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

***Date****:* 210 July 2015

***WebEx****:* 415 655-0001

***Meeting Lead:*** Stuart Frank

***Time***: 2:00 PM – 4:00 PM EST

***Conference ID:*** 198 199 393

***Facilitator:*** John Kane

***Scribe****:* John Kane

**Invitees:**

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| **First Name** | | **Last Name** | **Title** |
| x | Stuart | **Frank** | **Senior Developer** |
| x | Angela | **Barnes** | **Project Manager/ COR** |
| x | Larry | **Carlson** | **Innovator** |
|  | Stephen | **Chensue** | **Pathologist, SME** |
| x | Peter | **Bayer** | **Account Executive** |
| x | Nora | **Ratcliffe** | **Pathologist, SME** |
| x | 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 | John | **Kane** | **Project Manager FirstView** |
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|  | **Presenter: Frank, Stuart** |
| **Topic: Meeting Overview** | **Presenter: Frank, Stuart** |
| **Discussion:**  This was the second Telepathology User Acceptance Test (UAT). It follows the first test performed on 26 June, 2015. The focus for this meeting was to enable Drs. Icardi and Gusack the opportunity to examine and test the software. Stuart outlined the goals of this UAT and what we would be showing in the demonstration. He began by running through the configurator. He established artificial accounts in the test environment for Northern Indiana (consulting site) and Ann Arbor (referral site). Stuart asked Dr. Icardi to be the Consultant Pathologist and Dr. Gusack to be the Referring Pathologist. He explained that each site would configure its own site. Dr. Gusack requested which code was used for this product; C- Sharp which is a form of “dot.Net”.  Stuart entered basic information and then turned the software over to the doctors who manipulated the data. Members discussed how accessioning data is frequently entered by secretaries or transcriptionists. Gross description is typically entered by the pathologists. Stuart and Dr. Ratcliffe discussed the workflow that a pathologist typically follows to make a diagnosis and, perhaps, seek a consult. Stuart appended images to the files which enabled the pathologists to explore. They discussed bandwidth issues related to images and how they were just images and not full files. These files were from the Telepathology system and not from VistA. Stuart added that all patient history reports came from the VistA not the Telepathology system.  Dr. Gusack observed that this tool can be used to annotate both the referring and consult images using different colors. He considered this a very nice option.  Drs. Gusack and Icardi discussed issues associated with routing cases while ensuring that not all cases were shared with others. Stuart provided examples of how the configurator allows to configure by facility.  The doctors agreed that this product was very appealing but they wanted to ensure that it consider the fact that different facilities create problems by using nonstandard fields. Dr. Gusack felt this product had strong capabilities and wanted to make sure it did not run into problems caused by differences at local facilities. The pathologists discussed setting up a standard field layout that each facility would use.  Dr. Icardi mentioned an upcoming change to the process of managing specimens. Each specimen will have its own record to enable data mining. Members agreed that this product could easily be modified to incorporate this change. Stuart stated he would investigate whether all fields were available for each instance. Dr. Icardi stated that many fields are never used and could be repurposed. They also agreed that VoiceBrook may not be needed for the Telepathology project (it would for VistA) since C Sharp can use Dragon speech recognition.  Dr. Ratcliffe initiated a long discussion regarding verification of supplemental reports. Stuart stated that a second consult could not be created after the original had been verified. The pathologists agreed that there needed to be a way to enable a second consult. They cited instances where it would be needed. For example, when a new technology comes along, it may be necessary to open that case to utilize the new technology.  Stuart reviewed coding options using CPT or SnowMed codes. Members discussed workload credit when adding or changing pathologists. VistA does not provide credit so using CPRS as the source for this aspect of the product may not be correct. Dr. Icardi suggested use of a CPRS pick-list. He offered the names of several individuals with whom he had worked for 18 months on this issue. Stuart will be in touch.  In conclusion, the doctors expressed great satisfaction with the progress this product has made and what it can accomplish. They suggested giving consideration to running a pilot test, perhaps at Dr. Chensue’s location, to but this product through a significant test. | |
| **Topic: Project Status/Simulation** | **Presenter: Frank, Stuart** |
| **Simulation:**   * Full UAT testing of product | |

**Status of Actions from previous meetings.**

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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 Telepathology use of vendor products.** | **Angela/ Larry** | **N/A** | **Complete** |

**Additional Notes/Comments:**

* A follow-on UAT will be scheduled in the near future to provide the same information to Drs. Icardi and Gusack. This next meeting will follow a similar format to this meeting.