standards such as DICOM and HL7 to address specific clinical needs in support of optimal patient care within and between organizations. These profiles are being demonstrated at major medical industry conferences internationally and have been incorporated into hundreds of industry products.

For more information, visit [www.ihe.net](http://www.ihe.net).

setting. With 17799, this will be the *de facto* security standard for healthcare going forward, so get (or continue to be) involved.

For more information on these and other ISO projects, contact the Standards Liaison Department at Canada Health Infoway at the following address at :[ISO@infoway-inforoute.ca](mailto:ISO@infoway-inforoute.ca)

## Partnership and HL7 Conference

Over a hundred delegates from across Canada gathered in Ottawa June 6-9 for the semi-annual Partnership for Health Information Standards and HL7 Canada joint conference—Starring Standards.

The four days of meetings, co-hosted by Canada Health Infoway and CIHI, were jam-packed with a wide variety of events, speakers, presentations and breakout sessions—indicative of a busy year ahead for all.

Highlights at the event, entitled “Starring Standards,” included an update by Dennis Giokas on the new Infoway Standards Collaborative as well as breakout sessions on the Collaborative’s four new functions: maintenance, conformance, education and training, implementation support. The breakout sessions were an excellent opportunity to engage the Partnership and HL7 Canada communities. The comments and material gathered during these sessions will help shape the Infoway Standards Collaborative, in particular, with the design of its initial service offerings.

Other highlights included a SNOMED CT tutorial and association updates from groups such as Association of Health Technologies Industry (AITS), Canadian Healthcare Information Technology Trade Association (CHITTA), Institute of Electrical and Electronics Engineers (IEEE) and Canadian Health Information Management Association (CHIMA).

Reflecting on the past and looking to the future were two keynote presentations by Neil Gardner, executive director of the Health Information Solutions Centre in Saskatchewan, and Chuck Meyer, HL7 Inc. chair. Gardner spoke about the past 10 years of Partnership and its success and potential while Meyer spoke about HL7 Inc. strategic initiatives.

Always supportive of hands-on standards work, Starring Standards was host to standards projects and updates as well as HL7 Canada working committee meetings. *Infoway’s* iEHR project presented to a full house. Always buzzing with hot issues, Realm Localization’s session was also well attended and productive.

Huge thanks go out to all presenters, moderators, facilitators and, most importantly, attendees for making Starring Standards a success. We hope to see you again at the next conference.

All presentations are posted at [www.cihi.ca/partnership](http://www.cihi.ca/partnership).

A proceedings report will be available shortly.

Questions regarding the Starring Standards conference can be directed to [partnership@cihi.ca](mailto:partnership@cihi.ca).

## Membership

An opportunity awaits you. Become actively involved in the new pan-Canadian standards collaborative function, the Infoway Standards Collaborative through HL7 Canada and Partnership memberships. Take a look at the benefits these memberships allow you to enjoy.

### HL7 Canada

HL7 Canada is the forum for Canadian health information stakeholders to decide how HL7 is adopted and adapted for use in Canada. Through its sponsoring agency, Canada Health Infoway, HL7 Canada is a recognized international affiliate and a voting member of the HL7 International Committee. Benefits of HL7 Canada membership include copies of the most current version of the HL7 standard, voting rights in the standard’s adaptation for Canada and discounts to attend HL7 and HL7 Canada meetings.

### Partnership for Health Information Standards

The Partnership for Health Information Standards is a pan-Canadian initiative that brings together key stakeholders in the health information standards field. The Partnership is the bridge to a vibrant health information standards community. Members of the Partnership influence the development of universal and efficient standards for managing, exchanging, and interpreting health data.

Benefits of being a Partnership member include reduced rates to Partnership Conferences, up-to-date information on national and international standards development activities, and an online membership directory.

### How to Register

To register online today, please visit the following website:

HL7 Canada Membership

[www.cihi.ca/hl7](http://www.cihi.ca/hl7)

Partnership Membership

[www.cihi.ca/partnership](http://www.cihi.ca/partnership)

If you have questions about the HL7 Canada or Partnership membership, please contact June Seepersad, Standards Membership Coordinator (416) 595-3449 Ext. 3015

## University of Sherbrooke offers online HI education

The Université de Sherbrooke is offering two online programs in French and English that focus on Health Informatics and Standards. The graduate level certificate program in Health Informatics is aimed at professionals, clinicians, informaticians, administrators and others. The 12-month curriculum has now been extended to 13 months to reflect the Canadian Health Information Management Association (CHIMA) recommendations contained in their 2005 report: Learning Outcomes for Health Information Management diploma programs. An eight-month, graduate-level certificate program in Standards in Health Informatics is also offered online and is aimed at teaching an integrated understanding of health information standards and their application as well as of the standards creation and maintenance process. Both programs can be started in either September or January.

For information: [www.usherbrooke.ca/isa\\_eng](http://www.usherbrooke.ca/isa_eng). Note: The registration forms are in French – but there is a line-by-line guide for completing them. Contact Sophie Hallée at [Sophie.Hallee@USherbrooke.ca](mailto:Sophie.Hallee@USherbrooke.ca) for any assistance

## UVIC Masters of Science Distributed (on-line) Stream

The University of Victoria offers a Distributed Stream (online) MSc program requiring a minimum of 17.5 units of course work including a major project. This program offers flexible start dates in September, January or May, and is designed to allow professionals to continue their careers while completing their degree. The stream consists of graduate level online Health Informatics courses from the school, as well as online elective courses from partner institutions at the Universities of British Columbia, Alberta and Calgary. The stream is designed as an intensive two-year program with five courses taken each year, along with a major project spanning two years. There will be two, two-week, on-campus workshops as capstones for the program. Full details are available at <http://hinf.uvic.ca/programs/gradprog/handbook.htm>

Established in 1982, the School of Health Information Science at the University of Victoria is the only program to offer university degrees in health informatics for over 24 years. The school offers three graduate level programs: On-campus Masters of Science (MSc), Distributed (online) Stream Masters of Science (MSc) and PhD by special arrangement.

For complete details on all these programs please visit our website at <http://hinf.uvic.ca>, or email [hisgrad@uvic.ca](mailto:hisgrad@uvic.ca) for more information.

## Infoway Standards Liaison Update

Standards Liaison is very pleased to welcome back June Seepersad to the staff. Returning from maternity leave, June will be resuming her position as Standards Membership Coordinator. We are also very pleased to announce that Linda Monico will be remaining with Standards Liaison, working to help the team with its ongoing transition as well as participating in the design and operationalize project for the Infoway Standards Collaborative. Linda has been a great help to the team during the past year and the Standards Liaison Department looks forward to her continuing contributions.

### Contact Information – Standards Liaison

Now that we have settled into our new office, it is time for all of you who have us on speed-dial – and for the few of you who do not – to update your files. If you have any burning questions about standards, please do not hesitate to contact us.

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## Interchange

*Interchange* is an e-publication of the Infoway Standards Collaborative and Solution Architecture Group. In addition to news about *Infoway*-developed standards, this newsletter also includes updates on HL7, Partnership for Health Information Standards and Digital Imaging and Communications in Medicine (DICOM) which are part of the Infoway Standards Collaborative. We welcome submissions on standards and architecture-related topics of general interest to the health informatics standards community.

To comment, submit or suggest a news item, please email Dennis Giokas at [archinfo@infoway-inforoute.ca](mailto:archinfo@infoway-inforoute.ca)

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