COLLEGE of AMERICAN PATHOLOGISTS

Practice Management Roundtable

Topic: 2023 Best Practices for Error Reduction in Anatomic Pathology
Date of Event: December 19, 2023

Below are written answers to the questions submitted following our Practice Management Committee webinar, **Best Practices for Error Reduction in Anatomic Pathology.**

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Questions and Answers		
Question(s) Asked	**Answer**	**Responder**
How can a practice balance increasing case volume/demand with improving accuracy through Second Reads?	Second reads notwithstanding, in growing practices, case volume may exhaust the available workforce. One solution to that problem is to throw more people at it and hire additional pathologists. That solution requires pathologists to practice pathology the way they have always practiced. An alternative solution is to do what other industries do when faced with the identical problem, namely innovate and do more work with less manpower. For instance, companies that embrace *lean* production will offload work to specialized individuals, such as many pathologists have done with pathologists' assistants. Constructing a *lean*-type pathologist workflow diagram will identify other offloading possibilities. Also, many companies outsource their overflow work. One method of outsourcing has pathology groups hiring pathologists who are underutilized in groups practicing elsewhere. By constructing mutually economic relationships, outsourcing groups can process their swollen workloads and outsourcing providers can supplement their practice revenue. For more details, please access https://www.cap.org/member-resources/articles/less-is-more.	Dr. Novis
I **would love to do a 100% prospective review. That's basically what residency was and would help me sleep better at night. However, I think there**	These questions are similar to the one above: how do we do more with less? In our practice we developed standardized criteria for all diagnoses (not just cancer diagnoses) and for all diagnostic terms (e.g., mild moderate severe	Dr. Novis

will be fewer pathologists and more specimens in the near future. Any thoughts on technology could help us implement a 100%prospective review when 1) typing or transcription done by dragon (hospital will not pay for transcriptionists) 2) there will be fewer pathologists in the future as the boomers retire 3)volumes increase as radiologists increasingly reach harder to reach places	inflammation; mild moderate, severe atypia, etc.) Standardization segued to templated reports. Clicking items on a computer screen moves a lot faster than dictating, and can eliminate the need for transcriptionists altogether.	
There are molecular tests being performed on these tumors at later dates which may or may not have input on the original diagnosis but will not be available for review at the time of initial sign out.	As with any report, the diagnosis is only as complete as the morphology allows. There is no reason why second reads would not work on provisional diagnoses, including those that herald follow-up testing to resolve uncertainties.	Dr. Novis
Is there any known AI program the CAP could test to help find mistakes in reports before sign-out (like spell check but for different components and grammar.)	I am not aware of any.	Dr. Novis
Despite having dual sign out have you done later random retrospective review say of 2 - 4 % of all cases or have independent review to avoid group think.	We have not. I am not sure how group think (however that is defined) enters into this and what a random retrospective review, let alone one performed by an outside pathologist, would accomplish. My own bias is that a retrospective review is akin to checking the brakes right after you've rear-ended a Toyota.	Dr. Novis