



2019-2020 ASCP Patient-Centered Public Policy Priorities

The American Society for Clinical Pathology (ASCP) establishes the following issues as its 2019-2020 Patient-Centered Policy Priorities (PCPPs). These priorities were developed and approved by the Commission on Science, Technology, and Policy. The priorities represent areas where ASCP will be proactive and develop special efforts/programs to advance a patient-centered agenda. These priorities will be advanced throughout the organization and provide guidance in the areas of science, technology, policy and practice.

1) Cultivate the Pathology and Laboratory Medicine Workforce

- a) Workforce Trends and Adequate Supply: Collect and analyze data to reveal trends and identify gaps (e.g. wage & vacancy initiatives and collaboration with pathologists and laboratory professional organizations)
- b) Education and Funding Opportunities: Promote educational and funding opportunities to improve the competency and supply of qualified laboratory professionals and pathologists (e.g. GME, LMU, Health Policy Fellowship, etc.)
- c) Professional Recognition, Scope of Practice, and Clinical Empowerment: Represent pathologists and laboratory professionals as an integral part of the healthcare team (e.g. at the epicenter of ACOs); Expand and leverage their scope of practice; Enhance and reward their role within patient diagnostics and treatment decisions

2) Advocate for Appropriate Laboratory Oversight and Laboratory Personnel Standards

- a) Laboratory Oversight: Promote gold-standard laboratory certification, accreditation, and practice parameters (e.g. cytotechnology workload)
- b) Laboratory Personnel Standards: Ensure appropriate personnel training and certification requirements (e.g. ASCP Comments on CLIA RFI)

3) Stimulate the Advancement of Quality Pathology and Laboratory Medicine Practice

- a) Provider Participation Guidance: Aid members in navigating and meaningfully participating in quality reporting programs (e.g. PQRS, Value-based Payment Modifier program, the Merit-based Incentive Payment System (MIPS), Quality Payment Program (QPP), etc.
- b) Expanded Scope of Quality Measurement: Inform an expanded scope of quality measurement by aiding in the development of more robust quality measures reflective of the full scope of pathologists' quality improvement efforts (e.g. Maintenance of Certification, Ongoing Professional Practice Evaluation and Focused Professional Practice Evaluation (OPPE/FPPE) Program, Proficiency Testing, NPQR, etc.)
- c) Expanded Scope of Quality Reporting: Enable an expanded scope of quality reporting across the patient's entire care continuum via the development and advancement of accessible and accurate electronic reporting mechanisms (NPQR)
- d) Meaningful and Effective Health Care Delivery and Payment System Reform: Aid the Medicare payment system's transition from pay-for-volume to pay-for-value by proactively informing the development of the MIPS and Alternative Payment Models (APMs) (e.g. bundled payment arrangements, Patient-Centered Medical Homes, Accountable Care Organizations, and QPP compliance via NPQR etc.) in a manner that recognizes and rewards the pathology and laboratory community

4) Ensure Patient Safety while Expanding Patient Access

- a) Laboratory Developed Tests (LDTs): Support appropriate LDT oversight that will protect the public's health but not deter innovation
- b) Direct Access Testing (DAT): Promote patient test order at CLIA certified laboratories and encourage physician consult following test result receipt
- c) Patient Access to Test Results: Facilitate communication among patients, laboratories, pathologists, and clinicians from test order through receipt of results

d) Medical Error Identification and Reduction: Promote policies and initiatives that support precise and reliable test results and reporting (National Quality Forum (NQF)/ National Academies of Sciences, Engineering, and Medicine (NASEM)-Improving Diagnostic Quality and Safety Initiative)

5) Invest in the Future of Laboratory Medicine

a) Genetic Testing and Patents: Support laws and policies prohibiting patents involving laws of nature (e.g. Myriad Supreme Court case)

b) Personalized Medicine: Promote the expanded use laboratory testing to identify, develop, and guide patient-specific treatment regimens

c) Paradigm of Practice: Educate and train the current and emerging workforce on the evolving practice patterns that occur in pathology and laboratory medicine as a result of significant advancements in science and technology

6) Promote Prevention and Efficiency While Protecting Patients

a) Appropriate Test Utilization: Advance the "Choosing Wisely" program and pursue activities that position pathologists and laboratory professionals to be leaders in this arena (e.g. ASCP Choosing Wisely Toolkit, Choosing Wisely Champions, and ASCP Systematic Review of Pathology Related Recommendations)

b) Prevention: Promote appropriate preventative health screening tests (e.g. HPV screening)

c) Stark Reform: Promote the prohibition of self-referrals for anatomic pathology services by advocating for the removal of these complex ancillary services from the In-Office Ancillary Services (IOAS) exception to the Stark law through the Alliance for Integrity in Medicare

d) Clinical Guidelines: Develop evidence-based clinical guidelines and algorithms to dictate appropriate testing (e.g. colorectal screening, etc.)

7) Ensure Adequate Supply of Laboratory Services through Fair and Accurate Reimbursement

- a) Accurate and Adequate Physician Fee Schedule (PFS) Reimbursement: Secure adequate physician reimbursement that aligns with clinical practice patterns, fully reflects service-specific cost inputs, and maintains patient access (Network Adequacy Statement)
- b) Accurate and Appropriate Clinical Laboratory Fee Schedule (CLFS) Reimbursement: Promote accurate and appropriate coding for clinical laboratory services (e.g. revaluation of molecular pathology codes; revaluation of the CLFS per PAMA)
- c) Laboratory Budget Issues: Oppose methods of payment for clinical laboratory services which implement co-payments or competitive bidding (Network Adequacy Statement)

8) Advance Health Care Delivery and Payment System Reforms

- a) Pay-for-Performance: Respond and adapt to an evolving payment system as it transitions from Fee-for-Service to Pay-for-Performance reimbursement (e.g. PQRS, Value-based Payment Modifier program, etc.); Expand the scope of quality reporting to capture pathologists' quality improvement efforts already in place (e.g. Maintenance of Certification, CME, OPPE/FPPE Program, Proficiency Testing, etc.)
- b) Shared Risk, Accountability, and Reimbursements: Advocate for pathologist recognition in value-based payment models

9) Leverage Health Information Technology to Benefit Patients

- a) Pathology and Laboratory Medicine Informatics: Recognize diagnostic data as the foundation of medical decision-making, promote pathology informatics as the key driver of quality and efficient care delivery, and enable robust informatics support to generate key data, convert it into a useful format, transform it into actionable knowledge, and transmit it to relevant entities along the patient's care continuum (e.g. Pathology Informatics University, recognition of subspecialty, etc.)
- b) Electronic Health Records (EHRs): Advocate for the development of uniform EHR certification standards and feasible implementation timelines; Promote secure, timely, and affordable interoperability between EHRs and Laboratory Information Systems (LIS) in support of efficient care coordination/ effective care management

c) Electronic Quality Reporting Mechanisms: Explore multi-purpose reporting mechanisms capable of:

- (1) Streamlining reporting requirements for multiple programs
- (2) Interfacing with public and private entities for the receipt of quality and payment data
- (3) Generating meaningful data tailored to specific programs/initiatives
- (4) Transmitting accurate, comprehensive, and secure data to varied public and private entities (e.g. QCDRs, NPQR)

10) Develop Global Health Solutions to Improve Public Health

- a) Basic Solutions: Improve laboratory infrastructure and expand access to laboratory services
- b) Intermediate Solutions: Promote quality and appropriate laboratory practice
- c) Advanced Solutions: Tailor solutions to address varied local practice needs (e.g. anatomic, clinical, cytology, etc.); cultivate workforce to assure program sustainability (e.g. build skills of current lab professionals and ensure appropriate laboratory training for the next generation); educate on the importance of prevention (e.g. non-communicable disease).

11) Support Emergency Preparedness and Response

- a) Bioterrorism, Chemical Terrorism, and Medical Disasters: Ensure laboratory preparedness and appropriate protocols; Develop certification and training programs with measurable curriculum targeting tangible results (e.g. Defense Threat Reduction Agency (DTRA) and Cooperative Biological Engagement Program (CBEP))
- b) Natural Disasters: Ensure laboratory preparedness and appropriate protocols; Promote and provide disaster relief
- c) Emerging and Existing Infectious Diseases: Engage in educational outreach promoting the importance of preparedness and prevention (e.g. Zika, Ebola, PEPFAR)