**Hawaii: SEER\*DMS meeting regarding pathology reporting infrastructures**

**August 7th, 2018 3:00 PM**

**Participants:**

**NCI:** Paul Fearn, Marina Matatova, Mita Myneni

**HAWAII Registry:** Alan Mogi, Brenda Hernandes, Michael Green, Eileen Elido, Joni Davis

**Background:** SEER\*DMS team had sent out a survey to all registries in April and has developed a schematic based on information received from all the participating registries. The purpose of this exercise was to understand the landscape at the registries (how path reports are being processed) to inform decision making in different areas (within SEER).

NCI has compiled all the narratives received and has developed a comprehensive diagram that depicts all possible processing routes. The ones highlighted in blue are those that correspond to Hawaii (HI).

**Purpose of the meeting:** The purpose of this meeting is to review this schematic and answer any questions that the registry might have about the SEER Pathology Survey.

**Schematic Review:**

MM: Is it right to assume that the Path Labs send pathology reports via PHINMS into internal processing and then through the registry file system?

HI: We don’t typically use the inhouse database software depicted in the schematic. Some local hospitals don’t use PHINMS or AIM. Sometimes the registry goes out to the local hospital to obtain hard copies. They also have another facility that is technically deemed e-path but it’s actually not. They are trying to get *Aventis Health* to submit HL7 through e-path. However, the AIM vendor suggested a local route that uses file transfer through VPN.

In general, the NCI schematic works but there are some nuances that are not captured.

Labs 🡪 PHINMS 🡪 Local file system 🡪 autoloader folder 🡪DMS

Labs 🡪 AIM Transmed server 🡪 Local file system 🡪 autoloader folder 🡪DMS

Majority of feeds that come through the **AIM Transmed server** is used by most of their facilities. However, there are exceptions to the above.

The HI registry is also working with one DOD facility. It has not yet been implemented/ deployed but when it goes live they would be the first registry to have done so.

In the beginning Carol worked with Eurocore. They were getting ER/PR through a corporate relationship. It comes directly from the Labs in an annual transmit. More recently they are getting some content through the PHINMS pipe (secure mechanism).

MM: To summarize HI essentially has 2 main routes, 1 manual route and 1 combo/hybrid route.

HI: Could NCI coordinate with the CDC (act as a broker). It would be more prudent than 18 individual registries trying to individually with the CDC.

PF: Have an upcoming meeting with CDC later this week and will include this as a topic for discussion.

PF: PHINMS is a secure file transfer system. Pattern noticed thus far from taking with registries:

* Interstate Labs tend to use the PHINMS transport system.
* Labs within a state tend to not use the PHINMS route.
* Haven’t seen any registry use the PHINMS route exclusively.

**Areas of Concern:**

* Sometimes in remote areas certain labs approach physicians with marketing deals. The registry is concerned about missing out on pathology reports because of this effect.
* Does the registry have a preferred path for transmission? This has evolved over time because of the close relationship between AIM and pathologists. The IT folks facilitated, and they got buy-in over time. HI is not seeing such service through PHINMS. Bureaucracy could be one of the reasons for this. This is another area of concern.
* Aim virtualized servers without much communication with the registry. (HI was not altered about the transfer/change). However, HI was able to capture most of the information and report it. This was HI’s main contact with the Labs. HI received an inventory requirement list from AIM and it was at that point that they were made aware that the dedicated server was being managed remotely.

The advantage with AIM is that it provides HI with the needed support. Communication between the registry and AIM needs to be improved.

MM: Request the registry to kindly review the questions being sent over and provide responses back to Marina.

**Discussion about Post Call Questions:**

HI was one of the first states to be installed. They get one stream of identified and one stream of de-identified pathology reports. There could be some non-malignant deidentified files that the algorithm might miss. The non-malignant non-reportable cases would not come into SEER.

MM: Request HI to provide the total volume of cases for 2017. Also provide the list of labs using electronic vs. manual reporting.

HI: What is the objective of this effort? Is NCI trying to get off AIM?

PF: We are evaluating all options and trying to get a better understanding of the background and processes involved. Post analysis, we will look at all scenarios and make the final determination.

HI: Request to NCI to make sure that the final product provides benefits to the reporting facilities as well so that it is well-received and there is **mutual benefit**.

PF: Request HI to highlight things that are helpful to the labs and the registry. This information will be helpful to incorporate the requested functionalities into the build.

MM: During the upcoming SEER\*DMS F2F the plan is to include a working group session with all the registries to get their input towards moving the technology and informatics solutions forward. The goal would be to isolate the pain points and use the discussion to help inform next steps.

MM: NCI requests responses to information about the reporting facilities/labs and number of reports that use the various afore-mentioned routes. Certain registries have lab by information. Could HI share that information if applicable?

(HI paid $7500 at one point in time for a single lab)

Also request registry to share some narrative around Question 4 of the post call questionnaire. (For each path route, can you provide the proportion of reports that are reportable and non-reportable).

**Action Items and Next Steps:**

* Marina to send over the follow-up questions for response by HI registry.
* NCI to talk with CDC during Friday call