American Health Information Community

Workgroup: Electronic Health Record: Laboratory data information exchange

Agenda
Date: Tuesday January 31st 2006
Time: 1pm ET – 5pm ET
Room: 705a Hubert Humphrey Building
200 Independence Avenue SW
Washington DC 20201

1. Call to Order –
   - Co-Chairs:
     -Jonathan B. Perlin, MD
     Under Secretary for Health
     Department of Veterans Affairs

     -Lillee Smith Gelinas , RN, MSN, FAAN
     Vice President, Clinical Performance
     VHA Inc.

2. Review Call-in procedures - Amanda Smith or Dana Haza

3. Introduction of participants – All

4. Remarks by Secretary Leavitt

5. Review charge and define scope – Dr. Perlin and Ms. Gelinas
   - Review Work Group membership/representation – Dr. Perlin and Ms. Gelinas
   - Review use cases – ONC Staff - TBD
   - Discussion of strategy for assimilating the ONC-provided use cases and the Community-provided broader charge and specific charge.
     i. EHR adoption barriers
        1. Professional and workforce issues (aging workforce, nursing shortage, union issues, use of travelers, etc.)
        2. Cultural issues
        3. Financial issues
        4. Physical plant issues (new construction, renovations, wireless technology, etc.)
     ii. EHR adoption strategies / facilitators
        1. Professional and workforce issues (aging workforce, nursing shortage, union issues, use of travelers, etc.)
        2. Cultural issues

3. Financial issues
4. Physical plant issues (new construction, renovations, wireless technology, etc)

iii. Laboratory data as the first use case for EHR adoption demonstration
1. Laboratory data - early adoption advantages
2. Laboratory data - early adoption disadvantages
3. Capture of laboratory adoption experiences to:
   a. Build repeatable processes for the next implementation domain.
   b. Illustrate policy, technical, market, cultural and other accelerators and barriers for use with next implementation domain.

6. Develop work plan
   - Identification of needed human resources
   - Identification of leaders for main topic areas
   - Identification of communication process and document exchange

7. Develop timeline
   Schedule with Community Quartile Milestones (Source: ONC 'milestones' document)
   - <u>January - March 2006 Outcomes</u>:
     a. Identify existing tools and solutions that could be rapidly deployed and present recommendations to the Community.
     b. Identify local, state, federal agencies, NGOs, and private entities that are needed to support the tools and solutions.
     c. Present a detailed timeline for realization of the specific charge to the Community.
        i. <u>January Activities</u>:
           1. Convene Workgroups – Near Completion
           2. Establish administrative logistics - Completed
           3. Discuss charge and <u>define scope</u>
           4. Request detailed environmental scan of existing solutions and potential barriers
           5. Request detailed environmental scan of critical enabling entities
        ii. <u>February Activities:</u>
           1. Receive input from scans
           2. Develop detailed operations work plan for workgroup
        iii. <u>March Activities</u>:
           1. Present detailed recommendations to March 7th Community Meeting
           2. Identify policy and privacy issues

- April – June 2006 Outcomes -
    a. Identify public and business policies that need to be changed or that are needed to meet the specific charge, and make recommendations to the Community.
    b. Consider privacy issues that may arise from this effort, and report discussions to the Community.
    c. Review standards architecture and certification criteria relevant to the realization of the goal and make recommendations to the Community.
        i. April Activities:
            1. Review architectural, standards harmonization, and certification criteria necessary to realize goal.
        ii. May Activities:
            1. Incorporate policy recommendations into Breakthrough recommendations
            2. Incorporate architectural changes and considerations into Breakthrough recommendations
        iii. June Activities:
            1. Make recommendations
            2. Identify and evaluate deployment models for Breakthroughs
            3. Present findings to June 13th Community Meeting including a summary and recommendations regarding further acceleration of breakthroughs with identified gaps to adoption.

- July – September 2006 Outcomes:
    a. Make recommendations to the Community to identify deployment targets and models for deployment.
    b. Make recommendations to the Community to develop an education and awareness plan.
    c. Make recommendations to the Community to develop a timetable to transition from the specific charge to the broad charge.
        i. July Activities:
            1. Identify and evaluate marketing plans
        ii. August Activities:
            1. Develop broad work plan and time table to move from specific to broad charge
            2. Incorporate marketing and deployment models into Breakthrough recommendations
            3. Report summary and findings at August 1 Community Meeting
        iii. September Activities:

1. Continue to develop broad work plan to address broad charge
2. Report summary and findings at September 12 Community Meeting

- October – December 2006
  a. Make recommendations to the Community to implement a pilot effort and a rollout plan that will realize the specific charge.
  b. Evaluate the year and progress toward achieving the broad charge.
     i. October Activities:
        1. Extensively vet recommendations throughout stakeholder communities
        2. Harmonize with other Breakthrough workgroups' recommendations
        3. Report findings at October 31st Community Meeting
     ii. November Activities:
        1. Write final Report
     iii. December Activities:
        1. Present Final Report at December 5 Community Meeting
        2. Provide recommendations to implement pilot effort
        3. Present rollout plan for specific charge

8. Next steps

9. Public input

10. Adjourn

Department of Health & Human Services
Office of the National Coordinator for Health Information Technology

Electronic Health Record Use Case
Briefing Document

Office of the National Coordinator for Health Information Technology

January 30, 2006

In the following paragraphs and pages you will find the broad and specific charges to this workgroup, some definitions to assure consistent communications, and some background information. We have also included some questions that may be useful starting points for your discussion and ask that, working with ONC, you endorse final highly specified recommendations regarding what is to be accomplished by year's end, the specific populations which will derive benefit, and the critical actions that must be taken for successful implementation. Your presentation of these recommendations at the March 7th Community meeting will shape the intent of the Community in this area.

Charges for the Electronic Health Record Workgroup

- **Broad Charge for the Workgroup:** Make recommendations to the Community on ways to achieve widespread adoption of certified EHRs, minimizing gaps in adoption among providers.
- **Specific Charge for the Workgroup:** Make recommendations to the Community so that within one year, standardized, widely available and secure solutions for accessing current and historical laboratory results and interpretations is deployed for clinical care by authorized parties.

Who is involved in making this happen?

- **Patients -** Members of the public who require healthcare services and present in ambulatory and emergency room environments for the provision healthcare. May also include a patient proxy, which is a person who can provide information about the patient (e.g., a spouse, guardian, or person with a valid power of attorney) and who is authorized to give consent for sharing of the patient's data if the patient is a minor or incapacitated.
- **Clinicians -** In ambulatory and emergency room settings, the healthcare providers with direct patient interface in the delivery of care, including physicians, nurses, clinical supervisors.
- **Healthcare Delivery Organizations -** Organizations, such as hospitals, physician practices, which manage the delivery of care and capture data patient encounter / episode in electronic form.
- **Laboratory Organizations -** Medical laboratories, in either in a hospital or ambulatory environment, which analyze specimens as ordered by clinicians to assess the health status of patients.
- **RHIO -** An organization that provides clinical data access services to authorized users across a defined population (usually a geographic region).

- **Responders -** The Responder perspective covers all responder interactions with the goal of providing relevant lab results of an identified patient to a requesting caregiver for use in clinical care.
- **Public -** Consumers of health care services and information; stakeholders in the overall health care system.
  Locator - Authorized person who seeks data on behalf of a caregiver. May be the caregiver in person or may be a staff member who is preparing data for the caregiver's use (e.g., physician's office staff).
- **Regional Network Infrastructure Affiliations -** An organization which supports secure and reliable network transmission between health delivery agencies involved in the management of health information and provides indexing of patient identifiers and metadata on clinical information sources.
- **Data Sources -** Systems or networks which provide laboratory data or associated patient information (e.g., maintains master patient index).
- **Administrator -** Administrators, broadly speaking, engage in a common set of functions to meet the health care organization's goals. These may include planning, staffing, data collection, etc.
- **Terminology and Interface Experts -** Perform data mapping and technical activities to support the overall functioning of the system.
- **Clinical Data Manager System -** A system that manages the authentication and authorization of providers, storage of data references, location of patient data and the exchange of data between Lab Data Repositories and the Provider Viewing System.
- **Lab Data Repository -** The electronic repository that stores the lab results generated by the originating lab source.

What is already being done?

ELINCS – Developing a National Lab Data Standard for EHRs
The EHR-Lab Interoperability and Connectivity Standards (ELINCS) project will develop a national standard for the delivery of real-time laboratory results from a lab's information system to an electronic health record. Typically this process can be a fractured one in which lab results are sent to the ordering doctor's office via fax or mail. The results must be filed in the patient's paper chart or manually entered into the physician's EHR.

Modeling the project

1. What is the most efficient and effective model for electronically transmitting lab information? From multiple labs directly into a clinician's electronic health record? From multiple labs through a single portal to individual physician EHRs?
2. Given the adoption gap and relatively low penetrance of electronic health records, should we consider the ability for physicians without EHRs to access consolidated lab information through a portal?
3. What labs should be included, given that pathology reports contain significant text information and very sensitive material?

4. What historical data is most useful? Should interpretations be limited to normal values?
5. Should all lab results ordered on a patient be made available to any clinician caring for that patient so that a comprehensive picture can be gained?

Defining the Populations

1. Since over half of the lab tests ordered are conducted in hospital or local laboratories, should we consider a regional approach which could include the NHIN contract sites?

Other

1. At what level will patients control access to data?
2. What are the best ways to authenticate users?
3. How will patients be identified?
4. How will we address variances in how CLIA is applied in different states?
5. How do we drive market development?

Breakthrough Workgroup Activities & Community Milestones

2006	Workgroup Activities	Community Quarterly Milestones
JAN 17th	**COMMUNITY MEETING**	1) Identify existing tools and solutions that could be rapidly deployed and present recommendations to the Community. 2) Identify local, state, federal agencies, NGOs, and private entities that are needed to support the tools and solutions. 3) Present a detailed timeline for realization of the specific charge to the Community.
Jan 30 - Feb 2	• Introductions • Set Context and clarify final deliverable • Introduce draft of *Activities and Community Milestones* and deliverables • Review administrative logistics • Discuss specific charge: shape definitions and scope • Review briefing documents and identify additional information necessary to finalize scope and develop WG specific Activities and Milestones	
Feb 21-24	• Finalize Scope Recommendations • Finalize elements for March AHIC report • Presentations and discussion on Federal Accelerators • Finalize Activities and Milestones	
MAR 7th	**COMMUNITY MEETING** • **Present findings, summary, recommendations**	
April	• Review architectural, standards harmonization, and certification criteria necessary to realize goal.	1) Identify public and business policies that need to be changed or that are needed to meet the specific charge, and make recommendations to the Community. 2) Consider privacy issues that may arise from this effort, and report discussions to the Community. 3) Review standards architecture and certification criteria relevant to the realization to the goal and
APR 25th	**COMMUNITY MEETING** • **Present findings, summary, and recommendations regarding "levers" acceleration of breakthroughs.**	
May	• Incorporate architectural changes and considerations into Breakthrough recommendations	
June	• Make recommendations • Identify and evaluate deployment models for Breakthroughs	

2006	Workgroup Activities	Community Quarterly Milestones
Jun 13th	**COMMUNITY MEETING** **Present findings, summary, and recommendations regarding further acceleration of breakthroughs.** **Identify gaps.**	make recommendations to the Community.
July	• Identify and evaluate marketing plans	1) Make recommendations to the Community to identify deployment targets and models for deployment. 2) Make recommendations to the Community to develop an education and awareness plan. 3) Make recommendations to the Community to develop a timetable to transition from the specific charge to the broad charge.
AUG 1st	**COMMUNITY MEETING**	
August	• Develop broad work plan and time table to move from specific to broad charge • Incorporate marketing and deployment models into Breakthrough recommendations	
September	• Continue to develop broad work plan to address broad charge	
SEP 12th	**COMMUNITY MEETING**	
October	• Extensively vet recommendations throughout stakeholder communities • Harmonize with other breakthrough workgroup's recommendations	1) Make recommendations to the Community to implement a pilot effort and a rollout plan that will realize the specific charge. 2) Evaluate the year and progress toward achieving the broad charge.
OCT 31st	**COMMUNITY MEETING**	
November	• Write final report	
DEC 5th	**COMMUNITY MEETING** • **Present Final Report to AHIC** • **Recommendations to implement pilot effort** • **Rollout plan for specific charge**	