Structured Pathology reporting project

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Structured Pathology

Purpose

Introduce this mahi

Including our first steps to embed Te Tiriti o Waitangi, equity-led and whānau centred in everything we do

Seek your guidance

Endorse our approach to expedite

the efficient delivery of clinically relevant and HIS0 endorsed data specifications for Structured Pathology reporting in Aotearoa New Zealand.
Introducing this mahi
The pathology report lays the foundation for a patient’s surgical cancer journey.

This includes definitive diagnosis, cancer staging (extent of disease), evaluates the adequacy of the surgical excision, and provides morphological and biological prognostic markers*, which determine personalised cancer therapy.

In New Zealand, RCPA# is the recommended standard reporting protocol, but pathologists can use a combination of protocols from around the world that provide the framework for the reporting of cancer, whether as a minimum data set or fully comprehensive report.

*A prognostic biomarker helps indicate how a disease may develop in an individual when a disorder is already diagnosed. The presence or absence of a prognostic marker can be useful for the selection of patients for treatment but does not directly predict the response to a treatment.

#RCPA: Royal College of Pathologists of Australasia
Structured Pathology project response

Challenges
- paper based vs electronic system
- aging legacy systems

Consistent and comprehensive national structured pathology reporting of cancer is still a top priority.

To achieve national consistency in the data collected by the clinician requesting pathology services and the pathologist reporting back the findings...

We need data specifications for all cancers that:
- outline the individual data items with their concise definitions.
- use SNOMED CT to codify recorded data for enhanced accuracy and consistency in lab systems.
- partner with the sector to ensure the data specifications remain clinically relevant and are implemented consistently across all providers.
The project is clinician led with a clear focus on reducing the admin burden through auto-population from range of systems and relevant drop-down value sets.

We started with a proof of concept with Lung to test requirements....learnt a lot.

Align with ICCR* and RCPA* protocol development where possible but ensure it meets the needs of Aotearoa.

Representative work groups to ensure clinicians provide the right info to the Path, and they get what is needed to make a decision with the patient/whānau.

Build and foster authentic relationships with Māori, consumers in general, alongside our clinical community to guide our mahi.

Got 50 data spec to create/review so lots of mahi to do.

*ICCR: International Collaboration on Cancer Reporting
*RCPA: Royal College of Pathologists of Australasia
**Structured Pathology**

**Output:** Clinically relevant and HISO endorsed data specifications for each tumour available for implementation in new and existing labs systems:

- Fit-for-purpose request and reporting processes/forms.
- Support real-time auto-populating of key data/information.

**Support CanShare’s broader data outcomes:**
- Equity focused service improvement efforts.
- Iwi, hapū and whānau progress their development agenda alongside consumer, clinical and research purposes.
Our first steps to understanding and actioning our obligations to Te Tiriti O Waitangi, being equity-led and whānau centred in everything we do
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DMR’s work contributes to the work underway by Te Aho o Te Kahu and across the sector to drive equity led decisions and better inform the measurement of health gain for Māori and all population groups that experience inequities.

- The project scope and approach is appropriate for general services delivered under the principles of universality and consistency for all populations, they are not specifically designed with Māori in mind and are based on non-Māori models.
- This project is an enabler for improving the quality and completeness of data collected for all people who require pathology services through their clinical team.
- Consideration should be given, where clinically appropriate, to collect applicable data that will specifically improve service delivery for Māori, Pacific peoples and all other populations that experience systemic inequities e.g., PDL-1 testing*, QPI
- Collaborate and communicate widely to maximise all opportunities to more accurately measure health gain for Māori and better aid improvement efforts.

*This test measures the amount of PDL1 on cancer cells. PDL1 is a protein that helps keep immune cells from attacking nonharmful cells in the body.
We have presented several times to Te Aho o Te Kahu He Ara Tāngata* (voice of the consumer).

We are using two workstreams to understand how we can foster a safe, authentic, and effective relationship with consumers and iwi-Maori to aid development roll-out:
- Working with the National Cervical Screening Programme (NCSP) to scope a relationship with the National Kaitiaki Group (NKG) as we develop a dataset for cervical cancer.
- Requesting support from He Ara Tāngata members to guide development for the Breast Cancer workstream.

Working in partnership with Hei Āhuru Mōwai# as part of the overarching mahi underway.

Enhancing our relationship with Digital and Data to collaborate and align our efforts in engaging with Māori and communities.

*Provide lived-experience expertise and advice to Te Aho o Te Kahu with 50% Māori membership.

#Hei Āhuru Mōwai Māori Cancer Leadership Aotearoa was established in 2012 and has a clear objective of reducing cancer inequities for Māori by influencing New Zealand’s cancer control decision-making and policy setting.
Implementing the learnings from our proof of concept

and

Expediting approval process
Structured Pathology development process

Each tumour broadly follows seven phases which are scaled up or down as required.

**Workstream establishment**: Identifying the tumour and working group members.

**Current state analysis**: Scope requirements and timeline:
- **Simple**: Work Group only as just requires codification for Aotearoa as recently updated through recognised international processes. Public consultation will come from producing an interim standard before finalisation.
- **Complex**: Requires extensive development/wider consultation due to the complexity of the dataset and/or not recently updated through recognised international processes.

**Dataset development**: Develop the technical dataset.

**Consultation**: Undertake consultation as required (see above).

**Approval**: Formal sign out processes for workstream, Te Aho o Te Kahu and HISo.

**Publication**: Publish the interim standard and schedule a review.

**Review**: Update the interim standard into a final standard after a specified period of time based on feedback from the sector and updates from international protocol reviews. Schedule next review.
1. At the beginning of each tranche of the mahi, HISO approval to an itemised schedule of the specifications to be produced.

2. Each specification will have an acceptable title, scope and purpose statement, and a HISO number will be assigned.

3. The schedule will be posted on the HISO website with other standards in development.

4. HISO review and approval of each completed specification for interim or final publication.

5. Public comment will be invited on interim publications using the Health Consultation Hub.

6. The HISO Chair will be the signatory for all approvals at these points in the process (schedule, interim, final publication).
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next steps

Test approval process with Lung and Colorectal. Breast, Prostate and Cervical are underway.

Confirm our timeline and schedule of work.

Build and foster relationships/partnerships.

Deliver...

Thank you for your time...Questions?