COLLEGE of AMERICAN PATHOLOGISTS

Leadership Through Transitions and Change

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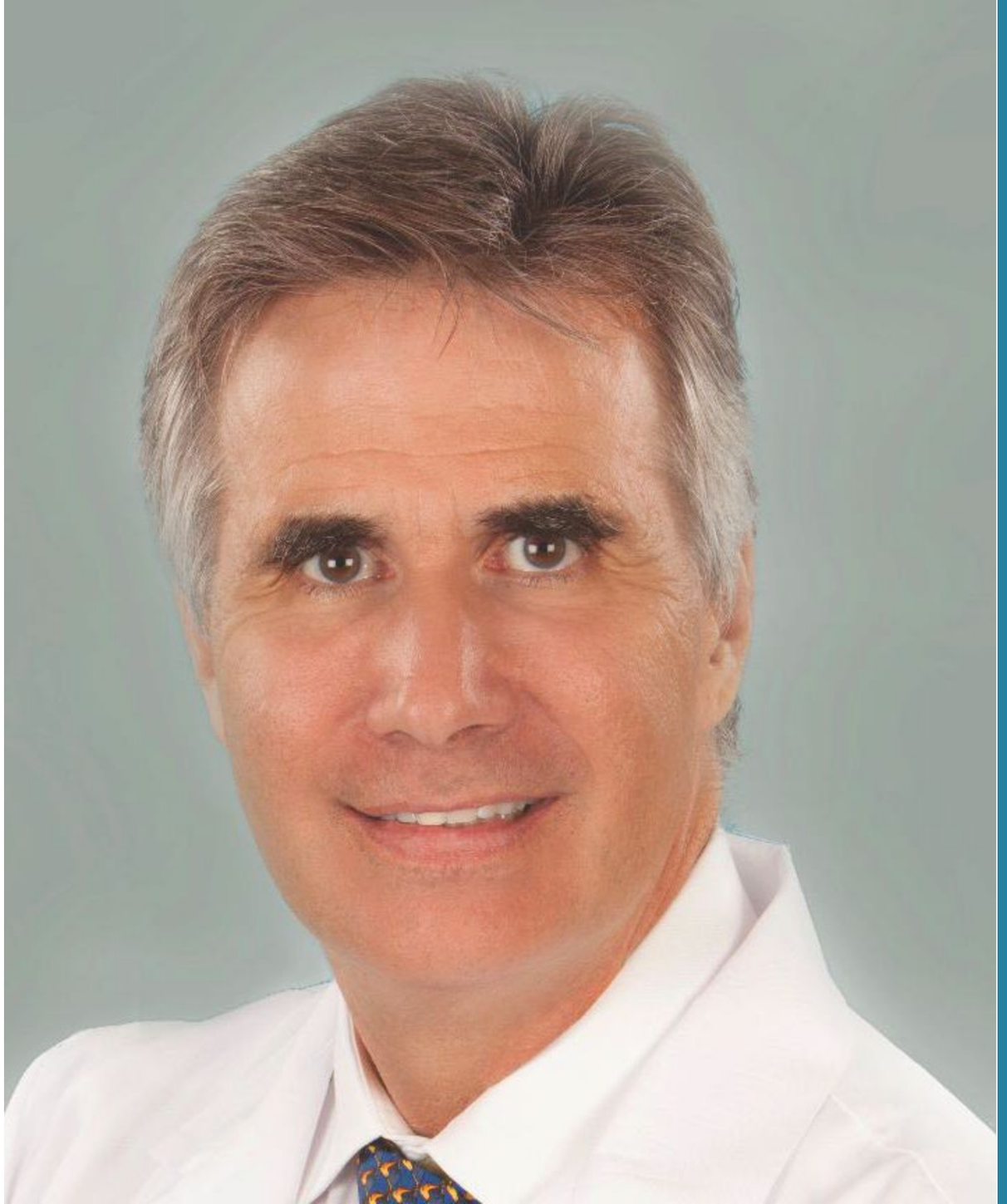
Cedric Bailey, DO, FCAP

- Practice Management Committee, Vice Chair
- Staff Pathologist, Cedars-Sinai Medical Center
- Board certified in Anatomic/Clinical Pathology and Cytopathology
- Fellowship in Cytopathology

Richard J Cote, MD, FCRPath, FCAP

- Paul and Ellen Lacy Professor, Department of Pathology and Immunology, Washington University in St. Louis School of Medicine
- Former Chair, Department of Pathology and Immunology, Washington University in St. Louis School of Medicine
- Former Chair, Department of Pathology, University of Miami
- Former faculty, University of Southern California
- Practice focus on GU and Breast pathology
- Research focus on Circulating Tumor Cells (CTC), use of AI to aid evaluation of digital slides, multiplexed diagnosis with a single drop of blood using nanotechnology



Diana Lin, MD, FCAP

- Member, Practice Management Committee
- Owner, Arev Path LLC
- Affiliate physician, Intermountain St. George Regional Hospital and Mesa View Regional Hospital
- Former CAP state commissioner for Alabama and division commissioner for the Florida panhandle
- Board certified in AP/CP and cytopathology

Kshitij Arora, MD, MBBS

- Director of Gastrointestinal Pathology
- Assistant Professor
- Louisiana State University Health, Shreveport
- LEAN Six Sigma green belt certification
- Board certified in AP/CP
- Future member, Member Engagement Committee

Onboarding Challenges

Key details are missing or buried in lengthy text

Inconsistent reporting formats create confusion

Slower and less accurate treatment decisions as a result

Implementation of a Survey-Based Feedback Loop to Improve Communication in Gastrointestinal Pathology Reporting

PATHOLOGY REPORTS ARE CRITICAL FOR COMMUNICATION AND ACCURATE DIAGNOSIS

VARIABILITY IN REPORTING PRACTICES CAN HINDER TREATMENT GUIDANCE

CHALLENGES INCLUDE: EXCESSIVE DETAILS OR LACK OF KEY INFORMATION

SOLUTION: SURVEY-BASED FEEDBACK LOOP TOOL TO ENHANCE CLARITY

Study Design

A Quality Improvement Initiative to Enhance Clarity and Clinical Utility of Gastrointestinal Pathology Reports

Initial survey: 12 questions (including 2 open-ended)

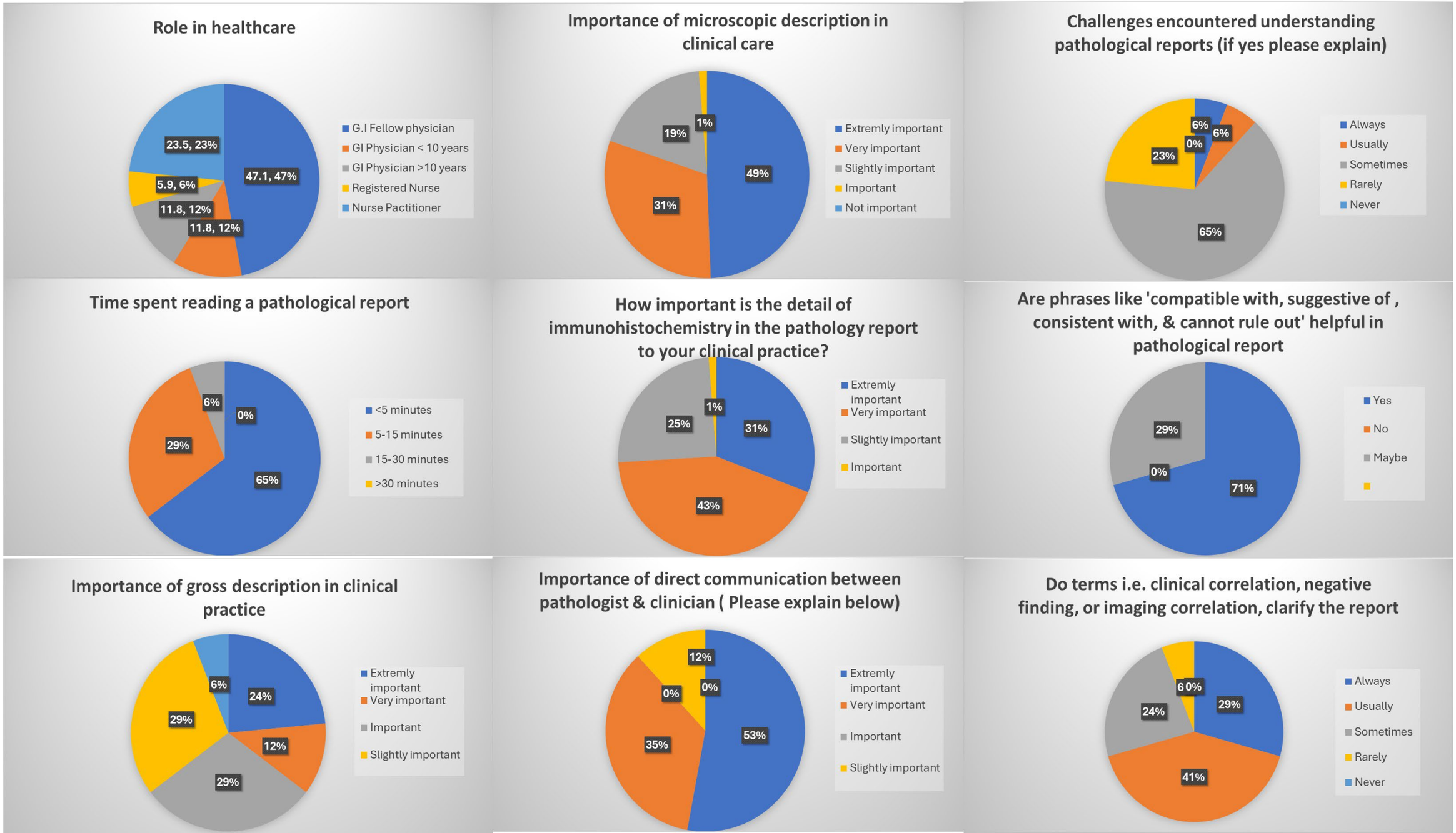
Respondents: Gastroenterologists across university health system

Intervention

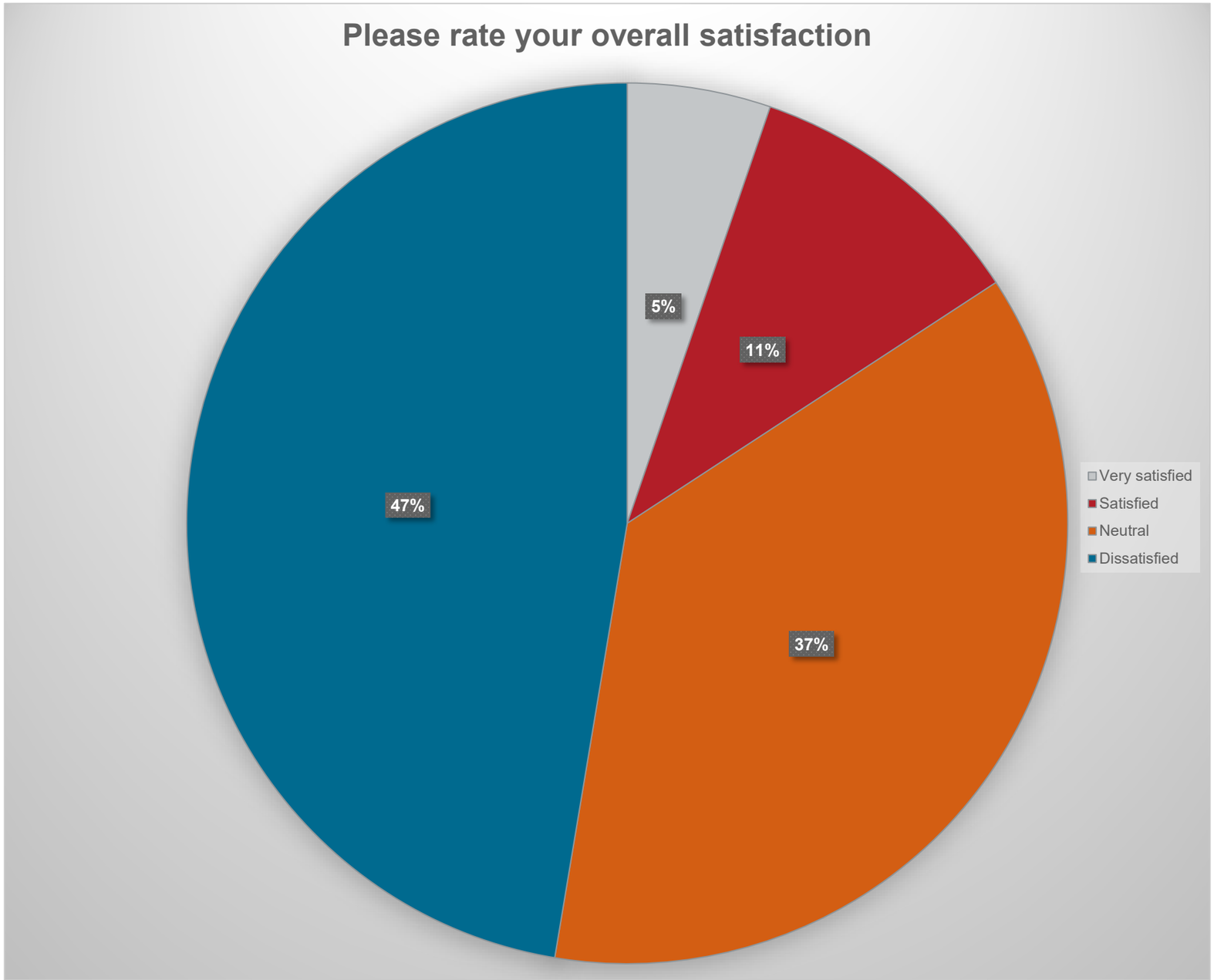
Follow-up survey at 6 months: 7 questions (1 open-ended)

Goal: Assess impact of interventions on reporting clarity

Figure 1 Initial survey: Potential deficiency in the current Pathology report format



Overall satisfaction among the stakeholders



Interventions and challenges

1. Analyze and organize the data
2. Communicate results transparently with colleagues
3. Develop a collaborative action plan
    - Evidence based cultural change
    - Peer learning initiatives
        1. **Clinical Fellow conference**
        2. **Gastrointestinal Pathology consensus conference**
    - Brainstorming of ideas
4. Implement and monitor the plan
5. Evaluate and report on success

Initial survey conclusion and Voice of Stakeholders

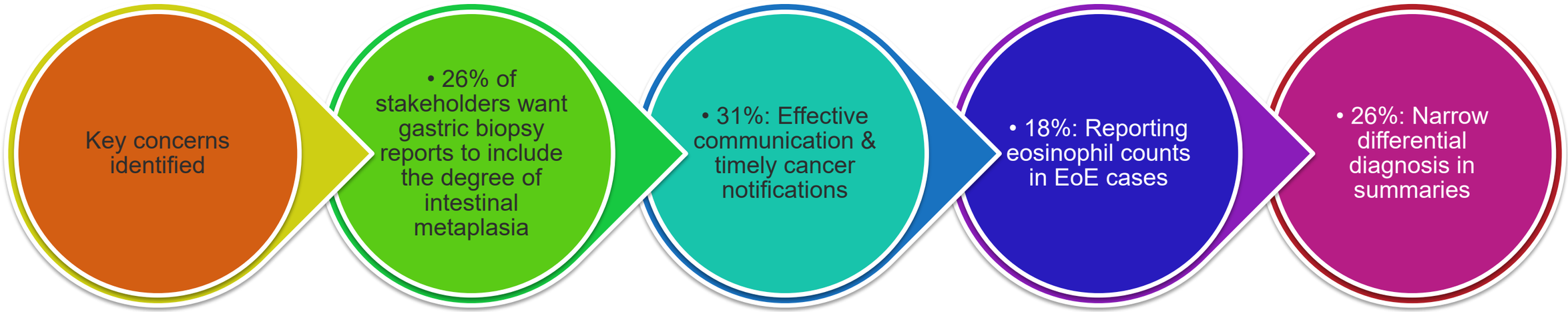
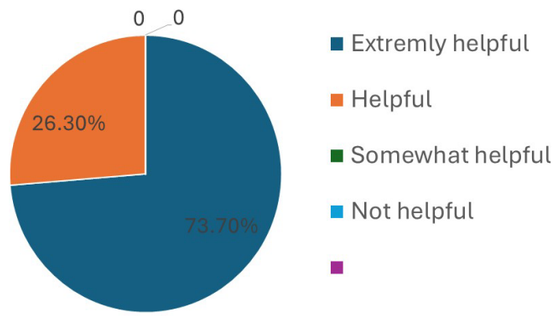
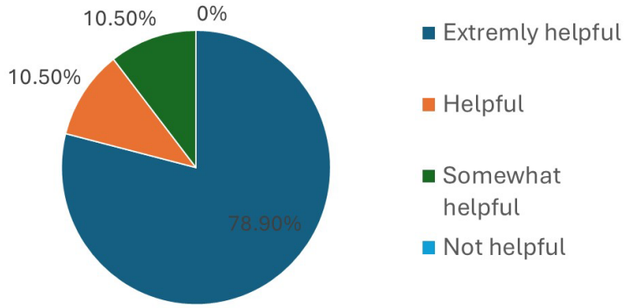


Figure 2 Six-Month Follow-Up Survey: The Impact of Pathology Report Enhancements

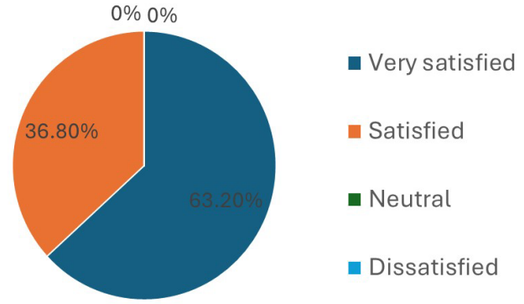
We've enhanced our pathological reports with summaries and differentials. How useful is our current reporting format in your clinical practice?



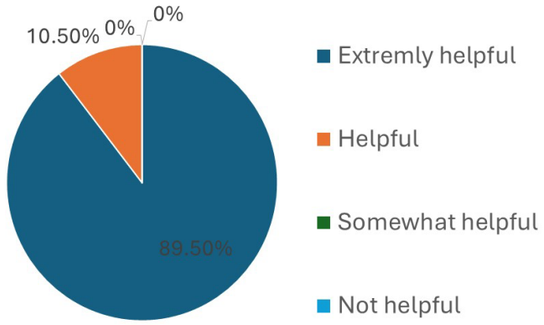
The pathology reports now include details on the degree of intestinal metaplasia. How useful is this information in your clinical practice?



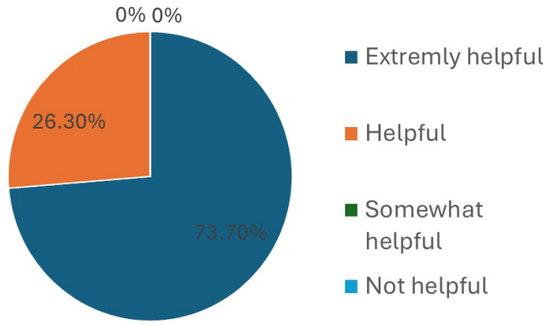
How satisfied are you with our current turnaround time for biopsies?



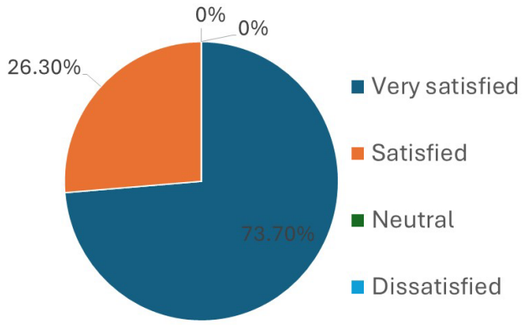
We provide eosinophil counts for eosinophilic esophagitis cases. How useful is this in your practice?



How useful is prompt cancer diagnosis notification via EPIC secure chat in your practice?



Please rate your overall satisfaction with the enhanced pathology reporting.



Results

All 19 clinical care team members completed both surveys

6 Month follow up survey

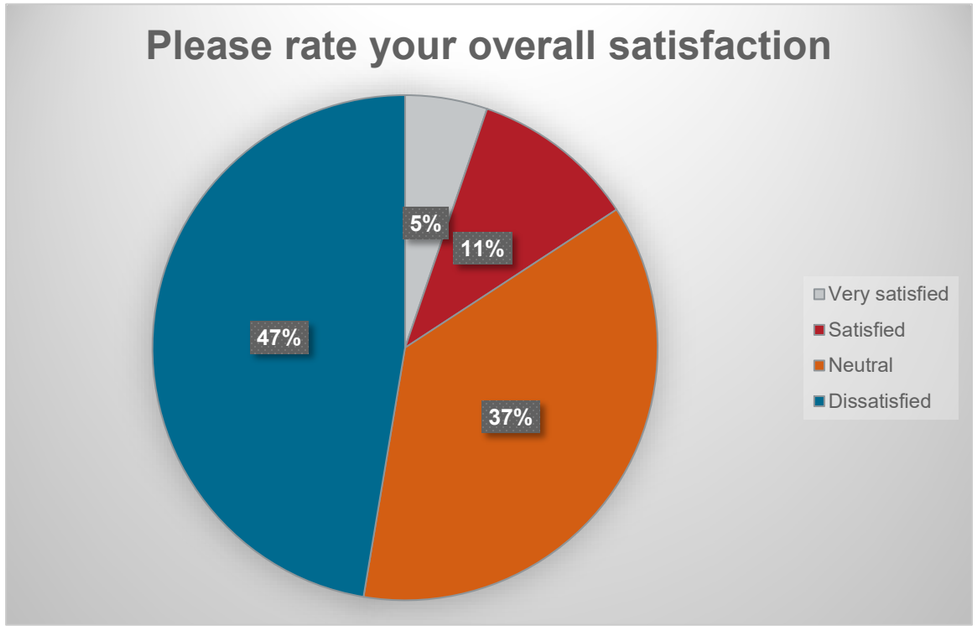
Follow-up improvements:

- 78% value IM reporting

- 89% find eosinophil counts useful in EoE cases

- 100% satisfied with improved report format

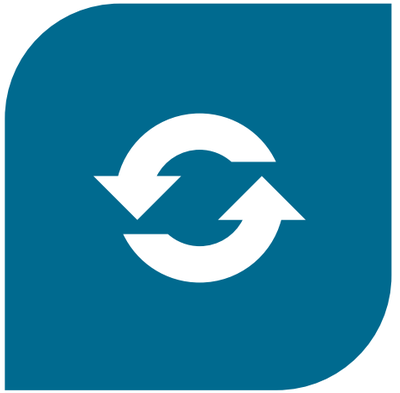
Initial survey



6-month follow-up survey

SURVEY-BASED FEEDBACK TOOL ENHANCES COMMUNICATION

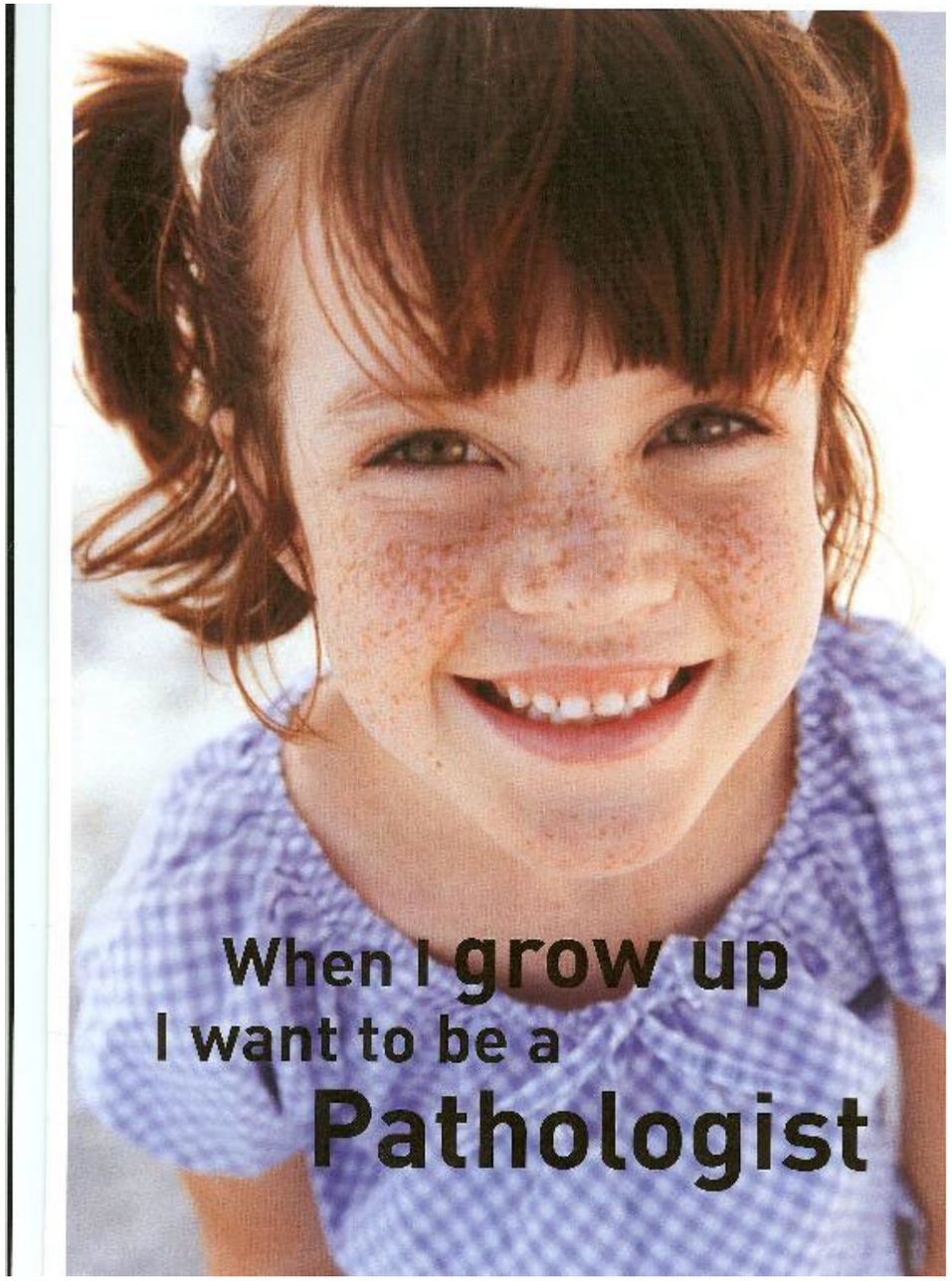
HELPS IDENTIFY AND ADDRESS DEFICIENCIES IN PATHOLOGY REPORTS



FEEDBACK LOOPS DRIVE ONGOING QUALITY IMPROVEMENT

Key Elements of an Academic Pathology Practice

- The essential “tripartite” mission:
  - Research
  - Education
  - Clinical Practice
- Research
  - Discovery and practice advancement are important features of academic pathology
  - Taking two general forms:
    - Basic Research, often bench based, carried out by physician scientists and pure investigators
    - Clinical Research, often case based, carried out by practicing pathologists
- Education
  - Medical students, residents, fellows; the next generation of pathologists
    - ~95% of graduating residents perform a fellowship, and nearly 50% will do two fellowships
  - Practicing pathologists, in forums such as this, USCAP educational programs, special meetings, etc.
  - The Community



Key Elements of an Academic Pathology Practice

- Clinical Practice
  - A primary and crucial component of academic pathology
  - The only element with the potential to generate margins
  - This is why it is crucial that the academic clinical practice be run as a business, because it is a business!
- Challenges of running an academic clinical practice as a business
  - The demand for academic time by faculty
    - Limiting days on service
  - Funding subspecialty services that cannot support themselves (e.g. Neuropath, Med Renal)
  - The complex administrative infrastructure required in an academic department
    - Contracts and grants office, not funded by grant revenue
    - Education office, not funded by educational reimbursements
  - The general idea that somehow an academic practice is “above” business

Creating a Stable and Profitable Enterprise is Possible!

- Academic clinical practices have some inherent advantages
  - Oftentimes operating out of large academic medical centers with high surgical and lab volumes
    - Creating opportunity from "*economies of scale*"; example of academic faculty coverage
  - Where the volumes are adequate there has been a near universal move to subspecialty based practice
    - Developing clinical leaders with established subspecialty expertise creates business opportunities
      - Consultation practices
      - Business partnerships with community hospitals
  - Research in the department, even very basic, provides the overall association with expertise and quality
    - Clinically related research directly contributes to individual expertise
  - Often have access to advanced technologies (e.g. molecular) which can limit send-outs and generate margin
  - Creating Demand: Sending out new pathologists and clinicians who may want to use us in the future
  - Patentable discoveries can be an important revenue source
    - ELISA for cardiac enzymes

Examples in Real Life

- At both Wash U and U Miami I led the transition to subspecialty practice
  - Yes, change can be hard, TBC
- This transition created multiple opportunities
  - Advancing the career goals of most of the fellowship trained faculty
  - Creating the opportunity to recruit established leaders in their fields
    - Enhancing the virtuous cycle of advancing careers and expertise
  - Enhancing the training program and attracting outstanding residency candidates
  - Creating new fellowship programs that attract top candidates
    - Establishing a pipeline of faculty recruitment
  - Boosting national visibility; papers, presentations, educational seminars
  - Created the opportunity for expansion of the practice

So….What Happened?

- At both Wash U and U Miami, the expansion of expertise and increased visibility directly led to partnerships with community hospitals
  - At U Miami with three local hospitals in the Jackson Memorial System
  - At Wash U with two hospitals in the BJC System
- What was the impetus?
  - Clinicians at the hospitals bought in to our expertise
- But how did you execute subspecialty pathology at these smaller hospitals?
  - Consolidation of the legacy pathologists into our practice/retirement
  - Could only happen through telepathology
  - At first just frozens with slide transfer, now through complete digital slide sign out
  - Strong focus on client service and TAT
- How is it working?
  - Clinician satisfaction high
  - Increased case volume allowing for expansion of subspecialty faculty and increased expertise

Anything Else?

- Expansion of the clinical enterprise through increased expertise
  - Nationwide Organ Procurement Organization
    - Establishing viability of organs for transplant through telepathology
  - Greatly expanded Dermatopathology service, now with thousands of cases/year
    - Partnership with Dermatology and Medicine
  - Re-establishing a molecular pathology service with unique offerings now being sought nationwide
    - SOMA test
    - MyeloSeq
    - GatewaySeq
- Non-Hospital revenue now accounts for 50% of the department's clinical income
  - From 0% in 2010
- Enhancing the virtuous cycle of career advancement and creating opportunity

Change Management

- The challenges at Wash U and U Miami had several commonalities
  - Changing established practice patterns and habits
  - At Miami, establishing a research enterprise
  - At Wash U, integrating an outstanding research enterprise with the clinical practice
- Similar approaches
  - Establishing a shared mission and purpose
    - Faculty wide participation in creating a new strategic plan
  - Emphasizing a team approach inclusive of all divisions
  - Planning and hosting a faculty wide retreat
    - Several month-long planning process
    - Facilitating faculty ownership in decision making
  - *Expanding the leadership structure of the department by creating new leadership opportunities*

Additional Resources

- Practice Management Webpage
  - https://www.cap.org/member-resources/practice-management
- Previous and Upcoming Roundtables/Webinars
  - https://www.cap.org/calendar/webinars/listing/practice-management-webinar
- Articles Authored by Members of the CAP Practice Management Committee
  - https://www.cap.org/member-resources/articles/category/practice-management
- Practice Management Networking Community
  - https://www.cap.org/member-resources/practice-management/practice-management-networking-community-application
- Practice Management Frequently Asked Questions
  - https://www.cap.org/member-resources/practice-management/frequently-asked-questions

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

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