



Changing Landscape of Pathology Practice		
Questions Asked	Answer Given	Answerer
How to address the shortage of administrative lab directors?	Supply and Demand are how I view this. Increase the pay, push back against payers refusing the professional component. Encourage residents to pursue AP/CP certification even if they plan on doing mostly AP. Career goals change as people progress through the pipeline.	Chiraag Gangahar, M.D.
Is there a separate webinar for non-male pathologists, or was the all-male panel an oversight?	Thank you for raising this important question. Our PMC webinars and live PMN sessions regularly have colleagues and contributors from various demographics of our College, and beyond. The all-male composition of this particular webinar was not intentional. We will continue to strive to better represent our College's rich diversity in our programmatic offerings.	Karim E. Sirgi, MD, MBA
What is the future for AP-only academic pathologists who want to transition to private?	There is a strong market for academic pathologists that wish to enter the private sector. In my estimation, the opportunity is broadest for those that are service-oriented and offer a range of talents, most importantly the ability and willingness to adapt to the needs of the team.	Vivek Khare, M.D.
	If you are AP-only, consider doing a year of informatics training instead of CP certification.	Chiraag Gangahar, M.D.
How does one go about forming a private practice group? Where does one seek help?	There are too many unique circumstances that would require a different answer and so it is imperative to find a trusted CPA and attorney, hopefully, both with experience in healthcare broadly and pathology specifically. With their guidance, the nuances of one's individual circumstances could be more specifically addressed. Over the years, it is impossible to run a practice without counsel from these two sets of professionals.	Vivek Khare, M.D.
How will the practice of pathology be different than what it is now in the coming 10-15 years?	It is hard to forecast 10-15 years into the future, and my usual ability to predict is no greater inaccuracy than a coin toss. With that said, here are my predictions: 1. The value that pathology and laboratory medicine brings to the continuum of clinical care will increase exponentially, in part due to monetary inflation, in part due to supply and demand, and in part due to specialization and differentiation, not only of the pathologist	Vivek Khare, M.D.



	<p>knowledge base, but also the technology the pathologist has at their disposal.</p> <ol style="list-style-type: none">2. Artificial intelligence, digital pathology, expanding molecular and genetic testing platforms, and increasing complexity of our diagnostic reports will be required to match the burgeoning explosion in personalized medicine.3. Day-to-day practice will utilize more data to make diagnoses, more expertise to communicate effectively with clinicians, and more facile utilization of technology to supplant manual processes.4. In the end, pathologists will have to learn more of their craft, continually update their knowledge base, perhaps on a daily basis, but instead of relying primarily on peer-reviewed published information, there will be a “real-time” consultation with AI platforms and expert consultants in distant sites communicating seamlessly and in real-time during the typical workday.5. The advantage will go to the “integrated pathologist” who enjoys access to robust pre and post-analytic infrastructure and also to the pathologist adept at managing the enterprise that is not only providing professional services but having the wherewithal to solve problems that the clients and community present, and to look at these problems as blessings that unveil opportunity rather than characterize them as roadblocks.6. Our best days are ahead, and I sincerely wish I were 15 years younger so I could enjoy this future during my prime.	
How to interest medical students in pathology. How to raise the profile of pathologists in the medical community?	The academic sector should open the doors for private sector pathologists to participate in resident teaching, not only through diagnostics or sub-specialty rotations but also through seminars in which the private pathologist can share their business acumen in a didactic fashion.	Vivek Khare, M.D.

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	<p>hospital? Is the CEO a physician? These are the questions I ask. Although my personal bias is to an entrepreneurial model, there are some fantastic employed model departments out there. As long as it is a physician-led organization that keeps the patient's interest at the core of the mission the change to an employed model can be good for everyone.</p>	
Is there any role for a general Pathologist or have they gone the route of the dinosaurs?	<p>General pathologists are extremely valuable in our practice. What helps more than anything is to be a general pathologist but with one area of specialty interest (i.e., GYN, Breast, GU) for which the community clinician does not always demand an accredited fellowship to demonstrate competence. This expertise may be attained by a 3-month rotation during the surgical pathology fellowship in the area of interest. Certainly, annual attendance with adequate CME is a requirement regardless of general or specialized status.</p>	Vivek Khare, M.D.
How to deal with having board certification in CP but not having the hospital recognize that it is a trained field and pay for it?	<p>Over the years, I have found this to be one of the most vexing realities in our profession. In only those hospitals where the current CEO was "raised in the lab" as he/she ascended the corporate ranks have we been able to garner value for the pathologist to their fullest potential without significant pushback. We have never used a consultant for this negotiation. Perhaps there is a consultant with a strategy that has evaded us.</p> <p>Physicians with CP training need to utilize the appropriate channels for advocacy and put more and more pressure on payers. We know what we are worth and need to strengthen our collective voice.</p>	<p>Vivek Khare, M.D.</p> <p>Chiraag Gangahar, M.D.</p>
What is changing in pathology?	<p>Customized and adaptable pre-analytic and post-analytic infrastructure that is specialized for laboratory medicine is an oft-underestimated value-added offering that differentiates successful groups from those that languish.</p> <p>In other words, even the best pathologists cannot provide their services without these critical infrastructure items, and the more specialized and robust these offerings, the better a practicing pathologist is able to offer a seamless service to their clients.</p>	Vivek Khare, M.D.
What will job prospects look like in the future for pathologists?	<p>With an ever-diminishing roster of pathologists available to practice, it would seem logical that job prospects will remain strong and grow stronger over time.</p>	Vivek Khare, M.D.



	Supply and demand. Eventually, there are going to be so few pathologists that the pay will have to go up to lure the best talent. I really believe this will come from building hybrid “physicianeer” (Medicine plus engineering) training. An example of this is Texas A&M medical school. There will be a new generation of physicianeers that will be trained as physician/data scientists/engineers.	Chiraag Gangahar, M.D.
How does one get started with starting a private practice?	There is no one recipe. Successful business entities identify the needs of the masses, offer a product or service to meet these needs, and do so at an attractive price. These are the building blocks of all great businesses.	Vivek Khare, M.D.
Is there a future for private practice pathology groups?	<p>This is the existential question that has plagued private practice pathologists since the early 1970s. The problem with forecasting the future is that it is sometimes far easier to predict 20 years into the future than the next 6 months.</p> <p>In other words, in 20 years, it is not unfathomable to envision a prosperous future for our field- after all, there is a rapid exodus of qualified well-trained pathologists into retirement, and there is a shortage of qualified medical technologists and laboratory professionals in a background of increasing pathology testing volumes.</p> <p>Therefore, the laboratory professional has significant leverage, which can parlay into wage increases, and which ultimately improve their lot in the healthcare space.</p> <p>With this forecast in mind, I remain bullish on the future of private practice. Having said this, it is also important to recognize that our field will require much adaptation to the changing marketplace, such as AI, digital pathology, increasing sub-specialization of organ systems, and a broader menu of testing, which will expand exponentially every 2-3 years.</p> <p>In the end, the future of private practice will be dependent ultimately and entirely on the diligence and adaptability of the next generation of pathologists that venture forth into the marketplace.</p> <p>The ball is in the younger generation’s court.</p> <p>I think there is because sometimes the quality-of-care at large healthcare systems is not always good. Bigger is not necessarily better because it</p>	<p>Vivek Khare, MD</p> <p>Chiraag Gangahar, M.D.</p>



	<p>becomes hard to get stuff done – leadership problems, loss of talent, new equipment, bureaucracy, etc. There will always be a high demand for good physicians who are flexible and willing to deliver services to patients at a fair price. Half the time if you walk into XYZ hospital system, you won't even see a licensed physician who orders your labs – it will be someone who never did a residency. The person explaining the surgical pathology report to the patient is not always a physician – the ethics of this are probably covered in another Webinar.</p>	
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