**Georgia Pathology Infrastructure Call Agenda**

Tuesday 7/3/2018

1:00 – 2:00pm est

Webex

<https://cbiit.webex.com/join/matatovam2>  |  731 856 083

* Review and refine registry infrastructure (tools, transfer mechanisms, pathology processing systems)
  1. Were there any specific reasons for choosing the individual pathology routes at your registry? (e.g. certain labs had certain technical requirements)

For AIM: Per NCI/SEER guideline chose hospitals and labs that report >500 cases/year

For PHINMS: Labs that worked with CDC or labs that the state DPH identified

* 1. Who reaches out to the labs at your registry or do the labs reach out to you?

For AIM: I reach out to facilities that are eligible.

For PHINMS: CDC reaches out to the labs. We also reach out to labs identified from new reporters that currently do not submit pathology. Out of state labs may contact us to report Georgia cases.

* 1. Are there any labs or hospitals that use multiple routes to send you pathology reports?

(e.g. Hospital A sends data by sftp and through AIM)

* + 1. If so, can you provide the background to this setup Two labs report through AIM Epath and PHINMS; one lab will no longer report through Epath this month.
  1. Are there restrictions in potentially changing from one pathology route to another?

Not for the Central Registry.

* 1. Are you currently considering any additional pathology routes or processes?

Not other than working toward more electronic, complete (inclusive of demographic) reports

* 1. Are there any pathology routes at your registry better than others and why?

Easiest receipt and processing is through AIM Epath. Do not have to go to secure sFTP or webmail to download and track receipt of data; no additional processing at registry.

* 1. Are there any pathology routes that are not functioning effectively for your registry? We ask lab reporters to submit HL7 files whenever possible. Issue has been demographics are not always included in the HL7 record and corresponding demographic information is not always a complete match.

Facilities that cannot create a HL7 file are encouraged to submit data in excel format or pdf. We are in the process of mandating submission any data not on Epath, by sFTP or secure webmail.

PHINMS is electronic but requires update to their security certificates preventing decrypting of data, and interrupts submissions when the certificate is not updated in a timely manner.

We have not begun processing **2017** data so would not be able to provide information for the following.

We have 140,000 that have come in electronically so far. We don’t have a count of how many paper reports that we have currently.

For 2015 pathology:

* Review pathology processing questions
  1. How many Total Pathology Reports were received in 2017 (calendar year)

116,330

* 1. Of the total pathology reports in question #1 how many were:
     1. Electronic (please provide total number)

114,235

* + 1. Non-electronic (please provide total number)

2,095

* 1. Of the total pathology reports in question #1, how many of the reports are:
     1. Reportable

101,729

* + 1. Non-reportable

14,601

* 1. Of the pathology reports that were part of reportable cases in #3a how many were:
     1. Electronic

99,713

* + 1. Non-electronic

2,016

Did not feel we could accurately assess this without more time

* 1. As of today, how many total cases are identified through pathology reports at your registry (%)
  2. As of today, what is the proportion of histologically confirmed cases (CTCs) for which there is at least one pathology report.
* Review post-call questions (if time allows)