**New York Pathology Infrastructure Call Agenda**

Monday 8/6/2018

1:00pm – 2:00pm Eastern

Webex

<https://cbiit.webex.com/join/matatovam2>  |  731 856 083

* Review and refine registry infrastructure schematic (tools, transfer mechanisms, pathology processing systems)
* Review Questions
* 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)

*The reasons are multi-factorial, and primarily driven by the following:*

* + 1. *Availability of existing infrastructure* 
       1. *Within the New York State Dept. of Health (DOH), e.g., the Electronic Clinical Laboratory System (ECLRS), operates within the Public Health Information Network (PHIN) system. In NY state, clinical laboratories send all reportable conditions (Communicable Diseases, Cancer, Lead, Congenital Malformations, etc.) to ECLRS.*
       2. *When the ECLRS system was initiated, cancer reporting was unique in that the DOH could require the method of reporting, so the ECLRS system used electronic cancer reporting to encourage the laboratories to adopt electronic (mostly HL7) reporting for all reportable conditions.*
    2. *Legacy systems and constraints that laboratories have at the time of being recruited for reporting to NYSCR*
       1. *Pre-existing Laboratory Information Systems (LIS)*
       2. *Technical know-how (or lack thereof) at the Lab*

* 1. Who reaches out to the labs at your registry or do the labs reach out to you?

*It is a combination of both registry and labs reaching out to each other. But, primarily the Registry contacts the labs. This includes any outreach that we need to conduct as part of meeting requirements that relate to existing, or new grant deliverables. For example, the CDC’s Early Childhood Case Capture (ECC) grant required early identification of childhood cancers. Dr. Schymura leveraged the grant funding to recruit and subsidize the initial reporting costs for hospital-based laboratories from facilities with many pediatric cases. As part of that initiative, we have been working closely with Artificial Intelligence in Medicine (AIM), now part of Inspirata, Inc.*

*Additionally, the NYSCR is fortunate in that the DOH includes the Wadsworth Laboratories, a nationally recognized laboratory that grants ‘operating certificates/permits’ and conducts proficiency testing of clinical laboratories that wish to conduct business in NY and/or analyze specimens from NYS residents. The NYSCR receives a monthly listing from Wadsworth of laboratories that are certified for our categories of interest. When we identify newly-certified pathology laboratories, we initiate contact, as our resources allow. One of the primary reasons the laboratories may contact us, is because they have been informed by the Wadsworth Center’s, Clinical Laboratory Evaluation Program that they need to report ‘all reportable conditions,’ including cancer, to the DOH.*

* 1. 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)
     1. If so, can you provide the background to this setup?

*Yes, very few. Most laboratories only report using one ‘format’, and/or “route”. They may change from one (e.g., electronic web entry, to another—HL7). Here is one example where we are getting reporting from ‘two routes’ (with similar, but not 100% the same HL7 messages). For example, Dianon (a large national independent pathology laboratory) was one of the very early reporters to Cancer-ECLRS using HL7 v. 2.3.1. At the time, they implemented some of AIM’s early products. Later, LabCorp acquired Dianon, and decided not to use AIM’s product for screening of reportable cancer diagnoses, but their own (ICD-9, ICD-10 set up). Today, we sometimes get pathology reports for the same patient and tumor directly from Dianon, but also from LabCorp. This is because of how accessioning of specimens is done, and/or reported at LabCorp.*

* 1. Are there restrictions in potentially changing from one pathology route to another?

*Yes, there are, and would be. When we on-board laboratories and when they change routes (such as from manual data entry to HL7 file uploads), they go through a (Cancer-ECLRS) certification process, during which we look at the quality of their data and reportability. If there were no such process, we would receive more non-reportable pathology reports than what we do now. Some of the restrictions depend on existing state (reporting) laws and national standards.*

* 1. Are you currently considering any additional pathology routes or processes?

*Yes. For the future, we are considering having a direct stream of pathology laboratory reports from Cancer-ECLRS to SEER\*DMS. This would be a daily transmission, with a one-day delay, using VPN. As part of our continuous quality assurance process, we recently completed work on a new version of our ‘quality compliance’ report. This new version of the QA report will be generated more frequently (monthly) and will provide a more up-to-date picture of the quality of the pathology data submitted (including timeliness of reporting) to Cancer-ECLRS.*

* 1. Are there any preferred pathology routes at your registry (in terms of efficiency or cost)?

*Yes. The primary advantage of having pathology reports submitted into Cancer-ECLRS is that there are security and support from the DOH, there is no middle-man. In addition, there is the connection between the ‘permit granting agency’ (the Wadsworth Laboratory and ECLRS) that encourages the laboratories to adhere to the cancer reporting mandate as stipulated in the New York State Public Health Law.*

1. Pathology Processing Questions
   1. How many Total Pathology Reports were received in 2017 (calendar year)
      1. *In 2017 (calendar year) we received 153,861 pathology reports into Cancer-ECLRS. Please keep in mind that one calendar year (e.g., 2017) will contain pathology reports for various specimen collection years (for example, 2017 calendar year will have pathology reports for specimen collection years 2016 and 2017, as well as some (few) for 2015, or 2014. In addition, not all pathology reports received will be for NY-reportable cancers.*
   2. Of the total pathology reports in question #1 how many were:
      1. Electronic (please provide total number)- *100% (that is, 153,851 pathology reports).*
      2. Non-electronic (please provide total number)- *Of the 153,861 path reports received there were ten pathology reports received from the New Jersey Tumor Registry on paper.*
   3. Of the total pathology reports in question #1, how many of the reports are:
      1. Reportable

*We process records based on ‘specimen collection/diagnosis year’, so using 2017 as the ‘specimen collection year’, the numbers are as follows:*

* + - * 1. *Numbers for specimen collection Year 2017 (pathology reports loaded into SEER\*DMS):*

*Approximately 130, 000 path reports.*

*Of those, 127,500 have been screened (and 2,500 have not been screened, mostly reportables, being saved for new coders to code).*

*Of those, 127,500 there are 101,000 reportables (or 79.22%),*

*22,000 non-reportables (or, 17.25%)*

*4,000 “auditables” (or, 3.53%)- their ‘reportability status’ is not clear (these are primarily hematopoietics), until we get the response back from the physicians.*

* + 1. Non-reportable

*Approximately 17.25%*

* 1. Of the pathology reports that were part of reportable cases in #3a how many were:
     1. Electronic

*100%*

* + 1. Non-electronic

0% (ten were non-electronic)

* 1. As of today, how many total cases are identified through pathology reports at your registry (%) ?

*For ‘specimen collection year/dx year’ 2016, 2% of all tumors were lab-only.*

* 1. As of today, what is the proportion of histologically confirmed cases (CTCs) for which there is at least one pathology report.

*For ‘specimen collection year/dx year’ 2016, we have HL7 reports on 38.6% of histologically confirmed NY tumors; (43.4% if we include hospital abstracted lab-only records).*

* Review post-call questions (if time allows)