

Sender	Message	Presenter Response
Chairperson	Please type any questions or comments you have for the presenters into the chat window - we will be answering all questions and comments	
Sarah Ryan	I agree, rural and urban within IHS is difficult to address. They have different needs for sure	
Ranyan Lu	I noticed from last discussion that Health Plans are not listed as the players or stakeholder in the lab result data exchange. Plans are an important stakeholder that should be included in the Lab result HIE. Can you please address this? Thanks	Kathy Tavitian: Ranyan, We agree that health plans are one of the key stakeholder groups we need to collaborate with. Thanks for this comment.
Sarah Ryan	Do you mean HI7 2.5.1 on this slide?	Bill Beighe: Good catch yes we do mean 2.5.1. We are a long way from 3!
Sarah Ryan	Have you considered HITSP C37 as a standard as well?	Bill Beighe: Yes - the HITSP standards are absolutely being considered and discussed in the mix
Jeff Hawley	A key question from providers and originators of lab data will be the question of persistence--will lab data be persisted in a database or is the exchange a broker model only?	Bill Beighe: I see that as a governance decision of the health information exchange, or the clearing house or the IDN, whomever is delivering the data. These items are open for discussion but it really depends on the goals of the particular organization
Sarah Ryan	Great call, that also assures data exchange will have increased validity	
Sarah Ryan / Donna Urmston	I was wondering what your interpretation of Structured Data is? / How does your group define "structured data"?	Bill Beighe: Structured data is the term that the ONC is using in many of the areas of meaningful use to describe data that is "discrete data" - real data that's actionable so that a computer can understand it, defined and structured such a way that it will support decision support and support alerts across the board. This term is applied to labs, but also to any healthcare data that's flowing in a meaningful use scenario.
Donna Urmston	LOINC--what are you doing to encourage all labs, including hospital labs, to send LOINC codes with their results?	Bill Beighe: Good questions Donna - LOINC is key. We discuss at great length. We are in the process of formulating suggested guidelines to identify and LOINC the top 95% of common tests - which turns out to be about 200 analytes to be LOINC'd - more later

<p>Bob Swetnam</p>	<p>Has Cal-E-Connect had an opportunity to engage with the Department of Public Health and County Public Health Labs regarding work they currently have underway such as CalX, PHIN, Communicable Disease surveillance, etc.?</p>	<p>Joy Bonaguro: Cal eConnect has several representatives from public health on our Lab Services Task Group as well as on our technology group and we're engaging them throughout the process and on our Board of Directors.</p>
<p>Lori Hack</p>	<p>What is the time line for the determination and roll out of services? What is the gap analysis for?</p>	<p>Joy Bonaguro: The timeline for determining services is near term. We are working on a set of recommendations about next steps. A full recommendaiton, including the timeline for rolling out services should be completed by December as part of our larger strategic business plan. The gap analysis defines the difference between where we are and were we should be (i.e. % of labs sharing results electronically). The high-level gap analysis is due by end of August per ONC reporting requirements, although we will probably do more extensive research on CA lab readiness as well as plans in other states. The gap analysis will help us to prioritize where we should focus our resources to do the most good.</p>
<p>Dawn Munoz</p>	<p>For those of us just getting on board with this effort, are there any recommendations of materials we can review to help get ourselves up to speed?</p>	<p>Kathy tavitian: CAeHC's previous webinar would be one place. Going forward, CAeHC's website will be a repository for that sort of information. Joy Bonaguro: Cal eConnect will be posting workgroup details and minutes on our website, www.caleconnect.org.</p>
<p>Ronald Lyse</p>	<p>Has any consideration been given to opt in/opt out policies and if so, how would you envision an opt in strategy?</p>	<p>Joy Bonaguro: With respect to opt in/opt out policies for Cal eConnect services, we will rely on policies from Cal PSAB and our Policy Advisory Group.</p>
<p>Thomas Gilbert</p>	<p>How is patient going to be identified to make sure they are linked accurately?</p>	<p>Bill Beighe: We at Cal eConnect don't have enough money or time to build a state registry of all patients, so we're going to rely on the expert matching algorithmns to match patient data, to do patient disambiguation. This is a major concern and we have to educate providers and labs on patient demographic accuracy.</p>

<p>Sarah Ryan</p>	<p>RE: Loinc IHS is also targeting top 95%. If the site does not know the top 95%, Regenstrief has a list from Indiana Health Exchange as a starter.</p>	<p>Bill Beighe: I would defer to anything Regenstrief has done. We also have a list of the top 200 which we consider to be the 95% that I'm willing to share on CAeHC's website.</p>
<p>Ranyan Lu</p>	<p>IHA and CCHRI is working with Medical groups and plans to facilitate lab results submission to plans. Have IHA and CCHRI been working with CAeHC on this?</p>	<p>Lori Hack: CAeHC has had participation from IHA and CCHRI. The question raised is that the focus on meaningful use is to share data with public health agencies and other providers for the provision of clinical services. Having a health plan have access to lab results is an interesting discussion in our privacy and security work thats being done in California.</p> <p>Cathie Markow: First a clarification – IHA and CCHRI are working on lab results data flow between lab providers, physician organizations, and health plans for commercial members , not MediCal. The use of the data is to support performance reporting and quality improvement initiatives. This currently relies on retrospective batch files, vs. real time data exchange needed to support clinical care. It is possible that both could be achieved through the same process, if the data were persisted. CCHRI staff have been involved with both CAeHC and Cal eConnect, and IHA is trying to stay informed on CAeHC and Cal eConnect activities and look for opportunities to collaborate.</p>

<p>Dolores Yanagihara</p>	<p>On the webinar just now, there was a question about whether IHA and CCHRI are working with CAeHC and Cal eConnect, and I wanted to provide clarification and a brief response. First the clarification – we are working on lab results data flow between lab providers, physician organizations, and health plans for commercial HMO members (and I believe CCHRI is also focusing on commercial PPO), not MediCal. The use of the data is to support performance reporting and quality improvement initiatives. This currently relies on retrospective batch files, vs. real time data exchange needed to support clinical care. It is possible that both could be achieved through the same process, if the data were persisted. I understand CCHRI has been very involved with both CAeHC and Cal eConnect, and IHA is trying to stay informed on CAeHC and Cal eConnect activities and look for opportunities to collaborate.</p>	
<p>Jeff Hawley</p>	<p>This brings up the question of the record locator service/process to manage the transport of records from source to receiver. Does CeC envision both push and pull models as well?</p>	<p>Bill Beighe: Cal eConnect does envision both push and pull models. There will not be a patient record locator service initially. However, Cal eConnect does plan to build an entity registry of providers so that labs and other clinical data can be routed securely from provider to provider or facility to provider, or the other way around. We do envision that as an important component of our initial service work.</p>