

2012 National Survey on Health Information Exchange in Clinical Laboratories

If you have questions, please call 1-800-975-2754

Please answer questions in this survey about:

Your Privacy is Protected. All information that would let someone identify you will be kept private. NORC at the University of Chicago will not share your personal information with anyone without your OK. Your responses to this survey are also completely **confidential**. You may notice a number on the cover of the survey. This number is used **only** to let us know if you returned your survey so we don't have to send you reminders.

Your Participation is Voluntary. You may choose to answer this survey or not.

What To Do When You're Done. Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to:

National Survey on Health Information Exchange in Clinical Laboratories NORC

1 N STATE ST, FL 16

CHICAGO, IL 60602-9925

If you want to know more about this study, please call toll-free at 1-800-975-2754 or email LabSurvey@norc.org.

Statement of Burden

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is (0955-0014). The time required to complete this information collection is estimated to average 20 minutes per response, including the time to review instructions, search existing data sources, and gather the data needed, and complete and review the information collection. In you have comments concerning the accuracy of this time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

DEFINITIONS (Ordered Alphabetically)

Electronic Health Record (EHR)	An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization.
Electronically	Any computerized exchange typically transmitted over the internet or through a network, using health information technologies such as Electronic Health Records (EHRs) and direct access via a lab portal. Please do not include fax machines.
Health Information Exchange	The electronic movement of health-related information among organizations according to nationally recognized standards.
Health Information Organization	An organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards.
HL7 (Health Level 7)	A messaging standard that can be used to send laboratory results from a laboratory to an Electronic Health Record (EHR). Health Level Seven International (HL7) is the global authority or standards for interoperability of health information technology with members in over 55 countries.
LIMS (Laboratory Information Management System)	A collection of computerized methods to acquire, analyze, store, and report laboratory data.
LIS (Laboratory Information System)	A computerized clinical laboratory information system (LIS) is a software system used in a clinical laboratory to computerize laboratory business processes such as test processing, test scheduling specimen and sample tracking, inventory control, reporting, quality control and quality assurance management, and statistical analysis and surveillance.
LOINC test names (Logical Observation Identifiers Names and Codes)	Terminology used to provide consistent naming of datasets that includes standard codes for laboratory test names; for example, "Test name: Salmonella Stool Culture LOINC Code: 20955-1"
Message standards	A set of rules that allow information to be shared and processed in a uniform and consistent manner. Messaging standards are particularly important because they define how information is packaged and communicated from one party to another. Such standards set the language, structure and data types required for seamless integration from one system to another.
Ordering practitioners	A physician or, when appropriate, a non-physician practitioner who orders services for the patient.
Personal Health Record (PHR)	An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled by the individual.
Portal	Hosted and maintained by a provider or payer organization, without transferring access and control and use of the information to the individual, are not considered PHRs based on this definition.
Reference laboratories	Usually large, commercial laboratories with locations throughout the country that perform both routine and specialized laboratory tests. Reference labs often have small, satellite labs serving several communities that collect specimens to be sent to the larger "parent" laboratory for testing.
SNOMED CT organism codes (Systematized Nomenclature of Medicine)	A standard terminology that includes standard codes for organisms and other results; for example "Test name: Salmonella Enteridis, SNOMED CT Code:7352500."
Structured format	Documentation of discrete data using controlled vocabulary, creating fixed fields within a record of file, or another method that provides clear structure to information (is not completely free text).
Tests	A clinical diagnostic laboratory service. Service and test are synonymous.
Test results	A laboratory test that is (1) ordered by a provider; (2) performed on received specimens; and (3) finalized and results have been produced. The laboratory has incorporated and calculated reference data to produce the results referenced.

Section 1. General Information

2 Laboratory Manager						
3 ☐ Laboratory Information System Director						
 4 Medical Laboratory Technician or Clinical Laboratory Technician 						
5 Medical Technologist or Clinical Laboratory						
Scientist						
6 ☐ Staff Pathologist						
7 Chief Information Officer						
8 Other (please specify) 9 Don't know						
Q5. How many full time equivalents (FTEs) currently work only in the laboratory? This would not						
include administrative and information technology staff who are shared with other parts of the laboratory system.						
1 ☐ Fewer than 15 2 ☐ 15 to 30						
3						
5 ☐ 61 or more (if selected, please provide number) _						
6 Don't know						
7 Number of full time equivalents						
Q6. Which option below best describes the type of testing your laboratory performs?						
1 ☐ Anatomic pathology testing → (Go to Q8)						
2 Clinical pathology testing						
3 Both						
Q7. Does your laboratory perform any of the following types of clinical pathology testing?						
Don't						
Yes No know						
a. Routine chemistry 1 2 3 3						
b. Clinical Microbiology (e.g., Virology, immunology) 1 ☐ 2 ☐ 3 ☐						
c. Hematology 1						
d. Genetics 1						
e. Other (please specify)						
1 2 3						

Q4. What is your job title?

1 ☐ Laboratory Director

Section 2. Current Systems and Technical Architecture

We would like to ask you about your laboratory's current practices on software-based information management systems. In particular, we are interested in learning about your use of Laboratory Information Systems (LIS) or Laboratory Information Management Systems (LIMS). To facilitate completion of the following sections, we suggest working with your LIS manager.

Q8.	Does your laboratory currently use a Laboratory Information System (LIS/LIMS)? 1 ☐ Yes 2 ☐ No → (Go to Q12) 3 ☐ Don't Know → (Go to Q12)
Q9.	Does your Laboratory Information System (LIS/LIMS) support multiple laboratories in the laboratory system or only your laboratory? By multiple laboratories we mean either a laboratory with multiple physical sites or multiple laboratories located within a single system. 1 Multiple laboratories 2 Only one laboratory 3 Don't Know
Q10	. What type of Laboratory Information Systems
	(LIS/LIMS) does your laboratory currently use? Please select all that apply.
	1 Commercial system managed by the laboratory
	2 Commercial system managed by a third-party vendor
	3 ☐ Local or internally developed → (Go to Q12) 4 ☐ Other (please specify) (Go to Q12)
	5 ☐ Don't know → (Go to Q12)
Q11	. Which vendor(s) supplies your Laboratory Information System(s) (LIS/LIMS)? Please select all that apply.
	1 Cerner
	2 ☐ CPSI 3 ☐ EPIC
	4 ☐ Healthland
	5 HMS
	6 McKesson
	 7 ☐ Meditech 8 ☐ Middleware Vendor (e.g., Merge)
	9 Orchard
	10□ SCC Soft
	11 ☐ Siemens
	12 Sunquest
	13 Other (please specify)
	14 Don't Know

Section 3. Methods Used to Send Test (Lab) Results and Volume of Exchange to Ordering Practioners

PLEASE REMEMBER TO ONLY RESPOND FOR THE LOCATION TO WHICH THIS SURVEY WAS MAILED.

Q12. We would like to ask you some questions about
test results volume for the calendar year 2012. If
you cannot report for the calendar year, please
identify the period of time used to report the
following test volumes and electronic exchange.

1	П	201	2	ca	len	dar	vear

2	Other than	calendar	year.	Please	enter	the	period	s
	this report	will cover.						

	From										То				
Мо	nth	Da	ay	Year			Мо	nth	Da	ay	Year				
				2	0	1						2	0	1	

Q13. Approximately, how many total test results did your laboratory send to ordering practitioners during 2012? By test results we mean a laboratory test that is (1) ordered by an authorized healthcare provider; (2) performed on received specimens; and (3) finalized and results have been produced. e.g., a Complete Blood Count (CBC), not its component parts, should be counted as a single test result. Please consult your records to answer this question. If records are not available, please provide your best estimate.

you	ai bc	31 C	311111	aic.							
1											
	Num	ber (of to	tal te	est re	esult	s —	→ ((Go t	o Q1	4)
	- 1	ΒF	rom	Rec	ords						
		JΕ	stim	ates							
2	□ D	on't	Kno	w —	→ (Go t	to Q	13a)	\neg		
_	V										
Q1										ude	s the
	ı	num	ıber	от <u>т</u>	<u>otai</u>	test	resu	JITS.			
		1 [0								
	2	2] 1 tc	9,9	99						
	;	3	10,	000	to 19	9,999)				
	4	4 🗆	20,	000	to 29	9,999)				
		5	30,	000	to 39	9,999)				
	(6] 40,	000	to 49	9,999)				
		7	50,	000	to 59	9,999)				
	8	3] 60,	000	to 69	9,999)				
	9	9 [70,	000	to 79	,999)				
		_	_			,999					
			_			,999					
						49,9					
						99,9					
		_	_				millio	n			

15 ☐ 2.0 million to 2.99 million 16 ☐ 3.0 million to 4.99 million

17 **□** 5.0+ million

practitioners during 2012 usi following methods? Please at	nswer	a-d.		electronically in a structured format during 2012 to an ordering practitioner's Electronic Health Record (EHR)?		
	Yes	No	Don't know	1 ☐ Yes → (Go to Q18)		
				2 □ No → (Go to Q19)		
a. Mail and/or Fax	1 🔲	2 🔲	3 🔲	3 ☐ Don't Know → (Go to Q19)		
b. Electronic non-discrete data (free-text format) including email communications, scanned faxes or documents, text files, and PDF files	1	2 🗆	3 🔲	Q18. Approximately, how many test results did your laboratory send electronically in a structured format during 2012 to ordering practitioners usi Electronic Health Records (EHRs)? Please cons your records to answer this question. If records are		
c. Electronic discrete data (no free-text format) including excel files, and LIS output reports	1 🗆	2 🔲	з 🗆	not available, please provide your best estimate.		
d. Electronic mixed format	_	_	_	Number of test results		
(free-text and non-free text				☐ From Records ☐ Estimates		
format), e.g., delivery of pathology or microbiology		_	_	2 ☐ Don't Know → (Go to Q18a) ─		
results	1 🔲	2 🔲	3 🔲	Office Planes calcat the year so that in aludes the		
How did your laboratory sha		•.		Q18a. Please select the range that includes the number of total test results.		
electronically with ordering properties only results transmitted following methods. Please ans	ed in 20 wer a-6	012 for e.	the Don't	1 □ 0 2 □ 1 to 9,999 3 □ 10,000 to 19,999 4 □ 20,000 to 29,999 5 □ 30,000 to 39,999		
	Yes	No	know	6 40,000 to 49,999		
a. Web portal provided by your laboratory	1 🔲	2 🔲	3 🔲	7 ☐ 50,000 to 59,999 8 ☐ 60,000 to 69,999		
b. Web portal provided by a third party	1 🔲	2 🔲	3 🔲	9 ☐ 70,000 to 79,999 10☐ 80,000 to 89,999		
Third party middleware vendor Interface to Health	1 🔲	2 🔲	3 🔲	11 90,000 to 99,999 12 100,000 to 249,999 13 250,000 to 999,999		
Information Exchange (HIE)/Health Information Organization (HIO)	1 🔲	2 🔲	3 🔲	14☐ 1 million to 1.99 million 15☐ 2.0 million to 2.99 million 16☐ 3.0 million to 4.99 million		
e. Interface to Electronic Health Records (EHRs)	1 🔲	2 🔲	3 🔲	17□ 5.0+ million		
. Is your laboratory currently test results electronically in (that is, using the HL7 mess; a vocabulary standard such ordering practitioner's Elect (EHR)? 1 ☐ Yes 2 ☐ No → (Go to Q19) 3 ☐ Don't Know → (Go to to Q19)	a struc aging s as LO ronic l	<u>ctured</u> standa INC) to	format rd and an			

Q17. Did your laboratory send test results

Q14. Did your laboratory send test results to ordering

Section 4. Lab Exchange Standards

In the following section, we will refer to "HL7." HL7 (Health Level 7) is a messaging standard that can be used to send laboratory results from a laboratory to an Electronic Health Record (EHR). To facilitate completion of the following sections, we suggest working with your IT staff or your LIS manager.

Q19. Which of the following messaging standards are currently in use by your laboratory for result reporting? Please select all that apply.
1 HL7 2.3.1
2 HL7 2.5.1
3 ☐ Other HL7 version (please specify)
4 Proprietary
5 Other (please specify)
6 ☐ None
7 Don't know
Q20. Which vocabulary standard for laboratory result
reporting is currently in use by your laboratory?
Please select all that apply.
Please select all that apply. 1 ☐ LOINC (Logical Observation Identifiers Names
 Please select all that apply. ¹ □ LOINC (Logical Observation Identifiers Names and Codes) ² □ SNOMED CT (Systematized Nomenclature of
 Please select all that apply. 1 ☐ LOINC (Logical Observation Identifiers Names and Codes) 2 ☐ SNOMED CT (Systematized Nomenclature of Medicine)
 Please select all that apply. 1 ☐ LOINC (Logical Observation Identifiers Names and Codes) 2 ☐ SNOMED CT (Systematized Nomenclature of Medicine) 3 ☐ Both of the above 4 ☐ Local Codes 5 ☐ Other (please specify)
 Please select all that apply. 1 □ LOINC (Logical Observation Identifiers Names and Codes) 2 □ SNOMED CT (Systematized Nomenclature of Medicine) 3 □ Both of the above 4 □ Local Codes 5 □ Other (please specify) 6 □ None
 Please select all that apply. 1 ☐ LOINC (Logical Observation Identifiers Names and Codes) 2 ☐ SNOMED CT (Systematized Nomenclature of Medicine) 3 ☐ Both of the above 4 ☐ Local Codes 5 ☐ Other (please specify)

Section 5. Barriers to Exchange

We would like to learn about barriers to laboratory information exchange.

Which one of the following issues concerning electronic delivery of laboratory test results in a structured format is the primary challenge your laboratory is currently facing? Please select one
box.
EHR systems are unable to receive structured results
Insufficient information on exchange options available
3 Lack of harmonization of industry accepted standards
4 ☐ Inability of Laboratory Information System (LIS) to generate/receive electronic messages/ transactions in structured and standardized format
Subscription rates/fees for exchange service providers (including lab hub, third party middleware vendor, and Health Information Exchange providers) are too high
6 ☐ Compliance with Clinical Lab Improvement Amendments (CLIA) regulations
7 Other (please specify)
8 $\ \square$ No challenges experienced in delivering structured
laboratory results
9 Don't know
Which one of the following issues concerning laboratory interfaces for electronic delivery of test results in a structured format to ordering practitioners is the primary challenge your laboratory is currently facing? Please select one box.
1 The time required to build interfaces
2 The costs associated with building interfaces
3 Lack of harmonization of industry accepted standards
4 Lack of specific implementation guides
5 Lack of trained staff (human capital) needed to implement the interfaces
6 Other (please specify)
7 No challenges experienced in developing laboratory interfaces for delivery of laboratory results
8 Don't know

Q23. Which of the following issues concerning adoption of LOINC codes for sending results best describes the current situation in your laboratory?	Q25. Does your laboratory allow patients or their legal representatives direct access to their laboratory results?
Please select all that apply.	1 ☐ No → (Go to Q26)
Our laboratory information system (LIS) is not able to store LOINC codes	2 It is not legal in my state to send lab results directly to patients (Go to Q26)
Our laboratory does not have LOINC codes/	3 ☐ Yes → (Go to Q25a) —
mapping for some of our tests	4 Don't Know
3 Our laboratory does not have LOINC codes/ mapping for all our tests	005- 157/20 along indicate which of the
4 Our laboratory has insufficient resources to	Q25a. If YES, please indicate which of the following methods of delivery your
maintain LOINC mappings over time	laboratory uses to deliver results directly to
5 Our laboratory information system (LIS) is not	patients or patients' legal representatives.
able to send LOINC codes, as it does not have an interface to send laboratory reports with LOINC codes	Don't Yes No know
6 ☐ LOINC is not robust enough to support local code	a. Mail and/or Fax 1
7 EHRs do not have the ability to accept LOINC	b. Web portal solution
codes 8 Other (please specify)	provided by laboratory 1 2 3 3
9 No issues experienced in using LOINC codes to	c. Transmission of results to a
send laboratory reports 10 □ Don't know	designated Personal Health Record (PHR) 1 □ 2 □ 3 □
Section 6. Implementation of Guidelines and Regulations	d. Through a community Health Information Organization that provides patient access to information
In the following question, we will refer to the "LRI guide." The "LRI guide" is the implementation guide developed by the Office of the National Coordinator's (ONC) Standards and Interoperability Framework Laboratory Results Interface (LRI) Initiative. It is an implementation guide for electronic submission of laboratory results to ambulatory EHRs. LRI is required	e. Through a physician's EHR that provides patients access
for Meaningful Use Stage 2. For more information	
about the S&I Framework initiatives, including the LRI	1
initiative, visit http://wiki.siframework.org/Lab+Results	
<u>+Interface+(LRI)+Initiative</u>	Q27. Please provide a contact email address and phone number for the person who completed this survey.
Q24. Has your laboratory implemented the LRI guide	·
for laboratory result content and format?	EMAIL ADDRESS 1
1 ☐ Yes	EMAIL ADDRESS 2
2 No	PHONE NUMBER 1
3 Don't know	PHONE NUMBER 2
	☐ Please check this box if more than one person helped complete this questionnaire.

End of Questionnaire

Thank you.

Please return the completed questionnaire in the enclosed postage-paid envelope to:

National Survey on Health Information Exchange in Clinical Laboratories NORC 1 N STATE ST, FL 16

Chicago, IL 60602-9925

If you prefer, you may:

Fax your completed questionnaire to: 877-504-6296 or e-mail it to LabSurvey@norc.org.

Please make sure to include the survey cover page in your fax or email.

If you want to know more about this study, please call toll-free at 1-800-975-2754 or email LabSurvey@norc.org.

VERSION B (NON-HOSPITALS: REGIONAL & INDEPENDENT)