

Sifting through anatomic pathology system needs and wants

The usefulness and value of any anatomic pathology system is influenced by developments in countless areas, including cancer protocols, digital imaging, and connectivity, as well as by the marketing efforts of vendors promising new and better features. So how do you separate the wheat from the chaff when selecting new AP system modules or planning an upgrade, and how do you measure the worth of your "improved" system? CAP TODAY asked AP systems experts for their opinions. Here's what they had to say.

CAP TODAY: How should you go about prioritizing new modules or upgrades to an AP system in light of recent industry advances, such as in the areas of cancer protocols, digital imaging, and connectivity with other systems?

■ **John H. Sinard, MD, PhD**, director of pathology informatics and associate professor of pathology, Yale University School of Medicine/Yale-New Haven (Conn.) Hospital: Technology can be very alluring. Recognizing this, information systems

vendors frequently move quickly to integrate new technologies into their systems, and they market this integration to attract new customers or new money from existing customers. As a result, many pathology departments and groups purchase modules on the assumption that "we must be able to use this for something." They then end up with a feature that is used



Dr. Sinard

inconsistently or not at all, or worse yet, that disrupts the existing workflow.

I have found it helpful to use an approach called the "categories of information technology impact"* when evaluating information systems features. The process involves assessing, in your work environment, the expected impact that a new or existing feature is likely to have in five areas: practice management, patient care, education, research, and marketing. The impact in each area can be positive or negative and should be evaluated based on the needs of the department or group.

This type of approach, if performed in advance, helps to manage the group's expectations and resources so the group is not disappointed that a feature failed to address a problem it was never intended to solve.

■ **Walter Henricks, MD**, director of the Center for Pathology Informatics, The Cleveland Clinic Foundation: Laboratorians should give high priority to the concept of data exchange because AP systems are increasingly



Dr. Henricks

being called on to exchange data with other health care information systems, such as electronic medical record systems, other laboratory information systems, Web portal servers, and systems that support tumor registries and state health departments. While such data transfer largely involves reports and results, some labs want to receive requisition information electronically through an interface, which is more difficult than receiving clinical laboratory orders electronically. The need for integration extends beyond electronic data exchange with other computer systems to exchanging data with devices and systems used in the laboratory, such as automated stainers, cassette engravers, and voice-recognition systems.

The ability of AP systems to support molecular pathology testing and integrate the ordering, performance, and reporting of molecular tests into the laboratory and pathologists' workflow is becoming increasingly important. Such tests may have specialized requirements that differ from tests performed in traditional pathology operations. The ability to incorporate cancer protocols into workflow easily is also important, and labs should put flexibility in configuring protocols according to

* Sinard J. Evaluating anatomic pathology information systems. In: *Practical Pathology Informatics: Demystifying Informatics for the Practicing Pathologist*. New York, NY: Springer Science and Business Media; 2006:207-232.



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site-specific preferences and ease of use at the top of their priority list. Other modules, such as voice recognition and imaging, are also useful and should be implemented by labs if such modules fulfill their specific needs.

■ **Hal Weiner**, president, *Weiner Consulting Services, health care systems consultants, Florence, Ore.*: I believe priorities will set themselves due to one of three factors—competition, regulatory requirements, and need to reduce costs. Competition will drive the use of images on reports and online access to pathology reports. Regulations and cost reduction will drive the use of synoptic reporting to comply with cancer protocols. Regulations will also lead labs to implement new connectivity standards for integrating laboratory information systems with electronic medical record systems.



Weiner

If a pathology practice has little competition, it may have no cost-justified reason to implement digital imaging. If the practice is small, manual compliance with cancer protocols may be acceptable, but as volumes increase, the use of structured data and the potential to eliminate the transcription process may drive implementation of synoptic reporting and voice-recognition technologies.

Laboratories that contract with anatomic pathology systems vendors that do not provide a solution for these emerging requirements may want to consider third-party vendors, such as mTuitive and Nikon, which offer off-the-shelf solutions that integrate with AP systems.

■ **Raymond D. Aller**, MD, director, *bioterrorism preparedness and response, LA County Public Health Acute Communicable Disease Control, Los Angeles*: The most crucial capability, and common concern, is connectivity for transmitting meaningful reports, as well as for receiving orders and billing information. Your AP system may be able to produce a beautifully formatted report with five fonts, a nice table displaying cancer staging factors, and a photograph of the tumor histology, but what happens when that report is sent to a hospital information system that can display only 72-character, monospaced, upper-case lines of text? How much of the contextual information provided by



Dr. Aller

the pathologist becomes garbled or is lost on primitive hospital, clinic, physician's office, or other medical records systems?

When designing reports using these newer formatting options, pay careful attention to the capabilities of the systems that will be displaying your work to the clinician.

CAP TODAY: How do you assess improvements in productivity resulting from a new feature added to an existing AP system or in a new AP system?

■ **Mark Tuthill**, MD, division head of *pathology informatics, Henry Ford Health System, Detroit*: By imple-

menting a new anatomic pathology information system or new system features, a laboratory can significantly improve its workflow and processes, thereby reducing errors and expenses and improving efficiency and overall quality of reporting. I believe that, new or old, AP systems continuously



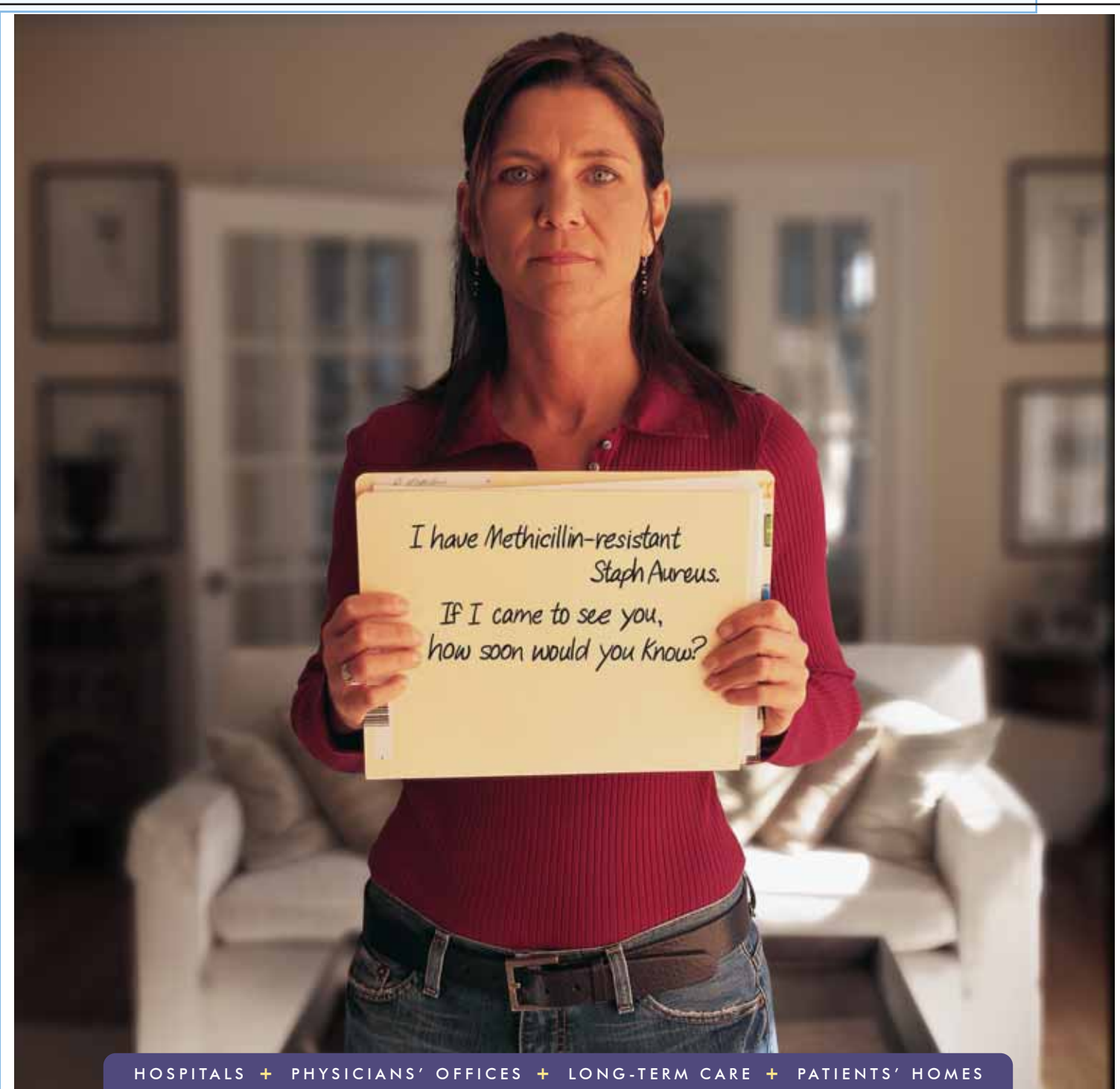
Dr. Tuthill

evolve over time as user understanding improves and new opportunities to deploy system features present themselves.

Each improve-

ment to a system is measurable and can be monitored through reports on user activities, such as case turnaround time, number and kind of report amendments, and billing errors, as well as by external measures, such as customer satisfaction surveys. When implementing new system features, processes, or workflow, we monitor the success or failure of the change by using such reports or designing new reports to match our need. This information is used to monitor the use and accuracy of system features, as well as to provide mechanisms for analyzing

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AP systems

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the data provided by a system feature. For example, we recently implemented a new feature for recording intraoperative consultation (frozen section) data entry and quality assurance. We monitored our progress by routinely running reports for completion of the required information, completion of the quality assurance data, and number of

amendments, in addition to routine practice reports. This allowed us to check that the feature was being used, and being used correctly, as well as to identify user error and resulting training requirements.

While information derived from data reports is critical, we also engage clinical personnel, such as pathologists, pathologist assistants, and transcriptionists, in implementation decisions and processes. The feedback and insight provided by

those using the AP system are critical to successful deployment. In addition to holding working meetings prior to, during, and following implementation, we have found it helpful to have informatics staff in the clinical areas as systems are being tested and activated. This provides us with a real-life perspective on how systems are being used and allows us to implement training for crucial areas.

The successful deployment of a new system or feature often comes down to user acceptance and training. Great systems only work well when people use them successfully.

■ **John H. Sinard, MD, PhD:** Use caution. Not every feature is intended to improve productivity. Some may be adopted for patient care reasons or simply for marketing purposes. (The categories of information technology impact approach, which I introduced in my answer to the previous question, will help clarify this.)

Implementing new features in an AP system often requires modifications to practice workflow. It can be difficult to determine whether any changes in productivity should be attributed to the feature or to the change in workflow. It may be possible, in your practice, to compare adopters to nonadopters. However, this has to be tempered with the understanding that not everyone does the same job. In a subspecialty practice model, if all of the adopters are in a single subspecialty, such as dermatopathology, it makes no more sense to compare dermatopathology to hematopathology productivity after the new feature is implemented than it did before. Nonetheless, despite the inability to systematically assess whether a feature is worthwhile or not, most people will be able to formulate a fairly accurate subjective assessment.

Users of the new feature should hold a formal discussion approximately three weeks after implementation, and again at approximately two months. This gives the group time to tweak the feature and to get used to any new workflow requirements. If people are happier after implementation, even if this is only a perceived improvement, then adding the feature was probably worth the

time and expense.

■ **Raymond D. Aller, MD:** When choosing and configuring a new AP system, the ability to improve productivity should outweigh flashy features. Be aware that moving to a new AP system may cause a *decline* in productivity. Traditional measures to assess productivity include numbers of reports typed per day per transcriptionist and number of cases signed out per hour per pathologist.

My experience has shown that graphical user interface features, such as heavy use of a mouse, typically decrease the productivity of frequent system users, such as transcriptionists—requiring their hands to leave the keyboard to “mouse around” slows them down. Therefore, anyone in the market for an AP system should ask vendors if their systems provide hot keys and macros to avoid mouse use.

Assessment should also include the subjective reaction of system users, particularly those on the front line. A couple of months after your lab has begun using its new system or features, ask your least technology-savvy pathologist what the new features have done to his or her productivity. If they didn't boost the pathologist's productivity, then you may have not only wasted your money but also raised the cost of operating your laboratory, resulting in a negative return on investment.

■ **Hal Weiner:** To calculate productivity and return on investment in new technology and to calculate process improvement, it is imperative to have quantitative baseline metrics from before implementation. The lab can then compare these to results after implementation.

Defining each expected outcome initially is the first step. Whether the goal is to reduce turnaround time, eliminate specific costs, or improve client satisfaction, it needs to have measurable components. One can easily create a model to calculate break-even time frames and return on investment. Laboratories can also conduct surveys of client and employee satisfaction before and after implementation to measure qualitative and quantitative results.

■ **Walter Henricks, MD:** New features may allow a laboratory to accommodate an increase in volume while maintaining current staffing levels. Productivity is only one dimension of value creation, however, and how to create value may be a more appropriate question. For instance, does the feature or function enhance your ability to attract new clients and maintain current ones? Does the feature provide a more effective method for reporting results, and thus improve patient care? □

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Anatomic pathology computer systems

Part 1 of 13	Aspyra (formerly CCA) Bill Blair sales@ccainc.com 26115-A Mureau Rd., Calabasas, CA 91302 800-437-9000 www.ccainc.com	Cerner Corp. Julie Brookings julie.brookings@cerner.com 2800 Rockcreek Parkway, Kansas City, MO 64117 816-201-6455 www.cerner.com
See accompanying article on page 18		
Name of anatomic pathology system	CyberPath	Cerner Millennium Anatomic Pathology
First ever AP system installation/most recent AP system installation	2000/2005	1982/2005
No. of contracts for sites operating AP system (H/IL/C or GP/FI/OS)*	24 (16/3/3/2/0)	111 (101/1/1/8/0)
No. of contracts signed between Oct. 1, 2004–Oct. 1, 2005	2	30
No. of sites operating AP system	24	179
Percentage of installations standalone	0	16%
Staff to develop-install-support-other**		
• In entire company	20-6-20-35	1,360-2,075-871-2,200
• In LIS division (including AP)/in AP systems only	10-3-14-35/4-3-14-35	73-75-43-33/—
No. of interactive terminals (user workstations) in sites operating system	2–250 (ave., 160)	10–400+ (ave., 10–20)
Range in No. of surgical pathology cases per year in sites operating system	3,000–200,000	5,000–100,000
Range in No. of gynecologic cytology cases per year in sites operating syst.	3,000–10,000	2,500–100,000
Central hardware or service type	HP/Compaq, IBM RS/6000	Compaq, IBM RS/6000
Terminals/workstations or PC platform	PC workstations	Intel Pentium
Innovative peripherals	voice dictation enabled, image capture/storage, report/image access†	image enabled, Web enabled, bar codes, cassette labeler, slide labeler
Network installation required?/networks supported	yes/ LAN, WAN, TCP/IP	yes/LAN, WAN, TCP/IP, Unix
Programming language(s)	MicroFocus Cobol, Dialog, C, Visual Basic	Visual C++, Visual Basic, Java
Databases and tools used	ODBC compliant	Oracle
Word processor(s) used	MS Word	MS Word, Visual Writer
Operating system(s)	SCO Unix, AIX	Open VMS, AIX, Windows 2000, NT, XP
Features (listed as a percentage of live installs or based on availability)		
• Surgical pathology information system	100%	100%
• Cytology information system	30%	90%
• Autopsy information system	100%	80%
• Specimen log-in	100%	100%
• Entry of block IDs	100%	100%
• Specimen labels	100%	80%
• Histology slide labels	100%	100%
• Bar-coded slide labels	100%	80%
• Histology worksheets	100%	100%
• Word processing—vendor specific	0	80%
• Word processing—standard tools (Word, WordPerfect)	100%	20%
• Voice entry of gross description	100%	<5%
• Back-end batch voice to text	100%	not available
• Gross and microscopic images integrated in reports	100%	15%
• Electronic signature	100%	100%
• Remote printing of completed reports	100%	80%
• Direct fax reports	100%	80%
• Web-based remote inquiry of reports	40%	<5%
• Physician Web access for order entry	30%	<5%
• Natural language search capability	—	100%
• SNOMED II/SNOMED CT	not available/25%	50%/not available
• Multi-site or multi-facility-wide area network	25%	40%
• Sound-alike retrieval of patient history	available in June 2006	100%
• Autopsy measurements and organ weights	available but not installed	80%
• Tumor registry reports	100%	100%
• Management reports	100%	100%
• Cytology abnormal—unsatisfactory list to doctors	30%	90%
• Cytology diagnostics statistics by pathologist or cytotechnologist	50%	90%
• Histology-cytology correlation report	50%	90%
• Reports sufficient to comply with CLIA '88 regulations	100%	90%
• Comprehensive billing and accounts receivable	not available	<5%
• HIS interface: A/D/T	80%	integrated
• HIS interface: result reporting/incoming clinical results	80%/100%	100%/100%
• Interface to external billing system	80%	80%
• Partin tables or Gleason score calculations	available in September 2006	not available
• Synoptic reporting	available in September 2006	10%
• Specimen tracking and retrieval	available but not installed	not available
• Client services module	40%	installed
• Consult management and reporting	30%	not available
Software provides indexed field in each test definition for LOINC code?	yes	no
Provide LOINC dictionary for each new installation?	no	yes
No. of installations that use system to automatically transfer tumor diagnoses to a tumor registry	NAACCR format available but not installed/1 in HL7 format	5 in NAACCR format
Complete AP application service provider solution?	no	yes
Method of charging for ASP service	—	fixed fee
Client software required	—	requires software be installed on a client PC
ASP information conduit	—	requires use of private, dedicated circuit
Client contracts supported from data center not operated by client	—	100+
How data center is operated	—	by vendor
Other information systems interfaced	Misys, McKesson, IDX, QuadraMed, Siemens, Meditech, others	Cerner, Eclipsys, Epic, McKesson, IDX, Siemens, TDS
Voice-recognition packages integrated with AP system	Dragon Naturally Speaking	Dragon Medical Suite is compatible
Histology and cytology laboratory instruments interfaced	none	Shur/Mark, Thermo Shandon cassette and slide labelers
User interface in language other than English?	no	yes (German)
Source code?/user group?	escrow/yes	escrow/yes (meets online as well)
User can modify screens?	no	yes
Cost (hardware/software/installation and training/monthly maintenance)		
• Smallest stand-alone system	—	—
• Largest stand-alone system	—	—
Base price of integrated system, excluding AP configuration	—	—
• Incremental cost to add smallest AP configuration	—	—
• Incremental cost to add largest AP configuration	—	—
Distinguishing features (supplied by vendor)	<ul style="list-style-type: none"> • integrated with CyberLab LIS; flexible workflow from processing, transcription, and sign-out, with system decision support rules • unlimited access to database for customized reports and standard statistical reports † via Web gateway	<ul style="list-style-type: none"> • comprehensive, integrated single system for all lab departments • over 25 years in the LIS industry, with proven scalability and performance • continued innovations in LIS, including genomics, molecular testing, and patented synoptic reporting
*H=U.S. hospitals, IL=independent labs in U.S., C or GP=clinics or group practices in U.S., FI=foreign installations, OS=other sites		
**other=sales, marketing, administration, and other company functions		

Anatomic pathology computer systems

Part 2 of 13	Cerner DHT Inc. Michele Connors mconnors@cerner.com 2 University Office Park, 51 Sawyer Rd., Waltham, MA 02453 816-885-4818 www.cerner.com	Clinical Information Systems Inc. Angela Woolley cisupport@aol.com 18805 Willamette Drive, West Linn, OR 97068 800-869-0680 www.cislab.com
<i>See accompanying article on page 18</i>		
Name of anatomic pathology system	CoPathPlus	Cislab CPS
First ever AP system installation/most recent AP system installation	1982/2005	1988/2004
No. of contracts for sites operating AP system (H/IL/C or GP/FI/OS)*	163 (136/21/0/5/1)	20 (1/18/1/0/0)
No. of contracts signed between Oct. 1, 2004–Oct. 1, 2005	10	1
No. of sites operating AP system	326	—
Percentage of installations standalone	100%	60%
Staff to develop-install-support-other**		
• In entire company	1,360-2,075-871-2,200	6 total
• In LIS division (including AP)/in AP systems only	—/15-23-23-5	6 total/6 total
No. of interactive terminals (user workstations) in sites operating system	1–1,000 (ave., 50)	1–100 (ave., 15)
Range in No. of surgical pathology cases per year in sites operating system	3,000–350,000	2,500–115,000
Range in No. of gynecologic cytology cases per year in sites operating syst.	2,000–1,000,000	3,000–300,000
Central hardware or service type	IBM RS/6000, Intel Pentium, Sun Solaris, Dell, Compaq	DEC, HP, IBM, generic PCs, Dell, Compaq
Terminals/workstations or PC platform	Intel Pentium, Citrix through client, Dell, Compaq	generic PCs, Wyse 60, Link
Innovative peripherals	voice enabled, image enabled, bar-code scanners, cassette labelers, slide labelers, printers, stain slider interface, Web-enabled report access	WORM drive, HP scanners, Philips, optical disks
Network installation required?/networks supported	yes/LAN, WAN, TCP/IP, Novell, Microsoft	yes/LAN, Unix, TCP/IP
Programming language(s)	PowerBuilder, C++	Delphi, Cobol, C++, Visual Basic
Databases and tools used	MS SQL, Sybase	Interbase, RDBMS, C-ISAM, MS SQL 7
Word processor(s) used	MS Word, TX Text Control (Visual Writer)	WordPerfect tools, MS Word
Operating system(s)	Windows 98, 2000, 2003, XP, AIX, Unix	Windows 95, 98, NT 3.51, NT 4.0, NT 2000, SCO Unix
Features (listed as a percentage of live installs or based on availability)		
• Surgical pathology information system	100%	100%
• Cytology information system	100%	100%
• Autopsy information system	75%	5%
• Specimen log-in	100%	100%
• Entry of block IDs	100%	100%
• Specimen labels	100%	100%
• Histology slide labels	100%	100%
• Bar-coded slide labels	15%	100%
• Histology worksheets	100%	100%
• Word processing—vendor specific	45%	5%
• Word processing—standard tools (Word, WordPerfect)	55%	100%
• Voice entry of gross description	10%	5%
• Back-end batch voice to text	not available	not available
• Gross and microscopic images integrated in reports	20%	5%
• Electronic signature	100%	100%
• Remote printing of completed reports	2%	100%
• Direct fax reports	95%	100%
• Web-based remote inquiry of reports	2%	20%
• Physician Web access for order entry	not available	20%
• Natural language search capability	100%	not available
• SNOMED II/SNOMED CT	95%/5%	available but not installed
• Multi-site or multi-facility-wide area network	30%	1%
• Sound-alike retrieval of patient history	not available	not available
• Autopsy measurements and organ weights	not available	5%
• Tumor registry reports	100%	100%
• Management reports	100%	100%
• Cytology abnormal—unsatisfactory list to doctors	100%	100%
• Cytology diagnostics statistics by pathologist or cytotechnologist	100%	100%
• Histology-cytology correlation report	100%	100%
• Reports sufficient to comply with CLIA '88 regulations	100%	100%
• Comprehensive billing and accounts receivable	not available	50%
• HIS interface: A/D/T	95%	10%
• HIS interface: result reporting/incoming clinical results	95%/available but not installed	10%/10%
• Interface to external billing system	95%	50%
• Partin tables or Gleason score calculations	not available	10%
• Synoptic reporting	17%	not available
• Specimen tracking and retrieval	not available	not available
• Client services module	not available	100%
• Consult management and reporting	90%	not available
Software provides indexed field in each test definition for LOINC code?	no	yes
Provide LOINC dictionary for each new installation?	no	no
No. of installations that use system to automatically transfer tumor diagnoses to a tumor registry	3 in NAACCR format/1 in HL7 format	none
Complete AP application service provider solution?	yes	no
Method of charging for ASP service	fixed fee	—
Client software required	requires software be installed on a client PC	—
ASP information conduit	requires use of private, dedicated circuit	—
Client contracts supported from data center not operated by client	2	—
How data center is operated	by vendor	—
Other information systems interfaced	Cerner, Eclipsys, Epic, McKesson, IDX, Siemens, TDS, Meditech, Keane	Medical Manager, McKesson, Dairyland, PCN, Reynolds & Reynolds, Praxis, LabCorp
Voice-recognition packages integrated with AP system	Dragon, Clinical Reporter	none
Histology and cytology laboratory instruments interfaced	Shur/Mark, Thermo Shandon cassette labelers, Leica, Sakura, Ventana	none
User interface in language other than English?	no	no
Source code?/user group?	escrow/yes (meets online as well)	escrow/no
User can modify screens?	yes	no
Cost (hardware/software/installation and training/monthly maintenance)		
• Smallest stand-alone system	—	\$10k/\$7.5k/\$5k/\$0.3k
• Largest stand-alone system	—	\$100k/\$100k/\$20k/\$2.5k
Base price of integrated system, excluding AP configuration	—	—
• Incremental cost to add smallest AP configuration	—	—
• Incremental cost to add largest AP configuration	—	—
Distinguishing features (supplied by vendor)	<ul style="list-style-type: none"> • extreme flexibility to clients' workflow and report formats • advanced imaging and synoptic reporting capabilities • outstanding dedicated support 	<ul style="list-style-type: none"> • provides client/server point-and-click access for pathology and cytology • easy to learn and use at an efficient cost • easily integrated into an existing network environment
*H=U.S. hospitals, IL=independent labs in U.S., C or GP=clinics or group practices in U.S., FI=foreign installations, OS=other sites **other=sales, marketing, administration, and other company functions		

Tabulation does not represent an endorsement by the College of American Pathologists.

Anatomic pathology computer systems

Part 3 of 13	Computer Trust Corp. David Liberman, MD info@ctcsurge.com 1 State St., Boston, MA 02109-3507 617-557-9264 www.ctcsurge.com	Cortex Medical Management Systems Inc. Stanley Gordon sgordon@cortexmed.com 2001 Western Ave., Ste. 410, Seattle, WA 98121 206-812-6981 www.cortexmed.com
See accompanying article on page 18		
Name of anatomic pathology system	WinSurge	The Gold Standard
First ever AP system installation/most recent AP system installation	1989/2005	1986/2005
No. of contracts for sites operating AP system (H/IL/C or GP/FI/OS)*	67 (31/15/0/0/21†)	49 (20/29/0/0/0)
No. of contracts signed between Oct. 1, 2004–Oct. 1, 2005	8	5
No. of sites operating AP system	82	61
Percentage of installations standalone	100%	33%
Staff to develop-install-support-other**		
• In entire company	confidential	4-2-2-4
• In LIS division (including AP)/in AP systems only	confidential	4-2-2-4/4-2-2-4
No. of interactive terminals (user workstations) in sites operating system	5–3,000 (median, 30)	3–63 (ave., 25)
Range in No. of surgical pathology cases per year in sites operating system	5,000–300,000	50–70,000
Range in No. of gynecologic cytology cases per year in sites operating system	0–250,000	50–120,000
Central hardware or service type	Windows, Unix, others	any Windows compatible
Terminals/workstations or PC platform	Windows PCs, Citrix, Web, VPN, Telnet terminals	any Windows compatible
Innovative peripherals	multiple automated report delivery modes, comprehensive imaging, consult and requisition document management, others	TWAIN-compliant image capture, optical and mark sense readers
Network installation required?/networks supported	user's option/LAN, WAN, TCP/IP, Unix, Windows	yes/TCP/IP
Programming language(s)	Visual Basic, Caché, others	Visual Basic
Databases and tools used	Caché, SQL, Crystal Reports, Excel	MS SQL server
Word processor(s) used	MS Word/RTF text, plain text	MS Word
Operating system(s)	Windows 2000, 2003, XP Professional, Unix, others	Windows 2000, XP, 2003
Features (listed as a percentage of live installs or based on availability)		
• Surgical pathology information system	100%	95%
• Cytology information system	83%	95%
• Autopsy information system	58%	50%
• Specimen log-in	100%	100%
• Entry of block IDs	100%	80%
• Specimen labels	100%	80%
• Histology slide labels	100%	80%
• Bar-coded slide labels	24%	20%
• Histology worksheets	100%	95%
• Word processing—vendor specific	100%	0
• Word processing—standard tools (Word, WordPerfect)	100%	95%
• Voice entry of gross description	19%	0
• Back-end batch voice to text	19%	0
• Gross and microscopic images integrated in reports	77%	20%
• Electronic signature	83%	90%
• Remote printing of completed reports	48%	90%
• Direct fax reports	76%	60%
• Web-based remote inquiry of reports	56%	25%
• Physician Web access for order entry	47%	available but not installed
• Natural language search capability	100%	5%
• SNOMED II/SNOMED CT	12%/available but not installed	40%/0
• Multi-site or multi-facility-wide area network	74%	20%
• Sound-alike retrieval of patient history	100%	10%
• Autopsy measurements and organ weights	58%	20%
• Tumor registry reports	100%	80%
• Management reports	100%	100%
• Cytology abnormal—unsatisfactory list to doctors	83%	60%
• Cytology diagnostics statistics by pathologist or cytotechnologist	83%	90%
• Histology-cytology correlation report	83%	90%
• Reports sufficient to comply with CLIA '88 regulations	100%	100%
• Comprehensive billing and accounts receivable	not available	35%
• HIS interface: A/D/T	29%	20%
• HIS interface: result reporting/incoming clinical results	29%/available but not installed	20%/0
• Interface to external billing system	27%	10%
• Partin tables or Gleason score calculations	29%	5%
• Synoptic reporting	100%	15%
• Specimen tracking and retrieval	100%	100%
• Client services module	100%	0
• Consult management and reporting	100%	60%
Software provides indexed field in each test definition for LOINC code?	yes	no
Provide LOINC dictionary for each new installation?	no	no
No. of installations that use system to automatically transfer tumor diagnoses to a tumor registry	34% in NAACCR format	7 in NAACCR format/3 in HL7 format
Complete AP application service provider solution?	no	yes
Method of charging for ASP service	—	fixed fee
Client software required	—	requires software be installed on a client PC
ASP information conduit	—	operates over the Internet
Client contracts supported from data center not operated by client	—	2
How data center is operated	—	by a third-party (AD Host)
Other information systems interfaced	Siemens, McKesson, TDS, Data Gate, HDS, IDX, Provation, Misys, CPSI, others	Cerner, McKesson, Meditech, Siemens, SCC Soft Computer
Voice-recognition packages integrated with AP system	Dragon Naturally Speaking Professional	none
Histology and cytology laboratory instruments interfaced	Shur/Mark cassette labelers and slide etchers	none
User interface in language other than English?	yes (custom offering)	no
Source code?/user group?	escrow (user's option and expense)/yes	escrow/yes (meets online as well)
User can modify screens?	yes	no
Cost (hardware/software/installation and training/monthly maintenance)		
• Smallest stand-alone system	\$10k/\$25k/\$10k/\$0.5k	<\$1k/\$50k/\$20k/\$1k
• Largest stand-alone system	\$100k/\$2m+/\$1m+/\$25k+	\$75k/\$500k/\$200k/\$7k
Base price of integrated system, excluding AP configuration	0	\$80k
• Incremental cost to add smallest AP configuration	\$10k/\$25k/\$10k/\$0.5k	\$1k/\$2.8k/\$1.4k/\$0.5k
• Incremental cost to add largest AP configuration	\$100k/\$2m+/\$1m+/\$25k+	\$1k/\$2.8k/\$1.4k/\$0.5k
Distinguishing features (supplied by vendor)	<ul style="list-style-type: none"> • top AP LIS for over 15 years • optimizes laboratorians' responsiveness to clients, departments, and outreach • exceptional customer satisfaction and retention 	<ul style="list-style-type: none"> • secure delivery system for order entry and results reporting • reflex testing for linking HPV/DNA probe cases to Pap • on-site installation and training of all staff, with most rapid installs in industry
*H=U.S. hospitals, IL=independent labs in U.S., C or GP=clinics or group practices in U.S., FI=foreign installations, OS=other sites		
**other=sales, marketing, administration, and other company function		
	†pathology practice management/multi-lab enterprises	

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Anatomic pathology computer systems

Part 4 of 13	EasyPath Software Selig Leyser, MD seligl@comcast.net 2551 103rd SE, Beaux Arts, WA 98004 425-455-9012/425-899-2565 http://homepage.mac.com/seligl/easypath/	eTeleNext Inc. Joseph Nollar sales@etelenext.com 28570 Marguerite Parkway, Ste. 222, Mission Viejo, CA 92692 949-365-0952 www.etelenext.com
<i>See accompanying article on page 18</i>		
Name of anatomic pathology system	EasyPath	AP Anywhere
First ever AP system installation/most recent AP system installation	1992/2004	2004/2005
No. of contracts for sites operating AP system (H/IL/C or GP/FI/OS)*	8 (6/1/1/0/0)	5† (0/4/1/0/0)
No. of contracts signed between Oct. 1, 2004–Oct. 1, 2005	0	5
No. of sites operating AP system	5	5
Percentage of installations standalone	100%	80%
Staff to develop-install-support-other**		
• In entire company	2 total	6-2-2-5
• In LIS division (including AP)/in AP systems only	—	5-2-2-0/5-2-2-0
No. of interactive terminals (user workstations) in sites operating system	5–12 (ave., 10)	1–60 (ave., 20)
Range in No. of surgical pathology cases per year in sites operating system	8,000–100,000	3,000–75,000
Range in No. of gynecologic cytology cases per year in sites operating system	100–100,000	3,000–75,000
Central hardware or service type	Windows PC or Macintosh	IBM, Dell, Compaq
Terminals/workstations or PC platform	Windows PC or Macintosh	IBM, Dell, Compaq
Innovative peripherals	voice input optional, image capture integrated	client-controlled custom report template builder, telepathology, remote order entry and results, auto-fax, digital camera/scanner image interfacing, bar code
Network installation required?/networks supported	—	yes/LAN, WAN, Novell, TCP/IP
Programming language(s)	4th Dimension	.Net
Databases and tools used	4D, 4D Write, 4D Compiler	SQL
Word processor(s) used	4D Write (integrated)	Word
Operating system(s)	Windows 95 or better, Macintosh OS 9 or better	Windows
Features (listed as a percentage of live installs or based on availability)		
• Surgical pathology information system	100%	100%
• Cytology information system	100%	100%
• Autopsy information system	100%	0
• Specimen log-in	100%	100%
• Entry of block IDs	100%	100%
• Specimen labels	available but not installed	100%
• Histology slide labels	available but not installed	100%
• Bar-coded slide labels	not available	100%
• Histology worksheets	100%	50%
• Word processing—vendor specific	100%	100%
• Word processing—standard tools (Word, WordPerfect)	—	20%
• Voice entry of gross description	available but not installed	available in August 2006
• Back-end batch voice to text	not available	not available
• Gross and microscopic images integrated in reports	25%	100%
• Electronic signature	50%	100%
• Remote printing of completed reports	100%	100%
• Direct fax reports	available but not installed	100%
• Web-based remote inquiry of reports	not available	80%
• Physician Web access for order entry	not available	50%
• Natural language search capability	100%	100%
• SNOMED II/SNOMED CT	SNOMED-like coding	available but not installed
• Multi-site or multi-facility-wide area network	50%	50%
• Sound-alike retrieval of patient history	100%	not available
• Autopsy measurements and organ weights	100%	not available
• Tumor registry reports	100%	available but not installed
• Management reports	100%	100%
• Cytology abnormal—unsatisfactory list to doctors	not available	20%
• Cytology diagnostics statistics by pathologist or cytotechnologist	25%	20%
• Histology-cytology correlation report	100%	20%
• Reports sufficient to comply with CLIA '88 regulations	100%	100%
• Comprehensive billing and accounts receivable	not available	20%
• HIS interface: A/D/T	not available	not available
• HIS interface: result reporting/incoming clinical results	25%/not available	20%/20%
• Interface to external billing system	not available	50%
• Partin tables or Gleason score calculations	available but not installed	50%
• Synoptic reporting	not available	50%
• Specimen tracking and retrieval	100%	100%
• Client services module	not available	100%
• Consult management and reporting	100%	50%
Software provides indexed field in each test definition for LOINC code?	no	yes
Provide LOINC dictionary for each new installation?	no	no
No. of installations that use system to automatically transfer tumor diagnoses to a tumor registry	none	none (but HL7 format available)
Complete AP application service provider solution?	no	yes
Method of charging for ASP service	—	fixed fee
Client software required	—	browser based
ASP information conduit	—	operates over the Internet
Client contracts supported from data center not operated by client	—	1
How data center is operated	—	by vendor
Other information systems interfaced	Meditech, Cerner	Cortex, GE Medical (Triple G), Misys, Meditech, Cerner
Voice-recognition packages integrated with AP system	any (indirectly)	none
Histology and cytology laboratory instruments interfaced	none	Beckman Coulter, BD, Chromavision ACIS, FCS Express, Ventana, Aperio, Trestle
User interface in language other than English?	no	no
Source code?/user group?	escrow (on request)/no	escrow/yes (meets online as well)
User can modify screens?	yes	yes
Cost (hardware/software/installation and training/monthly maintenance)		
• Smallest stand-alone system	\$2k/\$10k/—/—	\$10k/\$120k/\$5k/0
• Largest stand-alone system	\$30k/\$20k/\$2k/—	\$65k/\$120k/\$10k/\$7.5k+
Base price of integrated system, excluding AP configuration	\$5k	\$145k
• Incremental cost to add smallest AP configuration	\$1.5k/\$10k/—/—	0
• Incremental cost to add largest AP configuration	\$1.5k per workstation and \$2k per server/\$20k/\$2k/—	0
Distinguishing features (supplied by vendor)	<ul style="list-style-type: none"> designed and updated by a practicing pathologist and professional programmer powerful, economical, and flexible inexpensive image capture and integration 	<ul style="list-style-type: none"> product branded for client fully customizable ASP or lab hosted

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Anatomic pathology computer systems

Part 5 of 13	GE Healthcare Information Technologies Larry Wimberly larry.wimberly@med.ge.com 3100 Steeles Ave. East, Ste. 900, Markham, Ontario, Canada L3R 8T3 905-305-0041 www.gehealthcare.com	Impac Medical Systems Inc. Chad Scribner cscribner@impac.com 100 W. Evelyn Ave., Mountain View, CA 94041 888-464-6722 www.impac.com
<i>See accompanying article on page 18</i>		
Name of anatomic pathology system	Centricity Ultra Laboratory AP	PowerPath (formerly Tamtron PowerPath)
First ever AP system installation/most recent AP system installation	1991/2005	1986/2005
No. of contracts for sites operating AP system (H/IL/C or GP/FI/OS)*	34 (9/0/0/25/0)	211 (160/33/14/4/0)
No. of contracts signed between Oct. 1, 2004–Oct. 1, 2005	1	18
No. of sites operating AP system	55	366
Percentage of installations standalone	0	100%
Staff to develop-install-support-other**		
• In entire company	42,500 total	90-50-81-212
• In LIS division (including AP)/in AP systems only	43-33-16-10/3-3-3-0	17-18-19-19/12-10-10-12
No. of interactive terminals (user workstations) in sites operating system	2–50 (ave., 25)	52–400 (ave., 15–30)
Range in No. of surgical pathology cases per year in sites operating system	5,000–250,000	1,500–150,000
Range in No. of gynecologic cytology cases per year in sites operating syst.	1,000–75,000	5,000–350,000
Central hardware or service type	Unix servers—IBM, HP, Sun	Windows 2000 or 2003 server
Terminals/workstations or PC platform	Windows XP, 2000, NT	Windows 2000, 2003, XP
Innovative peripherals	voice input, optical storage, bar-code input, image capture and retrieval, scanning, touch screens	modules for image management, Internet inquiry, dermatopathology, histology automation, enhanced reporting, immunohistochemistry
Network installation required?/networks supported	yes/TCP/IP, Novell	yes/TCP/IP
Programming language(s)	C, C++, Unify Vision	Borland Delphi
Databases and tools used	Unify Data server database, Unify Development tool kit	MS SQL
Word processor(s) used	MS Word	MS Word
Operating system(s)	Unix	Windows
Features (listed as a percentage of live installs or based on availability)		
• Surgical pathology information system	100%	100%
• Cytology information system	100%	100%
• Autopsy information system	50%	100%
• Specimen log-in	100%	100%
• Entry of block IDs	100%	100%
• Specimen labels	100%	100%
• Histology slide labels	100%	100%
• Bar-coded slide labels	installed	installed
• Histology worksheets	75%	100%
• Word processing—vendor specific	not available	100%
• Word processing—standard tools (Word, WordPerfect)	100%	100%
• Voice entry of gross description	5%	installed
• Back-end batch voice to text	available but not installed	not available
• Gross and microscopic images integrated in reports	available but not installed	25%
• Electronic signature	100%	100%
• Remote printing of completed reports	100%	100%
• Direct fax reports	75%	100%
• Web-based remote inquiry of reports	10%	15%
• Physician Web access for order entry	available but not installed	not available
• Natural language search capability	not available	100%
• SNOMED II/SNOMED CT	75%/available in 2006	100%/100%
• Multi-site or multi-facility-wide area network	75%	100%
• Sound-alike retrieval of patient history	not available	100%
• Autopsy measurements and organ weights	50%	100%
• Tumor registry reports	15%	100%
• Management reports	100%	100%
• Cytology abnormal—unsatisfactory list to doctors	60%	100%
• Cytology diagnostics statistics by pathologist or cytotechnologist	60%	100%
• Histology-cytology correlation report	100%	100%
• Reports sufficient to comply with CLIA '88 regulations	75%	100%
• Comprehensive billing and accounts receivable	90%	100%
• HIS interface: A/D/T	100%	100%
• HIS interface: result reporting/incoming clinical results	100%/10%	100%/not available
• Interface to external billing system	80%	100%
• Partin tables or Gleason score calculations	not available	100%
• Synoptic reporting	30%	installed
• Specimen tracking and retrieval	30%	85%
• Client services module	installed	100%
• Consult management and reporting	100%	85%
Software provides indexed field in each test definition for LOINC code?	yes	no
Provide LOINC dictionary for each new installation?	no	no
No. of installations that use system to automatically transfer tumor diagnoses to a tumor registry	5 in HL7 format	17 in HL7 format
Complete AP application service provider solution?	no	no
Method of charging for ASP service	—	—
Client software required	—	—
ASP information conduit	—	—
Client contracts supported from data center not operated by client	—	—
How data center is operated	—	—
Other information systems interfaced	IDX, McKesson, Siemens, Meditech, Per-Sé, Cerner, Eclipsys, Compuware	Eclipsys, Cerner, Misys, Siemens, McKesson, Meditech, SCC, Phamis, IDX
Voice-recognition packages integrated with AP system	Phillips SpeechMagic	—
Histology and cytology laboratory instruments interfaced	Shur/Mark, Lamb, Leica	Shur/Mark, Shandon, Leica, Sakura, Ventana
User interface in language other than English?	no	no
Source code?/user group?	escrow/yes (meets online as well)	escrow/yes
User can modify screens?	no (available in upcoming version)	no
Cost (hardware/software/installation and training/monthly maintenance)		
• Smallest stand-alone system	\$50k/\$150k/\$125k/\$3.5k	—
• Largest stand-alone system	\$500k/\$2m/\$600k/\$25k	—
Base price of integrated system, excluding AP configuration	\$600k	—
• Incremental cost to add smallest AP configuration	n/a/\$40k/\$40k/\$0.6k	—
• Incremental cost to add largest AP configuration	n/a/\$1m/\$200k/\$15k	—
Distinguishing features (supplied by vendor)	<ul style="list-style-type: none"> designed for multi-site laboratory, IDN environments fully integrated with all clinical modules, single database design superior commitment to customer care and services 	<ul style="list-style-type: none"> case-centric workflow outstanding customer satisfaction AP systems leader
*H=U.S. hospitals, IL=independent labs in U.S., C or GP=clinics or group practices in U.S., FI=foreign installations, OS=other sites **other=sales, marketing, administration, and other company functions		

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Anatomic pathology computer systems

Part 6 of 13	Medical Information Technology Inc. (Meditech) Paul Berthiaume info@meditech.com Meditech Circle, Westwood, MA 02090 781-821-3000 www.meditech.com	Medical Information Technology Inc. (Meditech) Paul Berthiaume info@meditech.com Meditech Circle, Westwood, MA 02090 781-821-3000 www.meditech.com
See accompanying article on page 18		
Name of anatomic pathology system	Meditech Anatomical Pathology—client/server	Meditech Anatomical Pathology—Magic
First ever AP system installation/most recent AP system installation	1978/2005	1978/2005
No. of contracts for sites operating AP system (H/IL/C or GP/FI/OS)*	—†	—†
No. of contracts signed between Oct. 1, 2004–Oct. 1, 2005	—†	—†
No. of sites operating AP system	176	612
Percentage of installations standalone	—	—
Staff to develop–install–support–other**	527-434-912-383	527-434-912-383
• In entire company	—†	—†
• In LIS division (including AP)/in AP systems only	—†	—†
No. of interactive terminals (user workstations) in sites operating system	5–100+ (ave., 5–10)	5–100+ (ave., 5–10)
Range in No. of surgical pathology cases per year in sites operating system	—†	—†
Range in No. of gynecologic cytology cases per year in sites operating syst.	—†	—†
Central hardware or service type	HP, IBM, Dell	HP, IBM, Dell
Terminals/workstations or PC platform	only PC workstation supported	only PC workstation supported
Innovative peripherals	voice input/output, image input/output	voice input/output, image input/output
Network installation required?/networks supported	yes/LAN, WAN, Novell, TCP/IP	yes/LAN, WAN, Novell, TCP/IP
Programming language(s)	Magic programming language	Magic programming language
Databases and tools used	Magic and client/server	Magic and client/server
Word processor(s) used	MS Word/rich text	MS Word/rich text
Operating system(s)	industry-standard solutions	Magic
Features (listed as a percentage of live installs or based on availability)		
• Surgical pathology information system	100%	100%
• Cytology information system	100%	100%
• Autopsy information system	100%	100%
• Specimen log-in	100%	100%
• Entry of block IDs	100%	100%
• Specimen labels	100%	100%
• Histology slide labels	100%	100%
• Bar-coded slide labels	100%	100%
• Histology worksheets	100%	100%
• Word processing—vendor specific	100%	100%
• Word processing—standard tools (Word, WordPerfect)	100%	100%
• Voice entry of gross description	100%	100%
• Back-end batch voice to text	100%	100%
• Gross and microscopic images integrated in reports	100%	100%
• Electronic signature	100%	100%
• Remote printing of completed reports	100%	100%
• Direct fax reports	100%	100%
• Web-based remote inquiry of reports	100%	100%
• Physician Web access for order entry	100%	100%
• Natural language search capability	100%	100%
• SNOMED II/SNOMED CT	100%/100%	100%/100%
• Multi-site or multi-facility-wide area network	100%	100%
• Sound-alike retrieval of patient history	100%	100%
• Autopsy measurements and organ weights	100%	100%
• Tumor registry reports	100%	100%
• Management reports	100%	100%
• Cytology abnormal—unsatisfactory list to doctors	100%	100%
• Cytology diagnostics statistics by pathologist or cytotechnologist	100%	100%
• Histology–cytology correlation report	100%	100%
• Reports sufficient to comply with CLIA '88 regulations	100%	100%
• Comprehensive billing and accounts receivable	100%	100%
• HIS interface: A/D/T	100%	100%
• HIS interface: result reporting/incoming clinical results	100%/100%	100%/100%
• Interface to external billing system	100%	100%
• Partin tables or Gleason score calculations	100%	100%
• Synoptic reporting	100%	100%
• Specimen tracking and retrieval	100%	100%
• Client services module	100%	100%
• Consult management and reporting	100%	100%
Software provides indexed field in each test definition for LOINC code?	no	no
Provide LOINC dictionary for each new installation?	no	no
No. of installations that use system to automatically transfer tumor diagnoses to a tumor registry	n/a	n/a
Complete AP application service provider solution?	no	no
Method of charging for ASP service	—	—
Client software required	—	—
ASP information conduit	—	—
Client contracts supported from data center not operated by client	—	—
How data center is operated	—	—
Other information systems interfaced	Misys, McKesson, Siemens, others	Misys, McKesson, Siemens, others
Voice-recognition packages integrated with AP system	Nuance (ScanSoft) Dragon Naturally Speaking	Nuance (ScanSoft) Dragon Naturally Speaking
Histology and cytology laboratory instruments interfaced	n/a	n/a
User interface in language other than English?	no	no
Source code?/user group?	yes/yes	yes/yes
User can modify screens?	some	some
Cost (hardware/software/installation and training/monthly maintenance)		
• Smallest stand-alone system	—	—
• Largest stand-alone system	—	—
Base price of integrated system, excluding AP configuration	—	—
• Incremental cost to add smallest AP configuration	—	—
• Incremental cost to add largest AP configuration	—	—
Distinguishing features (supplied by vendor)	<ul style="list-style-type: none"> • over 30 years' experience developing and implementing LISs • seamlessly share data across departments and facilities • contains all the software needed to capture and store digital images and add notations 	<ul style="list-style-type: none"> • over 30 years' experience developing and implementing LISs • seamlessly share data across departments and facilities • contains all the software needed to capture and store digital images and add notations
*H=U.S. hospitals, IL=independent labs in U.S., C or GP=clinics or group practices in U.S., FI=foreign installations, OS=other sites **other=sales, marketing, administration, and other company functions	†Meditech does not calculate these data	†Meditech does not calculate these data

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Anatomic pathology computer systems

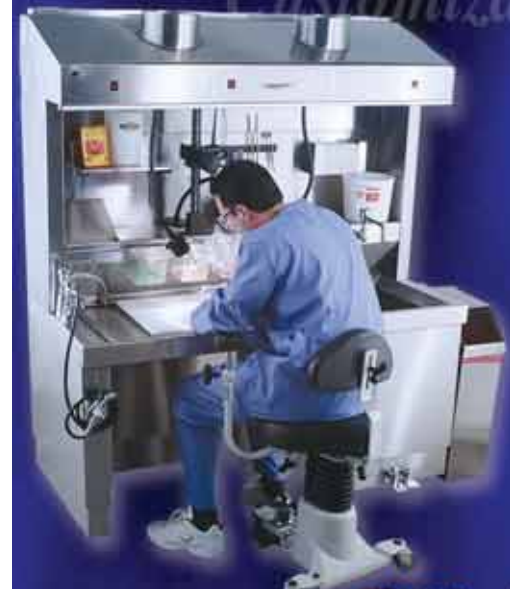
Part 7 of 13	MediSolution Inc. Soraya Comeau 5915 Airport Rd., Ste. 810, Mississauga, Ontario, Canada L4V 1T1 905-673-4100/866-467-4636 www.medisolution.com
See accompanying article on page 18	
Name of anatomic pathology system	MediLab Anatomical Pathology/Cytology
First ever AP system installation/most recent AP system installation	1974/—
No. of contracts for sites operating AP system (H/IL/C or GP/FI/OS)*	171
No. of contracts signed between Oct. 1, 2004–Oct. 1, 2005	—
No. of sites operating AP system	—
Percentage of installations standalone	40%
Staff to develop-install-support-other**	
• In entire company	410 total
• In LIS division (including AP)/in AP systems only	79-11-13-6/n/a
No. of interactive terminals (user workstations) in sites operating system	3–95 (ave., 45)
Range in No. of surgical pathology cases per year in sites operating system	5,000–65,000
Range in No. of gynecologic cytology cases per year in sites operating syst.	2,500–140,000
Central hardware or service type	Sun, Unix, Linux, Windows, IBM, HP
Terminals/workstations or PC platform	IBM-compatible PC
Innovative peripherals	all Microsoft-compatible image retrieval, voice input/output
Network installation required?/networks supported	—
Programming language(s)	C++
Databases and tools used	SQL, Oracle
Word processor(s) used	MS Word
Operating system(s)	Windows, Unix, Linux
Features (listed as a percentage of live installs or based on availability)	
• Surgical pathology information system	100%
• Cytology information system	90%
• Autopsy information system	85%
• Specimen log-in	75%
• Entry of block IDs	100%
• Specimen labels	100%
• Histology slide labels	100%
• Bar-coded slide labels	100%
• Histology worksheets	80%
• Word processing—vendor specific	not available
• Word processing—standard tools (Word, WordPerfect)	100%
• Voice entry of gross description	10%
• Back-end batch voice to text	10%
• Gross and microscopic images integrated in reports	25%
• Electronic signature	95%
• Remote printing of completed reports	100%
• Direct fax reports	100%
• Web-based remote inquiry of reports	13%
• Physician Web access for order entry	installed
• Natural language search capability	not available
• SNOMED II/SNOMED CT	—/55%
• Multi-site or multi-facility-wide area network	30%
• Sound-alike retrieval of patient history	not available
• Autopsy measurements and organ weights	installed
• Tumor registry reports	57%
• Management reports	100%
• Cytology abnormal—unsatisfactory list to doctors	installed
• Cytology diagnostics statistics by pathologist or cytotechnologist	installed
• Histology-cytology correlation report	installed
• Reports sufficient to comply with CLIA '88 regulations	25%
• Comprehensive billing and accounts receivable	40%
• HIS interface: A/D/T	58%
• HIS interface: result reporting/incoming clinical results	8%/available but not installed
• Interface to external billing system	1%
• Partin tables or Gleason score calculations	1%
• Synoptic reporting	75%
• Specimen tracking and retrieval	38%
• Client services module	available but not installed
• Consult management and reporting	100%
Software provides indexed field in each test definition for LOINC code?	yes
Provide LOINC dictionary for each new installation?	no
No. of installations that use system to automatically transfer tumor diagnoses to a tumor registry	0
Complete AP application service provider solution?	yes
Method of charging for ASP service	fixed fee
Client software required	requires software be installed on a client PC
ASP information conduit	requires use of private, dedicated circuit
Client contracts supported from data center not operated by client	2
How data center is operated	by a third party (Superior Consulting Co.)
Other information systems interfaced	MediSolution, SCC, Keane, McKesson, Misys, GE Medical, Meditech, others
Voice-recognition packages integrated with AP system	MS Word compatible, Dragon Naturally Speaking
Histology and cytology laboratory instruments interfaced	Shur/Mark, SurgiPath, Fisher Scientific cassette printers, Ventana stainer
User interface in language other than English?	yes (21 different languages, including French, Spanish, German, Italian, Korean, Chinese)
Source code?/user group?	escrow/yes
User can modify screens?	yes
Cost (hardware/software/installation and training/monthly maintenance)	
• Smallest stand-alone system	\$20k/\$50k/\$15k/\$0.833k
• Largest stand-alone system	\$50k/\$300k/\$40k/\$5k
Base price of integrated system, excluding AP configuration	\$277k
• Incremental cost to add smallest AP configuration	—/\$3k/—/—
• Incremental cost to add largest AP configuration	\$1k/\$3k per workstation/—/\$0.05k
Distinguishing features (supplied by vendor)	<ul style="list-style-type: none"> • integration of all images into history, does not need to be part of report • efficiency of workflow • paperless work distribution
*H=U.S. hospitals, IL=independent labs in U.S., C or GP=clinics or group practices in U.S., FI=foreign installations, OS=other sites	
**other=sales, marketing, administration, and other company functions	

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Anatomic pathology computer systems

Part 8 of 13	Misys Healthcare Systems Leigh Burchell marketing@misyshealthcare.com 8529 Six Forks Rd., Raleigh, NC 27615 866-647-9787 www.misyshealthcare.com	Netlims NJ LLC Avi Allerhand avi@netlims.com 96 Engle St., Englewood, NJ 07631 201-894-5300 www.netlims.com
<i>See accompanying article on page 18</i>		
Name of anatomic pathology system	CoPathPlus from Misys	AutoAP
First ever AP system installation/most recent AP system installation	1979/2005	2000/2005
No. of contracts for sites operating AP system (H/IL/C or GP/FI/OS)*	285	8 (1/1/0/6/0)
No. of contracts signed between Oct. 1, 2004–Oct. 1, 2005	—	2
No. of sites operating AP system	290	20
Percentage of installations standalone	0	0
Staff to develop-install-support-other**		
• In entire company	—	53-11-20-15
• In LIS division (including AP)/in AP systems only	—	53-11-20-15/11-4-5-0
No. of interactive terminals (user workstations) in sites operating system	8–256 (ave., 32)	20–60 (ave., 40)
Range in No. of surgical pathology cases per year in sites operating system	1,000–180,000+	12,000–40,000
Range in No. of gynecologic cytology cases per year in sites operating syst.	1,000–250,000	2,000–15,000
Central hardware or service type	IBM, Dell, Compaq	IBM, HP, Dell
Terminals/workstations or PC platform	IBM, Dell, Compaq	Windows PCs, Dell
Innovative peripherals	Dragon Naturally Speaking–voice; Apollo Telemedicine–imaging management, telepathology, bar code	voice enabled, scanners, microscope camera, images attachment, others
Network installation required?/networks supported	yes/LAN, WAN, TCP/IP	yes/LAN, WAN, TCP/IP, Unix, Linux
Programming language(s)	Power Builder	C++, Java, Visual Basic, ASP .Net
Databases and tools used	Sybase, SQL	Oracle, MS SQL, Caché
Word processor(s) used	internal, MS Word	MS Word
Operating system(s)	AIX, Windows 2000 server, Windows 2000 and XP workstations	Windows, Linux, Unix
Features (listed as a percentage of live installs or based on availability)		
• Surgical pathology information system	100%	100%
• Cytology information system	100%	100%
• Autopsy information system	100%	100%
• Specimen log-in	100%	100%
• Entry of block IDs	100%	100%
• Specimen labels	85%	100%
• Histology slide labels	100%	installed
• Bar-coded slide labels	80%	installed
• Histology worksheets	100%	100%
• Word processing—vendor specific	15%	not available
• Word processing—standard tools (Word, WordPerfect)	85%	100%
• Voice entry of gross description	15%	installed
• Back-end batch voice to text	—	installed
• Gross and microscopic images integrated in reports	30%	100%
• Electronic signature	100%	100%
• Remote printing of completed reports	5%	100%
• Direct fax reports	95%	100%
• Web-based remote inquiry of reports	—	100%
• Physician Web access for order entry	available but not installed	available first quarter 2006
• Natural language search capability	100%	not available
• SNOMED II/SNOMED CT	95%/available but not installed	100%/100%
• Multi-site or multi-facility-wide area network	35%	10%
• Sound-alike retrieval of patient history	not available	100%
• Autopsy measurements and organ weights	100%	100%
• Tumor registry reports	95%	100%
• Management reports	100%	100%
• Cytology abnormal—unsatisfactory list to doctors	100%	100%
• Cytology diagnostics statistics by pathologist or cytotechnologist	100%	installed
• Histology-cytology correlation report	100%	installed
• Reports sufficient to comply with CLIA '88 regulations	100%	100%
• Comprehensive billing and accounts receivable	95%	100%
• HIS interface: A/D/T	95%	100%
• HIS interface: result reporting/incoming clinical results	95%/available but not installed	100%/100%
• Interface to external billing system	95%	not available
• Partin tables or Gleason score calculations	—	not available
• Synoptic reporting	5%	available but not installed
• Specimen tracking and retrieval	—	80%
• Client services module	—	100%
• Consult management and reporting	—	100%
Software provides indexed field in each test definition for LOINC code?	no	yes
Provide LOINC dictionary for each new installation?	no	no
No. of installations that use system to automatically transfer tumor diagnoses to a tumor registry	12 in NAACCR format/1 in HL7 format	6 in HL7 format
Complete AP application service provider solution?	no	no
Method of charging for ASP service	—	—
Client software required	—	—
ASP information conduit	—	—
Client contracts supported from data center not operated by client	—	—
How data center is operated	—	—
Other information systems interfaced	Misys products	Siemens, IDX, Cerner, Misys, SCC
Voice-recognition packages integrated with AP system	Dragon Naturally Speaking	Dragon Naturally Speaking
Histology and cytology laboratory instruments interfaced	Shur/Mark and Shandon slide and cassette labelers	none
User interface in language other than English?	—	yes (in any Windows-supported language)
Source code?/user group?	no/yes (meets online as well)	escrow/no
User can modify screens?	yes	yes
Cost (hardware/software/installation and training/monthly maintenance)		
• Smallest stand-alone system	—	\$30k/\$120k/\$30k/\$2.25k
• Largest stand-alone system	—	\$150k/\$400k/\$90k/\$7.35k
Base price of integrated system, excluding AP configuration	—	—
• Incremental cost to add smallest AP configuration	—	\$30k/\$70k/\$30k/\$1.5k
• Incremental cost to add largest AP configuration	—	\$120k/\$250k/\$75k/\$4.875k
Distinguishing features (supplied by vendor)	<ul style="list-style-type: none"> structured data reporting with synoptic analysis and SNOMED CT electronic cancer reporting for better cancer research and outcomes outstanding customer satisfaction and financial stability 	<ul style="list-style-type: none"> one database for all disciplines—AP, microbiology, general lab, etc. highly customizable to meet the needs of the lab and its clients full HL7 interfaces for orders and results; full integration with MS Office
<small>*H=U.S. hospitals, IL=independent labs in U.S., C or GP=clinics or group practices in U.S., FI=foreign installations, OS=other sites **other=sales, marketing, administration, and other company functions</small>		

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Anatomic pathology computer systems

Part 9 of 13	NetSoft Inc.	Novovision Inc.
<i>See accompanying article on page 18</i>	Bill Hughes sales@netsoftusa.com 2156 W. Park Court, Ste. E, Stone Mountain, GA 30087 678-325-2909 www.netsoftusa.com	Hina Kharbey sales@novovision.com 301 N. Harrison St., Ste. 384, Princeton, NJ 08540 877-668-6123 www.novovision.com
Name of anatomic pathology system	IntelliPath	NovoPath
First ever AP system installation/most recent AP system installation	2001/2005	1999/2005
No. of contracts for sites operating AP system (H/IL/C or GP/FI/OS)*	32 (5/24/3/0/0)	53 (4/35/14/0/0)
No. of contracts signed between Oct. 1, 2004–Oct. 1, 2005	7	15
No. of sites operating AP system	43	80
Percentage of installations standalone	100%	100%
Staff to develop-install-support-other**		
• In entire company	5-5-7-2	8-4-3-3
• In LIS division (including AP)/in AP systems only	—	—
No. of interactive terminals (user workstations) in sites operating system	1–40 (ave., 12)	3–150 (ave., 20)
Range in No. of surgical pathology cases per year in sites operating system	5,000–200,000	3,500–275,000
Range in No. of gynecologic cytology cases per year in sites operating syst.	12,000–60,000	1,500–750,000
Central hardware or service type	Dell, HP Pentium IV or Xeon servers	Windows 2003 servers
Terminals/workstations or PC platform	Dell, HP, generic Pentium IV PCs	PC based
Innovative peripherals	auto fax, digital cameras and scanners for imaging, bar-code printing and scanning, voice recognition, handheld PDA and pocket PC connectivity, others	high-volume requisition scanners, interactive voice response for result delivery
Network installation required?/networks supported	no (but supports LAN, WAN, TCP/IP, Citrix)	yes/LAN, WAN, TCP/IP, Windows networking
Programming language(s)	Clarion, C++, .Net	MS Tools
Databases and tools used	Pervasive SQL	MS SQL server, Oracle
Word processor(s) used	integrated	MS Word, user preference
Operating system(s)	Windows XP, 2000	Windows XP Professional
Features (listed as a percentage of live installs or based on availability)		
• Surgical pathology information system	100%	100%
• Cytology information system	25%	100%
• Autopsy information system	10%	100%
• Specimen log-in	100%	100%
• Entry of block IDs	100%	100%
• Specimen labels	100%	100%
• Histology slide labels	100%	100%
• Bar-coded slide labels	100%	100%
• Histology worksheets	100%	100%
• Word processing—vendor specific	100%	not available
• Word processing—standard tools (Word, WordPerfect)	not available	100%
• Voice entry of gross description	available but not installed	100%
• Back-end batch voice to text	available but not installed	100%
• Gross and microscopic images integrated in reports	10%	100%
• Electronic signature	100%	100%
• Remote printing of completed reports	available but not installed	100%
• Direct fax reports	100%	100%
• Web-based remote inquiry of reports	25%	60%
• Physician Web access for order entry	available but not installed	20%
• Natural language search capability	100%	100%
• SNOMED II/SNOMED CT	available but not installed	available but not installed
• Multi-site or multi-facility-wide area network	18%	25%
• Sound-alike retrieval of patient history	installed	100%
• Autopsy measurements and organ weights	10%	100%
• Tumor registry reports	100%	100%
• Management reports	100%	100%
• Cytology abnormal—unsatisfactory list to doctors	20%	100%
• Cytology diagnostics statistics by pathologist or cytotechnologist	20%	100%
• Histology-cytology correlation report	20%	100%
• Reports sufficient to comply with CLIA '88 regulations	100%	100%
• Comprehensive billing and accounts receivable	45%	30%
• HIS interface: A/D/T	10%	20%
• HIS interface: result reporting/incoming clinical results	15%/10%	20%/20%
• Interface to external billing system	30%	100%
• Partin tables or Gleason score calculations	available but not installed	installed
• Synoptic reporting	not available	100%
• Specimen tracking and retrieval	installed	100%
• Client services module	28%	100%
• Consult management and reporting	28%	100%
Software provides indexed field in each test definition for LOINC code?	no	no
Provide LOINC dictionary for each new installation?	no	no
No. of installations that use system to automatically transfer tumor diagnoses to a tumor registry	8 in HL7 format	not tracked
Complete AP application service provider solution?	no	yes
Method of charging for ASP service	—	fixed fee
Client software required	—	browser based, requires software be installed on a client PC
ASP information conduit	—	operates over the Internet
Client contracts supported from data center not operated by client	—	0
How data center is operated	—	by a third party
Other information systems interfaced	Rand, Per-Sé, WebMD, IDX	McKesson, InVision, Eclipsys, others
Voice-recognition packages integrated with AP system	Dragon Naturally Speaking	Dragon Naturally Speaking
Histology and cytology laboratory instruments interfaced	—	—
User interface in language other than English?	no	no
Source code?/user group?	escrow/no	escrow/no
User can modify screens?	yes	yes
Cost (hardware/software/installation and training/monthly maintenance)		
• Smallest stand-alone system	—	—
• Largest stand-alone system	—	—
Base price of integrated system, excluding AP configuration	—	—
• Incremental cost to add smallest AP configuration	—	—
• Incremental cost to add largest AP configuration	—	—
Distinguishing features (supplied by vendor)	<ul style="list-style-type: none"> • all modules, including word processing and billing, are fully integrated • full-featured system with scalable pricing • superior customer care 	<ul style="list-style-type: none"> • real-time slide video conferencing (telepathology) • built-in interactive results using voice • report content preferences per physician
<small>*H=U.S. hospitals, IL=independent labs in U.S., C or GP=clinics or group practices in U.S., FI=foreign installations, OS=other sites **other=sales, marketing, administration, and other company functions</small>		

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Anatomic pathology computer systems

<i>Part 10 of 13</i>	Opus Healthcare Solutions Inc. Shelli Allen solutions@opushealthcare.com 12301 Research Blvd., Bldg. IV, Ste. 200, Austin, TX 78759 800-676-3371 www.opushealthcare.com	Orchard Software Corp. Kerry Foster sales@orchardsoft.com 701 Congressional Blvd., Ste. 360, Carmel, IN 46032 800-856-1948 www.orchardsoft.com
<i>See accompanying article on page 18</i>		
Name of anatomic pathology system	Opus AP	Orchard Harvest Anatomic Pathology
First ever AP system installation/most recent AP system installation	1987/2005	2006/2006
No. of contracts for sites operating AP system (H/IL/C or GP/FI/OS)*	5 (5/0/0/0/0)	9 (3/5/1/0/0)
No. of contracts signed between Oct. 1, 2004–Oct. 1, 2005	1	9
No. of sites operating AP system	4	9 (in various stages of installation)
Percentage of installations standalone	0	0
Staff to develop-install-support-other**		
• In entire company	50-15-20-25	23-27-18-32
• In LIS division (including AP)/in AP systems only	7-8-7-20/3-2-7-20	23-27-18-32/3-4-4-1
No. of interactive terminals (user workstations) in sites operating system	5–30 (ave., 19)	2–20 (ave., 5)
Range in No. of surgical pathology cases per year in sites operating system	7,058–10,253	unknown
Range in No. of gynecologic cytology cases per year in sites operating syst.	0–4,949	unknown
Central hardware or service type	HP 9000, RP 5340	Hewlett-Packard
Terminals/workstations or PC platform	any	Hewlett-Packard
Innovative peripherals	n/a	Symbol bar-code scanners, L-tron label printers (ZPL language supported)
Network installation required?/networks supported	yes/LAN, WAN, TCP/IP, Unix	yes/LAN, WAN, Novell, TCP/IP
Programming language(s)	C, Java	4th Dimension, Java
Databases and tools used	Postgres, SQL	4th Dimension, SQL
Word processor(s) used	proprietary Java-based text editor	none
Operating system(s)	HP-UX	MS Windows
Features (listed as a percentage of live installs or based on availability)		
• Surgical pathology information system	100%	installed
• Cytology information system	100%	installed
• Autopsy information system	60%	installed
• Specimen log-in	100%	installed
• Entry of block IDs	30%	installed
• Specimen labels	available but not installed	installed
• Histology slide labels	30%	installed
• Bar-coded slide labels	not available	installed
• Histology worksheets	30%	installed
• Word processing—vendor specific	100%	installed
• Word processing—standard tools (Word, WordPerfect)	not available	installed
• Voice entry of gross description	not available	installed
• Back-end batch voice to text	not available	not available
• Gross and microscopic images integrated in reports	available in 2006	available in fall 2006
• Electronic signature	100%	installed
• Remote printing of completed reports	100%	installed
• Direct fax reports	100%	installed
• Web-based remote inquiry of reports	30%	installed
• Physician Web access for order entry	not available	installed
• Natural language search capability	100%	not available
• SNOMED II/SNOMED CT	not available	installed
• Multi-site or multi-facility-wide area network	available but not installed	installed
• Sound-alike retrieval of patient history	not available	not available
• Autopsy measurements and organ weights	available but not installed	installed
• Tumor registry reports	60%	installed
• Management reports	100%	installed
• Cytology abnormal—unsatisfactory list to doctors	30%	installed
• Cytology diagnostics statistics by pathologist or cytotechnologist	30%	installed
• Histology-cytology correlation report	30%	installed
• Reports sufficient to comply with CLIA '88 regulations	30%	installed
• Comprehensive billing and accounts receivable	not available	not available
• HIS interface: A/D/T	100%	installed
• HIS interface: result reporting/incoming clinical results	100%/100%	installed
• Interface to external billing system	50%	installed
• Partin tables or Gleason score calculations	not available	not available
• Synoptic reporting	available but not installed	installed
• Specimen tracking and retrieval	not available	installed
• Client services module	not available	installed
• Consult management and reporting	50%	—
Software provides indexed field in each test definition for LOINC code?	no	yes
Provide LOINC dictionary for each new installation?	—	no
No. of installations that use system to automatically transfer tumor diagnoses to a tumor registry	1 in HL7 format	—
Complete AP application service provider solution?	yes	no
Method of charging for ASP service	fixed monthly subscription	—
Client software required	requires software be installed on a client PC	—
ASP information conduit	VPN, requires use of private, dedicated circuit	—
Client contracts supported from data center not operated by client	5	—
How data center is operated	by a third party (UHS Corporate)	—
Other information systems interfaced	Siemens, Invision, McKesson, Cycare, Medquist, Hemocare, Quest, ADL	McKesson, Misys, IDX, Siemens, Cerner, Dairyland, QuadraMed, Meditech, GE, Experior, others
Voice-recognition packages integrated with AP system	none	Dragon Naturally Speaking
Histology and cytology laboratory instruments interfaced	none	none
User interface in language other than English?	no	no
Source code?/user group?	escrow/yes (meets online as well)	escrow/yes (meets online as well)
User can modify screens?	yes	yes
Cost (hardware/software/installation and training/monthly maintenance)		
• Smallest stand-alone system	\$15k-\$20k/\$40k/\$20k-\$30k/\$1k-\$2k	n/a
• Largest stand-alone system	\$20k-\$30k/\$40k/\$30k-\$50k/\$2k-\$4k	n/a
Base price of integrated system, excluding AP configuration	\$100k-\$300k	~\$90k
• Incremental cost to add smallest AP configuration	\$15k-\$20k/\$40k/\$20k-\$30k/\$1k-\$2k	\$3k/\$30k/\$13k/\$0.25k
• Incremental cost to add largest AP configuration	\$20k-\$30k/\$40k/\$30k-\$50k/\$2k-\$4k	\$30k/\$90k/\$30k/\$1k
Distinguishing features (supplied by vendor)	<ul style="list-style-type: none"> • full integration with OpusLab to include ADT, billing, results review, HIS interface • flexible workflow with numerous customer options • Pap smear random: 10% rescreen; 0+ negative cases is automatic 	<ul style="list-style-type: none"> • advanced rules-based decision support logic • interface and integration expertise with other systems, departments, and reference labs • industry leader in installation, service, and technical support

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Anatomic pathology computer systems

Part 11 of 13	PathLogix Corp.	Psyché Systems Corp.
<i>See accompanying article on page 18</i>	Jerry Grayson jerry@pathlogix.com 470 Nautilus St., Ste. 306, La Jolla, CA 92037 858-454-8030 www.pathlogix.com	Patricia Salem info@psychesystems.com 321 Fortune Blvd., Milford, MA 01757 800-345-1514 www.psychesystems.com
Name of anatomic pathology system	PathLogix	WindoPath
First ever AP system installation/most recent AP system installation	1998/2005	1986/2005
No. of contracts for sites operating AP system (H/IL/C or GP/FI/OS)*	73 (5/68/0/0/0)	110 (45/29/4/32/0)
No. of contracts signed between Oct. 1, 2004–Oct. 1, 2005	5	7
No. of sites operating AP system	76	127
Percentage of installations standalone	73%	90%
Staff to develop-install-support-other**		
• In entire company	—	12-8-9-6
• In LIS division (including AP)/in AP systems only	—	12-8-9-6/6-4-5-6
No. of interactive terminals (user workstations) in sites operating system	1–80 (ave., 5)	1–45 (ave., 6)
Range in No. of surgical pathology cases per year in sites operating system	1,000–40,000	1,000–75,000
Range in No. of gynecologic cytology cases per year in sites operating syst.	1,000–50,000	0–200,000
Central hardware or service type	any Windows computer	Windows NT, 2000, 2003
Terminals/workstations or PC platform	standard terminals	Windows PC
Innovative peripherals	imaging, voice recognition, most standard peripherals	voice input/output, image management, auto fax, Web outreach, bar code, cassette/slide labelers, others
Network installation required?/networks supported	no, but supports all networks that support Microsoft databases	yes/LAN, WAN, TCP/IP
Programming language(s)	SQL, Visual Basic, C++	VB .Net, Visual Basic, Small Talk
Databases and tools used	SQL server, Access	MS SQL server
Word processor(s) used	MS Word	integrated
Operating system(s)	all Windows operating systems	Windows NT, 2000, XP, 2003 server
Features (listed as a percentage of live installs or based on availability)		
• Surgical pathology information system	100%	100%
• Cytology information system	100%	99%
• Autopsy information system	—	100%
• Specimen log-in	100%	100%
• Entry of block IDs	100%	100%
• Specimen labels	100%	100%
• Histology slide labels	100%	100%
• Bar-coded slide labels	100%	100%
• Histology worksheets	100%	100%
• Word processing—vendor specific	100%	100%
• Word processing—standard tools (Word, WordPerfect)	100%	100%
• Voice entry of gross description	installed	25%
• Back-end batch voice to text	installed	available but not installed
• Gross and microscopic images integrated in reports	installed	100%
• Electronic signature	100%	100%
• Remote printing of completed reports	100%	100%
• Direct fax reports	100%	100%
• Web-based remote inquiry of reports	2%	10%
• Physician Web access for order entry	2%	5%
• Natural language search capability	100%	100%
• SNOMED II/SNOMED CT	—	available but not installed
• Multi-site or multi-facility-wide area network	installed	10%
• Sound-alike retrieval of patient history	—	100%
• Autopsy measurements and organ weights	—	100%
• Tumor registry reports	installed	100%
• Management reports	100%	100%
• Cytology abnormal—unsatisfactory list to doctors	installed	100%
• Cytology diagnostics statistics by pathologist or cytotechnologist	100%	100%
• Histology-cytology correlation report	installed	100%
• Reports sufficient to comply with CLIA '88 regulations	installed	100%
• Comprehensive billing and accounts receivable	—	not available
• HIS interface: A/D/T	—	100%
• HIS interface: result reporting/incoming clinical results	—	100%/5%
• Interface to external billing system	100%	90%
• Partin tables or Gleason score calculations	—	available in early 2006
• Synoptic reporting	—	5%
• Specimen tracking and retrieval	100%	available but not installed
• Client services module	100%	available but not installed
• Consult management and reporting	100%	100%
Software provides indexed field in each test definition for LOINC code?	—	yes
Provide LOINC dictionary for each new installation?	—	no
No. of installations that use system to automatically transfer tumor diagnoses to a tumor registry	—	3 in NAACCR format
Complete AP application service provider solution?	yes	yes
Method of charging for ASP service	fixed fee	fixed fee
Client software required	requires software be installed on a client PC	browser based
ASP information conduit	operates over the Internet	operates over the Internet
Client contracts supported from data center not operated by client	—	5
How data center is operated	—	by vendor
Other information systems interfaced	Medical Manager, IDX Last Word	Siemens, McKesson, Meditech, Misys, Keane, others
Voice-recognition packages integrated with AP system	Dragon Naturally Speaking, IBM	Dragon systems
Histology and cytology laboratory instruments interfaced	—	CAS analyzer, Ventana Benchmark, Roche Elecsys/Integra, Coulter ACT
User interface in language other than English?	no	yes (Italian; translation tables for all languages)
Source code?/user group?	escrow/no	escrow/yes
User can modify screens?	yes	yes
Cost (hardware/software/installation and training/monthly maintenance)		
• Smallest stand-alone system	—/\$1.49k/—/\$0.08k	0/\$16.5k/\$7.7k/\$0.446k
• Largest stand-alone system	—/\$17.77k/—/\$0.2k	\$11k/\$372k/\$40k/\$11k
Base price of integrated system, excluding AP configuration	—	—
• Incremental cost to add smallest AP configuration	—/\$2.99k/—/\$0.08k	—
• Incremental cost to add largest AP configuration	—/\$17.77k/—/\$0.2k	—
Distinguishing features (supplied by vendor)	<ul style="list-style-type: none"> Internet option with customer report retrieval, online requisitions, other advanced features features to help clients with marketing and customer service flexibility and scalability 	<ul style="list-style-type: none"> interfaces to instruments and devices, including slide/cassette labelers clinical info. module to view/report related clinical test results easy to use; customized to fit labs' specific needs/specialty
<small>*H=U.S. hospitals, IL=independent labs in U.S., C or GP=clinics or group practices in U.S., FI=foreign installations, OS=other sites **other=sales, marketing, administration, and other company functions</small>		

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Anatomic pathology computer systems

Part 12 of 13	SCC Soft Computer Ellie Vahman ellie@softcomputer.com 34350 U.S. Highway 19 North, Palm Harbor, FL 34684 727-789-0100 www.softcomputer.com	Small Business Computers of New England Inc. Gene Calvano gene_calvano@sbcne.com 25 Lowell St., Ste. 401, Manchester, NH 03101 800-647-2263/603-695-9090 www.sbcne.com
<i>See accompanying article on page 18</i>		
Name of anatomic pathology system	SoftPath	AP Easy
First ever AP system installation/most recent AP system installation	1993/2005	1989/2005
No. of contracts for sites operating AP system (H/IL/C or GP/FI/OS)*	140 (104/9/4/23/0)	206 (48/136/17/5/0)
No. of contracts signed between Oct. 1, 2004–Oct. 1, 2005	10	20
No. of sites operating AP system	290	206
Percentage of installations standalone	3%	100%
Staff to develop-install-support-other**		
• In entire company	603-79-178-170	4-4-4-1
• In LIS division (including AP)/in AP systems only	440-57-130-124/121-16-36-34	—
No. of interactive terminals (user workstations) in sites operating system	5–250 (ave., 10–20)	1–53 (ave., 7–10)
Range in No. of surgical pathology cases per year in sites operating system	1,000–85,000	1,000–50,000
Range in No. of gynecologic cytology cases per year in sites operating syst.	25–125,000	2,000–75,000
Central hardware or service type	IBM pSeries (RS/6000), IBM Power5 system	Windows NT, 2000, 2003, XP, Macintosh OS
Terminals/workstations or PC platform	PCs with Windows 2000, XP	Windows NT, 2000, 2003, XP, Macintosh OS
Innovative peripherals	embedded images and lab results on final reports, image-management module, Web-based portal access for ordering and reports, others	image-enabled reports with digital/microscope camera, color printing, fax robot
Network installation required?/networks supported	yes/LAN, WAN, TCP/IP, Unix	yes/LAN, WAN, TCP/IP
Programming language(s)	C++, C, VBA, Java	FileMaker Pro
Databases and tools used	Oracle, XML, DB Vista, SQL	FileMaker Pro
Word processor(s) used	MS Word/Rich Text Editor	integrated with FileMaker Pro
Operating system(s)	server: IBM, AIX (Unix)/client: Windows 2000, XP	Windows NT, 2000, 2003, XP, Macintosh OS
Features (listed as a percentage of live installs or based on availability)		
• Surgical pathology information system	100%	100%
• Cytology information system	100%	100%
• Autopsy information system	100%	100%
• Specimen log-in	100%	100%
• Entry of block IDs	100%	100%
• Specimen labels	100%	100%
• Histology slide labels	100%	100%
• Bar-coded slide labels	installed	installed
• Histology worksheets	100%	100%
• Word processing—vendor specific	not available	n/a
• Word processing—standard tools (Word, WordPerfect)	100%	100%
• Voice entry of gross description	installed	available but not installed
• Back-end batch voice to text	available second quarter 2006	available but not installed
• Gross and microscopic images integrated in reports	installed	100%
• Electronic signature	100%	100%
• Remote printing of completed reports	100%	installed
• Direct fax reports	100%	installed
• Web-based remote inquiry of reports	5%	15%
• Physician Web access for order entry	available but not installed	1%
• Natural language search capability	100%	100%
• SNOMED II/SNOMED CT	not available/installed	100%/available but not installed
• Multi-site or multi-facility-wide area network	55%	installed
• Sound-alike retrieval of patient history	100%	100%
• Autopsy measurements and organ weights	installed	100%
• Tumor registry reports	installed	100%
• Management reports	100%	100%
• Cytology abnormal—unsatisfactory list to doctors	100%	100%
• Cytology diagnostics statistics by pathologist or cytotechnologist	100%	100%
• Histology-cytology correlation report	100%	100%
• Reports sufficient to comply with CLIA '88 regulations	100%	100%
• Comprehensive billing and accounts receivable	30%	15%
• HIS interface: A/D/T	95%	installed
• HIS interface: result reporting/incoming clinical results	85%/15%	installed/available but not installed
• Interface to external billing system	60%	85%
• Partin tables or Gleason score calculations	available second quarter 2006	installed
• Synoptic reporting	installed	installed
• Specimen tracking and retrieval	available second quarter 2006	100%
• Client services module	installed	installed
• Consult management and reporting	installed	100%
Software provides indexed field in each test definition for LOINC code?	yes	no
Provide LOINC dictionary for each new installation?	no	no
No. of installations that use system to automatically transfer tumor diagnoses to a tumor registry	10 in HL7 format	17 in NAACCR format
Complete AP application service provider solution?	yes	no
Method of charging for ASP service	fixed fee or transaction based (or both)	—
Client software required	requires software be installed on a client PC	—
ASP information conduit	requires use of private, dedicated circuit	—
Client contracts supported from data center not operated by client	1	—
How data center is operated	by vendor	—
Other information systems interfaced	Cerner, Siemens, McKesson, IDX, QuadraMed, Eclipsys, Dairyland, others	Misys, Meditech, CPSI
Voice-recognition packages integrated with AP system	Dragon Professionally Speaking	Windows and Macintosh OS packages supporting FileMaker Pro
Histology and cytology laboratory instruments interfaced	cassette markers, slide labelers, stainers	slide labelers
User interface in language other than English?	yes (French)	no
Source code?/user group?	escrow/yes (meets online as well)	yes/no
User can modify screens?	yes	yes
Cost (hardware/software/installation and training/monthly maintenance)		
• Smallest stand-alone system	\$30k/\$30k/\$50k/\$0.45k	\$1k/\$3k/0/0
• Largest stand-alone system	\$100k/\$150k/\$75k/\$2.25k	\$50k+/\$22k/\$3k/\$0.25k
Base price of integrated system, excluding AP configuration	\$250k	n/a
• Incremental cost to add smallest AP configuration	\$15k/\$30k/\$40k/\$0.45k	n/a
• Incremental cost to add largest AP configuration	\$100k/\$275k/\$75k/\$4.125k	n/a
Distinguishing features (supplied by vendor)	<ul style="list-style-type: none"> • unique Manager's Dashboard with real-time data and ability to delegate tasks • Web-based module (SoftWeb) for remote order entry and results query • powerful features for large commercial laboratories 	<ul style="list-style-type: none"> • customized solution with ongoing customizing support • Internet reporting of final reports to client physicians • high level of personalized support
*H=U.S. hospitals, IL=independent labs in U.S., C or GP=clinics or group practices in U.S., FI=foreign installations, OS=other sites **other=sales, marketing, administration, and other company functions		

Tabulation does not represent an endorsement by the College of American Pathologists.

Anatomic pathology computer systems

Part 13 of 13	William Shang, MD wshang@yahoo.com Cortland Memorial Hospital 134 Homer Ave., Cortland, NY 13045 607-756-3621 www.geocities.com/wshang/
See accompanying article on page 18	
Name of anatomic pathology system	Integrity
First ever AP system installation/most recent AP system installation	1996/2004
No. of contracts for sites operating AP system (H/IL/C or GP/FI/OS)*	2 hospital contracts†
No. of contracts signed between Oct. 1, 2004–Oct. 1, 2005	—
No. of sites operating AP system	unknown (many downloads)†
Percentage of installations standalone	—
Staff to develop-install-support-other**	1 total
• In entire company	—
• In LIS division (including AP)/in AP systems only	—
No. of interactive terminals (user workstations) in sites operating system	1–6
Range in No. of surgical pathology cases per year in sites operating system	4,000–5,000
Range in No. of gynecologic cytology cases per year in sites operating syst.	0–11,000
Central hardware or service type	—
Terminals/workstations or PC platform	PC platform
Innovative peripherals	voice input, others
Network installation required?/networks supported	no
Programming language(s)	Visual Basic for Access
Databases and tools used	Access 97, 2000
Word processor(s) used	—
Operating system(s)	Windows 95, 98, 2000, XP
Features (listed as a percentage of live installs or based on availability)	
• Surgical pathology information system	100%
• Cytology information system	50%
• Autopsy information system	50%
• Specimen log-in	50%
• Entry of block IDs	0
• Specimen labels	0
• Histology slide labels	0
• Bar-coded slide labels	0
• Histology worksheets	0
• Word processing—vendor specific	0
• Word processing—standard tools (Word, WordPerfect)	0
• Voice entry of gross description	50%
• Back-end batch voice to text	0
• Gross and microscopic images integrated in reports	50%
• Electronic signature	100%
• Remote printing of completed reports	50%
• Direct fax reports	50%
• Web-based remote inquiry of reports	0
• Physician Web access for order entry	0
• Natural language search capability	100%
• SNOMED II/SNOMED CT	0
• Multi-site or multi-facility-wide area network	50%
• Sound-alike retrieval of patient history	0
• Autopsy measurements and organ weights	n/a
• Tumor registry reports	50%
• Management reports	0
• Cytology abnormal—unsatisfactory list to doctors	50%
• Cytology diagnostics statistics by pathologist or cytotechnologist	50%
• Histology-cytology correlation report	50%
• Reports sufficient to comply with CLIA '88 regulations	50%
• Comprehensive billing and accounts receivable	100%
• HIS interface: A/D/T	0
• HIS interface: result reporting/incoming clinical results	0
• Interface to external billing system	0
• Partin tables or Gleason score calculations	not available
• Synoptic reporting	available but not installed
• Specimen tracking and retrieval	100%
• Client services module	not available
• Consult management and reporting	100%
Software provides indexed field in each test definition for LOINC code?	no
Provide LOINC dictionary for each new installation?	—
No. of installations that use system to automatically transfer tumor diagnoses to a tumor registry	—
Complete AP application service provider solution?	no
Method of charging for ASP service	—
Client software required	—
ASP information conduit	—
Client contracts supported from data center not operated by client	—
How data center is operated	—
Other information systems interfaced	—
Voice-recognition packages integrated with AP system	Dragon Naturally Speaking
Histology and cytology laboratory instruments interfaced	none
User interface in language other than English?	no
Source code?/user group?	yes/no
User can modify screens?	yes
Cost (hardware/software/installation and training/monthly maintenance)	
• Smallest stand-alone system/	—
• Largest stand-alone system	—
Base price of integrated system, excluding AP configuration	—
• Incremental cost to add smallest AP configuration	—
• Incremental cost to add largest AP configuration	—
Distinguishing features (supplied by vendor)	<ul style="list-style-type: none"> • no cost for software • open architecture for individual modifications • "mini" shareware exists for those wanting pull-down menus to be exported to existing AP system
*H=U.S. hospitals, IL=independent labs in U.S., C or GP=clinics or group practices in U.S., FI=foreign installations, OS=other sites **other=sales, marketing, administration, and other company functions	† freeware, open architecture

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