# Newsbytes, 1/15

## Editors: Raymond D. Aller, MD, and Hal Weiner

[hr]

## Desire to stem lab test overuse leads to free software

For Zia Uddin, PhD, enough was enough. After reading time and again about the proliferation of redundant and otherwise medically unnecessary laboratory testing in the U.S. health care system, the clinical chemist and computer scientist decided to take matters into his own hands—quite literally.

So about a year ago, Dr. Uddin, a consultant in clinical chemistry at St. John Macomb-Oakland Hospital, Warren, Mich., formed a volunteer software design team to help him write software with the goal of chipping away at the problem of lab test overutilization. The result is LabLinked: Physician Tool for Laboratory Testing—a free cloud-based system that allows clinicians to search for and select laboratory tests with price considerations in mind. LabLinked, which is based on native computer programming, is available as a website ([www.lablinked.com](http://www.lablinked.com)), an app for smartphones and tablets, and a software-as-a-service application ([www.physicianlabtests.com](http://www.physicianlabtests.com)). The latter duplicates the function of LabLinked.com and acts as a backup system in the event of downtime on the other offerings.

"I fundamentally believe that education must be free through the Internet," says Dr. Uddin, when asked why he's not charging a fee for LabLinked. "It's better to give than receive," he adds.

The idea behind LabLinked is "very simple," explains Dr. Uddin: "Do the test only if you need it; don't do the test if it's not helpful to the diagnosis." By factoring price into the medical decision-making process each time an order is placed, Dr. Uddin hopes the software will get clinicians in the habit of closely assessing the value of every test they order.

The software focuses on clinical need, particularly for expensive tests, by incorporating a price cutoff above which ordering approval is required from a lab director. For example, if an oncologist wants to request a gene test for a patient with cancer, a pop-up in LabLinked appears on the screen showing, among other details, the test's cost plus the reimbursement rates. If the cost exceeds the predetermined cutoff—say, $200, although a hospital's medical executive committee can customize this threshold—the test would be listed as "not orderable without authorization and review." A test with a sticker price below the dollar limit restriction could be ordered immediately.

"It's very easy to work with and it's easy to teach," says Diane Maennle, MD, an associate pathologist at St. John Macomb-Oakland Hospital and a collaborator on LabLinked. "You show them [clinicians], and it takes five minutes for them to start using it."

As of CAP TODAY press time, Drs. Uddin and Maennle had loaded LabLinked with a few dozen lab tests to show how the prototype software works. They are in the process of incorporating over 4,000 more tests and expect to have every test annotated and entered in the software's database in the next few months.

Each entry will include the name of the lab test, current procedural terminology code, results turnaround time, and a description of the test's clinical use. Because hospitals negotiate different costs with lab test providers, however, each medical center that uses LabLinked must enter its own prices for tests, a simple process that takes only seconds per test entry, Dr. Uddin says.

To integrate the cost-containment software with laboratory information systems, Dr. Uddin and his design team created an application-programming interface. In the coming months, after all 4,000-plus tests have been input, he plans to offer the software to all U.S.-based LIS companies. Hospitals could then access LabLinked via their LIS to incorporate their test prices and dollar cutoff values.

Dr. Uddin has approached a handful of hospital administrators in Michigan about using the software and all are interested, he says. "And when the hospital is interested, the laboratory information system vendor is interested."

To further promote the software and spread word of its utility, Dr. Uddin has developed a series of lectures to teach medical students, residents, and attending physicians about LabLinked and the broader problem of unnecessary lab testing. Last year he presented his vision for LabLinked to an audience in Houston, and he plans to hold similar sessions with residents at his hospital during this academic year. He also hopes to deliver Internet-based seminars in the future.

"The best solution to get the software out there," Dr. Uddin says, "is first to start from the ground level, with the medical residents and fellows" because they are not yet set in their ways.

Dr. Maennle agrees. Test pricing information "has been available in catalogs for a long, long time," she says, "but no one ever calls to ask how much the tests cost." —Elie Dolgin

[hr]

## Partnership develops joint reporting system for pathology and radiology

The image-exchange software company The New Medical Product Server has joined with Long Island Pathology to offer combined reporting capability for the pathology and radiology medical specialties.
The New Medical Product Server has combined its OneDX medical image software application suite with LI Path's platform so physicians can use one portal to view patient images, reports, and notes, rather than accessing separate reporting mechanisms. The platform was expected to go live at CAP TODAY press time.

Among the features offered on the system is embedded flagging functionality that will alert physicians to urgent cases, such as cancer.

"Never before has this [level of] sophistication of reporting been made available to physicians," says LI Path CEO

Ken Cerney. "It will significantly enhance their work, as well as their ability to rely on accurate patient information from a single source without the risk of competing or conflicting interdepartmental reports."

*The New Medical Product Server*, 203-380-8624

[hr]


## CLSI offering updated standard on information technology security

The Clinical and Laboratory Standards Institute has released Information Technology Security of In Vitro Diagnostic Instruments and Software Systems; Approved Standard—Second Edition (AUTO11-A2). The document provides a framework for communicating information technology security issues between in vitro diagnostic system vendors and health care organizations.

The second edition of the standard emphasizes the need for cybersecurity within health care systems and provides IVD system vendors with guidance and direction on protecting the confidentiality and integrity of information in their products. It also addresses new technology and best practices that have emerged since publication of the first edition of the document in 2006, including developments in cloud-based software and mobile devices.

In October, the FDA released a guidance document that lists AUTO11 as a recognized consensus standard for information technology and medical device security. The CLSI standard is intended for IVD system vendors, laboratory personnel, and IT management within health care organizations.

*CLSI*, 877-447-1888

[hr]


## McKesson launches venture capital fund

McKesson has established McKesson Ventures, a strategic venture capital fund that will invest in early and growth-stage companies addressing business challenges facing the health care industry.

"By investing and partnering with entrepreneurs and other investors that can bring new approaches to the challenges our customers are facing, we will accelerate the innovation cycle and further strengthen the value we provide to industry stakeholders across all segments," says John Hammergren, chairman and CEO of McKesson.

McKesson Ventures is actively making minority investments in companies that span a broad section of health care. It plans to help build businesses that are both supporting and benefitting from such changes to the health care industry as increasing consumerism, emergence of alternate delivery models, and the shift toward value-based reimbursement models.

*McKesson*, 415-983-8300

[hr]


## GE Healthcare to resell Caradigm connectivity software

GE Healthcare has announced that it will offer Caradigm's single sign-on and context management solutions in the United States, Canada, and some European countries to provide connectivity between GE's Omnyx digital pathology platforms and designated anatomic pathology systems.

The Caradigm software, part of the company's identity and access management suite of products, will connect the Omnyx platform and select AP systems to give pathologists faster, more secure access to lab applications and

patient data.

"Using Caradigm single sign-on and context management software in conjunction with Omnyx solutions," says Omnyx CEO Mamar Gelaye, "the pathologist will confidently be able to have the right access to the right application and the right data without interruption to their clinical workflow."

*[GE Healthcare](), 877-711-6147*

*[Caradigm](), 425-201-2500*

[hr]

## New website to help physician office lab professionals

Physician office lab consulting firm Total Lab Care, a division of ELITechGroup, recently launched Lab-Ask, a free Web-based community for laboratory professionals.

Lab-Ask connects POLs to industry experts with the backgrounds necessary to answer lab-related questions about such topics as regulation, billing, payment, profitability, and operations. The company's experts cumulatively have knowledge about all aspects of the physician office lab and have worked as medical technologists, educators, or administrators in the health care field.

Lab-Ask also offers access to industry updates, expert tips, and technical bulletins.

"Our goal is to offer piece of mind with personalized support not typically available to small to medium-size medical practices," says Todd Proud, director of Total Lab Care.

***Total Lab Care***, *609-216-7360*

[hr]

## NovoPath integrates Leica specimen-tracking system

Leica Biosystems has reported that it will partner with NovoPath to seamlessly integrate its Cerebro specimen-tracking system with the NovoPath anatomic pathology system.

Integration of the systems will allow labs to electronically track samples from specimen receipt to result delivery. It will also provide the data necessary to identify bottlenecks and improve workflow efficiency, according to Leica.

The partnership builds on NovoPath's support of Leica Biosystems labelers, stainers, and other histology equipment.

*[NovoPath](), 877-668-6123*

*[Leica Biosystems](), 800-248-0123*

[hr]

*Dr. Aller is director of informatics and clinical professor in the Department of Pathology, University of Southern California, Los Angeles. He can be reached at [raller@usc.edu](mailto:raller@usc.edu). Hal Weiner is president of Weiner Consulting Services, LLC, Eugene, Ore. He can be reached at [hal@weinerconsulting.com](mailto:hal@weinerconsulting.com).*

· **Dr. Maennle**