American Health Information Community

Workgroup: Electronic Health Record
Laboratory data information exchange

Agenda
Date: Wednesday, April 26, 2006
Time: 10am ET – 12pm ET
Mary E. Switzer Building,
330 C Street, SW, Washington DC.
Room 4090

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

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

2. Brief review of Call-in procedures and FACA guidelines – *Dr. Karen Bell*

3. Introduction of participants – *All*

4. Review and acceptance of minutes from March 21 meeting --*Co-chairs*

5. Review and Discussion of Workgroup Recommendations– *Dr. Karen Bell*
   Goals:
   - Refine recommendations to be very clear and concise. Consider feasibility and inclusiveness.
   - Pay particular attention to "Who", both public and private entities, the recommendations are calling to action.
   - Ensure recommendation and responsible entity alignment. Merge similar/ supporting recommendations (eliminate redundancy)
   - Prioritize recommendations for AHIC consideration

   Preliminary questions to begin recommendation discussions:

   I. Laboratory Results: Central focus
      - What other stakeholders in addition to ONC can ensure lab result data are available in a patient-centric manner?
      - How can we broaden the "Who" responsible for achieving the breakthrough?

   II. Laboratory Results: Standards

- Can recommendation 2.2 be included in 2.0?
- For recommendation 2.1, which stakeholders would be targeted for the promoted standards use: laboratories, purchasers &/or CCHIT?
- Who are the responsible entities for achieving the breakthrough?

III. Laboratory Results: CLIA/ HIPAA Options
- How is recommendation 3.0 different from 3.1 and 3.2?
- Should we consider broadening/ redefining the stakeholders responsible for carrying out these recommendations?

IV. Laboratory Results: Privacy and Security (cross-cutting issue)
- For recommendation 4.1, who should be the primary responsible party for carrying out this recommendation?
- Which groups should carry-out recommendation 4.2: HITSP, HISPC, others?

V. Laboratory Results: Assessment, Monitoring & Research
- Are there additional areas that need to be assessed, monitored &/or studied to achieve the goal of patient-centered laboratory results data availability?

6. Timeline for Recommendations*:*
   - Today: Finalize Recommendations
   - Week of April 24: Workgroup complete and review recommendation letter
   - NLT May 1: Finalized recommendations available for distribution

7. Review and Discuss Outstanding Issues: See Attached

OUTSTANDING ISSUES: Comments from WG members during vetting process:

1. **Need for standardization of laboratory test ordering?**
   Comments from WG members:
   - Necessary, but will be very difficult. This begins to enter the area of web services. For example, it may be possible to create a standard that is limited to returning the order information to the EHRs after the order is placed on the labs web portal. This will avoid the need to standardize the entire process. In any event, I would recommend that this process start with the development of business requirements with extensive input from laboratory industry as the ordering process could be very complex. We could consider starting with and refining the CCHIT functional criteria (with lab industry input to meet the business requirements in this area) that are then to be addressed by HITSP standards agree with CLIA note, also this raises LOINC coding issues as well.
   - Standardization is needed – ELINCS' *next* task is to address laboratory test requisition and consideration should be given to the incorporation of that standard once developed.

2. **How to address physician office laboratory equipment?**
   Comments from WG members:
   - It is unrealistic to expect POLs to LOINC code results consistently; it will have to be mapped by the test kit manufacturer.
   - POLS may not actually have equipment, but only use test "kits" or systems (like pregnancy or occult blood kits). Also remember that there are many facility types as indicated in attached document. Also, there are over 10,000 test systems all in use in POLs, Nursing Homes, ESRDs, Pharmacies, Health Fairs, etc. There are about 195,000 laboratories all using different test systems.

3. **Incentives:**
   Comments from WG members:
   - For labs, providers and patients?
   - CMS should charter a group to do a full analysis of the capital expenditure mapped to the market segment that will reap the financial benefits. This is much broader than the CMS incentives/ disincentives approach, but could be used to direct the CMS incentive/ disincentive activities in the future.

4. **First Responder EHR Discussion**