



Agenda

Wednesday November 11, 2009 -- 9:00 AM to 11:00 AM (PACIFIC)

Meeting Archive: <http://mendocinohre.org/rhic/content.html#nov09>

Webinar: <http://www.readytalk.com> -- Meeting ID: 462 6369

Audio Dial-In: 303.248.0285 -- Access Code: 462 6369

Introduction

Will Ross -- COO

Redwood MedNet

Presentation 1

POLST: Physician Orders for Life Sustaining Treatment

Mark Apfel, MD

Medical Director, Anderson Valley Health Center

Presentation 2

PDF Healthcare Overview

Shelley Meyers, RN

UserCentric, Inc.



HIE Status, November 11, 2009

DATA TYPE	PRODUCTION	PILOT TEST	DEVELOPMENT
Laboratory Test Results	Healdsburg Dist. Hosp. Quest Diagnostics Hunter Lab	Ukiah Valley Med. Ctr	Mendocino Coast Sutter Lakeside LabCorp Mendo. Public Health Sonoma Valley Hosp.
Radiology Test Results	Healdsburg Dist. Hosp. Alliance Medical Ctr		
e-Prescribing		Alliance Medical Ctr	Sonoma Valley CHC
Master Person Index	Alliance Medical Ctr		

ARNOLD
SCHWARZENEGGER
GOVERNOR



KIMBERLY BELSHE
SECRETARY

Agency
Departments &
Boards:

Aging

Alcohol and
Drug Programs

Child Support
Services

Community Services
and Development

Developmental
Services

Emergency Medical
Services Authority

Health Services

Managed Risk
Medical Insurance

Mental Health

Rehabilitation

Social Services

Statewide Health
Planning and
Development

**State of California
HEALTH AND HUMAN SERVICES AGENCY**

Good afternoon, my name is Jonah Frohlich. I am the Deputy Secretary of Health IT in the California Health & Human Services Agency and a member of the Health IT Policy Committee, Information Exchange Workgroup. It is an honor to be asked to testify before this Workgroup on issues related to the electronic exchange of laboratory data.

The Lab Industry

As you know, the lab market, like the healthcare industry, is highly fragmented. There are over 200,000 certified clinical labs in the US. Over half of these labs are physician office-based, yet they perform only 8 percent of all tests. Hospital-based labs and independent labs represent four percent and three percent of clinical labs respectively; yet together they perform the vast majority – over three-quarters of tests. While approximately one-quarter of physicians nationally have an electronic health record, (an EHR), many still receive faxed lab results that are either manually entered or scanned into the patient record. This is a limitation of both the lab and EHR industry, a limitation I would like to focus on for my testimony today within the context of independent and hospital-based labs.

Technology Impediments and Standardization

The lab industry's technical capability is highly variable; from large independent labs using modern service-oriented architecture, to small hospitals working on legacy systems that don't effectively support HL7 standards - standards most commonly used for reporting lab tests. Most labs fall under the latter category, and hospital-based labs have far fewer IT resources and less expertise to support electronic lab ordering and results reporting. Yet they provide a significant share of lab testing services.

There is virtually no standardization of lab messaging in the industry today. In my experience working on ELINCS projects – initiatives that use highly constrained HL7 messages or "implementation guides" to support electronic lab results delivery – all hospitals needed considerable outside technical assistance to comply with the standard. Labs required assistance to adopt the LOINC coding scheme; a standard naming system for lab tests, and labs were unprepared to adopt SNOMED or UCUM; standard coding schemes for results and units of measures. The lab information systems the hospitals operated had internal "proprietary" codes for test names, and they had little expertise to "map" these codes to LOINC. These labs relied heavily on external technical assistance to do the necessary mapping for the most frequent 95% of reported tests as required by ELINCS – approximately 150 of the thousands of reportable tests in their databases. Hospitals were unprepared to complete the

“Labs may decide it does not make business sense for them to send electronic results to physicians who do not represent enough business.”

Frohlich

October 2009

Testimony to HIT Standards Implementation Workgroup



Agenda

Wednesday December 16, 2009 -- 9:00 AM to 11:00 AM (PACIFIC)

Meeting Archive: <http://mendocinohre.org/rhic/content.html#dec09>

Webinar: <http://www.readytalk.com> -- Meeting ID: 462 6369

Audio Dial-In: 303.248.0285 -- Access Code: 462 6369

Introduction

Will Ross -- COO

Redwood MedNet

Presentation 1

Stakeholders' Perceived Benefit from a Nascent HIE: A Qualitative Analysis

Joshua Pevnik, MD

Hospitalist, Inpatient Specialty Program, Cedars-Sinai Medical Center

Presentation 2

to be announced