Notes for Connecticut Pathology Infrastructure Call

* On Call: Ron, Catherine, Lou, Steve – May want to double check this
* Paths
  + Labs/hospital 🡪CDC Site 🡪 PHINMS (which goes to a folder on their network) 🡪 In-house processing/DB software 🡪 Registry
    - Data from the lab gets collected at the lab and then is pushed to CDC site and then they can collect and put into PHINMS
    - They use Powershow and Pearl to pull data from folders and push them to the autoloader.
  + Labs/Hospital 🡪 PHINMS 🡪 AIM Transmed Server (this IS the in-house processing system)
    - The Transmed system is used to do filtering and monitoring.
    - Various levels of archiving exist that are kept in case any place along the way crashes.
* Question: Do all go through PHINMS?
  + No, some go from Labs/Hospital 🡪 AIM sender and receiver.
  + Low volume labs go through PHINMS
  + Most of the reports come are labs/hospitals 🡪 AIM Transmed.
* Path is then Registry local file system 🡪 Transmed 🡪 Autoloader folder
* Middlesex sends through CAS
  + Goes from CAS 🡪 AIM Transmed
* Everyone has the same reportability process.
* Question: Is AIM the preferred route?
  + Yes, without a doubt.
* Question: How does AIM work?
  + Transmed system is sender/receiver. Each hospital has to agree to be the sender, and the registry has to be the receiver.
  + Use business to business VPN to all hospitals using this
  + ICD10 coding indicates something that the registry would want to look at.
* Summary 3 Paths
  + PHINMS
  + AIM Transmed (Lab and at Registry)
  + CAS (1 using this)
  + Majority of hospitals using AIM; Independent Labs using PHINMS (although 1 Independent Lab is using AIM), then one using CAS.
* Dionon (??) used to send through Tumbleweed (an sFTP portal) but moved to AIM.
* Note: Registry is still getting PAPER reports and must do direct entry.
* Paper reports
  + Scanned into laser server. From there, processing technician (Jan) will use autoloader to move to DMS.
    - Clerical staff enter the demographics
    - Another group enters histologies/reportability, etc.
* Mandate use of Epath throughout the state of CT.
* Question: For paper, do you first look up to see if you have a matching case or not?
  + Had originally been looking them up
  + Too time consuming
  + 1 hospital that will send reports for existing patients (follow-up)
  + 1 hospital sends PDF 🡪 in process of transitioning to HL7 through AIM.
* Question: How many processed through scanning?
  + 2016 – First year HL7 exceeded paper
  + 2017 counts not really reliable. Many HL7 haven’t been screened, paper hasn’t really been scanned for reportability.
  + Those in non-reportable group aren’t necessarily non-reportable, they may just be unknown.
* Question: For ICD10 codes for filtering, how often do codes need to be updated?
  + They use the process that AIM has in place to use their version of NLP
    - Look for the specific terms, not using codes.
  + Rely on filtering by AIM or more internal decision making.
* Notes on reportability
  + One hospital sends everything
    - Allowing AIM transmed to be applied
      * Those who are marked as non-reportable are reviewed by case reviewers to make sure they aren’t reportable.
  + Other hospitals are hesitant to send non-reportable reports
    - Some allow remote access
    - Some send PDF
    - Some registry has to travel to.
  + Fair proportion that use “HCC” – AIM Transmed takes this as reportable, although it does not stand for the correct thing.
    - Trying to get rid of this because it is messing up the reportability
  + Almost 80% of HL7 are reportable
  + Almost 99% of paper
    - Not comparable to human review but easier than going through all of them.
* Regarding Post Call Questions
  + Normally they do not release provider names
    - However, they can send the volume by lab
  + Don’t really know the vendor for each system
  + Question from CT: Since AIM uses their system, wouldn’t they know all the info for the specific labs? Yes, but not for PHINMS or CAS.
  + Registry is one step removed
    - When they get the data, they aren’t told the background
    - “Just a black box”
  + Would you know the number of labs for each? Yes
* Nice thing about PHINMS
  + Any hospital on PHINMS network can send to registry through R and R route.
  + Much easier than installing Transmed system.
  + Although many reports go through AIM, hospitals use PHINMS for something, so they have it.
  + However, AIM is more advantageous because of the benefit they get from the registry.