



FEBRUARY 23-27, 2014 ORLANDO, FLORIDA

NIST Tooling and Test Procedures in Support of Meaningful Use

February 27, 2014

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www.himssconference.org

Conflict of Interest Disclosure

Robert Snelick, MS Computer Science John J. Garguilo, MS Computer Science

Has no real or apparent conflicts of interest to report.



Learning Objectives

- Identify software tooling used in Meaningful Use testing
- Explain the development of the Meaningful Use test procedures
- Explain the Meaningful Use test process
- Demonstrate test tool functionality
- Develop understanding of Meaningful Use testing



Session Topics (Part 1, John Garguilo)

- A little about Department of Commerce's NIST
- The Importance of Standards
 - And the need of standards, profiles, and constraints
- What does NIST do? Why does NIST do it?
- Conformance and Interoperability Testing
- NIST Meaningful Use Stage 2 Tooling Inventory
- NIST Meaningful Use Stage 3 Tooling Plans
- Certification Results



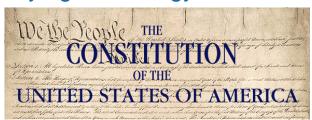
Session Topics (Part 2, Rob Snelick)

- Meaningful Use Process (and where NIST Fits in)
- NIST HL7 V2 Testing Infrastructure and Framework Overview
- Testing and Profiling Concepts
- Testing Process
- HL7 V2 Test Tool Overview
- Case Study MU-2 Lab Results Interface Tool
 - Sending System (Creation)
 - Receiving System (Incorporation)
- Future Direction



NIST and the Importance of Standards

Measurements, testing, and standards are the basis for developing and deploying technology.



Article 1, Section 8: The Congress shall have the power to . . . fix the standard of weights and measures

- National Bureau of Standards established by Congress in 1901
- Eight different "authoritative" values for the gallon
- Electrical industry needed standards
- American instruments sent abroad for calibration
- Consumer products and construction materials uneven in quality and unreliable

Estimated that 80% of global merchandise trade is influenced by testing and other measurement-related requirements of regulations and standards.



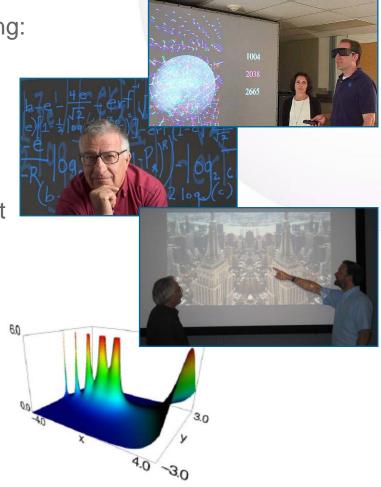


Information Technology Laboratory Mission

- To promote U.S. innovation and industrial competitiveness by advancing:
 - Measurement science;
 - Standards; and
 - Technology.

through the research and development in:

- Information technology;
- Mathematics; and
- Statistics.





Setting the stage. . . A few premises

- Premise that <u>standards</u> are essential to achieving conformance and interoperability
- Premise that *rigorous* testing is critical to achieving **conformance** and enabling **interoperability**.
- Enabling people to manage their own health independently as well as to supporting the clinician decision to manage the patient (in both acute and personal settings) in a safe, timely, and effective manner.



Standards are Necessary! Why?

- Value of Standards
 - Common and repeatable use
 - Consensus established by recognized body
 - Common, definition, meaning, and attributes
- Provide use, rules, guidelines for activities of their results
- Aimed at the achievement of the optimum degree of order in a given context



Standards Perspective

- Why is NIST involved?
 - Trusted industry neutral entity
 - Help write better (and better) standards
 - Iterative feedback to standards bodies and domain groups
 - Healthcare Information Technology 'Test Infrastructure'
 - Need at once (for testing)
 - Re-usable component with common interfaces for consistent usage
 - Interoperability 'Test Bed'
 - To execute testing over a variety of domains / test events
 - Enable 'users' to quickly devise test tooling to meet needs
 - Get away from one development effort needed for each test event
 - Enable users with domain knowledge to drive testing



Standards Perspective, continued

- Great, but aren't standards intentionally <u>open ended</u>?
 - Often vague?
- How do we enable semantic interoperability?
 - (i.e., convey consistency meaning)
- How do standards help with/address conformance and interoperability?
- ... Standards alone are not the answer



What's Needed to Test. . .

- So, how might one narrow this 'open-endedness' to achieve an appropriate level of constraints?
- Constraining Standards
 - Need to constrain the scope to be realistic, 'usable', 'implementable', 'testable', and therefore "<u>Conformant</u>" The assessment of an implementation to determine if its behavior is consistent with the requirements for behavior defined in a standard or other reference document.
- One way is via *Profiling* Constraints placed on Standards
 - <u>Integration</u> Profiles (realistic use cases of business/clinical process being addressed)
 - <u>Implementation</u> Profiles (requirements that implementers build to...)
 - <u>Conformance</u> Profiles (ideally no optionality, able to be rigorously tested)



Conformance and Interoperability

- Conformance: Conformance is defined as the fulfillment of a product, process, or service of specified requirements [1,2]. The concept of conformance is essential to any standard for <u>providing an</u> <u>objective measure of how closely implementations satisfy the</u> <u>requirements</u> defined in the standard.
- Semantic Interoperability: Beyond the ability of two or more computer systems to exchange information (syntactic Interoperability), semantic interoperability is the ability to automatically communicate information and have that information correctly interpreted by the receiving system.

[1] ISO Reference - ISO/IEC 17000 Conformity assessment - Vocabulary and general principles, first edition 2004-11-02.

[2] Glossary of Conformance Terminology, Interoperability and Conformance Technical Committee, OASIS. http://www.oasis-open.org/committees/ioc/glossary.htm



Conformance and Interoperability, continued

- Conformance CAN NOT be definitively determined* but gives a level of confidence based on quality and quantity of test(s) performed
 - (*unless specification is very basic)
- Conformance

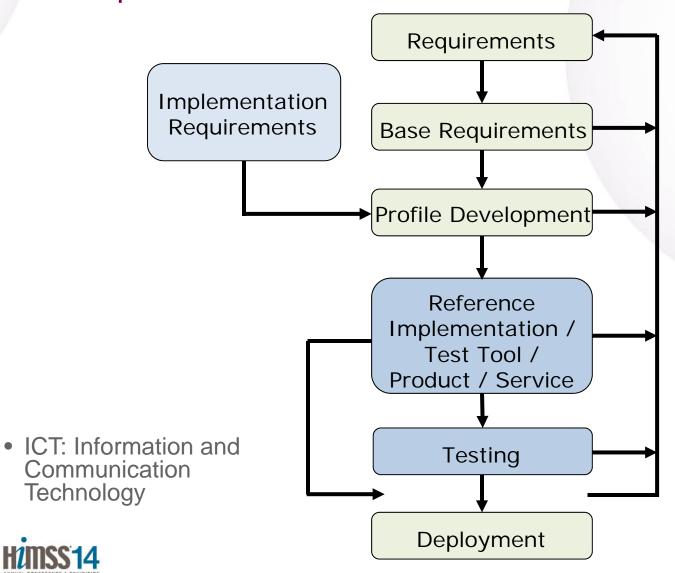


- A is Conformant, B is Conformant
 - The above does not say anything about interoperability between A and B



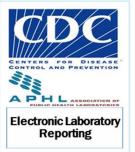
ICT Standards Life Cycle

NIST Special Publication 500-291

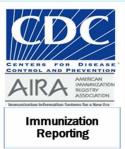




NIST Tooling for Stage II and Stage III



HL7v2 Electronic Laboratory Reporting (ELR) Validation Tool



HL7v2 Immunization Information System (IIS) Reporting Tool



HL7 CDA Cancer Registry Reporting Validation Tool



HL7v2 Syndromic Surveillance Reporting Validation Tool

S&I Framework

I HL7v2 Laboratory Results I Interface (LRI) Validation Tool

Results



Laboratories

HL7v2 Laboratory Orders Interface (LOI) Validation Tool **Orders**

eD0S

HL7v2 Electronic Delivery of Services (eDOS) Validation Tool



Electronic

Transport Test Tool (TTT) (includes C-CDA, Direct, and SOAP)

Continuity of Care (CCD) C-CDA Document

New



Doctor's Office Or Patient

Health Record

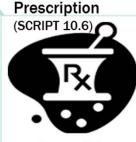


Medical Devices



HL7 v2 IHE-PCD Validation Tool

Electronic Prescribing (eRx)Validation Tool



ePrescribing Pharmacy

Certification Results

- Tally of EHR technology vendors with one or more products ONC certified for Edition 2014 as of the end of February 2014
 - 90 using the NIST Syndromic Surveillance Validation Tool
 - 32 using the NIST ELR Validation Tool
 - 91 using the NIST Immunization Messaging Validation Tool
 - 97 using the NIST LRI-EHR Validation Tool
 - 24 using the NIST LRI-LIS Validation Tool
 - 80 using the NIST ePrescribing Validation Tool
 - 11 using the NIST Cancer Registry Validation Tool
 - 85 using the NIST Transport Validation Tool



Part 2: Testing Concepts and NIST Tools: HL7 V2

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February 27, 2014

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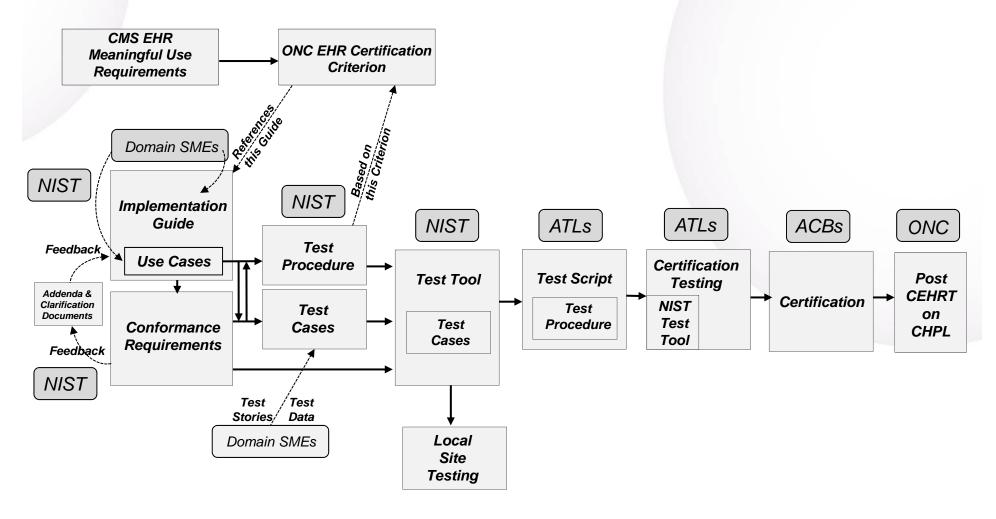




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Meaningful Use Certification Process Overview

National Institute of Standards and Technology U.S. Department of Commerce





NIST - National Institute of Standards and Technology

ACB – Authorized Certification Body

SME - Subject Matter Expert

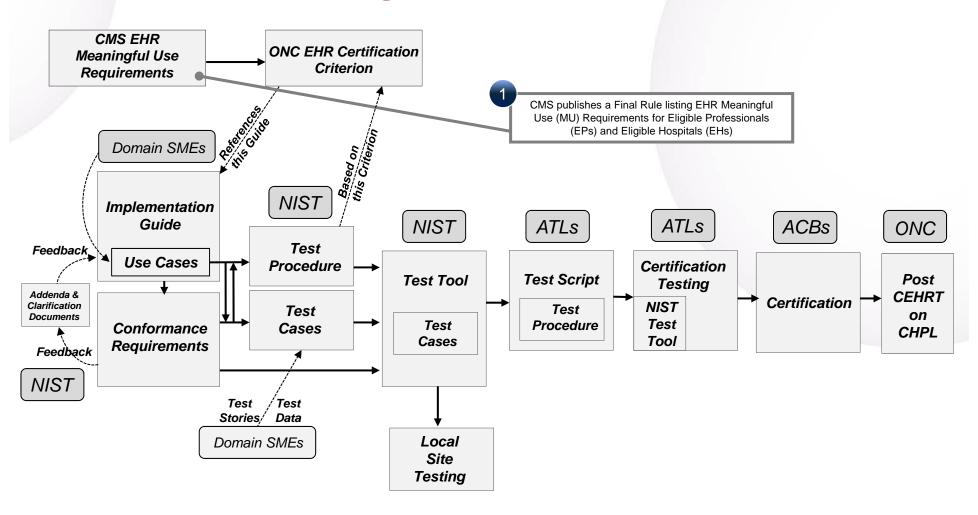
CHPL - Certified Health IT Product List

EHR - Electronic Health Record

ATL - Accredited Testing Laboratory

ONC - Office of the National Coordinator for Health Information Technology

CEHRT - Certified Electronic Health Record Technology





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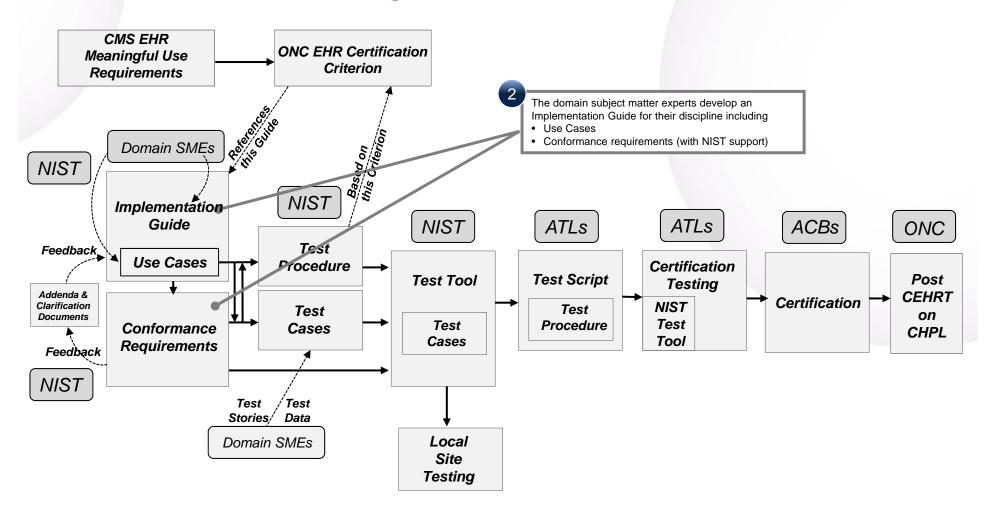
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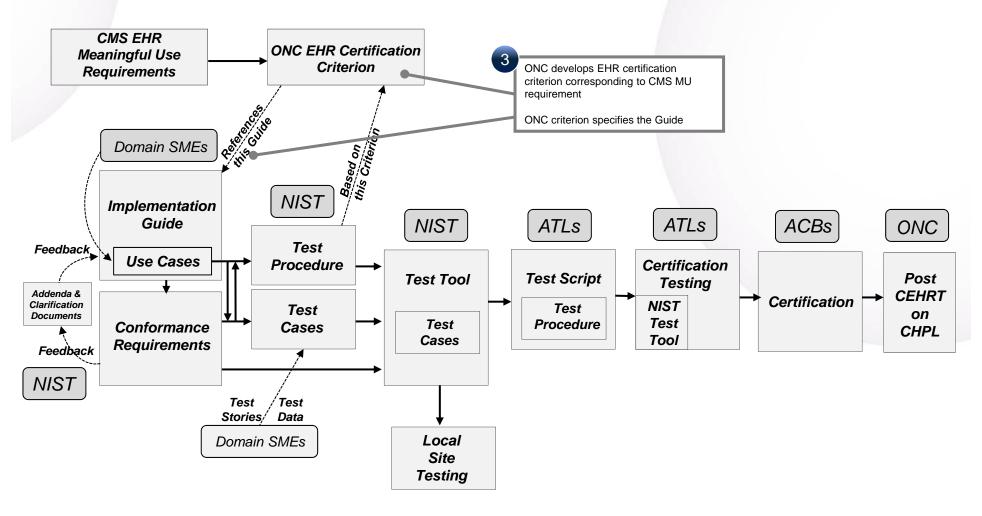
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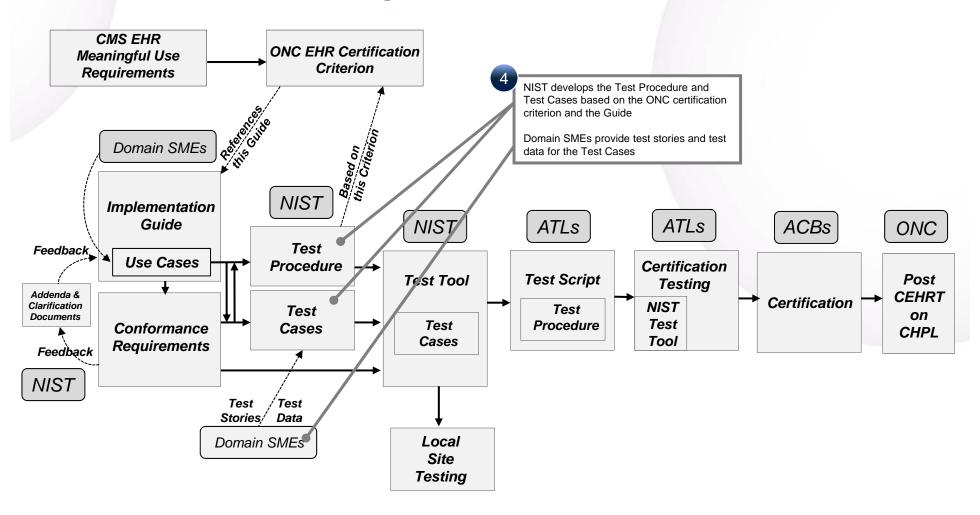
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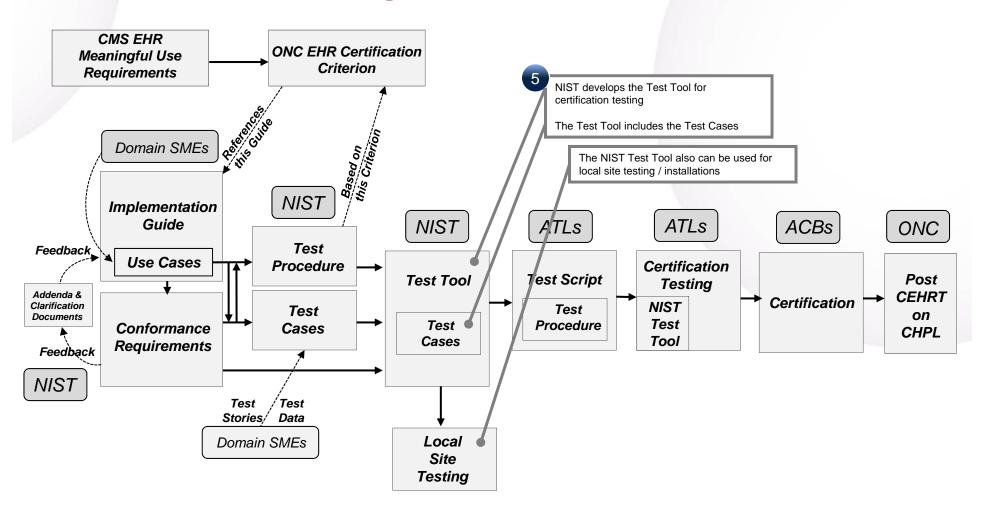
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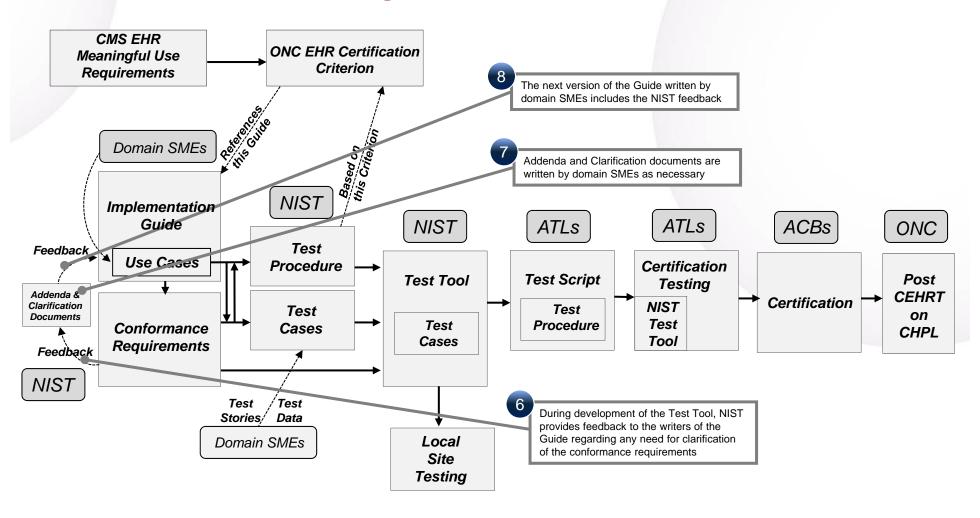
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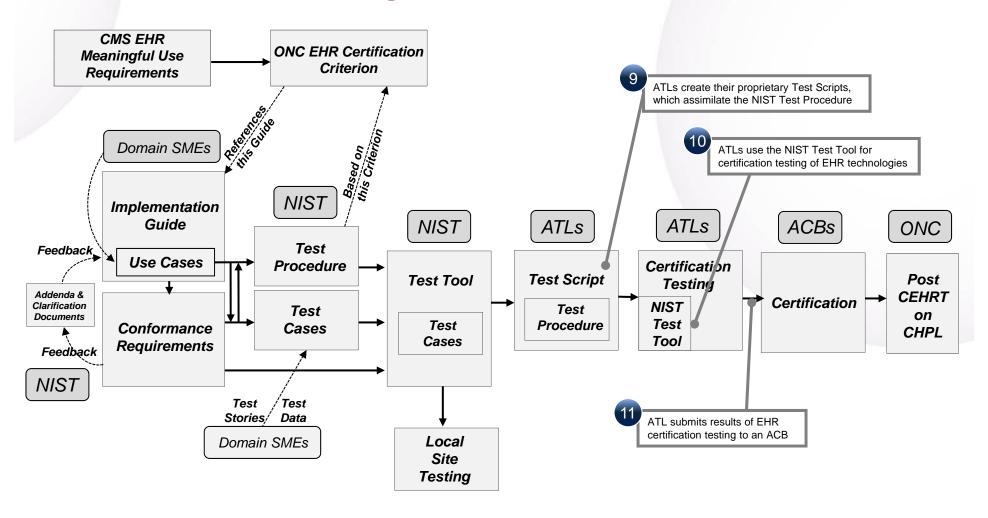
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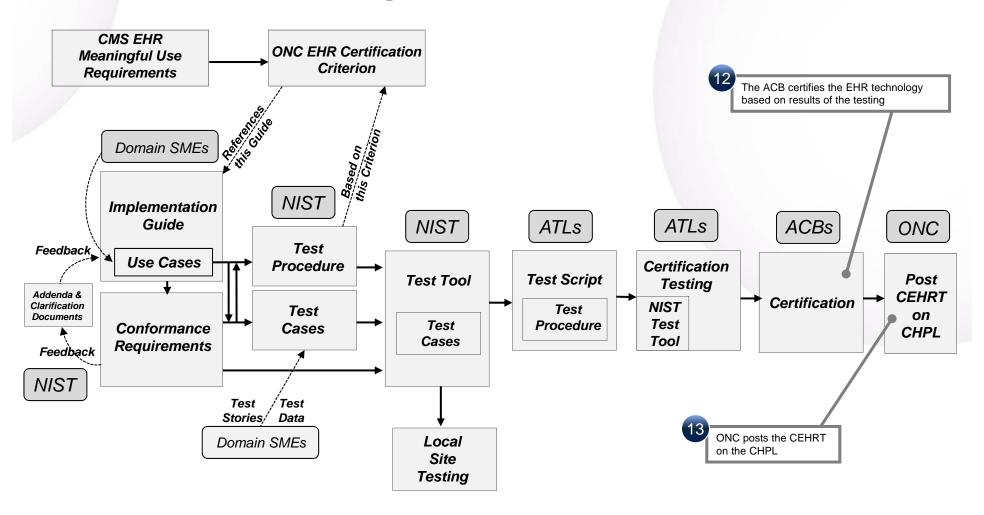
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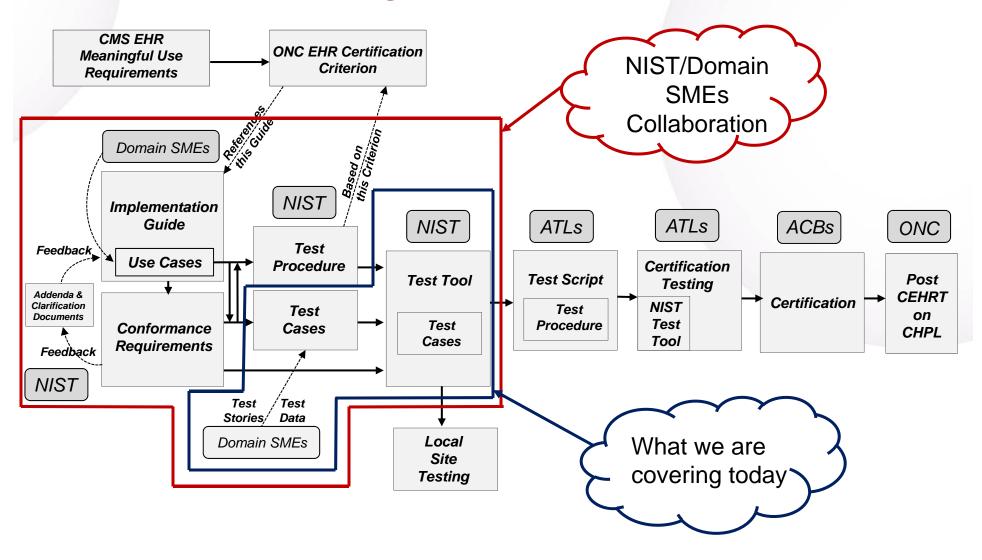
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Testing and Profiling Concepts

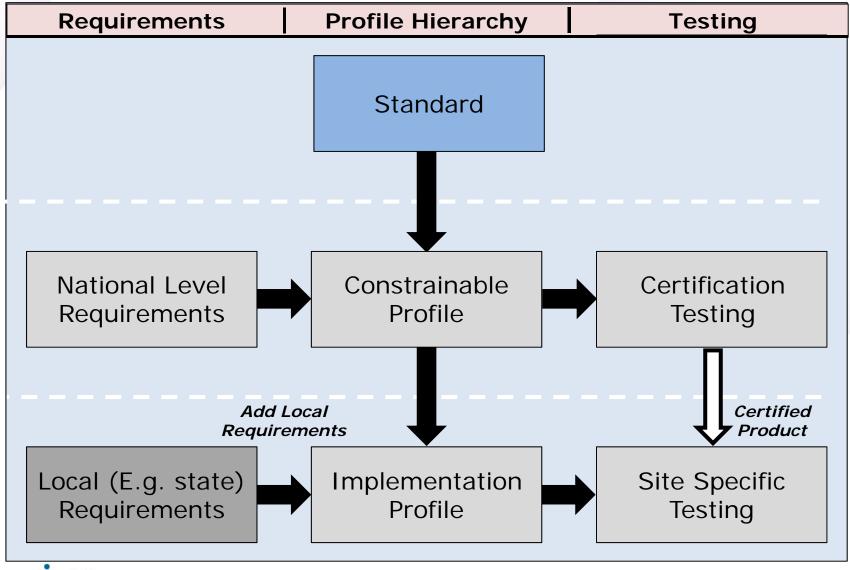


Certification Testing

- What Certification Testing Is
 - Focus is on assessing the system's capability (phase 1)
 - Critical step towards achieving interoperability for exchanging healthcare information, but it is not the end-all
 - Purchasing a certified EHR system provides a degree of certainty that the buyer has obtained a product that meets a level of capabilities established by the ONC
 - Although the ONC HIT Certification Program by design does not extend to installation bases, it provides the foundation and a shorter pathway to achieving site-specific interoperability
- What Certification Testing is not
 - It is not directed at site-specific installations
 - End users of certified EHR products will need to configure their products according to their local requirements and test (phase 2)



Standards, Profiles, and Testing





Local Regulations

Results

Local Regulations

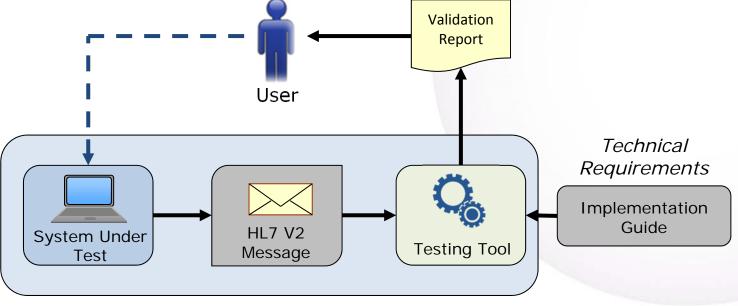
Results

Test Tool Operation Modes

- Testing the Sender (Message Creation)
 - Context-free Testing
 - Provides a simple and convenient method for testing message structure and most vocabulary
 - The context-free operational mode validates any message created by the EHR
 - It is disassociated from a test script, test case, or specific content (test data)
 - Context-based Testing
 - Test Cases provided
 - Context (specific Test Scenario, etc.) is known to validation tool
 - Expands the scope of testing
- Testing the Receiver (Incorporation)
 - Incorporation of message and associated functional requirements
 - Employs inspection testing (Juror Document)



Context-free Testing



- No Test Cases provided
- Context (Test Scenario, etc.) is unknown to validation tool
- May be used to test any message created by an EHR
- Provides a simple and convenient method for testing message structure and most vocabulary
- Typically is not used for certifying EHR technologies for the ONC certification criteria, but may be used for certification testing in specific instances (the Tester must perform visual inspection to validate content of message)

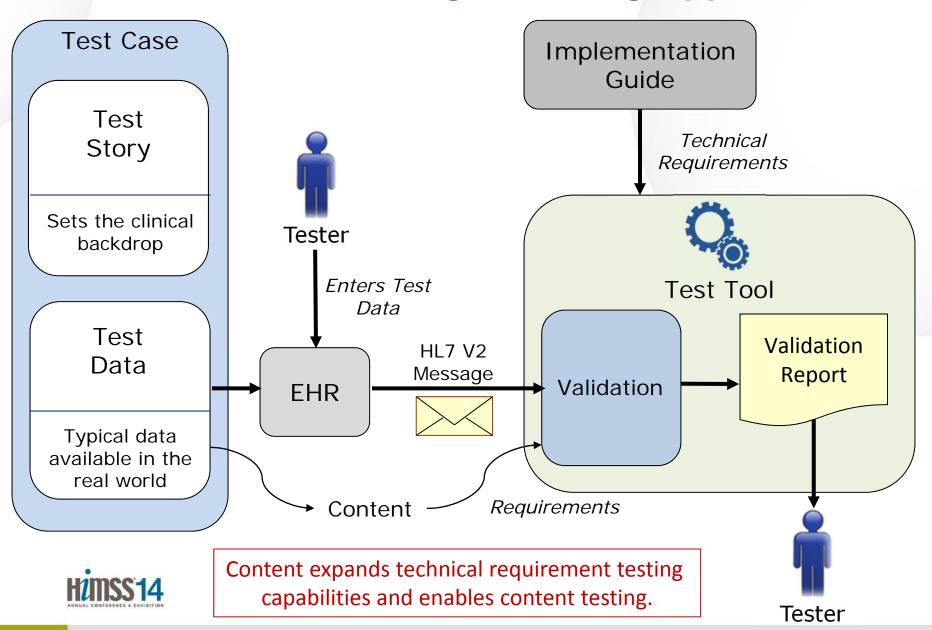


Context-based Testing

- The context-based operational mode validates messages associated with a given test script that includes data for a specific test scenario
 - The EHR creates a message that corresponds to the test data provided in the test script
 - Testing will include the technical requirements and contentspecific requirements specified in the test case
- Context (specific Test Scenario, etc.) is known to validation tool
- Provides a method for testing/assessing a message for all conformance requirements of an Implementation Guide
- Is used for certifying EHR technologies for the ONC certification criteria
- Significantly expands the scope of testing
 - Usage: Required, but may be empty (RE), Conditionals (C)
 - Cardinality: Ranges
 - Length: Ranges
 - Vocabulary
- Helps Interpretation and Use of the Standards



Context-based Testing (Sending Application)



Test Story

Description

Following treatment, the patient's vital signs gradually return to normal. At 2 PM, the patient's laboratory and radiology tests results are provided to the attending physician. The tests indicate that the infant has influenza and pneumonia. The patient's mother is provided with treatment information and prescriptions for her infant son. The working diagnosis (ICD-9 CM 487.1) is resolved/inactivated, and at 5 PM the patient is discharged home with a final primary diagnosis of pneumonia, and secondary diagnosis of influenza. Big City Children's Urgent Care routinely sends electronic syndromic surveillance data to the Big City Health Department (BCHD) in accordance with a city regulation. At 6:00 PM on February 20, 2010, the facility's electronic health record module for syndromic surveillance data assembles and transmits a Discharge ADT message about this patient encounter to BCHD.

Comments

This Test Case provides an example of clinical encounter that could take place in either an urgent care or emergency clinical setting. It is therefore applicable to EHR technology used in some ambulatory settings. Dates and times are provided in this test case to illustrate the sequence of clinical and messaging events. Since the exact dates and times are not reproducible when modeling the test case with EHR technology, only date and time format will be validated within tester submitted test data. ICD 9 CM diagnosis codes are acceptable with or without decimals.

TestObjectives

Output an ADT A03 discharge message in HL7 2.5.1 containing the syndromic surveillance data for the patient encounter.

Notes to Testers

This Test Case does not prescribe the method used by the EHR to change a Working diagnosis to a Final diagnosis. The Test Case only validates a specific ADT message type. Although the other units of measure for patient age are acceptable in general (and the Context-free validation accepts any of the valid units of measure for age), the SS_1_1_UC_Visit Test Case specifies that "a" for years be used in this message for the Context-based validation. Certain health departments mandate that the patient age be sent in years only, and the EHR must be able to support sending "0 years".



Test Data

Patient Information

Element Name	Data	
Name	Coded Pseudo-Name to ensure anonymity	
Gender Male		
Race Native Hawaiian or Other Pacific Islander		
Ethnic Group	Not Hispanic or Latino	
Zip Code	02130	
County/Parish Code	25025	

Visit Information

TAVAT AND VALUE VA			
Element Name	Data		
Admit Date and Time	02/20/2010 8:30 AM		
Discharge Disposition	Discharged to home or self care (routine discharge)		
Diagnosis Type	Final		
Diagnosis	Pneumococcal pneumonia [Streptococcus pneumoniae pneumonia]		
Diagnosis Type	Final		
Diagnosis	Influenza		

Observation Results Information

Element Name	Data	
Observation Identifier Chief complaint:Find:Pt:Patient:Nom:Reported		
Observation Value	Fever, cough	
Units		
Observation Results Status	Final results; Can only be changed with a corrected result.	



Message Content

PID: Patient Identification Segment

Location	Data Element	Data	Categorization
PID.1	Set ID - PID	1	IG Fixed Data
PID.3	Patient Identifier List		
PID.3.1	ID Number	3333	Changeable Data
PID.3.5	Identifier Type Code	MR	Changeable Data
PID.5[1]	Patient Name		
PID.5[1].7	Name Type Code		
PID.5[2]	Patient Name		
PID.5[2].7	Name Type Code	S	Test Case Fixed Data
PID.8	Administrative Sex	M	Test Case Fixed Data

DG1: Diagnosis Segment

Location	Data Element	Data	Categorization
DG1.1	Set ID - DG1	1	IG Fixed Data
DG1.3	Diagnosis Code - DG1		
DG1.3.1	Identifier	481	Test Case Fixed Data
DG1.3.2	Text	Pneumococcal pneumonia [Streptococcus pneumoniae pneumonia] Changeable Data	
DG1.3.3	Name of Coding System	I9CDX	IG Fixed Data
DG1.6	Diagnosis Type	F	Test Case Fixed Data

DG1 : Diagnosis Segment

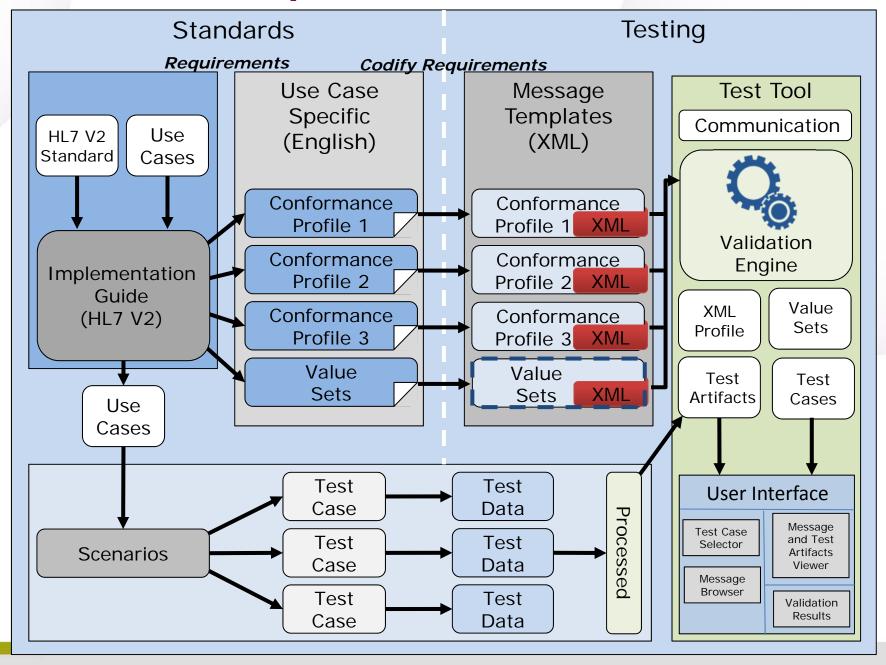
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Location	Data Element	Data	Categorization	
DG1.1	Set ID - DG1	2	IG Fixed Data	
DG1.3	Diagnosis Code - DG1			
DG1.3.1	Identifier	487	Test Case Fixed Data	
DG1.3.2	Text	Influenza	Changeable Data	
DG1.3.3	Name of Coding System	I9CDX	IG Fixed Data	
DG1.6	Diagnosis Type	F	Test Case Fixed Data	

OBX: Observation/Result Segment

		Carrie Cost (maca restat or parta	1 O V S LE THICK MA A V L S THE TEN A V L S TH		
Location	Data Element	Data	Categorization		
OBX.1	Set ID	1	IG Fixed Data		
OBX.2	Value Type	CWE	Test Case Fixed Data		
OBX.3 Observation Identifier					
OBX.3.1	Identifier	SS003	Test Case Fixed Data		
OBX.3.3	Name of Coding System	PHINQUESTION	Test Case Fixed Data		
OBX.5-CWE Observation Value					
OBX.5-CWE.1	Identifier	261QU0200X	Test Case Fixed Data		
OBX.5-CWE.2	Text	Urgent Care	Changeable Data		
OBX.5-CWE.3	Name of Coding System	NUCC	Test Case Fixed Data		



Tool Development and Framework







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Test Tool Overview



Meaning Validation Suite Overview

Purpose: The tool validates:

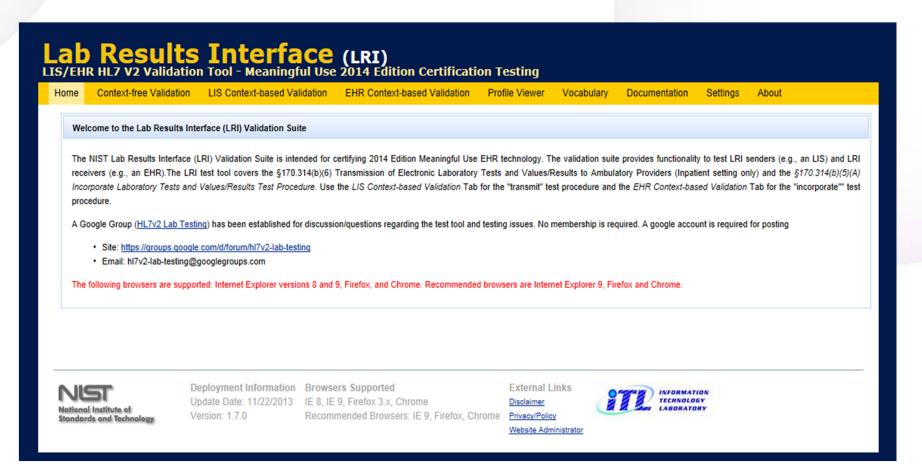
- Lab result messages created by hospital laboratory information systems (LIS) technology according to specific requirements captured in a conformance profile
- Lab result messages received/incorporated by electronic health record systems (EHR) technology according to specific requirements captured in a conformance profile

	Tool Key Capabilities			
LIS Context-free Testing	 (No Test Cases - Test any LRI message created by LRI senders (e.g. an LIS) Context (e.g. type and results of lab test) is unknown to validation tool Provides a simple and convenient method for testing message structure and most vocabulary 			
LIS Context-based Testing	 (Generated Data sheets from Test Cases) Context (e.g. type and results of lab test) is known to validation tool All conformance requirements of LRI implementation guide can be assessed Used for certifying 2014 Edition Meaningful Use EHR technology 			
EHR Context-based Testing	 (Generated Data Sheets and Juror Documents from Test Cases) Validates EHR systems that receive messages in accordance with the ONC S&I Framework L Results Interface (LRI) implementation guide (IG) Creates Juror document for inspection testing Used for certifying 2014 Edition Meaningful Use EHR technology 			
Profile Viewer	Provides a browsable version of the conformance profile which encapsulates the requirements. Can be used to assist in the interpretation of errors.			
Vocabulary Browser	Browser Provides a browsable view of the vocabulary requirements. Can be used to assist in the interpretation of value set errors.			
Documentation	Provides access to documents which will assist in using the tool (including test plans, data sheet and juror document supplements.			



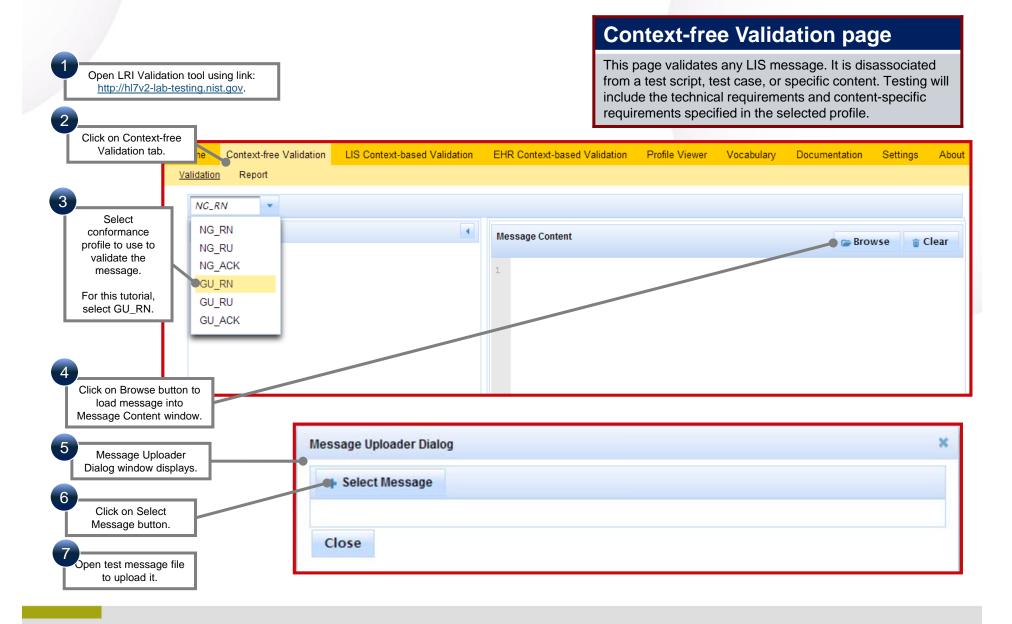
Test Tool Home Page

Web Application allows for easy access and no installation.

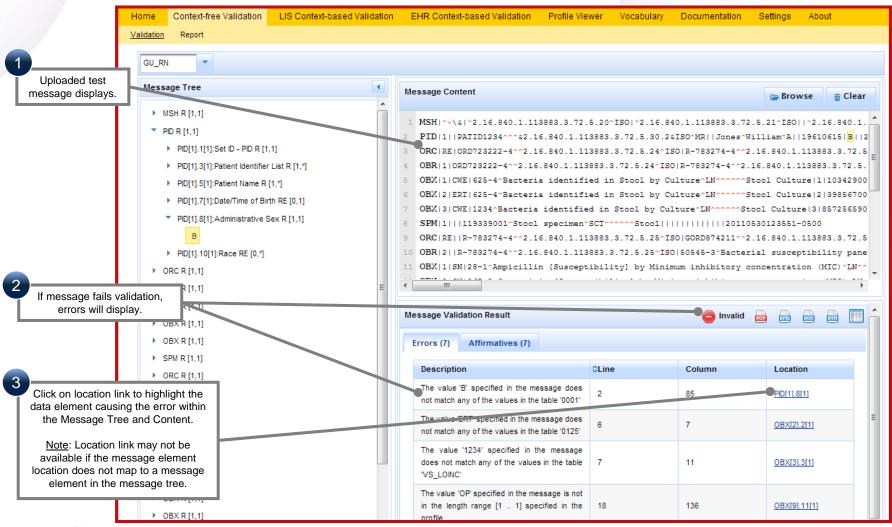




1) Import test message (Context-Free)

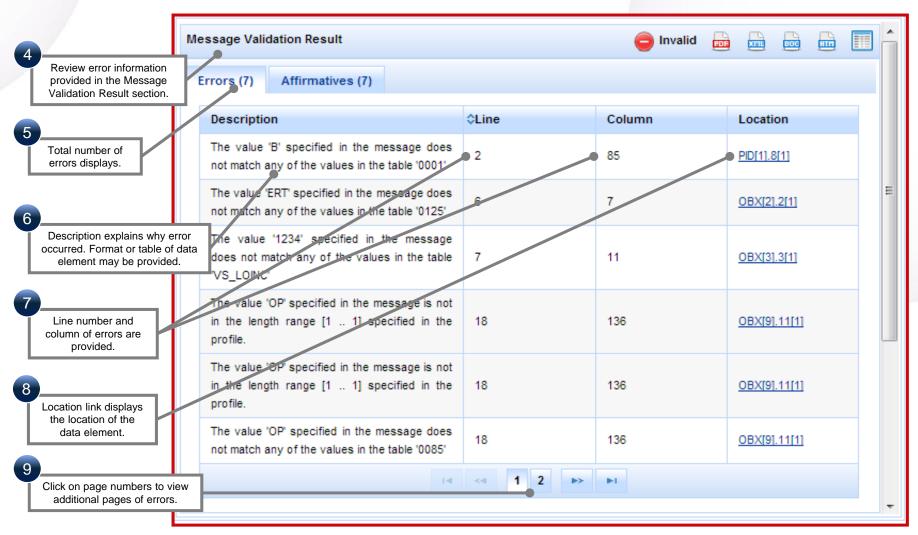


2) Validate test message and review message validation errors



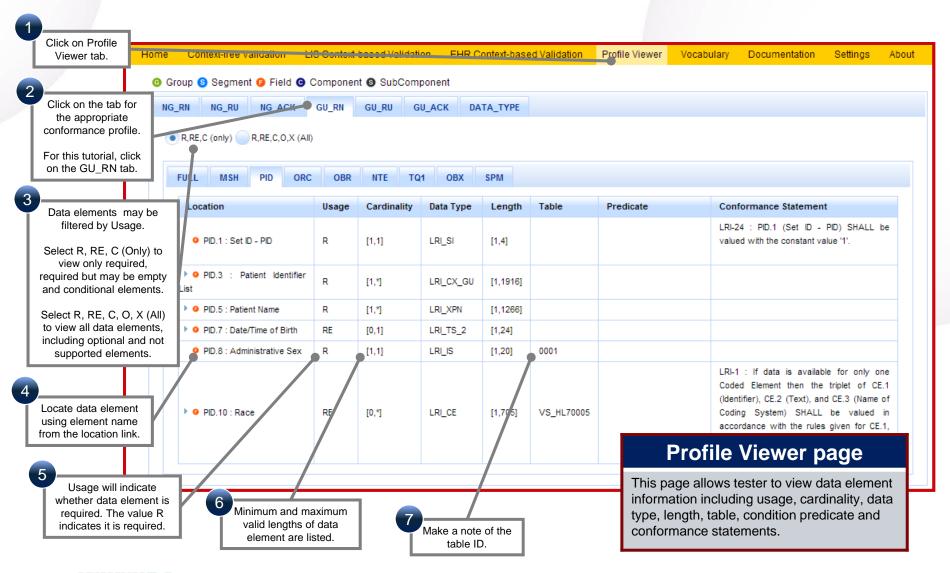


2) Validate test message and review message validation errors, continued



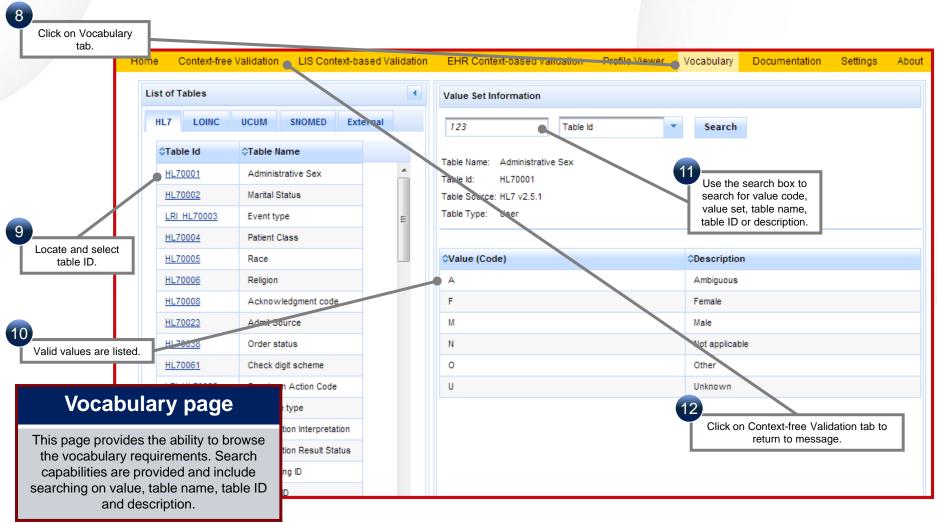


3) Look up valid data element values and tables





3) Look up valid data element values and tables, continued









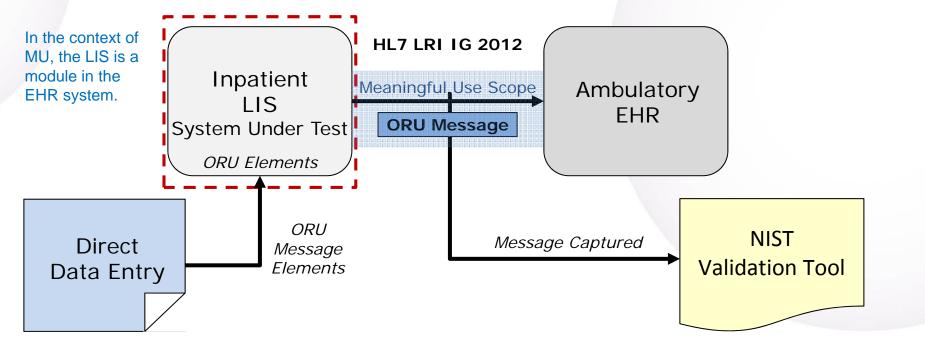
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Test Tool Overview Case Study: Lab Results Interface

Testing the Message Created by the Sender (Context-Based)



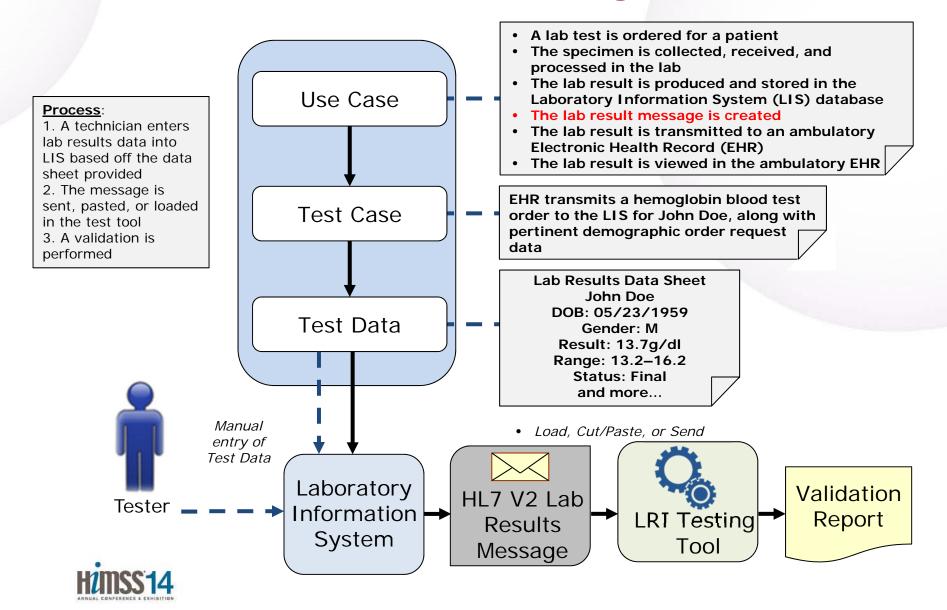
LIS Test Process and Scope



- The LIS is the system being tested. The LIS system is required to create messages that conforms to the referenced standards.
- Test data can be entered into LIS directly via the LIS's user interface or be imported via an incoming message. The LIS is expected to process the test data to create a message. This message is captured and uploaded into the testing tool for validation.
- Test data are available through the Test Tool via the Test Cases. Each Test Case includes a Test Story that provides the context, a Test Data Specification that lists the test data, and a Message Content Data Sheet that shows a conformant message.



LIS Context-based Testing Overview



Test Case Summary (Create)

- A Test Case contains of
 - Narrative Test Story
 - Provides the context for the test case (real-world scenario)
 - Test Data Specification
 - Provides the data associated with the Test Story
 - Consists of typically available information in the clinical setting
 - Test Story and Test Data Specification together
 - Provide sufficient information to be entered into the EHR for generating the test message using Vendor-identified EHR function(s)
 - Message Content Data Sheet
 - Shows a conformant message instance for each Test Case
 - Organizes the message content in a table format that provides the HL7 V2 message elements and the data associated with the message elements for each Test Case
 - Provides the "answer" to the Test Case ("question") articulated by the Test Story and the Test Data Specification.



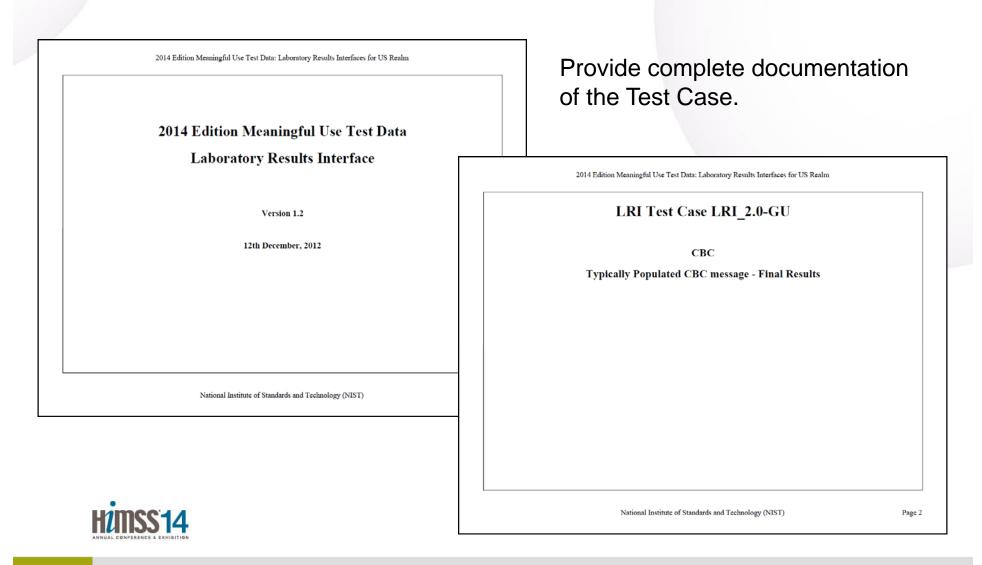
LRI Test Cases

Lab Results Interface Test Stories and Associated Test Cases

	Test Stories	NG Test Cases	GU Test Cases
1.	Maximally Populated SED Rate message - Final Results	LRI_1.0-NG	LRI_1.0-GU
2.	Maximally Populated SED Rate message - Corrected Results	LRI_1.1-NG	LRI_1.1-GU
3.	Rejected SED Rate Message (No OBX segment; OBR.25 = X)	LRI_1.2-NG	LRI_1.2-GU
4.	Typically Populated CBC message - Final Results	LRI_2.0-NG	LRI_2.0-GU
5.	Typically Populated Lipid Panel message - Final Results	LRI_3.0-NG	LRI_3.0-GU
6.	Culture-Escherichia coli, Salmonella, Shigella - Parent – Preliminary	LRI_4.0-NG	LRI_4.0-GU
7.	Culture-Escherichia coli, Salmonella, Shigella - Parent/Child Susceptibility – Final	LRI_4.1-NG-RU OR LRI_4.2- NG-RN	LRI_4.1-GU-RU OR LRI- 4.2-GU-RN
8.	Reflex - Hepatitis	LRI_5.0-NG-RU OR LRI_5.1- NG-RN	LRI_5.0-GU-RU OR LRI- 5.1-GU-RN



Test Package



Test Story

2014 Edition Meaningful Use Test Data: Laboratory Results Interfaces for US Realm

Test Story

Description

Mr. William A. Jones is a 51 year old white male who presented with a history of fever, fatigue, and shortness of breath on exertion. Dr. Nicholas Radon ordered a complete blood count (CBC) test to be performed. A blood specimen for the CBC test was collected from the patient and sent to the clinical lab at Century Hospital, 2070 Test Park, Los Angeles, CA, 90067, for processing. The laboratory director at this hospital is Dr. Phil J. Knowsalot, III. The blood specimen was analyzed, and the final result of the CBC test showed that all components were normal or within the normal range except for the following: (1)Hemoglobin: 12.5g/mL, was low, with the normal reference range of 13-18 (2)Leukocytes: 105600 cells/uL, was above upper panic limits, with the normal reference range of 4300 to 10800 (3)Poikilocytosis: 2+ (4)Polychromasia: 2+ (5)Anisocytosis: 2+ (6)Hypochromaia: 2+ (7)Macrocytes: Many (8)Microcytes: Many (9)Erythrocyte morphology: Many spherocytes present. (10)Leukocyte morphology: Reactive morphology in lymphoid cells. (11)Platelet morphology: Platelets show defective granulation. The final result report for this panel lab test was generated by the LIS and transmitted to the patient's record in the ambulatory EHR used in Dr. Radon's office practice. A copy of the test result report was sent to Dr. Naddy Deluca.

Comments

NO Comments.

Pre Condition

NO PreConditions

Post Condition

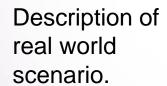
NO PostConditions

Test Objectives

Demonstrate the capability to message a CBC panel result with many OBX segments using different data types for the result.

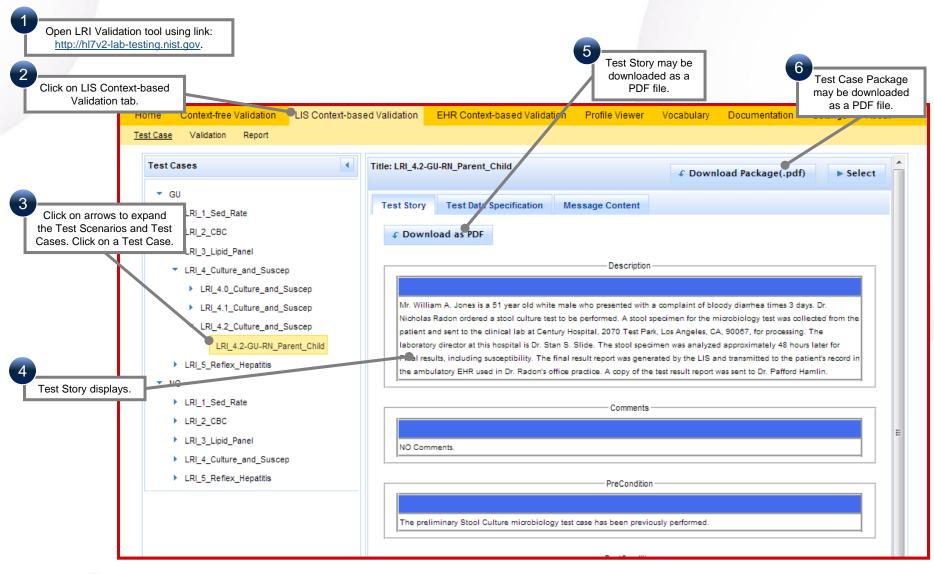
National Institute of Standards and Technology (NIST)

Page 3



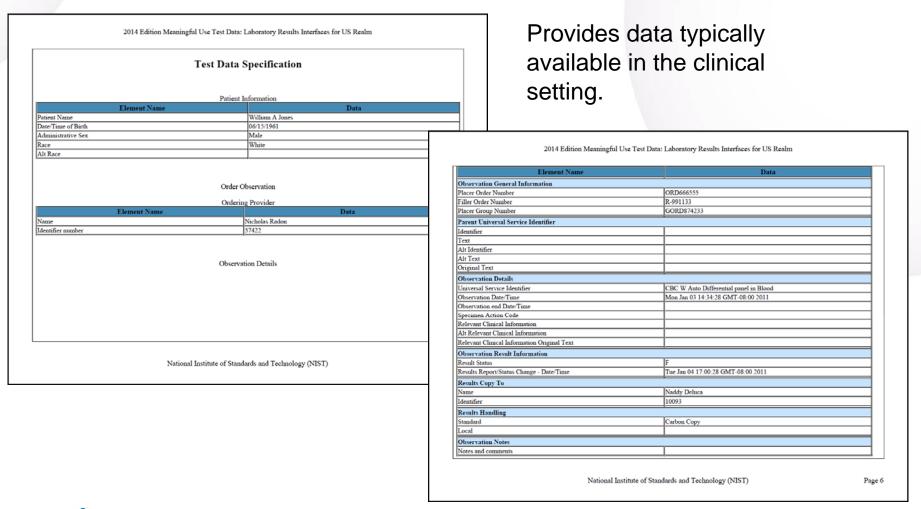


1) Select Test Case and review Test Story



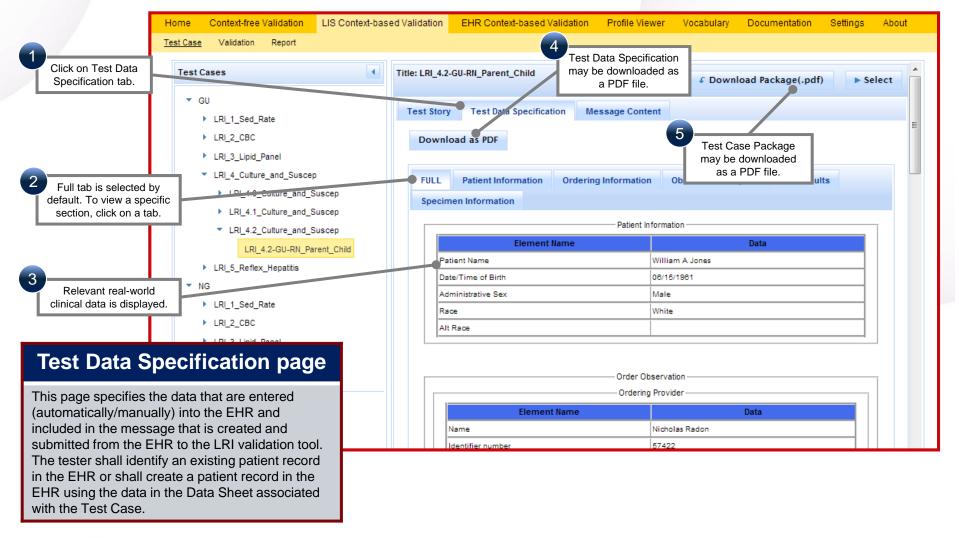


Test Data Specification





2) Review the Test Data Specification





Message Content

2014 Edition Meaningful Use Test Data: Laboratory Results Interfaces for US Realm

Message Content Data Sheet

Test Case Information

 Typically Populated CBC message - Final Results

 Test Case ID
 LRI_2.0-GU

MSH: Message Header Segment

Location	Data Element	Data	Categoriz
MSH.1	Field Separator		IG Fixed Data
MSH.2	Encoding Characters	^~\&	IG Fixed Data
MSH.3	Sending Application		
MSH.3.1	Namespace ID		
MSH.3.2	Universal ID	2.16.840.1.113883.3.72.5.20	Configurable Data
MSH.3.3	Universal ID Type	ISO	IG Fixed Data
MSH.4	Sending Facility		
MSH.4.1	Namespace ID		
MSH.4.2	Universal ID	2.16.840.1.113883.3.72.5.21	Configurable Data
MSH.4.3	Universal ID Type	ISO	IG Fixed Data
MSH.6	Receiving Facility		
MSH.6.1	Namespace ID		
MSH.6.2	Universal ID	2.16.840.1.113883.3.72.5.23	Configurable Data
MSH.6.3	Universal ID Type	ISO	IG Fixed Data
MSH.7	Date/Time Of Message		
MSH.7.1	Time	20110531140551-0500	System Generated
MSH.9	Message Type		
MSH.9.1	Message Code	ORU	IG Fixed Data

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Provides the expected results for message element

2014 Edition Meaningful Use Test Data: Laboratory Results Interfaces for US Realm

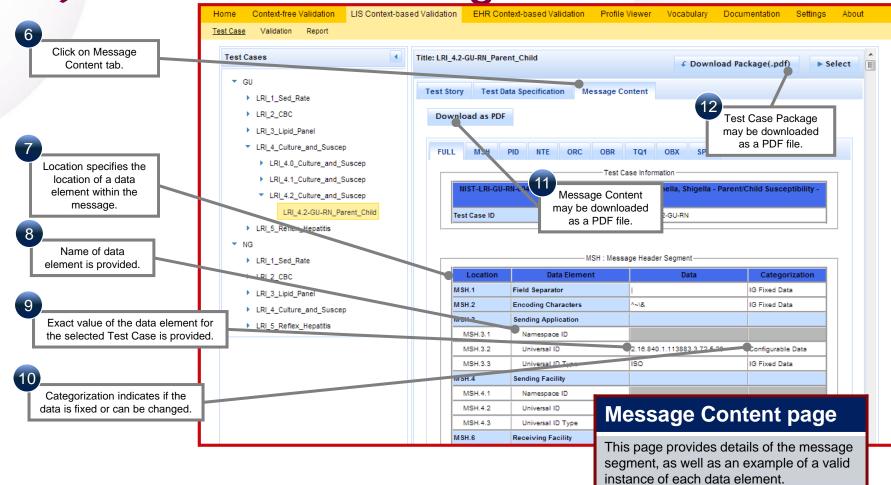
MSH.9.2	Event Type	R01	IG Fixed Data
MSH.9.3	Message Structure	ORU_R01	IG Fixed Data
MSH.10	Message Control ID	NIST-LRI-TC-GU-XXX.XX	System Generated
MSH.11	Processing ID		
MSH.11.1	Processing ID	T	Changeable Data
MSH.12	VersionID		
MSH.12.1	Version ID	2.5.1	IG Fixed Data
MSH.15	Accept Acknowledgment Type	AL	IG Fixed Data
MSH.16	Application Acknowledgment Type	NE	IG Fixed Data
MSH.21[1]	Message Profile Identifier		
MSH.21[1].1	Entity Identifier	LRI_Common_Component	IG Fixed Data
MSH.21[1].2	Namespace ID		
MSH.21[1].3	Universal ID	2.16.840.1.113883.9.16	IG Fixed Data
MSH.21[1].4	Universal ID Type	ISO	IG Fixed Data
MSH.21[2]	Message Profile Identifier		
MSH.21[2].1	Entity Identifier	LRI_GU_Component	IG Fixed Data
MSH.21[2].2	Namespace ID		
MSH.21[2].3	Universal ID	2.16.840.1.113883.9.12	IG Fixed Data
MSH.21[2].4	Universal ID Type	ISO	IG Fixed Data
MSH.21[3]	Message Profile Identifier		
MSH.21[3].1	Entity Identifier	LRI_RU_Component	IG Fixed Data
MSH.21[3].2	Namespace ID		
MSH.21[3].3	Universal ID	2.16.840.1.113883.9.14	IG Fixed Data
MSH.21[3].4	Universal ID Type	ISO	IG Fixed Data

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2a) Review the Message Content

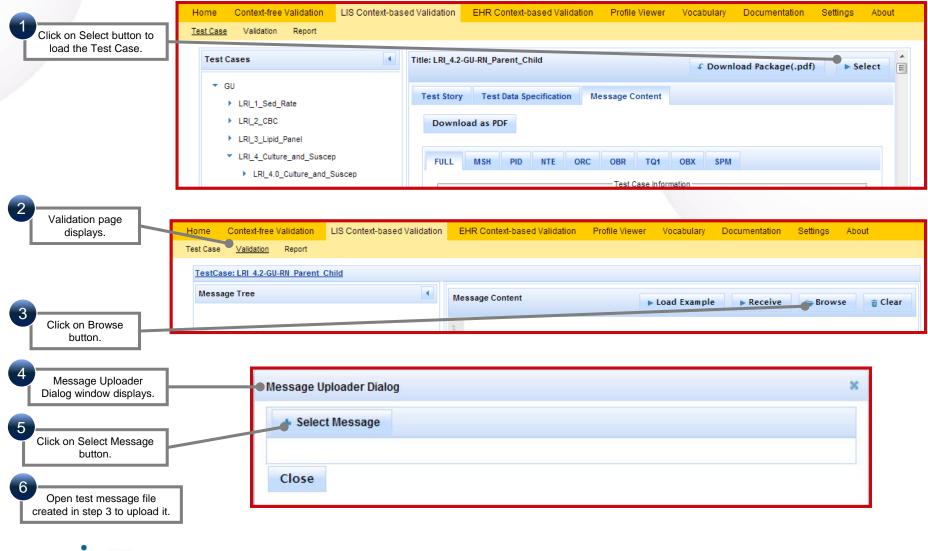


3) Create test message

Using the EHR technology, create the LRI test message with the test data provided for the selected Test Case (step 2).

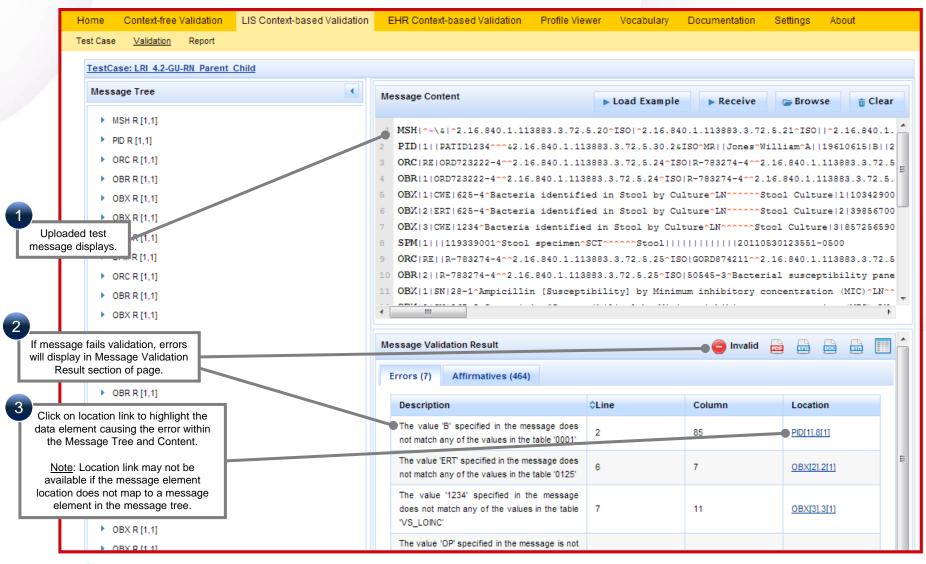


4) Load Test Case and import test message



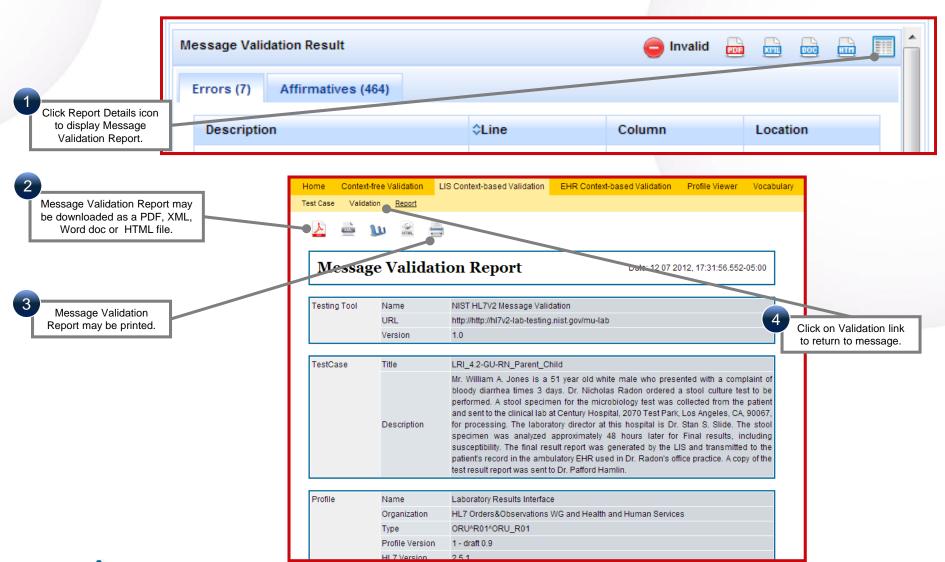


5) Validate message and review report





6) Save and Print Report









FEBRUARY 23-27, 2014 ORLANDO, FLORIDA

Test Tool Overview Case Study: Lab Results Interface

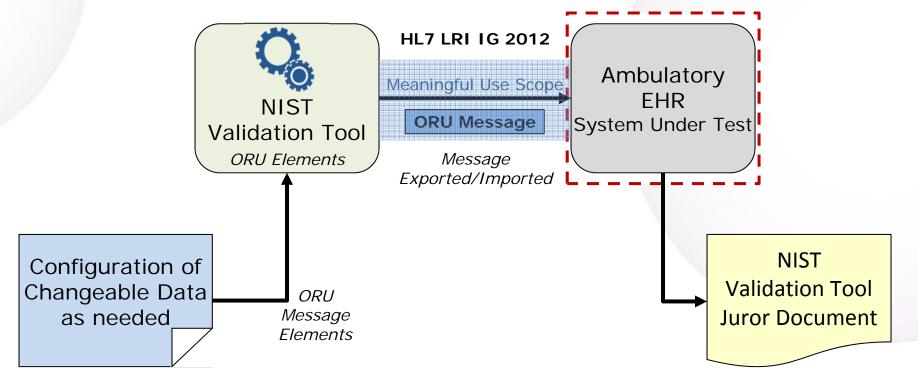
Testing Incorporation of Message by the Receiver



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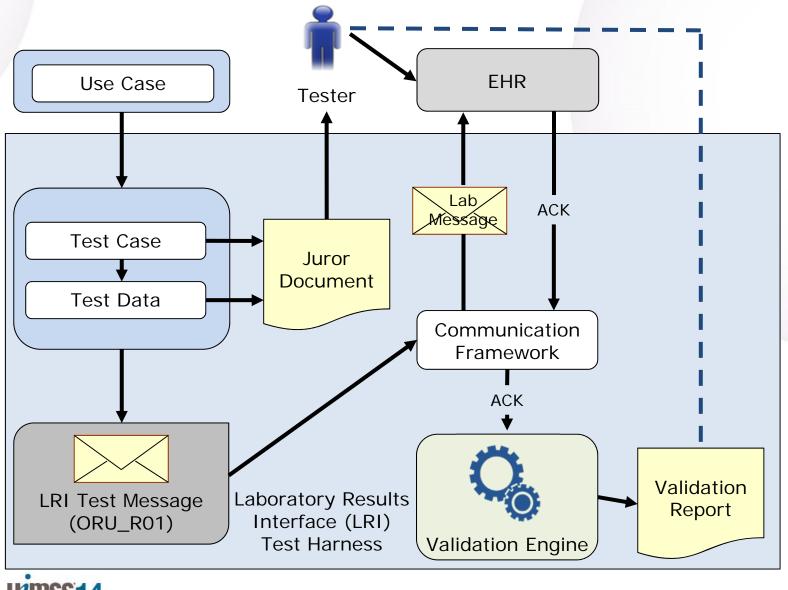
Lab Incorporation Test Process and Scope



- The ambulatory EHR is the system being tested. The EHR system is required to receive and incorporate messages that conform to the referenced standards.
- The ambulatory EHR is expected to process the test data received in a message. This message is
 exported from the NIST Test Tool and imported into the EHR for validation by the Tester/Inspector
 using the Test Case-specific Juror Document.
- Test data are available through the Test Tool via the Test Cases. Each Test Case includes a Test Story
 that provides the context, a Test Data Specification that lists the data that are typically available in the
 clinical setting, a Message Content Data Sheet that shows a conformant message (in a table format),
 a Test Message, and a Juror Document.



LRI Lab Incorporation Test Process



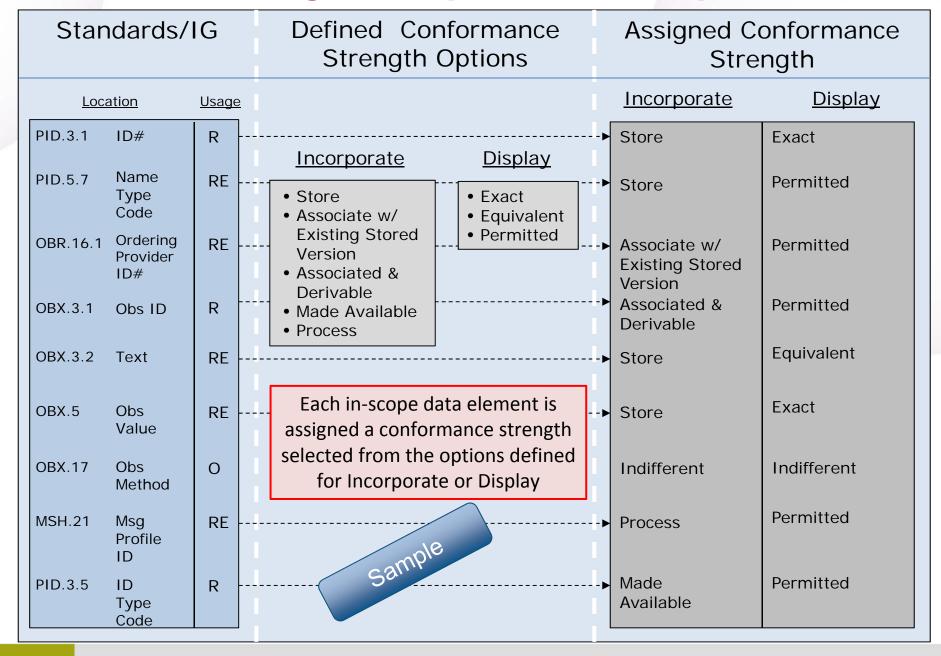


Test Case Summary (Incorporation)

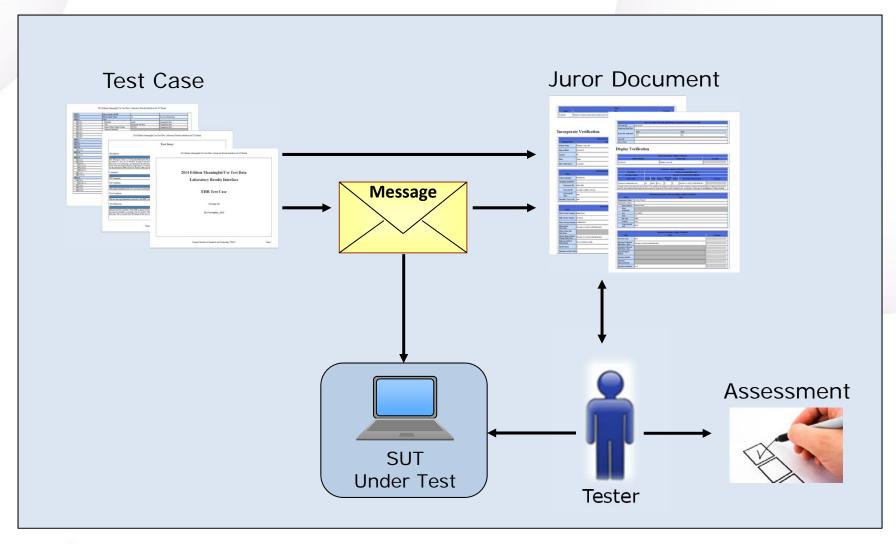
- A Test Case contains of
 - Narrative Test Story
 - Provides the context for the test case (real-world scenario)
 - Test Data Specification
 - Provides the data associated with the Test Story
 - Consists of typically available information in the clinical setting
 - Test Story and Test Data Specification together
 - Provide sufficient information for generating the test message to be imported (e.g., sent) to the EHR technology being tested
 - Juror Document
 - Provides a Test Case-specific checklist the Tester uses to assess and record that the test message is correctly incorporated into the EHR
 - Utilizes a process where an inspector ascertains if the lab results sent in the test message are incorporated appropriately in the EHR technology
 - Guides the inspector through the assessment process a visual inspection where verification may include viewing the EHR display or an extended (e.g., data base view) inspection



Determining Incorporation Requirements

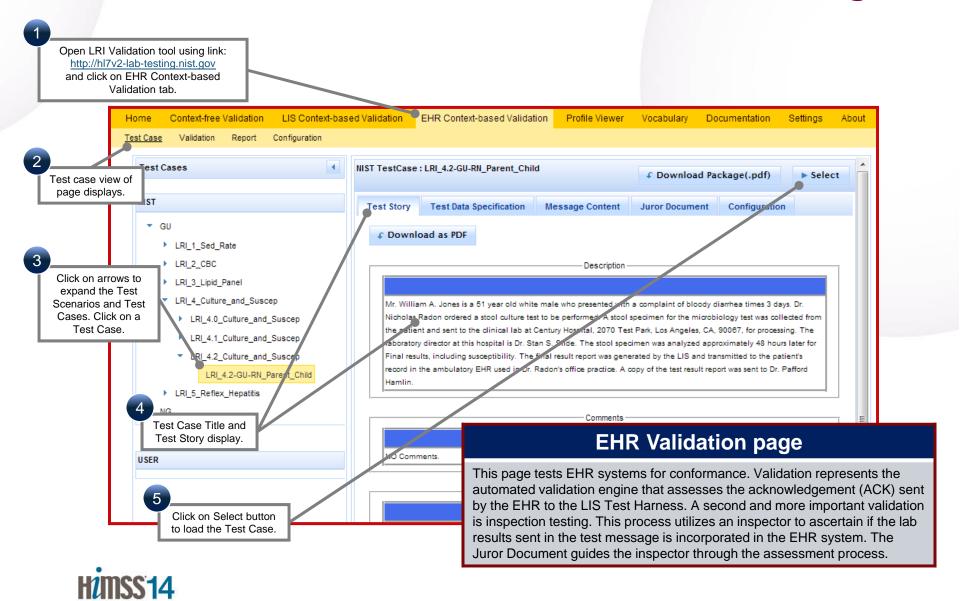


Assessing Incorporation Requirements

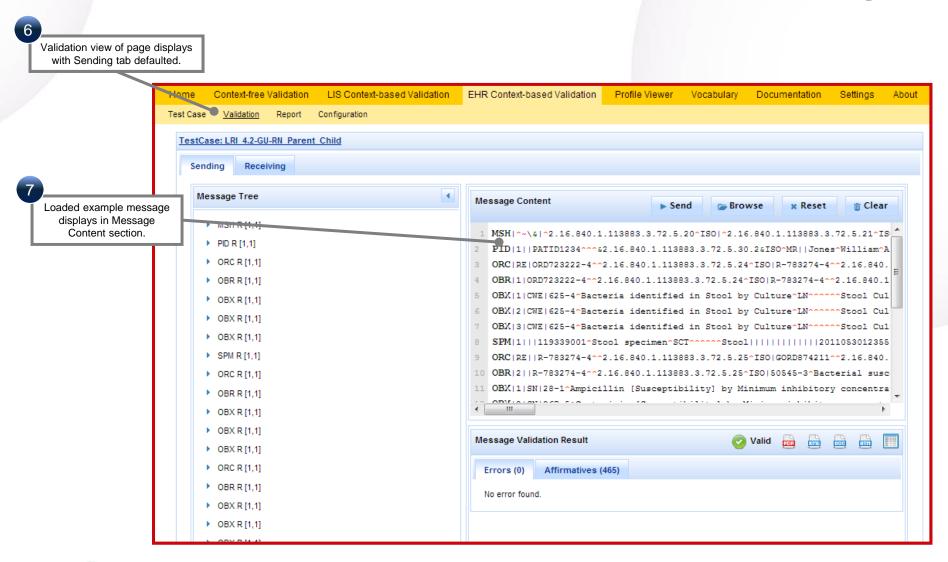




1) Select Test Case and load LRI test message

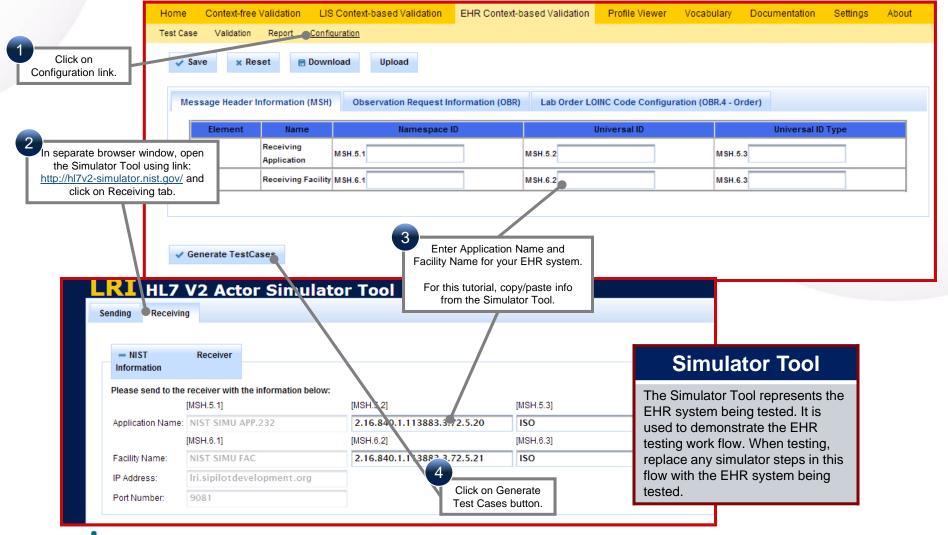


1a) Select Test Case and load LRI test message



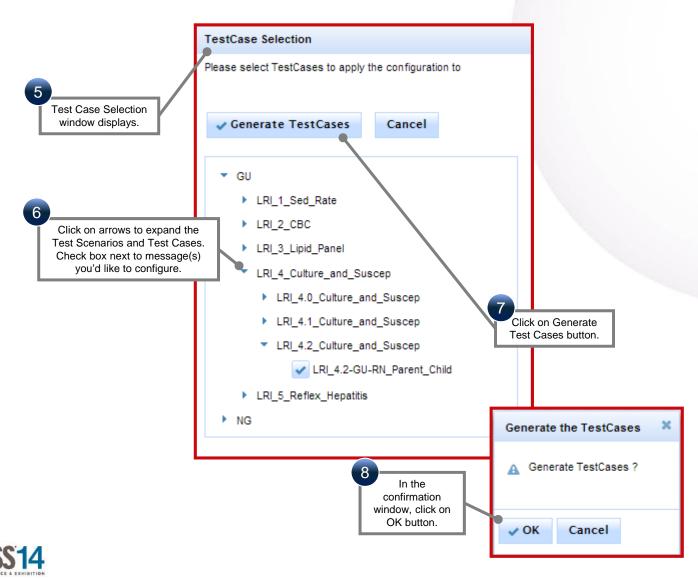


2) Configure Test Cases with Receiver Information

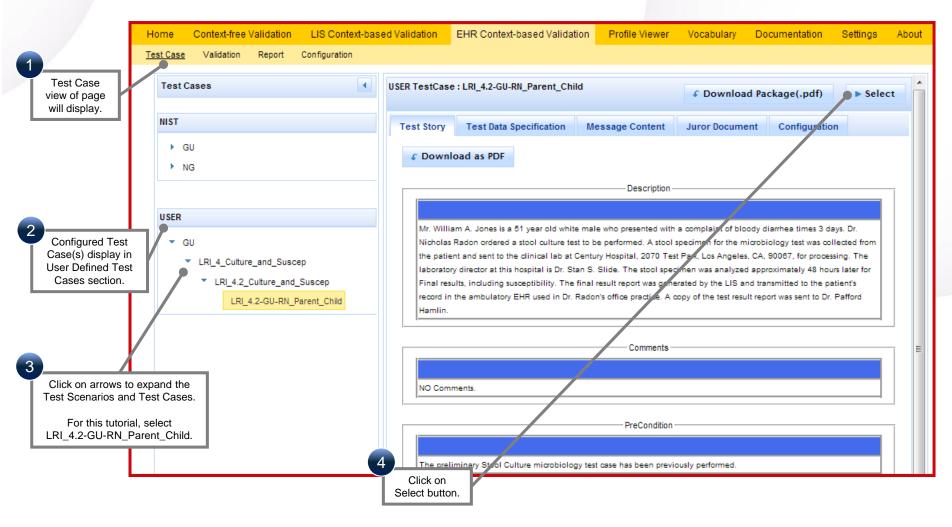




2) Configure Test Cases with Receiver Info, continued

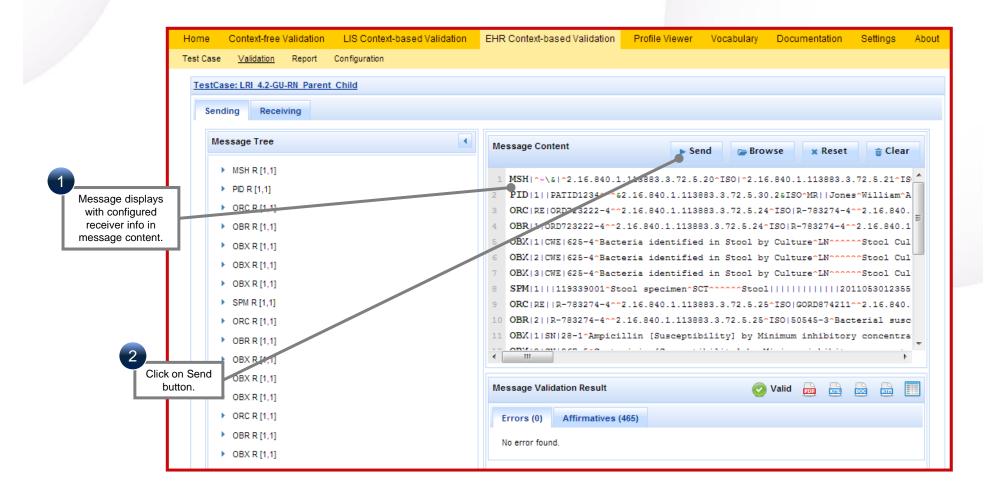


3) Load LRI Test Message



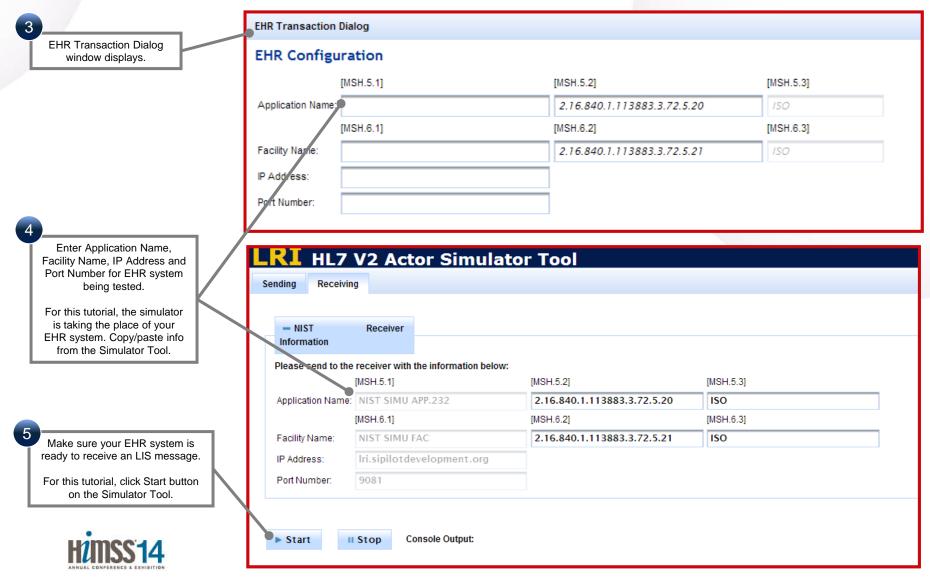


4) Send LRI Test Message to your EHR system

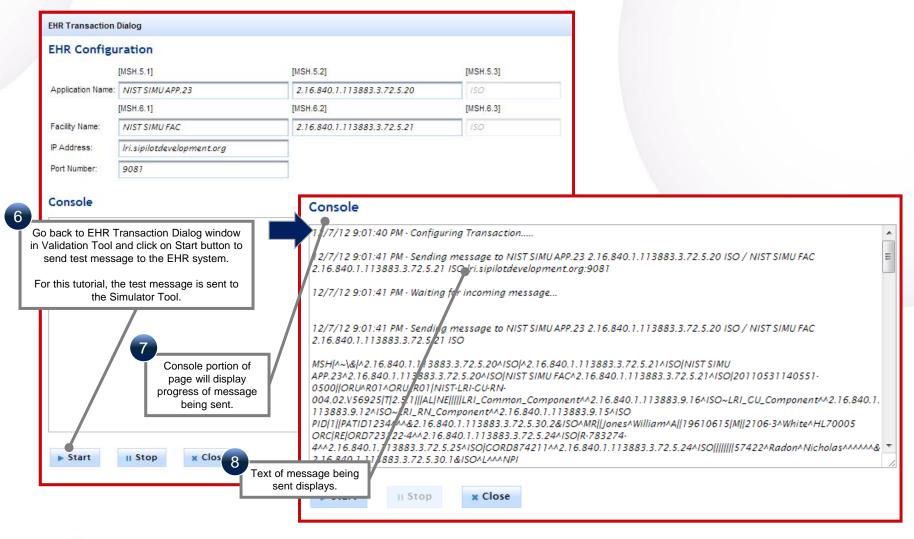




4) Send LRI Test Message to your EHR system, continued

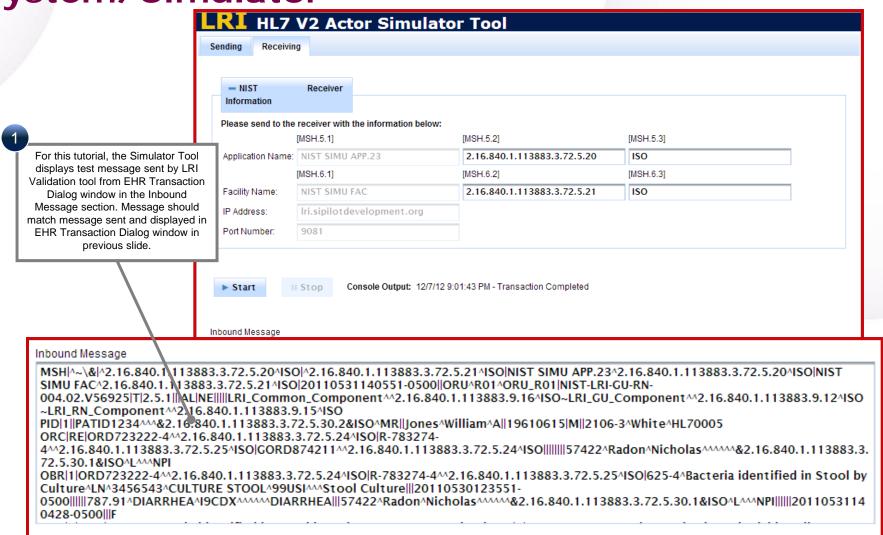


4a) Send LRI Test Message to your EHR system





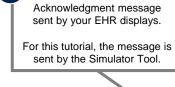
5) Verify message was received by EHR System/Simulator





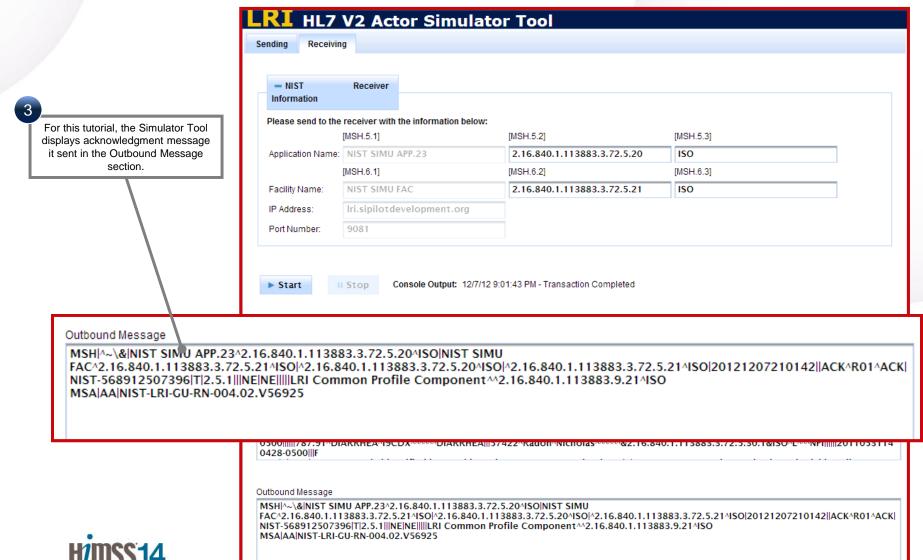
5) Verify message was received by HER System/Simulator, continued

EHR Transaction Dialog EHR Configuration [MSH.5.1] [MSH.5.2] [MSH.5.3] Application Name: NIST SIMU APP.23 2.16.840.1.113883.3.72.5.20 [MSH.6.1] [MSH.6.2] [MSH.6.3] Facility Name: NIST SIMU FAC 2.16.840.1.113883.3.72.5.21 IP Address: lri.sipilotdevelopment.org Port Number: Console OBX[3|SN]185-9^Ciprofloxacin [Susceptibility] by Minimum inhibitory concentration (MIC)^LN^^^^^CIPROFLOXACIN|1|^0.05|ug/mL^^UCUM||S|||F|||20110530123551-0500|||||20110601130655-0500||||Century Hospital^^^^&2.16.840.1.113883.3.72.5.30.1&ISO^XX^^^987|2070 Test Park^^Los Mngeles^CA^90067^^B|9876543^S|ide^Stan^S^^^^&2.16.840.1.113883,3.72.5.30.1&ISO^L^^^NPI 12/7/12 9:01:41 PM - Message sent 12/7/12 9:01:41 PM - Waiting elapsed time(seconds): 5 - time left: 55 more. 12/7/12 9:01:42 PM-Incoming message from : NIST SIMU APP.23 2.16.840.1.113883.3.72.5.20 ISO / NIST SIMU FAC 2.16.840.1.113883.3.72.5.21 ISO MSH|^~\&|NIST SIMU APP.23^2.16.840.1.113883.3.72.5.20^ISO|NIST SIMU FAC^2.16.840.1.113883.3.72.5.21^ISO|^2.16.840.1.113883.3.72.5.20^ISO|^2.16.840.1.113883.3.72.5.21^ISO|2012120721 0142||ACK^R01^ACK|NIST-568912507396|T|2.5.1|||NE|NE|||||LRI Common Profile Component^^2.16.840.1.113883.9.21^ISO MSA|AA|NIST-LRI-CU-RN-004.02.V56925 12/7/12 9:01:42 PM - Transaction stopped ▶ Start II Stop x Close

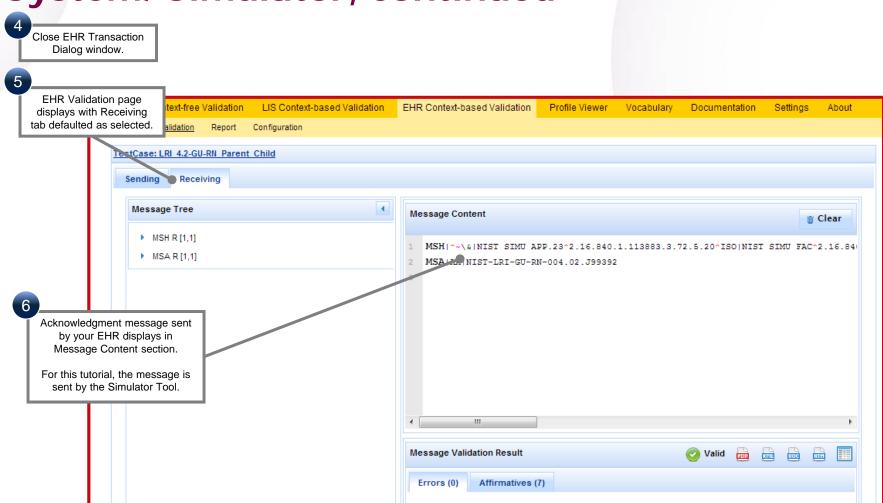




5) Verify message was received by HER System/Simulator, continued



5) Verify message was received by HER System/Simulator, continued



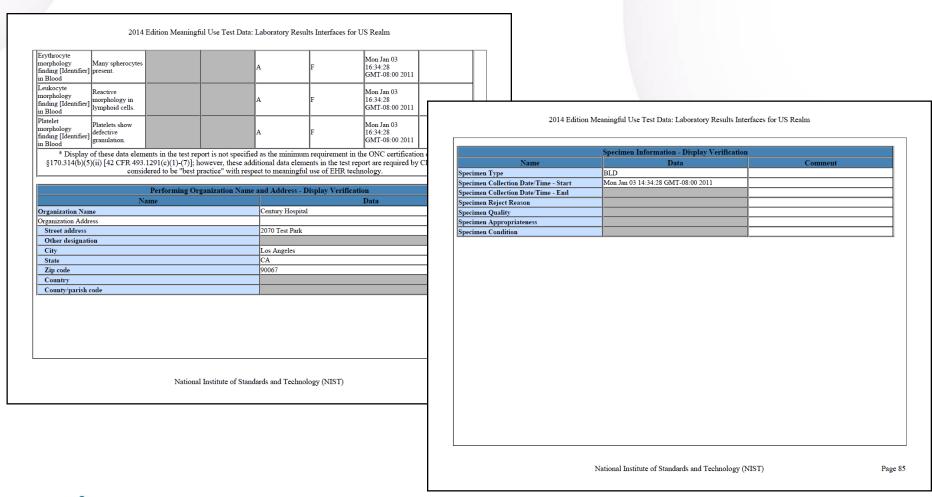


The Test Data documents provide the actual test data – EHR, continued

			Juror	Document									
	HL	7 v2.5.1 ORU^R	01^ORU_R01 M	essa ge: Transmi ssi	on of Laborato	ry Results							
Test Case ID				LRI_2.0-GU									
Inspection Date/Time Inspection Settlement Pass Fat						2	014 Edition Meani	ngful Use Test Data:	Laboratory	Results Interface	es for US Realm		
Inspection Settler Juror ID	nent				1 433	ra							
Juror ID Juror Name						Hematocrit [Volume Fraction]	46	%	45 to 65	N	F	Mon Jan 03 16:34:28	
							of Blood			12.000			GMT-08:00 2011
Display Verification					Leukocytes [#/volume] in Blood	105600	{cells}/uL	4300 to 10800	нн	F	Mon Jan 03 16:34:28 GMT-08:00 2011		
Patient Information - Display Verification Patient Identifier Patient Name Comment					Platelets [#/volume] in Blood	210000	{cells}/uL	150000 to 350000	N	F	Mon Jan 03 16:34:28 GMT-08:00 2011		
PATID1234			lliam A Jones				volume Entitic	91	fL	80 to 95	N	F	Mon Jan 03 16:34:28 GMT-08:00 2011
Test Name:				oisplay Verification			volume] Erythrocyte mean						
Test Report Date:	CBC W Auto Differential panel in Blood Tue Jan 04 17:00:28 GMT-08:00 2011			l learning miles	29	pg/{cell}	27 to 31	N	F	Mon Jan 03 16:34:28 GMT-08:00 2011			
Observation	Result	UOM	Range *	Abnormal Flag	Status *	Date/Time of Observation *	Erythrocyte mean			_			
Erythrocytes [#/volume] in Blood	4.41	10*6/uL	4.3 to 6.2	N	F	Mon Jan 03 16:34:28 GMT-08:00 2011	corpuscular hemoglobin concentration [Mass/volume]	32.4	g/dL	32 to 36	N	F	Mon Jan 03 16:34:28 GMT-08:00 2011
Hemoglobin [Mass/volume] in Blood	12.5	g/mL	13 to 18	L	F	Mon Jan 03 16:34:28 GMT-08:00 2011	Erythrocyte distribution width [Ratio]	10.5	%	10.2 to 14.5	N	F	Mon Jan 03 16:34:28 GMT-08:00 2011
							Blood	0.1	10*3/uL	0 to 0.3	N	F	Mon Jan 03 16:34:28 GMT-08:00 2011
		Nation	al Institute of Star	ndards and Technol	ogy (NIST)		Blood	0.1	%	0 to 2	N	F	Mon Jan 03 16:34:28 GMT-08:00 2011
							Monocytes [#/volume] in Blood	3	10*3/uL	0.0 to 13.0	N	F	Mon Jan 03 16:34:28 GMT-08:00 2011
							Monocytes/100 leukocytes in Blood	3	%	0 to 10	N	F	Mon Jan 03 16:34:28 GMT-08:00 2011

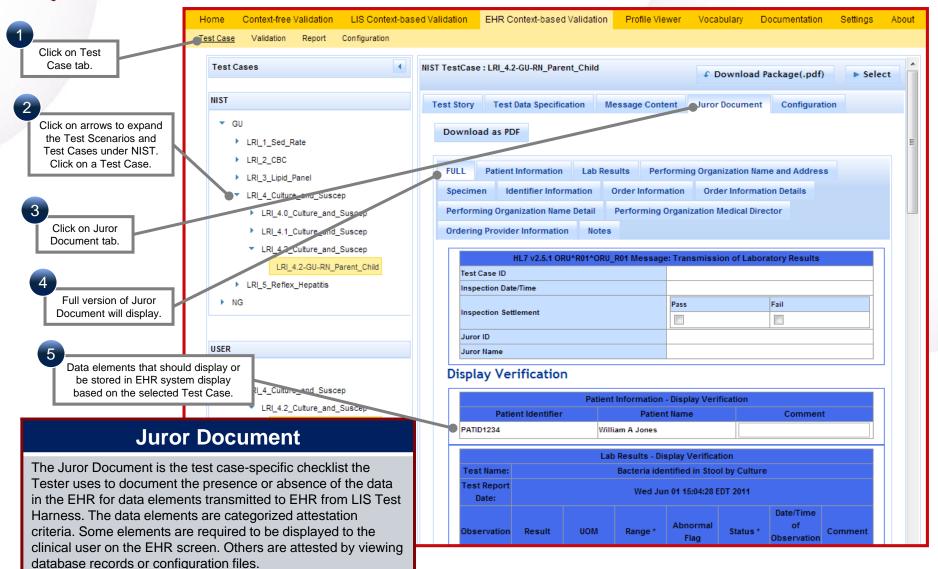


The Test Data documents provide the actual test data – EHR, continued





6) Review Juror Document for Test Case





LRI EHR Conformance Test Tool – Juror Document (CBC)

			Lab Res	ults - Displa	y Verifica	ntion				
Test Name:	CBC W Auto Differential panel in Blood									
Test Report Date:	Tue Jan 04 20:00:28 EST 2011									
Observation	Result	UOM	Range *	Abnormal Flag	Status *	Date/Time of Observation *	Comment			
Erythrocytes [#/volume] in Blood	4.41	10*6/uL	4.3 to 6.2	N	F	Mon Jan 03 19:34:28 EST 2011				
Hemoglobin [Mass/volume] in Blood	12.5	g/mL	13 to 18	L	F	Mon Jan 03 19:34:28 EST 2011				
Hematocrit [Volume Fraction] of Blood	46	%	45 to 65	N	F	Mon Jan 03 19:34:28 EST 2011				
Leukocytes [#/volume] in Blood	105600	{cells}/uL	4300 to 10800	нн	F	Mon Jan 03 19:34:28 EST 2011				
Platelets [#/volume] in Blood	210000	{cells}/uL	150000 to 350000	N	F	Mon Jan 03 19:34:28 EST 2011				
Erythrocyte mean corpuscular volume [Entitic volume]	91	fL	80 to 95	N	F	Mon Jan 03 19:34:28 EST 2011				
Erythrocyte mean corpuscular hemoglobin [Entitic mass]	29	pg/{cell}	27 to 31	N	F	Mon Jan 03 19:34:28 EST 2011				
Erythrocyte mean corpuscular hemoglobin concentration [Mass/volume]	32.4	g/dL	32 to 36	N	F	Mon Jan 03 19:34:28 EST 2011				
Erythrocyte distribution width [Ratio]	10.5	%	10.2 to 14.5	N	F	Mon Jan 03 19:34:28 EST 2011				
Basophils [#/volume] in Blood	0.1	10*3/uL	0 to 0.3	N	F	Mon Jan 03 19:34:28 EST 2011				
Basophils/100 leukocytes in Blood	0.1	%	0 to 2	N	F	Mon Jan 03 19:34:28 EST 2011				
Monocytes [#/volume] in Blood	3	10*3/uL	0.0 to 13.0	N	F	Mon Jan 03 19:34:28 EST 2011				
Monocytes/100 leukocytes in Blood	3	%	0 to 10	N	F	Mon Jan 03 19:34:28 EST 2011				
Eosinophils [#/volume] in Blood	0.25	10*3/uL	0.0 to 0.45	N	F	Mon Jan 03 19:34:28 EST 2011				



Summary

- Standards are necessary for Interoperability
- Conformance Testing is Essential
 - Seeks to verify that systems are implemented correctly
 - Testing improves standards via feedback loop
 - Test case and examples help in the interpretation of the standard and reinforces concepts in the standard
- Certified systems is the foundation for achieving interoperable in practice
- Realistic and Relevant Test Cases are helpful to end users
- NIST has developed a Methodology and Framework for Testing
 - Reusable framework
 - Modular
 - Allows for quicker development of test tools



NIST Meaningful Use Tools Overview

MU-2 Conformance Tools							
Name	URL						
MU-2014 HL7v2 Immunization Messaging Validation Tool	http://hl7v2-iz-testing.nist.gov/mu-immunization/						
MU-2014 HL7v2 Syndromic Surveillance Reporting Validation Tool	http://hl7v2-ss-testing.nist.gov/mu-syndromic/						
MU-2014 HL7v2 Electronic Laboratory Reporting (ELR) Validation Tool	http://hl7v2-elr-testing.nist.gov/mu-elr/						
MU-2014 HL7v2 Laboratory Results Interface (LRI) Validation Tool	http://hl7v2-lab-testing.nist.gov/mu-lab/						
MU-2014 Cancer Registry Report Validation	http://hit-testing.nist.gov/cda-validation/muCr.html						
MU-2014 ePrescribing NCPDP SCRIPT 10.6 Validation Tool	http://erx-testing.nist.gov/						
MU-2014 Transport Test Tool (TTT) (includes C-CDA, Direct, and SOAP)	http://transport-testing.nist.gov/ttt/						
NIST EHR-Randomizer Application	https://ehr-randomizer.nist.gov:14081/ehr- randomizer-app/#/home						
Anticipated Additional MU-3 Conformance Tools							
NIST HL7v2 Laboratory Orders Interface (LOI) Validation Tool	In Development						
NIST HL7v2 Electronic Delivery of Services (eDOS) Validation Tool	In Development						
NIST HL7v2 Immunization Messaging (EHR & IIS) Validation Tool	In Development						
NIST HL7v2 Medical Devices (PCD) Validation Tool	In Development						



Questions/Discussion?

Thank you for your attention and attendance of this session!

- Speakers:
 - Robert Snelick, <u>robert.snelick@nist.gov</u>
 - John J. Garguilo, john.garguilo@nist.gov



