



COLLEGE of AMERICAN
PATHOLOGISTS

Effective Workload Distribution

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April 30, 2024

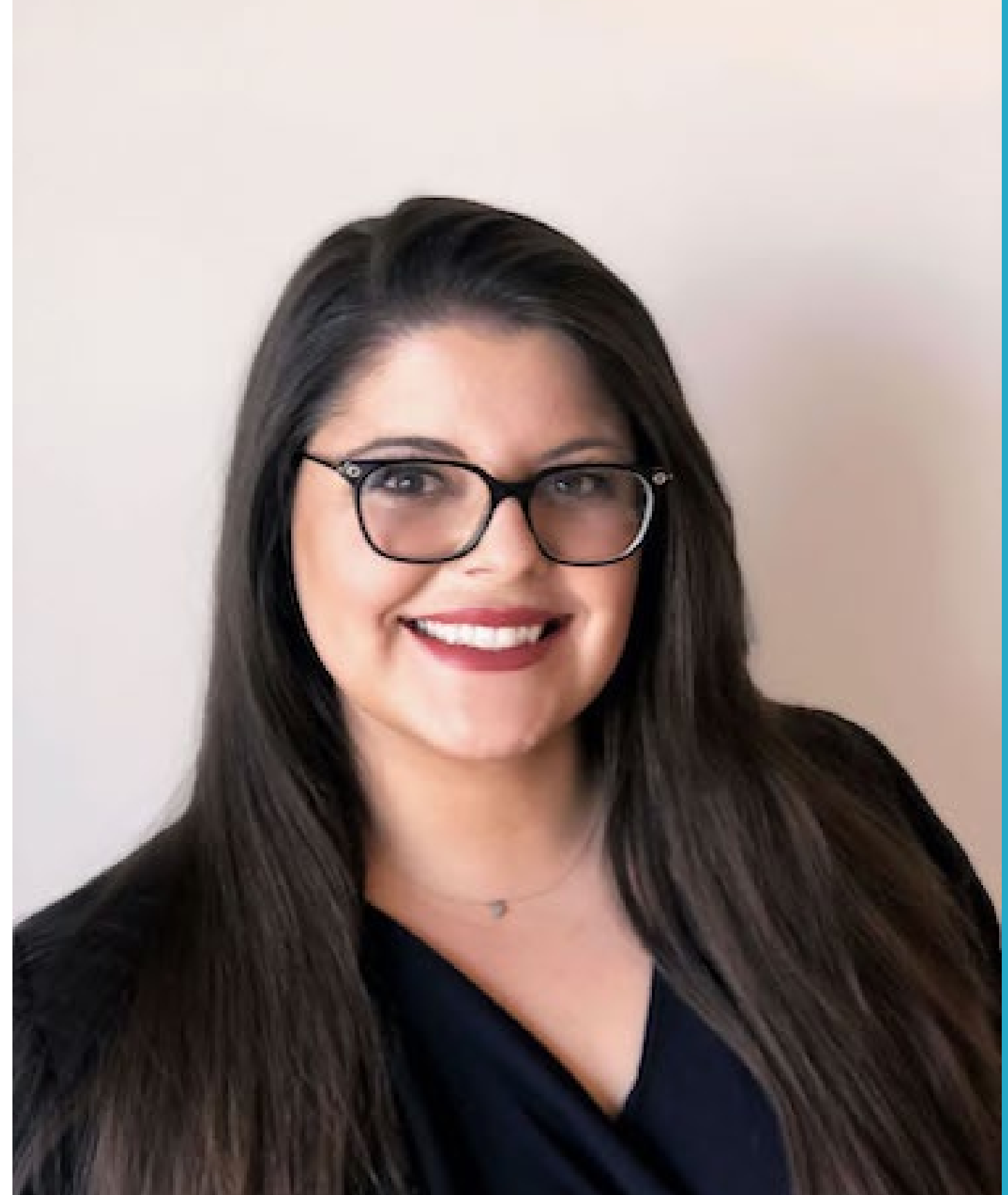
Cedric Bailey, DO, FCAP

- **Member – Practice Management Committee**
- **Clinical Instructor in Anatomic Pathology at Cedars-Sinai Medical Center**
- **Board certified in Anatomic/Clinical Pathology and Cytopathology**
- **Fellowship in Cytopathology**



Amanda Zand, MD, MPH

- **Member – Practice Management Committee**
- **Undergraduate studies at the University of California.**
- **Master of Public Health (M.P.H.)**
- **Post-Sophomore Fellowship with the department of Pathology and Anatomical Sciences.**
- **Third-year pathology resident at the University of California**



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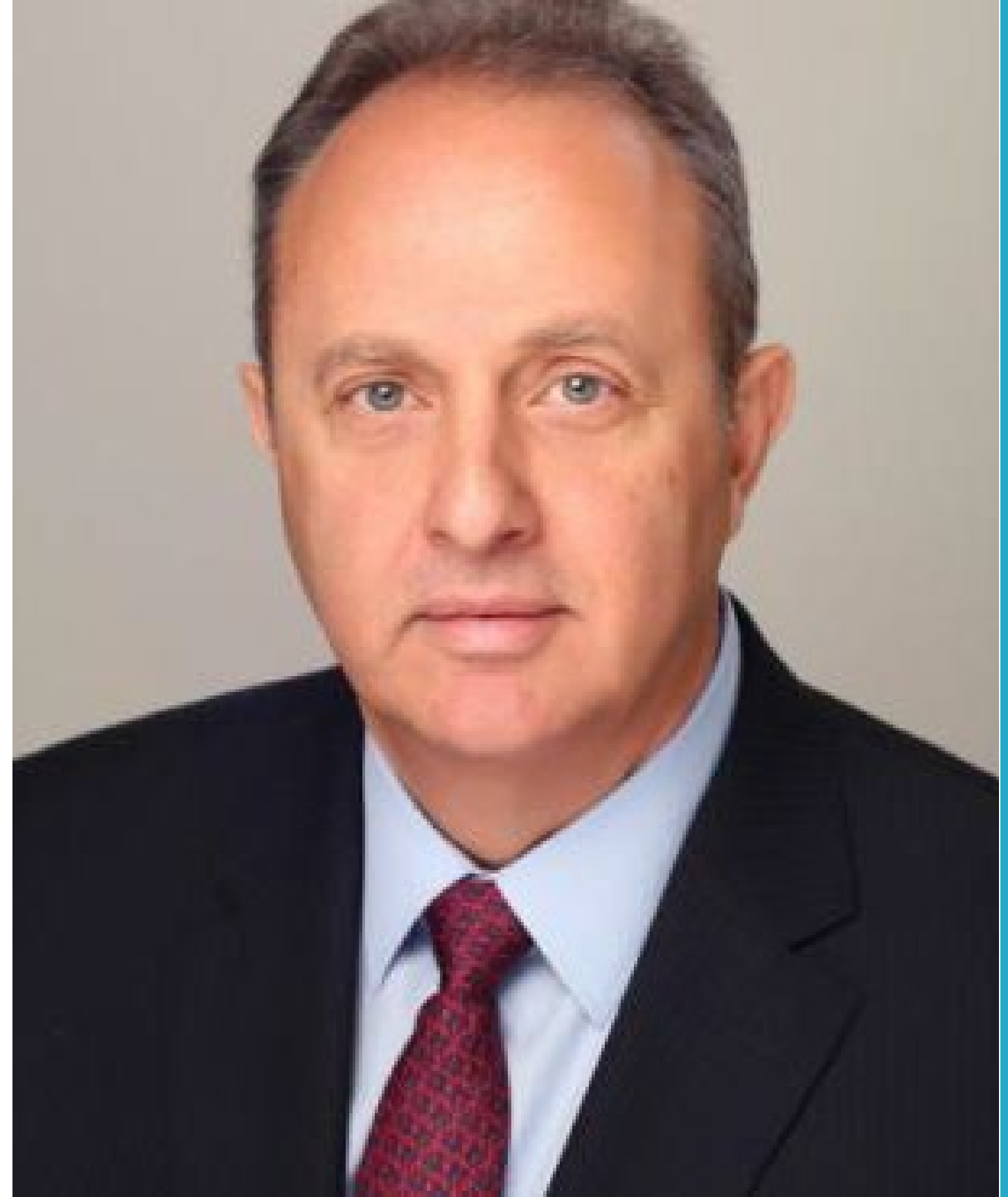
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Karim E. Sirgi, MD, MBA, FCAP

- **Chair – Practice Management Committee**
- **Owner - CEO Sirgi Consulting LLC Denver, CO**
- **Chief Science Officer, BreathTech**
- **Chair, Colorado Delegation to CAP House of Delegates**
- **Past-President, CAP Foundation**
- **Board certified AP/CP and Cytopathology**
- **Fellowships in Cytopathology and Surgical Pathology**




Workload distribution: A crisis for many groups!

- Ranks among the three highest reasons of stress and dysfunction in a group
- Cannot be ignored by the group's leadership without consequences
- Permeates entire group and department mood (including non-pathologists)
- Affects recruitment and retention



Root causes of workload distribution challenges



Root Cause #1: The RVU System

The RVU system

- The RVU system was created to bring more uniformity to Medicare's reimbursement system, and to assist in controlling healthcare costs. This system was introduced in 1992, with the goal of objectively quantifying physician work, practice expense, and malpractice expense.
- Since the inception of RVUs, virtually all commercial health insurers use this as a basis of their payments. The RVU is the cornerstone of getting paid.

The RVU system

- **“Physician work”**: Only work identified by a CPT code (therefore, only an actual pathology specimen) is assigned an RVU and is linked to a clear payment scale by Medicare and private payers.

RVU Generating Activities

An iceberg floating in the ocean under a blue sky with scattered white clouds. The visible tip of the iceberg is on the left side of the frame. On the right side, a semi-transparent grey rectangular box contains a list of activities. The background image is a photograph of an iceberg.

Surgical Pathology

Cytopathology

Clinical Pathology Interpretation

New Clinical Consultation activities

Non-RVU Generating Activities

Quality and Accreditation	Review of QC, PT, Procedures, Performance of inspections, Autopsy
Clinical Consultation	Review clinical history and recommend testing, Investigate reference labs for special testing, Driving to cover remote facilities
Laboratory Instrumentation	Development of RFP's, Demonstrations, Assessments, Selections, Validations
Meetings	Committees, Intradepartmental, Interdepartmental, System, Professional Society
Teaching	Technologists, Residents/Fellows (pathology and others), Medical Students
Clinical Conferences	Tumor Boards, Grand Rounds, Morbidity & Mortality
Administration	Laboratory sections (local and remote), Department, Procedure development and review
Leadership	Group, Hospital, System, Professional Societies



Root Cause #2:
**The Lack of a National Standard for Workload
Evaluation in the US**

Useful Tips for Building your Own Workload Distribution System:

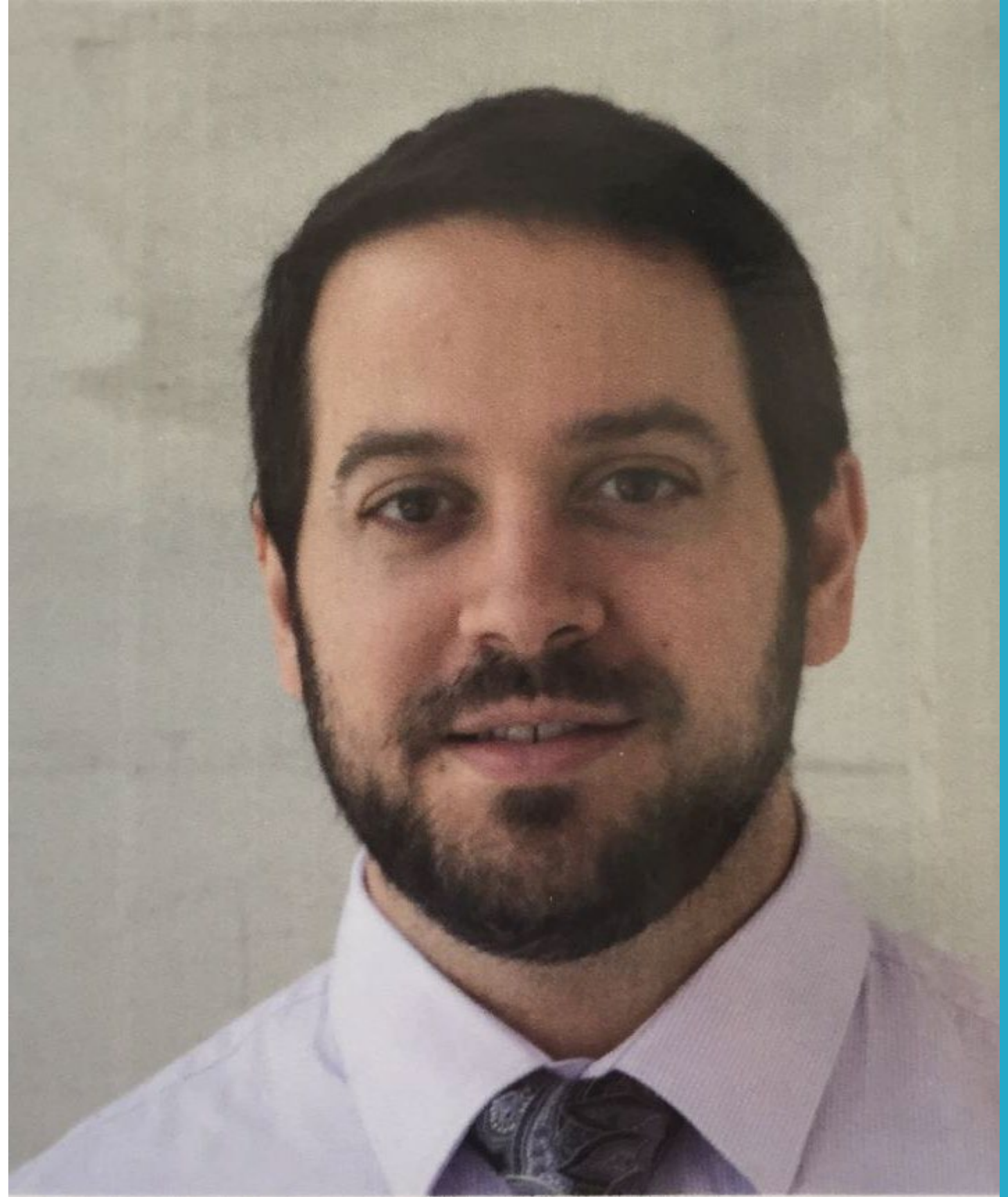
- Every practice and every practice setting is different (even within the same group or hospital system!)
- Address workload distribution with an open mind
- Allow plenty of time and input from all members and specialists of the group in creating and implementing a system

Useful Tips for Building your Own Workload Distribution System:

- Decide on a system and move on!
- Do not let the “perfect” be the enemy of “the good”
- Inform the group about the process in place to make changes
 - Practice elements change and so should the system
 - Re-evaluate on an annual basis
 - Continuously gather input, but do not undermine the system in place with every complaint
- Only adjust ad-hoc in case of impending crisis or unexpected change

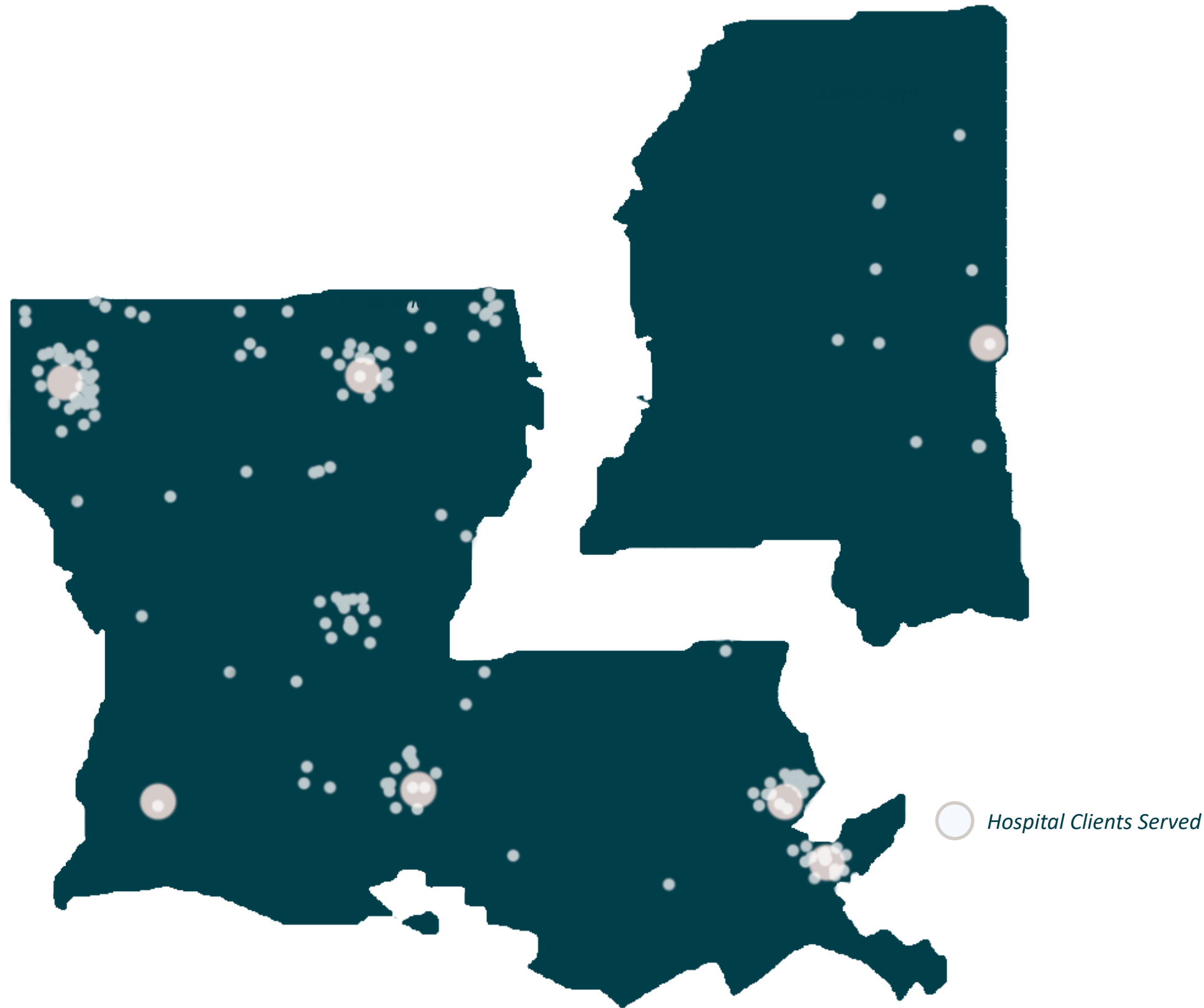
Matthew Mastrodomenico, MD, FCAP

- Delta Pathology Group
- Regional Medical Officer – North Louisiana
- Technical Director – Flow Cytometry
- Board certified in Anatomic/Clinical Pathology and Hematopathology
- Fellowship in Hematopathology

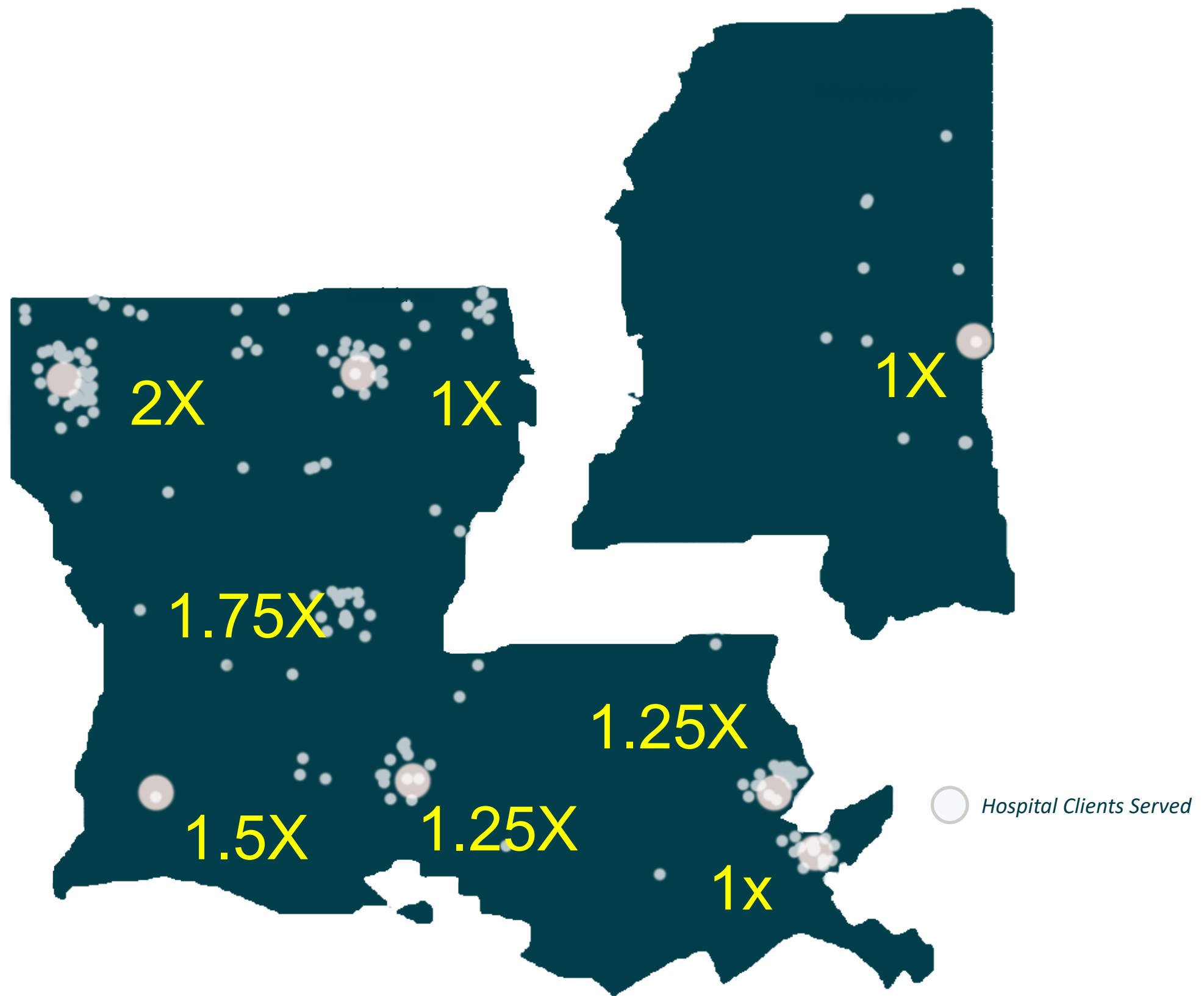


DPG Markets

- NWLA
- NELA
- Mid LA
- S LA
- Lake Charles
- North Shore
- Greater NOLA
- Central MS
- Northeast Texas



Relative workload discrepancy between markets



Workload distribution

Equitable case distribution - Case targeting software in DPG's new LIS

Case distribution

- **Automated company wide case distribution - Algorithm in DPG's proprietary LIS Delta Phoenix**
- **Assign accessioned cases at the end of each day with the goal of evenly distributing work across all pathologists and all markets.**
- **For each individual accession - determine which pathologists are eligible to receive the case:**
 - 1. Which pathologists are on service AND**
 - 2. Credentialed at the facility where the specimen was obtained AND**
 - 3. Assigned to read cases from the market in which the specimen originated AND**
 - 4. Assigned to read cases in that specimen's subspecialty**



Example

Pathologist ↑	Markets	Specialties	Weight Percent	Current Weight
Khare, Vivek	Shreveport, Texarkana	Dermatopathology, Neuroendocrine Pathology, Other, Pulmonary Pathology	100	0
Mastrodomenico, Matthew	Monroe, Shreveport, Texarkana	Gastrointestinal Pathology, Genitourinary Pathology, Hematopathology	100	0

Case distribution

- Using the eligibility criteria, Delta Phoenix assigns cases to all pathologists equally by weight value and point value
- 1. Weight value:
 - Percentage (0-100%) of full slide load each pathologist should receive for that day.
 - Full slide load =100% weight
 - Allows a day to day adjustment for administrative or other duties

Case distribution

- 2. Point value
 - Each specimen type (each container) has a defined point value: 1-100
 - Based on the complexity of that specimen type
 - Gross only = 1 point, Colon polyp/GI biopsy = 5 points, Skin excision = 10 points, Thyroid FNA = 30 points, Mastectomy for cancer = 70 points
 - Accessions with multiple containers – Total points for the case is the sum of all of the containers associated with that accession

Point values continued

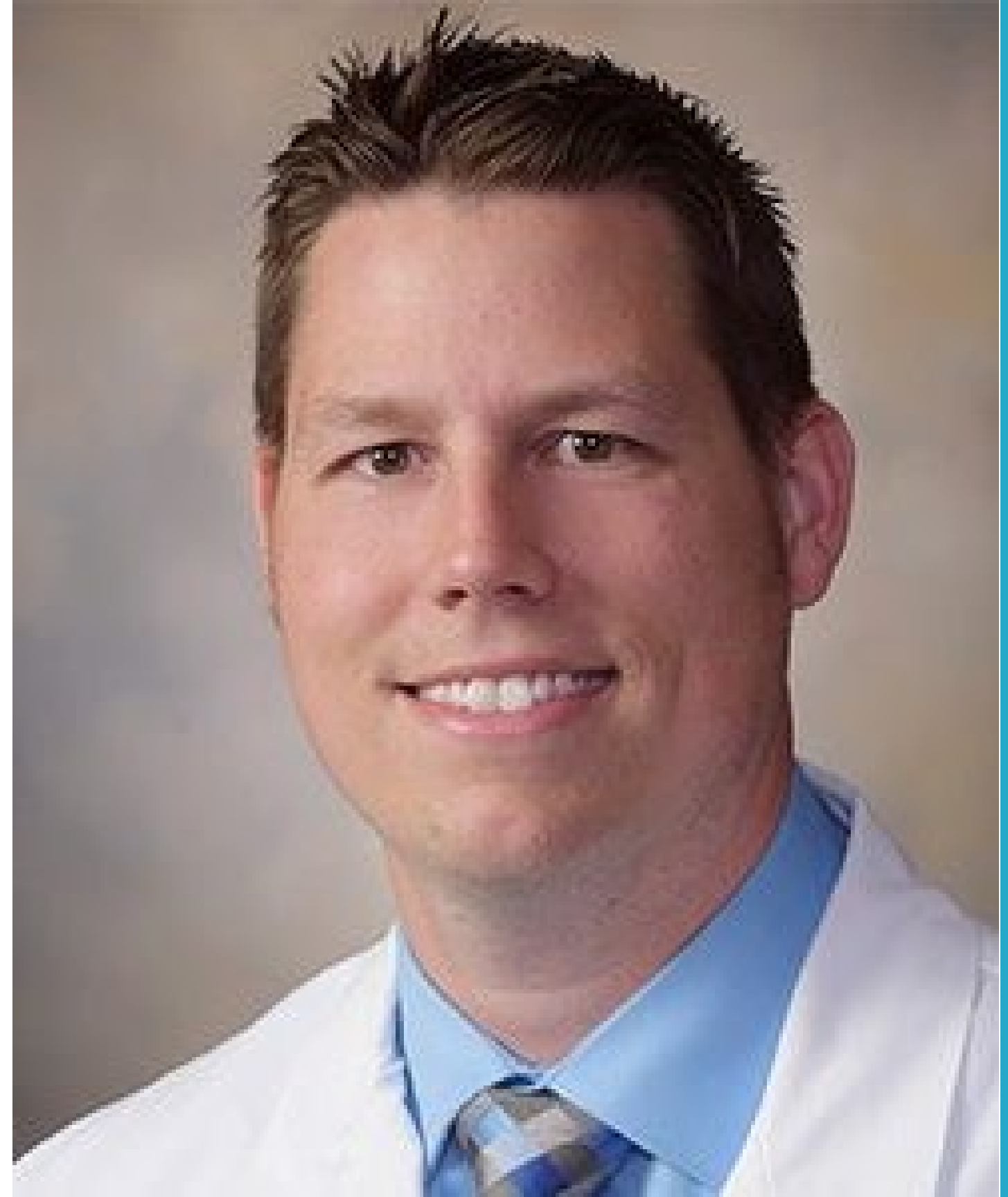
- **Examples of point calculation**
 - **Accession #1 has three containers: 1. Mastectomy 2. Sentinel lymph node #1 3. Sentinel lymph node #2. The total points for this case would be $70 + 20 + 20 = 110$ points**
 - **Accession #2 has three containers: 1. Gastric biopsy 2. Ascending colon polyp 3. Descending colon polyp. The total points for this case would be $5 + 5 + 5 = 15$**
- **Point value on an individual specimen can be adjusted upwards to account for an increased block count above what is usually expected for that case type.**
- **Point value is credited to an individual pathologist only once.**
- **The end goal is to distribute all cases across all markets such that each pathologist has an equal number of daily points**

Case distribution – additional information

- Cases preferentially assigned to pathologists in their "home market"
- Certain cases may be flagged by submitting physician or by case type as ones which should only be read in market of origin
- Cases can be manually pre-assigned – points are included in the next run of the targeting software
- If a case is re-assigned, then that case's point value is factored into that particular pathologist's total during the next run of the program
- Digital pathology - Cases are tagged by case type as whether they are amenable to digitization. If a case is assigned to be read by a pathologist residing outside the market served by the technical center from which the specimen originated or assigned to a digital only pathologist, it is then flagged for digitization

Adam Hoffhines, MD, PhD, FCAP

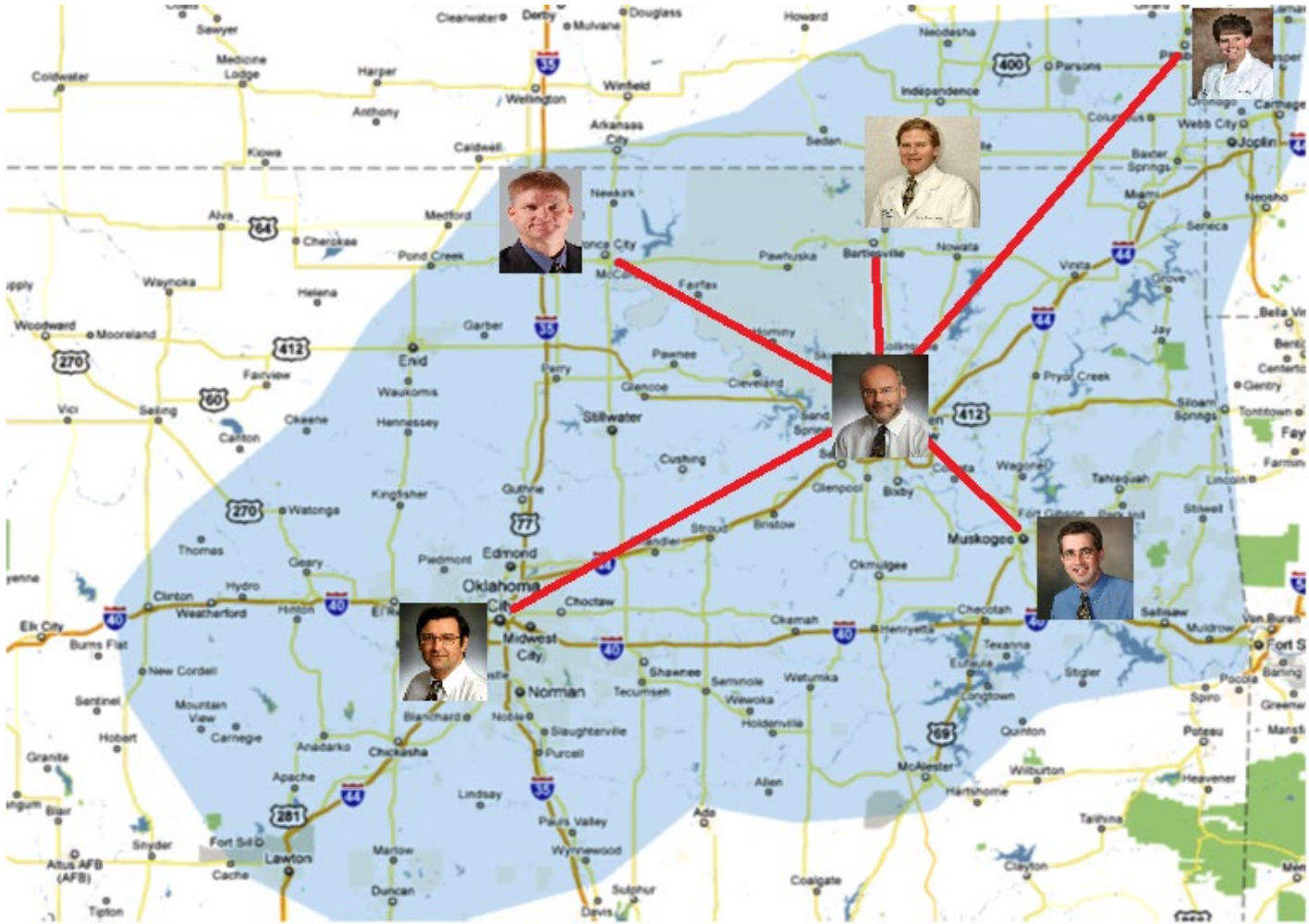
- **Pathology Laboratory Associates
Tulsa, OK**
- **Vice President, PLA Board of Directors**
- **Former OK Delegate – CAP HOD**
- **Board certified in Anatomic/Clinical
Pathology and Hematopathology**
- **Section Director for flow cytometry and
special coagulation**
- **Focus areas for case signout:**
 - **General Surgpath (emphasis in GU and
breast)**
 - **Hematopathology**
 - **Clinical Pathology Interpretations**



Current PLA Signout Locations

7 Signout locations in Tulsa + 5 other cities

About 230 miles



Pathologist Workload Distribution

- **Case signout**
- **Review**
- **Procedures (Frozens, Bone marrow, FNA)**
- **Meetings**
- **Lab Management – Board of Directors**
- **Lab Director visits**
- **Travel**

Ever Increasing Productivity

- On average PLA pathologists signed out 40% more cases in 2016 than they did in 2006
- Increased travel and management responsibility has not decreased output/pathologist

Pathologist Subspecialties/Silos

Specimens can be directed to specific subspecialist pathologists through the case distribution system

- GI
- GU
- Breast
- Derm
- Cytology – Nongyn
- Paps
- Fine Needles
- Clinical pathology
- Physician directed
- Facility directed

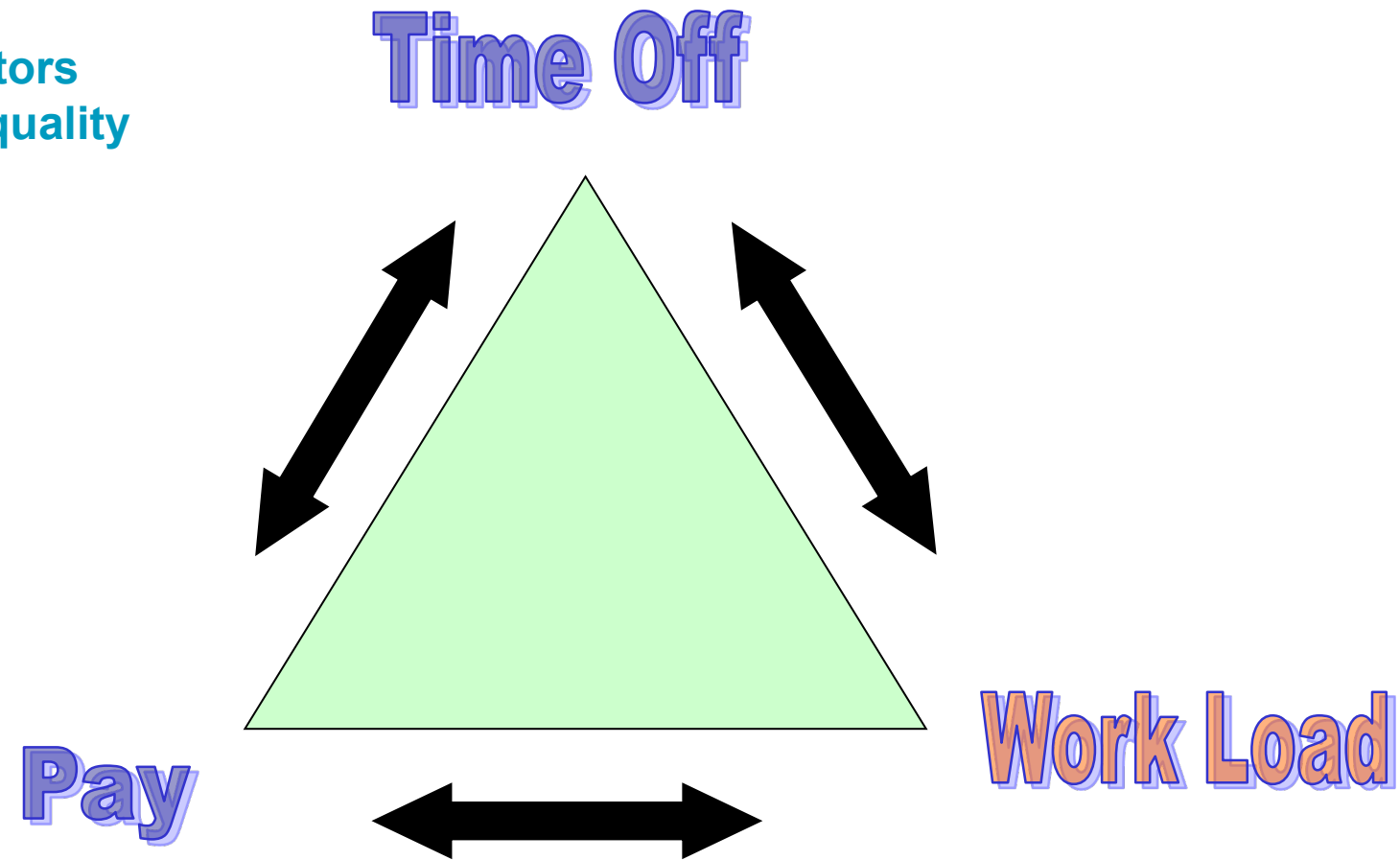
Benefits of Case Distribution

- Increased pathologist productivity
- Allows us to do more work with the same or fewer pathologist FTE's, thereby maintaining or improving income in an era of declining remuneration
- Tracking pathologist performance and reporting in dashboards for all to see
- Hawthorne effect
- Equivalent work makes for greater job satisfaction

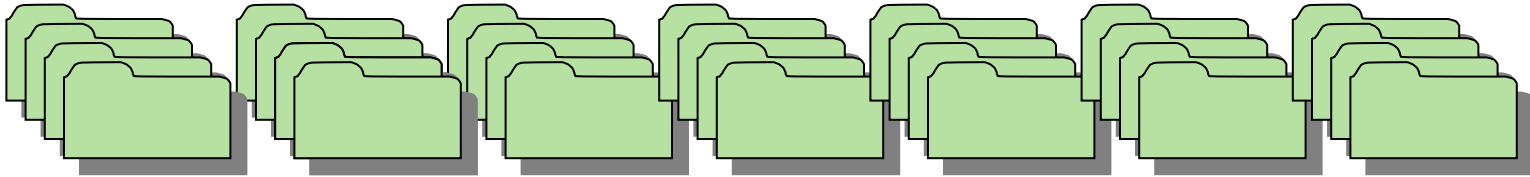
Benefits of Case Distribution

Pathologist Satisfaction

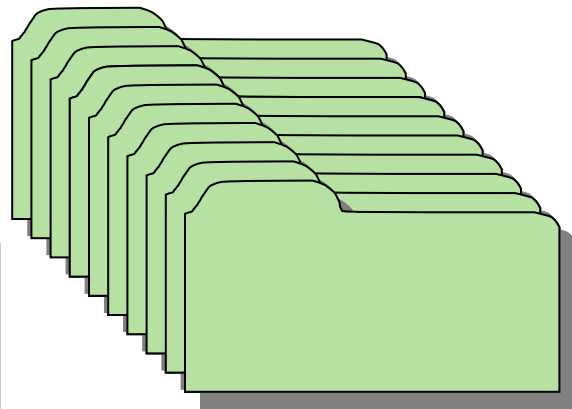
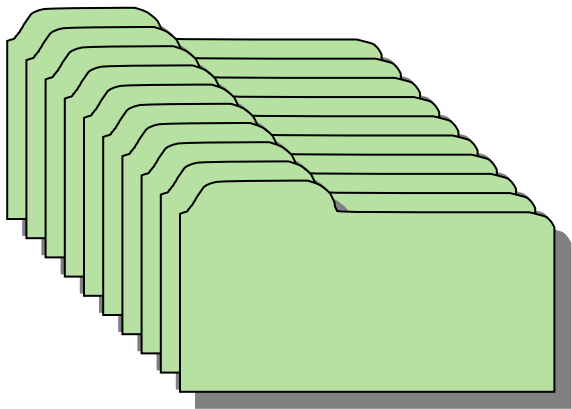
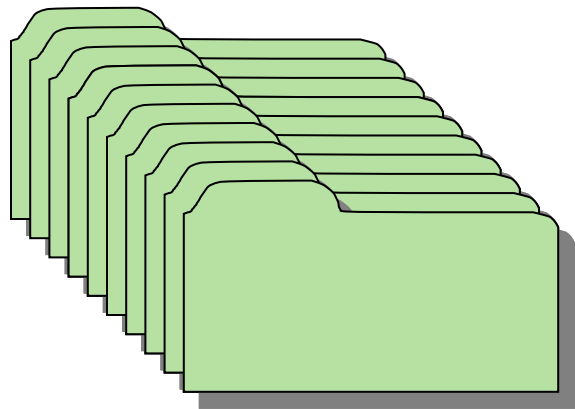
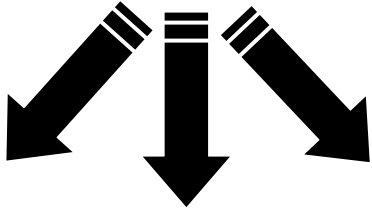
Interaction of
three primary factors
affects perceived equality



Workload Distribution – the Goal Equality



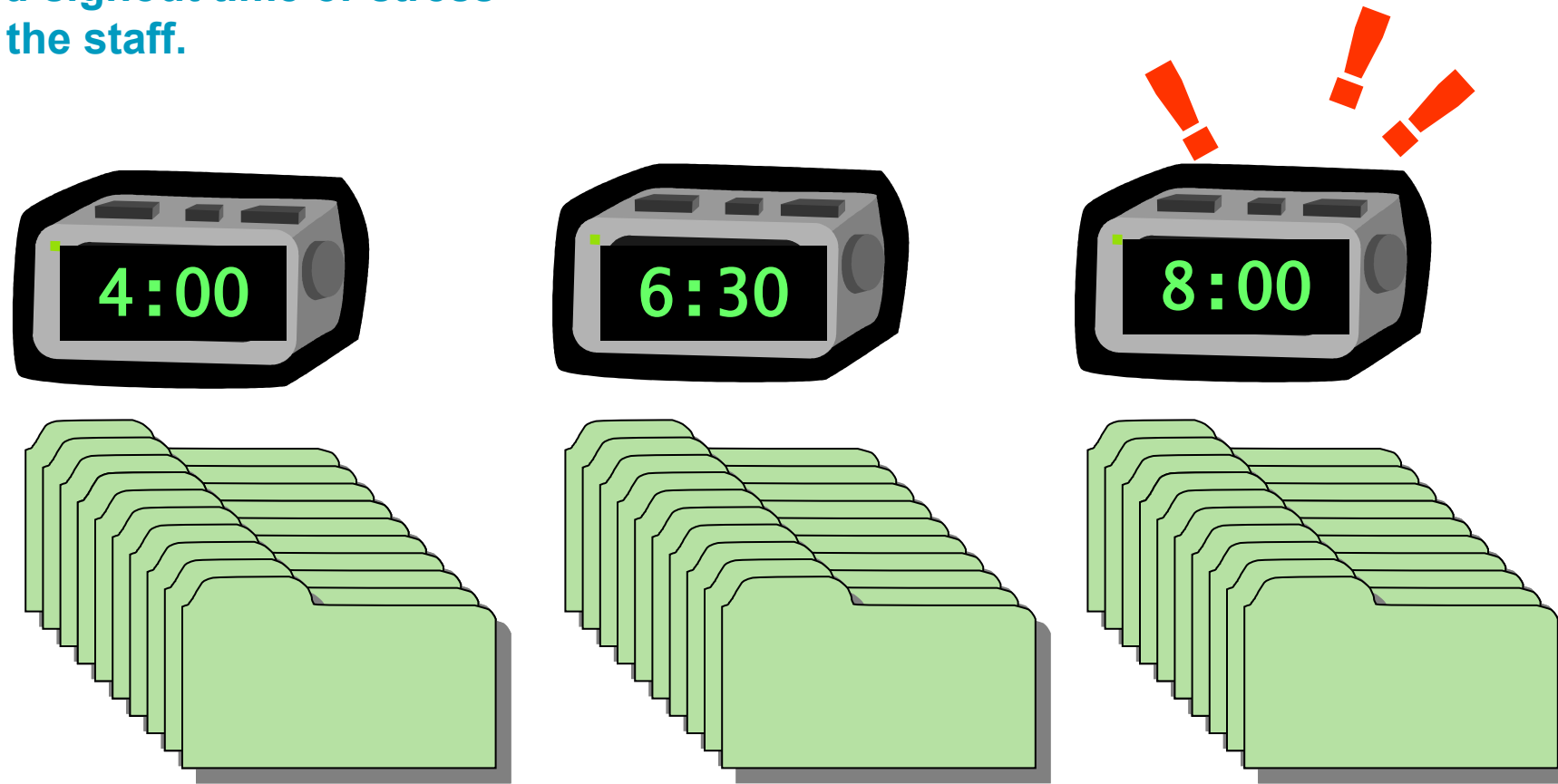
The classic method of distributing cases involves dividing case numbers or slides evenly among available staff.



Workload Distribution by Cases

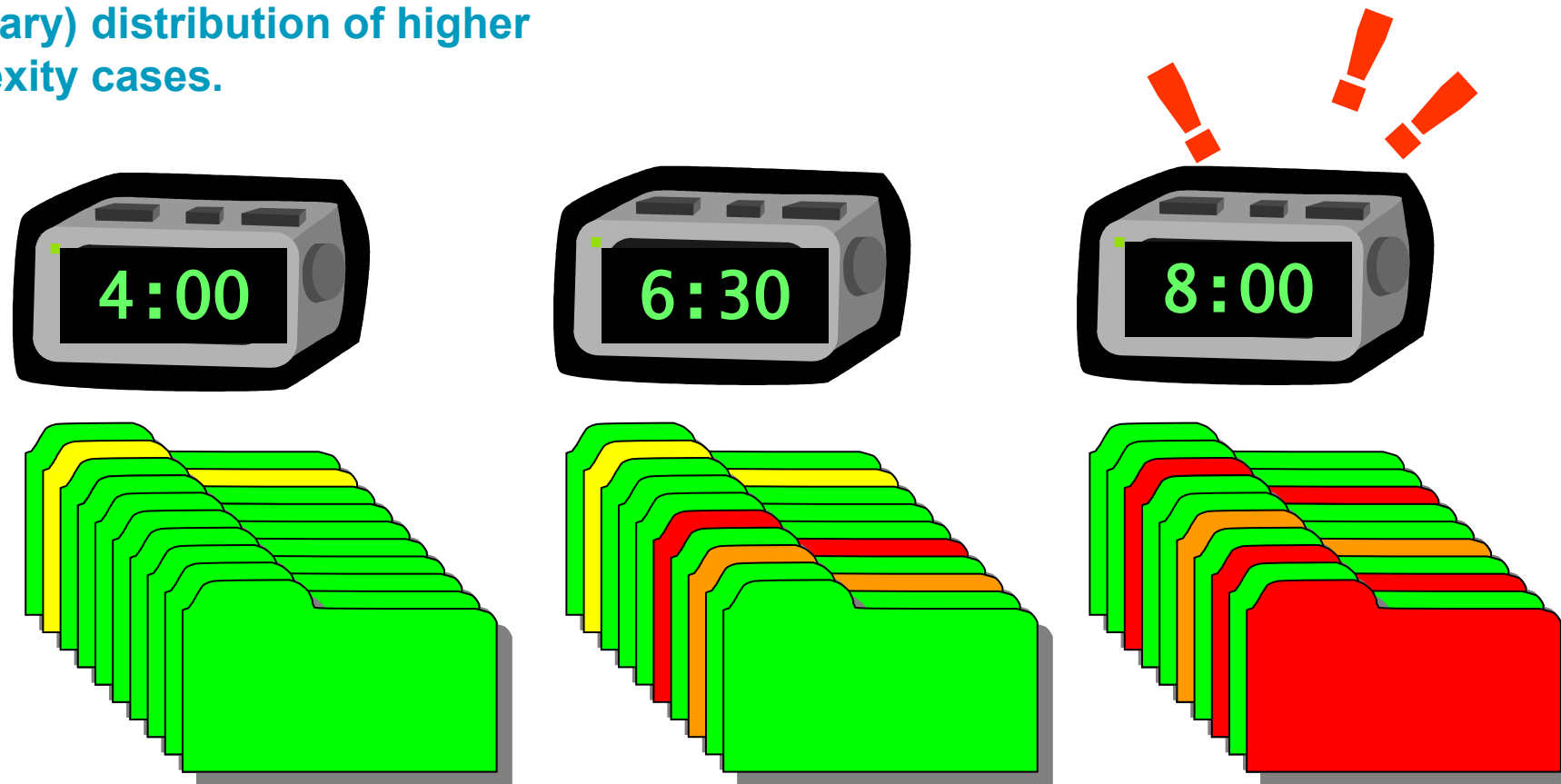
Equal Number of Cases

Experience shows this method, while ostensibly equal, can result in *varied* signout time or stress among the staff.



Workload Distribution by Cases Can Create Unequal Workload

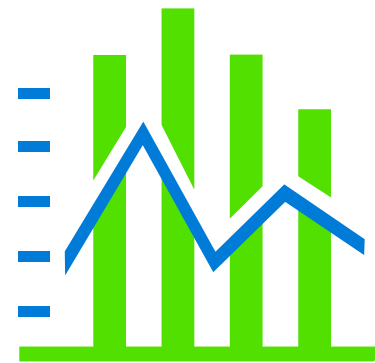
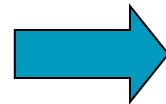
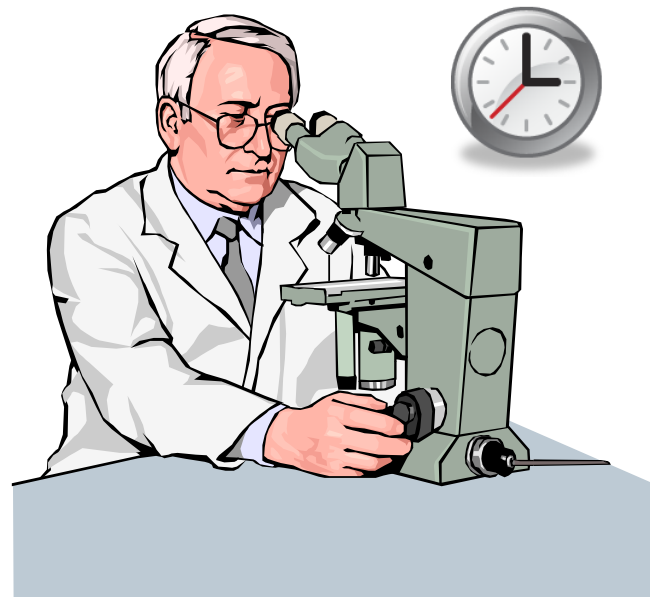
A closer examination of case types can reveal different levels of total work due to the random (or necessary) distribution of higher complexity cases.



Workload Distribution in Pathology

Internal time studies using automated data collection produced average time to sign out for each case type.

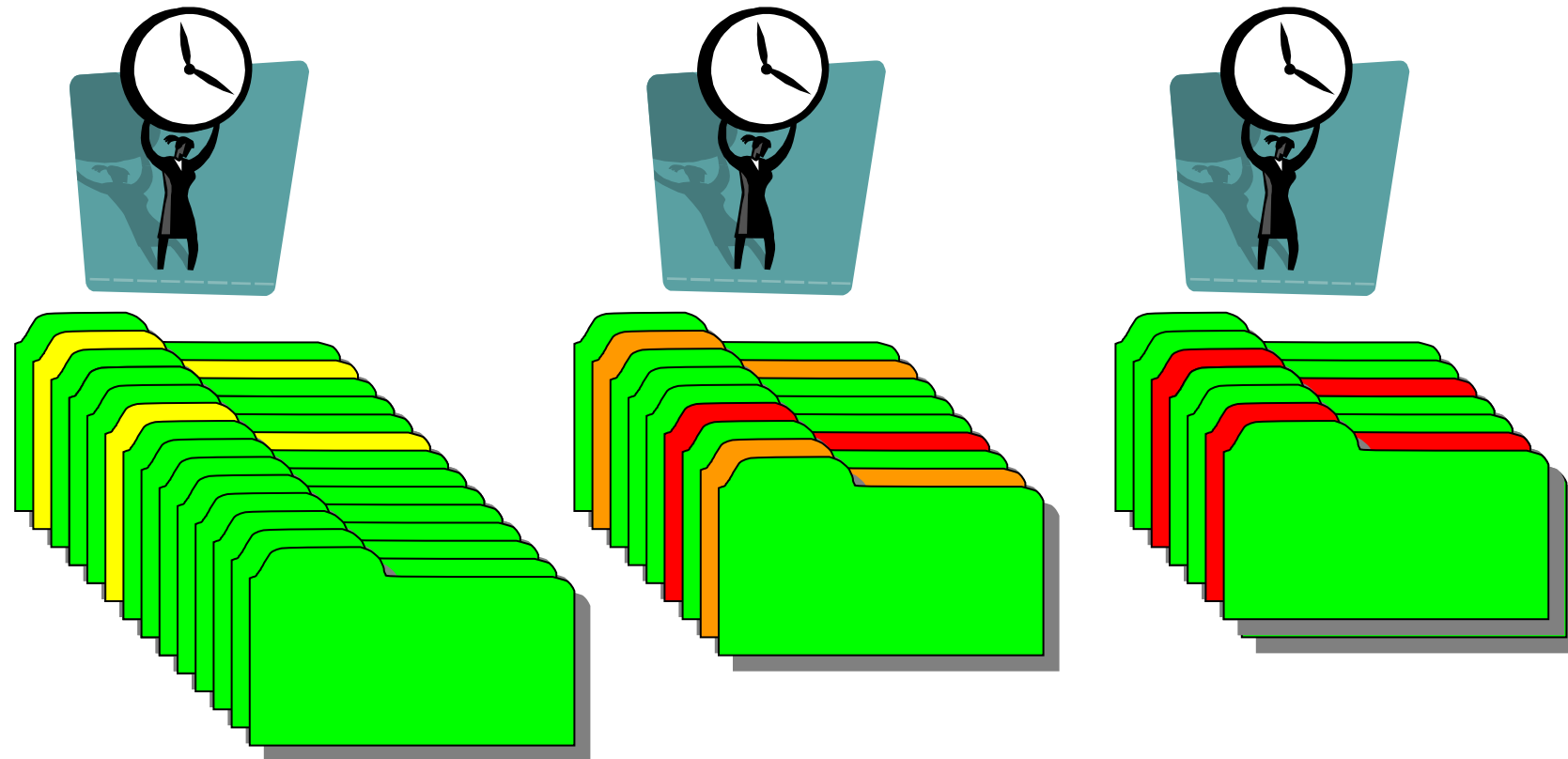
Assigning weights to each part of a case can allow the work for each case to be calculated and total work to be distributed evenly.



Case Type	Median Time
GI bx	2
Breast bx	8
Skin bx	2
Colon resect	12
Nephrectomy	10

PCDMS Distributes Cases to Produce Equivalent Workload

This method distributes cases to equalize the total work across the group, resulting in more uniform workload.



AP Staff Summary - 03/13/2019

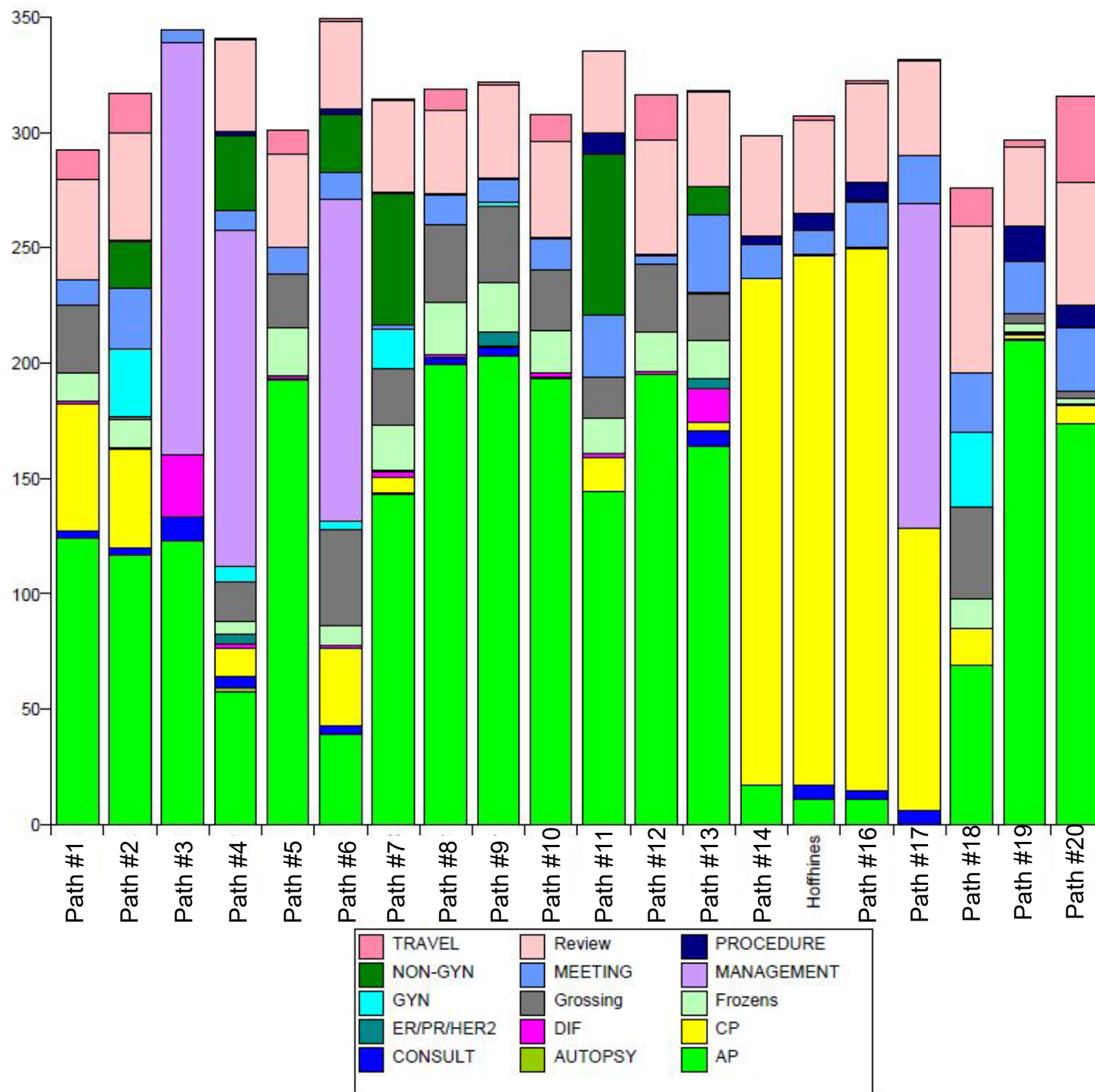
Staff	Assignment	Capacity	FTE	Current Points	Point Target	Management / Bus. Dev.
AJH	Tulsa Routine Micro	100%	1.00	391.7	383.8	63.3
ANC	Tulsa Routine Micro	100%	1.00	443.1	383.8	11.9
BJB	HMC AP	95%	0.95	364.8	364.6	67.5
ESK	SJMC AP 1	100%	1.00	451.8	383.8	3.2
IS	Bartlesville Gross	100%	1.00	422.4	383.8	32.6
JOP	Tulsa Routine Micro	100%	1.00	384.6	383.8	70.4
JRT	Tulsa Routine Micro	100%	1.00	383.9	383.8	71.1
JSS	HMC AP Frozen	100%	1.00	440.7	383.8	14.3
KSA	Tulsa Gross Signout	100%	1.00	384.1	383.8	70.9
MRH	Tulsa Routine Micro	100%	1.00	387.7	383.8	67.3
PG	Ponca City Pathologist	100%	1.00	238.2	383.8	216.8
PSG	OKC Derm PSC	100%	1.00	294.1	383.8	160.9
RH	Tulsa Routine Micro	100%	1.00	383.9	383.8	71.1
SH	Tulsa Gross Room 41st	100%	1.00	383.4	383.8	71.6
TAW	Pittsburg Pathologist	100%	0	95.1	95.1	359.9

Case Point Total: (+) 3083.1
 Credit Total: (+) 2384.6
 Pool Removal: (-) 113.3

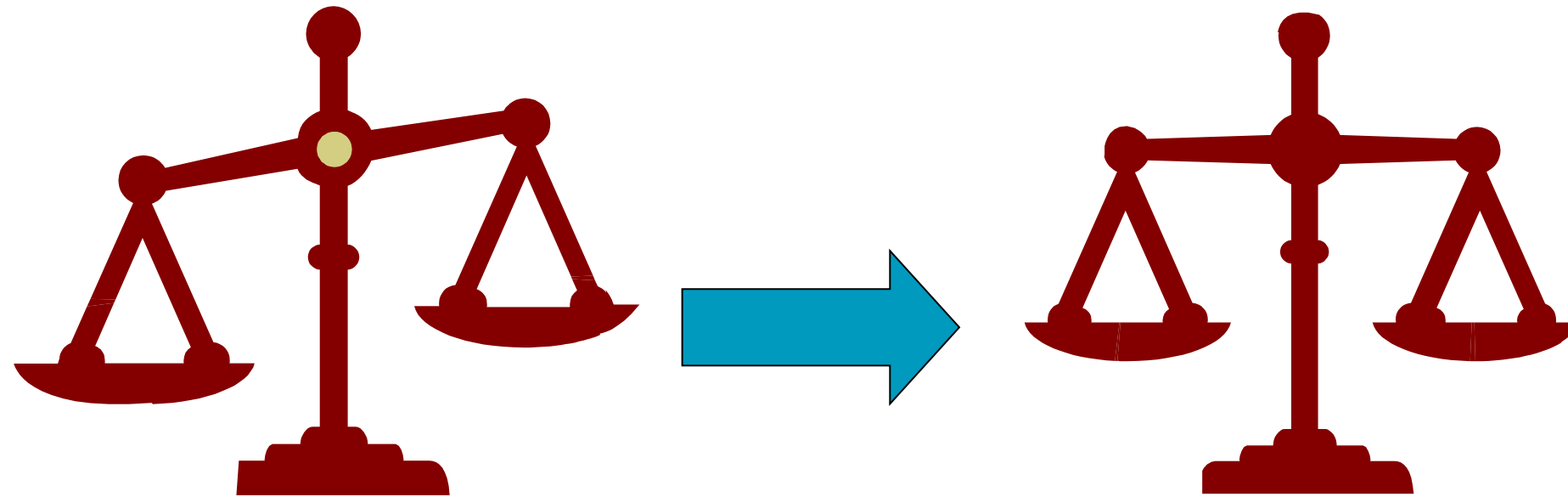
<u>Final Total</u>		<u>Effective FTEs</u>		<u>Points Per Effective FTE</u>
5354.4	/	13.95	=	383.8

Staff	Point Type	Points	Distributed Points
AJH		391.7	391.7
	S	30.9	30.9
	SH	12.0	12.0
	Clinicals	300.0	300.0
	Review	48.8	48.8

**Pathologist Workload by Work Type
Total Minutes Per Days Available
Cases Assigned between 03/2017 and 05/2017**



Workload Distribution in Pathology



Membership

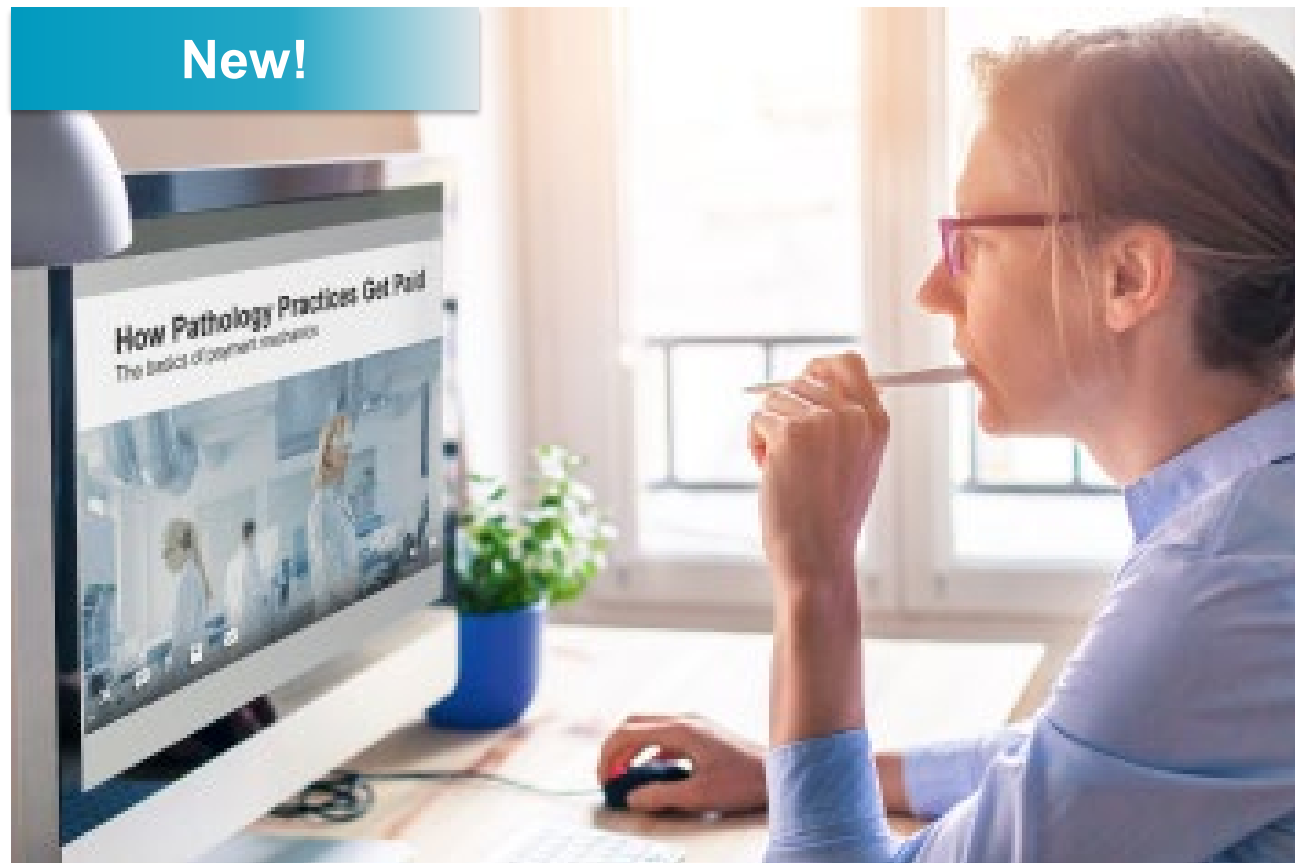
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4. Analysis and Interpretation of Billing Reports
5. Basic Practice Cost Analysis
6. Capacity Management and Workflow Analysis
7. Basic Contracting and Fee Analysis
8. Basic Budget Development

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Practice Management

- <https://www.cap.org/member-resources/practice-management>

Practice Management Articles

- <https://www.cap.org/member-resources/articles/category/practice-management>

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Watch for the session evaluation form. Your feedback is important!



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