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# ACOs and Value-Based Health Care: Where Do Pathologists Fit In?

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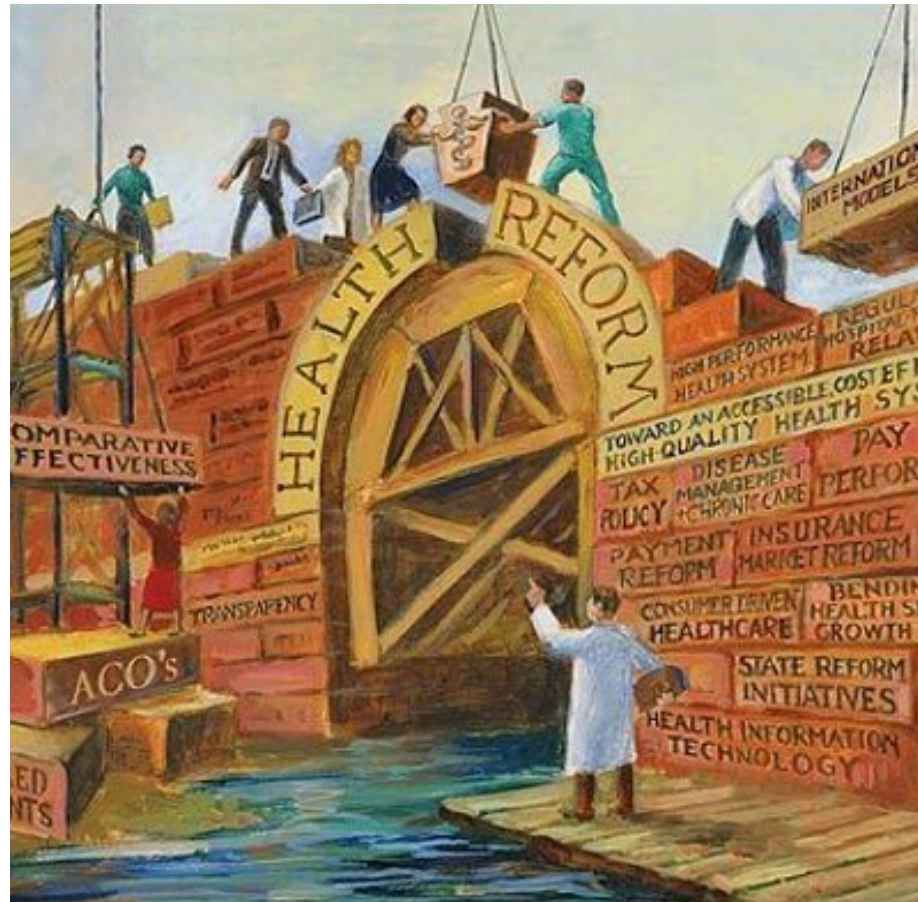
Chair, ACO Network, College of American Pathologists

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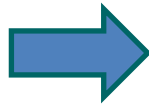
## Objectives

- Briefly describe pathologists' traditional clinical roles
- List some expanded and/or innovative value-added roles for pathologists in the context of value-based health care
- Highlight challenges and opportunities
- Detail what the College of American Pathologists (CAP) and the greater pathology community are doing to expand the value-added contributions of pathologists

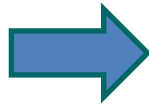
# The dream . . .



. . . the challenge

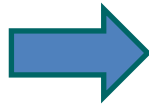


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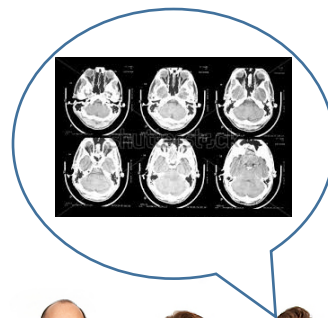
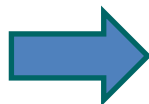




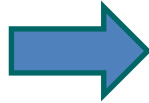
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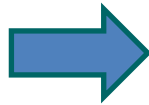


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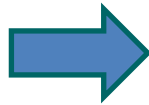




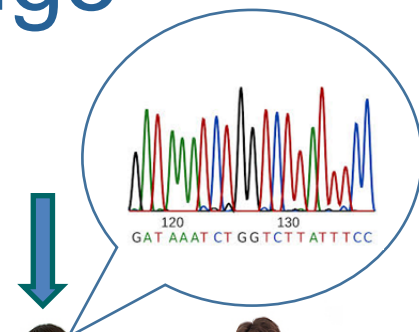
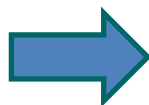
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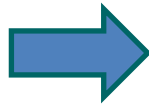
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## Pathologists and ACOs

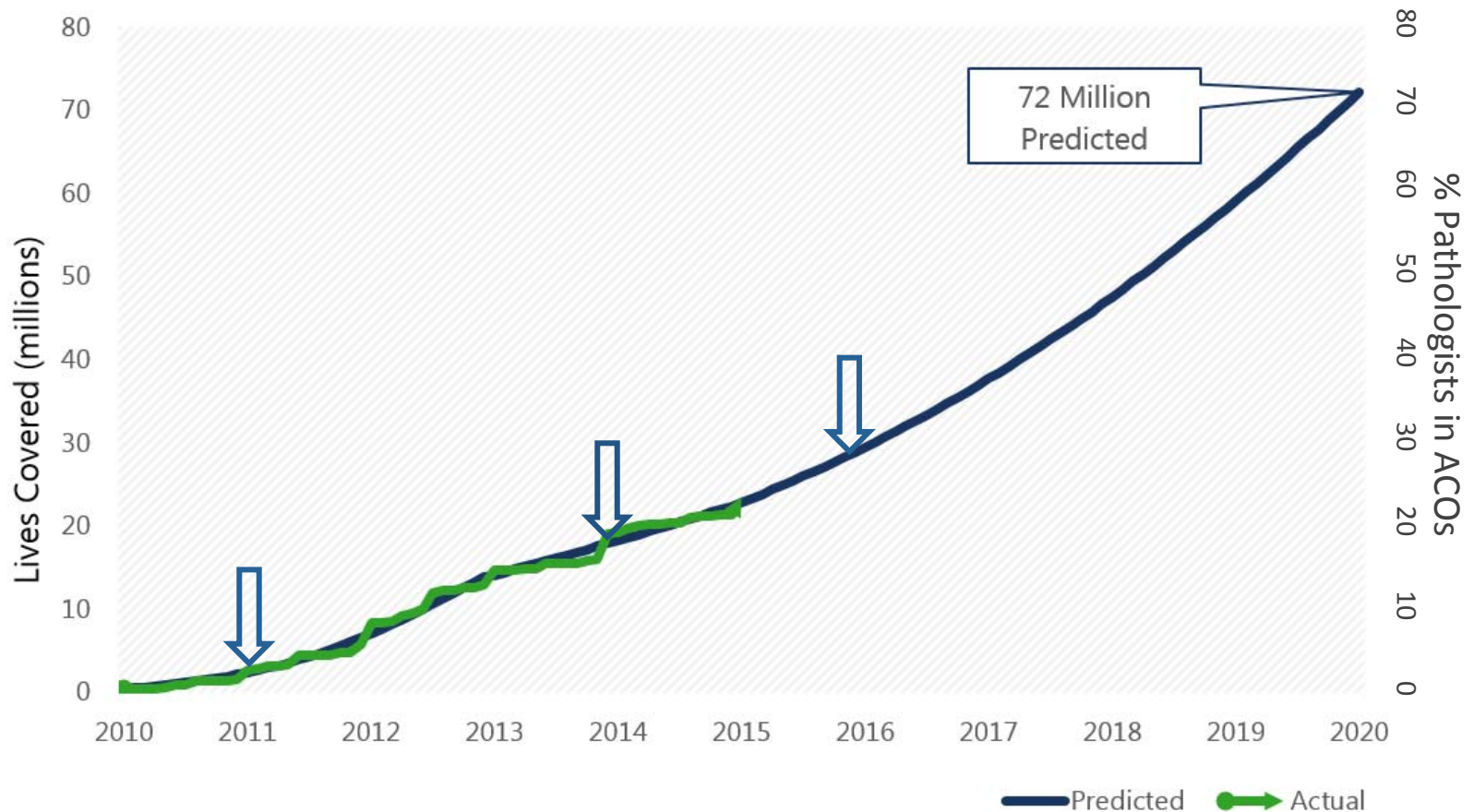
Number of pathologists participating in one or more ACOs . . .

- 2011 CAP Practice Characteristics Survey ⇒ 5%
- 2014 CAP Practice Characteristics Survey ⇒ 17%
- 2016 CAP Practice Leader Survey ⇒ 30%



# Accountable care organizations

## Total Covered Lives in ACOs – By 2020



Sources: ACO Data – Accountable Care Learning Collaborative; Pathologist Data – CAP

# What are the traditional clinical services provided by pathologists?

- Formal diagnostic, interpretive, and consultative services
  - Surgical pathology, cytopathology, hematopathology, selected chemistry and microbiology test interpretation, flow cytometry, molecular/genomic analysis, etc.
- Direct “patient-facing” services
  - Fine-needle aspiration, bone marrow specimen acquisition, apheresis oversight, etc.)
- Informal laboratory and transfusion medicine consultation
- Post-mortem examination
- Clinical laboratory direction and oversight

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- Clinical laboratory direction and oversight ●
  - Billable – “Part B”
  - “Part A”

# Services pathologists provide and where

## Services

### ONE PATIENT AT A TIME

- Anatomic Pathology
  - Surgical Pathology
  - Cytopathology
  - Autopsy
- Laboratory Medicine (CP)
  - Genomic Pathology
  - Real Time Services
  - Provider Consults

### POPULATION SERVICES

- Lab Medical Direction
- Outcome Assessment/  
Utilization Management
- Biorepository Management
  - Public Health
- Clinical Informatics

### PROFESSIONAL RESPONSIBILITIES

- Medical Administration
  - Teaching
  - Research
- Lifelong Learning
- Professional Societal Obligations
  - Entrepreneurship  
(Practice Management)



## Locations

### HOSPITALS/MEDICAL CENTERS

- Academic (ACGME)
- Community  
(Urban/Suburban Rural)

### LABORATORIES

- Stand-alone Laboratory
- Forensic Laboratory
- Central Lab for Multiple Hospitals
- Physician Office Laboratory
- Dedicated Laboratory
- Research Laboratory

### OTHERS

- Blood Center
- Ambulatory Surgical Centers
- Not Tied to a Specific Location

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“New” value-added roles for pathologists . . .  
some examples:



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some examples:

- Lab utilization management – CP and AP

CP – Develop lab test order sets, testing algorithms, test “formularies” → “the right test, at the right time, every time”

AP – Manage ancillary testing in surgical pathology, hematopathology, etc.

# Value-based health care: Pathologists going beyond their traditional roles

“New” value-added roles for pathologists . . .  
some examples:

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- Consultation – Pre-order and post-result
  - With clinicians
  - With patients

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“New” value-added roles for pathologists . . .  
some examples:

- Lab utilization management – CP and AP
- Consultation – Pre-order and post-result
- Assist in chronic disease/population health management
  - Use HIT for scheduled testing alerts, testing compliance/test result tracking, intervention alerts
  - Develop and apply clinical decision support tools

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- Consultation – Pre-order and post-result
- Assist in chronic disease/population health management
- Ensure actionable lab/pathology result format in EHR
  - Provides clinical decision support to clinicians

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- Use HIT/informatics for practice analytics, care improvement, peer-review, etc.



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- Ensure actionable lab/pathology result format in EHR
- Use HIT/informatics for practice analytics, care improvement, peer-review, etc.
- Management of tissue biorepository

# Value-based health care and pathologists: Challenges and Opportunities

## Challenges

- Re-adjustment of practice emphasis for some pathologists
- Gaining recognition and getting paid for value-added roles
- Quality and performance measures (e.g. CMS ACOs, PQRS, VBM, MU, MACRA/MIPS, etc.) very limited and/or inappropriate for pathologists and other non-patient-facing providers → Ongoing discussion with CMS, MACRA rule commentary, etc.

## Opportunities

- Unique skill-set of pathologist can add great value
- Previously “behind the scenes” and often uncompensated services can now be recognized (?) and financially rewarded (??)

## Value-based health care and the CAP

- CAP ACO Network – Since 2011, now 70+ members
- Member, B-D ACO Learning Network → Accountable Care Learning Collaborative
- Value-based care resource center (“Volume to Value”) at [www.cap.org](http://www.cap.org)
- CAP value-based care strategic initiative started in 2015

# CAP value-based care (VBC) strategic initiative

## Strategic goals . . .

1. Build pathologist and practice awareness and strengthen their understanding of VBC business models
2. Emphasize and support pathologists' leadership role in the management and utilization of lab testing and the information it yields
3. Enable pathologists and practices to leverage their skills in the areas of patient safety and quality improvement to expand their contribution to quality patient outcomes and cost reduction
4. Enhance patient, payer, VBC organizational, and health community awareness of pathologists' value
5. Gain a better understanding of population health and help define optimal roles that pathologists can play

$$\text{Value} = \frac{\text{Quality/Outcome}}{\text{Cost}}$$





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