WEDNESDAY APRIL 27TH 2011

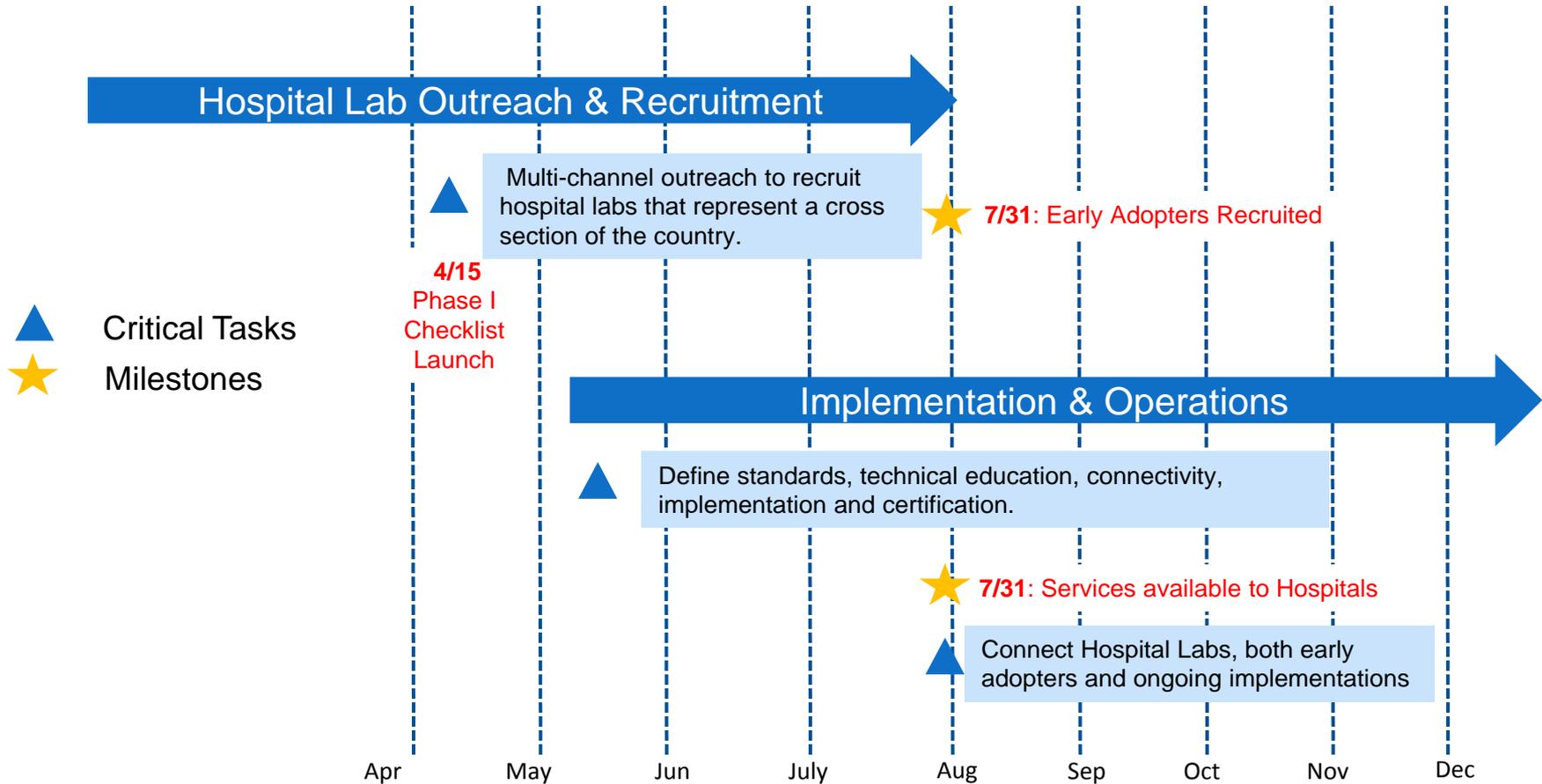# OUTREACH & PILOT RECRUITMENT

Agenda

- Introductions
- Background
- Opportunity for hospitals and their labs
- Meaningful Use, HITECH and ARRA
- Grant and pilot timeline
- Outreach and recruitment process
- Benefits of participating and requirements
- Q&A

First Year Timeline

Hospital Lab Outreach & Recruitment

Multi-channel outreach to recruit hospital labs that represent a cross section of the country.

4/15
Phase I Checklist Launch

★ **7/31**: Early Adopters Recruited

▲ Critical Tasks
★ Milestones

Implementation & Operations

Define standards, technical education, connectivity, implementation and certification.

★ **7/31**: Services available to Hospitals

Connect Hospital Labs, both early adopters and ongoing implementations

Apr   May   Jun   July   Aug   Sep   Oct   Nov   Dec

Implementation & Operation Services

- Standards (HL7, LOINC, SNOMED)
- Technical Education
- Connectivity (transport protocols)
- Implementation & Certification (implementation guides)
- Ongoing operations

Hospital / Lab Commitment

- Business & Clinical Commitment
  - Evaluate current process for sending or transmitting reportable events
  - Establish new procedures for electronically transmitting reportable events
  - Drive project adoption and utilization within the Hospital
  - Provide educational training to clinical staff (workflow)
  - Relationship management and contracting

- Technical Commitment
  - Oversee technical project implementation
  - Ensure transactional requirements are met (HL7 2.5.1, LOINC, etc.)
  - Connect to the network and ensure appropriate security measures are in place
  - Provide ongoing transactional support

American Hospital Association

cap

surescripts

LAB INTEROPERABILITY COOPERATIVE (LIC)

FAQ
Click to learn the basics

SUBMIT A QUESTION

JOIN THE MAILING LIST

NEWS

MISSION

A Catalyst for Interoperability

While technical standards exist to enable the secure, electronic exchange of lab results, the implementation and use of these standards by the commercial labs, hospitals and providers has been limited for **public health reporting**. By engaging hospital labs, which handle the majority of lab tests in the United States, the cooperative not only represents a unique opportunity to advance lab interoperability with public health agencies, but with the nation's health care system overall.

Our Goal

The goal of the LIC is to provide an array of services to hospital labs to enable submission of reportable lab results to public health agencies as defined in meaningful use final rules.

Current Status

Outreach - Recruitment: **Phase I Checklist**

Facilities interested in participating in this project should appoint a lead contact to complete the Phase I Checklist by APRIL 29, 2011 to be included for initial pilot consideration. Additionally, please review the Whats Involved section of the website to learn more about the opportunity and resources available. Web-based informational sessions are tentatively scheduled to begin April 27, 2011. Please check this website for additional details, registration and connection information.

Timeline

The LIC timeline consists of three main components: Outreach-Recruitment, Functional Interoperability/Health Information Exchange, and Implementation. Outreach-Recruitment kicks off in April 2011 and continues during the grant timeline or until slots are filled and resources are utilized. To ensure laboratories have the best chances of receiving the limited benefits of this grant, they are encouraged to fill out their checklist as soon as possible. The Implementation phase will commence with a small group of pilot laboratories selected no later than July 31, 2011. Implementation for the remainder groups will be staged throughout 2011 with some groups being engaged in early 2012.
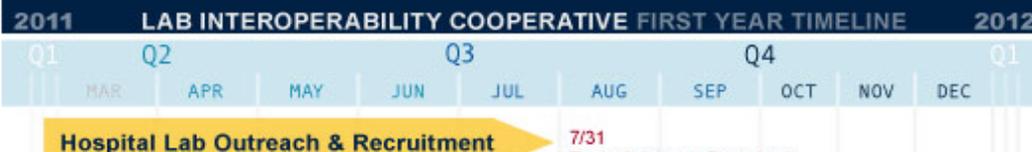
HEADLINES

LIC Now Recruiting Nation's Hospital Laboratories
Press Release PDF
April 21, 2011

CDC award to boost lab reporting
Healthcare IT News
March 22, 2011

Nationwide Electronic Lab Reporting AHA, CAP, Surescripts form collaborative to connect to CDC
Healthcare Informatics
March 16, 2011

Surescripts to support public health reporting
HealthDataManagement
March 2, 2011

2011	LAB INTEROPERABILITY COOPERATIVE FIRST YEAR TIMELINE	2012
Q1 Q2	Q3	Q4 Q1
MAR APR MAY	JUN JUL AUG	SEP OCT NOV DEC

Hospital Lab Outreach & Recruitment 7/31

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For more information, please visit our website LabInteroperabilityCoop.org

Lab Interoperability Cooperative

BACKGROUND

The Lab Interoperability Cooperative (LIC) is a Centers for Disease Control & Prevention (CDC) grant-funded initiative to connect hospital laboratories with their related public health agencies and enable reportable laboratory results to be transmitted electronically. The CDC has awarded a two-year grant to the American Hospital Association (AHA), the College of American Pathologists (CAP) and Surescripts Network for Clinical Interoperability. This consortium provides the necessary technical assistance facilitating the connection between hospitals and public health agencies, resulting in real-time electronic results reporting. Real-time reporting has been a public health priority for several years and is a public health initiative included in Meaningful Use.

BENEFITS

Electronic laboratory transmission has been shown to improve the timeliness of reporting, reduce data entry errors, and result in complete public health reports. The Lab Interoperability Collaborative provides resources to catalyze improvements in electronic reporting connectvity between hospital laboratories and public health agencies. Participating hospitals will receive, at no cost, technical, educational and support services provided by LIC for the duration of the grant.

HOSPITAL COMMITMENT

Hospitals will be recruited through early Summer 2011. To participate, facilities will commit required staff, budget and other resources as necessary to undertake an interface project. However, data-mapping, implementation, education, and expert project assistance will be provided to hospitals by LIC as they move through the process.

TECHNICAL SUPPORT

The LIC is responsible for all services performed as part of the grant, including education, data readiness, standardization, implementation, certification and project management. The Surescripts Network for Clinical Interoperability will ensure security by enforcing all federal and state policies and standards for health information exchange.

RECRUITMENT PROCESS AND PROJECT TIMELINE

Part of our outreach effort includes an assessment of where hospitals currently are in their efforts to meet the public health requirements of meaningful use. Therefore, we do encourage all facilities to participate in our checklist process. Once initial responses are reviewed, the LIC will identify a cross-section of facilities that will participate and receive LIC support. Qualifying criteria may include the number of beds, current use of electronic health records transmission and current computer software. The objective for the first year is to initiate the electronic transfer of health records to public health agencies in at least 85 percent of recruited labs. The goal for the second year is to maintain and improve the established electronic data reporting structures.

HOW TO PARTICIPATE

Facilities interested in participating in this project should appoint a lead contact to complete the Phase I Checklist by **APRIL 29, 2011.** The checklist can be found at LabInteroperabilityCoop.org

FOR MORE INFORMATION CONTACT THE LIC PARTNERS AT LIC@AHA.ORG.

Benefits and Return on Investment for Hospitals Participating in the Laboratory Interoperability Cooperative

The electronic transmission of public health laboratory results has been shown to improve the timeliness of surveillance reporting, reduce data entry errors, and create standardized information. While this secure electronic exchange has been utilized in hospitals, a new program is available to facilitate real-time electronic test reporting between hospitals and public health agencies; improving hospitals' health care quality; increase safety; and reduce the cost of care.

WHAT IS THE LAB INTEROPERABILITY COOPERATIVE (LIC)?

Starting immediately, the Laboratory Interoperability Cooperative (LIC)—a Centers for Disease Control & Prevention (CDC) grant-funded collaboration comprised of the American Hospital Association (AHA), College of American Pathologists (CAP), and Surescripts Network for Clinical Interoperability—is recruiting hospitals to participate in a program that will connect hospital laboratories with their related public health agencies and enable reportable laboratory results to be transmitted electronically.

These stream-lined processes have been promoted as a public health priority for several years and are now included as a Meaningful Use objective for public health. Participation in the program enables hospitals to attain that goal.

WHAT ARE THE BENEFITS OF PARTICIPATING?

Hospitals selected to participate in the pilot will benefit from the resources the LIC will provide. As a result, participants may reach Meaningful Use goals more rapidly, knowing they have met the regulatory requirements for connectivity. Furthermore, participants will be equipped to confidently address future public health and clinical laboratory reporting requirements as Meaningful Use initiatives evolve.

Facility Planning and Deployment

The LIC will provide resources to catalyze the improvement in electronic reporting connections to public health agencies. Hospitals participating now will receive data translation and technical support provided by the LIC for the duration of the grant. Specifically, CAP's STS division (formerly SNOMED Terminology Solutions) will assist in data readiness support, including LOINC encoding. Surescripts will provide project plans, oversight, and verifying certification.

Data Consistency & Standardization

Participating laboratories can expect to see a variety of benefits from this program, including LOINC encoding of laboratory data, which provides semantic interoperability and identification of similar data for all downstream end users, such as doctors and public health entities. Utilizing standardized terminology means data retains its meaning as it is transmitted from computer system to computer system amongst the various offices and agencies that utilize these data. Public health agencies also benefit from standardization of the data as they are transmitted from location to location. Completeness of reported data increases when handwritten postcards and blurry faxes are replaced with electronically transferred data. In these ways, transmitting data electronically allows for laboratories to report tests in real-time to public health agencies, ensuring both facilities operate more efficiently.

Improved Accuracy, Efficiency and Speed

For public health agencies, which receive thousands of lab reports, standardization is critical. Hospitals and public health agencies will see increases in efficiency, accuracy, and patient safety—across the public health community— by electronically transferring laboratory results. Public health surveillance and research activities will be further enhanced by these capabilities. Data reporting discrepancies are minimized due to the common language shared resulting in interoperable computer systems.

Visit LabInteroperabilityCoop.org for additional information.

Hospital Commitment in the Laboratory Interoperability Cooperative

WHAT RESOURCES WILL I NEED TO PLAN FOR?

Hospital laboratories interested in participating in a program that will enable reportable laboratory results to be transmitted electronically with their related public health agencies will be expected to have the required staff, budget, and projected resources available. Expert assistance through the Laboratory Interoperability Cooperative (LIC) — a grant-funded initiative made up of the American Hospital Association (AHA), the College of American Pathologists (CAP), and Surescripts Network for Clinical Interoperability — will be available as they move through the process.

Throughout the project, participating hospital will be required to:

- Assign a business champion to drive project adoption and utilization within the hospital
- Dedicate resources to provide transactional support
- Train resources to provide education and training to clinical workflow staff on the project functionality and service

Other hospital commitments are as follows:

- Develop the HL7 transaction format
- Assign a project manager to oversee the technical implementation of the project
- Establish a quality resource team to ensure transactions meet the requirements
- Staff network and security resources to connect the network and ensure appropriate security measures are in place

The LIC understands that staff may be limited at smaller hospitals and in some instances one person might be performing all of these roles. This will not preclude participation. In addition, all of these resources will be mirrored within the LIC and hospital staff will have counterparts throughout the cooperative who are dedicated to assisting project leaders with these various commitments.

Visit LabInteroperabilityCoop.org for additional information.

Recruitment Process for Hospitals Participating in the Lab Interoperability Cooperative

Starting now though early summer 2011, the Lab Interoperability Cooperative (LIC)—a Centers for Disease Control & Prevention (CDC) grant-funded initiative comprised of the American Hospital Association (AHA), the College of American Pathologists (CAP), and Surescripts Network for Clinical Interoperability—is recruiting hospitals to participate in a program that will connect hospital laboratories with their related public health agencies and enable reportable laboratory results to be transmitted electronically.

WHO SHOULD PARTICIPATE?

The Cooperative is seeking a minimum of 500 hospital laboratories nationwide to participate in the program, including 100 critical access hospitals. Criteria for selection to receive resources may include the number of beds in a hospital, utilization of or type of electronic health records, or geographic location. The objective for the first year is to perform at least one successful test of the electronic transfer of reportable public health results to public health agencies in at least 85 percent of recruited labs. The goal for the second year is to maintain and improve the established electronic data reporting structures.

HOW DO I PARTICIPATE?

To help determine if your hospital laboratory is eligible to participate, please answer the questions on the checklist found here. The checklist is designed to determine a hospital's readiness and ability to participate in this pilot. The LIC in cooperation with the CDC will determine, after review of all the responses, which hospitals will best represent a cross-section of the country.

WHAT TYPE OF FACILITIES WILL QUALIFY?

The LIC's goal is to include a wide variety of hospitals at various stages of capability and implementation. This will help enable all hospitals to learn from this pilot and each other, thereby improving their processes. Participating in this stage of outreach does not automatically guarantee a hospital's inclusion in the pilot.

Also, the LIC understands that at Critical Access and small, rural facilities staff may be quite limited. In some instances, one person might be performing all of these roles. This does not preclude your participation, and we encourage you to complete the checklist process.

WHEN WILL I FIND OUT IF WE QUALIFY?

Once the LIC has evaluated the checklist submissions, it may extend an invitation to participate in a more in-depth information gathering phase to determine the initial group of participants. Although it is challenging to predict exactly when the LIC will receive readiness responses from hospitals meeting selection criteria, it's anticipated that the pilot will begin in early summer, with waves of additional participants following throughout the year.

Visit LabInteroperabilityCoop.org for additional information.