



CHE Labs Participate in CHE Lab Day

“Our 19 labs across eight states are now seeing the benefits of participating in the \$5 million CDC grant-funded Lab Interoperability Cooperative,” said Robert L. Moser, M.D., chair of the CHE Laboratory Standards Council, and medical director of pathology and CMIO at St. Francis Medical Center in Trenton, N.J.

This CDC grant addresses one of the Meaningful Use Stage 1 objectives, electronic lab reporting to public health agencies. The grant was awarded to the College of American Pathologists, the American Hospital Association, and Surescripts to assist laboratories in 500 hospitals nationwide in doing their public health reporting electronically. All 19 of the CHE labs are participating in the grant activities.

The first activity was CHE Lab Day, held on October 3, 2012. This face-to-face meeting, held at the CHE System Office in Newtown Square, Pa., brought together over 60 laboratorians and informaticists from across CHE. The goal was to learn more about electronic lab reporting and the emerging requirements to use standard clinical vocabularies to achieve interoperability of this important public health information. The standard vocabularies being utilized are LOINC® (Logical Observation Identifiers Names and Codes) for lab test names and SNOMED CT® (Systematized Nomenclature of Medicine – Clinical Terms) for test results and infectious disease names. These standard vocabularies and electronic lab reporting to public health agencies have now become core requirements in Meaningful Use Stage 2.

CHE Lab Day included presentations from Dr. Moser and representatives from the College of American Pathologists, Surescripts, and the Pennsylvania Department of Health. In addition to the

educational aspects of the day, there was a hands-on workshop where all of the attendees practiced LOINC and SNOMED CT coding of several common reportables, under the guidance of expert coders from the College of American Pathologists.

The grant also supports two pilot projects with two of our large CHE Labs. St. Mary Medical Center in Langhorne, Pa. is conducting a “start to finish” pilot, including building the necessary LOINC codes into their MEDITECH lab database, working directly with the Pennsylvania Department of Health to establish connectivity, and then actually beginning interoperable electronic transport of reportable lab tests and results. St. Peter’s Health Partners in Albany, N.Y., is participating in a thorough LOINC and SNOMED CT validation pilot. In this case, all of their current LOINC and SNOMED CT reporting



Pictured from left: Linda Lewin, CAP; Mary Jo McKinney, Surescripts; Debra Konicek, CAP; Vanessa Cecich, CAP; Jeff Benning, Surescripts; Robert Moser, M.D., St. Francis Medical Center, Trenton, N.J.; Kathleen Wessel, AHA; Chris Van Horrick, Surescripts; and Andrea Pitkus, CAP.

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¹ *CareLink Connections* is a monthly newsletter published by CHE for colleagues, staff, physicians and clinical personnel system-wide. Its purpose is to provide regular information and updates on the CareLink initiative.



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pairs for the New York Department of Health are being examined for accuracy and completeness.

“In addition to the valuable experiences of CHE Lab Day, we expect to leverage all of the lessons learned in the two pilot projects to benefit all of the CHE Labs,” said Dr. Moser. “We will be very well positioned for the requirements of Meaningful Use Stage 2 and beyond.”

This includes reporting positive tests for Hepatitis and HIV to state health departments, as well as abnormal blood lead levels, and many other tests vital to managing public health. For the most part this reporting is now done by phone, fax, or filing lengthy forms. The CDC has recently issued a \$5M grant to the College of American Pathologists, the American Hospital Association, and Surescripts to assist laboratories in 500 hospitals nationwide in doing this reporting electronically. The new method of reporting will use the Surescripts Network for Clinical Interoperability as a “super highway” for transporting these test results automatically and instantaneously from our labs directly to our State Health Departments. The grant facilitates the building of the “on ramps” from the labs to the “super highway” and the “off ramps” at the correct Health Department.

Because the lab data is coming from many different labs, with many different ways of performing the reportable tests, and being delivered to many different Health Departments, the lab data must use a standard vocabulary and be placed in a standard format so that the data is “interoperable” across different IT platforms. Part of the grant funding goes to assisting our labs in developing lab test dictionaries in the standard lab vocabulary known as LOINC (Logical Observation Identifiers Names and Codes).

Dr. Moser is leading two subcommittees of the CHE Laboratory Standards Council to get the work completed. One subcommittee is focused on the many details of Electronic Lab Reporting across many labs in many states and will be the primary beneficiary of the CDC Lab Interoperability Cooperative grant. This group, with representation from all of our labs, will be working with the College of American Pathologists in doing the necessary LOINC coding of the reportable lab tests and assisting in building the “on ramps” to the Surescripts Network for Clinical Interoperability or other HIEs. The other subcommittee is working more broadly on providing standard LOINC codes for all of our lab tests in all of our labs to make that information “interoperable” for export to hospital and ambulatory Electronic Health Records, other local and regional health care partners, HIEs, and beyond.

“We anticipate many benefits of participating in the CDC’s Lab Interoperability Cooperative for all of our CHE labs, our State Public Health Agencies, and of course our patients and their caregivers,” said Dr. Moser.

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