Adequate Staffing and Efficiency; ..or, just do another 3,000 cases.

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- The individual below has responded that he/she has no relevant financial relationship(s) with commercial interest(s) to disclose:
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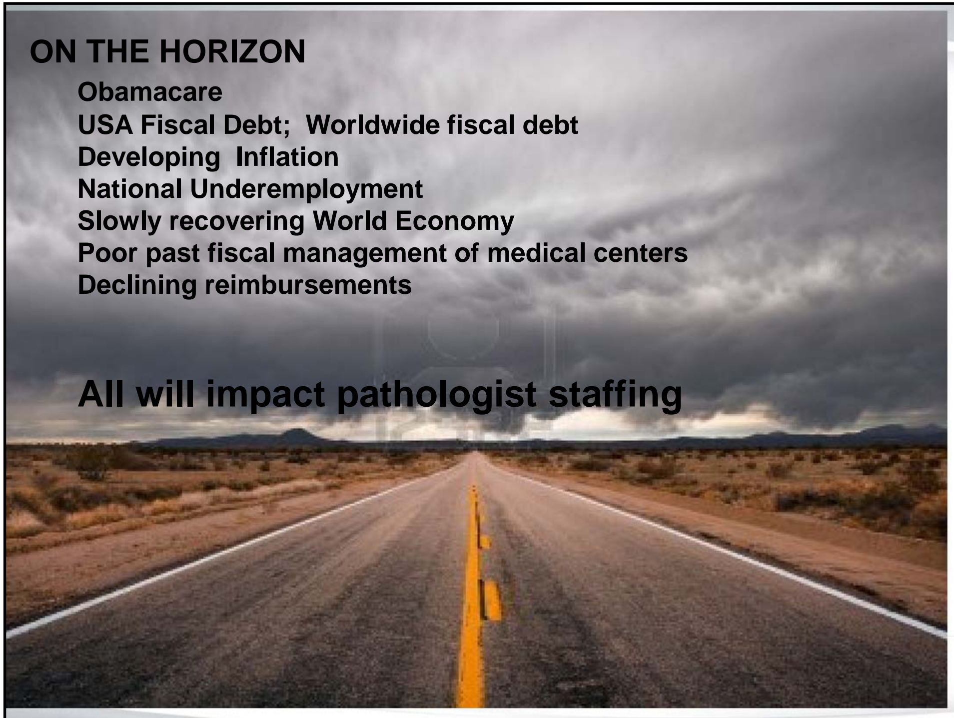
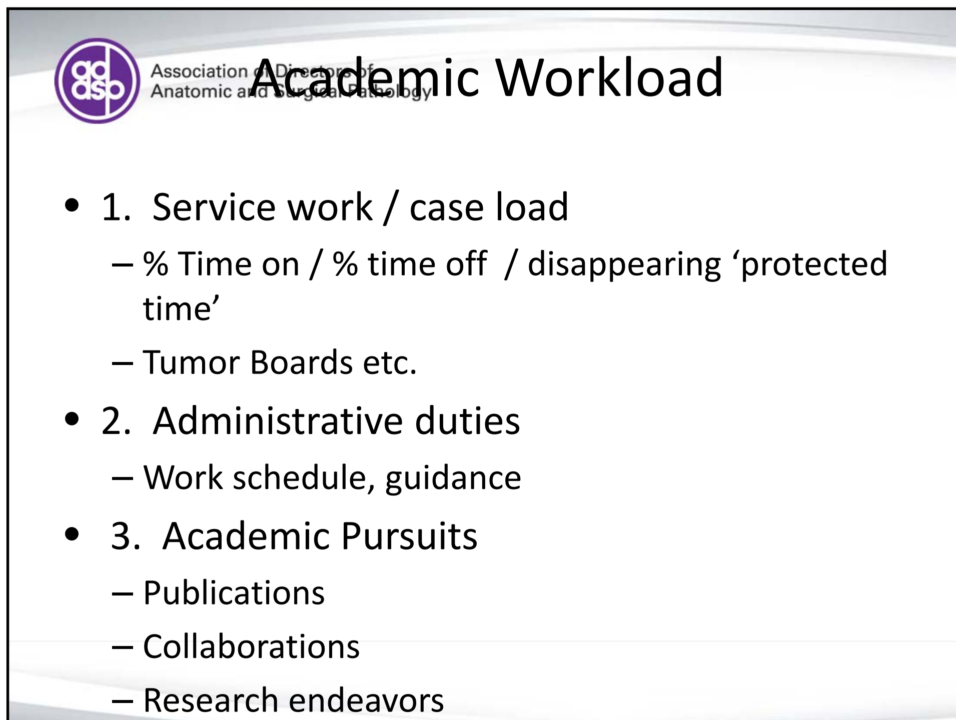


For Our Consideration

- AP Pathologist Duties
- Historical Staffing Recommendations
- What Makes us Efficient
- Additions to Workload (inefficiencies)
- Can the ***department*** pay for it? How is it paid for?

Academic multitasking
Service
Administration
Academics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Academic Workload
• 1. Service work / case load
– % Time on / % time off / disappearing 'protected time'
– Tumor Boards etc.
• 2. Administrative duties
– Work schedule, guidance
• 3. Academic Pursuits
– Publications
– Collaborations
– Research endeavors

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Adequate Staffing

- “Sufficient personnel to do the work,” …..by who’s definition

- service work + admin work + academics= staffing requirement
- Which of the big 3 bring income

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Staffing: service work, administration, academics

- Service work staffing brings income
- Enough income to justify pathologist numbers?
- Do we eat what we kill?
- Next: How many pathologists are needed??
- Studies?

Staffing criteria; ADASP

- 2010 an ADASP Hotline Survey
- Total # of responders to the survey : 17
  - A. Number of annual accessions
  - institutional workload range: 9000 to 115,000
  - B. Number of cases per pathologist
- Range: 1666 to 6333
  - C. Average number of cases per pathologist
  - 2975

- "What Is the Best Indicator to Determine Anatomic Pathology Workload? Canadian Experience". Am. J. Clin. Pathol. 2005, 123: 45-55
- Formula based on: total accessioned cases, number of specimens, slides, blocks, Royal College of Pathologists [London, England] model, population served, and level 4 equivalent L4E. (direct output measurement of pathologist consultations, using data from NH laboratories.)
  - Results: average workload per pathologist 3040 specimens, 2144 SP cases, 5986 blocks, 11,950 slides, 25,819 population base.

- "Kaiser Permanente. An Insider's View of the Practice of Pathology in an HMO Hospital-Based multispecialty Group". Arch Pathol. Lab Med. 1995; 119:646- 649
  - Number of surgicals / 7500
    - + number of autopsies / 250
    - + number of FNAs / 6000
    - + number of cytologies / 150,000
    - +number of laboratory personnel / 90
    - + number of weekly meetings / 30
    - + number of weeks off / 52

National Health Service; UK

- Surgical Pathology
  - 4,000 cases for District General Hospital
  - 2,000 cases for academic departments
- Cytology
  - 6,000 cases

Study Results …

ADASP 2010 survey	2975
Canadian survey	3040
Kaiser	7500
UK NHS	2000 / 4000

From the business office ..

- **Can the pathologists be supported? Is the income from 3,000 cases sufficient?**
- Yes, historically true for private practice
- MORE cases may be required for pathologist salary + fringe + extras + …….. As reimbursements decline
- AND WHAT ABOUT OTHER SPECIALTIES?

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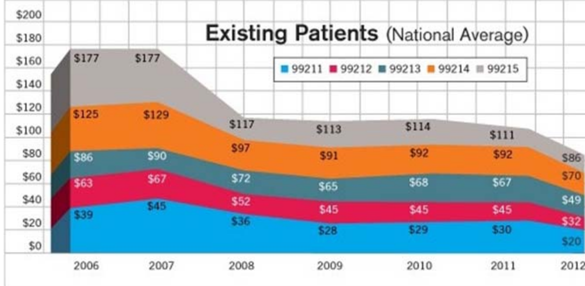
Declining reimbursement rates for <u>primary care</u> office visit

YEAR-TO-YEAR COMPARISON OF AVERAGE COMMERCIAL REIMBURSEMENT

While pay for new-patient codes remained mostly flat, reimbursement for existing patients took a nosedive. Your pay for a 99215, for example, was less in 2012 than you made in 2011 for a 99214. In fact, every existing-patient diagnosis code was priced in 2012 at roughly the same level as the code lower was just a year earlier. The common 99213 now pays a mere $49. It's clear that you can no longer make a living on diagnosis and management alone — a real problem if you're in primary care, to say the least.



Fee Schedule Survey by *Physician's Practice*

Therefore stable income level for primary care may become difficult

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<u>Orthopedic reimbursement</u> vs. CPI

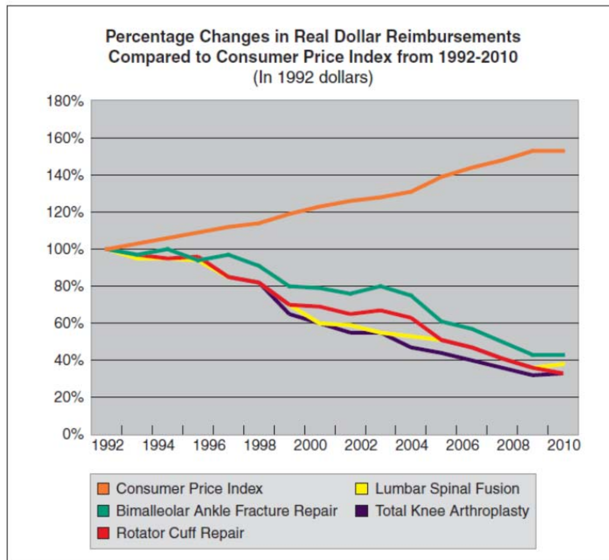

Fig. 1 The Consumer Price Index, an inflationary indicator, has continued to increase since 1992 while reimbursements for orthopaedic procedures have declined, creating an ever-widening gap between what orthopaedic surgeons receive in reimbursements and what they have to pay in operational and practice costs.

Reimbursement Decrements

- Events cutting pathologist payments
  - Recent cuts :
    - Aetna to cut pathology reimbursement rates to 45-50% of medicare
    - 25% reimbursement reduction by BC/BS in Mississisppi
    - CMS 33% global reduction for 88305 (52% technical decrease, 2% professional increase)

- As reimbursement declines, do salaries decline?
- do pathologists do more cases?
- less time for academics?
- less funding for research?
- .

What about research?

- Sources of research funding
  - NIH / NCI / Federal Government
  - State funding
  - Endowments
  - Non government agencies
  - Service work
- **Result? Efficiency becomes important**

Federal Budget Cuts

- 5.5% NIH cut resulted in 640 fewer grant fundings; Projected that new researchers, who were trained with the U.S. taxpayer's money (MSTPs) may have to move to Europe and Asia where government funding for medical research is on the rise.
- 5% cut to FDA and 5% cut to CDC

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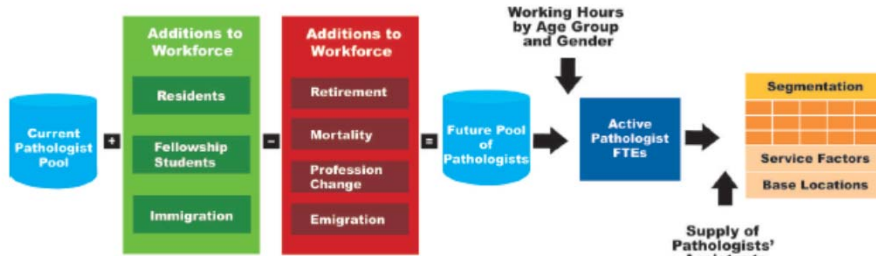


Figure 1. *Components of pathologist workforce supply in an inventory-based supply model. Abbreviation: FTEs, full-time equivalents.*

Arch. Path. Lab. Med. Robboy et.al.

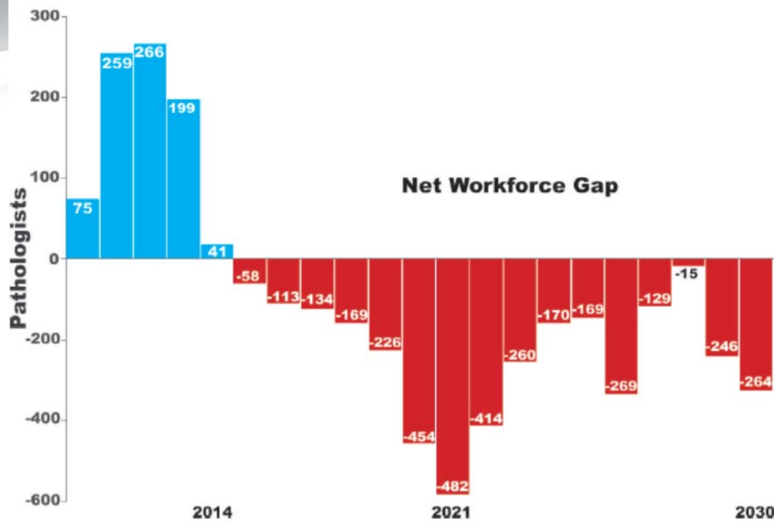


Figure 5. *Net changes to pathologist workforce (headcount), based on year-to-year additions to the workforce less withdrawals/retirements. It does not include the anticipated additional numbers needed due to changes in demand, that is, from population growth and other factors (see Figure 6).*

Pathologist Workforce in the United States

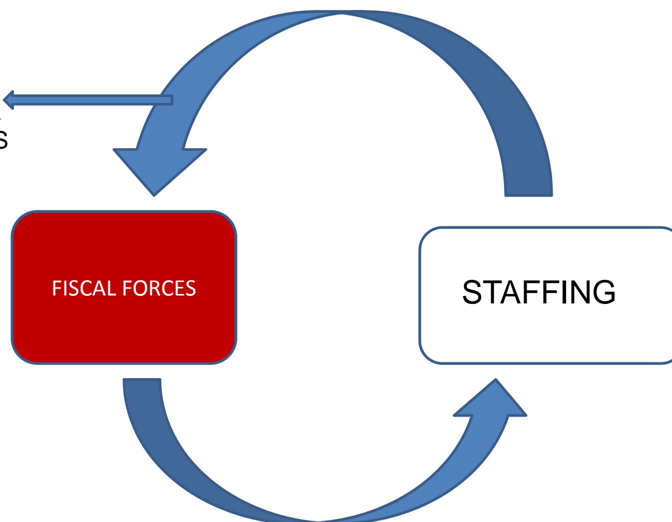
I. Development of a Predictive Model to Examine Factors Influencing Supply

Arch. Pathol. Lab. Med.
2012

The Practice of Pathology in **Canada**; Decreasing pathologist supply and uncertain outcomes. Arch Pathol Lab Med. 2012;136:90–94;

- Measured cancer cases / pathologist: 1999—2009
  - 1999: 115.8
  - 2009: 135.6

Intersection of staffing and fiscal forces



STAFFING

Efficiency; definition

- the state or quality of being efficient; competency in performance.
- accomplishment of or ability to accomplish a job with a minimum expenditure of time and effort
- effective operation as measured by a comparison of production with cost (as in energy, time, and money)
- the ratio of the useful energy delivered by a dynamic system to the energy supplied to it

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Contributors to Efficiency

- Caseload
- Speed of histo lab; staffing of lab
- Quality of slides
- Number of slides / case (1 per 1 or 2 cm)
- Completion of CAP diagnostic templates
- Addition of molecular tests to diagnostic report (J Clin Pathol 1992;45:179-180)
- Pathologist extenders
  - Pathologist assistants
  - quality of resident assistance
- Quality, timeliness of immunostains; did they work
- Creation of diagnostic prose
- Experience of pathologist;

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What *could* make us more efficient?

- Faster grossing; fewer blocks / case
- Faster slide preparation
- Faster thought processes; more coffee
- Faster immunostains

- Faster template prose completion; pre-constructed templates?
- Pathologist friendly computer programs

Efficient Staffing

- More subspecialization for large workload inst.
- Less subspecialization for lesser workload inst.

Changes in hospital / Departmental Income

- Global billing ratios are unknown
- Outcomes measurements / mechanisms are unknown

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Hill Plan Will Shift Medicare's Doctor Payment System To Reward Quality

- quality of care provided, rather than the quantity, to be rewarded by 0.5 percent increase for each of the next five years under Medicare
- Washington Post, Feb 2014
- Undefined federal changes

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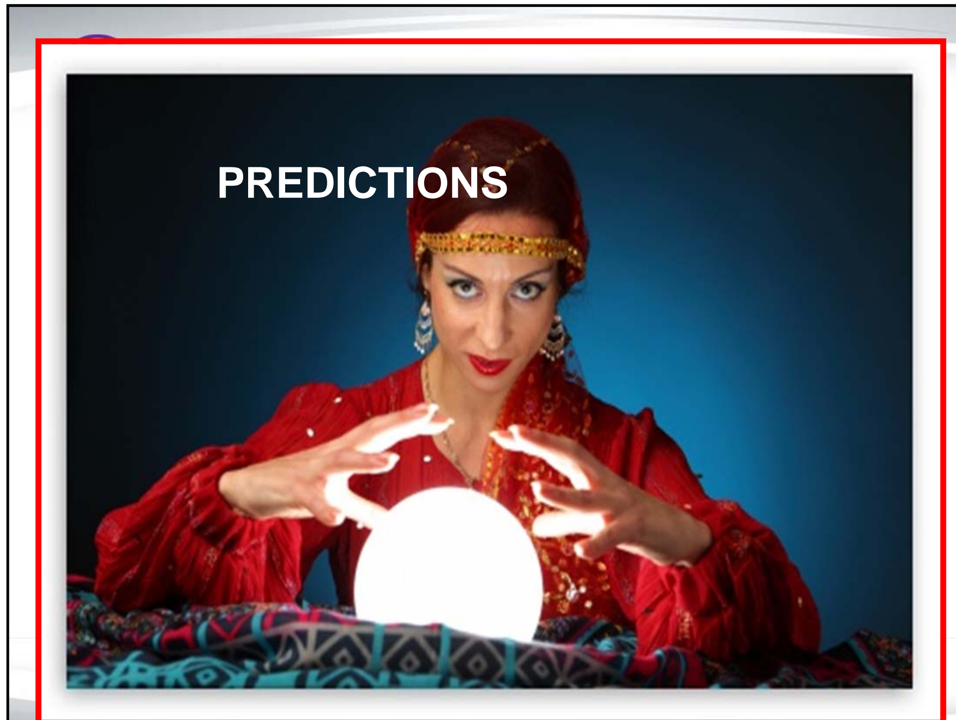

PREDICTIONS

- Reimbursements have / will decline further
- Endowments and state funding more important
- Medical schools will absorb cases from small inefficient hospitals; case load increases
- more cases per pathologist
- Fewer slides per case
- Developing pathologist shortage; salaries increase
- Old pathologists become more valuable (multiple specialty capability); experience counts

Conclusions

- Just do another 3,000 cases

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