

With AP systems, sharing (data) is caring—and a trend

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February 2014—Call it the “Huh?” heard ’round the world: Just last month, Google spent \$3.2 billion to acquire Nest Labs, a manufacturer of thermostats and smoke and carbon monoxide detectors. As Brandon Willis, director of technology at Pathagility, puts it, “Who knew Google would want a company that makes home thermostats?”

But the Internet-search giant’s decision makes all kinds of sense when you consider that Nest Labs’ products do much more than heat a home or beep when someone burns toast. The company’s smoke and carbon monoxide detector, for example, texts homeowners if it goes off or if its batteries are low. If it detects carbon monoxide, it disables the gas furnace to boot. Its thermostat learns whether and by how much a homeowner’s temperature preferences fluctuate from day to night and adjusts itself accordingly. It even knows to lower the temperature when no one’s home.

It may sound Jetsons-esque, but so-called smart homes—in which multiple appliances wirelessly communicate with one another in what some are calling the “Internet of things”—are moving from the stuff of sci-fi movies into reality. And that’s why Google wanted to gain a foothold.

Willis sees Google’s acquisition as just one piece of a larger trend that affects multiple industries, a trend he characterizes as “all information all the time, at your fingertips.”

“We see this trend as well” in the anatomic pathology systems marketplace, he says. “Our clients express a desire for greater abilities between loosely coupled systems to uniformly share information that may be relevant to results published to physicians, patients, and other health care or insurance providers. The desire is for these traditionally siloed systems to share information in ways that uncover the value that otherwise would be trapped in them.”

Matt Klein, president and lead developer of Small Business Computers of New England, agrees. “The biggest trend in this market, as we see it, is data exchange,” he says. “Between meaningful use requirements and clinicians’ desire to access lab results directly from their EMR, the need for interfaces that exchange data is ever present.”

Then, too, Willis says, that data “must be presented in a way that allows multiple audiences to filter through it and find what they are most concerned with quickly and efficiently. An interface must highlight important data points without overwhelming the user. Providers don’t want to pore over dozens of pages, attempting to glean the most critical information from a mountain of verbiage.”

Those twin concerns—sharing information and sharing it in a clear, concise manner—are addressed in many of the products and features highlighted in this month’s anatomic pathology systems product guide.

For its part, Pathagility has continued to enhance its delivery options via its hub-and-spokes data architecture, Willis says. “One example of this is our FilePath software, which allows laboratories to instantly, securely, and bidirectionally transfer data, reports, and results to any office, doctor, or partner with a minimal on-site infrastructure footprint.” This year, he says, the company is focusing on producing clearer reports and a more streamlined user interface.

At Xifin, the big news of last summer—the company’s acquisition of PathCentral—has been followed by the rebranding of PathCentral’s AP Anywhere LIS as the Xifin LIS Anywhere platform. Company director Joseph Nollar says the platform’s functionality has been extended with updates to its advanced esoteric reporting modules for IHC, flow cytometry, FISH, molecular, cytogenetics, CGH, copy number variation, and constitutional microarrays.

"We've also introduced a new PCR module," says Nollar, "which allows for revenue sharing of PCR cases. Laboratories perform the technical component, and client pathologists perform the professional component."

As for the year ahead, he adds, Xifin intends to release an integrated clinical pathology module that will "elegantly join clinical pathology and anatomic pathology to allow for more comprehensive reporting capabilities." For example, he says, "if a laboratory is performing a comprehensive bone marrow assessment, it will be able to review the clinical results as well as the flow results in a single screen."

Meanwhile, Computer Trust has added a module to its WinSurge anatomic pathology system, which, says company president David Liberman, MD, "we anticipate will, along with products like it, be deemed standard-of-care by regulators within the next three to five years." The addition: a comprehensive specimen-tracking and positive patient identification module, called WinsTrack, that integrates tracking with histology data entry at each step, thereby "dramatically streamlining workflow operations for the histology staff," Dr. Liberman says.

This year, he adds, Computer Trust plans to launch an executive dashboard called WinsAlerts, which is intended to allow senior laboratory leaders to add and adjust their own workflow rules, error checking, and automation, as well as monitor trends, patterns, and historical runs. The company is also planning to beta test touchscreen devices for the lab and explore the possibility of allowing WinSurge users to connect to clinicians via smartphones and tablets.

Among the anatomic pathology-related developments at NovoPath is a new gynecology molecular cytology module. Intended to allow laboratories to create and distribute reports for widely used molecular tests, such as HPV, GC/CT, and HSV, the module lets users propagate batched cases for reporting specimen results generated from instruments that are not connected to NovoPath via an HL7 interface. NovoPath sales and marketing vice president Rick Callahan calls the module "truly innovative" for its support of batched secondary reflex testing for genotype HPV and similar assays. "It also supports individual configurations of a lab's client-specific reflex testing," he adds.

Within the next year, says Callahan, NovoPath will launch version 9.0 of its NovoPath anatomic pathology system. "NovoPath 9.0 will feature tight integration with clinical lab systems to create a seamless lab information flow across multiple lab specialties and beyond," he explains. It will also provide modular ONC certification for meaningful use stage two.

Orchard Software saw several additions to its Orchard Pathology information system in 2013, among them an automatic case-assignment feature that tracks ordering locations, filters potential pathologist assignments according to state licensure, checks case loads, and auto-assigns cases to pathologists who have lighter workloads. Another new feature—historical alerts—establishes filters that notify users of cases that are significant, concurrent, historical, or any combination of those three. For example, if a cervical biopsy is ordered, a historical alert will notify the pathologist that a Pap test was ordered within a specified date range.

The year ahead will bring Orchard Pathology users the ability to automatically calculate cold ischemia, formalin fixation times, and frozen section turnaround times. But Orchard's medical director, Michael D. Glant, MD, predicts bigger changes for the company as well.

"Orchard Pathology will evolve into a system that is more of a diagnostic information system," he says. "As a result, it will have a very sophisticated, structured, granular data set that will work in concert with all users and available data to develop and automate best practice standards. There's a core of data tables being implemented that will facilitate automation, as well as highly structured and appropriately granular data for data mining and interoperability between the LIS and EHR or other outside systems."

Users of the LigoLab Agile AP/LIS, says LigoLab business development executive Suren Avunjian, can expect to see enhanced clinical quality control and business intelligence modules soon. The quality control module will auto-calculate errors, make selective adjustments, and intuitively alert users when manual involvement is necessary. It's an example of the company's recent efforts "toward transforming LigoLab from a packaged application to a fully configurable information system platform," he says. "These platform features empower laboratory administrators to create new workflow processes or modify existing ones using an intuitive user interface without

any need of custom programming.”

PathView Systems’ Progeny product underwent a slew of improvements last year, among them automated case assignment; automated billing enhancements, such as no-bill diagnostic codes; and default specimen- and pathologist-based result-entry templates. This year, says vice president of sales Michael Mihalik, “we anticipate helping our clients and prospects adapt to a very dynamic market, driven by the Affordable Care Act, CMS meaningful use mandates, and other coding and reimbursement changes. Towards that end, we foresee developments in EHR/EMR interfaces, billing support, ICD, and LOINC coding.”

Another vendor that saw many enhancements to a core product in 2013 was Small Business Computers of New England. The company, says Klein, added numerous features to its AP Easy information management system, including the ability to store images and documents externally, progressive backups, the ability to specify days that should be omitted from turnaround time calculations, and an option to process cases in batches rather than at sign-out.

The company is now focusing on implementing iOS for gynecology result entry, grossing, sign-out, and report retrieval, Klein adds. It’s also working on Web browser support so AP Easy can offer online requisitions, report delivery, and client statistics without the need for middleware.

Meanwhile, Cerner has added to its CoPath-Plus and Millennium PathNet anatomic pathology systems advanced interfaces to third-party tracking systems, enhanced data integration with disparate clinical systems and workflows, and workload distribution for smart assignment of cases to pathologists. This year, Cerner plans to introduce touchscreens for select anatomic pathology workflows, along with venue-driven dashboards and radio-frequency identification for AP specimen tracking.

Carrie Scott, director of sales for Cortex Medical Management Systems, reports that her company has released version 10 of its Gold Standard AP reporting solution. “We’ve added a security role to control the pathologist ‘undo’ button after a case has been signed out,” she explains. “We’ve also increased the number of patients stored from 10 million to 1 billion and made many other small changes as suggested by our user group. This spring we’ll release ICD-10—since it’s a regulatory issue, it takes precedence over any other enhancements to the system.” Cortex also plans to add to Gold Standard select Web-based functionality, such as dashboards and pathologist review and sign-out.

Finally, SCC Soft Computer’s Ellie Vahman, vice president of sales and marketing, says SCC went live last year with its workflow engine-based SoftPathDx system. The product provides “user-definable workflows that optimize the number of steps in a workflow for each and every type of pathologist, as well as histology staff, without any programming,” she explains. SoftPathDx also offers user-definable data fields and screens, which allow the product to be adapted to any type of pathology or genetics laboratory.

CAP TODAY’s guide to AP systems includes products from the aforementioned vendors and numerous others. The companies supplied the information listed. Readers interested in a particular product should confirm that it has the stated features and capabilities.

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