**New York Pathology Infrastructure Call Minutes**

Monday 8/6/2018

1:00pm – 2:00pm Eastern

Attendees: Amy Kahn, Jovanka Harrison, Paul Fearn, Marina Matatova, Linda Coyle, Alyssa Wang

Background: The SEER pathology survey aimed to understand the current landscape for SEER\*DMS registries – what are current technologies used by registries to process pathologies? Knowing this information can inform our understanding and future investments.

Minutes:

* Review and refine registry infrastructure schematic
  1. The general schematic is: Information from state DOH 🡪 Path lab server at DOH level with cancer lab data which is their Electronic Clinical Laboratory Reporting System (ECLRS)🡪 HL7 extracts created by internal DOH based on NY registry specs 🡪 Linda or someone from NY registry will access ECLRs and bring files into local system/ FTP 🡪 The files go into the loader 🡪 The files are imported into SEER\*DMS
     1. They expected to use an “auto”-loader at some point in future, which they do not currently use because the registry has never had real-time lab processing; the NY registry typically has a backlog
  2. For smaller labs (**10,000 reports a year**): ECLRs uses web-entry lab reports 🡪 those are turned into HL7 format 🡪 they are then put into an HL7-based database
     1. These reports are coded on the spot by the reporter
     2. ECLRs was created by NY DOH
* How NY registry uses Transmed
  1. The NY registry used to do some processing in-house before it went into SEER\*DMS, but not anymore
  2. Now, when HL7 goes into SEER\*DMS, QA analysis is run
  3. The NY registry gets 6,000 path reports for which they do not have a cancer record; thus, they do follow-back with physicians to get information for reports
  4. In SEER\*DMS, all path reports are reviewed
     1. Colleen and Linda came up with a system to manage 100,000 path reports for review
  5. AIM/Transmed goes through the Health Commerce System (HCS) using automated data upload to UPHN-Lite (Universal Public Health Node), which works similarly to CDC’s PHINMS, and then data goes onto the NY registry
  6. For labs and hospitals that use the AIM Transmed system 🡪 they report to HCS/DOH 🡪 then data goes through route one or route two 🡪 route one: ELCRs/HL7/web-entry/NAACCR ascii, or route two: hospital/lab direct (CanReg/ Cancer Registry Database) 🡪 the registry UPHN-lite route also goes into HCS
* **NCI Question:** Do you receive info directly from labs to registry? **Answer:** Some paper lab reports from New Jersey, but that’s it. The rest are electronic and go through ECLRs
* **NCI Question:** Do hospital systems connect directly with NY registry? **Answer:** Every hospital medical records department/tumor registry has a database; they upload an encrypted file to NY Health Commerce System (HCS), which is a secure intranet. Lab reports need to be notarized for data. HCS is the NY Department of Health’s database and processing system connected to hospitals/labs and ELCRs. HSC has secure file transfer for those hospitals/labs with less than 100 cases/year
  1. Consult-only cases and rest of abstracted cases are included in the upload
  2. Typically, there is one upload a month for each hospital; larger hospitals send more frequently (NY state cancer reporting)
  3. Process for hospitals that do not get many cases each year and are, thus, not very experienced: Identify reportable cases after getting medical records disease index; registry identifies reportable cases; registry CTRs do abstracting of cases
  4. Currently, hospitals are required to report lab-only cases:
     1. This has been the case for the last 15 years
     2. This was required for better casefinding
     3. These are hospital-based, abstracted path reports
     4. Maria is looking to transition consult-only hospitals to send consult-only path reports using HL7
        1. Hospitals can either send through ECLRs (at an expense for hospitals) or have tumor registrar do reporting (5,000/year consult-only reports from hospital); most have tumor registrar do the reporting
        2. 50% end up being pulled into laboratory follow-back (meaning it is the only reporting source for that tumor)
        3. HL7 provides you with an entire pathology report; data mining can be done; however, tumor registrar does coding so that they always have correct site and correct pathology
* How NY registry uses AIM
  1. NY registry began getting lab reports before they transitioned to using AIM
     1. In 2005, NY registry worked with Dianon lab (later bought by LabCorp) to create HL7 reports
     2. NY registry worked with Quest to weed out nonreportables
     3. In 2015 & 2016, the NY registry has been working with hospital-based labs; AIM software is used to screen their cases for both hospital/tumor registry and registry purposes
     4. **Labs use AIM and their Transmed server to transfer data out, send through UPHN-lite (transport mechanism with one-day lag), then to registry’s HCS, HCS filter it into ECLRs**
        1. **UPHN-lite sits on the lab side and DOH side; lab has to open up the port so AIM Transmed knows where to send the HL7 files**
        2. **Double transport is because UPHN has right security requirements of the NY state (but no filter function)**
        3. **The use of UPHN-lite can be automated or someone can move information manually between lab and DOH**
        4. **Filter at lab level to remove nonreportable skin cancers and to remove personally identifiable information on reportable cancers**
  2. **NCI Question:** Does anything else goes into UPHN? Direct feeds?
     1. UPHN is a secure file transfer with a password
     2. HL7 dummy file is loadable into the test environment
     3. UPHN-lite for submission, web entry (HTML) for those who have access to HCS
     4. HL7 file can be sent through UPHN, secure file transfer to HCS, NAACCR ascii, then upload file

**SUMMARY**: UPHN is main entry point for all HL7 (AIM or another HL7 feed) for automatic upload, and some labs also do the manual upload of HL7 files perhaps quarterly 🡪 Smaller subsection of secure file transfer into HCS, web entry to HCS, or NAACCR ascii to HCS

**NY question:** Instead of 2017, can NY use 2016 diagnosis year for the follow-up questions? This would be most representative of way things are now and in the future; this would also provide most thorough and complete information. **Answer:** Yes