

ePathology

Pathology Result Reporting V1.0 Feedback Report

NEHTA Feedback Workshop

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I. Introduction

This document articulates NEHTA's response to industry views obtained at the feedback workshop for the Pathology Result Reporting Package v1.0.

On 29th September NEHTA invited representatives and members of various peak bodies and associations to attend a feedback workshop for the Pathology Result Reporting Package v1.0 that was released on 1st September 2008.

This full day workshop brought together the pathology industry and other interested parties to discuss the result reporting package material and reach a consensus as a group on specific issues that were raised.

The workshop content covered four major areas; Package General, Clinical Information, Clinical Terminology and Secure Messaging and questions were released also for these areas prior to the workshop.

As well as the four question sets, there was a presentation to facilitate discussion for each session.

There was a significant amount of commentary received at the workshop and this is detailed in this report. This coverage of the day is matched, where practical and possible, with either an appropriate response/resolution or the plan of approach moving forward.

2 Areas of Feedback

The main areas of feedback have been detailed following the order of the day. Resulting conclusions or requirements for further engagement are detailed alongside the issues mentioned. Where a response was not required the response section is greyed out.

2.1 Workshop Approach

Identifier	Issue	Response
WA-1	It was generally agreed that a workshop at this point of development of the package was a good idea but that industry views should also be sought at a Draft stage.	
WA-2	The intention of the workshop was to encourage open discussion rather than merely deliver a NEHTA presentation and so the focus on presentations were limited to the questions sets and a brief summary as a result of this aim.	
WA-3	The level of detail in the discussions was at a fairly high level most of the time due to the broad range of specialists in the room and topics on the agenda.	In order to obtain a greater level of detailed discussion it has been suggested that the sessions evolve into workshops, each with a specific agenda. This would allow for discussions with a more targeted audience that will result in better quality decisions.

2.2 Package General

There was significant feedback in general about the package approach and how we attracted comment and input. The main areas included quantity and presentation of material, review timeline and process, mid and long term strategies, business value statements and propositions, and community forum approach.

Identifier	Issue	Response
PG-1	Many representatives were unclear of the purpose of the review and thought the overall review process should be more transparent.	The review process was designed to provide feedback on the package material that was released on the 1st September 2008. Additionally where issues were raised at the workshop the intent was to gather consensus from the group.
PG-2	Many representatives were happy with the general documentation citing it as clear and well constructed.	

Areas of Feedback

Identifier	Issue	Response
PG-3	The sheer volume of fairly complex documentation that was released in parallel caused some concern as it was not possible to review and digest all the information in the time allowed.	<p>Multiple review cycles will be introduced for the larger more complex or contentious, documents as a minimum, however it will be preferable to publish documents for review in a timelier manner.</p> <p>The new collaborative development model includes staged releases within the next iteration of the package. It is intended that there will be a greater degree of advance notice as to which documents will be released at what time.</p>
PG-4	There was a common view that one round of reviews was inadequate and out of line with how similar reviews are conducted (e.g. Standards Australia) and consensus obtained.	This feedback has been taken on board and a new collaborative approach to document development and review will be undertaken.
PG-5	The Readers Guide was inadequate and did not concisely depict target audience and purpose of documents within the package.	We will be looking at the possibility of a two page Executive Summary. The Readers Guide will also be re-structured to more clearly articulate the purpose, target audience and relationships of the documents within the package.
PG-6	Why did NEHTA choose not run the process through Standards Australia who already operate a bedded down review process.	It is being looked at to determine if this is the best approach.
PG-7	Navigation around the website is not clear.	The website will be reviewed and revisited to make the delivery of package material better.
PG-8	The 4-year plan presented has no strategy or implementation guidance – should we start to implement now, do we wait for the whole package to be ready or can we implement in stages?	<p>The plan that was presented at the workshop was not intended to present the entire plan to the group at the workshop.</p> <p>A strategy for the e-Pathology program moving forward is currently being developed.</p> <p>This strategy includes collaboration with stakeholders to investigate the standards and specification proposed and to increase the learning through early implementation projects to further the development of the package material.</p> <p>The package is designed so that subsequent releases can be implemented iteratively with no duplication of effort as the package building blocks are all complementary. Therefore should you wish to begin to implement the material, there is an ability to do so.</p>
PG-9	There was no formal or even informal process for community input into the design or construction of the package(s).	<p>A strategy for the e-Pathology program moving forward is currently being developed.</p> <p>The strategy includes collaboration with stakeholders who are interested in becoming contributors to the development of on the work.</p>

Identifier	Issue	Response
PG-10	There was a lack of an upfront business statement of what problem(s) NEHTA is actually trying to resolve with this package.	NEHTA has worked from an Environment Scan that has been developed. It is intended that in the short term NEHTA will pull together a team of stakeholders and clinical leads to assist us to further develop the environment scan in a way that the industry agrees. A business statement will be provided to all sections of the pathology industry.
PG-11	Need to relate business drivers to other aspects of the documentation.	Agree. NEHTA together with the collaboration from industry will relate the business drivers to all material formed within the e-Pathology Program.
PG-12	Business drivers are too vague and need to be refined.	Agree. NEHTA together with the collaboration from industry will relate the business drivers to all material formed within the e-Pathology Program.
PG-13	Quality and Safety need to be improved heavily throughout the material.	Agree. NEHTA together with the collaboration from industry will relate the quality and safety imperatives to all material formed within the e-Pathology Program.
PG-14	Timelines for adoption are unclear.	A roadmap and adoption roadmap will be developed in conjunction with the industry for the industry.
PG-15	Query around requirement for Commercial in Confidence at the foot of the NEHTA documentation	For clarity, it is agreed that the material developed through the e-Pathology Program should not contain this statement.
PG-16	Possibility of shorter/smarter filenames	Agreed. This suggestion will be adopted for any ongoing e-Pathology Program material developed and published.
PG-17	Requirement for a general set of FAQs or Hot Topics including <ul style="list-style-type: none"> • Is LOINC a part of this specification? • Is IHI and NASH a dependency for this package? • Why should I review this package? • Will NEHTA harmonise their web services model with IHE XDS model? • Why HL7 2.4 and not CDA? • Why migrate from 2.3.1 to 2.4? 	NEHTA will answer these questions for the Pathology Industry through the development of supporting material and FAQs to be included in future e-Pathology Program material.

Areas of Feedback

2.3 Clinical Information

The majority of feedback on clinical information was in the two areas of the structured document template and the interchange format.

Identifier	Issue	Response
CI-1	Why were Standards Australia not consulted throughout the design and decision making process surrounding the SDT.	NEHTA will be setting up meetings with Standards Australia in order to review this material and raise the level of collaboration in development.
CI-2	Insufficient transparency throughout the development of this SDT.	The Structured Document Template was developed based on previous data specification work completed with the Clinical Informatics Program (SA Health) and furthered in the HealthConnect trials. These data specifications were then taken to apply them contextually for Pathology Result Reporting. It is agreed that the transparency of the development is an issue. NEHTA wishes to resolve this by collaboration with industry.
CI-3	The complex and detailed nature of this discussion point led to varying degrees of detail being discussed in tandem, reducing the usefulness of the discussion point	This reinforced the need for subject area specific workshops.
CI-4	The interchange format was not considered tremendously useful in this current format	The interchange format was originally a promised deliverable to the NEHTA Board with the intent to map the Structured Document Template to the Australian Standard AS4700.2. It is intended that this document be revisited to ensure that any material produced by the e-Pathology Program has a specific use and is agreed to by the Pathology industry.
CI-5	Requirement for further articulation around how and why this is different from AS4700.2	It was made clear that this work is not intended to replace AS4700.2 however it will be useful for developers and standards bodies for NEHTA to propose some changes or reviews to this.

2.4 Clinical Terminology

CT-1 This material should have been included within the package material on the website as very few people have reviewed it due to it being in a separate location and under licence.

The 'e-Pathology' webpage (the Pathology Package webpage) provides links to all of the artefacts associated with the release. On this page, there is a link to the Pathology Data Specification and Terminology webpage. From here you get direct access to artefacts that do not require a licence including:

- Pathology Terminology Cover Note;
- Pathology Terminology Release Note;
- Structured Document Template – Pathology Result Report v0.4 (Draft); and
- Interchange Format – Pathology Result Report and AS4700.2 (HL7 v2.4) (draft).

Or via a link to NEHTA's secure site for the following terminology artefacts that require a licence:

- Pathology Terminology Approach Document;
- Pathology Terminology File;
- SCT-AU Distribution File;
- SCT-AU Reference Set Implementation Guide; and
- SCT-AU Terminology Viewer.

NEHTA's licence agreement with IHTSDO specifies that a licence is required to access terminology deliverables that are based on SNOMED CT.

CT-2 Not everyone has a SNOMED CT licence.

A SNOMED licence is free and easy to obtain. The Pathology Terminology Cover Note which provides a brief on the Pathology Terminology release has been updated to point the reader to NEHTA's secure site where all the terminology artefacts can be accessed. From this site it is a straightforward process to obtain a licence. The Pathology Terminology Cover Note is included in the Pathology Package suite. The update to the cover note will accompany subsequent terminology releases.

The Pathology Terminology Cover Note which provides a brief on the Pathology Terminology release has been updated to point the reader to NEHTA's secure site where all the terminology artefacts can be accessed. From this site it is a straight forward process to obtain a licence.

The Pathology Terminology Cover Note is included in the Pathology Package suit. The update to the cover note will accompany subsequent terminology releases.

CT-3 What was the rationale behind the decision to use SNOMED CT.

SNOMED Clinical Terms® (SNOMED CT) has been endorsed by the Australian Health Ministers Advisory Council (AHMAC) as the preferred solution for the core clinical reference terminology.

Australia's migration towards SNOMED CT is also aligned with the endorsement provided by the World Association of Societies of Pathology and Laboratory Medicine (WASPaLM) in 2000, that SNOMED and its subsequent versions including SNOMED CT is the preferred clinical terminology for coding in pathology laboratories worldwide[WASP2000].

[WASP2000] World Association of Societies of Pathology and Laboratory Medicine, 2000, International Pathology Organization Endorses SNOMED® As Preferred Reference Language for Laboratory Clinicians. <http://www.waspalm.org/pdf/snomed.pdf> (Accessed 9 October 2008)

CT-4 There are no Pathology Results for Terminology – i.e. observable terminology in a pathology results package – please explain.

It is acknowledged that the terminology provided in this release does not support the reporting of observables and as such, the data element 'Result Observable Name' (DE-I 1022) is out of scope at this time.

Development of a terminology reference set for the 'Result Observable Name' is pending due to the re-modelling of the Observable Entity Hierarchy within SNOMED CT. This work is being progressed through the Concept Model Special Interest Group that operates under IHTSDO. This remodelling is likely to be completed in 2009.

Until the re-modelling has taken place, NEHTA recommends that implementers continue to use their current local codes that comply with AS4700.2. It is acknowledged that their local codes set may have some association to LOINC (e.g. via mapping etc).

Areas of Feedback

CT-5 Coverage needs to be in the high 9s before it becomes useable.

To assess the coverage of the baseline tests that were derived from the Australian Reference List (ARL) and have been included in the Request Test Name and Result Test Name reference sets, mapping exercises were undertaken against four third party data sources. The data sources used to assess the coverage of the reference sets were the Australian Association of Clinical Biochemists (AACB) LOINC Working Party - Recommended Code Set, the Pathology Queensland Top 100 tests, the top 100 tests for a large private laboratory (Private Lab) and the List of Pathology tests detailed in part 4 of the Medicare Benefits Schedule Book [DOHA2007].

The analysis involved mapping the source data to the SNOMED CT baseline test using the mapping methodology developed by the National Centre for Classification in Health [NCCH2005] and described in section 4.4.1 of the Pathology Terminology Approach Document. The results were aggregated to indicate equivalent, more specific or less specific meaning.

Comparison Data	Equivalent	More specific	Less Specific
AACB Top 60	93%	0%	7%
QLD Pathology Top 100	93%	0%	7%
Private Lab Top 100	88%	4%	7%
MBS Pathology Test List	85%	4%	11%

Table 1 - Test Name Reference Sets coverage of third party terms

The mapping ratings indicated that the NEHTA Test Name reference sets provide equivalent concepts for between 85% and 93% of the tests contained in each data source (Table 1).

Where the mapped baseline test was determined to be 'more specific' than the source test, the baseline test is likely to be appropriate, as the source terms may be ambiguous. The mapped baseline test may be a more accurate representation of the actual test performed. This is demonstrated in table 5. Here the source term Troponin has been mapped to the 'more specific' baseline concepts |121870001 Troponin I measurement| and |121871002 Troponin T measurement| with a map rating 3.

Source Term	Mapping	Baseline Test ConceptId and Preferred Term	Map Rating
Troponin	>>	121870001 Troponin I measurement	3
Troponin	>>	121871002 Troponin T measurement	3

Table 2 - Examples of map rating 3

The source data tests that were mapped to a 'less specific' baseline represented up to 20% of the total pathology laboratory workload. However the majority of these source tests were panel tests or combinations of tests that are already reliably covered by the baseline tests.

Through feedback obtained on this release and continuing terminology development, future terminology releases will include new SNOMED baseline tests and thus extend the coverage of the reference sets.

Where omissions are identified in the Terminology Reference Sets by implementers, NEHTA recommends:

- that implementers continue to use their current local codes that comply with AS4700.2;
- Feedback on the omissions is provided to NEHTA so appropriate concepts can be included in subsequent releases.

CT-6 Previous issues raised by Prof Michael Legg.

Issue

The terms chosen in the Australian Subset for both the request and report entities derive from the 'Procedure' hierarchy. This is so despite the requested entity and reported entity being quite different concepts. From an ontological perspective these different concepts have already been modelled as separate hierarchies in SNOMED.

It was however argued by NEHTA that a combination of the advantage of having a single code for a pathology test and with NEHTA's associated information model providing the context to understand the difference that the choice to use the one hierarchy was appropriate. Furthermore NEHTA officers have indicated that this is the approach currently being taken elsewhere for example by the NHS.

Work began on mapping LOINC laboratory result codes in 2001 and stalled when IP issues arose between Registries and the College of American Pathologists. In this work the reported entities were mapped into the 'Observables' hierarchy. The author is also aware of current activity to map the LOINC codes for laboratory reported entities within the 'Observables' hierarchy. This mapping work appears to be going on without official sanction but seems to be in preparation for rapid deployment on resolution of the International Standards Development Organisation for Health Terminology and associated IP issues.

This work needs to be done because there are currently large gaps in the laboratory 'Observables' area of SNOMED and this is the most compelling reason for choosing from the 'Procedures' hierarchy pro tem.

Response

Concepts suitable as pathology test names are constrained to the Procedure hierarchy. This top level hierarchy includes procedure concepts which represent activities performed in the provision of health care, and includes laboratory and non laboratory procedures, such as those performed in clinical areas. Within this hierarchy there are specific pathology concepts relevant for inclusion in the Pathology test name reference sets that are descendants of two high level concepts:

- |108252007 laboratory procedure (procedure); and
- |128927009 procedure by method (procedure)].

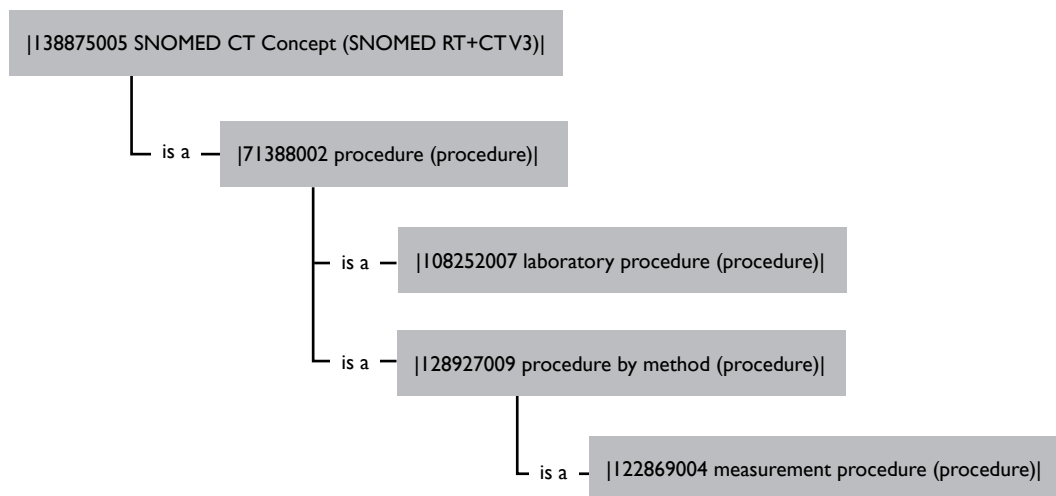


Figure 1 – This simplified SNOMED CT hierarchy showing key procedure concepts suitable as Pathology Test Names.

Areas of Feedback

The use of procedures instead of observables for Test requests is in line with the direction of the IHTSDO Observables and Investigation Procedures project. It fits with the following considerations from the Observables project:

- Users give result values to measurements but the logical view is that a measurement is a procedure (activity) and a value can only be given to the quality or quantity measured.
- Users request “a serum sodium [concentration]” but the logical view is that you cannot request a quality or quantity but must request (or do) a measurement procedure.
- Those with English as a first language have less difficulty with the interchangeability of the measurement and the quality measured but linguistic considerations for translation seem to favour the more logical view.
- This extends further to the use of the procedures for the reporting of the test undertaken (i.e. Result Test Name).

The reporting of entities or observables will be satisfied using concepts that are found within the Observable Entity Hierarchy within SNOMED CT. This is aligned with the considerations of the from the Observables project.

It is acknowledged that the terminology provided in the current release does not support the reporting of observables and as such, the data element ‘Result Observable Name’ (DE-I1022) is out of scope at this stage. Development of a terminology reference set for the ‘Result Observable Name’ is pending due to the re-modelling of the Observable Entity Hierarchy within SNOMED CT. This work is a priority area for the IHTSDO and is being progressed through the Concept Model Special Interest Group. This remodelling is likely to be completed in 2009.

Until the re-modelling has taken place, NEHTA recommends that implementers continue to use their current local codes that comply with AS4700.2 It is acknowledged that their local codes set may have some association to LOINC (e.g. via mapping etc).

The concepts appropriate for the remaining four pathology reference sets that are in scope for the current release are descendants of the following hierarchies:

- Pathology specimen type reference set – Specimen top level hierarchy;
- Pathology specimen anatomical site reference set – Body structure top level hierarchy;
- Pathology specimen qualifier reference set – Qualifier value top level hierarchy; and
- Pathology testing method reference set – Laboratory procedure hierarchy.

Issue

In part due to the long evolution of SNOMED CT there exists as fully specified terms both ‘complex’ terms (for example ‘Chronic Pancreatitis’ (the so-called pre-coordinated form)) and the simple or component terms that go to make up that concept (‘Chronic’ and ‘Pancreatitis’).

However, as yet there is no accepted or widely implemented form of syntax for linking these terms although there is work underway and some systems have implemented a form of this (such as Kaiser Permanente Colorado).

Pathology systems have in the past used pre-co-ordinated terms for both requested and reported entities especially in communications. Although it is also true to say they often have information fields in their systems for components of the complex concept (e.g. Cortisol, 24hr Urine would have volume and time associated with it).

The advantages of pre-coordinated codes is that you only need one to describe the thing you are reporting while the disadvantage is that for every nuance there is a new code leading to code list bloat. LOINC with six attributes is a pre-coordinated term set that has these characteristics.

The advantages of using ‘simple’ terms together in a ‘phrase’ is that you need fewer ‘simple terms’ and that you can infer things from the components. The disadvantage is that you need to be able to store, move and process complex variable phrases.

Feedback from pathology practices and the vendors of information systems used for pathology, communication and GP practice management have all said they would prefer pre-coordinated codes for reported entities.

There is a mix of preference for the SNOMED pre-co-ordinated and ‘simple form’ in the current NEHTA Pathology code set.

Response

NEHTA's decision to promote the use of several 'atomic' concepts rather than a single 'complex' concept (otherwise known as a pre-coordinated concept) is an effort to reduce the likelihood of 'Combinatorial Explosion' by minimising the proliferation of pre-coordinated concepts where the information model can efficiently manage the qualifying information for the given concept.

This does not suggest however, that NEHTA will not support the development or use of pre-coordinated concepts. NEHTA will evaluate the requirement for pre-coordinated concepts in the terminology reference sets on a case-by-case basis. This will involve assessing the terminology requirements in light of the terminology model, the information model and the impact on the end user. The appropriateness of using pre-coordinated terms is determined through reconciliation of the terminology model (the logical structure of the concepts) with the information model (the structure of data elements of the electronic record).

- The presence of both pre-coordinated concepts and appropriate atomic concepts is inevitable in any pragmatic, controlled clinical terminology and the presence of both is as much an artefact of building a truly usable product.
- NEHTA is aware that "Pre-coordinated concepts are currently used by and preferred by pathology, communication and GP practice system vendors and pathology practices". The clinical incentive for change is to ensure that the underlying data communicated and stored in the logical record architecture of an IEHR is unambiguous and semantically defined. Current approaches do not necessarily guarantee this; the approach NEHTA suggests allows that disambiguation to occur in a defined manner. If there is a properly expressed user requirement to see the re-amalgamation of atomic concepts into a single expression at the user interface this can be addressed.
- Post-coordination of concepts utilises compositional grammar, the structured combinations of codes, to represent meaning. Post-coordination within a data element is not supported in the short term; however a migration path towards the use of compositional grammar will be established. The SNOMED CT Compositional Grammar is published in full in the document SNOMED Clinical Terms Abstract Logical Models and Representational Forms (Version 6b (31-Jan-08) Paragraph 3.2). It is true that this is not a formally approved part of the SNOMED CT standards but is a

'Draft for Comment', however from a pragmatic point of view this can be considered a de facto standard as a result of custom and practice.

It is recognised that NEHTA will continue to contribute to the international understanding of the relationship between SNOMED CT, messaging (specifically HL7) and the use of compositional grammar.

- NEHTA seeks specific feedback about conflicting or inappropriate concepts that are atomic or pre-coordinated in nature, and are included in NEHTA's terminology reference sets.

• Issue

In an attempt to answer the question 'Do the NEHTA code sets adequately incorporate the two AUSTPATH code sets?' a detailed comparison of was undertaken for the first 100 codes in the Results Code Spreadsheet (NEHTA-CT-PATH-REFRES_MAPPED_AUSTPATH v1.0.xls). The outcome of the analysis is presented in Table 1 and a marked up spreadsheet showing the suggested changes is provided separately.

Outcome of Analysis of the First 100 Report Terms

	Issue	Count
A	Wrong concept chosen	3
B	Needed concepts not coded	8
C	Non-conformant or ambiguous NEHTA Preferred Term	11
D	Duplicates because of pre-coordination	3
E	Concept not required but not duplicated	8

Response

The coverage analysis that is described in the section Coverage Analysis (2.4.2.5) indicates that there has been considerable improvement in the mapping and coverage provided by the Request Test Name Reference Set since this report was authored. The analysis against third party tests indicates that greater than 90% of the third party tests have been mapped to SNOMED CT concepts with equivalent or more specific meaning.

Please note that coverage of Observable entities is currently out of scope for the reasons provided above. As such a coverage analysis has not been undertaken.

Through feedback obtained on this release and through terminology development, future terminology releases will include new SNOMED CT baseline tests and thus extend the coverage of the reference sets.

Areas of Feedback

2.5 Secure Messaging

Identifier	Issue	Response
SM-1	Given that this functionality is similar to XDS – why would we not use XDS as this is more commonly used?	IHE Cross Enterprise Document Sharing (XDS) is, as the name suggests, focused on document sharing and not the more general requirements of distributed system connectivity beyond document and record sharing. For example this may include more atomic query and update services associated with identifier information. XDS does deal with the metadata, registry, and repository side of the world and in the latest instantiation does provide a mapping in to web services rather than EBXML's EBMS messaging service based upon SOAP. Where document registries and repositories are part of required solutions, there will certainly be a reuse of specifications such as XDS with Web Services where they meet the requirement.
SM-2	Why would we throw away the solutions and architecture that we hold today for this approach?	NEHTA is not suggesting that anything of the current infrastructures be discarded. It is the intention to re-use current assets and structures as much as possible and implement smooth migration planning for the adoption of the new connectivity designs.
SM-3	Are GPs expecting to have their own web services.	GPs are not expected to host their own web services models. The design is intended to support both GPs who do not wish to host web services as well as those who do.
SM-4	Ongoing debate over generic versus domain specific services.	NEHTA's program of work involves building domain specific services. Generic services are not within the planning scope at this stage.
SM-5	Conformance and Compliance model is severely lacking and this needs to be built at the beginning not the end of the program.	NEHTA is working to establish the Conformance and Compliance areas of the work program. This will be incorporated into the next iterations of the package.
SM-6	Is NEHTA building capacity in the area of web services?	NEHTA may provide tooling options in the future however web services is an industry standard technology with a wide range of existing capability already in use in industry. Therefore NEHTA does not need to build capacity as part of this program as this is occurring within industry.
SM-7	Vendors do not wish to share directory services.	Vendors will not have to share their internal directory services however they will be expected to use UHI and NASH services.

2.6 Other Topics

Example of the recommended date format: 1 January 2004.

2.6.1 Issues

Discussion around NEHTA's approach to resolving detailed content issues within NEHTA and the pathology community including:

NEHTA should recognise pathology sub-domains and the perspectives of participants and community members;

NEHTA should recognise that no one person will be able to fully understand the entire package with all its components and manage input accordingly; and

Actual value and benefit that would lead to specialists agreeing to commit their time to the package project.

2.7 Overall Summary

Despite the number of technical questions and side issues that were raised there was also a clear impression of how NEHTA's progress is viewed by the Pathology industry and some of these are articulated here.

Identifier	Issue	Response
OS-1	It is now held that NEHTA needs to adopt a strong engagement plan with the rest of the industry that sufficiently addresses their concerns surrounding the level of input into NEHTA's plans thus far.	A strategy for the e-Pathology program moving forward is currently being developed. The strategy includes moving to collaborating with industry on standards and specifications proposed and to increase the learning through early implementation projects to further the development of the package material.
OS-2	Major up scaling of detailed analysis around the ACTUAL CURRENT issues that NEHTA is attempting to address with further clarity around precisely what is being resolved.	Agreed. Further development of the environment scan with industry should assist with this process.
OS-3	Many issues have been posed to NEHTA from a short-term perspective while responses have been rich in long term benefits and values. The scene-setting and value propositions that NEHTA attaches to the package.	These comments are being taken into consideration with the re-work of the Pathology Result Reporting Package ongoing.
OS-4	Fundamental question around why would people invest significant time into helping NEHTA as the genuine value they would see in exchange for this effort remains unclear.	The e-Pathology Program will actively work with the industry to determine the activities that need to be performed to encourage adoption and support of national standards in the pathology industry.



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