



## California Clinical Data Project – CALINX



### Project Overview

The California Clinical Data Project, also known as CALINX, is a collaborative of industry stakeholders to develop and implement laboratory and pharmacy data standards throughout California to facilitate data integration into clinical information systems. The Clinical Data Project will improve chronic care by promoting access to and integration of clinical data at the point of care. The project was initiated by the California HealthCare Foundation (CHCF) and is being managed by the Integrated Healthcare Association (IHA).

### Background

Most health care providers find it difficult to obtain timely and accurate clinical information about patients who receive health care services from a variety of sources, such as hospitals, emergency rooms, pharmacies, and laboratories. While information technology can be used as a tool to help providers and patients navigate the fragmented health care delivery system, most systems used by these entities do not share a common language and are unable to easily and efficiently exchange clinical information. As a result, clinicians often find themselves without all the information needed to make the best treatment decisions for patients, especially those with chronic conditions.

In the spring of 2004, members of the California health care community responded to this urgent problem by establishing the California Clinical Data Project, which is being approached in two phases: Setting Standards and Implementing Standards. When applied across health care entities, such standards and rules increase the interoperability of health information technology systems, boost efficiency by avoiding duplication of data entry (and error), and provide clinicians with greater access to timely information at the point of care.

### Project Objectives

#### Phase I: Setting Standards

The goal of Phase I was to create a uniform set of clinical data exchange standards to help improve provider access to accurate and timely information. Specifically, this phase focused on the managed care market with aims to:

- Ensure that pharmacy utilization data are consistently transferred in a standardized format from health plans and pharmacy benefit management companies to provider organizations.
- Ensure that laboratory data are consistently transferred in a standardized format from rendering labs and hospitals to provider organizations and health plans.
- Ensure that rules of data exchange (including frequency of data transfers) are created, endorsed, and adhered to by all stakeholders.
- Promote the use of robust patient data-matching tools to assist in clinical data integration processes.
- Provide pharmacy and lab data-validation software tools and technical support to provider organizations.

Phase I was overseen by an executive committee of provider organizations, health plans, hospitals, commercial laboratories, community clinics, purchasers, and state government. CHCF played a key role in convening the group and provided coordination and technical support for the collaborative work. Two workgroups have developed pharmacy utilization and laboratory results data standards and rules of exchange. These workgroups are made up of technical experts from executive committee member organizations.

The goal and supporting objectives have been achieved, and the project has moved to its second phase.

### Phase II: Implementing Standards

The goal of Phase II is to ensure that the standards are successfully implemented and used by the organizations that have endorsed the standards. Specifically, this implementation phase will focus on ensuring the following aims are met:

- Support and approve changes to the standards and rules
- Monitor the flow of pharmacy and lab data using the standards
- Develop and support steps to encourage compliance and address non-compliance

Phase II is guided by the CALINX Standards Oversight Committee. IHA convenes the committee and promotes and monitors the use of the standards by endorsing organizations.

### **Implementation Status**

The pharmacy and lab standards have been endorsed by numerous provider organizations, labs, hospitals, and commercial and Medi-Cal health plans. Organizations interested in receiving lab or pharmacy data from them should inquire directly with the endorsing organization. The CALINX pharmacy and/or lab standards have been implemented by many organizations.

### **Executive Committee (Phase I: Setting Standards)**

The following list of member organizations participated on the Executive Committee to provide guidance and oversight to Phase I of the project:

- AETNA
- Alameda Health Consortium
- Blue Cross of California
- Blue Shield of California
- Brown & Toland Medical Group
- Buena Ventura Medical Group
- California Department of Health Services
- California HealthCare Foundation
- Catholic Healthcare West
- CIGNA HealthCare of California
- Greater Newport Physicians
- Health Net
- HealthCare Partners Medical Group
- Hill Physicians Medical Group
- Kaiser Permanente-Southern California
- Laboratory Corporation of America
- Los Angeles County Department of Health Services
- Pacific Business Group on Health
- PacifiCare Health Systems
- Sutter Health
- Unilab Corporate Headquarters

## **CALINX Standards Oversight Committee (Phase II: Implementing Standards)**

The following list member organizations participated in the CALINX Standards Oversight Committee to provide guidance to Phase II of the project:

- Aetna
- Blue Cross of California
- Blue Shield of California
- Brown and Toland Medical Group
- Health Net
- Healthcare Partners
- Intelligent Healthcare
- Kaiser Permanente
- Pacific Business Group on Health
- Quest Diagnostics
- Sharp HealthCare
- Sujansky and Associates