The Essential Role of Pathologists in Health Care and Health Policy

Ryan C. Romano, DO; Timothy Craig Allen, MD, JD; Melissa M. Blessing, DO

In the June 2011 edition of CAP Today, then-College of American Pathologists (CAP) President Stephen N. Bauer, MD, authored an article titled “50 Ways to Leave the Basement.” In addition to challenging pathologists and laboratory professionals to redefine pathology for our clinical colleagues, patients, and the public, the article provided specific examples of how to do so. One particular line stands out: “To secure our place in the evolving landscape, we must become aggressive intellectual and economic capitalists.” Aggressive, one might say, is too strong or that it connotes adversarial undertones, but aggressive we must become, as we calmly and confidently guide a detailed, well-informed dialogue highlighting our critical role in patient care. We are physicians after all, having been educated alongside colleagues who went on to become internists, neurosurgeons, and radiologists to name a few. However, legislators, clinicians, and patients are often unclear on the role of pathology as a specialty and our ability to direct cost-effective, quality care by merging diagnostic skills with guidance on ancillary testing and patient management. Similarly, as pathologists, we are often unaware of the potential effect we can and should have on the changing face of medicine. We can accomplish our collective goals and take an active stand in the evolution of health care by focusing on 3 primary objectives—that is, to educate, to motivate, and to cultivate. This article will focus on applying those objectives within the arena of health care policy.

EDUCATE

In their primer on political advocacy, Gohlke and colleagues aptly and simply state that “advocacy revolves around education.” We must start by providing education, both formal and informal. Our objective should be to educate ourselves, legislators, and patients on 2 important topics: the role of the pathologist in guiding cost-effective, quality, health care delivery and the effect of current health care policy on our specialty.

Educating ourselves and our colleagues on the essential role of pathologists in health policy is critical. It is easy for trainees and those in practice to overlook current health care policy trends because our time revolves around learning our profession, signing out cases, or providing consultation. Although education related to the science of pathology and its application to clinical practice is essential, it cannot be our sole priority. Even a small, individual shift in focus toward learning about advocacy has enormous collective potential. We cannot afford to delay our involvement. The past few years have seen dramatic changes that affect our field. The Affordable Care Act stands out as a significant change affecting every medical specialty. Changes in our health system structure, reimbursement, practice structure, and competency requirements potentially affect our salaries, our autonomy, and our ability to incorporate new technology. A quick search of the College of American Pathologists’ CAP advocacy page and online publication Statline informs us of other pressing issues we must educate ourselves about, including the importance of closing the Stark self-referral loophole, repeal of the Medicare sustainable growth rate formula, and clinical laboratory pay cuts.4,5 Many of these topics have been chronicled and discussed extensively in recent months, and thus, we will not focus on them here, but it benefits us to prioritize self-education on these issues. Advocating for our patients and for ourselves as practicing physicians, who best understand how our specialty and our skills can be used for optimal patient outcomes, is the ultimate goal. We must begin by educating ourselves.

Educating patients is another key—to inform them about what we do and how our “behind the scenes” work is at play in some way in most medical encounters in this country. Advertising is one way to do that, as numerous other physician and allied health professional organizations do. However, advertising has its limitations, such as cost and clearly defining our target audience, especially given that our target audience includes essentially every health care consumer nationally. Further, patients rarely, if ever, have direct access to pathologists—some of this is our own doing and to some degree is perpetuated by legislation. A striking example of the latter is legislation in New York state restricting patient-pathologist communication.18,20 Rana Samuel, MD, with support from the New York State Society of Pathologists and in conjunction with the CAP, is leading the fight against that legislation. Without access, how will patients ever be able to know what we do and see the value in our work? We should all be encouraged to inform ourselves regarding our state statutes and how they may be affecting our practice, patient access, and outcomes.

Finally, lawmakers know little about what we do. It is up to us to tell them. A few pathologists have led the way, inviting lawmakers into their practice or laboratory to highlight what we do, emphasizing the ways in which we have a positive effect on patient care, and addressing some of the consequences if pathologist reimbursement is cut. Others attend local and national policy events, which not
only promote our interests but also provide welcome education to our legislators. The long-term value of networking and educating at all political levels should not be underestimated.

**MOTIVATE**

Concurrent with our efforts to educate, we must motivate. Thankfully, external market pressures should be sufficient to rouse all pathologists and laboratory professionals to action. Whatever assistance those pressures may provide in giving us reasons to get involved, however, they also pose significant risks if we do not act, and act quickly. The CAP leadership has been instrumental in guiding us through a changing landscape and will continue to do so, but we must also engage at all levels of our organization, from the president and board of governors to first-year residents and newly trained allied health laboratory staff. We must remain committed to our mission and to working together as we navigate an evolving health care economy.

Enthusiasm and optimism go a long way in promoting long-term success, for each of us as individuals, for our group practices and laboratories, and for our specialty. When speaking with clinical colleagues, friends, families, neighbors, and lawmakers, we can highlight the unique aspects of pathology that set our specialty apart. “Talk up” pathology; be positive; emphasize the sophisticated nature of your work. Speaking positively about our specialty’s historic contributions, current applications, and future roles in controlling health care costs and optimizing quality can help clarify misinformation about pathology, while redefining the pathologist as a critical member of the health care team with essential input into the future of medicine. We must especially seek to motivate those in key positions to affect change: lawmakers. Reaching out to our local, regional, state, and/or federal government representatives and senators is important not only to educate, as discussed, but also to encourage these individuals to align with our interests. It will take effort, but these efforts are rooted in common ground. Every township, city, county, and state is looking for better health care outcomes with lower costs, and as has been stated countless times in numerous articles and editorials, we, as pathologists, are best positioned to lead this movement. As noted in a February 2014 *Archives of Pathology & Laboratory Medicine* editorial titled “Medicine Is Politics,” we must be prepared to provide evidence-based data in support of nearly every argument we make in guiding an informed health care policy debate. Data to show trends in improved outcomes and cost savings related to changes in pathology practice or more-effective clinical consultation are needed from all areas of anatomic and clinical pathology, and we should look outside of traditional “pathology” journals when we submit our findings in manuscript form for publication to engage a potentially larger audience.

Although we, as pathologists, will likely generate much of those objective data, many would argue that data highlighting the contributions of pathologists will hold less weight if it is generated by pathologists. Thus, the input of patients, who are also constituents, should comprise some of those data. For example, our colleagues within the American College of Radiology, another specialty with limited direct patient access, enlisted the help of patients to support opposition to reimbursement cuts for imaging tests. In 2011, the American College of Radiology surveyed 1000 US registered voters on how they felt their care was influenced by the use of imaging modalities and whether or not they would support reimbursement or funding decreases for those who provide those services. Overwhelmingly, the survey results showed that patients felt diagnostic imaging was vital to their care and that patients were opposed to Medicare cuts for medical imaging. Is this self-serving? Not when you consider these are objective, unbiased opinions of patients who are consumers and voters with valuable insight into health service delivery. We should look for ways to gather these patient-derived metrics, and the model used by the American College of Radiology is one we may consider emulating.

We are also seeing increasing importance being placed on patient quality and satisfaction surveys. These patient-derived metrics provide data that may soon guide payment schemes to supplement objective outcome measures. They also provide insight into perceptions of value, motivate practice changes, and are a component of the CAP laboratory general checklist for accreditation. Because most of those surveys rely on clinical measures as the framework of scoring quality indices, there are few data on patient satisfaction when it comes to laboratory and pathology services, and those that do exist include both clinicians and patients as our customers. The important role of pathologists in every arena of health care, including managing and avoiding adverse events, must not be underestimated. Payment schemes are expected to increasingly factor in patient-derived metrics (such as satisfaction surveys) to supplement objective outcome measures. This produces some trepidation in health care organizations, particularly when it comes to managing adverse events. Weissman and colleagues saw that in cases in which an adverse event occurred during a hospitalization, patient satisfaction was expectedly lower. Interestingly, however, they showed that patient satisfaction was comparable among those who experienced an adverse event and those who did not when the health care team exercised all 3 phases of something called service recovery, a concept that reflects the efforts by a provider to return the patient to a state of satisfaction following a lapse in service. These 3 phases include high participation in patient care following the event, timely discharge, and disclosure of the circumstances surrounding the event. The latter is where we can have a substantial effect. Adverse events in pathology practice may involve such elements as incorrectly matched blood products or delayed histopathologic diagnosis. As our work will directly affect patient satisfaction measures, and considering that our specialty is not immune to adverse events, seeking opportunities and defining mechanisms for us to be involved in service recovery following an adverse event is clearly in our best interest. Who better to direct service recovery than pathologists following a pathology-related adverse event? Discuss this concept with your colleagues, state society members, and professional organization leadership to determine what, if any, legislative barriers may hamper our involvement in service recovery. Then, look to emphasize to policy makers not only the value of, but also the need for, our participation.

How do we transition from simply providing data to articulating an outcome-oriented vision of our effect on quality care, motivating both lawmakers and voters to advocate for our essential role? We must frame the discussion so that our ideas are obvious, appeal to common
sense, and ensure they are fiscally sound. We underestimate the power of “framing” only at our own peril. It is common practice in politics and relies on imagery and metaphors. George Lakoff, PhD,11 professor of cognitive science and linguistics at the University of California, Berkley, outlines strategies in his book Don’t Think of an Elephant! An excerpt reads, “People do not necessarily vote their self-interest. They vote their identity. They vote their values. They vote for who they identify with.” Examples he cites relate more specifically to the populace voting for a candidate, rather than to a lawmaker supporting a cause of his or her constituents, but the model still applies to our situation as pathologists. Our challenge is to frame our discourse with lawmakers around common values, ones that are accepted as good or optimal. By focusing on words such as quality and patient safety, which are not only meaningful words but are the central tenets of our mission as pathologists, we maintain the frame around which all other discussions flow. We then bring in examples of how reimbursement cuts threaten our ability to maintain quality by forcing labora-
tories to cut personnel, decrease the time allowed for training and continuing education, and possibly require the use of cheaper and (potentially) less-reliable reagents, and tie that into effects on patient safety. In anatomic pathology, similar examples can be used regarding limitations on the number of sections initially cut and how that may delay diagnosis should additional sections be needed.

Attorneys and other groups with strong influence over educating legislators rely heavily on anecdotal and theoretic arguments in their discussions, centered around the potential future implications of a particular vote on a piece of legislation. Yes, that’s correct—theoretical arguments and potential future implications—and this is effective, very effective. Anecdotes are powerful, particularly when tied to emotion. Attorneys and others are well-versed in playing on that emotion, but, as pathologists and physician-scientists, we tend to collectively be more analytical. This is a good thing, and it is important for patient safety and quality care, but logic, analysis, and statistics only go so far. Try to answer this question—why do many sweeping changes in legisla-
tion follow emotionally charged events? Statistics are just that, statistics, numbers which generally hold less weight than the one, single, gripping, emotional story presented on Capitol Hill or that plays out in the media. Anecdotes are powerful persuaders if framed correctly and aligned with the values and identity of your legislator. Stephen Sarewitz, MD,12 touches on the power of an emotional connection in values and identity of your legislator. Stephen Sarewitz, MD,12 touches on the power of an emotional connection in values and identity of your legislator. George Lakoff, PhD,11 professor of cognitive science and linguistics at the University of California, Berkley, outlines strategies in his book Don’t Think of an Elephant! An excerpt reads, “People do not necessarily vote their self-interest. They vote their identity. They vote their values. They vote for who they identify with.”

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Motivating practicing pathologists, as well as the future leaders in our field—pathology trainees—to be politically aware and involved is also essential. “Physician advocacy is increasingly recognized as a professional responsibility,”13(p827) Program directors and trainees will be well-
served to integrate this tenet into their education. As mentioned above, changes in our health care system are happening rapidly and have the potential to significantly alter the future practice of pathology. Our profession is already at risk for a significant decline in the workforce in the near future (although recent assertions have challenged that prediction), and ensuring that our field is protected from unfair pay cuts and other undesirable restrictions looming on the horizon rests on those who stand to be most heavily affected.14,21 Current residents must own the future of pathology. Involvement in CAP committees—including the political action committee (PAC known as PathPAC within the CAP), the federal and state affairs committee, and the grassroots PathNET committee—are motivating and educational options for trainees and practicing pathologists alike. Participating in CAP’s annual policy meeting in Washington, DC, is another phenomenal opportunity to simultaneously educate and motivate ourselves and elected officials. Again, might we consider borrowing on the ideas of another specialty? The American Academy of Orthopedic Surgeons recognized that orthopedic resident involvement in their organization’s sponsored political action committee was a dismal 0.3%.12 Shah and colleagues13 evaluated a number of parameters influencing resident involvement in the PAC, including implementation of a faculty-matched-contribution program. That is, a faculty member matched the donation given by a particular resident. They saw an increase from 10% resident involvement to 95% resident involvement following the initiation of that simple concept, largely because residents could see that this practice was greatly valued by faculty.13 Our otolaryngology colleagues also see the value in monetary support for PACs, with one author asserting that “making donations is step 1 in almost any ‘how-to’ manual on advocacy.” Other barriers to physicians donating to PACs include the perception that the PAC represents a “special interest” group or that money donated to a PAC may be directed to a candidate whose position on a particular issue is contrary to that of the individual donor. Simon15 addresses both of these concerns, aptly noting that “almost everyone supports a cause that others would consider ‘special interest’”15(p802) and that an individual donor “supports the agenda of the PAC, not every conviction of those to whom the PAC contributes.”15(p802)

For our specialty to remain a respected, exciting, and desirable field, and for current trainees to have the privilege of being part of a solid workforce, residents must take responsibility for the continued success of our specialty. Educating ourselves, motivating others, and taking action are critical. Additionally, current trainees must remind themselves that even though pathology is often considered a behind-the-scenes profession, our viewpoints are valuable and are, in fact, critical to the evolving health care climate. Motivated trainees who are involved in health policy, and particularly those who are mentored by experienced pathology leaders, will critically shape the future of our profession.

CULTIVATE

Cultivating relationships is mandatory for the successful implementation of the above strategies. Lawmakers, health system leaders, clinicians, and, of course, patients are all people with whom we share common goals and to whom we must reach out.
Cultivating relationships with legislators may be as simple as writing a letter asking for support for a particular bill, attending a town hall meeting, or sponsoring a fundraising event. Many state medical and subspecialty associations have a “Day on the Hill” event for physicians to meet their district legislators and to lobby for current or upcoming bills. Larger events, like CAP’s annual PathPAC-hosted policy meeting in Washington, DC, provide an opportunity to learn about current policy issues, to be coached on effective communication with lawmakers, and to lobby en masse for issues near and dear to the profession while networking with like-minded colleagues. Opportunities abound for resident involvement, and legislators particularly enjoy speaking with young, motivated, and passionate physicians who are aware of, and able to articulate, the impacts of current health policy bills and issues. Lawmakers are bombarded by numerous special-interest groups lobbying for their goals. Practicing pathologists and trainees—and even interested medical students—would be well advised to also cultivate relationships with their local legislators. These mutually memorable interactions may have a far reaching effect on what becomes the law that we will live and practice under and may form the basis for a longer-term networking opportunity.

Political activism from our professional societies is important, but nothing speaks to key decision makers more than the voices of patients. As we educate patients on the value of pathologists, we should also encourage patients to seek out interactions or consultations with their pathologists. Notwithstanding a projected workforce shortage of pathologists and the fact that we are already trying to do more with fewer resources, perhaps the best way to promote pathology is through patients. We should welcome this increased demand and strategize on how best to deal with it. Patients can request consultations with us or ask their treating physicians about the pathology and laboratory services used by that health care group. Further, testimonials from those whose care was positively influenced by pathologists are another way to highlight the positive effect pathologists have on patient-centered care. Transfusion medicine and fine-needle aspiration clinics are perfect model systems for increased demand and strategize on how best to deal with it. Patients can request consultations with us or ask their treating physicians about the pathology and laboratory services used by that health care group. Further, testimonials from those whose care was positively influenced by pathologists are another way to highlight the positive effect pathologists have on patient-centered care. Transfusion medicine and fine-needle aspiration clinics are perfect examples of settings/services in which we can really begin to engage patients and encourage them to seek out information about pathologists. This absolutely requires that we be ready for increased demand, but the alternative is insignificant we may think our contribution will be. If each of us can simply pick one thing to focus on and put that little bit of extra effort toward enhancing and promoting pathology, we may be surprised at how much we can accomplish collectively. Just one thing, that’s all it takes. From private practice to the laboratory, academia, and forensics, the rapidly evolving health policy environment affects each of us greatly. We must have a voice.

References