

June 29, 2006

Office of the National Coordinator for  
Health Information Technology

## ***Nationwide Health Information Network Forum***

**Session Number: 3.1**

**Session Name: Electronic Health Records-  
Laboratory Results**

**Facilitator: Laura Tillery, AVOW Consulting Partners**

**Discussant: Jamie Ferguson, Kaiser Permanente**



U.S. Department of Health and Human Services

# Agenda

## Introduction

- Process for the Breakout Discussion
- Description of Content Area

## Discussion

- Specific Areas of Variation or Need
- New Issues
- Architecture Differences
- Requirements Gaps
- Defining Minimal
- Questions to Consortia

# Introduction - Session Process

- Please use microphones during discussions – sessions are being audio recorded
- Handouts
  - Functional Requirements .xls spreadsheet
  - Functional Requirements Input Form
- Focus discussion on this use case area
- Not a review of the entire use case or individual requirements
- Comments with policy implications will be noted and sent to appropriate process for discussion (e.g, HIT Policy Council, etc.)

# Introduction - Session Overview

**Session Title  
Number**

**3.1 Electronic Health Records-  
Laboratory Results**

**3.2 Biosurveillance- Connecting  
Clinical Systems**

**3.3 Personal Health Records-  
Registration and Medication  
History**

**3.4 NHIN Infrastructure-  
Crosscutting**

# Use Case - Background

Driving adoption of Electronic Health Records (EHRs) requires reducing the loss and risk physicians face when investing in EHRs.

This risk can be reduced by ensuring EHR products comply with minimal standards for:

- functionality
- security
- interoperability
- helping provide implementation support to doctors so they can re-engineer their business processes with information technology.

## Use Case - Broad Area

Support the implementation of interoperable, certified EHRs, minimizing integration issues for providers.

## Use Case - Specific Use Case Area

Deploy standardized, widely available, secure solutions for accessing laboratory results and interpretations in a patient-centric manner for clinical care by authorized parties.

# Discussion – Quick Review of Identified Issues

- Are the requirements specified for “closed loop” implementation of this use case?
- What areas outside of NHIN functioning must be advanced for this use to be implemented in an NHIN service?
- What are the relative benefits of “pushing” lab data to EHR systems vs allowing EHR systems to “pull” lab data?
- If data are pushed to a care delivery system what are the obligations on the source system for updating the data in the light of corrections or final results?
- If data are pulled into a care delivery system what are the obligations on the source system for updating the data in the light of corrections or final results?
- How critical is semantic normalization in accessing lab results from EHR systems?
- Are there valuable subsets of all lab data for which normalization may occur more quickly than for “all lab data?”
- What are NHIN requirements for identity matching of “pushed” lab data?
- What are NHIN requirements for identity matching of “pulled” lab data?
- What are the architectural implications of policies requiring that the NHIN track physician-patient relationships and use this information in permitting the conveyance of lab data?
- What are the requirements for “human readability” vs “computer process-ability” in conveying lab results?





## Discussion – New Issues

What other issues are there that have not been identified?

## Discussion – Specific Areas of Variation or Need

- Are the requirements specified for “closed loop” implementation of this use case?

## Discussion – Specific Areas of Variation or Need

- What areas outside of NHIN functioning must be advanced for this use to be implemented in an NHIN service?

## Discussion – Specific Areas of Variation or Need

- What are the relative benefits of “pushing” lab data to EHR systems vs allowing EHR systems to “pull” lab data?

## Discussion – Specific Areas of Variation or Need

- If data are pushed to a care delivery system what are the obligations on the source system for updating the data in the light of corrections or final results?
- If data are pulled into a care delivery system what are the obligations on the source system for updating the data in the light of corrections or final results?

## Discussion – Specific Areas of Variation or Need

- How critical is semantic normalization in accessing lab results from EHR systems?
- Are there valuable subsets of all lab data for which normalization may occur more quickly than for “all lab data?”

## Discussion – Specific Areas of Variation or Need

- What are NHIN requirements for identity matching of “pushed” lab data?
- What are NHIN requirements for identity matching of “pulled” lab data?

## Discussion – Specific Areas of Variation or Need

- What are the architectural implications of policies requiring that the NHIN track physician-patient relationships and use this information in permitting the conveyance of lab data?



## Discussion – Specific Areas of Variation or Need

- What are the requirements for “human readability” vs “computer process-ability” in conveying lab results?

# Discussion of New Issues Identified

- New Issues

## Discussion - Architectural Differences

- Are there significant architectural differences?
- How many different architectural approaches are actually represented in this breakout area?
- What are they?

## Discussion - Requirements Gaps

What are the areas where there are requirements gaps for this functional category?

## Discussion – Defining Minimal

NCVHS needs to eventually refine the >1100 requirements to a “minimal”, but inclusive list. What is the best approach to having “minimal” requirements in this functional category?

## Discussion - Questions to Consortia

What questions or issues would you like to ask of the consortia relative to this functional category?

# Agenda Review

## Wednesday, June 28 Afternoon

1:30- 3:00 pm	Entity Break Out Sessions
3:00- 3:15 pm	Break
3:15- 4:45 pm	Functional Category Breakout Sessions
4:45 pm	Adjourn

## Thursday, June 29 Morning

8:00- 9:00 am	Use Case and NHIN Infrastructure Breakout Sessions
9:00- 9:15 am	Break
9:15- 10:15 am	Plenary Session- NHIN Consortia Architecture Response
10:15- 10:30 am	Break
10:30- 12:30 am	Closing Plenary Presentations to NCVHS and Public Comment

# Documents for Reference

## General



Functionality  
Requirements XLS



NHIN Requirements  
Approach

## Session Specific



Session 3.1 Specific



Harmonized EHR  
Use Case

Please note: To access embedded documents, please press "esc" key to exit presentation mode