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| VA Logo | *Innovation 873 Telepathology SME*  *Meeting Minutes* |

***Date****:* 10 April 2015

***LYNC****:* 855-767-1051

***Meeting Lead:*** John Kane

***Time***: 1:00 PM – 2:00 PM EST

***Conference ID:*** 92159751

***Facilitator:*** John Kane/Chris Naquin

***Scribe****:* John Kane/Chris Naquin

**Invitees:**

|  |  |  |  |
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| **First Name** | | **Last Name** | **Title** |
| x | John | **Kane** | **Project Manager** |
| x | Chris | **Naquin** | **Project Coordinator** |
| x | Stuart | **Frank** | **Senior Developer** |
| x | Angela | **Barnes** | **Project Manager/ COR** |
|  | Larry | **Carlson** | **Innovator** |
|  | Stephen | **Chensue** | **Pathologist, SME** |
|  | Peter | **Bayer** | **Account Executive** |
| X | Nora | **Ratcliffe** | **Pathologist, SME** |
|  | Michael | **Icardi** | **Pathologist, SME** |
| X | Mark | **Gusack** | **Pathologist, SME** |
|  | Hon | **Pak** | **MD, FirstView Medical Information Officer** |
| x | Dee | **Csipo** | **Senior Engineer** |
| x | Csaba | **Titton** | **Senior Engineer** |
| x | Nihant | **Bondugula** | **Security Engineer** |
| x | Kalpana | **Reddy** | **Test Engineer** |
| x | Wesley | **Shyu** | **Technical Writer/Developer** |

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|  | **Presenter: Frank, Stuart** |
| **Topic: Meeting Overview** | **Presenter: Frank, Stuart** |
| **Discussion:**  Stuart Frank led the development portion of the meeting and stated he planned to discuss reporting workflow today. His goal was to demonstrate how the Telepathology application is implemented today and determine if that is acceptable or requires changes. He updated the project status to include the fact that Aperio has been contacted and is now working closely with the Telepathology development team. Stuart presented the application that portrayed information from a simulated referral site (N. Indiana) and a simulated consult site (Ann Arbor). He edited the Main (preliminary) report of a simulated case on the referral site and displayed a simulated whole slide image. He then discussed the workflow process for consult request from the referral site, consult site Supplementary Report addition, completion on consult site, and finally, verifying and releasing the report on the referral site. He asked if this represented the workflow as the telepathologists understood it.  The SMEs discussed the need to create and verify a report. When a supplementary report is added, it “disappears” on CPRS until the supplementary report is verified, after which time it again becomes visible to the clinician. VistA (CPRS) will not allow viewing until a Supplementary report is verified. Dr. Gusack also added another issue: not being able to place a preliminary report on CPRS at the referral site.  Dr Chensue clarified that the 10 percent rule reflects a VA requirement that 10 percent of all VA cases be quality checked by a second pathologist after completion. Stuart showed the Read list of released item, if selecting some items could be flagged for second review. Dr. Chensue and Stuart discussed the need to keep the Telepathology slides at the patient location (referral site) and have the supplemental report also stored with that file to keep them together at one site. Stuart and Dr Gusack discussed how to take a referral report and insert it into the consultant site. Automatic alerts would then be generated to alert a consulting site to take certain actions within a certain timeframe. Dr. Ratcliffe stated this process was similar to that used in tele-psychology. Dr Chensue stated that the Aperio program has a process to address this. The software is quite complex however. Stuart stated we are now working with Aperio on integration issues with a goal of reducing the many manual steps. The double accessioning practice came up again, and after discussing at length there was a consensus if the developers would find a way to attach a Telepathology (consult) Accession assigned report to the original (referral) report. This step would have a huge implication on resolving Workload and CPT codes related issues between sites. Dr. Ratcliffe commented that case-by-case prioritization would be a plus too on this subject. Dr. Chensue added that Aperio’s eSlide Manager allows to categorize cases (QC, teaching, etc.) and flag them (for the referral site) as pending/completed.  Dr. Gusack cautioned that the key to success with this process is to keep this complex system with a simple user interface and enable ease of configuration. Dr Chensue discussed use of barcodes as an element of automating Telepathology referring to experience with the Cerner system. He stated that a barcode can generate a case to which you can attach Telepathology slides. It would pull data from VistA via the accession number. Stuart stated that the bar code and accession number is required for the Aperio system as well. The previous Telepathology Patch 138 effort had an interface with HL7 which Aperio used to register cases. Stuart stated the developers will refine and test HL7 communication with Aperio. Dee commented, that the Accessioning has to be on the Acquisition site and the merged accession number may be appended with the consulting site ID.  Dr. Chensue asked if the developers had considered image management such as how long to keep images, who is authorized to delete as well as other administrative privileging issues. Stuart stated he planned to use the Aperio process in these areas.  Dr. Ratcliffe stated she had provided the name of a Telepatholgy workflow specialist. Stuart stated he will find the name and contact the individual. | |
| **Topic: Project Status/Simulation** | **Presenter: Frank, Stuart** |
| **Status:**   * Successful meetings have finally been held with Aperio. We are making good progress with them now that they received authorization from VA to work with us. * Security issues are being addressed by the assigned ISO. We are still seeking previous ATO information from the efforts that completed with patch 138.   **Simulation:**   * Stuart provided live demonstration which showed data entry for work flow. The goal was to gain concurrence from the SMEs with the process**.** | |

**Status of Actions from March 27 meeting.**

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| **Action Item ID No.** | **Assigned Date** | **Description** | **Assigned To** | **Due Date / Revisit Date** | **Comments** |
| **1** | **3/27/15** | **Find a Workload SME to discuss Telepathology processes with Stuart.** | **Dr. Ratcliffe** | **N/A** | **Complete** |
| **2** | **3/27/15** | **Contact VA headquarters to help determine which hospitals use Telepathology capability currently (they could be ideal candidate as pilot sites).** | **Dr. Ratcliffe** | **N/A** | **N/A** |
| **3** | **3/27/15** | **Provide input to Angela to answer questions from March 26 email regarding list of COR questions.** | **Dr. Ratcliffe** | **N/A** | **Complete** |
| **4** | **3/27/15** | **Contact Leica/Aperio POC in order to enable discussion with VitelNet for Telepatholgy use of vendor products.** | **Angela/ Larry** | **N/A** | **Complete** |

**Additional Notes/Comments:**

* The next meeting will take place on April 24th. It will be a Sprint meeting as well as a SME discussion meeting.