

Creative Partnerships in Fast Times

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It has been said of CellNetix that we are an IT company that happens to be in the Lab business. There is some truth in this but there is also little doubt that our overarching goal is the delivery of first-rate anatomic pathology services. We opened our doors seven years ago and knew that we had outgrown our LIS (Laboratory Information System) from the start. This was not necessarily a poor reflection on our LIS; it was that we had immediately established new needs for which LIS software had not been written.

These needs were, in order of importance at the time:

1. Logistical support – we had specimens coming in from 15 (now 20) sites via courier each evening and slides going out to pathologists at the same sites by 7am the next morning. We were not prepared to accept specimen/slide mix-ups and loss as a fact of lab life. Who would support a model where a patient could go through the pain of a biopsy and the mental anguish of waiting for results only to be told “Well, sorry, we lost it...”? Or perhaps worse, get the wrong diagnosis and treatment because of a labeling error. Sadly, those are not just theoretical scenarios in the lab industry. We also had to make sure that our pathologists at those sites got the right slides based on subspecialty, location and client preference – an algorithm of ever increasing density.
2. Tools to manage the complexities of an extremely varied and demanding client base – unlike academic centers or smaller pathology groups, we were dealing with thousands of different clients and, as a service focused group, we frequently made commitments that were hard to systematize. For example, all providers at Dr. Smith’s ObGyn group want their Pap reports on pink paper except for Dr. Jones who wants white paper but with positive results in red font... We could not expect our data entry team to remember these rules every time, but our LIS had few tools to manage these intertwining equations.
3. Tools to manage report standardization and produce discrete data rather than the traditional dictated/transcribed narrative pathology reports - Pathologists value their powers of expression but hospitalists and clinicians just wanted the facts, so if they were receiving a similar diagnosis from two of our pathologists they preferred that both reports would look and read the same. Templates and structured reporting were needed to create consistent,

intelligent and mineable reports. Again, weak or non-existent functionality to address.

We knew that our LIS software vendor, due to a lengthy roadmap process, might not make the above changes as quickly as we needed them. As a large multi-site pathology group we were an anomaly and as such could not expect to get commercial software written for us instantly - which was when we needed it – so we took the only course available to us and decided to build solutions where we could not buy.

Fortunately our LIS was built on open database structure, and while we could not write to the database, we could read from it and design custom applications that met many of our needs. With a tiny development team, we built a specimen tracking system to prevent specimen loss and a rules-based “process stop” system to manage the inherent complexities of our varied client base. As well as several other pathology specific applications, we built a case allocation and schedule management system to ensure that cases were automatically allocated by subspecialty. Subspecialty routing being one of the main underpinnings of our service model and the new standard in anatomic pathology.

Seven years later, in 2014, we had grown considerably – essentially having doubled our business in what were some of the blackest economic times in recent history. We had solved the specimen tracking problem - zero specimen loss since implementation- and were coping with client complexity through a labyrinth of database

rules. Our discrete data requirement remained unsolved and we foresaw that with the advent of personalized medicine and molecular testing that this was an even more urgent need. Our own molecular program had grown dramatically and we saw our hospital partners beginning to realize that despite their huge investments in EHR technology, they actually knew very little about how well they were doing clinically - what worked and what did not. We knew that they would increasingly expect Anatomic and Clinical Pathology to provide structured and discrete data as they attempted to personalize medicine and track the effectiveness of treatment and outcomes.

In the meantime, our LIS provider, PowerPath had changed hands and was now owned by Sunquest Information Systems. After an extended RFP process, during which we evaluated nine other AP LIS systems, we came to agreement with Sunquest on a unique software development partnership. It is worth noting that our decision to stay with Sunquest was founded on their new ownership by a global software company, new leadership and a new belief on our part in their commitment to the product. When their new President Matt Hawkins said that they wanted to make PowerPath the best AP LIS in the world, our response was “that’s great, so do we...”

On an aggressive schedule, Sunquest agreed to:

- Acquire and incorporate into PowerPath the intellectual property of the add-ons that we had built over the last seven years.

- Dramatically overhaul the product and enhance the discrete data/synoptic reporting capabilities as well as provide other enhancements such as NGS (Next Generation Sequencing) support.
- Move away from traditional linear development processes and towards agile development methodologies based on the acceptance that by the time software hit the users the requirements would have changed.
- Set up a development center (including hiring our existing development team) at our core lab in Seattle so that developers could be “right beside” the users. This was a critical element as we strongly felt that the proximity and instant feedback/revision cycle fosters successful software that lab staff and pathologists can believe in and get behind.

We committed to being a responsive development partner, dedicating executive resources and giving Sunquest access to our users and work environment. We also agreed to act as a beta site for all new enhancements on an accelerated schedule - despite any potential disruption and “pain” involved. As our CEO, Dr. Don Howard said at the time of the deal, “CellNetix is all-in with Sunquest.”

With all of the recent changes in healthcare, hospital systems, providers and vendors need to adapt and become stronger to survive. This is evolution at its best. Consolidation and partnerships are happening every week it seems and sometimes

involve unlikely bedfellows. For CellNetix, this is positive energy in what in the past could have been described as a stagnant and risk-averse environment. The ecosystem is starting to come back to the way it should be. We believe that our partnership with Sunquest is an example of how healthcare and partners can think outside the box and form win-win collaborations that should increase efficiency and ultimately lower costs while improving patient care. This is what we all want, right? When one of our pathologists asked “won’t this

partnership mean that everybody can have the same software that we have?” the response was “yes, but we need the best software and this is how we can make it happen. If it benefits pathology in general that should also be a good thing.” CellNetix is committed to collaborating with other pathology groups that use PowerPath and leveraging the collective creativity – all boats rising together. If our commitment to improving IT in pathology continues to be one of the factors that attracts other progressive groups to join us that

will also be a win-win. At the fundamental level, deals such as this mean taking calculated risks. Sunquest leadership deserves full credit for being willing to think creatively and for being prepared to commit unequivocally to a partnership whose success is not guaranteed but will in all likelihood produce positive results for those involved.

For more information, visit CellNetix at www.cellnetix.com.

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