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## Everyone's a Winner at 2006 ASCP Annual Meeting

ASCP's 2006 Annual Meeting in October drew a record 1,253 attendees to Las Vegas Oct. 18-22. Odds are good that every one of them went home a winner.

A special day for residents featured presentations on the need for medical leadership in the clinical laboratory; the importance of understanding the reimbursement process; and the value of fellowships to prepare for the job market.



William G. Finn, MD

Several sessions brought attendees up-to-date on ASCP's advocacy efforts on issues of concern to the laboratory team, including licensure, competitive bidding, medically unlikely edits, the role of pathologists' assistants, patient safety, physician fee schedule, "condo" and "pod" laboratories, the electronic health record, and direct billing.

A new course titled "New Horizons in Digital Imaging" provided an overview of the evolution of digital image applications in pathology, as well as examples of digital imaging and telepathology in use at two medical centers. Additional sessions covered such topics

as reducing errors and reporting critical values in anatomic pathology, molecular pathology for community pathologists, and topics in flow cytometry and molecular genetics.

Check out the 5-page recap of the ASCP Annual Meeting from *Advance Magazine*.

<http://laboratorian.advanceweb.com/common/Editorial/Editorial.aspx?CC=79164>

### Who Feels the Need To Lead?

At the Residents' Day breakfast session, William G. Finn, MD, of University of Michigan Medical School, sounded a wake-up call for residents and those who train them: "We're not training leaders in clinical pathology."

It was no surprise that the vast majority of residents in attendance said they entered pathology due to their interest in anatomic or surgical pathology (AP), not clinical pathology (CP). As Finn said, everyone knows they specialize in AP and do a CP rotation to make themselves more employable. Unfortunately, clinical rotations do not teach pathologists to practice laboratory medicine.

"The weakness in some programs is that they teach you to be a technologist, or a not-very-well-trained tech, or someone who knows what techs do," he said. "Well, what we are is physicians, and we specialize in the practice of medicine by way of analytical diagnostics."

## ASCP Annual Meeting

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Clinical rotations are designed around the AP schedule, and AP rotations are designed around complete work cycles in a given AP-type day: “You have a stack of work, you sign them out, and then you go home,” Finn said. “But CP doesn’t rely on case-by-case diagnostics.” Clinical rotations must teach residents to provide “medical leadership in the design and deployment of clinical operations – that is the practice of laboratory medicine.”

Anatomic pathologists are diagnostic operators, whereas clinical pathologists design diagnostic operations, he added. “CPs, when they’re designing diagnostic operations, work on large-scale projects to apply evolving technologies to medical practice. These are not one-day enterprises, or two-day enterprises, or one-cycle enterprises. These will take weeks, months, maybe even a year.”

Finn advocates three- or four-month CP rotations. “If you start in January and end in April, you can actually make headway on large-scale deployments of novel methodologies in the clinical lab,” he said. “You can actually contribute to medical practice of laboratory medicine.”

He referred attendees to the Academy of Clinical Laboratory Physicians and Scientists (ACLPS) proposal, “Curriculum content and evaluation of resident competency in clinical pathology (laboratory medicine),” which addresses the need for revisions in CP curriculum. The proposal reflects the mandate of the Accreditation Council for Graduate Medical Education; that is, that educational programs for residents in all medical specialties incorporate six areas of competency: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. The proposed curriculum also takes into account the American Board of Pathology’s 12-month reduction in resident training programs. The proposal is available at <http://depts.washington.edu/lmacpls/curric.html>.

### Exposing and Opposing Unethical Business Practices

The Annual Meeting offered ample opportunity to get acquainted with ASCP’s Washington, DC-based staff and their advocacy work on issues of importance to pathology and laboratory medicine. In the session “Urologists and Gastroenterologists Want Your Money:



*The Flamingo poolside opening reception*

Gray Areas of Compliance and Why You as a Surgical Pathologist Need to Care,” presenters got into the dirty details of kickbacks, sham group practice arrangements, and insurance exclusions that are eating away at the edges of some pathology practices.

“Account billing arrangements permit physicians such as urologists and gastroenterologists to profit substantially on the ordering of anatomic pathology services for their patients,” said Jane Pine Wood, Esq., of McDonald, Hopkins Co., LPA, in Dennis, MA. “For example, a urologist may purchase the professional and technical pathology services for a prostate biopsy for

\$25, and then re-bill the services to patients and payers for \$85. The urologist makes a profit of \$60, with no investment of time or effort other than the re-billing of services.”

Jeff Jacobs, ASCP Vice President of Public Policy, reiterated ASCP’s policy statement on such arrangements, noting that the Society “supports initiatives such as direct billing, anti-markup, and patient notification provisions, to eliminate or reduce the likelihood of these inappropriate billing practices.”

### Digital Imaging & Telepathology: Waves of the Present

Digital images are making their way into teaching and research, but not yet into standard reports in surgical pathology, cytopathology, and autopsy services, Bruce A. Freidman, MD, active emeritus professor at the University of Michigan, reported during the session “New Horizons in Digital Imaging.” Besides the fact that customers prefer reports with integrated images, the primary justification for image storage and retrieval is not to make reports more attractive, but to enable image data mining, he added.

“Image integration into a report converts surgical pathology to a quantitative discipline like clinical pathology,” Friedman said. Pathologists should emulate radiologists who use the Picture Archiving and Communication System (PACS) as their primary data acquisition modality. “PACS have evolved as robust enterprise imaging systems.”

One of the reasons some pathologists say they do not capture, store and use digital images is that they do not get reimbursed for the service. Friedman believes pathology associations should lobby for CPT codes for imaging services related to management of gross images,

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## ASCP Introduces Master Category of Membership

At the October ASCP Annual Business Meeting, ASCP members approved changes to the ASCP bylaws that had already been approved by the ASCP Board of Directors. A significant change is the addition of a "Master" category of ASCP membership.

The new category of membership will serve to recognize those distinguished members who have made significant contributions to the field of pathology and laboratory medicine and to the ASCP. Eligibility is based on years of ASCP membership, significant career accomplishments, and contributions to the Society and to the profession.

"Outstanding accomplishments should be acknowledged and exceptional individuals should be recognized," said John S. J. Brooks, MD, FASCP, president of the ASCP. "This is a new way for the ASCP to honor the contributions and service

of its Members and Fellows."

The individual considered for this honor must have been a Fellow or Member in good standing for at least 10 years. The distinction of Master is competitive in that only a limited number are given each year, and the most outstanding are selected by comparison. The maximum number of Masters will be set at 2% of the Society's total membership.

Each individual awarded the Master distinction will be able to use the credentials "MASCP" after his or her name. This credential would replace the distinction FASCP and appear ahead of any Board of Registry certification, such as MASCP, MT(ASCP).

While Master membership is technically a category of ASCP membership, the nomination process is handled confidentially, like an award. Individuals may not self-nominate nor be involved in the

nomination process.

Individuals wishing to nominate a member for Master should submit a minimum of three detailed letters of support and a copy of the nominee's current curriculum vitae and complete bibliography or equivalent. Deadline for receipt of all materials is July 1 of each calendar year for presentation the following year. Send correspondence to [eos@ascp.org](mailto:eos@ascp.org) or to the ASCP Executive Office at 33 W. Monroe, Ste 1600, Chicago, IL 60603.

Each individual awarded the Master distinction is extended an invitation to the ASCP Annual Meeting, where the ASCP President will present a certificate of recognition and a special lapel pin. The Society will reimburse each awardee up to \$1,000 in travel and accommodation expenses and waive registration fees for the Annual meeting at which his/her award is presented.

### 2006 Annual Report, List of Committees and Councils on ASCP Website

The 2006 ASCP Annual Report is now available. It focuses on the Society's "proud past and focused future." The report highlights the ASCP's year in education, certification, advocacy, and outreach. The report also contains the Society's financial statements.

Copies of the Annual Report were mailed with the December 2006 issues of *AJCP* and *LabMedicine*. Or please visit [ascp.org/aboutus/leadership](http://ascp.org/aboutus/leadership).

The new list of ASCP Commissions, Committees and Councils can also be found on the ASCP website at [ascp.org/aboutus/leadership](http://ascp.org/aboutus/leadership).

## Call for Abstracts

Present your research at the premier educational event for pathologists and pathology residents!

The *AJCP Papers and Posters sessions* will take place at the 2007 ASCP Annual Meeting in New Orleans, LA, October 18-21. For more information, visit [www.ajcp.com](http://www.ajcp.com).

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## ASCP President's Message



### Resolved: To Make Ourselves and Our Patients Better

Every New Year, most of us draw up a list of resolutions aimed at self-improvement: how to lose weight, stop smoking, take more time to relax, read more, work smarter but not necessarily harder, ad infinitum.

Many of these resolutions are half-hearted and quickly forgotten. Alas, many others – though certainly well-intentioned – are also doomed to failure, largely due to an irrefutable truth of human nature: it is hard to change one's habits in the quest to make one's self a truly better person.

The workplace is, I believe, different. All of us not only *strive* to be better at our jobs each and every day, but year after year, we *do* become better. In Pathology and Laboratory Medicine, both pathologists and laboratory professionals alike continually improve the service we perform on behalf of the patient.

We gladly participate in continuing education, a common quality improvement undertaking, and we do it as second nature now – and with pleasure. By doing so, we know that we're going to be able to improve the care we provide our patients, the very core of our profession.

On the job, the things we do to improve ourselves, accrue not only to ourselves and not only to the patients, but to the clinicians who manage patient care – and thus, we become an ever-more-important component of the Health Care team.

Patient safety is one of those areas in healthcare where pathologists and laboratory professionals are uniquely qualified. Patient safety is a national initiative promulgated by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and the ASCP supports this effort. Quality patient care is also an ongoing mantra in our own hospitals and other laboratory settings. Can all of us in the healthcare field provide a safer environment for the patient? Of course we can. In fact, we must.

Those of us in the laboratory actually have a unique opportunity to make ourselves much more visible as active members of the healthcare community every time we demonstrate that we fully embrace the quality initiatives. We laboratorians are masters at proper procedures, work processes, and quality control issues. These activities

are performed every day in the laboratory – and have been for decades. Now it's our turn to teach others.

We can easily share our expertise with others in hospital and healthcare settings. Our skills position us perfectly to be leaders in the patient quality initiative. A number of pathologists and laboratory professionals have already adopted this issue as their own and actively moved it forward in their own institutions. When they have done so, I'm told by pathologist colleagues, they take on a larger role and are soon seen in a different – better – light thanks to the many contributions they have to offer. In my institution, for example, lab professionals are active in hospital committees and are known as “heroes” for suggesting – not to mention producing – solutions for quality initiatives outside the laboratory.

The ASCP's leadership wants to emphasize that the role of pathologists and laboratory professionals in patient safety has the potential to enhance our image as contributing, **active** members of the healthcare team.

*That* kind of visibility goes a long way to improving the image of the lab – it's the kind of good “PR” you just can't buy. Administrators and clinicians are beginning to understand that we don't just produce lab results – numbers – or watch machines all day. Now, better late than never, they're starting to “get” the concept that all of us in the lab have the well being of the patient first and foremost in our minds just like they do. And, best of all, they're finally coming to realize that those of us in the laboratory are good folks to call when there's a problem to solve.

The ASCP Patient Safety policy supports the development and maintenance of high-quality practice standards for laboratory testing to assure patient safety and reduce medical errors; further, for patient safety reasons, we oppose efforts that allow pharmacists, nurses, and other non-laboratory healthcare practitioners to perform and/or interpret laboratory test results. (See our Advocacy Policy section on the ASCP web page – [ascp.org/Advocacy/publicPolicy\\_statement.aspx](http://ascp.org/Advocacy/publicPolicy_statement.aspx)).

In the final analysis, **it is** possible for all of us to make ourselves better – maybe not always on a personal level, but definitely in the workplace. Your Society is committed to providing you – and the greater pathology

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## Meet the Resident Council

In August, ASCP members cast their votes for members of the ASCP Resident Council. The newly elected Council members assumed their offices at the Annual Meeting in Las Vegas in October.

### *Dominique Coco, MD (Resident Council chair 2006-2007) Gainesville, FL*

Dr. Coco is a fourth-year resident at the University of Florida with two years' prior experience as a general surgery resident. He received his Doctor of Medicine degree from Louisiana State University Health Sciences Center School of Medicine in New Orleans in 2001. His professional focus is on gastrointestinal and liver pathology. He will begin a two-year surgical pathology and GI/liver pathology fellowship next year at Brigham and Women's Hospital in Boston. Born in Marksville, LA, he is married to Jessica Starr, DVM (small animal veterinarian). He is a full-time LSU and UF sports fan, and lists running and reading as hobbies.

### *Anna M. Moran, MD (Resident Council chair-elect 2006-2007) Hershey, PA*

Dr. Moran is a fourth-year pathology chief resident at Milton S. Hershey Medical Center/Penn State University. She received her Doctor of Medicine degree from the Medical University of Warsaw, Poland in 2000, and completed one year preliminary Internal Medicine training prior to entering Pathology. Originally from Reading, PA, she was married on October 14, 2006. She intends to complete a fellowship in dermatopathology. For hobbies, Dr. Moran enjoys photography, travel, and history and has special interests in leadership development, spokesperson activities, and residency issues.

### *Jeremy W. Henderson, MD Birmingham, AL*

Dr. Henderson is a third-year resident at the University of Alabama at

Birmingham. He received his Doctor of Medicine degree from Louisiana State University Health Sciences Center School of Medicine in Shreveport in May 2004. He earned his bachelor of science in microbiology from LSU in Baton Rouge. Dr. Henderson is originally from Livingston, LA. He enjoys playing the piano, traveling, and following LSU sports.

### *Jonathan Koehler, MD Clinton, MS*

Dr. Koehler is a third-year resident at the University of Mississippi Medical Center in Jackson, MS. He received his Doctor of Medicine degree from LSU School of Medicine in New Orleans in 1982, completed Family Practice residency at an LSU-affiliated hospital in Lake Charles, LA, and practiced Family and Emergency Medicine from 1985-2004. He is board-certified in Family Medicine with a Certificate of Added Qualification in Geriatrics and certification with the American Board of Medical Management. Originally from Alexandria, LA, Dr. Koehler is married with two sons. His hobbies include running, backpacking, golf, Bible study, and watching his sons snow ski/snowboard and play baseball. He notes that he "lives and dies with LSU Tigers and St. Louis Cardinals and mostly dies with New Orleans Saints." After growing up and training in Louisiana, he spent 15 years in Utah and loved the mountains and desert canyons.

### *Mary Brooke Maher, MD Philadelphia, PA*

Dr. Maher is a second-year resident at Pennsylvania Hospital. She received her Doctor of Medicine degree from Marshall University



Seated: Joe Srintrapun; Dominique Coco; Robyn Potts, Ahren Rittershaus. Standing: Jonathan Koehler; Jeremy Henderson; William Payne; Mary Brooke Maher. Not pictured: Anna Moran, MD.

School of Medicine in May 2004. Her undergraduate degree is from Wake Forest University. Dr. Maher is originally from Huntington, WV. She is married and enjoys cooking in her spare time.

### *William David Payne, Jr., MD Houston, TX*

Dr. Payne is a second-year resident at the University of Texas Health Science Center at Houston. He received his Doctor of Medicine degree from the University of Mississippi School of Medicine in May 2005. Dr. Payne is originally from Jackson, MS, and attended Baylor University in Waco, TX for his undergraduate degree in biochemistry. He is married and has two beautiful girls, a 23 month old, and a baby born this past September. He enjoys collecting and restoring antique model trains and watching the Baylor Bears in his spare time.

### *Robyn M. Potts, MD Dallas, TX*

Dr. Potts is a fellow at the University of Texas Southwestern in hematopathology. She completed medical school and residency at the University of Oklahoma in AP/CP. She enjoys reading, art museums and watching O.U. football.

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## Chair's Message, ASCP Resident Council



### Will I Have A Job When I Finish My Residency?

What pathology resident doesn't have that question on their mind? I'll bet not many. It's only natural to look forward to the start of your professional career. Many of our non-physician friends – even those with post-graduate education – have been in the workplace for years now. (I'll also bet that they keep asking you the same question they ask me: "So when are you going to finish?" During the holidays, I ran into a high school friend who informed me that he had been practicing law for seven years. I nearly dropped my egg nog.)

So, yes, I am a little anxious about the Pathology job market. In an attempt to ease this anxiety, I turned to the ASCP Resident Job Market Survey to give me some insight. Here is what I learned. [You'll find the complete report in the News section at this link:

[www.ascp.org/MyAscp/ForResidents.aspx](http://www.ascp.org/MyAscp/ForResidents.aspx).]

### Significance of the 2006 ASCP Resident Job Market Survey

For 10 years the ASCP Resident Job Market Survey has been providing graduating residents with data about job availability by geographic location, practice type, salary, and lately, the expanding fellowship market.

This year's survey was different from the others for two reasons:

1. There were two graduating classes of residents entering the job/fellowship market – a result of the American Board of Pathology's decision to shorten residency training.
2. For the first time, the Job Market Survey was attached to the ASCP Resident In-Service Exam (RISE). That meant that the survey statistics are based on virtually 100 percent participation of the graduating residents.

### Residents, Fellows, and Jobs

According to the 2006 Job Survey, 278 (37%) of the 742 respondents finishing their residency had applied for a job. Of those, 71% had interviewed for 1-3 jobs, 9% had interviewed for 4-6 jobs, and 3% had interviewed for greater than 6 jobs. The remainder (17%) had not yet interviewed. Eighty-five percent of those who had inter-

viewed were offered at least one job; 50% of those were offered more than one job.

These percentages are very similar to those from previous years. Surprised? I was, considering that last year was exceptional in terms of the number of graduating residents. Then I realized why the numbers had probably not dropped. Again, there were two reasons:

1. There has been a rapid increase in the number of non-ACGME-accredited fellowships.
2. Almost half of the accredited fellowship positions were not being filled prior to 2005. This provided significant room in the fellowship market to absorb the extra "graduating" class of residents.

### Fellowships

According to the ASCP Survey, 638 of the respondents were finishing their residency training (PGY-4 or PGY-5); 702 respondents (PGY-3 and higher) indicated that they had applied for a fellowship within that year. Of the graduating residents, 174 (excluding fellows) had applied for a job. Assuming that those who applied for a fellowship did not apply for a job, approximately 464 (73%) of the graduating residents chose to apply for a fellowship position.

### What Effect Will This Have on the Workforce?

Using these numbers, I speculate that there are approximately 450 fellows in Anatomical and Clinical Pathology this academic year in both ACGME accredited and non-accredited fellowship programs.

It is difficult to compare this number to previous years because no one is keeping track of the non-ACGME-accredited programs, but I think that we are safe in making the assumption that there are more fellows now than ever before and thus, more fellows applying for jobs next year than in any year previously. Suffice it to say, getting a job without a fellowship will be much harder in the future.

That was confirmed during the Resident Luncheon at the ASCP Annual Meeting in Las Vegas last October by pathologists from the private and public sector who participated in the "How To Get a Job" panel for resi-

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## Chair's Message

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dents. The underlying message was, as I've said, that fellowships are becoming more important in securing a job in pathology. In essence, the fellowship year is taking the place of the 5th "credentialing year" that was recently dropped from residency training.

Determining how these changing dynamics in the profession will affect the overall workforce is tricky. In general, you might think that it would not disrupt the number of jobs available as long as you complete a fellowship – but there is one caveat. To my knowledge, most programs have not decreased their total resident number in response to the change in the length of residency training. On the contrary, they have increased the number of residents per year to compensate.

For example, if your program has 20 ACGME-funded residency spots, it probably switched from having 4 residents per year (4 residents  $\times$  5 years = 20) to having 5 residents per year (5 residents  $\times$  4 years = 20). Therefore, your program is graduating one extra resident per year, which ultimately increases the total graduating rate by 20%. The ASCP Resident Job Market Survey actually confirms this increase. If you compare the total number of PGY3s who took the Survey to the combined total number of PGY4s and PGY5s, the numbers are almost equivalent.

How this increase will affect the job market is diffi-

cult to predict. To my knowledge, a comprehensive workforce analysis has not been performed in recent years. Gathering demographic information from current practicing pathologists would give us more insight.

### Conclusion

It appears that shortening residency training has resulted in:

1. More residents entering a fellowship which, in turn, has greatly increased the competition for fellowships and the demand for fellowship training by future employers.
2. Residency programs increasing their number of residents per year, raising the number of graduating residents by 20%.

Both of these conditions will impact the job market. Getting a job without a fellowship will be much harder in the future, and the increase in graduating residents will likely make the job market more competitive. To what degree the market will be affected will remain largely unknown until a comprehensive workforce analysis is performed.

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## New ASCP Committee on Maintenance of Certification

ASCP recognizes the importance of the American Board of Pathology's Maintenance of Certification (MOC) Program and the need to support pathologists in meeting the MOC requirements. As the profession's largest provider of CME credit activities, ASCP is well positioned to provide a variety of valuable resources for the busy practitioner to meet the MOC requirements. A new ASCP committee solely devoted to the development and coordination of MOC educational activities and resources has been established. The draft charge of the ASCP MOC Committee is to develop, oversee, monitor and continually refine the ASCP program.

The ASCP is most fortunate that Larry J. Fowler, MD, FASCP, has agreed to chair this committee. Fowler is director of the Housestaff/Fellowship Program at the University of Texas Health Science Center, San Antonio. He serves on ASCP's Task Force on the ACGME Outcomes Project and is immediate past president of PRODS.

Other members of the ASCP MOC Committee include: Neil S. Goldstein, MD, FASCP; Burton Kim, MD, FASCP; Barbara J. McKenna, MD, FASCP; Richard A. McPherson, MD, FASCP; Alexandra Shaye, MD, FASCP; Jean M. Taylor, SCT(ASCP); and John E. Tomaszewski, MD, FASCP.

"We hope to be able to advise the ASCP in putting together a MOC program that not only provides the educational opportunities and practice testing but also an easily useable system to track the individual pathologist's progress in meeting each area of the ABP's MOC requirements," Fowler said. "We envision a portfolio-like system that will give the individual pathologist gentle reminders of their progress in meeting those requirements in a timely fashion and that can hopefully merge easily with the ABP's electronic record."

The ASCP MOC Committee will meet in Chicago, January 27-28, 2007. ASCP members can look forward to receiving updates on ASCP MOC initiatives in future issues of *Pathology Today*.



### FEDERAL

#### **CMS Punts on PFS “Condo” Laboratory Fix, Future Regulations on Issue Still Pending**

This past November, pathology and laboratory medicine were dealt an unexpected blow on November 1st when the Centers for Medicare and Medicaid Services (CMS) declined to implement a series of proposals aimed at stopping abusive billing practices by “pod or condo” laboratories.

Word of CMS’s inaction came when the agency released its 2007 physician fee schedule (PFS) final rule. CMS had proposed, and the pathology and laboratory medicine community strongly supported, a broad array of proposals aimed at blocking abusive billing practices by pod laboratories. These laboratories participate in contractual joint ventures enabling non-pathologist physicians and other entities to secure the revenues resulting from the referral of pathology services.

In the proposed PFS rule released last August, CMS had outlined several proposals aimed at reining in these abusive business practices. Unfortunately, in the final rule, CMS declined to implement any of these proposals. Included among the agency’s received comments were a number of comments raising concern that the agency’s proposal could have adverse impacts on other areas of medicine not related to pathology and laboratory medicine. CMS indicated in the rule that it is continuing to study the issue and plans to issue final regulations in the future. It is unclear when final rules on this issue will be released and what initiatives the agency will take to combat these contractual joint ventures.

Regarding independent laboratory billing for the technical component of physician pathology services to hospital patients, CMS, as expected, indicated that for services furnished by the end of last year (December 31, 2006), an independent laboratory may not bill the carrier for the technical component of physician pathology services furnished to a hospital inpatient or outpatient.

ASCP will continue to work with our allies in pathology and laboratory medicine to advocate for strong measures to stop pod laboratories from engaging in abusive billing practices.

Watch [ascp.org/Advocacy/News.aspx](http://ascp.org/Advocacy/News.aspx) for more information.

#### **NLRB Ruling on Nursing Supervisors: Will It Affect Laboratory Professionals?**

The National Labor Relations Board (NLRB) recently ruled that certain nurses are supervisors and thus not eligible to join a union. In the case of Oakwood Healthcare, Inc., the Board ruled that permanent “charge nurses” employed by Oakwood Heritage Hospital exercised supervisory authority. The board’s basis for its decision rested on the fact that charge nurses, “assign nursing personnel to the specific patients for whom they would care during their shift.” The Board ruled that Oakwood failed, however, to prove that rotating charge nurses into supervisory roles qualified them as supervisors under the National Labor Relations Act.

In deciding the case, the Board outlined a new definition of what constitutes a supervisor. The ruling has implications far beyond nursing.

Union representatives indicate that the ruling could cut their numbers by hundreds of thousands of nurses. Ultimately, the scope of the ruling could extend far beyond charge nurses. In a dissent over the ruling, two of the Board’s five members wrote: “Today’s decision threatens to create a new class of workers under Federal labor law: workers who have neither the genuine prerogatives of management, nor the statutory rights of ordinary employees. Into that category may fall most professionals (among many other workers), who by 2012 could number almost 34 million, accounting for 23.3 percent of the work force. Most professionals have some supervisory responsibilities in the sense of directing another’s work—the lawyer, his secretary; the teacher; his teacher’s aide; the doctor, his nurses; the registered nurse, her nurse’s aide, and so on.”

As a result, the decision may have implications for medical technologists, who are also classified by the NLRB as professionals. One labor expert indicated that some employers may try to re-write job descriptions in line with the new definitions of a supervisor to reduce union numbers. It is expected that the impact of the Board’s ruling will play out over several years, first in nursing and then branching out to other professions.

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## Washington Report

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### STATES

#### **New York To Recognize ASCP Board of Registry Exams**

Last October, ASCP was informed by the New York State Education Department that it plans to recognize the ASCP Board of Registry (BOR) examinations. The ASCP BOR's examinations were one of a number of certifying examinations the state considered to serve as an alternative to a state-developed licensure examination. ASCP is working with the state to address several technical issues, such as the lack of categorical licensure. Though the state does not currently license categorical laboratory personnel, the state is working to license these individuals under temporary "grandparenting" allowances, which are temporary regulatory provisions allowing applicants to qualify for licensure on the basis of their work experience and, in some cases, academic credentials. New York's approval of the ASCP examinations is limited to the medical technologist, cytotechnologist, and medical laboratory technician certification examinations.

It is not yet clear that New York will retroactively recognize all ASCP certifications earned prior to the state's announcement. That said, individuals with several years of work experience may be able to qualify for licensure under the state's "grandparenting" provisions without the need to satisfy the state licensure examina-

tion requirement. Individuals interested in New York licensure have until September 1, 2007 to apply under the state's more lenient grandparenting provisions.

### SOCIETY NEWS

#### **ASCP Joins AMA Physician Consortium for Performance Improvement**

ASCP has joined the American Medical Association's Physician Consortium for Performance Improvement. The organization seeks to enhance quality of care and patient safety through the development of evidence-based clinical performance measures and measurement resources for physicians. The group includes more than 100 national medical specialty and state medical societies as well as the Council of Medical Specialty Societies, American Board of Medical Specialties and its member-boards, experts in methodology and data collection, National Quality Forum, Agency for Healthcare Research and Quality, and Centers for Medicare & Medicaid Services.

The Society looks forward to working with the Consortium and other organizations representing pathology and laboratory medicine, such as the College of American Pathologists, in the development and refinement of metrics applicable to pathology and laboratory medicine. ~

## ASCP Resident Pathology Subspecialty Grant

The ASCP is currently offering resident grants to defray the cost of doing elective rotations at outside institutions in fields of pathology in which the resident desires intensive exposure. The time period of study will vary between two and four weeks and the ASCP grant will provide a stipend according to the length of study. Deadline to apply is February 2, 2007.

For more information, visit [ascp.org/MyAscp/ForResidents.aspx](http://ascp.org/MyAscp/ForResidents.aspx) or email [membership@ascp.org](mailto:membership@ascp.org).

### Resolved

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and laboratory medicine community – with the educational products and communication skills that will help you to better participate as an active contributor to the health care team on patient safety.

And so, if you haven't already made your 2007 list of resolutions, may I suggest that you put increasing visibility in the patient care arena at the top of your list! I know it's a resolution you'll keep – this year and for the rest of your careers! ~

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**John S.J. Brooks, MD, FASCP**

Send comments to [President@ascp.org](mailto:President@ascp.org)

## ASCP Washington Office Hires Senior Manager

Shaun L. Hill recently joined the Government Relations staff of the American Society for Clinical Pathology (ASCP) as Senior Manager for Advocacy & Quality Laboratory Practice. She had previously served as Legislative Advocacy Director for the National Kidney Foundation (NKF), where she oversaw the Foundation's advocacy efforts on both federal and state initiatives.

Hill will be involved in the ASCP's public policy development process. "She will spearhead ASCP's advocacy initiatives, which will include lobbying on Capitol Hill on behalf of members," said Jeff Jacobs, ASCP Vice President for Public



Policy. Hill will also be engaged in following legislative and regulatory activity in key states and will take the lead on health policy issues related to patient safety, quality laboratory practice and public health.

## ASCP To Give Teleconferences to Katrina-Affected LSU

Parts of New Orleans still struggle to get back on track more than a year after Hurricane Katrina.

In an effort to help out, the ASCP will provide a seasons-worth of gratis Teleconferences to the department of pathology at Louisiana State University (LSU).

"The medical school building where LSU Pathology is housed did not open until March 2006 – six months after the storm" says Robin R. McGoey, MD, FASCP. "And even then, no secure elevators, emergency lighting in stairwells, and no food or drink was available."

Medical school teaching of pathology returned in August, but teaching was conducted in the cafe-

teria, as no lecture halls were functional. The cafeteria did not re-open for meal service until September.

As of November, there was still no access to the first floor in any building with the exception of the parking garage. Some, but not all elevators were working.

McGoey says that LSU lost its surgical pathology labs, immunohistochemistry and signout rooms; its cytopathology labs, processing equipment and signout rooms; its microbiology suites; its blood bank lab and storage facility; and its morgue. "We have temporarily been able to reconstitute a transfusion service at an outlying facility as well as surgical specimen processing,

without immunohistochemistry."

LSU's residents have decreased in number. Some transferred, post storm, to other programs. Some lost homes, vehicles, possessions. For months after the storm, all residents had to drive to Baton Rouge for conference time and most had to commute for rotations.

ASCP Teleconference Committee chair, Sandra J Nance, MS, MT(ASCP) SBB said "ASCP is happy to provide assistance in the area of education to Louisiana State University. We wish them a speedy recovery."

For more information about ASCP Teleconferences, visit [ascp.org/education/teleconferences/](http://ascp.org/education/teleconferences/).

### Resident Council

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#### *Ahren Rittershaus, MD Charleston, SC*

Dr. Rittershaus is a second-year resident at the Medical University of South Carolina. He received his Doctor of Medicine degree from Virginia Commonwealth University Medical College of Virginia in 2005. Originally from Malden, MA, Dr. Rittershaus notes that he is a big fan of the Boston Red Sox (this year has been tough). He says, "If there is a sporting event occurring, I'm

probably watching, or at least following online."

#### *S. Joseph Sirintrapun, MD Los Angeles, CA*

Dr. Sirintrapun is a fellow at Cedars Sinai Hospital in Los Angeles in genitourinary pathology under Dr. Mahul Amin. He received his Doctor of Medicine degree at the University of Missouri-Columbia. He is originally from St. Louis, MO.

*For more information about the ASCP Resident Council, visit [www.ascp.org/AboutUs/leadership/](http://www.ascp.org/AboutUs/leadership/). C. Bruce Alexander, MD, FASCP, serves as ASCP Resident Council Board Liaison, and Lee Hilborne, MD, FASCP, serves as Resident Council Advisor. Hilborne has the distinction of having served as the first Chair of the former Resident Physician Section, which was formed in 1986. ~*

## ASCP Annual Meeting

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microscopic images, and whole slide data sets (virtual microscopy).

“If capture, storage and publication of images provide benefits for pathology and for patients, compensation is deserved,” he said.

At the University of Tennessee Medical Center in Knoxville, Lisa Duncan, MD, Assistant Professor in the Department of Pathology, did not want to wait for reimbursement. Four years ago she hooked up a consumer-grade digital camera to her microscope and started taking pictures. She partnered with the radiology department to store her images in their image storage software (PACS, in the DICOM format). Next she added photography of gross specimens. These come in handy at inter-departmental meetings, where she can show everyone just how the pathology department received the specimen. The microscopic images help document immunohistochemical stains important for therapy.

### Critical Values in Anatomic Pathology

Jan F. Silverman, MD, FASCP, of Drexel University College of Medicine and Allegheny General Hospital, gave a comprehensive presentation on the



Meeting attendees look through microscopes at “Core Biopsies of the Breast: Microscopic Course.”

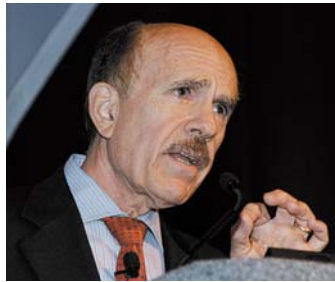
“Anatomic Pathologists Role in Patient Safety.” In it he called for a consensus conference of leaders in anatomic pathology and key clinical specialists to establish guidelines for critical values in anatomic pathology.

“Critical values in surgical pathology are uncommon but not rare,” he said.

Other steps anatomic pathologists could take to reduce medical errors and improve patient safety include implementing policies for intra- and inter-institutional second opinions and improving communication with clinicians by producing better pathology reports, said Silverman.

### All This and More

ASCP’s 2006 Annual Meeting offered all this and far more. Plan to experience it all for yourself next year, as ASCP returns to New Orleans Oct. 18 - 21, 2007. What better way to witness the recovery and rebirth of a new New Orleans than with colleagues, friends, fine food, and hope for the future. Visit [ascp.org/2007AnnualMeeting/](http://ascp.org/2007AnnualMeeting/) for more information. ~



Opening Keynote presenter, Louis J. Ignarro, PhD, of UCLA, shared his experience of what it is like to win the Nobel Prize.

## Weekends of Pathology

Experience the education-packed weekends for pathologists and pathology residents.

Consistently rated one of the best educational sources available to practicing pathologists, ASCP’s Weekends of Pathology are compact, multi-day meetings offering

a selection of important surgical pathology topics in convenient, attractive locations.

February 08-11, 2007    April 27- 29, 2007    June 08- 10, 2007  
Las Vegas, NV                      Chicago, IL                      San Francisco, CA

For more information, visit [ascp.org/Education/LiveEvents/WeekendsOfPathology.aspx](http://ascp.org/Education/LiveEvents/WeekendsOfPathology.aspx).

## Time To Renew Your ASCP Membership

Only ASCP represents the entire medical laboratory team. By renewing your membership today, you ensure uninterrupted service and benefits from the leading association for pathologists AND laboratory professionals.

Benefits include:

- Online access to free continuing education and continuing medical education credits
- Discounts on ASCP Educational Programs

- Free subscription to *AJCP*.
- Online access to ASCP JobFinder
- And much more!

Improve your skills. Increase your knowledge. Renew your ASCP membership now online at [ascp.org/membership](http://ascp.org/membership) or by calling Customer Services at 800-267-ASCP (2727).

Stay part of the team!

## Call for Board Nominations - Deadline Is February 10

The ASCP Nominations Committee seeks your assistance in identifying potential nominees for service as a Member at-Large on the ASCP Board of Directors. New members would begin their service in October 2007. The Directors are the stewards of the organization and responsible for the Society's governance activities, which represents the interests of 140,000 pathologists and laboratory professionals. The ASCP Board develops the strategies and policies that govern the operation of the Society. Additionally, the Board monitors the finances, programs and overall performance of the organization.

The ASCP Board of Directors meets three times a year for a day and a half. The fall Board of Directors meeting is held in conjunction with the ASCP Annual Meeting. Qualified candidates must be ASCP Fellows or Members in good standing.

More importantly, qualified candidates must also be willing and able to serve an initial term of three years, which may be renewed twice.

To be considered by the Nominations Committee as a candidate for the ASCP Board of Directors, please send a copy of your curriculum vitae, and a one-page personal statement that briefly highlights your professional skills and capabilities in the areas of leadership, medical education, technology, finance, and advocacy. Please include information on your participation in ASCP activities and committee service.

The deadline for nominations is February 10, 2007. Please address nominations to the Chair, ASCP Nominations Committee at 33 W. Monroe, Chicago, IL 60603 or fax to: ASCP Executive Office 312.541.4767 or email to: [ascpnominations@ascp.org](mailto:ascpnominations@ascp.org).

## Six-Day Review Course Prepares Residents for Practice

ASCP's Resident Review Course in April covers the broad expanse of both clinical and anatomic pathology over six days in Chicago.

The course meets April 19-24, 2007, at Northern Illinois University's Educational Center in the northwest suburb of Hoffman Estates, a short drive from Chicago's O'Hare International Airport. Residents may choose to attend the Clinical Pathology lectures or the Anatomic Pathology lectures or both.

For more details and to register, visit [ascp.org/education/liveEvents/residentReviewCourse.aspx](http://ascp.org/education/liveEvents/residentReviewCourse.aspx), or call 800-267-ASCP.

## ASCP Presentation at IAP

The 100th Anniversary of the International Academy of Pathology (IAP) was celebrated last September in Montreal, Canada and among the many educational programs was a poster presentation by Lee Hilborne MD, MPH, DLM(ASCP) (ASCP President-elect) and Theresa M. Somrak, JD, CT(ASCP) (Director of the ASCP Institute).

Their presentation, Improving Laboratory Testing To Save Lives in Resource-Poor Settings, explained the design of ASCP's involvement with the President's Emergency Program for AIDS Relief (PEP-

FAR). The ASCP Institute oversees cooperative agreements with the US Centers for Disease Control and Prevention's Global AIDS Program. Dr. Hilborne is an active volunteer and he, along with Ms. Somrak and other ASCP volunteers have made numerous trips to African countries most affected by AIDS.

The conclusion of their presentation was that enhancing the capac-

ity of laboratories to rapidly diagnose and monitor the health of HIV/AIDS patients will not only help confront the global HIV epidemic, but result in more effective and systematic laboratory systems in countries that have limited resources to apply to the problem.

