



The Office of the National Coordinator for  
Health Information Technology

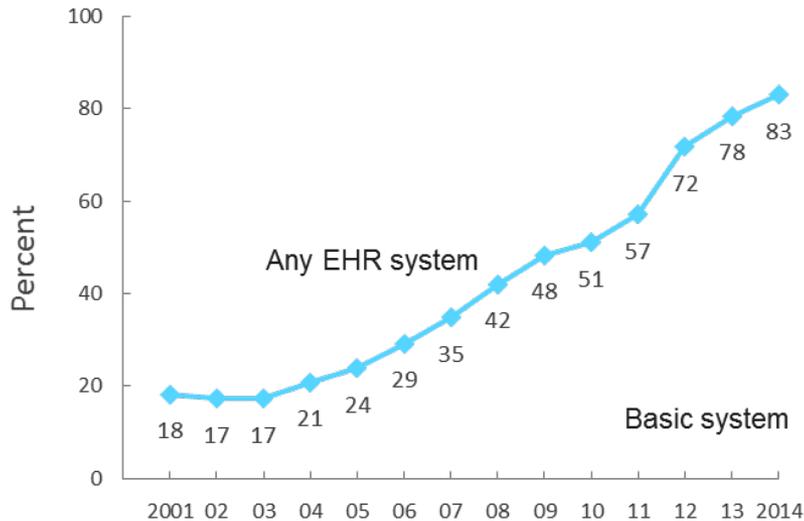
# Laboratory Interoperability: ONC Policies and Engagement with Clinical Laboratories

P. Jon White, M.D., Deputy National Coordinator for Health IT  
Clinical Laboratory Improvement Advisory Committee Meeting, April 13-14, Atlanta, GA



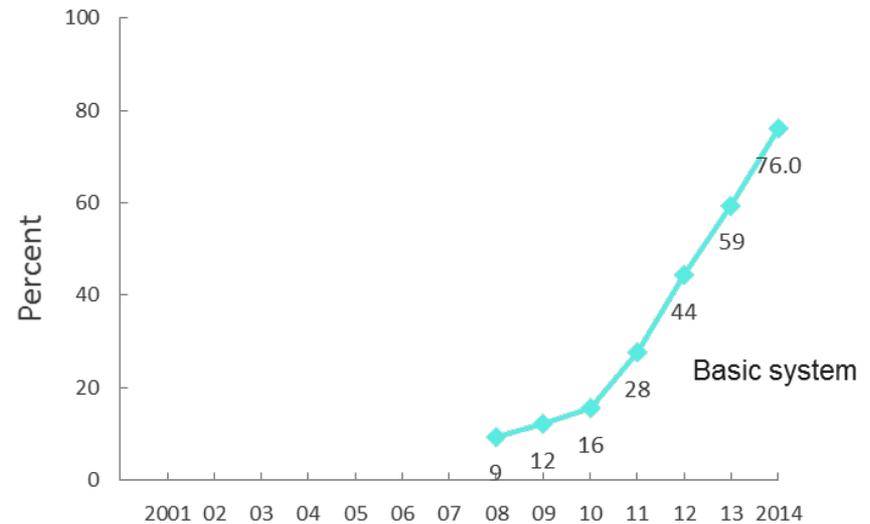
# Recent Progress: Adoption

## Office-Based Physicians



NOTES: EHR is electronic health record. “Any EHR system” is a medical or health record system that is either all or partially electronic (excluding systems solely for billing). Data for 2001–2007 are from in-person National Ambulatory Medical Care Survey (NAMCS) interviews. Data for 2008–2010 are from combined files (in-person NAMCS and mail survey). SOURCE: CDC/NCHS, National Ambulatory Medical Care Survey and National Ambulatory Medical Care Survey, Electronic Health Records Survey.

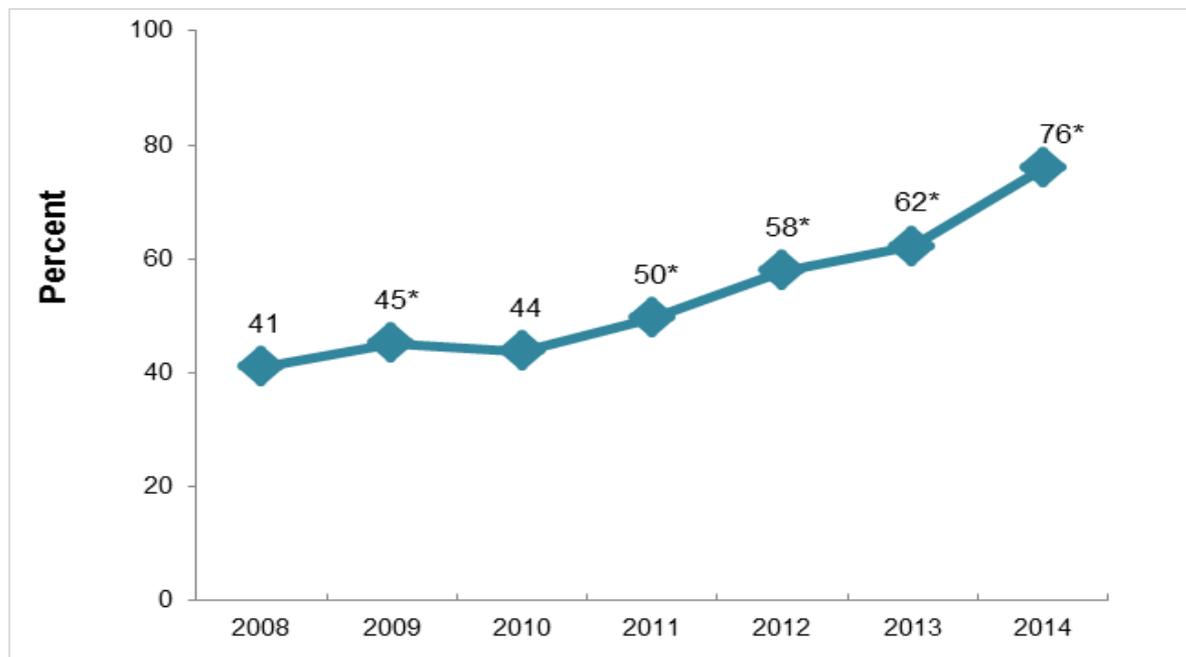
## Non-Federal Acute Care Hospitals



NOTES: Basic EHR adoption requires the EHR system to have a set of EHR functions defined in Appendix 1. A certified EHR is EHR technology that has been certified as meeting federal requirements for some or all of the hospital objectives of the CMS EHR Incentive Program. Possession means that the hospital has a legal agreement with the EHR vendor, but is not equivalent to adoption. SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement

# Recent Progress: Exchange

**Percent of non-federal acute care hospitals that electronically exchanged laboratory results, radiology reports, clinical care summaries, or medication lists with ambulatory care providers or hospitals outside their organization: 2008-2014**



SOURCE: ONC/American Hospital Association (AHA), AHA Annual Survey Information Technology Supplement.

NOTES: \*Significantly different from previous year ( $p < 0.05$ ).

# Big Picture: The Federal Health IT Strategic Plan & the Interoperability Vision for the Future

## Federal Health IT Strategic Plan

### VISION

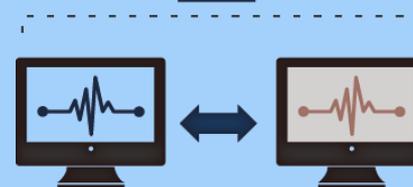
High-quality care, lower costs, healthy population, and engaged people

### MISSION

Improve the health and well-being of individuals and communities through the use of technology and health information that is accessible when and where it matters most



**Goal 4**  
**Objective A:**  
**Implement the Shared Nationwide Interoperability Roadmap**



# Standardization Efforts

- Laboratory results initiative (2011)
- Laboratory orders implementation guide initiative (2012-2013)
- Laboratory US Realm Implementation Guidance
- Early Adopters Program

# Interoperability Standards Advisory (ISA)

- Provides the industry with a single, public list of the standards and implementation specifications that can best be used to fulfill specific clinical health information interoperability needs
- Reflects the results of ongoing dialogue, debate, and consensus among industry stakeholders when more than one standard or implementation specification could be listed as the best available
- Documents known limitations, preconditions, and dependencies as well as known security patterns among referenced standards and implementation specifications when they are used to fulfill a specific clinical health IT interoperability need
- Provides a non-regulatory, straight-forward approach with an interactive, predictable process for updates

<https://www.healthit.gov/standards-advisory>

# Labs in the ISA

- Section I: Best Available Vocabulary/Code Set/Terminology Standards
  - » Interoperability Need: Representing numerical laboratory test results (observations)(questions) – best available standard: LOINC
- Section II: Best Available Content/Structure Standards
  - » Interoperability Need: Receive electronic laboratory test results – best available standard: HL7 2.5.1; implementation specification: HL7 2.5.1 Implementation Guide S&I Framework Lab Results Interface Release 1.
  - » Interoperability Need: Ordering labs for a patient – best available standard: HL7 2.5.1; implementation specification: HL7 2.5.1 Implementation Guide S&I Framework Laboratory Orders from EHR, Release 1 DSTU Release 2
  - » Interoperability Need: Support the transmission of a laboratory's directory of services to health IT – best available standard: HL7 2.5.1; implementation specification: HL7 2.5.1 Implementation Guide: S&I Framework Laboratory Test Compendium Framework Release 2, DSTU Release 2.
- Additional laboratory interoperability needs are currently listed in the “Projected Additions to the ISA” section and awaiting feedback from public comments.

# ISA Annual Process & Timeline



## December of Preceding Year

- The new Interoperability Standards Advisory for the next calendar year is published (e.g., December 2015 for the 2016 Advisory) and public comment period is opened.

## April/May

- ONC staff present a summary of received comments to the HIT Standards Committee (or designated Task Force) in order to prepare them to make recommendations on updates for the following year's Interoperability Standards Advisory.

## July/August

- The HIT Standards Committee submits recommendations to the National Coordinator concerning updates to the following year's Interoperability Standards Advisory and a second round of public comment is opened on the HIT Standards Committee's recommendations / draft ISA.

## October-December

- ONC reviews the HIT Standards Committee recommendations as well as public comments on those recommendations and prepares the next year's Interoperability Standards Advisory for publication.



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