

Ask These 5 Questions to Evaluate the Value of an Integration and Outreach Investment

Value of Clinical Lab Outreach Goes Beyond Orders and Results

Every department in a healthcare organization is competing for more funds and IT support to expand services, enhance technology and add staff. Lab outreach programs—providing laboratory services to physician practices, senior care facilities and other centers of care in the community—offer a source of increased revenue for the lab and the overall organization. However, the lack of staff, time, and technology to create the connections needed to support outreach services and clinical data exchange is challenging.

An optimal clinical laboratory data exchange program should:

- Easily connect to physicians and any EMR
- Automate processes and workflows to reduce waste
- Enable validated, electronic ordering to ensure proper data exchange
- Report results in a timely and accurate manner
- Provide data that can be used for public health reporting or population management studies
- Add value to physicians' workflows and patient care

Read on for the five key questions to ask when evaluating how best to maximize the investment in a lab integration solution.



1. How Dependent on Faxed Orders and Paper Versus Automated Workflows is Your Lab?

Although a good number of clinical labs are sending results electronically, there are still many that rely on manual ordering and results reporting.

Manual processes, such as paper or faxed orders, take more staff time to send, receive, review for completeness, gather missing information and organize into a format that the lab can use. There is also a higher risk for errors, unsecured data, and delays in processing.

Automation of ordering and reporting processes:

- Provides tracking, organization and consistency needed for efficiency
- Reduces costs and, therefore, improves profitability
- Enables rules-based, validated ordering
- Offers greater data security
- Enables visibility of orders across all physicians
- Supports scalability and growth

1,000 

Number of faxes one public health authority received each day with COVID-19 test results—some of them duplicates and with incomplete information that took up to 11 days to gather.

80%

National percentage of coronavirus test results that were missing key demographic information.



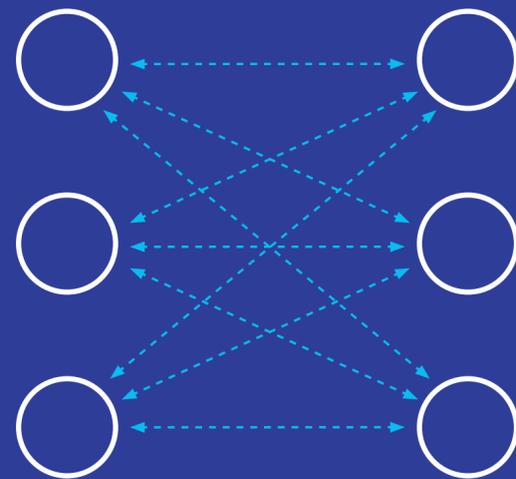
Source: Bottleneck for U.S. Coronavirus Response: The Fax Machine. New York Times. July 13, 2020.

2. Is Integration Technology Modern or Dated with Limited Data Exchange?

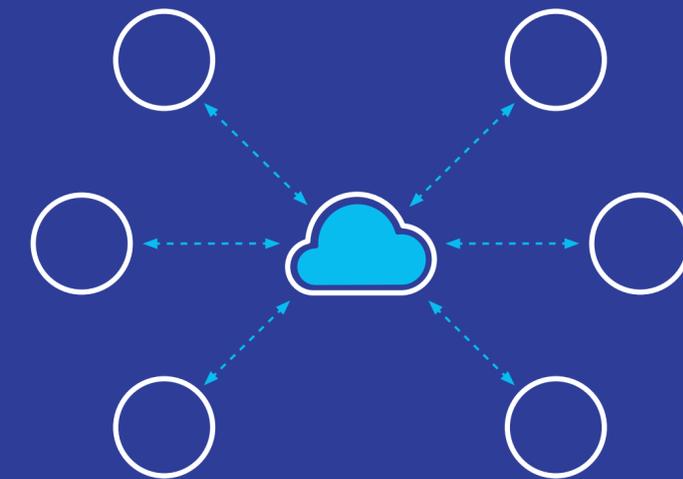
The integration engine used by some healthcare organizations is a basic integration tool enabling point-to-point connectivity and basic routing and formatting of orders and results. This technology can be dated and limiting for the lab and outreach needs. Managing integrations results in intense demands on IT staff and connections can be easily broken, resulting in connectivity delays and continued manual processing. Limited data collection afforded by these tools also inhibits optimized workflow, data collection and data exchange between the lab and its customers.

Today, an outreach best practice is an integration solution that supports intelligent ordering and automation on a unified cloud-based platform with a managed services model.

Point-to-Point

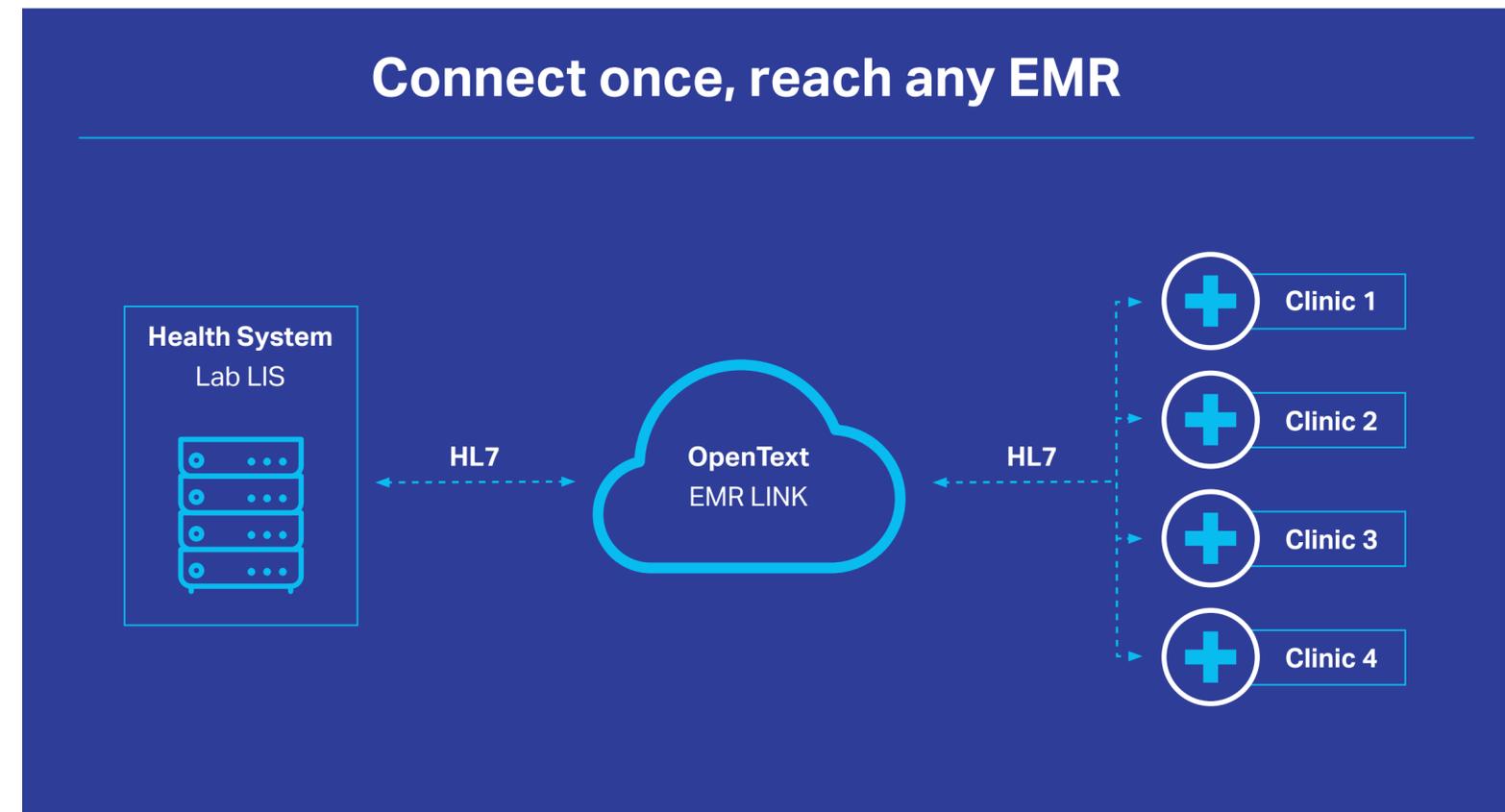


Cloud Hub



3. Can Lab Integrate with All EMRs?

Clinical laboratories and their supporting laboratory information system platforms must connect with virtually any EMR to accept electronic test orders and send electronic result reports. But internal IT teams likely don't have experience with every EMR, therefore a learning curve must be built into integration work which can delay projects and add to backlogs. An integration center of excellence optimizes integration projects and can not only enable HL7 connections to any EMR, but also support the tightest possible integration with clinical workflows and offer full point-of-care interoperability. Highly experienced resources and rapid, repeatable, and optimized workflows can eliminate delays and maximize integration throughput. Strategic partnerships with ambulatory and long-term care EMR solutions provides immediate connectivity to clinical workflows providing ease of use and adoption for physician customers.



4. Are Lab Workflows Optimized to Improve Efficiency?

A clinical laboratory data exchange technology should not only streamline processes and enhance workflow for the physician, but it must also support a more productive and efficient workflow in the lab. This requires more than just an interface with providers.

Because test orders arrive at the hospital lab with a patient ID generated by the physician EMR, a lab system patient ID must be generated and included in the order record to ensure proper reporting of results.

Manually generating and entering these IDs is time-consuming and inefficient. An effective integration solution can also improve patient registration with low-touch or no-touch workflows that expedite the process for specimens that come from inpatient floors, non-affiliated clinics and outreach customers.

Streamline Outreach Patient Registration

High Touch

Manual Registration

- Manual intake, encounter and billing creation
- Phone calls
- Downstream rework, callbacks, delays
- Manual ID, order creation

Low Touch

Registration Hold

- Auto creates order
- Holds order in queue
- Manual entry, or
- Auto patient matching
- Triggers ADT feed
- Registers patient
- Returns message with ID

No Touch

Auto Registration

- Auto creates order
- Auto patient matching
- Highly configurable
- ADT readily available
- Real time data exchange
- Gets encounter ID
- Sends to CPOE platform
- Auto release of order

5. Are Resources Available to Support Future Integrations and Ongoing Data Exchange?

Integrating with physician clinics, senior care facilities and other community-based providers and their EMRs is a key requirement for automating processes and improving clinical laboratory data exchange, but it is also complex.

Sharing IT resources in many organizations places demands on internal IT staff to support multiple projects that are deemed higher priority than lab projects. It is critical to find a strategy that supports timely implementation and integration, as well as ongoing support for outreach customers.

Relying on an internal IT staff for continual support may not be a sustainable option because the expense of developing and maintaining patient health information interfaces remains high, and interoperability talent is in short supply, according to the research firm Gartner.

Studies show:

85%

85% of health systems experience occasional to frequent project delays from integration challenges (HIMSS Media)

50%

Almost half of health systems that experienced delays indicated integration challenges negatively impacted patient care (HIMSS Media)

60%

The number of IT vacancies reported in a recent HIMSS survey

Benefits of a Managed Services Clinical Laboratory Data Exchange Solution

An outreach program must be sustainable and predictable over the long haul. Even though integration project volume may stabilize over time, managing and maintaining connectivity requires continuous oversight. Because two of the key challenges to integration of labs with outreach clinics are people and technology, many organizations choose a managed services approach.

This strategy ensures that EMR experts are on hand to manage the complex integrations to ensure optimal workflows both in the lab and in the clinic. This enables the testing team and the internal IT staff to stay focused on what they do best—which typically is not troubleshooting integration channels or evaluating the various HL7 mapping specifications across the various systems customers are using in the clinic.

An added value of a managed services strategy is the opportunity to budget the technology as a predictable, recurring operational expense versus a capital budget item. A managed services strategy provides the extra security of knowing that technology updates, performance monitoring and troubleshooting are handled as part of the service.

The factors identified as key drivers of integration as a managed service by corporate decision makers are:

46%

Desire to free up IT developer resources to improve productivity

37%

Need to move IT capital expenses to an operating expense model

34%

Single point of contact for all integration projects

32%

Desire to reduce developer expenses related to rare and specific skills

Reference: Lock M, Moss J. Unified Data Integration: The Whole is Greater Than the Sum of Its Parts. Aberdeen Knowledge Brief. November 2019.

Resources

Choosing the right integration partner for an outreach program, requires finding a vendor who is experienced not only in clinical lab integration and data exchange but in integration of larger systems as well. OpenText™ EMR-Link™ is the trusted partner of over 500 lab and imaging centers to connect to over 30,000 physicians and handles over 3 million clinical transactions each month.

EMR-Link is a unified integration and data exchange solution for laboratory outreach programs.

Visit businessnetwork.opentext.com/clinical-lab-integration for access to a short explainer video, solution overviews, success stories and a ROI calculator or to request a demo.



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