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| **Bi-Weekly Innovation Telepathology SME Meeting w/ Contractor**  [Meeting Title] |

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| 2.27.2015 | 1 PM EST – 65 minutes | MS Lync |

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| Meeting called by | Larry Carlson |
| Type of meeting | SME – contractor dialogue (2nd encounter) |
| Facilitator | Larry Carlson |
| Note taker | Csaba Titton |
| Next meeting | March 27, 2015 @ 1 PM EST |
| Attendees | VA personnel:  Angela Barnes (PM/COR.), Larry Carlson; Drs. Stephen Chensue ; Nora Ratcliffe  Longview (prime contractor) John Kane; Chris Naquin, Nihant Bondugula; Wesley Shyu, Kalpana Reddy  ViTelNet (subcontractor) Stuart Frank; Dee Csipo; Csaba Titton; |

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| Agenda: Sprint Reviews, TP Workflow Demo focused Presentation, Demo with SME Q&A | | | | |
| 1 minute | | John Kane | | |
| Discussion | | Then next iteration of this SME bi-weekly meeting will occur on 13 March at 1PM EST. The next Sprint and SME meeting will be held on 27 March at 1PM EST. | | |
| Sprint 1-2 Reviews | | | | |
| 5 minutes | | Stuart Frank | | |
| Discussion | | Reviewed specific progress on Sprint 1 Tasks. Explained progress on each in terms of percentage completion. Provided overview of tasks and approach to seven Sprint 2 tasks. | | |
| SF: On schedule with Sprint 1. Some estimates of completion at 90 percent reflect that they will be under constant revision and review until completion. Discussed Sprint 2 items. Will continue to refine environment, Will map/gap interfaces to commercial Telepathology systems. Will integrate different viewers. Fix any discovered bugs and move to UAT with VA.  Discussion ensued regarding storage of whole slide imaging (Storage and bandwidth issue) and waiting for FDA validation for diagnosis | | | | |
| Conclusions | |  | | |
| Action Items | | | Person Responsible | Deadline |
| Initiate communication with Vendor | | | Stuart Frank, Dee Csipo, Dr. Chensue | 3/6/15 |
| TP Workflow Demo focused Presentation, Demo with SME Q&A | | | | |
| 1 hour | | Stuart Frank | | |
| Discussion | | Purpose: Explain “As is” development system demo, Receive SME input, comments | | |
| Powerpoint presentation along with As Is (In-Progress) live development system presentation, followed by 4 developer questions to SMEs.  Dr. Chensue: Question1: Is this accession for Surgical Pathology or Telepathology?  Stuart Frank: Answer1: This accession is for Surgical Pathology because it is being done at the acquisition/referral site, not the consulting site.  Dr. Chensue: Question 2: The worklist is showing a mix of local accessions with remote consultations. This is not a good idea since there are lots of local cases. The worklist will have too many items to view  Stuart Frank Answer 2: We have the ability to filter by any column, one is Site. (Proceeded to demo…)  … after logging in to Reading site…  Dr. Ratcliffe: Question 3-1: Is an order sent to the vendor system for every accession created?  Stuart Frank: Answer 3-1: Yes. The VistA system Communicates to the Vendor system via HL7 messages.  Dr. Ratcliffe: Q3-2: What if Acquisition site does not need to ask for a consultation?  Stuart Frank: Answer 3-2: We can add the ability to send the HL7 order message only when the consultation is requested  Dr. Chensue: Question 3-Note3: It is also important to have the ability to revise/update an accession, after it’s entered  Stuart Frank Answer 3-3: We will make changes to only send the accession to vendor after the consultation is requested. Update HL7 messages will be sent to the vendor system each time an accession is revised/updated (if an original message was already sent).  Dr. Chensue: Note 4: Accession # format in Referral and Reading sites should not be the same.  Stuart Frank: Answer 4-1: The accession isn’t transferred to from the referral site to the reading site so they can have the same accession numbers. The site column indicates which site the accession belongs to.  Dr. Chensue: Question 4: How does the system make sure that no more than one pathologist at a time can read a case?  Stuart Frank: Answer 4-2: The User has the ability to reserve a case that prevents other user from modifying it. It can be viewed read-only.  … while demoing Edit Report …  SC N5: Voice (“Voicebrook” VoiceOver 5 system) is used for reporting, that based on buzzwords auto-fills sort of templates by subject.  SF A5: we have to revisit this, if it’s in scope…  CT A5: The current system has site configurable templates too…  SF A5: Dr. Chensue referred to Structured Reports.  NR A5: It’s an MS Word look-a-like new window on the system… | | | | |
| Stuart Frank: Question 5 (developer Q1): Which pathologist (if any) will create snapshots?  Dr. Chensue: Answer 5: Consultant generally takes the snapshots in order to eliminate the need to store whole slide images for a long period of time.  Dr. Ratcliffe: Answer 5: We acquire snap shot images from the microscopes for Tumor Board.  Dr. Ratcliffe: The vendor system is very useful for showing images and make annotations.  Stuart Frank Answer 5: The VistA system’s latest Capture & Display patch is also able to draw annotations (patch 122 or higher).  Answer 5: The VistA Imaging Capture with Windows 7 upgrade is not working with the TWAIN system.  Stuart Frank: Answer 5: This must be a driver update (maintenance) issue.  Stuart Frank: Question 6 (developer Q2): Who Codes the Accession?  Dr. Chensue: Answer 6: The pathologist dictates the CPT codes into the report and the clerk goes back and does the actual coding.  Dr. Chensue: Question 7 (developer Q3): Does consulting site need an accession? (if workload is reported without it)  Question: Answer 7: It’s important to use the VI LAB package pick list to get credit. But it is not standardized; sites have their own code flavors.  Dr. Chensue: Answer 7: TP is a Tele-Health initiative.  CPT code at Patient encounter (package) is not the same as on reading side. It is a requirement to have two encounters, one on each side.  Stuart Frank: Question 8: Can a supplementary report give workload credit?  Dr. Chensue: Answer 8: Keep in mind that the referral and consulting sites have different codes… Also, if the report goes to OR (or out-patient location) is another coding option  Question 9: Do we have an out-patient encounter in TP?  Dr. Chensue: Answer 9: It’s a Telehealth initiative.  Stuart Frank: Note 9: We can add a new automatically encounter which might be sufficient in giving proper workload credits.  Stuart Frank: Question 10: (developer Q4): Does vendor system need report?  Dr. Chensue: Answer 10: If it would, it must be cleared with Security! Otherwise redundant report locations are not favored!  Dr Chensue Note: We need more drill down to Workflow (from scan to report). | | | | |
| Conclusions | | Initial developer questions were answered. Insight was provided to head toward the right path. Agreed that we need to continue these discussions. | | |
| Action Items | | | Person Responsible | Deadline |
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| Continue this series of discussions | | | Development Team |  |