Notes for Greater Bay Area Pathology Infrastructure Call

* On call: Ann and David
* Paths
  + Lab/Hospital 🡪 AIM Transmed 🡪 Eureka
    - Not very many go this way, but still in use.
  + Lab/Hospital 🡪 PHINMS 🡪 EMARC Plus 🡪 Registry Local File System
    - DO NOT USE
    - A hospital was going to use this, but they changed their EMR system and it is no longer compatible.
  + Lab/Hospital 🡪 sFTP 🡪 Automated system grabs this information 🡪 EMARC Plus 🡪 PDM (In-house processing/DB Software)
    - PDM allows staff to classify the path report as reportable or not.
    - If reportable, exported to Eureka.
  + Lab/Hospital 🡪 AIM Transmed 🡪 PDM
    - Question: Is Transmed on the lab side or the registry side?
      * Registry has a transmed at their level too.
* Notes:
  + They have, but do not use AIM Epath Monitor often.
    - When they do make use of it, it is just for monitoring what comes in.
  + Their monitoring system is part of the In-House processing/DB Software
  + A case cannot be created without an abstract
    - If they don’t have the demographics available, they must double back with the hospital/lab.
    - Mainly becomes an issue with doctor’s offices, because the hospitals should be reporting the cases anyway.
  + Regarding In-House Processing/DB Software
    - If reportable, goes to the local file, and then David loads to Eureka.
    - At this point, can become a linkage resolution (if there is a similar case, or to combine) or may be sent back to hospital or doctor’s office.
    - Question: If you already have a match in Eureka, do you still follow up?
      * No, once it links up and matches, nothing gets spit back.
  + Question: What is the follow back process?
    - Uses Sonoma CRM, which is part of Microsoft Dynamics (which can be considered part of Eureka)
      * The whole state uses this for follow back, it is automated.
      * CRM 🡪 Faxes to Drs., list to hospital
  + Question: At any point, is the data going from Eureka 🡪 PDM?
    - No, all data ends up in Eureka.
  + Note: All LA, not Greater Bay, goes to Eureka automatically
* Summary of Paths
  + At state level
    - Labs/Hospital 🡪 AIM Transmed 🡪 Eureka
  + At local level
    - Labs/Hospital 🡪 sFTP 🡪 EMARC Plus 🡪 PDM 🡪 Eureka
    - Labs/Hospital 🡪 AIM Transmed 🡪 PDM 🡪 Eureka
* Question: With the law changing January 1, do you anticipate significant changes?
  + Could be that all Epath may be directed straight to Eureka
    - CCR is trying to get funds
    - Not going through In-house
* Infrastructure Question 1: Reason for specific paths
  + Prefer to use AIM, but in some cases they have to use sFTP because some places don’t have the server and require sFTP to send files.
    - California Skin Institute is the only place that uses sFTP
  + Prefer AIM because
    - Not a lot of maintenance
    - Just another connection on Transmed
    - Maintenance is needed for sFTP
* Infrastructure Question 2: Who reaches out? Labs or Registry?
  + Both have happened.
  + Labs have called and asked how they can get on Epath
* Question: Why so many non-reportable?
  + The way AIM is set up, prefer a wider net than to miss cases.
  + This was decided at a state level.
* Question: How is the reportable/non-reportable determination made?
  + CTR and non-CTR
    - If non-CTR, do QC
  + Decision on reportability is determined, then note site, histology, grade, behavior

From Agenda:

* Pathology processing questions
  1. How many Total Pathology Reports were received in 2017 (calendar year)
     1. 163,321
  2. Of the total pathology reports in question #1, how many of the reports are:
     1. Reportable
        1. 85,973
     2. Non-reportable
        1. 77,348

1. As of today, what is the proportion of histologically confirmed consolidated cases for which there is at least one pathology report? 83%