**New Mexico Pathology Infrastructure Call Minutes**

Monday 8/20/2018

11:00am – 12:00pm Eastern

Attendees: Chuck Wiggins, Virginia (Ginger) Williams, Barbara Evans, Ron Darling, Marina Matatova, Serban Negoita, Alyssa Wang

**Action Items**

* Marina to finalize New Mexico schematic
* Marina to send that final schematic to New Mexico for their review
* New Mexico will send back responses to infrastructure and pathology processing questions
* Marina will email Chuck the supplementary questions; New Mexico will answer them by email

**Minutes**

* Pathology route schematic
  + AIM Transmed server
    - Main Transmed route is a manual upload to SEER\*DMS where registries review for reportability and send back report to facilities through in-house software using SFTP (helps local hospitals get local reports back for casefinding and record keeping)
      * 6 or 7 cancer facilities in the state (ACOS cancer accredited program that are on e-path) get reports sent back to them from the registry
      * This data includes information like summary treatment and summary stage (and summary death), which includes vital status, facts of death/date of last information (death date)
    - New Mexico uses AIM Transmed
    - For 5 New Mexico labs/hospitals, New Mexico registry has a Transmed server that speaks with their Transmed servers, creating an instant feed for e-paths
  + Use of SFTP
    - Some pre-processing is done within the facilities (3 or 4) 🡪 in-house debase program that reads path reports that are viewed as true positive and code site/histology 🡪 the registry gives some data back to those facilities through SFTP 🡪 facility then loads into file their system
    - When transferring PDF, registry transfers PDFs into SEER\*DMS. Registry creates a file and formats it, uploads it to an SFTP site, and emails the file for a recipient to download. Facilities access Globalscape to access the files.
  + PHINMS route:
    - Data from Texas or out-of-state labs/hospitals due to New Mexico residents who travel to Lubbock, Amarillo, or El Paso for cancer treatment are processed by PHINMS and eventually sent to the New Mexico registry
    - This is only a few dozen reports
    - This data is sent through PHINMS / route-not-read
    - There is no pre-processing of data by New Mexico registry before putting it into SEER\*DMS
    - Data is manually uploaded by New Mexico registry staff into SEER\*DMS; it does not go into an autoloader folder; data is manually loaded into SEER\*DMS as HL7 record
    - **NCI question:** Does CDC decide if reports are reportable or not? Does CDC use EMARC or other application to filter out reportable applications? **Answer**: Yes, they determine if case is a New Mexico resident or not and then CDC probably uses a list of reportable neoplasms; New Mexico does not think CDC uses EMARC. Registry does not use EMARC either. This affects only a few dozen records a year.
  + Manual/paper path reporting
    - This route is used by hospitals that don’t provide e-paths
    - For paper path reporting, registry staff receive reports in the mail or staff go to the lab/hospital facility and review hardcopy path reports (registry is not allowed to make copies)
    - Registry uses SEER\*Abs to input information/coding on site; abstraction (everything available on the case) is uploaded to SEER\*DMS

Infrastructure Questions:

* 1. **Were there any specific reasons for choosing the individual pathology routes at your registry? (e.g. certain labs had certain technical requirements)**
     1. Volume, IT infrastructure, and lab willingness to collaborate drove the route infrastructure
     2. Registry worked with the largest hospitals and it was helpful when those hospitals had IT staff who could help the registry and who were willing to collaborate with them
        1. There are 5 e-path labs that the registry works with
        2. One is Almogordo (250 caseload a year), which hopes to become an ACLS accredited facility in future
        3. The other 4 labs are large facilities
        4. There are other labs that the New Mexico registry hopes to engage
     3. It is easier for the registry to have a relationship with larger out-of-state labs because those labs have more resources; local labs are more resource-strapped and create larger challenges for relationship-building; it is helpful that the registry provides back data to these facilities following processing to improve their relationships (especially as parts of New Mexico have an anti-govt sentiment)
  2. **Who reaches out to the labs at your registry or do the labs reach out to you?** 
     1. Virginia (Ginger) Williams
  3. **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). If so, can you provide the background to this setup**
     1. The registry will provide a written response to this question
  4. **Are there are restrictions in potentially changing from one pathology route to another?**
     1. The registry will provide a written response to this question
  5. **Are you currently considering any additional pathology routes or processes?**
     1. The registry will provide a written response to this question
  6. **Are there any preferred pathology routes at your registry (in terms of efficiency or cost)?**
     1. The registry will provide a written response to this question

Pathology Processing Questions:

* 1. **How many Total Pathology Reports were received in 2017 (calendar year)**
     1. New Mexico registry will only have rough estimates for us, as Ginger goes to smaller facilities to review their path reports but can’t scan them; she can only count them. New Mexico registry has tabulations on pathology reportable or basis of diagnosis (but doesn’t count how many registry reviewed). The registry can count others from AIM and PHINMS, etc.
     2. NCI said that the best estimate for number of reports the registry reviewed overall for one calendar year will be helpful
  2. **Of the total pathology reports in question #1 how many were electronic (e-path/HL7) and non-electronic (PDF)**
     1. The registry will provide a written response to this question
  3. **Of the total pathology reports in question #1, how many of the reports are reportable and non-reportable?**
     1. The registry will provide a written response to this question
  4. **Of the pathology reports that were part of reportable cases in #3a how many were electronic/HL7 and non-electronic/non-HL7?**
     1. The registry will provide a written response to this question
  5. **As of today, how many total cases are identified through pathology reports at your registry (%)**
     1. Registry said these cases tends to be melanoma of the skin, prostate cancer, and maybe lung cancer
  6. **As of today, what is the proportion of histologically confirmed cases (CTCs) for which there is at least one pathology report.**
     1. The registry will provide a written response to this question

Review post-call questions (if time allows)

* New Mexico registry will look to submit responses by facility/e-path source since they have a smaller number of reports/information they manage
* Possibly discuss at SEER\*DMS how to pre-track responses for question #5 of the post-call questions