

IMPLEMENTATION OF LOGICAL OBSERVATION IDENTIFIERS NAMES AND CODES (LOINC[®]) FOR LABORATORY DATA

NOTE: LOINC[®] is a registered trademark symbol.

1. PURPOSE: This Veterans Health Administration (VHA) Directive defines policies on the need for consistent laboratory test names across the national system within the Veterans Health Information Systems Technology Architecture (Vista) software.

2. BACKGROUND

a. Improving health data is also a high priority that is consistent with VHA's goal of improving the quality and accessibility of medical information for clinicians and veterans. In order to provide optimal clinical care, accurate, comprehensive, accessible, and timely data is necessary. Improvements in the provision and outcomes of VHA health care can only be measured by consistent and valid information.

b. LOINC[®] is a data system that provides a standard set of universal names and codes for identifying individual laboratory results. Developed as a collaborative effort including VHA's Office of Information (OI) staff, LOINC[®] codes were first released in April 1996 and have since been formally endorsed by the American Clinical Laboratory Association, the association of large referral laboratories whose membership is responsible for over 60 percent of outpatient laboratory testing in the United States. Numerous private commercial laboratories, health plans and health care provider systems have since adopted this system. LOINC[®] codes have been incorporated into the National Library of Medicine's Unified Medical Language System and are the basis of the Health Care Financing Administration's (HCFA) proposed International Classification of Diseases, 10th edition (ICD-10), laboratory codes. The codes have been incorporated into HCFA's quality assurance testing pilot programs and adopted by the Centers for Disease Control and Prevention to test reporting of communicable disease information electronically. VHA is represented on the committee responsible for introducing new codes.

c. The primary benefit to the Department of Veterans's Affairs (VA) health care is having a system that integrates data across inpatient and outpatient settings and across facilities, allowing easy and timely retrieval of clinically useful information needed to provide efficient, high quality individual patient care. LOINC[®] allows the aggregation of clinical laboratory data within Veterans Integrated Service Networks (VISNs), and nationally, efforts that are currently encumbered by the high rates of variation in local laboratory test naming. Such mapping provides a way to support multiple, normal ranges based on test, method, specimen, sex, and patient age.

d. Hepatitis C infection, an important public health and medical problem for many veterans, is a high priority for VHA. The Under Secretary for Health has requested the creation of an electronic database to monitor the clinical outcomes of patients in the VA system with Hepatitis C infection and information needed for the oversight and management of the national hepatitis C program. A prerequisite for the implementation of such a registry is the availability of standardized laboratory test result data across VHA.

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e. Patch LR*5.2*215, to Version 5.2 of the Laboratory software application, was released in April 1999. This patch provides a mapping process for linking VA National Laboratory Test (NLT) codes to LOINC®.

3. POLICY: It is VHA policy that VISN and facility Directors must provide a national system for laboratory test names by ensuring the installation, set-up, and maintenance of each facility's laboratory software mapping to LOINC®.

4. ACTION

a. By June 30, 2001, each facility must install Patch LR*5.2*215 to laboratory software version 5.2.

b. By July 16, 2001, each VISN Director must have designated one lead person, to be known as the VISN LOINC® Coordinator, who will be responsible for ensuring that, at each VistA site, the appropriate mapping of NLT to LOINC® codes will be performed. In addition, the VISN LOINC® Coordinator will serve as a VistA corporate liaison between the VISN and VHA Information Technology team responsible for providing training on the use of the mapping tool.

NOTE: The VISN LOINC® Coordinators will work to ensure complete implementation of LOINC® coding within their respective VISNs.

(1) The LOINC® Coordinator needs to have a broad-based knowledge of clinical laboratory medicine, an overall understanding of the VistA Laboratory Service software package, experience using general VistA applications (i.e., FileMan, MailMan), and be able to grasp the analytical concepts to properly encode test results in all areas of laboratory (i.e., serology, chemistry, microbiology, blood bank, and immunology).

(2) VISN LOINC® Coordinators will receive training on the lab linking process and orientation to their roles as LOINC® Coordinators through a series of teleconferences for that purpose. Training will be coordinated through the OI National Training and Education Office. Specific information on the LOINC® training is available at: <http://vaww.vistau.med.va.gov/vistau/loinc/loinc.htm>. Training and support through teleconferences and audio question and answer sessions will be made available to the VistA site clinical laboratory VistA liaison (Laboratory Information Manager (LIM) or Automated Data Processing Application Coordinator (ADPAC)). *NOTE: It is requested that facilities do not initiate the mapping process until they have been appropriately trained.*

c. By July 16, 2001, each VISN Director must forward the name and contact information for each VISN LOINC® Coordinator to the National Pathology Enforcement Officer (115), Veterans Health Administration, 810 Vermont Avenue, NW, Washington, DC 20420, or fax to (202) 273-7561.

d. By September 30, 2001, each VISN LOINC® Coordinator must ensure the linking of Hepatitis C-related laboratory tests at each facility and report completion to the VISN Director. *NOTE: The actual mapping will be performed by the LIM or ADPAC at all facilities.*

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e. By December 31, 2001, VISN LOINC® Coordinators must have completed the full mapping of LOINC® codes within all facility clinical laboratories and report completion of the task to the VISN Director as well as the Pathology Regional Commissioners. Complete mapping for all laboratory test names is required.

5. REFERENCES

a. VHA Executive Decision memorandum approved by the Under Secretary for Health on September 20, 2000.

b. Logical Observation Identifier Names and Codes (LOINC®) User's Guide, January 5, 2001, c/o Regenstrief Institute, Indianapolis, IN. The LOINC® is copyrighted (1995-2001) by Regenstrief Institute and the LOINC® Committee. The Department of Veterans Affairs abides by all copyright restrictions. For further information go to <http://www.regenstrief.org/loinc/>.

c. National Laboratory Test (NLT) Mapping to Logical Observation Identifier Names and Codes (LOINC®) Patch LR*5.2*215, Technical, Installation and User Guides, Version 5.2, April 1999, Department of Veterans Affairs, Software Service, Clinical Ancillary Product Line. Further information is at http://vista.med.va.gov/softserv/clin_nar.row/lab/loinc/loinchm.htm

6. FOLLOW-UP RESPONSIBILITY: The Chief Consultant for Public Health, Strategic Healthcare Group (SHG), and Chief Consultant, Diagnostic Services SHG, are responsible for the contents of this Directive. Technical support for the preceding actions will be provided by the OI Software Design and Development Group. Content support will be provided by the Chief Consultant, Diagnostic Services SHG.

7. RECISSIONS: None. This VHA Directive expires June 30, 2006.

S/ Timothy N. Buckley for
Thomas L. Garthwaite, M.D.
Under Secretary for Health

DISTRIBUTION: CO: E-mailed 6/27/2001
FLD: VISN, MA, DO, OC, OCRO, and 200 – E-mailed 6/27/2001