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Pathologist to 'name names' in support of interoperability

Desperate times call for desperate measures. And while desperation may be a bit of an overstatement, a leader in pathology informatics says extreme frustration with LIS vendors, whose closed architecture, in effect, holds client data hostage, drove him to rally his colleagues to call out the offenders in a public forum.

Ulysses J. Balis, MD, professor of pathology and director of the Division of Pathology informatics at the University of Michigan Health System, plans to publish, in the online *Journal of Pathology Informatics*, a white paper that outlines the problems posed by closed, or propriety, lab information system architecture that prevents the implementation of middleware. The article, which, at CAP TODAY press time, was tentatively slated for publication at the end of March, will also propose a path toward open architecture using standard application programming interfaces. In addition, it will identify LIS vendors that are "participatory," as well as those that have "actively obstructed" progress toward an open architecture environment, he says.

Dr. Balis kicked off the project last June with an email to the 500-plus members of the Association for Pathology Informatics listserv, explaining his undertaking and requesting anecdotes demonstrating vendor cooperation and obstruction. In addition, he solicited a wish list of functionality that could be achieved through open architecture. He stated that he would "name names" of vendors and emphasized the importance of gaining input from across the pathology informatics community.

The response to his request was almost immediate and greater than Dr. Balis expected. Nearly 70 pathologists volunteered to contribute to the white paper, relating "an anthology of horror stories of what happens when you don't have control over your own data. It was much worse than I thought," he says.

The refusal of LIS vendors to provide an open schema means that, in many instances, laboratories don't have access to their own data for simple queries and other tasks, Dr. Balis explains. That has ramifications not only for the laboratory's costs and workflow but also for patient safety. He cites an example provided by a listserv member, describing a situation in which a laboratory's LIS doesn't permit a user to print a cassette if another user is logged on to the same case on another workstation. The original user must log off from the case temporarily while the cassette is printed and then log back on. "That little exchange takes five to 10 minutes," Dr. Balis says. "Imagine that happening 100 times a week and you can see the waste of time and effort and the frustration involved with that one example." A simple solution would be for the vendor to generate a workflow that allows the second user to log in and print the cassette without disruption. However, "in many cases," he continues, "vendors will say that's a major architectural change—'We can't offer that; you're just going to have to deal with it.' Or they'll do it and then charge the client for custom programming."

Since 2013, Dr. Balis and his colleagues have requested nearly 200 types of functionality from their institution's LIS vendor—for example, the ability to search for cases that aren't yet signed out. And they're still waiting. "Some of these are incredibly simple requests, and if we had access to the data and transactional layers of the application, we could write a simple program ourselves," he explains. "We would no longer be beholden to the resources available at the vendor level and the pace at which they develop, which is glacial."

Dr. Balis says his goal is nothing less than "to transform the way the ecosystem of LIS vendors works with clients." Specifically, while assenting that those companies should be able to keep their proprietary format, he is asking the vendors to create a transactional layer, a "publicly defined and documented set of interface conventions that use a standard modern architecture." If vendors were to use a common application programming interface, he notes, laboratories could not only write their own programs to improve functionality, but also share those applications across the pathology community, "creating an IT ecosystem of incremental functionality."

As a stopgap measure, the Association for Pathology Informatics website offers an LIS functionality assessment toolkit as a set of downloadable spreadsheets for use by anyone. "It does address the open architecture aspect, though it is not as comprehensive in discussing interoperability as the white paper will be," Dr. Balis says. He notes that the issue applies to both best-of-breed LISs and enterprise systems. "The white paper is agnostic as to what LIS you have. Its purpose is to make access to the lab data available, to democratize what has been usurpation by the vendors."

In his email to API listserv members, Dr. Balis offered the choice of named authorship or anonymity to those who contribute to the white paper. "A few are on the fence as to whether they want to be identified, which is understandable," he says, but he estimates that more than 40 will attach their names to the article. "Most people are mad enough that they want the world to know they're upset and why. The sense of it that I get is that we've had enough, and we're not going to take it anymore." —Jan Bowers

Ellkay purchases CareEvolve

Ellkay has acquired CareEvolve, bringing together two providers of health care connectivity solutions and services.

"The combined teams and technologies will strengthen Ellkay's platforms by providing laboratories and EHR vendors with one partner to service all of their outreach and connectivity needs," according to a press release from the company.

Among Ellkay's products are the LKBridge patient demographics connectivity solution, LKTransfer orders and results interfaces and infrastructure, and LKConnect anatomic pathology orders and results solutions.

CareEvolve markets a laboratory outreach portal and numerous types of interfaces that support interoperability, as well as other connectivity offerings.

[Ellkay](http://ellkay.com), 201-791-0606

HL7 partners with HSPC on interoperability initiatives

Health Level Seven International and the Healthcare Services Platform Consortium have signed an agreement under which they will collaborate on projects that advance interoperability.

HSPC, a health care industry member organization dedicated to achieving interoperability, has been a long-time supporter of HL7's Fast Healthcare Interoperability Resources, or FHIR, standard. The HSPC membership comprises health care providers, information technology vendors, and system integrators.

The goals of the HL7-HSPC collaboration are to:

- contribute to the development of consistent representations of health data, including HL7 Clinical Information Modeling Initiative work group models that can be incorporated into FHIR profiles.
- create tools to support standards development and adoption.
- demonstrate the value of HL7's FHIR standard in real-world implementations by HSPC member organizations.
- launch joint projects focused on engaging clinicians in the validation of clinical data representations and standards to support coordination of care. The first such project is slated to be launched in June.

KLAS Enterprises announces annual vendor honors

For the seventh consecutive year, Epic has received a top honor in KLAS Enterprises' annual Best in KLAS awards, earning the ranking of number one overall software suite for its EpicCare inpatient electronic medical record system. The company received numerous recognitions in the 2017 ranking, including Best in KLAS in the laboratory (large hospital/IDN) category for its Epic Beaker lab system.

The "2017 Best in KLAS: Software & Services" report names the top-performing health care information technology companies within various market segments based on feedback from health care providers.

Also honored by the health information technology market research firm were Cerner, which received multiple recognitions, including being named a category leader in anatomic pathology for its CoPathPlus system, and Orchard Software, which was named a category leader in laboratory (community hospital/ambulatory) for its Orchard Harvest LIS.

A list of the 2017 Best in KLAS winners and category leaders is available at www.klasresearch.com/best-in-klas-winners.

Seacoast includes report dashboard in AR solution

Seacoast Laboratory Data Systems has added a report dashboard to its SurroundLab accounts receivable system. The dashboard, which contains capabilities for charting and exporting information, offers laboratories a 360-degree view of their financial data. It comes with more than 50 standard reports and can be used to create an unlimited number of customized reports.

[Seacoast Laboratory Data Systems](#), 603-431-4114

InterSystems and Clinical Architecture unveil data display

InterSystems has formed a strategic partnership with Clinical Architecture to deliver clinically relevant patient information to health care professionals quickly, alleviating the need for medical professionals to sift through volumes of patient records.

The companies have developed an intuitive graphical display for presenting condition-specific information contained in the comprehensive, longitudinal patient record, leveraging ontologies developed using Clinical Architecture's terminology management tools. The solution also helps identify undiagnosed or undocumented

health conditions using clinical inferencing technology.

“At the touch of a button, health care providers can easily and efficiently view the most pertinent information for patients within a population health management cohort, including medication lists, comorbidities, and diagnostic tests related to a specific condition,” InterSystems reports.

[InterSystems](#), 800-753-2571

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