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### A lab IT strategic plan: from guidance to lessons learned

For those with even the slightest bit of health care business acumen, it should come as no surprise that when health systems expand quickly through mergers and acquisitions, hospital labs often struggle to communicate and cooperate with their counterparts at far-flung sister sites. Faced with such a challenge, the lab at the rapidly growing Geisinger Health System embraced a solution. It set to work on a laboratory information technology strategic plan, which was expected to be completed and submitted for approval at CAP TODAY press time. Completion of the plan coincides with the opening of a core laboratory on the health system's main campus, in Danville, Pa.

"Labs don't do a lot of strategic planning, especially in an organized fashion the way a corporation would," says Myra L. Wilkerson, MD, vice chair for laboratory medicine at Geisinger. "Pathologists typically don't have a background in business. So this is a foray into new territory for us."

With five hospital campuses in Pennsylvania and three in New Jersey, Geisinger will centralize certain laboratory services, such as microbiology, histology, anatomic pathology, toxicology, and molecular testing, at its core lab in Danville. The labs at other Geisinger campuses will conduct testing that has to be completed within the same shift, such as basic chemistry, hematology, and coagulation.

While this laboratory organizational structure looks simple enough on paper, the transition to this division of responsibilities has not been easy, Dr. Wilkerson says. The addition of each new hospital to the Geisinger system has created headaches at the laboratory level because of incompatible technology and insufficient staff training.

"None of the acquisitions had Sunquest, our clinical pathology informatics system; none had CoPath, our anatomic pathology informatics system; and none had Epic, our electronic health record system," notes Dr. Wilkerson. "One lab was still doing things on paper, so the conversion was revolutionary for those people. To put in all of these new systems and get everyone trained has really been a challenge."

Consequently, a major focus of the IT strategic plan is to ensure that all lab employees learn how to use the health care system's hardware and software and follow Geisinger's workflow protocols. The plan calls for exploring vendor training options and creating new department-specific information specialist positions to strengthen collaboration between laboratory information system database employees, many of whom have been off the bench for years, and pathology staff.

The lab IT strategic plan establishes standards across the entire health system to make the laboratory run as efficiently as possible, says Dr. Wilkerson. "It shouldn't matter whether you get your blood drawn in Wilkes-Barre,

or Lewistown, or Danville. To the patient and the providers, it should be seamless service.”

Emphasizing the need for better interaction with clinicians, the plan promotes the use of Microsoft Lync and other communication tools that allow pathologists to have real-time conversations and consultations with physicians remotely. But, Dr. Wilkerson acknowledges, simply providing the technology isn’t enough. “Often our pathologists and clinicians don’t even know how to open Lync, or how to do a real-time chat, or videoconference,” she explains. “We already have many useful tools in place. We need to make sure our people are comfortable with them.”

The strategic plan also stresses the importance of generating reports that are more patient friendly, Dr. Wilkerson says, now that patients can access results directly through an online portal. “Do patients really need to see the same report that a physician would see?” she asks. “What are the chances that they are going to understand it? What do patients need and want to see?”

To tap multiple perspectives in the strategic planning process, from the bench to key leaders, Dr. Wilkerson convened a core team that consists of three pathologists, including herself; the operations directors for anatomic and clinical pathology; three representatives each from general IT and laboratory IT administration; and the laboratory’s vice president of operations.

“The biggest difficulty was coordinating people’s schedules,” she says. “We were doing this at an extremely busy time. The opening of the new core lab is a huge project, and we recently went live with Epic, Sunquest, and CoPath at one of our acquired hospitals. The same people are involved in all of these projects.”

The core team has met in person four times since October to brainstorm and generate a list of strategic goals. In addition, smaller working groups have met via phone or videoconference to develop objectives and tactics for reaching those goals. The three pathologists have further refined the detailed outline generated through those meetings, and Dr. Wilkerson is converting it into the 40-plus-page strategic plan.

To a large extent, Dr. Wilkerson has had to wing it. Last fall, she searched for health care systems with experience creating a lab IT strategic plan, via the listserv of the Association for Pathology Informatics, and received a response from only one institution—Henry Ford Health System, in Detroit. And Henry Ford’s plan is less detailed than the document she is writing for Geisinger, she says.

Expected to be released in September, the plan is the first step in what will be a comprehensive strategic planning process for Geisinger’s laboratory services, Dr. Wilkerson notes. “Working on the IT plan has been a test phase for us in how to do strategic planning,” she adds. “Through this process, we have been learning how to discipline ourselves to approach problems in a very businesslike manner.” —*Carolyn Schierhorn*

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## **ONC report takes aim at health information blocking**

Some health information technology vendors and health care providers are purposely interfering with the exchange or use of electronic health information, according to a report released last month by the Office of the National Coordinator for Health Information Technology.

The report, developed at the request of the U.S. Congress, did not name specific health IT vendors or health care providers as being involved in health information blocking. However, it stated that the ONC has received complaints about such activities—about 60 last year alone—and that most were directed at health IT developers. “In addition, ONC staff reviewed many additional anecdotes and accounts of potential information blocking found in various public records and testimony, industry analyses, trade and public news media, and other sources,” according to the report.

A common charge against hospitals or health care systems accused of information blocking is that they are doing so to control referrals and increase their market share. However, the report notes, some actions that interfere with

the flow of health information, such as those related to select privacy, safety, and security concerns, may be warranted.

Among the methods of inappropriate information blocking cited in the report are charging excessive fees for sending, receiving, or exporting medical information stored in electronic health records or to establish interfaces for exchanging health information. Others involve developing or implementing health IT in nonstandard ways that may substantially increase costs, add to the complexity of information sharing, impede innovation, or lead to fraud, waste, or abuse.

To address such issues, the report offers numerous tactics, including strengthening the field surveillance of health IT certified by the ONC, tightening standards and workflow implementation specifications, promoting greater transparency in the health IT marketplace, establishing a governance framework for nationwide interoperability, offering incentives and rewards for interoperability, and referring illegal business practices to the appropriate law enforcement agencies.

The report acknowledges, however, that, “while important, these actions alone will not provide a complete solution to the information blocking problem. Indeed, a key finding of this report is that many types of information blocking are beyond the reach of current federal law and programs . . . successful strategies to prevent information blocking will likely require congressional intervention.”

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## **Meditech supports CAP synoptic reporting product**

Meditech has reported that the College of American Pathologists’ electronic forms and reporting module is its recommended synoptic reporting solution for pathology.

CAP eFRM, which was developed via a partnership between the CAP and software vendor mTuitive, has a consistent manner for interfacing with all Meditech laboratory information systems. “The efficiency of CAP eFRM provides our customers with a strategic pathway to submit data to the required agencies and remain compliant with the current mandates,” says Lawrence O’Toole, associate vice president of Meditech.

The software integrates the latest CAP cancer protocol case summary reports into anatomic pathology system report workflows. It provides automated protocol content updates, thereby helping labs comply with the synoptic cancer reporting requirements of the CAP Laboratory Accreditation Program and American College of Surgeons Commission on Cancer.

Meditech, 781-821-3000

[Meditech](#), 781-821-3000

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## **Xifin and vRad to generate consolidated reports**

Xifin and vRad have announced plans to create an online collaborative clinical workflow to foster consolidated diagnostic reports that incorporate pathology, clinical laboratory, and radiology results. The online solution initially is intended to support referring oncologists and their patients.

By integrating all testing results and digital images from both specialties, the consolidated reports should “highlight and reduce clinical discordance and enable faster and more precise diagnoses,” the vendors jointly reported.

The companies will develop the reports using Xifin’s ProNet online information and digital consultation forum for pathology and vRad’s teleradiology picture archiving and communication system.

[Xifin](#), 858-793-5700

[vRad](#), 800-737-0610

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## **Cerner partners with Tableau on interactive data analysis**

Cerner has entered an agreement with Tableau Software under which it will integrate Tableau's visual analytics with its HealtheAnalytics and HealtheEDW enterprise data warehouse and population health analytics offerings to allow health care organizations to manipulate and analyze data.

"Tableau provides a highly intuitive interface, which allows health care organizations to discover trends and insights in data that might have gone undetected in static reports based on traditional business intelligence approaches," according to a Cerner press release.

[Cerner](#), 816-221-1024

[Tableau Software](#), 206-633-3400

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## **Another vendor now member of CommonWell network**

Meditech has joined the CommonWell Health Alliance information-exchange network as a contributing member, increasing CommonWell's share of the acute care electronic health records marketplace from 50 to 70 percent. With the addition of Meditech, CommonWell had 25 vendor members as of CAP TODAY press time.

The alliance is a nonprofit trade association of health information technology companies with the goal of creating and executing a vendor-neutral platform that supports the exchange of health data across the care continuum.

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