

Summary of Pathology Laboratories Survey – Missouri Cancer Registry

Nancy Cole, CTR and Chetan Wasekar, MD

Unlike many state central registries, the Missouri Cancer Registry (MCR) priority in pathology laboratory reporting is with facilities that provide services for non-hospital health care facilities (freestanding surgery centers, physician offices, etc.). This is due in part to the fact that MCR is still in the beginning stages of implementing several areas of non-hospital reporting. MCR is using the pathology reports to follow back to physicians/facilities that have not yet begun reporting and not as an abstracting source.

As part of the pathology laboratory reporting process, MCR decided to include a survey in the 2004 cancer-reporting implementation letter. We identified pathology labs by using the Clinical Laboratory Improvement Amendments (CLIA) listing from the Missouri Department of Health and Senior Services. This list included 432 Missouri facilities, ranging from physician offices to county health departments to correctional facilities to hospital-based pathology laboratories. We decided to survey 103 facilities that were clearly either hospital-based or private pathology laboratories. We also recognized there were other nationally based pathology labs, like Dianon, but we chose to limit our survey to based on the Missouri CLIA listing.

After we sent the mailing, we discovered the CLIA list was not current. We eliminated several facilities because they were closed or because they were physicians (who would be surveyed at another time). The table below shows that we expected 87 facilities to participate in the survey.

Number of facilities eligible for survey based on MDHSS 2004 CLIA listing	103
Additional facilities identified during this process	2
Number excluded (physician offices, no longer in business, etc.)	18
Total facilities expected to complete survey	87

The survey had two parts. The first part asked for general contact information. The second part requested specific information in the context of reporting, which was to be completed only if the laboratories processed anatomic, cytology, bone marrow or autopsies.

TYPE OF FACILITY	NUMBER
Hospital Pathology Labs	
Within MO	63
Outside MO	0
Private Pathology Labs	
Within MO	21
Outside MO	1
Physician Clinics	
Within MO	2
Outside MO	0
Total	
Within MO	86
Outside MO	1

Facility Type

Of the eighty-seven facilities surveyed, 83% returned at least one portion of the survey. All but three facilities responded to both parts. Only one facility was located outside of Missouri.

Based on the survey responses, we determined that 32 facilities should be reporting cancer cases to MCR. In addition, we identified 4 laboratories that provide services to other laboratories, as well as 6 facilities that use other labs for services. The following table gives a detailed picture of facilities identified with reporting possibilities:

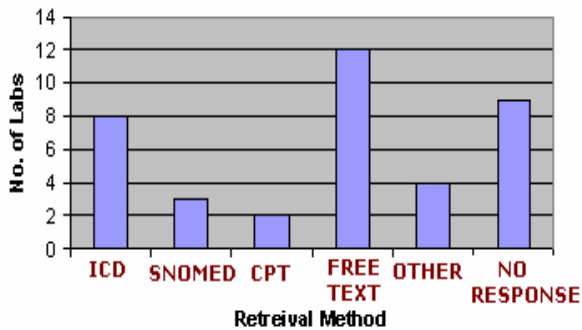
		Hospital pathology labs	Private Pathology labs	Physician Clinics
1	Facilities with reporting probability	17	14	1
2	Facilities providing services to other labs	1	3	0
3	Facilities using other labs for services	6	1**	0

**The one path lab that sends materials out to reference labs will still be responsible for reporting

NOTE: We have determined another 11 pathology labs will be reporting cases even though they did not return surveys. In fact, most of those 11 are already reporting. Some of them are the nationally based labs, such as Dianon/Urocor and Pathology Partners.

Information Retrieval

Pathology Lab Information Retrieval



The pathology labs that processed anatomic, cytology, bone marrow or autopsy specimens were asked to indicate how diagnostic information was retrieved. We specifically asked about ICD-9, SNOMED, CPT, FREE TEXT and OTHERS. Of the twenty-five responses, almost 50% said they used free text. Two of those said they used free text in addition to either ICD-9 or SNOMED.

Multiple Business Locations

The 87 labs were also queried about multiple business locations. Six pathology laboratories said they had multiple business locations. For these labs, each said data submission would come from one central location.

Survey Comments

Many facilities let us know they provided no services for facilities other than their own hospitals. In some cases, path labs told us their hospital's cancer registry would also be reporting non-hospital cases. We contacted those registries to confirm this and found that often there was an agreement between an off-site facility and the hospital to report the cases to MCR. One pathologist suggested we provide a toll-free fax number so that he did not have to bear that cost. In one region with two strong health care systems where most of the physician and clinics were system affiliates, the pathologist wondered how they would ever manage reporting to us for all of those affiliates.

Software Vendor

Of the 72 pathology labs that returned the survey, the following is a list of software vendors mentioned:

No.	Software vendor / product	Number of labs using vendor / product
1	APEASY, APEASY FILEMARKET PR	2
2	CERNER PRODUCTS	11
3	COPATH	1
4	CPSI	1
5	DATAComm	1
6	HBOC, HBOC TRENDSTAR	3
7	MCKESSON PRODUCTS	4
8	MEDICAL MANAGER	3
9	MEDITECH/IDX/EXCEL	1
10	PATHMAN AS400	1
11	SBP OF NEW ENGLAND	1
12	SEIMENS	1
13	SOFTCOMPUTER	1
14	SUNQUEST	1
15	TAMTRON POWERPATH	1
16	WINDOWPATH	1
17	IN-HOUSE SOFTWARE DEVELOPMENT	2

What we learned

Many hospital pathology labs did not initially feel it was necessary to respond to the survey, so we followed up with telephone calls. During those contacts it became evident that path lab staff (whether the physician or a manager) tended not to read the entire letter and just assumed the legislation did not apply to their facility. Many simply passed the letters to their cancer registry staff, assuming that it was really directed at them. Some assumed their cancer registry staff reported non-hospital cases, just because the hospital path lab was involved. In some cases we did get the information we needed with the telephone calls, but not in writing. As a rule, the facilities that never responded were hospital-based pathology laboratories.

The split between hospital and private pathology labs that will be reporting non-hospital cases is about even (22 hospital, 19 private, 1 physician). Private pathology laboratories seem less resistant to complying with the legislation and many began reporting cases* immediately. Most of the pathology labs do not have the ability to submit cases electronically. One or two have worked to develop files they can submit, but these files need work; they are not in NAACCR format.

Several pathology labs serve health care facilities in multiple states. Because their ability to access patient address is limited, they may submit information on Missouri and non-Missouri residents, which leaves it to MCR to determine residency. In addition Missouri residents may go to a physician in a border state for diagnosis and/or treatment and vice versa. This has been a major barrier in reporting for at least one high volume pathology lab.

*Due to MCR's limited ability to process path reports, we only asked for information on melanoma and prostate cases. Some path labs are sending all of their cases.