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Digital imaging going strong but weaknesses persist

In his CAP '13 presentation on digital imaging last fall, John H. Sinard, MD, PhD, asked attendees if they use digital still photography in anatomic pathology. "Most of the people in the room raised their hands," says Dr. Sinard, who is professor of pathology, director of pathology informatics, and associate director of anatomic pathology at the Yale School of Medicine. In contrast, "very few hands went up" in response to a similar query regarding whole slide imaging.

"So most people in the room had gone to digital imaging in one form or another, whether they are a small operation and they are taking pictures and burning them onto a CD and just storing them away, or whether they are integrated into their laboratory information system and are embedding them in reports," he explains.

Yet, while digital still photography is flourishing in grossing, many of the issues that have long-plagued image storage and management have changed very little, says Dr. Sinard. Reflecting on an *Archives of Pathology & Laboratory Medicine* article he coauthored nearly a decade ago (2005;129[9]:1118-1126), which focused in part on the pros and cons of digital imaging solutions integrated with lab information systems, Dr. Sinard told CAP TODAY: "I don't think the advantages and disadvantages I wrote about have really changed. The only thing that's changed for many people is which vendor they're now dealing with."

In his CAP '13 presentation, titled "Digital Imaging—Practical Issues and Implementation," Dr. Sinard again reviewed the good and the bad of integrated imaging solutions. On the plus side, he pointed out, an integrated solution has the look and feel of the LIS, often with a consistent user interface. As an off-the-shelf solution, it requires minimal setup time and usually works "if recommended configurations are followed." It places images with their respective cases and can allow for the incorporation of images into patient reports. In addition, the system automatically stores a variety of information about the images, such as when the images were acquired and by whom. A significant disadvantage, however, is that the image-acquisition software must run on the same hardware as the clinical information system, so upgrades to the LIS may require upgrades to the image-capture software. At the same time, advances in image-acquisition hardware are occurring more rapidly than the software required to interface them can be developed, so users may not be able to take advantage of the newest devices. Furthermore, images may be "trapped" in a proprietary format, preventing them from being used for other purposes without being exported into a standard format and perhaps causing them to be lost if the pathology department migrates to a different LIS.

Compounding these problems, says Dr. Sinard, is that many pathology departments are being forced to switch from a best-of-breed LIS to a pathology module included in an enterprise-wide electronic medical records system. In response to meaningful use requirements, many institutions "are going with very large vendors who offer rudimentary pathology modules," he notes. "The people making the decisions about purchasing are unilaterally and arbitrarily deciding that pathology will switch to whatever module is offered by the vendor they've decided to go with for their EMR because they want one single vendor. . . . You can sit there and argue, 'Well, they don't have a good imaging solution,' or 'They don't have a good workflow,' but mostly the response [you'll] get is, 'We don't care—make it work.'"

That adds a layer of complexity to issues of image storage and management, he explains, because while a small LIS could often run on a local desktop computer, "EMRs generally do not, so you're connecting into some central application server and running there." As a result, "much of this digital-acquisition software becomes a little more problematic because you can't just plug a camera into your local computer and expect it to be seen by the EMR software [since] the EMR software isn't running on your local computer."

Difficulties such as these may prevent pathologists from using digital images in ways they otherwise might have, such as incorporating the images into reports, Dr. Sinard says. "I would say, if anything, the problems [inherent in integrated digital-imaging solutions] not only persist, but have become even greater," he adds.

But despite the drawbacks, says Dr. Sinard, for some pathology departments, particularly in smaller hospitals, the integrated, "soup-to-nuts" solution may still be the best approach to digital imaging. Some hospitals, he explains, "want everything to be turnkey; they want to go to one vendor and buy one product and have them be responsible for making all the pieces of it work."

Orchard Software releases enterprise-class LIS

Orchard Software has introduced Orchard Sequoia, a laboratory information system for the enterprise-wide lab.

Sequoia is "designed to be scalable and to address the needs of the largest clients," says Rob Bush, president of Orchard Software. The product's three-tier design accommodates the needs of high-volume laboratories across multiple locations and departments, including clinical, molecular, anatomic pathology, and microbiology.

Sequoia uses its application program interface in conjunction with Web services to make lab data and Sequoia's functionality available to other information systems. "With Sequoia," says Bush, "users can extract and manipulate data stored in the LIS to generate statistics for analytics using data trends and patterns to provide valuable insight" into population health status and other laboratory business intelligence needs. Ad hoc reports can track such information as turnaround times, physician utilization, testing volumes, staffing levels by shift, billing data, and population data by diagnosis. Sequoia can be used to monitor data by analyte to discover shifts between reagent lot numbers, identify unnecessary or duplicative testing scenarios, or track specific diagnoses or abnormal test results to manage disease populations.

Sequoia uses a Microsoft SQL Server 2012 Enterprise Edition database. Data can be mined using SQL Reporting Services or Crystal Reports.

[**Orchard Software**](#), 800-856-1948

GE purchases API Healthcare

GE has acquired the health care workforce management solutions provider API Healthcare.

API's offerings will expand GE Healthcare's hospital operations management portfolio, which gives hospitals real-time access to operational data, allowing GE to manage the scheduling, flow, and availability of staff, patients, and assets.

"With this acquisition," says Mike Swinford, president and CEO of GE Healthcare Services, "we are now able to address a significant portion of hospital operating costs—from assets to patients and labor—with a mix of software, real-time data, powerful analytics, and professional services."

[**GE Healthcare**](#), 888-436-8491

Telcor POC software provides connectivity for cardiac testing

Telcor has announced that its QML point-of-care software now provides connectivity to the Pathfast cardiac biomarker analyzer.

Telcor recently released a new software driver for the Pathfast analyzer that allows QML to automatically interface results from the analyzer to a laboratory information system or electronic medical record system, or both.

QML, which was designed as an open system, provides point-of-care management and electronic interfacing for more than 90 types of POC devices.

Pathfast, which is sold by Vital Diagnostics through Cardinal Health, has a simple, compact design and 17-min. turnaround time.

[Telcor](#), 866-489-1207

CCHIT ends EHR certification, revamps strategic direction

The Certification Commission for Health Information Technology has reported that it will no longer offer Office of the National Coordinator testing and certification services for electronic health record products under the federal government's meaningful use program.

"It's apparent to both providers and vendors that the pace of ONC 2014 Edition certification has been slowed by the challenges of more rigorous criteria and testing, and the timing and nature of future federal health IT program requirements remain uncertain," says Alisa Ray, CCHIT executive director. "With these changes, we can provide a greater level of support and counsel to providers and vendors, something we could not undertake as a government authorized certification body."

The CCHIT plans to offer health care providers and health IT developers direct counsel on the requirements for certified EHR technology and how best to satisfy HIT regulations. The commission will continue to operate The Source, its subscription-based ONC testing and certification preparation service. It will also introduce a new menu of individualized services focused on such topics as understanding ONC certification criteria and test methods. In addition, the CCHIT will launch new services under an alliance with the Health Care Information and Management Systems Society.

Viewics and Apollo add to client base

The University Hospitals Case Medical Center, Cleveland, has gone live with Viewics' Viewics Health Insighter. The medical center has deployed the business intelligence solution across its clinical and anatomic pathology departments to enhance those departments' data-mining and analytical capabilities.

[Viewics](#), 415-439-0084

Sharp HealthCare, San Diego, has contracted with Apollo for its Apollo EPMM (enterprise patient multimedia manager). The enterprise-wide solution will enable Sharp's clinicians to access clinical multimedia, regardless of format, and share images across all specialties and systems.

[Apollo](#), 703-288-1474

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