|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Bi-Weekly Innovation Telepathology SME Meeting w/ Contractor**  [Meeting Title] | | | | | |
| 2.13.2015 | | 1 PM EST – 85 minutes | | MS Lync | |
| Meeting called by | Larry Carlson | | | | |
| Type of meeting | SME – contractor dialogue kickoff | | | | |
| Facilitator | Larry Carlson | | | | |
| Note taker | Csaba Titton | | | | |
| Next meeting | February 27, 2015 @ 1 PM EST | | | | |
| Attendees | VA personnel:  Angela Barnes (Innov. Progr.), Larry Carlson; Drs. Stephen Chensue; Mark D Gusack; Nora R Ratcliffe; Michael S. Icardi;  Longview (primary contractor) John Kane; Chris Naquin, Nihat Bondogula;  ViTelNet (subcontractor) Dee Csipo; Csaba Titton; | | | | |
| TP Workflow Presentation & Discussion | | | | | |
| 1.5 hour | Dee Csipo | | | | |
| Discussion | PPT Slides presentation with focus on Q&A to from SMEs | | | | |
| Summary comments before presentation by Dee C.:   * Status: simulation environment is setup, no vendor responded yet * We have access to Mallinckrodt’s TP Aperio library, thanks to Fred Pryor * There will be a vendor simulation demo 2 meetings from now * Current assumption is that Consulting Pathologist has access to case, snapshots (via VistA) and images (via a web from referral vendor equipment), generated report stored at Referral site | | | | | |
| **Q&A:**  (SC - Stephen Chansue /N.indiana-Marion – to U.Michigan, Ann Arbor/;  NR - Nora R Ratcliffe;  DC - Dee Csipo  JK - John Kane):  **SC N**ote&**Q1:** Currently the Consulting site accessions in their local VistA system in Telepath accession area using VistA PCE package (roll and scroll), enters CPT code, does micro-slide consult and sends report, VistAWeb shows all sites. Could this be automated?  **DC A1**: TP worklist and CPRS view image button will enable Consulting Pathologist to see unread cases, will have access to snapshot images, impressions (initial interpretation), and to WSI image(s) due to VI – vendor communication automated.  **SC N2**: Consulting Pathologist prefers to see all cases (past and unread) of the patient locally, in order to be able to track what has to be done (because patients move a lot around).  **DC A2**: TP worklist will be split into unread and read cases, the Consulting Pathologist can see both for one patient.  **NR Q3**: If accession is done at Referral site, how is consult maintained?  **SC A3**: The referral site faxes preliminary report using the PDX menu option. (A single national TP focused DB would be nice!) Than the report is available through VistAWeb.  **NR N4:** I like the “whole report at referring site” idea.  **DC N4**: We also could store whole report @ both sites, but it raises a DB synchronization issue. OR we could store the reports split between sites and rake them together for viewing).  **SC** **N4**: in practice, double store is a bad idea; but seeing all in a combined list/view is a must.  **NR Q5**: So where will be WSI stored?  **DC A5**: Not in VI! A configurable open-source viewer will pop-up and show the WSI Image(s). Enterprise-wide imaging is out of scope of this TP project.  **SC N&Q6**: IT cannot open outside servers, only inside ones. What will be done?  **DC A6**: It’s an Action Item. (#1)  **JK A6**: Development Team does not have security insights until ISO is assigned.  **DC Q7**: What about workflow credit management?  **SC A7**: As a minimum, a barcode scan would be nice, but many sites don’t even have a (barcode) printer.  **DC A7**: It shouldn’t be an issue to set a VA (policy) push for a cheap barcode scanner. Otherwise it will be a manual step… | | | | | |
| **SC Q8**: How associated video and images will be viewed?  **DC A8**: Snapshots attached via DICOM gateway as a secondary capture or the VistA capture package.  **SC Q9**: How a vendor will be simulated in production?  **DC A9**: Via an Emory system simulator– NCI Pathology at Washington University. The goal is to have a seamless portal (interface) to vendor systems.  **NR Q10**: How DICOM comes in the picture?  **DC A10**: Because this is the way we store snapshots. It is a standard that forces vendors to comply, and offered by almost all vendors. We are not storing WSI in VistA, but have them available by other means, like a remote web-view.  **SC N11**: Validation is a big issue. It has to be done for each pathologist (~60) and each stain (~20).Need to consider a system that works with multiple sites and multiple consultants. The more vendors – the more complex this becomes.  **DC A11**: AI#2: to be discussed again and addressed properly.  **Slide-set Q&A to from SMEs:**   1. Is it sufficient to have the report at the referral site only?   See **SC** **N4**: in practice, double store is a bad idea; but seeing all in a combined list/view is a must.   1. Is it sufficient to focus on the referral-consult workflow?   **SC: (a).** **Maybe the case for additional consult must be considered.**  **(b). Quality control is another issue: a 2nd Pathologist is required to review at least 10% of any pathologist’s cases.**  **DC:** maybe another field or RPC we need to handle follow up report?  **(c). Also, currently Voicebook is used to dictate notes for outside slides.**  **NR:** **If the report template is per user, you should now that** **sometimes more than one pathologist completes the report** (SP gross is by one, the rest is by someone else).   1. Are all sites getting commercial Telepathology systems, or just scanners?   **SC: a Scanner is not too useful without the software.** (case closed) | | | | | |
| **Conclusions** | Meet two weeks from now to continue dialogue, prepare for first demo. | | | | |
|  | | | | | |
| **Action Items** | | | **Person Responsible** | | **Deadline** |
| Q6: Upon IPO signed initiate security solution for access between sites! | | | John Kane | | ??? |
| N11: Validation to discuss | | | All SMEs & consultants | | ??? |