



National Program of Cancer Registries



Electronic Pathology (ePath) Reporting Project Update

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Sandy Thames, CDC

Wendy Scharber, Northrop Grumman Contractor

Sanjeev Baral, Northrop Grumman Contractor

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NPCR-MERP Updates

- New CyberView website launched
 - www.cdc.gov/cancer/npcr/informatics/merp2
- Name change needed for NPCR-MERP
 - To represent expanded activities that include:
 - Modeling
 - Analysis and Design
 - Implementation
 - New Name:
 - Advancing E-cancer Reporting and Registry Operations (NPCR-AERRO)

Objectives of ePath Project

- Implement one standard electronic pathology reporting process that will meet needs of all states
 - Test and document the implementation
 - Adopt and/or develop software for implementation
 - Provide guidance to central cancer registries and path labs on implementation
 - Tools and lessons learned freely available

Advantages

- One voice working with the laboratory
 - Ensures that lab receives consistent communication on development of HL7 message
 - Minimizes the need to accommodate individual state nuances that will overburden the lab
- Build momentum to work with other national labs
- Make better use of resources by utilizing existing CDC's PHIN infrastructure/tools

ePath Reporting Project Participants

- LabCorp
- CDC's National Center for Public Health Informatics (NCPHI)
- CDC's National Program of Cancer Registries (NPCR)
- North American Association of Central Cancer Registries (NAACCR)
- State Cancer Registries

Message Creation

- Used consistent standard message format (HL7 v.2.3.1 ORU) – NAACCR Volume V: Pathology Laboratory Electronic Reporting and E-Path Reporting Process Guide
- Worked with LabCorp to map local lab system data to standard message format

Message Creation

- Established appropriate method for filtering out cancer case reports
 - Developed a standard ICD-9-CM Casefinding List to identify cases with input from certified tumor registrars
 - Evaluated the Pathologist coded ICD-9-CM data field
 - Report on legal issues with reporting pathology data to state cancer registries
 - Final Report from Phase 1 posted on website
- NY, CA, and FL received and tested initial LabCorp message

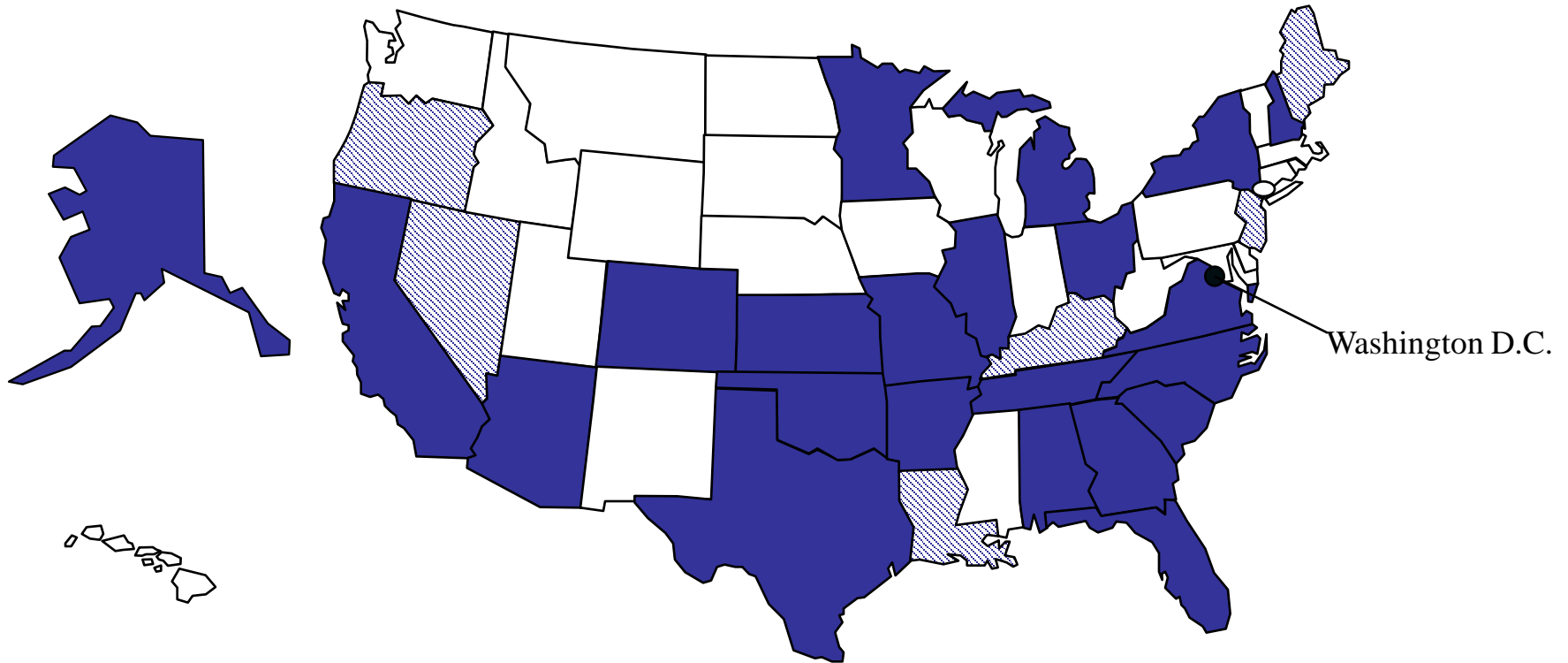
Message Creation

- NY received electronic message and validated with the paper pathology report in March 2009 ~ no major content issues were identified
- A few minor message issues were identified
 - LabCorp has corrected those critical to implementation

Message Transport

- Used CDC's Public Health Information Network Messaging System (PHINMS) Software to securely transmit standard message over internet
- Installed or used existing PHINMS server and software at State Health Department
- Integrated cancer data feed on existing PHINMS server at LabCorp
- Cancer data will be transmitted on a daily basis

PHINMS Installations in State Cancer Registries



PHINMS connectivity completed –
AL, AK, AZ, AR, CA, CO, FL, GA, IL, KS, MI,
MN, MO, NH, NY, NC, OH, OK, SC, TN, TX, VA

PHINMS installation in Progress –
KY, LA, ME, NV, NJ, OR

Message Processing

- Used HL7 Messaging Work Bench to test conformance of the message with standard
- Developed eMaRC Plus (electronic Mapping, Reporting, and Coding) – previously known as Mapper Plus
 - Retrieves message from PHINMS server
 - Identifies potential cancer cases
 - Builds a PathLab database
 - Provides a review and coding function
 - Exports reports in the NAACCR Record Layout
- Made list of planned enhancements available

Current Project Status

- PHINMS installed and tested in 22 states
- HL7 v2.3.1 ORU message has been developed and validated
- LabCorp has scheduled dates for states to begin receiving ePath reports on a daily basis:
 - States will be invited to sign-up for one of the following transmission start dates:
 - May 4th, May 18th, and June 1st

Project Challenges

- PHINMS Server at LabCorp re-engineered in 2006
- All pathology reports transmitted to NY, CA, FL in 2007 for testing ~ issue of reporting all pathology reports vs. specific cancer reports identified
- Staff and policy changes in 2008

Lessons Learned

- Keep open communication with all parties involved in the process (multi-disciplinary team)
- Be willing to compromise
- Develop/adopt tools needed to address issues (e.g., enhancements to eMaRC Plus)
- Documentation is critical
- Leverage resources

Next Steps

- LabCorp will continue working with us to refine reporting to include data from HER2nu and other biomarkers ~ meet on a monthly basis with State Cancer Registries and CDC
- Continued enhancements to eMaRC Plus to include computer-assisted coding function
- Invite other State Cancer Registries to set up PHINMS and join the project to receive data
- Implementation of ePath Reporting with other national labs

Thank you

- Sandy Thames
- 770-488-5689
- sthames@cdc.gov



The findings and conclusions in this presentation are those of the author(s) and do not necessarily represent the views of the Centers for Disease Control and Prevention