

THE FILTER

American Society for Clinical Laboratory Science-Nebraska
www.ascls-ne.org

ASCLS-NE President's Page

Submitted By Chelsea Dockins Reischl, MBA, MLS(ASCP)^{CM}

It is hard to believe Fall is already upon us! I hope you all had a wonderful summer!

My term as ASCLS-NE President began August 1st and I would like to introduce myself and my goals for this year. I graduated from the University of NE Medical Center Clinical Laboratory Science Program in 2008 with a B.S. in Clinical Laboratory Science and in 2010 graduated with my MBA, with a concentration in Healthcare from Bellevue University. Currently, I work for Fisher Scientific as a Sales Representative for their Research and Safety Market Division. My husband, Adam, and I welcomed our first child, Mason, in December of 2012.

INSIDE THIS ISSUE

ASCLS-NE President's Page	1
ASCLS-NE Past President's Page	2
2014 Spring Meeting Save the Date	2
Calendar of Events	3
Membership Committee	3
Members' Corner	4
Student Forum Update	4
Yearly Treasurer's Report	5
General Business/Board Meeting Minutes	6
Discussion at the PAC/GAC Meeting	7
Background of Clinical Lab in Health Care Reform	9
DCLS Position Paper	11
Geriatric Population Position Paper	14
Healthcare Reform Position Paper	16

This year my goal is to focus on the many benefits of ASCLS membership:

1. **Education** – ASCLS uses PACE (Professional Acknowledgment for Continuing Education) to provide continuing education credits and also offer FOCUS – a mail-in continuing education program published in our *Clinical Laboratory Science* journal.
2. **ASCLS Annual Meeting and Exposition** – This five-day event offers cutting-edge scientific and technical workshops and symposiums.
3. **Personal Services** – Members can choose from discount services for clinical laboratory professionals.
4. **Publications** – ASCLS members are kept informed through our two Society publications, *Clinical Laboratory Science* and *ASCLS Today*.
5. **Grassroots Activities** – An important benefit to our members is our annual state meeting (held in April), which provides continuing education and networking opportunities.
6. **Governmental Affairs** – ASCLS membership provides you with liaisons to Members of Congress, Federal, and State Agencies. Our government affairs team monitors and influences laws and regulations that affect our profession.

If you are interested in becoming a member or involved with ASCLS-NE, have any questions, comments, or suggestions, please feel free to contact me via email at president@ascls-ne.org.

ASCLS–NE Past President’s Page

Submitted By Linsey Donner, MPH, CPH, MLS (ASCP)^{CM}

As President of ASCLS–NE this past year I have had many rewarding experiences. The many projects and initiatives we have accomplished as a society has given me insight into what a wonderful, connected network the laboratorians across Nebraska make. I have met many knowledgeable and helpful people who serve as volunteers within ASCLS at the National, Regional, and State level. I have gained knowledge into the impact of Health Care Reform on the laboratory and the people who work within the laboratory profession. With this knowledge, I have represented the laboratory in Washington DC.

I encourage each of you to volunteer in your own capacity within ASCLS.

It has been a valuable experience I would not hesitate to do again.

The knowledge and skills I have

gained will benefit me as a professional throughout my career. In addition, my fellow laboratorians I have met along the way who have made an impact in my life will not be forgotten.

“ASCLS–NE is a society dedicated to its members and laboratory professionals throughout Nebraska. We are advocates for the laboratory and those who work within the laboratory.”

As the new Leadership Development Chair within ASCLS–NE, I want to reiterate that ASCLS–NE is a society dedicated to its members and laboratory professionals throughout Nebraska. We are advocates for the laboratory and those who work within the laboratory. Without active members involved in leadership this would not be possible. Each contribution no matter how big or small the active members donate is greatly needed and much appreciated. If you are interested in becoming involved within ASCLS–NE, have any questions, comments, or suggestions feel free to contact me anytime at leadership@ascls-ne.org. I look forward to hearing from you!

SAVE THE DATE!

The date for the **2014 ASCLS–NE Spring meeting is April 9–11, 2014** at Holiday Inn Downtown–Lincoln, Nebraska. A block of rooms has been reserved under American Society for Clinical Lab Science–Nebraska on Tuesday April 8th, Wednesday April 9th, and Thursday April 10th for a price of \$99.00 per night. This includes complimentary parking for all lodging guests and complimentary manager's reception on Tuesday and Wednesday night from 4:30pm–6:30 pm. If anyone would like to be a part of the planning committee, feel free to contact me at:

president-elect@ascls-ne.org

Kevin McGuire, MLS(ASCP) ASCLS–NE President–Elect, 2013–2014

ASCLS–NE Calendar of Events

Date	Event	Location
August 24, 2013	ASCLS–NE Retreat (All members are invited)	8:30 AM UNMC Campus, Bennett Hall
November 1, 2013	Fall Region VI Council Meeting	Kansas City, MO
February 20–22, 2014	Clinical Laboratory Educators' Conference	San Jose, CA
March 17–8, 2014	Legislative Symposium	Washington D.C.
April 1, 2014	ASCLS Annual Spring Meeting	TBA
April 21–25, 2014	National Medical Laboratory Professionals Week	
July 29–August 2, 2014	Annual ASCLS Meeting and Clinical Lab Expo	Chicago, IL

Membership Committee

Submitted By Darlene Waters MT(ASCP)SC

WOW! How time flies. Summer is coming to an end, kids are back in school and the ASCLS–NE leadership has changed hands again on 8/1/2013. I learned a lot this past year from Linsey Donner CLS(ASCP)^{CM}, our past president, and because of her, I am taking on a new role as the membership chair.

Membership in a professional organization is extremely important to all of us. So many 'extremely experienced MT's have slipped away from our organization and I'd like to get them back.

To do that I'd like to have "Lunch & Learns" held during lunch breaks across the state. These "Lunch & Learns" would focus on what ASCLS–NE does for them. To do this, I envision a pamphlet or business like cards that could be given out to all who attend. I'd like to have scripted outline of the "Lunch & Learn" and handouts available so we can send them to current members so they can give a "Lunch & Learn" to their co-workers at their work place.

I want each and every MT/MLS/CLS/MLT/CLT in Nebraska to know what ASCLS–NE can do for them. Not asking for much? I could use all of your help with this project to increase our numbers. The more members we have the stronger we'll become. If interested in being on the membership committee or if you'd like to help with membership in any way please email me at dwaters1956@cox.net. I'm planning on meeting with the committee in mid-September. I'm looking forward to hearing from you. All ideas are welcome. Thanks in advance for all of your help!



Members' Corner

My name is Roxanne Alter and I have been a member of ASCLS-NE since 1987.

I am a member because I want to be actively involved in a laboratory professional society and this affords me that opportunity.

My favorite memory in ASCLS-NE is when Anita Smith and I held a Death By Chocolate membership drive. Maybe we need to hold this event again!



Student Forum Update

Submitted By Ashley Collins

Students across the state have either already started their classes for the year or will begin within just a couple weeks! As Student Forum Advisor, I have met with students in Omaha and Lincoln to tell them about ASCLS. In late August, I will travel to meet with students in the western part of the state as well.

I'm pleased to share that I've already had several students volunteer to be Student Forum Representatives this year! We will have our first conference call in early September to vote on leadership and discuss the fall fundraiser.

The ASCLS-NE Student Forum will be having their annual Husker Football ticket raffle! The students will be selling raffle tickets for the chance to win a pair of tickets to the Nebraska versus Michigan State game on November 16, 2013. Thank you to Linda Sykora and Kevin McGuire for generously donating the football tickets for this year's fundraiser! If interested in buying a raffle ticket, be sure to see a MLS/MLT student or look for updates on the ASCLS-NE website and Facebook page around mid-September

Attention Students!!

Feeling a little strapped for cash? No time to work and study? Never fear! ***You may be eligible for an ASCLS-NE scholarship!*** Visit the website www.ascls-ne.org for more information—Applications are now being accepted! Applications are also being accepted for personal loans from the Frieda Oltmanns trust. Ms. Oltmanns very graciously donated the remainder of her estate to establish a trust for Nebraska MLS students. ***If you need a personal loan***, please contact Andrea Jones for an application at scholarships@ascls-ne.org.

Yearly Treasurer's Report

Statement of Cash Receipts and Disbursements, 1 July 2012 - 30 June 2013

Submitted by Marnie Imhoff, MBA, MLS(ASCP)^{CM}

Money Market Balance 30 June 2012	16,269.74		
Cash Receipts			
Money Market Interest Income	16.25		
ASCLS Membership	1,760.00		
Total Money Market Cash Receipts	1,776.25		
Disbursements			
Transfers to checking account		82.00	
Total Money Market Disbursements		82.00	
Money Market Account Balance 31 October 2012			\$ 17,963.99
Checking Account Balance - 1 July 2012	773.51		
Cash Receipts			
Spring Meeting 2012	\$12,189.89		
Transfers from Money Market	82.00		
Fundraising - Order of Draw Charms	310.00		
Total Checking Account Cash Receipts	\$12,581.89		
Disbursements			
ASCLS National Meeting Attendance July 2012		5,225.56	
Website Maintenance		83.88	
Postage Stamps		9.00	
ASCLS-NE Board Meeting		81.70	
Legal Counsel		50.00	
PACE Fee		325.00	
Region VI Assessment		1,300.00	
Quad State Spring Meeting Seed Money		500.00	
Treasurer and President Bonding		99.00	
Nonprofit Corp Biennial Report Filing		23.00	
Legislative Symposium Attendance		1,442.69	
Hallex Awards- Filter Award Plaques		66.30	
Spring Meeting Expenses		39.55	
Member Award Plaques		131.74	
Membership Gifts		183.20	
Scholarships		250.00	
Total Checking Account Disbursements		9,810.62	
Checking Account Balance 30 June 2013			\$3,544.78
ASCLS-NE SUMMARY OF ASSETS:			
Money Market Balance 30 June 2013			\$ 17,963.99
Checking Account Balance 30 June 2013			\$3,544.78
Scholarship CD Balance 30 Oct 2013			\$ 15,142.97
Legislative CD Balance 19 April 2013			\$ 5,327.70
Savings CD Balance 19 June 2013			\$11,689.41
ASCLS-NE TOTAL ASSETS 30 June 2013			\$ 53,668.85

ASCLS–NE General Business/Board Teleconference, July 1, 2013

Submitted By Joyce Colombe, ASCLS–NE Secretary

Members present: President–Linsey Donner, President–Elect and Leadership Development– Chelsea Reischl, Secretary– Joyce Colombe, Junior Board Member and New Professionals committee Advisor – Kevin McGuire, First Year Professional and Membership Development – Ashley Collins, Membership Development– Darlene Waters, PAC/GAC and Leadership Development – Roxanne Alter, PACE – Shana Jensen

Board Leadership Updates:

1. President: Linsey Donner called the meeting to order. She asks that everyone communicate, bring up ideas, and issues. Next meeting will be after August 1. Linsey has sent the ASCLS–NE comprehensive reports to National and Region VI. She will email a copy out to all the leadership positions.
2. Treasurer: No Updates
3. Secretary: Minutes of the 4/5/13 meeting were sent out earlier. Linsey made a motion to approve the minutes as written. Kevin seconded. Minutes were approved.
4. Senior Board Member: Alicia not present. Lindsey Davenport is still working on closing the meeting. A post-meeting wrap-up needs to be scheduled. Beth Sargent wants to send out an email to vendors on 9/1.
5. Junior Board Member: Kevin is working with the Cornhusker Hotel in Lincoln and Mahoney Peter Kewitt Center. The meeting will be 4/9/14 – 4/11/14. Chelsea volunteered to send out “save the date” to vendors. CLMA and ASCP may be working with ASCLS–NE on the meeting. There will be travel reimbursement guidelines for speakers.
6. First Year Professional: No report
7. Student Forum President: No report

Other Leadership Updates:

1. Filter Editor: Andrea asked that items be submitted by 8/15/13. It was suggested that leadership positions could take turns submitting articles.
2. Membership Committee: Tiffany – no report. Darlene Waters will be the new chair. She would like to do testimonials – ask people what the society does for you, why the society is important. She also suggested “Lunch and Learn”, ASCLS cards, interviewing long time members and ask them “why are you a member?”
3. LDC Committee: Tracey email – no updates. The handbook went on the website thanks to Martin and Ashley. There are links to the positions. They are deciding on where to put the templates.
4. GAC/PAC: Roxanne reported that ASCLS–NE would be getting one of the GAC Awards. She is working on Legislative Days in Nebraska. First one may be in Omaha. Sustainable Growth Rate Fixing and physician reimbursement, analysis for lab testing, and reduction of lab fees are current topics. This will be put on the listserv.
5. Website Committee: Ashley reported that the handbook was on the website.
6. 6. Bylaws: Anita updated and sent the updates to National and Martin for the website.
7. 7. PACE: Shana reported that PACE was given for “Sharing the Vision” at UNMC on 4/18 and 4/19

General Business/Board Teleconference Meeting Minutes continued from page 6

Robert's Rules: Linsey had sent out information on Robert's Rules. Everyone needs to be aware of them. We also need to follow our bylaws.

ASCLS Persona: Linsey discussed that we need to be aware of how we come across to others. Following Robert's Rules may help us look more professional.

National Meeting: Roxanne Alter, Ashley Collins, and Jasmine Clarke are attending. A \$50 gift card from Omaha Steaks will be donated for the silent auction.

Fundraising Committee: Marnie will put together the report. The committee met 6/15 by teleconference and decided the cons outweighed the pros for combining student forum funds with ASCLS-NE fund raising. The committee voted to keep the funds separate.

Travel and Reimbursement Policy: Roxanne will send out the policy for review and feedback. A travel application must be filled out, expenses will be paid upfront and then the individual will be reimbursed. There will be a limit of 5 people for travel. Not all expenses will be paid for. The policy will outline what will be paid.

Discussion at the PAC/GAC meeting at the National ASCLS Meeting in Houston – 07/30/13

Submitted By Roxanne Alter, MS, MLS(ASCP)^{cm}

This is a summary of discussions and responses are prepared by your Nebraska Political Action Committee and Government Affairs Committee Chair: Roxanne Alter. If you have any questions or concerns please feel free to email me at any time at ralter@unmc.edu. I represent each of our ASCLS-NE members. The more you know and understand issues that impact our laboratory community, the better we will be able to continue to provide quality patient care through our laboratory skills and expertise.

We know that the ability to implement the Affordable Health Care Act and also reduce the deficit will demand cuts from somewhere. The laboratory community has taken more substantial hits than any other area. In part because the ability to provide quality patient laboratory testing requires expertly trained professionals and highly sophisticated technology but yet the Center for Medicare and Medicaid views the laboratory industry as robotic automation which is clearly not the case. In July a letter was sent to the Office Inspector General (OIG) requesting a meeting with respect to laboratory testing and the cost of doing our work.

Changes to Clinical Laboratory Fee Schedule (CLFS): On the surface and in general centers for Medicare and Medicaid services (CMS) will end up proposing what we have been trying to move forward for years, through Congress – modernization of the CLFS. While this might sound too good to be true or nefarious (probably a little of both) I truly believe CMS's intent is to cut costs. In principle this is what is necessary. Yes, they want to cut reimbursement and believe that is mostly what will happen, but they do acknowledge that fees could go up or down.

Discussion at the PAC/GAC meeting continued from page 7

CMS does plan to look at ALL codes in the CLFS over a 5-year period. The "cherry-picking" that could occur is related to what they will adjust. The opportunity we have as we make our comments is to superimpose the process we want to see with our legislation—move them away from a process where the word modernization means "cut". They have the right idea in mind and they are going to be looking for comments and feedback on an ongoing basis. We can recommend a formal process (negotiated rulemaking) for both reviewing the codes and providing feedback. We must look at this as more than a threat to our reimbursement, but also an opportunity to finally do what is needed.

A few key points where I think CMS has it wrong:

- They have the belief that technology always reduces cost. As an example, consider Point of care testing: We all know that the costs for most POC tests are higher than performing the same test "in the lab". The savings come in process and the ability to make quicker care decisions. However, the cost of the test to support that decision is usually higher.
- We all agree that many tests that are automated are more cost effectively performed today than in 1984. Take TSH as an example. We are grossly overpaid for this test but we need to be to make up for everything else.
- The newer molecular and genetic tests are grossly underpaid related to cost. Modernization needs to strike a balance.
- I appreciate their recognition of the growing area of LDT but don't know how they are going to tackle them if many don't have codes. They also have a flawed opinion that the costs of LDTs are decreasing.
- I like that they plan to look at ALL codes and then review codes over time.
- Yes, they have a very one-sided view of what they will find, but that is where we come in.
- One big concern is how they are going to define and measure cost when our own laboratory community profession can't agree on this. We have a huge opportunity to impact how this is done, assuming they will listen. I assume one of our challenges will be that the CLC is not on the same page regarding modernization.
- Outpatient prospective payment system (OPPS) bundling of laboratory tests on the CLFS. To me this one is actually more ominous. What I fear here are many things and this is what our discussion needs to focus on – Will the reimbursement for the OPPS categories be adjusted as we start to roll all of these lab tests and other procedures and diagnostics into them?
- Outpatient revenue has been one the few real sources of revenue we have, besides outreach. Thankfully they are "limiting" this to hospital outpatients and not ambulatory work in general.
- In addition to molecular codes, I think we need to suggest and recommend other CLSF codes that should be excluded.
- I agree with not going with the proposal which included a dollar threshold because charges are meaningless anyway and are not comparable.
- My biggest fear is that this starts to introduce co-pays and deductibles into the picture for the lab. Granted it will be one "bundled" co-pay, but lab tests will now have co-pay. Someone needs to explain to me why CMS believes this really will not have an impact. Their logic in the first paragraph, middle column of page 43573 escapes me. I believe this is the beginning of co-pay for outpatient tests in hospitals. Clinics will still be OK and so will independent labs.

Few important points: One is add-on codes, which we have a lot of. The other is that for hospital based outpatient services in a location not actually located "in the hospital" are being proposed to be reimbursed like a free standing clinic.

Biggest concern: lab will become even more of a cost center without this definable revenue. Will the OPPS categories be adjusted upward to reflect inclusion of the lab tests?



Background on Role of Clinical Laboratories in Health Care Reform

Introduction:

2009 marks a new Congress and a new Administration with health care reform as a top priority. The American health care system is extraordinarily complex. It is plagued with ongoing rising costs and alarming numbers of underinsured and uninsured citizens without access to quality care. Although past attempts at reform have failed, it is clear to the Congress and the American people that the time for action is now.

The Congress and the President are determined to implement comprehensive health care reform with the goal of coverage for all Americans, placing greater emphasis on quality while at the same time reducing costs. While these challenges are daunting, they present a clear opportunity for clinical laboratories to shape the future of health care. Based on the critical role clinical laboratories play in the delivery of care, we as key stakeholders must be at the health care reform table, so that the value of laboratory tests and the professionals performing those tests are not excluded from health policy-making at this critical time in history.

Role of Clinical Laboratories:

The role of clinical laboratories in the delivery of health care is a dramatic one.

Clinical laboratories play a vital role in the detection, diagnosis, and treatment of disease, spanning the continuum of health care. **Laboratory test results contribute up to 70 percent to all medical decision making.**

As the first point of intervention, laboratory tests serve as the foundation for the diagnosis and management of conditions like cardiac disease, HIV, cancer, diabetes, kidney disease and infectious diseases.

Laboratory tests are the key to monitoring diseases like diabetes during their course to ensure that the treatment is effective and that costly and debilitating complications from the disease like kidney failure, blindness and stroke are prevented. Not only does this greatly improve the quality of life for the patient, it also has the potential to save the health care system billions down the line. The same can be said for tests that monitor kidney disease, where effective management can slow down and even prevent further progression.

Screening tests for cancer like the Pap test and Prostate Specific Antigen (PSA) detect disease earlier—even before symptoms present - allowing the cancer to be stopped before it starts. This saves lives and eliminates the increased cost of treating more advanced late-stage disease. Since the Pap testing began, the rate of death from cervical cancer has dropped a remarkable 75 percent in the U.S.

Cutting edge laboratory tests, particularly in the area of molecular diagnostics and genetics, promise to make the dream of personalized medicine come true. Laboratory tests are already emerging that can determine if specific chemotherapeutic agents used to treat cancer will work for an individual. Tests that detect over expression of the HER2/neu gene can determine increased risk of the recurrence of breast cancer and a worst prognosis, and predict if Herceptin, a drug used to treat breast cancer, would be effective. Tests of this kind

allow more efficient and effective treatment of disease, and will not subject patients to treatments with serious side effects that will not work.

Laboratory tests play a significant role in the detection and tracking of infectious diseases. Tests not only identify more serious forms of disease like Oxacillin/Methicillin-resistant Staph Aureus (MRSA), they also are used to identify carriers, which could lower the rate of transmission in hospitals.

There are countless more examples that show that laboratory tests are a valuable tool for improving patient outcomes and reducing costs. It is clear beyond a doubt that input of the laboratory service provider as a key stakeholder is essential for Congress to meet the challenges and goals of health care reform. It is an opportunity our legislators cannot afford to miss.

Reducing Costs/Reimbursement:

A major goal of reforming the health care system is to reduce health care spending. Congress will continue to operate under a “pay-go” system, which means any new program or expansion of an existing program will be offset by a program reduction or revenue increase. In the past Medicare reimbursement for clinical laboratories has been the target to use as a potential “pay for” as Congress looks for savings.

Health care reform will require an investment. The President’s 2010 proposed budget creates a \$634 billion reserve fund as a first step toward funding health reform. The budget proposes to finance the reserve fund through substantial reductions in Medicare and Medicaid totaling \$316 billion over ten years.

It is critical that cuts in reimbursement for clinical laboratories are not used to fund health care reform programs. This will seriously undermine the ability of the nation’s laboratories to continue to provide quality services and will threaten patient access to those services, defeating the very purpose of reform itself.

The Medicare Clinical Diagnostic Fee Schedule was established in 1984 based on 1983 data and has not been subject to a fundamental review since that time, despite remarkable changes in the delivery of laboratory services. Health care reform offers the unique opportunity to modernize the fee schedule in a way that reflects current practice and incentivizes the development of new technology and testing. Health care reform must not occur while leaving payment for clinical laboratory services 25 years in the past.

Expanded Coverage/ Personnel Shortage:

The laboratory community supports reform that expands access to health care to all Americans. However, this will likely increase the demand for clinical laboratory testing, and to meet that demand it is imperative to ensure an adequate, well-trained work force.

The clinical laboratory profession is experiencing a national work force shortage that is expected to reach a shortfall of 100,000 by 2012. Workers are retiring and training programs to bring in new workers are closing nationwide. Only two new laboratory professionals are entering the field for every seven that retire.

Any plan for health care reform must include parallel actions by Congress to support education training programs for clinical laboratory professionals and to fully restore funding to Title VII.

Document: Advanced Practice: Doctorate in Clinical Laboratory Science

Classification: Position Paper

Date: March 2013

Status: Approved by the ASCLS House of Delegates, August 2013

REVISED: December 3, 2012

Introduction:

The concept of interprofessional patient care teams to provide more effective medical care for patients has been promoted for decades.^{1,2} These teams usually consist of the admitting physician, hospitalist physicians, nurses, doctoral pharmacists, health profession therapists, and social workers. Professionals from the clinical laboratory are conspicuously absent from these teams, yet the majority of medical decisions (diagnosis, therapy, discharge, etc.) rely on laboratory test results.^{3,4,5} With a plethora of clinical laboratory tests and new molecular methodologies being added to the clinical laboratory test menu, clinicians are challenged with keeping abreast of the latest in laboratory services. The medical laboratory scientist can be a key member of the interprofessional healthcare team. Development of the medical laboratory scientist to assume a role as a member of the interprofessional healthcare team requires advanced knowledge and clinical training.

Background:

In 1999, the Institute of Medicine (IOM) reported that an estimated 98,000 Americans die each year from preventable errors.⁶ The American Society for Clinical Laboratory Science (ASCLS) supports IOM's recommendation for healthcare professional collaboration, and promotion of effective healthcare teams.^{7,8} Inclusion of the clinical laboratory practitioner in the interprofessional healthcare team approach would have a positive impact on patient outcomes. It would result in cost savings to the healthcare system by providing valuable and reliable clinical based knowledge regarding laboratory testing that fosters accurate and timely diagnoses. The addition of medical laboratory professionals further supports the IOM's report suggesting that improved access to accurate and timely information is a way to prevent errors and improve patient safety.⁶

The CDC Division of Laboratory Systems convened a professionally facilitated meeting "The 2007 Institute: Managing for Better Health." This Institute addressed the wide-ranging goal of improving the integration of laboratory medicine within the health system. Four main goals were identified at this meeting. One of the goals identified was:

"to institutionalize new models of clinical consultation provided by the laboratory medicine professionals to clinicians to guide their decisions about utilization of laboratory tests or services."

This goal addresses the CDC's vision of a collaborative, consultative relationship between medical laboratory professionals and clinicians, thus integrating laboratory medicine into patient care. Since the meeting, CDC has modified the initial four goals down to two. However, this goal has been maintained, emphasizing its importance.⁹

The advanced practice clinical laboratory practitioner may increase efficiency, facilitate patient management outcomes, and improve access to accurate laboratory information by participating directly in patient care decisions. Medical laboratory scientists have extensive knowledge regarding laboratory tests and data, and with advanced training, can assist in appropriate laboratory test selection based on physiological and clinical situations. Working along with the healthcare team, the advanced practice clinical laboratory practitioner can:

- participate in rounds, contributing expertise related to test ordering as well as provide day-to-day consultation
- consult with healthcare providers in a variety of healthcare settings about selecting the most appropriate laboratory tests
- customize the testing needs of patients, particularly those in a critical care setting
- provide support to the patient during pre-analytical phase of testing (test preparation)
- assist with interpretation of tests, and provide patient specific analysis of the test results
- explain test results specific to a patient's medical status in relation to physiological conditions and/or possible interfering substances
- educate patients to perform home/self-testing

The advanced clinical laboratory practitioner would be in a unique position to improve patient outcomes while developing and strengthening collaborative relationships among laboratory professionals and other healthcare providers. Improper test selection and patient preparation, and misinterpretation of laboratory tests cost patients in time, treatment, and money, and jeopardize their safety. The advanced clinical laboratory practitioner would also be instrumental in coordinating utilization of laboratory test data to actionable outcomes that can improve patient care and reduce medical errors. Pathologists recognize the need for improved utilization of laboratory services.¹⁰

In July 2004 the ASCLS House of Delegates accepted a model career ladder for the profession.⁸ The Advanced Practice Scientist III level represents the professional doctorate degree in clinical laboratory science. At this level of practice, the medical laboratory scientist is expected to serve in consultant roles, interpret patient assessments to determine clinical status of the patient, and manage patient laboratory data as part of the healthcare team.

POSITION

ASCLS supports the development and implementation of a professional Doctorate of Clinical Laboratory Science degree in institutions of higher learning. The professional doctorate would not be viewed as an entry level for the profession, but instead will provide an additional level of education to afford advanced career opportunities for the medical laboratory scientist. ASCLS recommends that the professional be designated *Doctor in Clinical Laboratory Science*, and the degree be designated a *Doctorate in Clinical Laboratory Science (DCLS)*.

ASCLS supports the concept of designing a common education model for this professional degree and implementing programs in a collaborative manner. Consortia or other collaborative models that rely on distance delivery options, and emphasize the relative strengths of the participating institutions are encouraged.

ASCLS supports the curriculum model developed by the ASCLS DCLS Task Force. This curriculum serves as a guide for program development. It includes the core competencies of basic science, and clinical laboratory science that provide the knowledge, clinical skills and interpersonal skills needed for competency at this advanced level of practice.

ASCLS supports and encourages development of interprofessional healthcare teams that include the professional doctorate prepared medical laboratory scientist (DCLS).

ASCLS supports a continuous dialogue with the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) in the process of developing and revising accreditation standards for the doctorate in clinical laboratory science level programs.

ASCLS believes that practitioners at the DCLS level should hold active certification and/or licensure. ASCLS supports a continuous dialogue with the Board of Certification (ASCP) in the process of developing a DCLS Certification.

References:

1. Deepa Rani Nandiwada, DR, Dang-Vu, C. Transdisciplinary Health Care Education: Training Team Players, *Journal of Health Care for the Poor and Underserved* 21 (2010):26–34.
2. Wiecha J, Pollard T. The Interdisciplinary eHealth Team: Chronic Care for the Future . *J Med Internet Res.* 2004 Jul-Sep; 6(3): e22. Published online 2004 September 3. doi: 10.2196/jmir.6.3.e22
3. Grimes DA, Schulz KF. Surrogate end points in clinical research: hazardous to your health. *Obstet Gynecol.* 2005 May;105(5 Pt 1):1114-8.
4. Melillo KD. Interpretation of laboratory values in older adults. *Nurse Pract.* 1993 Jul; 18(7):59-67.
5. Classen DC, Pestotnik SL, Evans RS, Lloyd JF, Burke JP. Adverse drug events in hospitalized patients. Excess length of stay, extra costs, and attributable mortality. *JAMA.* 1997 Jan 22-29;277(4):301-6.
6. Institute of Medicine. *To Err is Human: Building a safer health care system* 1999. National Academy Press.
7. American Society for Clinical Laboratory Science Position Paper. Medical errors and patient safety 2001. Available at <http://www.ascls.org>. Accessed October 8, 2002.
8. American Society for Clinical Laboratory Science Position Paper. Model Career Ladder 2004. Available at <http://www.ascls.org>.
9. CDC Division of Laboratory Systems, **Clinical Laboratory Integration into Healthcare Collaborative.** www.cdc.gov/osels/lspppo/Laboratory_Medicine_Quality_Improvement/index.html#CLIHC
10. Laposata ME, Laposata M, Van Cott EM, et al. Physician survey of a laboratory medicine interpretive service and evaluation of the influence of interpretations on laboratory test ordering. *Arch Path Lab Med.* 2004; 128(12): 1424-1427.

ASCLS Position: Medical Laboratory Professionals Response to an Expanding Geriatric Population

Introduction

The mission of the American Society for Clinical Laboratory Science (ASCLS) is to champion for excellence in practice, patient-centered healthcare and universal quality laboratory medicine, and as the global population's average age increases, it is essential that the role of the medical laboratory practitioner in the provision of laboratory services for the geriatric population be clearly defined.

Rationale

In 2010, the US Census Bureau projected that by 2050, there will be 88.5 million Americans aged 65 and older. The "Baby Boomer Generation" will be largely responsible for this increase in the older population; the oldest of this generation turned 65 in 2011. By 2030, nearly one in five U.S. residents will be aged 65 and older.¹

Longevity is associated with an increase in the occurrence of acute disease and the prevalence of chronic conditions. Typically, older adults are afflicted with multiple diseases and chronic conditions including heart diseases, malignant neoplasms, cerebrovascular diseases, bronchitis, emphysema, Alzheimer's, pneumonia, influenza, and chronic obstructive pulmonary diseases.² Thus, among older adult populations, there is an increased need for healthcare services. Simultaneously, research and technological advances in medicine are being made almost daily which may or may not be applicable to this population. Evidence based practices that address the validity and reliability of new technology such as genetic testing and their applicability to older adults are needed.³

Meeting the increasing demand for laboratory testing in diagnosis, treatment and follow-up care for healthcare consumers, particularly older adults is crucial. The Bureau of Labor Statistics estimates an employment growth of 15% as the volume of laboratory testing continues to rise.⁴ The increasing demand coincides with a shrinking supply of qualified laboratory professionals. Medical laboratory scientists must therefore examine their contributions to quality gerontological services and geriatric care, including the important, emerging role as clinical consultants charged with educating consumers about laboratory services, while advising on integration and management of various sources of laboratory information.⁵

The cost of health care and the impact on medical laboratory services must be considered because any cost containment can potentially impact access to and quality of services. The US government, through Medicare and Medicaid is the leading third-party payer for US healthcare expenditures for older adults. In fact, the total healthcare expenditures in the US increased from \$214.6 billion in 1980 to \$1130.4 billion in 2000, to \$2267.2 billion in 2010.^{6,7} With the implementation of the Affordable Care Act, healthcare costs are projected to rise to \$3,840.7 billion as opposed to the \$4,564.3 billion originally projected by 2020.⁷ While less than 3% of the total Medicare expenditures are related to laboratory services, reimbursement for laboratory services has been cut substantially since 1984 hampering the community's ability to educate enough individuals to ameliorate the laboratory personnel shortage.

Reduced reimbursements, increased costs, and personnel shortages threaten access to quality laboratory services. However, medical laboratory services for the older adult population remain crucial to the maintenance of health and wellness, as well as diagnosis, treatment and follow-up care for this group.

The older adult patient presents challenges that medical laboratory professionals must address to effectively ensure quality health care services, such as:

- Specimen collection issues unique to the geriatric population
- Interpersonal skills required to deal with geriatric patients
- Reference intervals evaluation for an aging demographic cohort
- Interpretation of laboratory data in relationship to patient age and associated physiology/pathology

- Access and affordability of health care services
- Need for medical laboratory science research to expand the knowledge base and practice of geriatric laboratory medicine
- Medical laboratory personnel education relevant to geriatric medicine

Positions

ASCLS supports the active participation of medical laboratory professionals in the development of testing modalities, education for non-laboratory personnel responsible for testing, as well as the supervision and evaluation of all processes associated with the generation of test results for geriatric adults.

ASCLS supports the development of reliable criteria, such as reference intervals specific to this age group, to be used with laboratory test interpretation for geriatric adults.

ASCLS supports the development of outcomes research that provides medically relevant data useful for medical decision-making.

ASCLS supports the educational preparation of medical laboratory practitioners to participate as active members of the healthcare team and encourages primary care providers to fully utilize medical laboratory professionals' expertise through consultation, particularly as related to gerontology and geriatric care.

References

- 1 US Census Bureau, US Department of Commerce Economics and Statistics Administration (May 2010). The Next Four Decades, The older Adult Population in the United States 2010 to 2050: Population Estimates Projections. Washington. (P 25-1138). DC: US Government Printing Office.
- 2 *Healthy People 2020*. Closer Look: Health Disparities Compare the Top 10 Causes of Death across Populations. Retrieved from. <http://www.healthypeople.gov>.
- 3 *Healthy People 2020*. Genomics. Retrieved from <http://healthypeople.gov/2020/topicsobjectives2020/overview>.
- 4 *Bureau of Labor Statistics Report. The 2010-20 Job Outlook*. <http://www.bls.gov/ooh/Healthcare/Medical-and-clinical-laboratory-technologists-and-technicians.htm#tab-6>
- 5 Friedman BA. The total laboratory solution: a new laboratory E-business model based on a vertical laboratory meta-network. *Clin Chem* 2001; 47:1526-1535.
- 6 National Health Expenditure Projections 2010-2020 Retrieved from <https://www.cms.gov/NationalHealthExpendData/.../proj2010.pdf>
- 7 Projections of National Health Expenditures: Methodology and Model Specification, July 28, 2011. Retrieved from www.cms.gov/nationalhealthexpenddata/.../projections-methodology

Document: Health Care Reform

Classification: Position Paper

Date: July 21 2012

Status: Approved August 3, 2013

Background

The goals of health care reform in the United States should be to:

- Improve patient safety and quality of care
- Promote affordable, quality health coverage for all Americans
- Guarantee choice of health care providers and health plans
- Minimize barriers to coverage for people with pre-existing medical conditions
- Invest in evidence-based disease prevention and wellness

Position

ASCLS supports access to accurate and reliable laboratory testing.

Laboratory services are required for diagnosis, treatment, and monitoring of the causes of morbidity and mortality. Individual access should include choices of laboratory providers, as well as an appropriate geographical distribution of services, especially in rural and underserved areas. Funding for the adequate training of laboratory professionals must be provided in order to assure continued availability of services.

Healthcare reform must include mechanisms to monitor quality. When incentives exist to reduce expenditures, provisions must consistently be made to ensure quality is not compromised.

ASCLS supports reimbursement at appropriate levels for quality services.

Any change in funding that simply cuts reimbursement for health care services is short-sighted and jeopardizes access to and quality services, including laboratory testing. In order to achieve sustainable cost effectiveness in health care, reimbursement for laboratory services must support quality systems and adequate staffing of qualified laboratory professionals.

The current Medicare Clinical Laboratory Fee Schedule no longer reflects the day-to-day realities of the workplace and inhibits development of new technologies. ASCLS supports modernization of the Clinical Laboratory Fee Schedule in order to assure reimbursement for laboratory services that better reflects the cost of laboratory testing.

ASCLS supports the efficient and cost effective delivery of laboratory services.

The concept of comparative effectiveness presents an opportunity for this country to better utilize health care services. Research must include appropriate utilization of laboratory services, determined with effective input from the clinical laboratory community. Laboratory professionals should also be involved in patient safety initiatives and outcomes measurement, essential to determine the effect of a particular intervention on total patient care. The clinical laboratory professional has the required expertise and must contribute to these endeavors.

ASCLS supports consumer access to screening and preventive programs, as health care is transformed from treating acute illness to maintaining and improving health.

Including evidence-based screening tests in health plans at no or reduced cost to the consumer will result in improved disease detection, prevention or delayed onset of disease, and earlier treatment. In addition, long term costs should decrease as the severity and incidence of disease decreases. Evidence currently supports the value of a number of laboratory screening tests. As knowledge of the genome increases, the numbers and types of laboratory genetic screening tests will continue to grow rapidly. Laboratory professionals are well positioned to ensure that genetic testing is appropriate and that methodologies are reliable.

ASCLS supports direct access to laboratory testing for consumers of health care.

Today's consumers of health care services are knowledgeable and more proactive with their care than previous generations. Thus, direct access to laboratory testing is key to increasing the availability and use of preventive testing, as well as removing the cost of provider office visits. In order to protect the public, consistent guidelines across the nation for direct access laboratory testing are needed to ensure testing is appropriate, testing is performed in CLIA-certified laboratories, that results are provided in an understandable manner, and that follow-up is available when needed. Certified and licensed medical laboratory professionals play a vital role to ensure that testing is performed correctly and to interpret results.

ASCLS supports the use of information technology in the improvement of medical laboratory services.

Health information technology (HIT) portends the capability of evaluation and improvement of laboratory services through electronic networks for surveillance, reportable testing, and electronic results reporting. In addition, electronic health records (EHR) can improve the quality of laboratory services by providing data to evaluate medical effectiveness and to construct algorithms for decision-support through evidence-based laboratory medicine. Costs can also be reduced through automation of information exchange and select technical and clerical functions.

Medical laboratory professionals have information crucial to the structure and functionality of HIT and EHR and, therefore, must contribute to design and implementation efforts to assure validity, communication, and interpretation of, as well as access to, clinical laboratory diagnostic and therapeutic information. Medical laboratory professionals should assure that efforts to design, standardize, implement, and regulate language, systems, software, and networks for health information exchange include laboratory professionals and considerations pivotal to patient safety and quality clinical laboratory services delivery.

Conclusion:

ASCLS members are committed to the goals of health care reform and stand ready to contribute to the reform of health care delivery.