Assessing LPL software

Jan Bowers

April 2017—Twenty years ago, CAP TODAY released its first product guide for laboratory-provider links software. The demand for connectivity was growing as laboratories built their outreach business, and the future looked bright for LPL software companies.

Two decades later, the functionality is as essential as ever, but health care consolidation is influencing the who and the how in the software connectivity marketplace, in the view of one pathology informatics veteran. As independent practices, and even large, multi-physician clinics, are being purchased by hospitals and health systems, says Bruce A. Friedman, MD, emeritus professor of informatics in the Department of Pathology, University of Michigan, these practices increasingly are being required to use specific EHR software in lieu of freestanding LPL products. But on the bright side, he continues, "it's still a robust market ... And some of these smaller companies don't need a lot of contracts to continue in the market."

[Laboratory-provider links software interactive product guide](#)

Dr. Friedman's view is largely shared by another prominent pathology informatics expert, one who has followed the development of LPL software since the early 1990s. "The future of the dedicated [LPL company] will be threatened if our health care system in the U.S. sucks all providers into large practice groups," says CAP TODAY software guide editor Raymond Aller, MD, clinical professor emeritus of pathology at the Keck School of Medicine, University of Southern California. This is a negative, he says, because companies focused on LPL software have, in general, "done the best in terms of providing functionality, evolution, and support for labs using this capability." But Dr. Aller also acknowledges the contributions of lab information systems vendors that support links to other LISs in their LPL software. This feature is important to physicians when, for example, insurance rules dictate that a specimen be sent to a lab other than the one that provided the LPL software, he points out. "The LIS vendors will continue to build functionality," he adds. The smaller companies, in particular, "will go to providers' offices and figure out what is needed and how to add that."

Dr. Aller is less enthusiastic about vendors that provide comprehensive electronic medical record systems to hospitals. Some, such as Epic, "provide a reasonable range of outreach/lab-provider link capability," he says. "In other cases, it's a bundled bill of goods, grossly inferior to what the laboratory could obtain if they selected a focused lab-provider links software package."

But regardless of whether lab-provider connectivity is provided by dedicated LPL providers, LIS companies, or EHR vendors, support trumps features, Dr. Aller maintains. "You can follow the CAP TODAY product guides through the years and see that the list of features increases," he says. "And that's the mark of some good vendors. But it's only meaningful if the vendor provides support when something goes wrong. There's much too much attention on the whiz bang stuff. The lab [shopping for LPL software] needs to ask existing users, When the thing breaks, does it get fixed? When the doctor's office has a problem, is that dealt with rapidly? A company can claim to have all sorts of features, but if the support's not there when the laboratory needs it, there's not much point."

Looking ahead, Dr. Aller anticipates that connectivity to patients' and physicians' electronic devices will be a focus of new capabilities for LPL software. Some vendors already offer mobile apps for physicians' smartphones and tablets. But Dr. Aller envisions, for example, a patient's glucose meter or blood pressure meter linked to the physician's office via LPL software and functioning as a data-gathering device. "The most challenging aspect of this will be the security controls, to protect the privacy of patient results and to ensure that hackers can't access or attack the system," he says. In addition, he asserts that "there's not enough inventory control in today's packages. These systems could keep better track of what is in the supply closet [drawing tubes, for example] and order an

item before it runs out."

At the same time, Dr. Aller acknowledges the difficulty of creating an interface between two pieces of software. "I have a lot of admiration for all the vendors that practice in this space," he adds, "for their dedication to providing good patient care."

On the following pages, CAP TODAY profiles 20 laboratory-provider links systems from 19 companies. The data presented for each company are based on vendors' responses to a questionnaire. Readers interested in purchasing LPL software are encouraged to verify the information presented, particularly a company's claims of offering innovative features.

[hr]

Jan Bowers is a writer in Evanston, Ill.