



Health Level Seven, Inc.®  
Unlocking the Power of Health Information

---

An ANSI accredited standards developer

January 18, 2011

David Blumenthal, MD, MPP  
Office of the National Coordinator for Health Information Technology  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, SW, Room 517-D  
Washington, DC 20201

Dear Dr. Blumenthal,

On behalf of the Board of Directors of Health Level Seven International (HL7), we are pleased to offer our comments on the report from the President's Council of Advisors on Science and Technology. We believe that the intent of the Council is commendable and that progress must be made in healthcare information technology to ensure the seamless, secure interchange of data. HL7 technical development is firmly rooted in an open, transparent, ANSI-approved process by volunteers around the world.

We further believe that the significant accomplishments of HL7, over more than 20 years and in nearly 40 countries, are a testament to success of that approach. Yet HL7 continues to create innovative approaches to interoperable data exchange in order to meet the growing demands of new concepts, new technologies, and the requirements of a complex technical environment. The accelerated worldwide adoption of Clinical Document Architecture specifications, based upon a universal information model, and created with simple XML, is further testament to that creative process.

More importantly, our collective innovative efforts have been directed at a host of projects founded on the principles of consensus-driven, market-sensitive collaboration with government agencies, the vendor community, and other standards organizations. We are certain that the recent support, given by your office, to the joint HL7-IHE-Health Story project for consolidation of C32 is but one of many business-critical initiatives. Collaboration has been and continues to be at the heart of our business model.

Within the past few months alone, we have witnessed great strides in collaboration, including:

- A joint initiative supported by HL7, Westat, and AHRQ for the development of a framework for a national pediatric EHR profile.
- A cooperative program, shared by HL7, the National Cancer Institute, and the Object Management Group, to accelerate a Services Aware Interoperability Framework (SAIF), which has received international recognition.
- The collaboration between HL7 and the Centers for Disease Control to derive new applications supporting public health reporting and biosurveillance, which is generating attention worldwide for its innovative approach to problem solving.

3300 Washtenaw Ave., Suite 227 • Ann Arbor, MI 48104-4261  
Office: (734) 677-7777 • Fax: (734) 677-6622 • E-mail: [hq@HL7.org](mailto:hq@HL7.org) • Website: [www.HL7.org](http://www.HL7.org)

Health Level Seven and HL7 are registered trademarks of Health Level Seven, Inc. Registered in the U.S. Trademark Office.

At the same time, we share the concerns of many about key elements of the PCAST report.

- The report calls for the creation of a new and comprehensive set of standards, including a new *universal exchange language*, to integrate healthcare IT systems in the United States. By advocating for this approach, the Report ignores significant advances in existing technologies, which are both Federally-funded and widely adopted by numerous US government agencies. Senior leaders from the vendor community, who contribute to the broad range of HL7 products and services, have asserted that such an approach would cost over a billion dollars and require more than a decade to accomplish. In addition, it would create a parallel system for healthcare data interchange that would greatly add to the complexity of interface development
- The report dismisses off-hand the use of Services Oriented Architecture (SOA). The authors completely ignore the successful application of SOA by many HIT vendors, as well as the broad adoption of SOA technology for Health Information Exchanges. To many experts, the report substantively mischaracterizes the technology and its application for healthcare.
- The report fails to adequately address technology for the reuse of data. This principle, after all, lies at the heart of decision support, Public Health reporting, *comparative effectiveness*, and clinical research. Without these critical capabilities, Accountable Care would be nearly impossible to enable and measure. The text mentions extensive use of databases and social networking technology without addressing the fundamental requirements for the complexities of healthcare terminology.

In conclusion, we believe that the limited resources available for accelerating and enhancing health information exchange and analysis would be better utilized by employing existing, widely deployed technology. These include the exchange standards of HL7 as well as the innovative approaches now under development. In addition, SOA should not be overlooked as a highly adaptable approach to data integration and analysis.

At HL7, our fundamental culture supports openness and collaboration. We strongly support the efforts of your Office to achieve the goals of improved quality of care and control of spiraling healthcare costs. Our patients will best be served as we move toward rationalized, not rationed, care.

We look forward to continued collaboration with you and with your Office.

Sincerely,



Charles Jaffe, MD, PhD, FACP, FACMI  
Chief Executive Officer



Robert Dolin, MD, FACP, FACMI, FHL7  
Chairman of the Board