



August 14, 2019

HL7 Work Group Co-Chair Nominees September 14-20, 2019

This letter is being distributed to the HL7 list server to announce the current nominees for the co-chair positions that are up for election at the upcoming International Conference and WGM in Atlanta, GA. Each nominee was contacted and asked for a position statement. Their statements are provided below alphabetically by work group and then by nominee.

NOTE: Co-Chair elections will be conducted using Election Runner, an online voting application, for co-chair voting at the September 2019 WGM (see bottom of document).

Anesthesia

This group will be electing one co-chair to fill the position currently held by John Walsh.

- **John Walsh** - *no position statement submitted*

Arden Syntax

This group will be electing one co-chair to fill the position currently held by Robert Jenders.

- **Robert A. Jenders, MD, MS, FACP, FACMI**, *Associate Director, Clinical and Translational Science Institute & Professor of Medicine, University of California, Los Angeles* - I have been privileged to serve as co-chair of the Arden Syntax Work Group, working with its members and industrial partners to make an already-useful standard even more so with the creation of implementation guides, educational activities at universities and conferences as well as improvements to the Arden Syntax itself. As a practicing clinician and researcher who is board-certified in clinical informatics and whose work focuses on clinical decision support (CDS), I respectfully ask for your support to continue this work as co-chair, including advancing the next version of Arden through standardization of its data model, in order to facilitate increased use of CDS and improved health outcomes.

Biomedical Research and Regulation

This group will be electing one co-chair to fill the position currently held by Boris Brodsky.

- **Boris Brodsky**, *Food and Drug Administration (FDA)* - As a BR&R co-chair, I have been helping to ensure continued success of the workgroup and advance the implementation of BR&R projects. As one of the founding members of the BRIDG HL7 Work Group, I have stayed actively engaged with the efforts to enhance the BRIDG support of interoperability, and lead BRIDG architectural review team. I am a long-time member of the FDA CDER Data Standards Advisory Board and have been actively involved with CDISC and HL7 standards in support of regulatory submissions. I am an FDA liaison with the federal engagement to develop AI standards. I have led the development of recommendations for the therapeutic area standards across the FDA review divisions and the FDA CDER terminology workgroup. Prior to joining the FDA a decade ago, I led a wide range of projects involving analysis and modeling of the pharmaceutical and health claims data and implemented AI technologies with NASA.

Clinical Decision Support

This group will be electing two co-chairs to fill the positions currently held by Robert Jenders and Ken Kawamoto.

- **Robert A. Jenders, MD, MS, FACP, FACMI**, *Associate Director, Clinical and Translational Science Institute & Professor of Medicine, University of California, Los Angeles* - It has been my privilege to serve as cochair of the Clinical Decision Support Work Group, working with other cochairs, the membership and partners in industry and government to create and maintain standards that facilitate CDS and thereby

address real-world problems in this domain, including representation and access to computable knowledge and delivery of knowledge-based interventions. As a practicing physician and university researcher who is board-certified in clinical informatics, I help to advance the field through educational activities that include outreach at national and international meetings and scholarly work. I also help to facilitate our work in HL7 through attending to the work group's administrative tasks. I respectfully ask for your vote to continue this work as cochair, including advancing and harmonizing standards that further facilitate knowledge sharing and access, in part through integration with standard data models and business process representation.

- **Ken Kawamoto, MD, PhD, MHS, Associate Chief Medical Information Officer, University of Utah Health** - I have been an active member of HL7 and the Clinical Decision Support (CDS) Work Group since 2004 and have had the privilege of serving as a co-chair of the work group since 2009. Since 2005, I have served as a leader and active contributor, including as Initiative Coordinator of the ONC Health eDecisions initiative, Co-Initiative Coordinator of the ONC/CMS Clinical Quality Framework initiative, and a Board Member of HL7. I also serve on the U.S. Health IT Advisory Committee and co-chair its Interoperability Standards Priorities Task Force. I am actively involved in the development and clinical deployment of informatics solutions enabled by HL7 standards including FHIR, SMART, CDS Hooks, and CQL. Ultimately, I believe that practical usefulness and widespread adoption should be the primary goals of all standards, including HL7 CDS standards. Accordingly, my objective as a co-chair has been to help ensure that the work products of the committee can be widely and easily used by CDS implementers while maintaining semantic interoperability. To this end, I have been leading a multi-institutional effort known as OpenCDS (www.open cds.org) which provides open-source implementation of several of the standards developed by our Work Group. If re-elected, I commit to continuing to support the efforts of our work group through active participation, coordination, and leadership.

Clinical Interoperability Council

This group will be electing one co-chair to fill the position currently held by Laura Heermann Langford.

- **Laura Heermann Langford PhD, RN, Nursing Informatics, Intermountain Healthcare** - I am seeking re-election as co-chair of the Clinical Interoperability Council (CIC). I have been a member of CIC since its inception and a co-chair for 2 years. I really like the connection CIC provides for clinicians and many who are new to HL7. I enjoy working with the clinical projects within CIC to navigate and find success at HL7. I also work hard to advocate for the clinicians within HL7 for their voice to be heard in a highly technical community.

Clinical Quality Information

This group will be electing one co-chair to fill the position currently held by Patricia Craig.

- **Patty Craig, MS, MIS, The Joint Commission** - I appreciate having had the opportunity to serve as a co-chair of the Clinical Quality Information (CQI) Workgroup. If re-elected, I will continue to use my knowledge and expertise to bring awareness to and assist with the workgroup's mission of developing standards for the measuring, evaluation, and reporting of health care quality data. In addition, I strongly believe that CQI's work related to harmonizing data models, content, and expressions not only is improving quality measurement, but will long-term have positive impacts in other areas of health information technology. At The Joint Commission, I am actively engaged with hospital quality improvement (QI) staff submitting eCQM data. As it relates to HL7, I provide the QI staff and, when needed, their information technology staff / vendors support and training with CQL logic, evaluating QRDA I documents to determine the reason for a specific eCQM outcome, and providing QRDA I IG guidance. As The Joint Commission is aligned with CMS on the QRDA I document file format and version of eCQMs being executed each year, the guidance that I provide not only assists the organizations with their eCQM submissions to The Joint Commission, but also helps improve their submissions to CMS. As a participant in standards development activities, I have supported the development and maintenance of most of the standards managed by the CQI workgroup and the CQL standard managed by CDS. I believe my standards development and Joint Commission activities allow me to provide a unique insight into the inner workings of quality measurement, especially within hospitals. I look forward to the opportunity to continue my service to the group into the future.
- **Stan Rankins, Telligent** - I am an Integration Architect at Telligent. I have two Bachelor's degrees, one in English, the other in Management and Information Systems and have begun working on a MSIT with a concentration in software design and management. I have the following certifications: HL7 Clinical

Document Architecture (CDA) Specialist, Certified SCRUM Product Owner (CSPO) and Certified SCRUM Master (CSM).

For the past 15 years, I have been working with clinical quality measures or population health management in various capacities - primarily in an information technology role. In my current role, I serve as the lead technical adviser for implementation of CQL-based HQMF for the Centers for Medicare & Medicaid's (CMS') Measure Authoring Tool (MAT), a lead technical adviser to the Comprehensive Primary Care Plus (CPC+) operations and design team for QRDA Category III implementation and a technical adviser to the measure developers who create and maintain the CMS Eligible Professional (EP) and Eligible Hospital (EH) eCQMs.

Additionally, I have worked on various data integration solutions. As a certified HL7 CDA specialist, I am well versed in CDA and CDA-based implementation guides. I have provided various HL7 CDA implementations in the past, including but not limited to, solutions that used the Continuity of Care Document (CCD) or other CDA-based document formats. I have also provided data mapping solutions for HL7 V2 messages, ANSI X12 or proprietary formats being provided by multiple systems. I have assisted with the editing of various HL7 specifications, including HQMF and QRDA III, among others.

Conformance

This group will be electing one co-chair to fill the position currently held by Ioana Singureanu.

- **Ioana Singureanu, FHL7** - *no position statement submitted*

Emergency Care

This group will be electing one co-chair to fill the position currently held by Jim McClay.

- **James McClay, MD, MS**, *Professor, Emergency Medicine, University of Nebraska Medical Center* - I'm an emergency physician and informaticist running for re-election as a co-chair of the Emergency Care Work Group (ECWG). I helped found the Emergency Care Work Group in 2004 and have served as co-chair since. I have contributed to numerous projects, including EHR-FM version 1 and 2 and the FHIR Clinical Connectathon. I have led the ECWG in the creation of the EDIS-Functional Profile, the DEEDS specification, and the EC DAM informative ballot. I established the Wednesday morning Physicians Breakfast to welcome other physicians into HL7 and share their concerns. Most recently, I have been an instructor and organizer for the Clinicians on FHIR tutorials.

At the University of Nebraska Medical Center, I chair the Graduate Biomedical Informatics Program, direct the Biomedical Informatics Core for our Clinical Translational Research Network (gpctr.unmc.edu), and am the principal investigator for UNMC data node in the PCORnet Research Network (PCORnet.org). I work closely with the emergency medicine specialty society to continue to expand the portfolio of Emergency Care related standards, support the FHIR clinical initiatives, and represent the emergency care community in HL7 projects.

FHIR Infrastructure

This group will be electing two co-chairs to fill the positions currently held by Ewout Kramer and Lloyd McKenzie.

- **Lloyd McKenzie, P.Eng., FHL7**, *Gevity (HL7 Canada)* - The FHIR Infrastructure Work Group continues to be extremely active. I'd be happy to continue to assist in resolving tracker items, and, in particular, continuing to move the workflow project and questionnaire efforts forward.

Financial Management

This group will be electing one co-chair to fill the Interim position currently held by Andy Stechishin.

- **Andy Stechishin** - I have been an active member at HL7 International for over a decade and a regular participant on the Financial Management (FM) Work Group teleconferences and Working Group Meetings for more than 5 years. I also bring a wealth of experience in HL7 leadership roles having been a co-chair of 4 other work groups a Steering Division co-chair, member of the TSC and member of the ARB. I would like to use my skills to assist the current FM leadership navigate through the current challenges arising from the adoption of FHIR in the financial domain.

Imaging Integration

This group will be electing one co-chair to fill the position currently open.

- **Christopher Lindop**, *Healthcare Interoperability Consultant* - I have over 22 years of healthcare industry experience as a systems and interoperability leader and architect. I am an active member of IHE and DICOM. I am excited about the opportunity to serving as Imaging Integration Work Group co-chair and continue to drive cross-SDO collaboration and standards adoption.

Learning Health Systems

This group will be electing one co-chair to fill the position currently held by John Roberts (who is not running for re-election).

- *No nominations received*

Modeling and Methodology

This group will be electing one co-chair to fill the position currently held by Grahame Grieve.

- *No nominations received*

Orders and Observations

This group will be electing one co-chair to fill the position previously held by Ken McCaslin (who has resigned).

- **Ralf Herzog**, *Senior Connectivity Architect, Roche Diagnostics International AG* - My focus is to develop and promote interoperability standards to support our clients to connect our systems with any other system. I have been involved with the HL7 standard family for about 10 years and promote the adoption within our organization. I therefore highly appreciate the opportunity to step up and take a more active role as a co-chair in Orders and Observations Work Group.

Patient Care

This group will be electing three co-chairs to fill the positions currently held by Laura Heermann Langford, Michael Padula and Michael Tan.

- **Laura Heermann Langford PhD, RN** - I am seeking re-election as co-chair of the Patient Care Work Group (PCWG). I have been co-leading the Care Plan Initiative project for the PCWG for the last 10 years and a co-chair for Patient Care for the last 6 years. I have been part of the clinical leadership spearheading the Clinicians on FHIR activities since their inception in 2014 and I have experience in nursing and emergency care informatics and a strong interest in the interoperability of systems. I would be pleased to continue serving in the co-chair capacity for the PCWG. I am excited about the work the PCWG is doing with FHIR and look forward to continued support of bringing clinical expertise and knowledge to the refinement of resources through the PCWG and also PCWG's support and leadership to the Clinicians on FHIR initiative.
- **Michael Padula, MD, MBI, FAAP**, *Children's Hospital of Philadelphia* - As active, board-certified neonatologist and clinical informaticist, it has been a real pleasure to serve as a co-chair of the Patient Care Work Group (PCWG). Prior to joining the PCWG, I had served as co-chair of the Child Health WG, co-editor of the Neonatal Care Report CDA, and contributed to CDA guides and EHR profiles. More recently, I have been active in the PCWG Clinicians-on-FHIR and Care Plan projects and have led initiatives involving Essential Information for Children with Special Healthcare Needs.

Beyond the PCWG, I remain active in other standards activities involving terminology harmonization and health information exchange including serving on the Technical Standards Committee of the HealthShare Exchange of Southeastern Pennsylvania and as Chair of the Terminology Work Group of the International Neonatal Consortium (INC), which supports clinical trials and submissions to the FDA. I also serve as a Senior Fellow of the Institute of Biomedical Informatics at the University of Pennsylvania, where I lead a course on health information standards and interoperability.

I have learned a great deal working with impassioned colleagues in the PCWG and welcome collaborative opportunities to support patient care and child health activities; thank you for considering my candidacy as PCWG co-chair.

- **Michael Tan, MSc, NICTIZ, HL7 Netherlands** - As product manager for NICTIZ, the National Institute for IT in the healthcare for the Netherlands, I am actively involved in developing and implementing Patient Care scenario's in National programs in the Netherlands. Patient care resources are used for Perinatology, Public Youth Healthcare, GP summaries and emergency care on a nationwide scale. As such I have a keen interest to make the domain of Patient Care a success.

In the past I have led projects for Health Concerns, Assessment Scales and HL V3 Care Records. As co-chair I would like to contribute to the further development and transition to FHIR resources, save guarding the knowledge on health concerns, allergy and care record models.

I also believe that the Patient Care Work Group should have a balanced worldwide representation in its leadership to be called an International HL7 work group. As representative from Europe I intend to bring in the input from our European Community in the Patient Care Work Group.

Pharmacy

This group will be electing two co-chairs to fill the positions currently held by John Hatem and Melva Peters.

- **John Hatem, MBA, MS, RN, FHL7** - I have been working with Pharmacy systems since 1996. I have also been an active member of HL7 since 2001 and participated in Pharmacy WG since 2002. Currently I am serving as Pharmacy co-chair and would like to continue to serve the WG to help with maturing the FHIR standards in the Pharmacy domain. This work includes helping to improve the Pharmacy FHIR resources, create implementation guides, improve profiles and continue contributing clinical domain knowledge in furthering Pharmacy standards development.
- **Melva Peters, Jenaker Consulting** - As a current co-chair, I am happy to continue for another term to continue to support the activities of the Pharmacy Work Group.

I have been involved in the Pharmacy Work Group since 2008 and have been co-chair since 2011. I have been an individual member of HL7 International since 2012 and a member via the HL7 Canada Affiliate since 2006.

Public Health

This group will be electing two co-chairs to fill the positions currently held by Craig Newman and Laura Rappleye.

- **Craig Newman, Altarum** - I have been active in HL7 10+ years in a variety of work groups including Public Health, OO and Conformance. I have extensive experience coding, implementing and maintaining HL7 interfaces as well as developing implementation guides and other standards. I actively work with the public health community, promoting the implementation and standardization of electronic data exchange and clinical data support. I am currently a co-chair for PHER and hope to continue as a co-chair to help with the important work this group does.
- **Laura Rappleye, Altarum** - Please accept this position statement as notification of my interest in serving as co-chair for the HL7 Public Health Work Group (PHWG). For the past 24 years, I have been working in the field of public health serving in several different capacities. Leading interoperability implementations for the State of Michigan's public health systems has been my primary focus for the past 12 years. I've had the pleasure of serving in this position for the past four years and would like to continue to serve as a PHWG co-chair.

Publishing

This group will be electing one co-chair to fill the position currently held by Brian Pech.

- **Brian Pech, MD, MBA** - *no position statement submitted*

Structured Documents

This group will be electing one co-chair to fill the position currently held by Calvin Beebe.

- **Calvin Beebe, FHL7, Mayo Clinic** - For over 20 years, I have been a member of the Structured Documents Work Group (SDWG). My interest in Clinical Documents started with an internal project undertaken by the Mayo Clinic to migrate a system creating a standardize set of clinical documents into a new syntax -

XML. XML was the new kid on the block, back then and it represented a great way to bundle both document constructs and discrete data into a single package, SDWG called the standard the Clinical Document Architecture, or CDA. It was all based on HL7's next generation modeling strategy referred to as HL7 Version 3, and yes we did tweak the methodology a bit to simplify the document view-ability. I guess in hindsight it was likely my biggest contribution to the CDA project, Mayo found that utilized a single standardized schema, enabled the creation of a viewing option which could present any CDA document type. Think in terms of 1,500 document types viewable using a single transform.

We've come a long way since then, and a lot of the credit for the success of CDA goes to others, who worked within the SDWG to make CDA the standard it is. FHIR now represents to next generation of modeling used to create resources and profiles and the journey continues as we work to improve clinical interoperability around the world. In running for co-chair, I'm asking for your support and hope to provide what support and service I can to a group that has made an impact in the industry and in my estimation will continue to do so.

ELECTION PROCESS VIA ELECTION RUNNER

- There will be **NO** absentee balloting as the Election Runner application allows those members subscribed to the listserv to submit their vote during the normal voting period (Monday 9:00 am – Wednesday 5:00 pm) during the working group meeting regardless of whether they are in attendance at the WGM to submit their vote.
- On Monday morning of the WGM (September 16, 2019), all members subscribed to the work group's listserv will receive a message from Election Runner with a link to place their vote. The link is unique to each voter, so passing it along to someone else will not work.
- The election site will automatically close at 5:00 pm on Wednesday, September 18, 2019. Results will be announced Wednesday evening.

NOTE: YOU MUST BE SUBSCRIBED TO THE LISTSERV USING THE DEFAULT EMAIL IN YOUR MEMBER RECORD.

ELECTION PROCESS

As a reminder, per the following sections of the GOM, the September 2019 co-chair elections shall be conducted as follows:

09.02.06.04 Voting at the Working Group Meeting - Work Group co-chair elections shall be announced at each general session and shall open on Monday of the Working Group Meeting and continue through the following Wednesday. Work Group co-chairs are encouraged to also announce the co-chair election in their opening comments.

09.02.06.06 Tally and Announcement - The Associate Executive Director shall oversee the tally. If this tally results in a tie, the decision will be made by drawing lots, unless one of the candidates involved wishes to defer to the other. The results of co-chair elections shall be announced during the Thursday general session, posted on the announcement board near the registration desk, and provided to the Work Groups

A copy of the GOM suitable for download and printing is available on the HL7 website at:
<http://www.hl7.org/permalink/?GOM>