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## **HL7 V2 Model of behavioral health depression specific Digital Therapeutics**

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**HL7 V2 Model of behavioral health depression specific  
Digital Therapeutics**

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**June 2025**

**HL7 V2 Model of behavioral health depression specific Digital  
Therapeutics**

**This certifies that the Master's Thesis  
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## ABSTRACT

### **Effect of HL7 V2 Model of behavioral health depression specific Digital Therapeutics**

Secure sensitivity data transmission via HL7 protocol with reduced development time on HL7 V2 Model of behavioral health depression specific Digital Therapeutics. HL7 version of 2.4 and or 2.5 can be used for the model. And it is mandatory to use ADT, ORM, ORU Messages to communicate with EMR. Within the HL7 Messages, also defined a field to use what data will be contained in the message via collecting data from behavioral health depression specific Digital Therapeutics “CHEEU. Forest N”.

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**Key words :** EMR, HL7, ADT, ORM, ORU, CHEEU. Forest N, Digital Therapeutics

# 1. Introduction

## 1.1. Research background

Many electronic machines and devices are improving in many areas. Especially, healthcare is one of the most important industries where electronic machines are used today. Currently, hospitals use many electronic devices such as MRI, CT, analyzer etc.. And from the devices the EMR(Electronic Medical Records) is integrated via Health Level 7 (HL7). HL7 is the most interoperable protocol that the world widely uses. Most of the hospitals, especially in Western Laboratory Information System and Radiology Information System conduct HL7 messages. As technology improves, HL7 protocol in behavioral health also needs to be defined but currently there are lack of behavioral HL7 protocol. From this thesis, I suggest the HL7 protocol Model of behavioral health depression specific Digital Therapeutics.

About HL7, HL7 organization defines “Founded in 1987, Health Level Seven International (HL7) is a not-for-profit, ANSI-accredited standards developing organization dedicated to providing a comprehensive framework and related standards for the exchange, integration, sharing, and retrieval of electronic health information that supports clinical practice and the management, delivery and evaluation of health services. HL7 is supported by more than 1,600 members from over 50 countries, including 500+ corporate members representing healthcare providers, government stakeholders, payers, pharmaceutical companies, vendors/suppliers, and consulting firms.”[1]

And 95% of US healthcare organizations use HL7 V2.x, more than 35 countries have HL7 V2.x implementations.

As behavioral healthcare organizations, conducting many sensitive data therefore it is mandatory to secure data within the hospital and other healthcare organizations. In order to transmit data, from this thesis, I suggest HL7 protocol for behavioral healthcare use.



HL7 V2 is the most widely used healthcare messaging standard for exchanging clinical and patient information between systems. The goal of HL7 v2 was to provide enterprise-wide interoperability between health information systems using standardized messages representing clinical event information. This includes patient administrative activities, demographics, medical orders, results and financial.

## 2. Materials and Method

### 2.1. Materials

For materials Health Level 7(HL7) is the most used in the healthcare industry. In order to provide the model, it is recommended to use HL7. Table below are models of behavioral specific HL7 ADT, ORM, ORU messages.

<Table 1> Content of ADT Message [1]

| Event Type | HL7 Event                            | Trigger event  |
|------------|--------------------------------------|--|
| A01        | Admit/visit notification             | - Patient visit<br>- Patients cancel visit   |
| A02        | Transfer a patient                   | - Bed Transfer In  |
| A03        | Discharge/end visit                  | - Visit Discharge  |
| A04        | Register a patient                   | - Visit Activation<br>- Visit Cancellation/ (For non-IP visit types only)  |
| A06        | Change an outpatient to an inpatient | - Visit Conversion (non-IP visit type -> IP)   |
| A07        | Change an inpatient to an outpatient | - Visit Conversion (IP -> non-IP visit type)   |
| A08        | Update patient information           | - Visit Update<br>- Visit Update From Patient Update<br>- Patient Update/Patient Transport<br>- Physician/Medical Service Update<br>- Visit Discharge Update<br>- Change Visit/Conversion Time Interface<br>- Result Filling (For Allergies Height/Weight) |
| A11        | Cancel admit/visit notification      | - Visit Cancellation/No Show (for active visit)  |
| A13        | Cancel discharge/end visit           | - Visit Discharge Cancellation   |

|     |   |                            |
|-----|---|----------------------------|
| A34 | Merge patient information – patient ID only | - Patient Collapse         |
| A45 | Move visit information - visit number       | - Visit Move               |
| A54 | Change attending doctor                     | - Physician/Service Change |

ADT messages are basic messages in HL7 V2 and it widely used and one of the most important HL7 message types. It contains many trigger events, especially in patient's admissions, register, cancel, updates, discharges, and others

The general process in the hospital involves collecting many data in Electronic Medical Record (EMR). And from the ADT message, it indicates many patient's status related data in the hospital. Therefore, ADT has the most different message types compared to other messages

<Table 2> Content of ORM Message [1]

| Event Type | HL7 Event     | Triggering Condition                                 |
|------------|---------------|--|
| O01        | Order message | - issued, scheduled, checked-in, performed, canceled |

“HL7 ORM” refers to the Order Entry message type within the HL7. It initiates the transfer of order information and contains actions like placing new orders, modifying, and canceling existing ones. Within the ORM messages ORM-001 is one of basic event type and world widely used, the message events support the transmission of order details and significantly impact healthcare communication by ensuring seamless information flow.

The HL7 ORM message acts as a request for services or materials, linking multiple healthcare providers through order details. Mainly, it is utilized in laboratory or radiology departments but also can be used for other ancillary systems.

<Table 3> Content of ORU Message [1]

| Event Type | HL7 Event      | Triggering Condition           |
|------------|----------------|--------------------------------|
| R01        | Result message | Observation Result (scheduled) |

ORU messages are most used where medical results come from the medical equipment. They have also been used to communicate order and results information for the purpose of clinical trials. It is important to note that ORU messages do not natively contain images, but use a combination of text, codes and numbers to communicate results.

Behavioral health Digital Therapeutics “CHEEU. Forest N” uses Patient’s previous result and patient’s demographic data. In HL7 protocol. ADT(Admit, Discharge, and Transfer), ORM, ORU can be used for HL7 messages. In “CHEEU. Forest N”, View patient training results and history, View patient usage information, View patient depression symptom test (DS) and suicidal ideation test (SR) results, View statistics on number of patients, number of subscribers, number of uses, etc.

To contain the following, Example of “CHEEU. Forest N” questions. (Over the past week) I felt depressed for most of the day. (Over the past week) I experienced less interest or pleasure in daily activities compared to before. (Over the past week) My appetite or weight decreased more than usual. (Over the past week) My appetite or weight increased more than usual. (Over the past week) I had difficulty falling asleep or woke up frequently. (Over the past week) I slept more than usual. All these questions are used for every patient and it needs to be in the HL7 message.

According to “Physicians’ Perspectives on HL7 Information Policy Sensitive Value Set: A Validation Study through Health Concept Categorization” suggest HL7 information sensitive policy as table below.

&lt;Table 4&gt; Behavioral categories examples [2]

| Proposed Categories for the First Survey  | Modified Categories for the Second Survey  |
|---|--|
| <p><b>Behavioral health information</b></p> <ul style="list-style-type: none"> <li>• Danger to self or others</li> <li>• Emotional disturbance information</li> <li>• Mental health information</li> <li>• Psychiatry disorder information</li> <li>• Psychotherapy notes information</li> <li>• Substance use disorder information</li> <li>• Alcohol use disorder information</li> <li>• Opioid use disorder information</li> </ul> | <p><b>Behavioral health</b></p> <ul style="list-style-type: none"> <li>• Danger to self or others</li> <li>• Mental health</li> <li>• Psychiatry</li> <li>• Psychotherapy notes</li> <li>• Substance use</li> <li>• Alcohol use</li> <li>• Opioid use</li> </ul> |

These categories are also helpful to contain behavioral health data as well as material. As it indicates Behavioral health data should be very carefully treat.

Currently, there is no behavioral health depression for HL7 specification. Example as below, this is a HL7 specification for Laboratory, but it cannot be use in behavioral health depression.



## OBR segment—Order

The OBR segment is required and repeating. Each OBR segment represents one panel of tests requested.

Example:

```
OBR|1|LabPasId|SpecId|P1^Description^LabPas||20110120143112+0100|||||||||
```

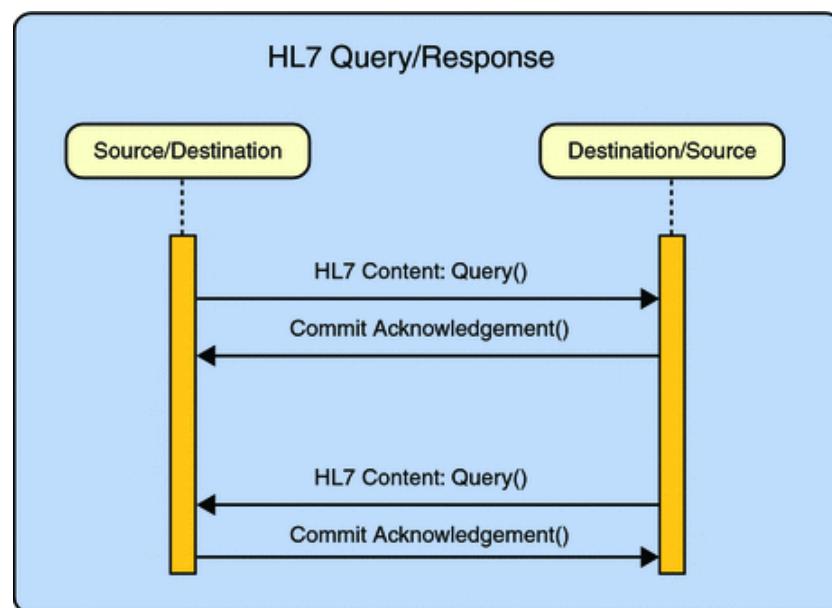
| OBR field | Name                         | Data  |
|-----------|------------------------------|---|
| 0         | Segment ID                   | OBR   |
| 1         | Set ID                       | Contains a sequential number.   |
| 2         | Placer Order Number          | Contains the LabPas Sample Id (barcode). This is the same value as ORC field 2.   |
| 3         | Filler Order Number          | Contains the Lab system Specimen Id.<br><b>Note:</b> This is provided only if tubes are relabeled in LabPas.  |
| 4         | Universal Service Identifier | Contains a coded element in the following format:<br>Panel Id^Description^LabPas<br>where: <ul style="list-style-type: none"><li>• Panel Id maps to a LabPas Panel Code, which is required by the LabPas application. It maps to the Panel Code 2 field for the panel on the Test Panels screen.</li><li>• LabPas denotes the coding system.</li></ul> Example: P1^Description^LabPas |
| 5         | Priority                     | N/A   |
| 6         | Requested Date/Time          | N/A   |
| 7         | Observation Date/Time        | Contains the LabPas Sample Date/Time, formatted as YYYYMMDDhhmmss + or - hhmm offset from UTC.  |
| 8         | Observation End Date/Time    | N/A   |
| 9         | Collection Volume            | N/A   |
| 10        | Collector Identifier         | N/A   |
| 11        | Specimen Action Code         | N/A   |
| 12        | Danger Code                  | N/A   |
| 13        | Relevant Clinical Info.      | N/A   |
| 14        | Specimen Received Date/Time  | N/A   |
| 15        | Specimen Source              | N/A   |

<Figure 1> Example of OBR segment uses in HL7 protocol [3]

For example, as Figure 1, example of OBR segment use in HL7 protocol indicates, OBR-2 mentioning about Specimen ID. Which is not use in behavioral health. This HL7 protocol cannot be used in behavioral health depression specific digital therapeutics. Therefore, new types of HL7 protocols needed.

## 2.2. Communication Method

HL7 Query and response table below is what behavioral health HL7 is used equally. This protocol of behavioral health HL7 should be the same as the HL7 standard.



<Figure 2> Basic HL7 interaction table [4]

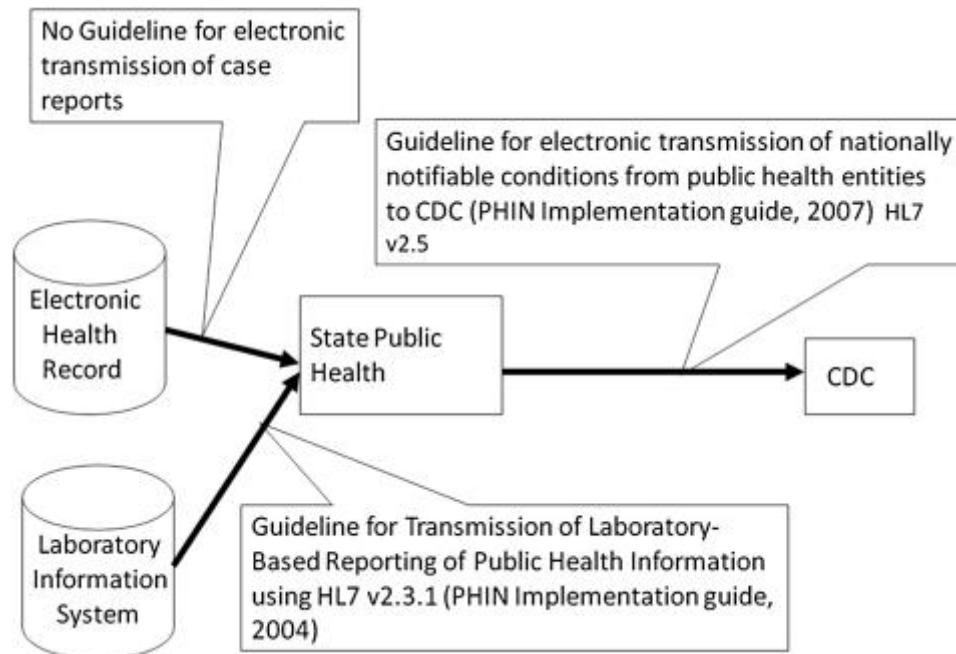
As figure1 indicates, HL7 interacts as send query and response ACK(Acknowledgement). This is a basic communication of HL7 protocol, if there is no ACK message from the Destination then the Source should not be sending next message to Destination. And the HL7 message should look like message as below.

### Example of HL7 communication sample ADT Message

```
MSH|^~\&|EMRCompany name |Behavioral Digital |||ADT^A04|100000|P|2.4|||||||  
PID||1234||DOE^JANE||19990101|M||1000-1|123 MAIN  
STREET^^GREENSBORO^NC^27401-1020| |(02)123-1234  
PV1||O||||0001^Jonny^Appleseed ||||||| ||||||| ||||||| |||200007010800|||||||  
OBX|1|ST||35|||||F|||||  
AL1|1||Amphetamine
```

Also, conducting security is very important for the communication process. EMR sever and the digital therapeutics servers need to be inside of its hospital to secure communication which only communicate within its intranet. Within the hospital's network, it is secure from the other cyberattacks. It is not a good idea to have a digital therapeutics server outside of hospital due to lack of protection from hackers. Without the intranet there is a high possibility that hackers can be approached easily on digital therapeutics server. Even though it's not 100-percent of secure since hospital's network also can be breached by hackers. However, currently it is the best way to protect patients' data and use HL7 communication. To be more secure, recommend that setting up the firewall for the digital therapeutics server can be helpful. Firewall activation can block from the virus.

Moreover, outside of the hospital's network. Reimbursement behavioral health in digital therapeutics can be communicated with HL7.



<Figure 3> Diagram HL7 communication table between LIS-SPH-CDC [5]

Example of national integration (Development of an electronic public health case report using HL7 v2.5 to meet public health needs)

The table above indicates how CDC (Centers for Disease Control and Prevention) obtain the LIS (Laboratory Information System) data from the hospital. As CDC obtains the LIS data from HL7 V2 behavioral information able to use.

### 2.3. Verification Method

To verify HL7 format, used “HL7 soup”, which is HL7 Message generation program that commercially use.

Structure wise, tested ADT, ORM, ORU message shown as the message below.

ADT message

MSH|^~\&|EMR|01|CHEEU. FOREST  
N||20250502210000||ADT^A04|ADT20250502210000|P|2.4

**PID**||11125755^^||Jonny^Appleseed^^||19991121|M||50 Yonsei-ro^^Seoul^^03722||02-2123-2114  
**PV1**|1|O||||77283^Hwapyung^Min|

And was able to successfully, Send ACK (Response Message) message as below.

ADT ACK message

**MSH**|^~\&|CHEEU. FOREST  
N||EMR|01|20250502210000||ACK^A04|ADT20250502210000|P|2.4  
**MSA**|AA|ADT20250502210000

Next message is ORM message

**MSH**|^~\&|EMR|01|CHEEU. FOREST  
N|01|20250502230000||ORM^O01|ORM202301011220300001|P|2.4  
**PID**||11125755^^||Jonny^Appleseed^^||19991121|M||50 Yonsei-ro^^Seoul^^03722||02-2123-2114  
**PV1**|1|O||||77283^Hwapyung^Min|  
**ORC**|NW|EMR1234567|Forest123456|||202301011210 ||20230101121030|Andy Park|Hwapyung Min|||20230101121030|||Digital Therapeutics|  
**OBR**|1|EMR1234567|Forest123456|||202301011210|202301011210|||||||||||11125755|||I felt depressed for most of the day|Over the past week|||||||

And was able to successfully, Send ACK (Response Message) message as below.

ORM ACK message

**MSH**|^~\&|CHEEU. FOREST  
N|01|EMR|01|20250502230000||ACK^O01|ORM202301011220300001|P|2.4  
**MSA**|AA|ORM202301011220300001

Next message is ORU message

**MSH**|^~\&|CHEEU. FOREST

N|01|EMR|01|20250502233000||ORU^O01|ORU20250502233000|P|2.4  
**PID**||11125755^^||Jonny^Appleseed^^||19991121|M||50 Yonsei-  
ro^^Seoul^^03722||02-2123-2114  
**PV1**|1|O||||77283^Hwapyung^Min|  
**ORC**|NW|EMR1234567|Forest123456|||202301011210 ||20230101121030|Andy  
Park|Hwapyung Min|||20230101121030||Digital Therapeutics|  
**OBR**|1|EMR1234567|Forest123456|||202301011210|202301011210|||||||||||1112575  
5|||I felt depressed for most of the day|Over the past week|||||||  
**OBX**|1|ST|||45||0 ~ 48|H|||||||VR|

ORU ACK message

**MSH**|^~\&|EMR|01|CHEEU. FOREST  
N|01|20250502233000||ACK^O01|ORU20250502233000|P|2.4  
**MSA**|AA|ORU20250502233000  
As ACK message sent “AA” in MSA segment, which means “accept message” from this  
it shows that example of ORM message was correctly formalized and ACK also was  
correctly formalized.

### 3. Result

#### 3.1. New HL7 model.

The table below is HL7 model of behavioral health depression specific Digital Therapeutics. This model mainly follows data from “CHEEU. Forest N”. Inside of ADT, ORM, ORU messages, there are “Segments” which indicates MSH, ORC, OBR, OBX etc.. And these Segments are very important because it contains data. In HL7, every individual data called “field”. Field can be defined as below for the behavior health specific Digital Therapeutics.

<Table 5> “CHEEU. Forest N” MSH example

| Seq. No. | Max Len. | Data Type | R/O | HL7 Name              | Description                  | Example         |
|----------|----------|-----------|-----|-----------------------|------------------------------|-----------------|
| 1        | 1        | ST        | R   | Field Separator       |                              |                 |
| 2        | 4        | ST        | R   | Encoding Characters   | HL7 delimiters               | ^~\&            |
| 3        | 180      | HD        | R   | Sending Application   | Sending application name     | CHEEU. Forest N |
| 4        | 180      | HD        | O   | Sending Facility      | Sending facility code        | 01              |
| 5        | 180      | HD        | R   | Receiving Application | Receiving application name   | EMR             |
| 6        | 180      | HD        | O   | Receiving Facility    | Receiving facility code      | 01              |
| 7        | 26       | TS        | R   | Date/Time of Message  | Message generation date/time | 20230101121030  |
| 8        | 40       | ST        | O   | Security              | <not used>                   |                 |
| 9        | 13       | CM        | R   | Message Type          | Message type and event type  | ADT^A01         |

|    |     |     |   |                                 |                          |                       |
|----|-----|-----|---|---------------------------------|--------------------------|-----------------------|
| 10 | 20  | ST  | R | Message Control ID              | Unique ID of HL7 message | ADT202301011210300001 |
| 11 | 3   | PT  | R | Processing ID                   | Processing environment   | P                     |
| 12 | 60  | VID | R | Version ID                      | Version of HL7 message   | 2.4                   |
| 13 | 15  | NM  | O | Sequence Number                 | <not used>               |                       |
| 14 | 180 | ST  | O | Continuation Pointer            | <not used>               |                       |
| 15 | 2   | ID  | O | Accept Acknowledgment type      | <not used>               |                       |
| 16 | 2   | ID  | O | Application Acknowledgment Type | <not used>               |                       |
| 17 | 3   | ID  | O | Country Code                    | Country Code             | KOR                   |

This MSH segment mainly shows information on the message. This is a general format compared to other hospital departments. Most importantly, this segment indicates when the message arrived to Digital Therapeutics.

<Table 6> “CHEEU. Forest N” ORC example

| Seq. No. | Max Len. | Data Type | R/O | HL7 Name            | Description     | Example      |
|----------|----------|-----------|-----|---------------------|-----------------|--------------|
| 1        | 2        | ID        | R   | Order Control       | Order Control   | NW           |
| 2        | 22       | EI        | C   | Placer Order Number | EMR Order ID    | EMR1234567   |
| 3        | 22       | EI        | C   | Filler Order Number | Filler Order ID | Forest123456 |
| 4        | 22       | EI        | O   | Placer Group Number | <not used>      |              |
| 5        | 2        | ID        | O   | Order Status        | <not used>      |              |
| 6        | 1        | ID        | O   | Response Flag       | <not used>      |              |

|    |     |     |   |                           |  |                      |
|----|-----|-----|---|---------------------------|--|----------------------|
| 7  | 200 | TQ  | B | Quantity/Timing           | Order issue Datetime                             | 202301011210         |
| 8  | 200 | CM  | O | Parent                    | <not used>                                       |                      |
| 9  | 26  | TS  | O | Date/Time of Transaction  | current date/time<br>(date and time hook called) | 20230101121030       |
| 10 | 250 | XCN | O | Entered By                | Primary Physician                                |                      |
| 11 | 250 | XCN | O | Verified By               | Attending doctor                                 |                      |
| 12 | 250 | XCN | R | Ordering Provider         | Ordered By Physician                             |                      |
| 13 | 80  | PL  | O | Enterer's Location        | <not used>                                       |                      |
| 14 | 250 | XTN | O | Call Back Phone Number    | <not used>                                       |                      |
| 15 | 26  | TS  | O | Order Effective Date/Time | Scheduled Date/Time                              |                      |
| 16 | 250 | CE  | O | Order Control Code Reason | <not used>                                       |                      |
| 17 | 250 | CE  | O | Entering Organization     | <not used>                                       |                      |
| 18 | 250 | CE  | O | Entering Device           | Device description                               | Digital Therapeutics |

This ORC segment mainly shows Order information from EMR. And from this segment Digital Therapeutics can be determined what order given to its system. Physicians can give orders to determine to use Digital Therapeutics during the patient's stay or visit.

<Table 7> “CHEEU. Forest N” OBR example

| Seq. No. | Max Len. | Data Type | R/O | HL7 Name                   | Description | Example |
|----------|----------|-----------|-----|----------------------------|-------------|---------|
| 1        | 4        | SI        | O   | Set ID-Observation Request | Set ID      | 1       |

|    |     |     |   |  |                                 |              |
|----|-----|-----|---|--|---------------------------------|--------------|
| 2  | 22  | EI  | C | Placer Order Number                    | EMR Order ID<br>(Same as ORC.2) | EMR1234567   |
| 3  | 22  | EI  | C | Filler Order Number                    | Accession Number                | forest123456 |
| 4  | 250 | CE  | R | Universal Service ID                   | <not used>                      |              |
| 5  | 2   | ID  | B | Priority - OBR                         | <not used>                      |              |
| 6  | 26  | TS  | B | Requested Date/Time                    | <not used>                      |              |
| 7  | 26  | TS  | C | Observation Date/Time                  | YYYYMMDDhhmmss                  | 202301011210 |
| 8  | 26  | TS  | O | Observation End Date/Time              | YYYYMMDDhhmmss                  | 202301011210 |
| 9  | 20  | CQ  | O | Collection Volume                      | <not used>                      |              |
| 10 | 250 | XCN | O | Collector Identifier                   | <not used>                      |              |
| 11 | 1   | ID  | O | Specimen Action Code                   | <not used>                      |              |
| 12 | 250 | CE  | O | Danger Code                            | <not used>                      |              |
| 13 | 300 | ST  | O | Relevant Clinical Info.                | Order/Label<br>Comment          |              |
| 14 | 26  | TS  | C | Specimen Received<br>Date/Time         | <not used>                      |              |
| 15 | 300 | SPS | O | Specimen Source                        | <not used>                      |              |
| 16 | 250 | XCN | O | Ordering Provider                      | Order Author                    |              |
| 17 | 250 | XTN | O | Order Callback Phone<br>Number         | <not used>                      |              |
| 18 | 60  | ST  | O | Placer Field 1                         | <not used>                      |              |
| 19 | 60  | ST  | O | Placer Field 2                         | <not used>                      |              |
| 20 | 60  | ST  | O | Filler Field 1                         | <not used>                      |              |
| 21 | 60  | ST  | O | Filler Field 2                         | <not used>                      |              |
| 22 | 26  | TS  | C | Results Rpt/Status<br>Change Date/Time | YYYYMMDDhhmmss                  |              |
| 23 | 40  | CM  | O | Charge to Practice                     | <not used>                      |              |
| 24 | 10  | CE  | O | Diagnostic Serv. Sect. ID              | <not used>                      |              |
| 25 | 1   | ID  | C | Result Status                          | <not used>                      |              |
| 26 | 400 | CM  | O | Parent Result                          | Parent Result                   |              |

|    |     |     |   |  |                     |  |
|----|-----|-----|---|--|---------------------|--|
| 27 | 200 | TQ  | O | Quantity/Timing                            | <not used>          |  |
| 28 | 250 | XCN | O | Result Copies To                           | <not used>          |  |
| 29 | 200 | CM  | O | Parent Number                              | MRN                 |  |
| 30 | 20  | ID  | O | Transportation Mode                        | <not used>          |  |
| 31 | 250 | CE  | O | Reason For Study                           | <not used>          |  |
| 32 | 200 | CM  | O | Principal Result Interpreter               | Test questions      | I felt<br>depressed for<br>most of the day |
| 33 | 200 | CM  | O | Assistant Result Interpreter               | Test sub questions  | Over the past<br>week                      |
| 34 | 200 | CM  | O | Technician                                 | <not used>          |  |
| 35 | 200 | CM  | O | Transcriptionist                           | <not used>          |  |
| 36 | 26  | TS  | O | Scheduled Date/Time                        | Scheduled Date/Time |  |
| 37 | 4   | NM  | O | Number of Sample<br>Containers             | <not used>          |  |
| 38 | 250 | CE  | O | Transport Logistics of<br>Collected Sample | <not used>          |  |
| 39 | 250 | CE  | O | Collector's Comment                        | Comment             |  |

This OBR segment mainly shows Order information from EMR. This is the most important segment for Digital Therapeutics as this OBR segment contains what questions have been asked to patients. This segment information can be shown in the EMR. Without opening the other application physician might understandable which questions have been asked to the patient.

<Table 8> “CHEEU. Forest N” OBX example

| Seq.<br>No. | Max<br>Len. | Data<br>Type | R/O | HL7 Name | Description | Example |
|-------------|-------------|--------------|-----|----------|-------------|---------|
|-------------|-------------|--------------|-----|----------|-------------|---------|

|    |       |     |   |                              |                              |        |
|----|-------|-----|---|------------------------------|------------------------------|--------|
| 1  | 4     | SI  | O | Set ID - OBX                 | Set ID                       |        |
| 2  | 2     | ID  | C | Value Type                   | Data Type                    | ST     |
| 3  | 250   | CE  | R | Observation Identifier       | Observation Identifier       |        |
| 4  | 20    | ST  | C | Observation Sub-ID           | <not used>                   |        |
| 5  | 65536 | *   | C | Observation Value            | Score                        | 45     |
| 6  | 60    | CE  | O | Units                        | <not used>                   |        |
| 7  | 60    | ST  | O | Reference Range              | Reference Range              | 0 ~ 48 |
| 8  | 5     | IS  | O | Abnormal Flags               | Abnormal Flags               | H      |
| 9  | 5     | NM  | O | Probability                  | <not used>                   |        |
| 10 | 2     | ID  | O | Nature of Abnormal Test      | <not used>                   |        |
| 11 | 1     | ID  | R | Observ Result Status         | <not used>                   |        |
| 12 | 26    | TS  | O | Date Last Obs Normal Values  | <not used>                   |        |
| 13 | 20    | ST  | O | User Defined Access Checks   | <not used>                   |        |
| 14 | 26    | TS  | O | Date/Time of the Observation | Date/Time of the Observation |        |
| 15 | 250   | CE  | O | Producer's ID                | <not used>                   |        |
| 16 | 250   | XCN | O | Responsible Observer         | <not used>                   |        |
| 17 | 250   | CE  | O | Observation Method           | Interpretation               | VR     |

This OBX conducts patient's test results via Digital Therapeutics. This segment can be sent to EMR which means it can be also seen from other medical doctors whom may need to be known.

### 3.2. Hardware recommendation



Specification of server is also a huge part in communication between EMR and Digital Therapeutics. Since Digital Therapeutics operates by videos or animation it might need a decent quality of server but currently there is a web server to collect the data from the virtual reality operation PC. Therefore, there is not a high-quality server for communication between EMR- Behavioral health servers. According to hardware server specifications for “CHEEU. Forest N”, Operating Environment: OS: Microsoft Windows 10 64bit, CPU: Intel Core i3-7xxx or higher or AMD Ryzen 3-1xxx or higher, RAM: 2GB or higher, Storage Free Space: 2GB or higher.

## 4. Discussion

HL7 V2 Model of behavioral health depression specific Digital Therapeutics tested via SoupHL7 program, and the HL7 message worked properly without any error. It means that the HL7 message structure can be able to use in behavioral health depression specific Digital Therapeutics. It interprets that HL7 V2 can integrate behavioral health depression specific Digital Therapeutics with EMR. Currently, there is no standardization for the area. But now it can be integrated. As behavioral health depression specific Digital Therapeutics expand themselves. This model can be useful. Other HL7 V2 models cannot adopt the behavioral health depression specific Digital Therapeutics; the previous HL7 model cannot be used.

During the making of this HL7 V2 model, found that the HL7 V2 standards has lack of covers in text information. Normally, HL7 V2 ORM and ORU messages are based on laboratory data, and usually laboratory results are expressed and indicated in numbers. There are some text-based results in the laboratory field, but not much text information as in behavioral health. In the behavioral health department, there are many text-based questions and answers, and the department needs long text-based. During the validation of the HL7 V2 model, found no issue regarding the limitation on text result, but this is something that would not be aware of. The HL7 V2 model in theory and technically, there is no issue or error. But it appears that the actual HL7 model should be integrated with EMR. And from this paper, it was not the scope of integrating with a real EMR. After this, a recommendation of research is needed in the follow-up to ensure that from it needs to be secure interoperability. In addition, later research can be more focused on the cloud-based EMR. As cloud-based EMR is expanding worldwide. Currently, most of the EMR companies install their server on-premises, but soon, more cloud-based EMR install.

HL7 communication can be different depending on hospitals policy. Currently, many EMR companies provide cloud service to hospitals. Which is this behavioral health depression specific HL7 communication need to be modified from on-premise version.



Recommendation of HL7 version 2.4 and 2.5 used for the model. As version 2.6 or higher can be used but as 2.6 or higher model is not world-wide use. Most of the HL7 communication is transmitted via HL7 version 2.4 or 2.5



## 5. Conclusion

As HL7 is an international standard. The HL7 V2 Model of behavioral health depression specific Digital Therapeutics can be used internationally. From this thesis, behavioral health companies can use the model to develop their own system. Also, behavioral health information is very confidential, so it needs to be secure via HL7 communication.

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## Abstract in Korean

## 정신건강의학과 특화 우울증 디지털 치료제 HL7 V2 표준 제안 모델

본 논문은 HL7 프로토콜을 통하여 의료 데이터 전송을 EMR (Elctronic Medical Record) 와 디지털 치료제 사이에서 상호운용성 및 안전하게 전송하는 방법을 서술하고 있습니다. 이를 위해 HL7 V2을 사용하며 해당 모델 개발 시간을 단축한 표준을 제공합니다. HL7 버전 2.4 또는 2.5 모델에 사용할 수 있습니다. 해당 HL7 모델중 EMR과 통신하려면 ADT, ORM, ORU 메시지를 사용하는 것이 필수입니다. HL7 메시지내의 내용은 정신건강의학과 특화 디지털 치료제 인 "CHEEU. Forest N"에서 데이터를 수집하여 메시지에 어떤 데이터를 포함할지 정의하는 필드를 정의하였습니다.

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**핵심되는 말 :** EMR, HL7, ADT, ORM, ORU, CHEEU. Forest N, 디지털 치료제, 상호 운용성