



2014 Webinar Attendees Practice Survey - December 2014

Respondent Summary – Total of 77 respondents

1. Please list what your practice is currently doing or has recently done to prepare for the future:

Incorporation of new ancillary studies, increasing use of small biopsies for dx and ancillary studies

General surgical pathology Medical Autopsy Bio-repository, QA/QC Team member of precision medicine at a cancer center Cancer research support and collaboration Medical student pathology course teaching

We have tried to keep up with the latest trends in diagnosing surgical pathology cases, to include, the use of molecular testing. We continue to sign up for CAP proficiency testing within the limits of our resources.

We are performing whole slide scanning of every diagnostic slide. We are routinely submitting selected cancer cases for NGS sequencing using a targeted 50-gene ion torrent panel, in search of potential therapeutic targets. We have begun a multi-disciplinary 'molecular tumor board.' We are working to maximize pathologist efficiency via administrative support and lean measures.

Expanded molecular testing

Hiring new pathologists. Investigating digital pathology platforms.

Wider implementation of molecular testing

CAP accreditation, implementing special stains and IHC

I don't know what this question is asking. We're always adding tests to our menu.

We all hear talks from "leaders" who suggest we need to radically change or be left behind. Frankly, though, these talks don't really tell me enough specifics to feel like I can effect change. I am also looking into attending an endomicroscopy conference, but there's not much action on that front at my home institution... so I'm not sure if I'd be too ahead of the curve or what.

Keeping an eye on new techniques (i.e., next generation DNA sequencing)



1. Please list what your practice is currently doing or has recently done to prepare for the future:

Integration of labs in the health system; stress on lean structure study utilization issue further improve electronic health record meaningful use improve billing

Cut costs.

We are the community practice part of an academic pathology department, allowing us to show consults easily, without any added cost.

Cut costs

Centralize the labs and operate at a lower percentile

Reduce waste, increase efficiency, Lean management to prepare for reimbursement issues

Fired pathologists and managers. Put other laboratory positions on a hiring freeze

Laid off pathologists

Outsourced TC of anatomic path to commercial lab

Looking at different options to expand.

Merging with multiple local groups and possibly partnering with Cellnetix

Identified new opportunities for growth - working with surgeons to develop a thyroid FNA clinic, starting MMR immunohistochemistry for colon cancer, partnering with labs to do professional component of FISH testing Succession planning/practice purchase agreement

Reviewed the practice structure

Predict volume,

We develop and revise a Strategy Plan

Discuss succession planning. Meeting more frequently. ACO participation.

Upgrading LIS systems and increasing efficiencies.

Invested in more IT personnel, added molecular analyses, specialized pathologists' practices

Interfacing LIS and EMR



1. Please list what your practice is currently doing or has recently done to prepare for the future:

Interfaces with client EMRs Working on ICD-10 changes in IT Working on 2015 fee schedules Making necessary IT changes for new CPT codes and QRS codes

Exploring new lab information systems

Checking coding of cases Marketing to local physicians Offering services to foreign doctors

1. Implemented telepathology. 2. Implemented practice marketing, courier service, interfaced with referral clients, implemented both AP technical and clinical lab services within the practice.

"- Full laboratory renovation within the next year to bring facilities issues up to current standards. - Looking at new electronic system to manage anatomic specimens, with tracking from patient through hospital to lab and then report into electronic health record.

Brought up NGS

Consolidating services for different hospitals under the university

Met with billing company to discuss implications of changes in the CPT codes, conference calls with hospital also about similar issues.

Learned the changes for billing and reimbursement, including ICD-10 and CPT.

Discussion what needs to be changed in order to accommodate CPT and ICD code changes.

ICD10

Aligning with as many physician groups and hospital groups as possible. Expanding scope of practice to offer more molecular tests.

Expanded into new markets to provide pathology services at smaller neighboring hospitals including gaining a NY State License/Medicare approval.

Constant communication with sales/marketing/it/managers

Getting a CP only pathologist to help improve standardization and cost savings in the laboratory



1. Please list what your practice is currently doing or has recently done to prepare for the future:

We are adding a recently trained clinical pathologist to our group to oversee the majority of the lab as other large community hospitals in our region are doing. Our new person has extensive molecular pathology training. All of our recent hires are subspecialty fellowship trained.

1. Subspecialize 2. Align our mission with the goals / mission of the hospital / clinic

Molecular pathology billing administrative changes

Billing help

Involve in the tumor board conference. Active participation in the Hospital committee as assigned.

Nothing. My practice's business plan is straight from the 1980's: wishful thinking about increasing specimen volume by "personalized service" (whatever that is) and hoping that hospital administration will continue to direct specimens toward a pathologist group whose primary qualification is our assertions that we are somehow "better" than other groups that could be contracted in our stead.

Fellowship

My practice is doing nothing. I, however, am currently doing a research fellowship to better prepare myself for the future

be part of ACO

Hiring new pathologists. Expanding business. Participating in ACOs.

Following CAP webinars and CMS postings

Continual review of literature, printed and on line.

Incorporated surgical path and cytopath technical lab services into the Pathology Practice. Incorporated AP related clinical lab tests into the practice. Implemented Telepathology. Employed two full time IT techs in the practice. Employ couriers and marketing individuals in practice.

In general?!? This is an awfully broad question. Everything we are doing is aimed to prepare for the future. I am mainly an AP guy. In AP, we are increasing outreach to try to improve our payer mix. We are trying to figure out how to handle a contract we now have with an outlying hospital (send a pathologist there full-time versus rotate someone there).

Started a lab services utilization committee, networking with other physicians to identify lab related needs

We are not doing anything other than what we have done historically -- look for new business and take care of our existing customers. We have not embraced client-billing arrangement but have to TC/PC split where we bill our professional component.

Follow CAP checklist



1. Please list what your practice is currently doing or has recently done to prepare for the future:

I am a director of a clinical lab only.

Academic

How does one answer this question?

I quit my job and try to get new position. No position available though. So sad

Hunker down! No seriously, I'm not sure what we can do.

no specific changes

No recent changes.

Nothing

Scarily, nothing that I can think of. We're still trying to catch up to 5-10 years ago.

Nothing in particular

Nothing different

Nothing of substance.

Not much, trying to make some changes. Not moving far

Surgical pathology cytology autopsy



2. The Practice Management Committee (PMC) could best help my practice by:

Guidance on how to survive with manageable workload in current environment of slashing reimbursement
Helping pathologists understand that meaningful quality assurance means everybody gets a report card and nobody gets a free pass.
Giving concise position information on what we as small practices need to do in order to provide quality diagnoses
Getting people to realize how important it is to stay current
Update on administrative and management related issues
Providing resources on how to create a successful secession plan for retiring pathologists
Provide statistical data serving as guideline for evaluating pathologists' productivity
Have pathologist retire on appropriate age
Helping pathologists understand that quality must be maintained, even if it means hiring more FTEs and lowering salaries.
Providing resources about generation differences among pathologists
Share with us the changing face of pathologists and pathologist opportunities in the future
Limit the cases and hour of pathologists can sign out
Collect data on pathologist workload; how many RVU does the average pathologist sign out in various settings?
Facilitating meaningful intra-pathologist communication
Point me to good management resources that I can use for my residents/fellows and my own learning
Understand changes
Keeping us up to date on any changes
market changes
Laboratory specific compliance training
Simplify regulatory guidelines
Update on legal issues
CLIA regulations
Educational Webinars
Addressing client billing in North Carolina to pass legislation
More fighting to get higher reimbursements for pathology testing
Promoting appropriate reimbursement for VALID medical work
Ensuring adequate reimbursement for pathology services
Pricing transparency



2. The Practice Management Committee (PMC) could best help my practice by:

Update on legislation and regulatory issues
More defense for our specialty in demanding higher salaries
Closing the stark loophole for physician ownership of pathology services
Guidelines on what tests are actionable by physicians
Continuing to educate on VALID tests as opposed to tests that make money because clinicians ask for them
Update on diagnostic criteria and guidelines
Provide guideline and updated list of surgical specimens that may exempt for pathological examination
Test utilization resources
Provide tools and standards for evaluating test utilization
Best practice
Providing strategies to identify where workload/specimens are leaving our market
Providing resources on how to write a business proposal
White papers on merging
Help identify and implement cutting edge technologies which we can control.
Is there a new professional relations manual? My copy is ancient. We use it from time to time. Not sure if any newer ones.
Helping pathologists understand that the billing party is over, and pathologists must participate in accountable care and cost reduction.
Changes in billing and coding
Help with changes in billing and coding
Better briefs on emerging coding and billing issues -- like Pagett or JPW
CPT coding
ICD 10 coding
Give me concrete examples of what we can do to position ourselves as leaders/innovators, and how to get there
Educating the public of the proprietary nature of surgical pathology interpretation
Strategies to avoid the commodity perception of other physicians.
Define new roles for pathologist to enhance their value
Identify strategic initiatives to enhance practice and provide guidance for their implementation.
Providing specific guidance for independent small labs
Recommendations for university hospitals
Guideline on starting a molecular lab
Helping figure out any missed billing opportunities
Update on billing practices



2. The Practice Management Committee (PMC) could best help my practice by:

Billing
how to perform with less
How to be more efficient
Identifying key practice business metrics and mechanisms to optimize them.
Doing a survey of academic departments to determine benchmark for contribution margin based upon number of faculty and total income to the school (dean's tax, indirect recoveries and additional margin that is taken by the school)
Reimbursement for CP services
Help pathologists navigate negotiations with hospitals and ACOs
Developing pediatric pathology associated PQRS
PQRS
Provide more templates for diagnoses which would help in standardization between labs
Honest feedback about the possibility of being "employed" by a hospital or other larger group
xxx
Publishing data on salaries for practice managers, sales, etc
Look at system wide issues in the VA health system pertaining to laboratory.
A list of key questions to ask potential providers of contracted services (billing, accounting, payroll, etc.)



3. What strategic priorities does your practice have over the next 12 months?

Growth of referral base. Improve efficiency and lower costs.
Expanding our Dermatopathology services
Expand client base; improve efficiency; implement key partnerships;
Determine if we should expand scope of offerings
explore regionalization
Secure new clients
Maintaining clientele in a very competitive environment of lab services
Maintaining our current book of business with existing customers.
Not to lose business to competing large reference labs, pod labs, and nearby hospitals.
Working with our hospital administration to stem the decrease in surgical specimen volume
Increase bone marrow biopsies
Increase volume, decrease blocks per case
delivery of report electronically into a variety of electronic medical records, slashes in reimbursement and oversight of special studies with obese documentation
Additional Interfacing
1) LIS implementation 2) EMR integration 3) client retention and new client growth
Upgrade the LIS to adopt to changing technology
- Prepare for full lab renovation and contingency plans for handling of all types of lab specimens.
We are being asked by our system to take over the labs of other hospitals being acquired. This will require us to restructure and hire additional pathologists.
--redo our corporate business plan to make it more up to date --plan for ways to improve efficiency without compromising patient care --redo our stockholder agreement so it is more up to date
Consolidation, economies of scale
Evaluate molecular testing costs, reimbursement, methods, etc.
Expanding molecular diagnostics
Would like to start a molecular laboratory
More molecular; More automation; Improved EMR
Have a job
Get a job
Work harder
Trying to do less given the decreasing reimbursements
Operate at lower percentile



3. What strategic priorities does your practice have over the next 12 months?

Hire 4 new people because all our older people are retiring and of course, they did not plan ahead, so we're swamped

Maintain full staff

Market changes; Medicaid payments

test utilization

Good question -- trying to keep up.

Make money...

Patient care

None, except hoping that the medical community will continue to accept our practice president's assertions that he is uniquely qualified, irreplaceable, and not to be questioned.

not sure

not defined

I am not sure

I am not privy to that information

Na

N/A

?