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Raymond D. Aller, MD, and Hal Weiner

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The benefits of building a dedicated LIS support team

Too many cooks in the kitchen may be a problem, for which building more than one “kitchen” may be a solution.

That’s the message Kathy Davis, manager of pathology informatics at the University of Michigan Medical Center, conveyed in an LIS management presentation at the 2016 Pathology Informatics Summit. By and large, pathology departments, particularly at larger institutions, should have dedicated lab information systems support, she said, instead of giving centralized IT staff members carte blanche to make changes to pathology department systems. “Yet,” Davis emphasized, “under this model, it’s extremely important to build strong working partnerships between lab and central IT.”

In addition, she continued, it’s the responsibility of LIS directors and managers to educate institutional leadership about the importance of housing within departments of pathology LIS support teams that comprise staff members who have formal backgrounds in clinical lab science. “Lab staff can identify [information technology] problems, but they often need someone who speaks their language and can translate to the vendor in order to identify the problem’s root cause or to articulate a possible solution,” Davis told CAP TODAY. Furthermore, she said, IT staff without lab science backgrounds may not understand the technical issues inherent in ordering lab tests.

“In order to do meaningful troubleshooting [with lab IT processes], IT staff need to understand that tests have a lot of different complexities . . . which you don’t necessarily have knowledge of if you’re not a medical technologist or laboratory scientist,” Davis explained. “It’s very difficult to take an IT person with no knowledge of lab science and workflow and expect that they can articulate [LIS support] needs,” she added, noting that LIS support staff also must have knowledge of rule-based systems, government regulations, and industry standards, as well as other aspects of clinical lab medicine that must be taken into account when generating lab reports and results and communicating across systems inside and outside the pathology lab.

Add to this, continued Davis, the fact that if all requests for LIS improvement and change must be channeled through central IT, they may wait in the queue longer than if the pathology department has a dedicated IT support team to address them.

“Resources for projects in the [central] IT division can become diluted, particularly in large, complex institutions, due to operational responsibilities and other priorities for the systems that central IT supports,” she said. “You think you are dedicated to work on a project, but all of a sudden something else happens. It could be a problem or it could be another project you didn’t see coming,” such as an EMR installation.

Pathologists or board-certified clinical informaticists, because they can represent the pathology department in executive-level IT committees and hold the clout necessary to resolve pathology-related issues at the institutional level, should direct the LIS support team, Davis explained. In central IT, she added, “typically there is an MD at the helm, so having a lab director MD to protect the interests of pathology IT projects is beneficial at larger institutions.”

The second in command—the LIS support team manager—should be a clinical lab science professional who speaks the language of lab managers, she continued. This person should act as the primary liaison to IT vendors and ensure that policies and procedures are in place for the lab to meet regulatory requirements. Like the director, the manager can escalate and resolve issues and represent the team at institutional meetings.

Other positions on an LIS support team may vary depending on the department’s priorities, Davis said. While there are jobs she considers essential—laboratory liaisons, business analysts, interface architects, and HL7 experts, to name a few—positions such as technical writer and project manager may only be necessary in pathology departments that are very project-oriented or contemplating an intensive undertaking, such as implementing a new LIS. “Rolling out lab-ready label printers to all outpatient locations at a large, complex health system is an example where a dedicated project manager would add value,” she added.

It’s particularly important that an LIS support team have HL7 experts, as well as interface architects, to ensure that the LIS and EMR system are able to communicate, Davis noted. “By engaging the interface engine, we are able to help minimize any negative impact in the way [lab] results are displayed, received, and managed between the two systems.”

But despite the variety of positions required to run an effective LIS support team, it’s necessary for that group and central IT to share some responsibilities, Davis said. For example, because hospital interfaces are interdependent, minimizing the impact of downtime and other planned events requires coordination between the two groups. By the same token, central IT must participate in any change-management decisions involving LIS support, and the LIS support team may advocate participating in decision-making regarding changes to institutional IT policies.

Central IT, however, may be better suited to handle clinical and business applications and processes that aren’t directly related to pathology, such as EMRs, institutional email, help desk software, hardware and server room maintenance, security authentication, compliance, and audits, Davis said.

“Let the central IT world handle that,” she advised, “so we can take the time to develop our pathology-related business applications, which are some of the most complex processes in health care IT.”—*Charna Albert*

Sunquest buys UniConnect

Sunquest Information Systems has acquired UniConnect LC, a marketer of software for molecular laboratories.

“With the acquisition of UniConnect, Sunquest is now able to deliver an end-to-end solution for molecular and genetic testing,” Matthew Hawkins, president of Sunquest, said in a statement.

The announcement comes eight months after Sunquest purchased GeneInsight to procure the company’s GeneInsight platform, which streamlines the analysis, interpretation, and reporting of complex genetic tests.

“The integration of UniConnect and GeneInsight provides the molecular diagnostics community with a complete molecular and genetics platform that manages workflow from instrument to EMR, including sample management, bioinformatics, analysis, and report management,” Sunquest reports.

[***Sunquest Information Systems***](#), 877-239-6337

Psyche and CGM team up

Psyche Systems and CompuGroup Medical US have formed a strategic alliance to offer laboratories seamlessly integrated solutions and workflow for clinical pathology, anatomic pathology, molecular diagnostics, toxicology, microbiology, and billing.

Under the partnership, Psyche and CGM will provide laboratories with both integrated and best-of-breed software.

“We know that many labs struggle with the war between the ease and integration of a single-vendor solution and the ability to have applications that truly support the testing complexities and workflow of individual labs,” Psyche CEO Lisa-Jean Clifford said in a statement. “As such, we are always looking for ways to provide business improvements and better ROI [return on investment] to our customers through expanding technology and automation.”

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

Qiagen partners with Genohm on middleware

Qiagen and Genohm have codeveloped GeneRead Link, middleware that ensures the full chain of custody for next-generation sequencing samples. The software manages NGS data from sample processing to final report via connectivity to leading laboratory information management systems.

The middleware integrates the NGS workflow of Qiagen’s GeneReader NGS system with users’ LIMS for seamless data management. Users of GeneReader NGS who do not have a LIMS can purchase Genohm’s SLims solution.

“We are pleased to partner with Genohm to deliver GeneRead Link, greatly simplifying management of sequencing information and providing connectivity with most LIMS platforms,” Jonathan Arnold, Qiagen’s senior director of marketing, next-generation sequencing, said in a statement. “Offering GeneReader NGS customers access to Genohm’s proprietary SLims solution, an easy-to-use LIMS and

electronic laboratory notebook system, broadens the solution to manage the whole laboratory's data.”

The companies stated that they will continue to enhance Gene-Read Link and adapt the middleware to support future GeneReader workflows.

In a separate announcement, Qiagen reported the validation of its new sequencing chemistry for GeneReader NGS. The chemistry was expected to be available to select U.S. customers this month, with full commercial launch early next year.

[Qiagen](#), 800-426-8157

Technidata enters deal to expand in Middle East

Technidata has signed a distribution agreement with Neo-Science & Group, a life sciences, diagnostics, and informatics provider in Dubai, with the intent of increasing its market presence in the Middle East and North Africa.

Under the arrangement, Neo-Science & Group will distribute Technidata's software for clinical labs and biobanks in Egypt, Iran, Jordan, Lebanon, Oman, Qatar, Bahrain, Saudi Arabia, and the United Arab Emirates.

[Technidata](#), 855-550-5705

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Dr. Aller teaches informatics 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, Eugene, Ore. He can be reached at hal@weinerconsulting.com.



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