

Public Health Electronic Laboratory Reporting for Meaningful Use

1. Purpose of Survey and Contact Information

The Iowa Department of Public Health (IDPH) is preparing to assist Iowa hospitals achieve the Meaningful Use objectives for Public Health. Due to the varied nature of the three public health measures (electronic submission of data related to immunization, reportable lab results, and public health surveillance), this survey is narrowly focused on reportable lab results or electronic laboratory reporting (ELR).

All questions should be understood and answered with the following context in mind.

There are 57 reportable communicable and infectious diseases. Laboratory results indicating suspect infection with one of these reportable conditions are currently reported by data entry into the Iowa Disease Surveillance System (IDSS), by fax, mail, or telephone to one of the IDPH program areas that monitor these diseases. The Meaningful Use objectives include transitioning away from manual reporting procedures to more automated, system-to-system electronic reporting of these reportable lab results.

*** 1. What is your last name?**

*** 2. What is your first name?**

*** 3. What is the name of the hospital you represent?**

4. At what telephone number can you be reached during business hours?

*** 5. What is your business e-mail address?**

2. How prepared is your facility?

Implementation of electronic laboratory reporting (ELR) is a fairly complex interaction between the sending and receiving facility. Please indicate how prepared you are to engage in ELR with the Iowa Department of Public Health.

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*6. When does your facility plan to pursue the Meaningful Use Objective for electronic laboratory reporting (Qtr/Year)?

- | | | |
|--|---------------------------------|---------------------------------|
| <input type="radio"/> 2011 Qtr4 | <input type="radio"/> 2013 Qtr4 | <input type="radio"/> 2015 Qtr4 |
| <input type="radio"/> 2012 Qtr1 | <input type="radio"/> 2014 Qtr1 | <input type="radio"/> 2016 Qtr1 |
| <input type="radio"/> 2012 Qtr2 | <input type="radio"/> 2014 Qtr2 | <input type="radio"/> 2016 Qtr2 |
| <input type="radio"/> 2012 Qtr3 | <input type="radio"/> 2014 Qtr3 | <input type="radio"/> 2016 Qtr3 |
| <input type="radio"/> 2012 Qtr4 | <input type="radio"/> 2014 Qtr4 | <input type="radio"/> 2016 Qtr4 |
| <input type="radio"/> 2013 Qtr1 | <input type="radio"/> 2015 Qtr1 | <input type="radio"/> Never |
| <input type="radio"/> 2013 Qtr2 | <input type="radio"/> 2015 Qtr2 | |
| <input type="radio"/> 2013 Qtr3 | <input type="radio"/> 2015 Qtr3 | |
| <input type="radio"/> Other (please specify) | | |

*7. How would you describe your readiness level for electronic laboratory reporting (ELR)?

- Ready to test (already constructed HL7 2.5.1 message in compliance with the HL7 2.5.1 Implementation Guide)
- Working with the Lab Interoperability Cooperative (Surescripts)
- Need guidance for message construction, but resources are available to construct message and begin testing
- Working with the Iowa Regional Extension Center (REC), Telligen (formerly IFMC) to upgrade to certified electronic health record system
- Not ready to devote resources toward Meaningful Use for public health ELR
- Have not explored Meaningful Use objectives for public health – need information

*8. Are you capable of sending LOINC codes on all tests related to a reportable condition?

- Less than half Half Most All

*9. Are you capable of sending SNOMED codes on all reportable lab results?

- Less than half Half Most All

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10. If SNOMED CT codes are provided, how long would it take to incorporate them into your process for ELR?

- Already done
- within 3 months
- within 6 months
- within 9 months
- within 12 months

3. HL7 Message Content

11. From what information system do you intend to send the HL7 message?

- Local Certified Electronic Health Record (specific to your hospital)
- Local Lab Information Management System (LIS/LIMS) (specific to your hospital)
- Vendor aggregator (a central data point serving multiple facilities – not local to your hospital)
- Other (please specify)

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12. Indicate the information you are able to include in your ELR record message:

- The patient's name
- The patient's date of birth
- The sex of the patient
- The patient's pregnancy status, If the patient is female
- The race of the patient
- The ethnicity of the patient
- The patient's marital status
- The patient's address
- The patient's telephone number
- The name and address of the laboratory performing the test
- The collection date of the specimen
- The date the test was found to be positive
- The name and address of the health care provider who ordered the test
- The name of the reportable condition as a coded element
- Test type as a LOINC code
- Test result value as SNOMED CT code

13. Can you provide specimen type as a coded element?

- Yes
- No
- Uncertain

4. Messaging Process

14. Do you send preliminary results?

- Yes
- No
- Uncertain

15. How do you send corrected results?

- Resend all
- Resend only corrected

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16. As a follow-up to the previous question, what HL7 status fields are used?

17. Would you ever cancel a previous result message?

- Yes
- No
- Uncertain

18. Are you able to send positive results only for reportable conditions when a test yields a mix of positive/negative results for both reportable and non-reportable conditions?

- Yes
- No
- Uncertain

5. Complexity of result OBX segments

The question below is not specific to Salmonella. Salmonella is used only as an illustration for this question.

For example: Some Salmonella results used to identify subtypes of the organism require more than one OBX segment to fully comprehend the result from a single test as in the following simplistic illustration:

OBX1 contains the English name such as "Salmonella ser Enteritidis"

OBX2 contains the Kauffman-White antigenic formula such as "I 9,12:g,m:-"

19. Based on the example above, does your laboratory perform tests or intend to report results from any test that requires multiple (2 or more) separate, but linked OBX segments that must be considered together for a machine to comprehend a single result?

- Yes, it will be necessary for IDPH to link multiple OBX segments together in the HL7 2.5.1 message submitted from my hospital.
- No, it will not be necessary for IDPH to link multiple OBX segments together in the HL7 2.5.1 message submitted from my hospital.

6. Additional clinical information

During the life cycle of a public health investigation, the initial report triggers public health to circle back to the health care provider to ask for additional information about the patient. The following question is in the context of this process.

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20. Would your facility be interested in providing additional information (such as symptoms, treatment, etc.), which is typically collected later during the public health investigation, with the initial report?

- Yes
- No

21. Are you capable of producing a message that contains an extra OBR segment (in addition to the ordered test-related OBR segment) for epidemiologically important information (things such as Pregnancy status, Reportable condition, Onset date, etc.)?

- Yes
- No
- Other (please specify)

7. Last Page: Technical Assistance

22. Do you anticipate requiring technical assistance from IDPH beyond the information provided in the HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health (US Realm), Release 1?

- Yes
- No
- Uncertain

23. Thank you very much for taking the time to provide this valuable information. Please provide any additional comments below.