Standardisation of Pathology Messages in Australia - IHE Australia and RCPAQAP			
This spreadsheet has collected and edited for presentation the questions and comments taken in the chat section of our recent workshops			
IHE has established a Zulip chat site where issues are grouped by topic and can be discussed and added to - please request to join via this link https://ihe-aus.zulipchat.com/join/ozanfusm4zhl37bh275px7dy/			
Participant	Organsiation	Question/Comment	Response
Nov 17/Dec 5 workshop			
Tim Eckersley	NSW Health Pathology	Most of the IHE PALMS profile is based on 2.5.1+ version of HL7 is there an intention to uplift ADRM to this version?	
David Frick	HealthLink- Part of Clanwilliam	I think we muddy the waters for receiving vendors introducing 2.5.1 now	
Tim Eckersley	NSW Health Pathology	A massive area of benefit is pushing the adoption of IHE LAW for instrument connectivity. Easier automation within the laboratory will reduce costs, improve the quality of our service. Instruments have a limited lifespan and are entirely within our sphere of control - if was pushed harder we could at least get some traction here.	
Vince McCauley (Peter MacIsa	IHE Australia McCauley software		Correct - this is an option that is being explored by the Technical committee. A preliminary analysis suggests that this may be able to be done with minimal disruption to current installations. A. number of labs have LIS and analysers that comply witht IHE PaLM profile (especially with inclusion of specimen type as a key part of v2.5.1 The IHE methodology allows for natonal extensions to be included in a Part 4 of the IHE profile.
Philip Loya	Oracle Health	Does participating in the IHE testing process automatically meet NPAAC or other accreditation processes? Does participating in the IHE testing process automatically meet NPAAC or other accreditation processes? Will IHE conformance be required now / future? Help me make my business case to participate fully -- right now it sounds like joining this process is a coalition of the willing (for a good purpose).	
Peter MacIsaac	IHE Australia		The use of RCPAQAP testing tools happens with some accreditors (Derek can you advise) This is the direction we would like to see the process moving as a credible process based on IHE testing (bench tests such as we have with validation tools and connectathon testing of operational systems is a recognised standard for compliance with standards internationally.) It is clear that the complexisthy of determiing conformance is beyond the ablity of a human eyeballing a message.
Juliana Iles-Mann	NSW Health Pathology	How do we manage the situation where we provide a compliant message out of the LIMS, but need to translate/downgrade the HL7 level to meet the needs of the receiving PMS/external system? We have no control over our receving systems compliance.	
Jane Gilbert Tram Lam Joanne Mercuri David Frick	Telstra Health St Vincents Path Aust Clinical labs Healthlink	There is obviously lab accreditation to provide incentive to the labs, what about the receiving systems? what is there incentive to participate?	

Paul Gladstone	Medical Objects	I can't speak for other SMD vendors, but Medical-Objects perform a lot of message manipulation on both sending and recipient systems to help the messages meet standards compliance on the sending side, as well as ensuring successful rendering and parsing in the recipient systems.	
David Frick	HealthLink- Part of Clanwilliam	We have standards and standards conformance to avoid any manipulation of data. No original messages from LIS should be manipulated.	
Dalisay Giffard Mark Rose	Cancer Alliance Qld Health St Vincents Pathology	At a recent Sparked conference, a speaker from one of our leading GP software vendors advised they must manipulate 80 different versions to display diagnostic reports and documents in a standard way...	
Andy Griffin	NATA	Unless there is a mandate or Regulation to update the receivers system it will not happen or will happen very slowly. Many labs only started to comply with the NPAAC ICT Standard when the standard went live, even though they knew it was coming for at least 12 months.	
Peter MacIsaac	IHE Australia		Correct for a standards conformant end to end process there must be the capacity for labs to produce messages, intermediaties to forward them, and clinical sytems to receive and process. Acknowledgement workflow is also vital to recognise and allow corrective action when messages are not received or processed. We are starting the process with the labs, but also engaging messaging and clinical systems. One of the roles of the Technical committee will be to consider how we seamlessly adopt the change as different labs and different clinical systems come on line at different times with the changed messages. One key component is end to end message testing which IHE is planning to offer in local Connectathons. Labs currently do not know that their reports are correctly received, other than by lack of feedback from referrers - is likely to be working with a lot of effort by the IT vendors at all part of the process. Standardisation will make this simpler, more reliable and safer Re: incentives for receiving systems - IHE is including RACGP, ACRRM and DoHAC in discussion. Topic for further consideration - what might be the carrots and sticks that would impact on the clinical system industry.
Dalisay Giffard David Tran Joanne Mercuri Kristy Chapman Anthony Marty	Cancer Alliance Qld Health St Vincents Pathology Aust. Clinical Labs NSW Health Pathology VCGS	Hello, I'd like to make the comment that one of the most important benefits introduced and mandated by this NPAAC document, is the HL7 support for the acknowledgements of the messages - confirmation that reports have been received by the destination system and the destination software. This means we can have confidence that reports are received, if they are monitored by the sender. This assurance is a critical part of the clinical safety.	
Vince McCauley	IHE Australia		Acknowledgement workflow is also vital to recognise and allow corrective action when messages are not received or processed.
Kristy chapman, Tyler Haigh Emma Mackay David Tran	NSW Health pathology Austin health pathology St Vincents Pathology	When will RCPAQAP tools be ready for use?	

Derek Holzhauser	RCPAQAP		Very well progressed, sorting out security and access protocols
Juliana Iles-Mann	NSW Health Pathology	Would like clarification on the extent of the validation required - to the PMS or to each individual Dr in the practice? This has major implications when introducing new systems - the practicalites, logistics and resource impacts need to be taken into consideration for accreditation purposes.	
Peter MacIsaac	IHE		Currently the tooling only tests messages submitted - the idea that some clinicians would be associated with conformant messages and some would not - for the standard and common types of tests has not crossed out minds. Would appreciate further clarification
Dalisay Giffard	Cancer Alliance Qld Health	Transition to FHIR for pathology messaging: I agree with Vince on this - we must develop the information models that underpin interoperability regardless of the technology. Pathology providers must have the capability in house to govern their digital information, including clinical terminologies, harmonisation of units and limits, patient identity management, provider identity management, etc. If we can achieve this, FHIR technologies will be more seamless.	
Michael Czapski	IHE Australia		Any new technology must have the means to accept and correctly process what the current technology deals with. Standardising what the current technology moves around will make the task of moving to the new technology easier and cheaper, providing perhaps mechanical means of transforming current message to new resources without loss of meaning, thus serving the goals of staging the transition and making the transition easier.
Mark Bek	MDUPHL LIMS developer	Where are the RCPA standard docs on the RCPA site - very hard to find or not there?	
David Tran	St Vincent's Pathology		To access the SPIA terminologies. Go to NCTS Website Terms of Use - National Clinical Terminology Service (healthterminologies.gov.au) & navigate to top right hand corner ,Register/Sign In,- a pop up box will appear at which point you can choose your Registration Type ,either Individual or Organisation.
Peter MacIsaac	IHE		Note that only 6 of these terminology tables are immediately relevant to NPAACRICR% compliance. Will be covered in future workshop
Vanessa Cameron	RCPA		The SPIA Reference Sets are published here RCPA resources - National Clinical Terminology Service The RCPA SPIA Guidelines can be found at RCPA - SPIA Guidelines and Tools
Peter MacIsaac	IHE		IHE Australia has a resources section planned for our pathology messaging site IHE Australia is working on a single implementaiton guide that brings all of the componenets together (The technical committee is open for volunteers to help and learn) We are also planniong to run education sessions on the tools which reference the components neccessary and where to find them.

John Calleja	Melb Path	Hi, The openning presentation described issues around the lack of analyte specificity descriptors - Have the Loinc Code administrators thought about expanding the system to use concatenation of various analyte qualifiers appended to the analyte (eg. Using Glucose as an example - Anlyte, Unit [mmol/L, mg/L etc], Sample Type [WB, Se, Plasma, Capillary], Descriptor [Random,Fasting, 30 min post load, 60 min post load etc..] .. to improve specificity in messaging	
Peter MacIsaac	IHE Australia		I think this is how LOINC is constructred with several axis to cover the areas mentioned the issue is that there are so many similar concepts that choicing the correct one either on the fly or when creating a standard pick list, is very difficult. Hence the work of the RCPA over many years to standardise which of the LOINC concepts and which descripters best reflect common practice in Australia
March 3 and 17th workshop			
Peter MacIsaac (IHE Aust):		NPAACRICR5	
		Resources referenced today:	https://www.safetyandquality.gov.au/publications-and-resources/resource-library/requirements-information-communication-and-reporting-fifth-edition
		SPIA link in National Terminology Services	
			https://www.healthterminologies.gov.au/access-clinical-terminology/rcpa-pathology-terminology-and-information-models/
		IHE Australia Zulip channel with details of technical documentation	
			https://ihe-aus.zulipchat.com/#narrow/channel/487234-Technical-documents
Tina Selinger:		Michael - why do you think the SPIA Anatomical Pathology Colorectal cancer information model was not successful?	
Peter MacIsaac (IHE Aust):			The SPIA work on colorectal cancer reporting and a range of other specialst applications is not implememnted in the NPAACRICR5 testing toolset - your question reminds me that IHE should be checking with pubic health agencies requiring ADRM complinace to see if their messages might evenutally be subject to testing and possible inclusion in the testing tools - but for now we need to focus on results reporting and orders for clinicians..
Peter MacIsaac (IHE Aust):		IHE Australia is forming a technical committee to put all of the requirements and links in a single implementation guide AKA IHE Profile - we are calling for volunteers to work with us on this	
David Frick HealthLink-Part of Clanwilliam:		Is there an identifier for NDIS As an endpoint for pathology result messages?	
Peter MacIsaac (IHE Aust):			Not an issue relating to the validation of messages, More of an implementation issue and how to use the national identifier service. Will discuss off line
Melanie McKay:		HL7 Version 2.4 is required, but many practice software cant accept v2.4. In this	
Peter MacIsaac (IHE Aust):			Melanie, great question. This program is open to clinical system vendors to support them update their message handling capability to be able to accept the standard messages and codes.

Peter MacIsaac (IHE Aust):			The IHE team will be working with messaging services to work out a system for handling the transition to standard messages without creating any patient safety or business risks
Anthony Cruice:		What is the data retention policy for the test files that are submitted to the validation tools?	
Peter MacIsaac (IHE Aust):			When the final toolset is published, we will publish the data retention policy for the tools also. The intention would be not to keep messages, but messages should be de-identified before submission.
Yang Tran (St Vincent's Pathology Melbourne):		Sorry when is Pathology Message Validator available for labs to use? Will we be notified with a link?	
Peter MacIsaac (IHE Aust):			Yes this tool will be available very soon for labs to register and then access the online validator
Derek Holzhauser:			All on this call and our newsletter database will receive a notification when this is available
Jennifer Barwick:		Are there plans to open-source the tools. In our testing, we identified errors in the validator. would like to be able to contribute to the tooling where possible?	
Peter MacIsaac (IHE Aust):			Would be great, if your team wanted to chat with Michael we can look into issues you might have - we have a zulip chat site https://ihe-aus.zulipchat.com/join/ufpv35sxroob6dzp3scowk4g/ to take this feedback
Peter MacIsaac (IHE Aust):			We have a technical committee being formed to handle queries relating to conformance - this committee is open to those with appropriate skills and experience
Benjamin Benc:		Is any of this data available via an api (or similar)?	
Peter MacIsaac (IHE Aust):			There will be online testing tools and data lookup tools - at present these are not designed as a service to be accessed by an API. If you could clarify your usecase we could consider that.
Leo Na:		Would like to know more about display segment, and why it is required, if we have time? Thanks.	
Peter MacIsaac (IHE Aust):			The display segment allow an end user to render the report as the Lab intended it to be seen (electronic paper version). That way the application does not have to render the report from the atomic elements (which will still be there to use for cumulative reporting for example)
Vincent McCauley:			The display segment is a specilaised OBX (result segment) which is a mandatory requirement in the ADRM standard. It can be formatted as plain text, PDF etc
Melanie McKay:		Does the SPIA SNOMED lookup, reference back to the SNOMED CT AU system available on Shrimp?	
Peter MacIsaac (IHE Aust):			These are the same snomed codes as per SHRIMP - the codes is a reference set of SNOMED-codes to avoid end userhaving to find the right code in the vastness and complexity of SNOMED-CT
New questions from community			