2020 ADASP
Annual Meeting

February 29, 2020
Los Angeles Convention Center

Diagnostic Standardization – Results of an ADASP Survey

I have no disclosures

Association of Directors of
Anatomic and Surgical Pathology

UCSF
University of California
San Francisco

Thank you for your responses

- 248 emails send (25 undeliverable emails)
- 10% (22) started/completed responses

Survey – All academic practices

- 15 Primary academic center of a multi-hospital system
- 6 Single hospital academic center
- 1 Academic government (county) hospital in a multi-hospital government (county) system

Survey – All academic practices

#	Signout practice model for surgical pathology (SP)	SP volume
2	General practice model includes pathologists only practicing general Surgical Pathology (SP)/Anatomic Pathology (AP)	20,000-25,000
2	Hybrid includes practicing general SP/AP plus a subspecialty	7,500-20,000
16	Multiple subspecialties includes pathologists practicing more than 1 anatomic subspecialty	**10,939-171,143**
1	**Single subspecialty** includes pathologists practicing only 1 AP subspecialty	190,000

Survey - Systems

- **Electronic medical record (EMR)**
  - 18 Epic, 3 others (Allscript, Cerner, non-commercial)

- **Laboratory information system (LIS)**
  - 5 Beaker, 8 Cerner CoPath Plus/3 Cerner Millennium Path Net, 4 SoftLab, 1 Sunquest
  - **Change?** 4 yes (3 to Beaker)

Survey – Flow of data traffic

Incoming EMR to LIS electronic transfer

- 15 yes vs **6 no** (**5 manual entry** and 1 barcoder reader autopopulation)
- Messaging protocol/format
  - 6 HL7 version 2 vs 9 I don't know

Outgoing LIS to EMR electronic transfer

- 17 yes vs **1 no**
- Messaging protocol/format
  - 6 HL7 version 2 vs 8 I don't know

CAP synoptics
13 without modifications vs 5 with modifications

Data element

- 6 structured vs 3 semistructured vs 6 unstructured

- **9 synoptic with drop down menu** vs 8 synoptic with free text vs 1 narrative

	Structured	Unstructured
CAP synoptic	5	8
Diagnosis	4	9
pTMN	5	7

Information about discrete level data at level of slide

- **17 no** vs 1 yes at least one representative slide with that feature

Pathology data use cases

- 8 Quality improvement

- 7 Cancer registry

- 3 Artificial intelligence
  - Have unstructured data elements

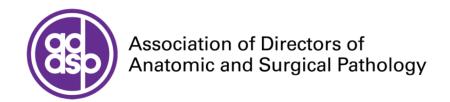# Scanning digital slides?

- 9 no

- 8 yes (number of slides scanned depends on case and purpose)

    - 7 Tumor board presentation

    - 7 Intraoperative diagnosis/frozen section

    - 5 Consultation within institution

    - 1 Primary diagnosis

    - 1 IHC reporting

Comments about pathology reports

- 3 **More structured data** (by those that do not provide it now)

- 2 **Standardized** reporting for top line diagnosis (remove local jargon, understand significance between suggestive of, consistent with, diagnostic of)

- 2 good, no issues

- 1 Subspecialty directors should QC or tracer reports to assure quality and **standardization**

- 1 **More templates**

- 1 User friendly synoptic reporting

Thank you!

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