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Raymond D. Aller, MD, and Hal Weiner

Subspecialty no more—integrating informatics

Five years ago, leaders in the Department of Pathology at Massachusetts General Hospital introduced to their colleagues the concept that informatics should be an integral component of their department instead of a separate entity. Embracing informatics, they surmised, would transform the way pathologists practice medicine and broaden their understanding of disease.

David N. Louis, MD, chief of pathology at Massachusetts General, rejected the approach of making informatics divisions places where experts in computer science toil in obscurity. Working with his associate chief of pathology, John Gilbertson, MD, Dr. Louis began embedding newly hired informaticians, some of whom were pathologists, in every division of the pathology department.

My mission, Dr. Gilbertson told CAP TODAY, was “could we make informatics be embraced by most of our pathologists in all of our subspecialties? Could we make it central to the way pathologists think of themselves?...The answer is we can, but you change informatics. It can’t be a subspecialty anymore.”

The informaticians at Massachusetts General were given the freedom to pursue any projects they considered relevant to pathology, explained Dr. Gilbertson, who spoke about Massachusetts General’s pathology informatics initiatives in a presentation, titled “Informatics as Both a Subspecialty (and an Intrinsic Component) of Pathology,” at the Association of Pathology Informatics conference in October. “Their operations are their own,” said Dr. Gilbertson, the informatics division’s only official employee. “What this means is that when they look to the horizon, they see the [pathology] department itself and not the informatics department.”

For example, one informatician is mining the department’s large data sets to determine whether different combinations of tests improve patient outcomes and to identify whether certain patient characteristics should be used to alter test selection. “Because he is able to sit in the core laboratories, looking at these millions and millions of tests we run every year, he’s well positioned to understand what is going on,” Dr. Gilbertson said.

Another significant benefit of the hospital’s informatics model is that it has changed many pathologists’ perceptions of informaticians. Instead of viewing them as potential adversaries pursuing institutional goals incompatible with their own, the pathologists see them as allies who have their interests at heart.

This alliance may be particularly useful when pathologists need to adopt new practices or expand specific areas, such as clinical imaging, Dr. Gilbertson said. The informatician who will be heading up Massachusetts General’s clinical imaging initiative, he explained, has extensive experience in cytology informatics and cytology imaging, as well as credibility with pathologists gained from working side by side with them to reach a common goal. This will likely ease the transition for staff, he noted.

Somewhat surprising to Dr. Gilbertson was that under the informatics model, diagnostic faculty began to cluster around specific informatics interests, such as imaging, decision support, and disease models, “most of which have nothing to do with the LIS.”

Perhaps not surprisingly, the immersion of informaticians in the pathology department has also helped in recruiting informatics-savvy residents. When touring the pathology department, residents meet informaticians with whom they can discuss mutual interests. In other programs, said Dr. Gilbertson, residency candidates may never meet the department’s informatics experts.

Even residents who enter Massachusetts General’s pathology program without an interest in informatics

sometimes develop one after they are exposed to the duties of an informatician, Dr. Gilbertson noted. "In their standard rotation in pathology, they begin to see informatics as part of their practice," he said. This leads some to enroll in the hospital's diagnostic pathology/informatics fellowship, a two-year program that began in 2007. Year one of the fellowship is dedicated to diagnostic pathology and year two to informatics. It's an "integrated program that can teach them cytology and informatics in a reasonable time frame," Dr. Gilbertson said.

"If you look at our fellowship program, half come from our residency program," Dr. Gilbertson added. Elsewhere, "most residents in training today never see anything about informatics, except a couple of lectures once a year."

Dr. Gilbertson considers interest in Massachusetts General's informatics fellowship, which currently enrolls six fellows, a sign that its informatics dispersion model is effective. At Massachusetts General, "our clinical pathology guys and our anatomical pathology guys are also our informatics guys," he said.

Dr. Gilbertson also considers it a positive sign that a recent in-house meeting about the future of computational pathology drew over one-third of the pathology department. "I've never seen that happen," he said.

PathCentral sells diagnostic laboratory business

The cloud computing technology and global connectivity firm PathCentral has sold its diagnostic laboratory business to Ascend Clinical, LLC, which provides end-stage renal disease laboratory testing to independent dialysis clinics.

Under the acquisition, Ascend will obtain PathCentral's molecular diagnostics and gene sequencing business while PathCentral concentrates on its cloud-based technology business units, including its Web-based anatomic pathology system and PathCentral Pathology Network. The network, slated to launch in March, will use digital pathology technology to connect pathologists worldwide with pathology subspecialty consultants.

"Applying PathCentral's expertise in cloud-based, end-to-end enterprise solutions with the growing field of digital pathology in an integrated professional network is the next phase of PathCentral's technical evolution," the company reports.

In a separate announcement, PathCentral reported plans to roll out its pathology network to China-based Kindstar Globalgene Technology, the largest esoteric diagnostic testing company in that country. The alliance will allow the more than 3,300 hospitals that use Kindstar's laboratory services to access the expertise of hundreds of American pathologists and receive cloud-based pathology consultations from the United States.

Kindstar has been affiliated with PathCentral since 2011, at which time it purchased PathCentral's anatomic pathology system.

[PathCentral](#), 888-516-4958

[Ascend Clinical](#), LLC, 800-800-5655

ONC asks labs about health information exchange

The federal government has mailed a questionnaire to 14,000 randomly selected hospital and independent laboratories as part of a survey on health information exchange in clinical labs. The survey is intended to provide a comprehensive understanding of electronic laboratory information exchange capacity and activity at the state and national level.

The questionnaire, which was mailed to lab managers, lab directors, and lab information specialists, among others, is designed to collect data on laboratory information exchange nationwide, including laboratory information exchange volume, standards, systems and technical architecture, and barriers and facilitators.

The survey, sponsored by the Department of Health and Human Services' Office of the National Coordinator for Health Information Technology, will be used to provide states with targeted assistance in developing laboratory information exchange strategies and to shape policies for such exchanges.

The results of the survey are slated to be published on the ONC's Web site in late summer.

EMR module from Psyche addresses meaningful use

Psyche is marketing its EMR Internet Interface module to laboratories challenged with implementing phase two of the HITECH Act's meaningful use initiatives, including computerized physician order entry.

With the module, requisitions are sent from the electronic medical record in real time. The module also provides dirty order scrubbing, notification, and rules; laboratory management and error resolution tools; and EMR-to-LIS data-mapping functionality. Psyche's project management services staff handles all interactions between the client and the client's EMR system vendor.

Laboratories that purchase the EMR Internet Interface module by March 15 will receive their first connection free.

[Psyche Systems](#), 800-345-1514

NetLims to release new version of lab system

NetLims NJ, LLC, has announced plans to introduce AutoLims version 3.3.1 next month.

This latest version of NetLims' AutoLims laboratory information system offers enhanced user customization of menus and tables. It also includes the company's new AutoAccess module, which allows physicians to place lab orders and view results online.

"AutoLims version 3.3.1 provides our customers with software support for cross-lab functions by offering fully paperless and automated support from start to finish for processes such as add-on requests, sample shipments for multi-site organizations, and ordering of questionable tests," says Gerald Choder, NetLims' vice president of sales and marketing.

Numerous management controls have also been added to the new version, including the ability to view the number of orders that are pending results, the number of results that have been distributed, and the number of stat orders that are being processed, as well as which tests have exceeded their predetermined turnaround time.

[NetLims NJ, LLC](#), 866-638-5467

Online database addresses meaningful use measures

The U.S. Health Information Knowledgebase contains recently published information on meaningful use clinical quality measures and their associated value sets, as well as information on meaningful use core and menu objectives.

USHIK is an online, public registry and repository of health care-related data, metadata, and standards. It offers search, analysis, comparison, and download functionality for clinical quality measures and value sets and information on objectives for stages one and two of meaningful use.

Health care providers can access the USHIK meaningful use portal at <http://ushik.ahrq.gov>. The site is funded by the Department of Health and Human Services' Agency for Healthcare Research and Quality.

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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. Hal Weiner is president of Weiner Consulting Services, LLC, Florence, Ore. He can be reached at hal@weinerconsulting.com.