Overcoming the Challenges to Achieve Lab Interoperability

Provided By: The National Learning Consortium (NLC)

Developed By: Karen Williams, BSMT(ASCP), Lab Manager, Internal Medicine of Northern Michigan



National Learning Consortium

- The National Learning Consortium (NLC) is a virtual and evolving body of knowledge and resources designed to support healthcare providers and health IT professionals working towards the implementation, adoption and meaningful use of certified EHR systems.
- The NLC represents the collective EHR implementation experiences and knowledge gained directly from the field of ONC's outreach programs (<u>REC</u>, <u>Beacon</u>, <u>State HIE</u>) and through the <u>Health Information Technology Research Center (HITRC)</u> Communities of Practice (CoPs).

The material in this document was developed by Regional Extension Center staff in the performance of technical support and EHR implementation. The information in this document is not intended to serve as legal advice nor should it substitute for legal counsel. Users are encouraged to seek additional detailed technical guidance to supplement the information contained within. The REC staff developed these materials based on the technology and law that were in place at the time this document was developed. Therefore, advances in technology and/or changes to the law subsequent to that date may not have been incorporated into this material.

Description & Instructions

• The Overcoming the Challenges to Achieve Lab Interoperability PowerPoint is intended to aid providers and health IT implementers with achieving lab interoperability.



Internal Medicine of Northern Michigan



Located in Petoskey, Michigan overlooking Little Traverse Bay.

- 11 Provider Internal Medicine Practice
- In house Physician Office Lab
- EMR Go Live March 16, 2011



Lab Challenges

- Medical Necessity/Frequency
- ABN (Advance Beneficiary Notice)
- Mapping Diagnosis to Testing
- Managing Insurance Based Lab Carve Outs
- Managing Multiple Lab Service Providers
- Managing Standing and Future Orders
- Tracking Result Completion
- Notifying Patients of Results
- Satisfying Courtesy Copies to other Providers



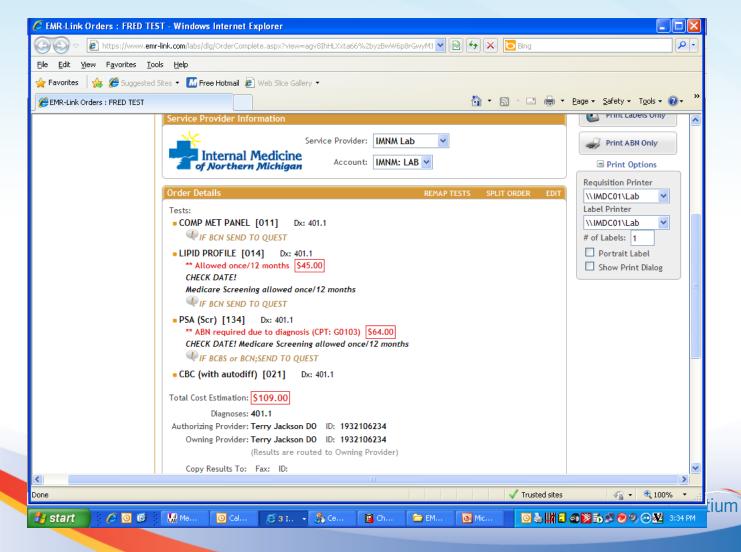
Objectives

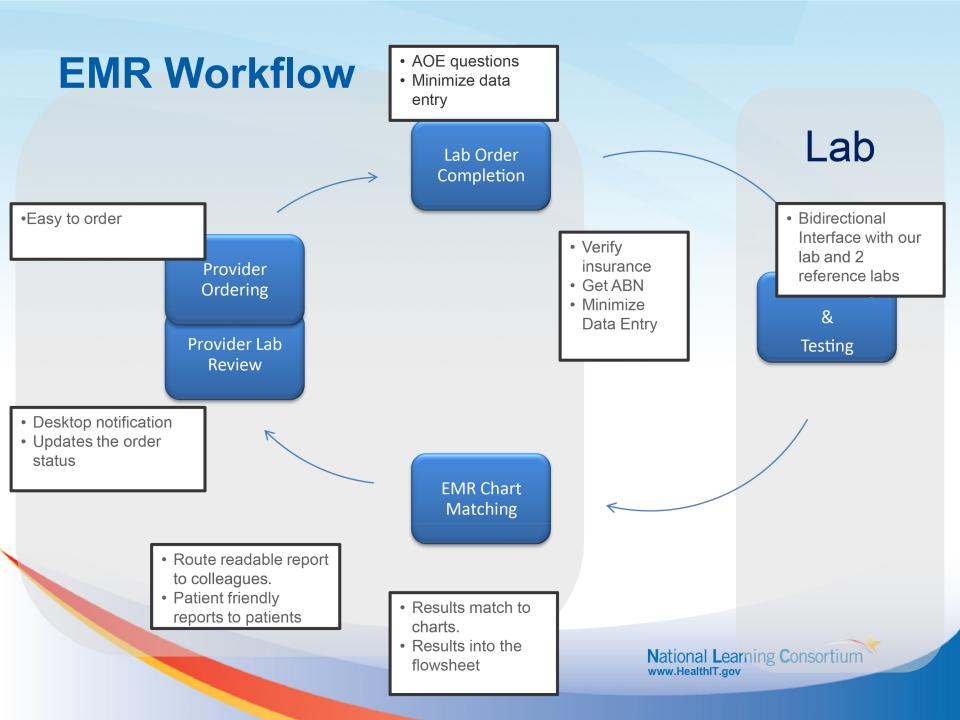
- Objective 1: I will show you how we have set up our orders and interfaces to make them easy to order, keep track of outstanding orders, and easily provide lab reports to colleagues and patients.
- Objective 2: Our practice owns a lab. I will show you how we've made it more efficient by minimizing Medicare and insurance write offs and streamlined the order completion process.
- Objective 3: Patient friendly lab reports keep our patients informed, more active in their care plans, and reduce the number of phone calls asking for lab results interpretation.
- Objective 4: I will show you how by investing in the right tools to assist our EMR function to meet the needs of our practice provided an overall savings of time and money.

The Process

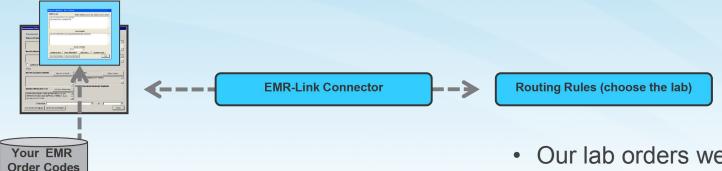
Providers:	Order Tests
	Map Diagnosis Codes to tests
	Medical Necessity Checking
	Provide Patient Demographic Information
Phlebotomists:	Accurate Patient Identification
	Review Order/Verify Correct Diagnosis
Mapping:	Deal with Insurance Carve Out Rules
	Obtaining the correct Specimen
	Label specimens Correctly
	Send Specimens to the correct lab
	Get ABN signed
	Provide completed requisitions to Reference Lab
	Enter orders in LIS
Results:	Matching Reports to Correct Patient Chart
	Data Entry to Flowsheets
	Tracking Result Completion
	Patient Friendly Reporting
	Sharing Reports with Colleagues
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The Beauty of Clean Lab Orders and Bi-directional Interfaces.





ORDER ENTRY



🔋 Chart - Karen William	ms MT @ Internal Medicine of Northern M	/lichigan (IMDB01\CentricityPSIMIIM) - 3/	12/2012 9:39 AM - [Chart]		
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	custom List Categories	Search Order Details		1	
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lí l	General Health-Female	URINALYSIS reflex to Microscopic	TSH with reflex to FT4	CBC (with autodiff)	
	COMP MET PANEL	Diabetes Panel-Annual Labs	Vitamin D 25-OH	CBC no diff	
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- Our lab orders were created based on lab order history.
- Our practice created names that made sense to us.
- Custom order lists and order sets are created.
- Created Lab Kits for our lab and reference lab.
- Created Routing Rules.
- Medical Necessity Checking based on Lab Rules.

Medical Necessity Checking

🔋 Chart - Karen Williams MT @	Internal Medicine of Northern Michiga	an (IMDB01\CentricityPSIMNM) - 3/12/2012 9:38 AM -	[Chart]	
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ORDER COMPLETION

- Phlebotomist collects the specimen.
- Completes the order by sending order to lab.
- Labels/Requisition are designed to meet lab specifications.
- ABN are also available for printing



Reporting Results/Lab to EMR

- Created our results mapping files.
- Created our flowsheet views (based on lab results).
- Mapped Reference Lab Compendium with EMR OBS Terms
- Auto-completion of order in EMR upon provider signature.



Patient Friendly Reporting

- Create Patient Friendly Lab Reports that inform the patient about their lab tests by including an explanation not just a number.
- Reduce Calls from patients asking what the lab report means.



HTML Enhanced Results

Patient name: Martha G. Clancy Properties: Lab Report at MHS on 07/12/2011 12:27 PM by Harry S. Winston MD Doc ID: 10	0 At					
Patient: MARTHA CLANCY 10: NuLab 110-TEST011			Result Re Received on: 7/12/			
Note: All result statuses are Final unless otherwise noted. Patient Note: SourceCervical;Endocervical Patient Note: No. of containers01 CYTYC Thin Prep Vial		ICY, MARTHA ht ID: 110-TEST011	DOB: 10/12/1962 Sex: F	Ordered by: WINSTON, HARRY Provider ID: hwinston		
Tests: (1) Pap Smear (192005) Order Note: Clinical Information: DOC ATT CO-CPK2011-8700650		ference #: 087G9400650				
Source: "Result Below" RESULT: Cervical;Endocervical		eCervical;Endocervica containers01 CYTYC Thin Prep				
Interpretation NIL NEGATIVE FOR INTRAEPITHELIAL LESION AND MALIGNANCY.	*1 Test		Value	Range	Flags	Sta
DIAGNOSIS/CATEGORY NIL Negative for Intraepithelial Lesion		Smear [192005] Collected on: ical Information: DOC ATT CO-CF	7/12/2011 12:27 Resulted on: 7/1 PK2011-8700650	2/2011 14:38 [1]		
Adequacy: ENDO Satisfactory for evaluation. Endocervical and/or squamous : (endocervical component) are present.	-		Cervical;Endocervical			1
Clinician provided ICD9:		pretation ATIVE FOR INTRAEPITHELIAL LES	NIL SION AND MALIGNANCY.			
See report V72.31 ; Routine gynecological examination V73.81 ; Special screening examination, human papillomavir	us [HPV] DIAG	NOSIS/CATEGORY	NIL			l
Performed by: See report Betty Smith, Cytotechnologist (ASCP)	Nego	ative for Intraepithelial Lesion				
	Adec	juacy:	ENDO			
Note: PAPSMR	letection of Satis	factory for evaluation. Endocery	rical and/or squamous metaplast	ic cells		

use of an image guided system.

- The lab report we already know now includes a link that references the HTML enhanced report format
- It only took a few minutes to configure or "turn on".

HTML report stored on EMR-Link server, so no storage requirements.

• Forwarding functionality allows HTML report to be sent securely to a patient or other providers via email message.

From this to...

Properties: Lab Report Doc ID: 178	ST atALL on 03/	/09/2012 2:36 PM by Paul D Bla	nchard MD	() Attach
Patient: WILMA G TE	ст			
ID: MEDCOM 48068				
Note: All result st	atuses a	re Final unless othe	rwise noted.	
T	TABOL TO	(010)		
Tests: (1) BASIC ME ! FASTING-BMP	INBOLIC	YES		
GLUCOSE	ГНТ		70-110	
BUN	[11]	15 mg/dL	7-18	
CREATININE	ГНЛ	1.1 mg/dL	0.6-1.0	
BUN/CREATININE	[J	13.6 RATIO	8.0-30.0	
SODIUM		140 mmol/L	136-145	
POTASSIUM		4.5 mmol/L	3.5-5.1	
CHLORIDE		102 mmol/L	98-107	
CO2		25 mmol/L	21-32	
CALCIUM		8.9 mg/dL	8.5-10.1	
GFR(nonblack)	[L]	55 ml/min	>60	
GFR(black)		67 ml/min	>60	
Tests: (2) Hgb-A1c	10415			
Hqb-A1c		7.50 %	4.30-6.10	
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			t that was not dispersed into the flowsheet.	
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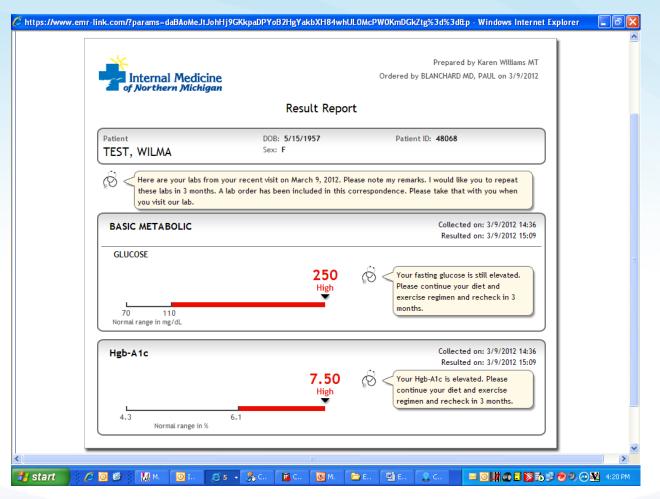
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		sult Report d on: 3/9/2012 3:17 PM		
TEST, WILMA Patient ID: 48068	DOB: 5/15/1957 Sex: F	Ordered by: BLANCHARD / Provider ID: pblanchard	MD, PAUL	
Lab reference #: 5822753				
Test	Value	Range	Flags	Status
BASIC METABOLIC [012]	Collected on: 3/9/2012 14:36	esulted on: 3/9/2012 15:09 [1]		
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GLUCOSE	250 mg/d	L 70-110	🛆 н	F
BUN	15 mg/dL			F
CREATININE	1.1 mg/d		🛆 н	F
BUN/CREATININE	13.6 RATI		-	F
SODIUM	140 mmol	/L 136-145		F
POTASSIUM	4.5 mmol	L 3.5-5.1		F
CHLORIDE	102 mmol	/L 98-107		F
CO2	25 mmol/	L 21-32		F
CALCIUM	8.9 mg/d	. 8.5-10.1		F
GFR(nonblack)	55 ml/mir	>60	🛆 L	F
GFR(black)	67 ml/mir	>60		F
Hgb-A1c [041] Collecte	d on: 3/9/2012 14:36 Resulted o	n: 3/9/2012 15:09 ^[1]		
Hgb-A1c	7.50 %	4.30-6.10	🛆 Н	F

EMR Link Results Report

EMR-Lin	EMR-Link				
				_	
Print Prin	t Options Generate PDF	Forward			
		Result Rep Received on: 7/12/201			
	CLANCY, MARTHA Patient ID: 110-TEST011	DOB: 10/12/1962 Sex: F	Ordered by: WINSTON, HARRY Provider ID: hwinston		
	Lab reference #: 087G9400650				
	SourceCervical;Endocerv No. of containers01 CYTYC Thin P				
	Test	Value	Range	Flags Status	
	Pap Smear [192005] Collected of Clinical Information: DOC ATT CO	on: 7/12/2011 12:27 Resulted on: 7/12/2 D-CPK2011-8700650	011 14:38 [1]		
	Source:	Cervical;Endocervical		F	
	Interpretation	NIL		F	
	NEGATIVE FOR INTRAEPITHELIAL	LESION AND MALIGNANCY.			
	DIAGNOSIS/CATEGORY	NIL		F	
	Negative for Intraepithelial Lesion	n			
	Adequacy:	ENDO		F	
	Satisfactory for evaluation. Endoc (endocervical component) are pre-	ervical and/or squamous metaplastic c sent.	rells		

Patient Friendly Reporting



Benefits

Our Providers

- No change to our EMR ordering workflow
- Medical Necessity Checking
- Eliminate Duplicate Ordering
- Allows Standing Order/Future Order Set up
- Auto-completes the lab order status upon signing the result
- Supports all of your labs. EMR-Link routes orders to the correct lab (based on insurance or local rules)

Our Lab

- Eliminates data entry for the lab order
- Eliminates lab call-backs
- Eliminates chart matching errors when results are returned
- <u>Single connection through EMR-Link to all labs</u>
- <u>Clean and complete</u> orders. Medical necessity validated. ABN generated when required
- Streamlined the Specimen collection process
- Streamlined the Lab reporting process

Benefits

To Lab Management

- Reduces or eliminates LIS Management
- Diagnosis updates
- Test Menu changes for reference labs
- Utilization Reporting
- Result Management

To Our Practice

- Billing Department- reduced time spent correcting orders with missing diagnosis or lacking medical necessity
- Clinical Assistants-Auto completion reduces open order tracking saving valuable time.

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www.HealthIT.gov

• Results automatically enter the flowsheets making reporting for Quality Measure reports a breeze.

Annual Lab Savings

	Hours	Dollars
Reduction of Data Entry	5760	\$69,120
Fewer Order Errors	288	\$4320
Reduction Correction Medicare Missing Dx	3240	\$38,880
Reduction in LIS Maintenance	24	\$600
Total Savings	9312	\$112,920

- 75% Lab Revenue from Medicare Patients with an average \$45/order
- Clean orders = Reduction in Medicare Write offs saving approximately \$60,000/yr

Annual Practice Savings

	Hours	Dollars
Lab	9312	\$112,920
Medical Records Matching/Routing Errors	150	\$1,500
Clinical Staff- Result Tracking and Completion	480	\$7,200
Billing-Reduction of Tracking down DX	540	\$6,480
Total Savings	9312	\$128,100

How you can help?

- Hear from everyone in the practice.
- Encourage practices to ask the tough questions to EMR vendors and do not except "That is not possible." response. Tell them what you want and need.
- Be familiar with third party products that can fill in the gaps.
- Be sure that all involved in the set up have a clear understanding of the goal and are all on the same page.

