

IAP UPDATE

Iowa Association of Pathologists

February, 2011

IAP Fall Meeting held in West Des Moines

IAP officers, board members and Iowa pathologists attended the IAP Fall Dinner Thursday, November 4, 2010 at the Glen Oaks Country Club in West Des Moines. Physicians enjoyed a social hour, dinner and CME presentation on renal cell carcinoma by John Cheville, MD of the Mayo Clinic, Rochester, Minnesota.

Some physicians at the IAP event also attended the Fall Meeting of the Iowa Association of County Medical Examiners Friday-Saturday, November 5-6 at the Sheraton West Des Moines. Due to the success of the Fall Dinner, the IAP Board will discuss planning similar events in the future.*



IAP Fall Dinner — Dr. Renee Ellerbroek of Des Moines (right), president of the Iowa Association of Pathologists, with Dr. Julia Goodin, Iowa Chief State Medical Examiner.



IAP Fall Dinner attendees (from left) Dr. Jamie Weydert, Ames; Dr. Christopher Johnson, Ames, IAP Secretary-Treasurer; Dr. Avina Kolareth and Dr. Vijaya Dhanwada, both of Des Moines.

IAP efforts yield reinstatement of blood smear payment

Thanks to advocacy by IAP leaders and other Iowa pathologists, Wellmark reversed a decision to deny reimbursement for blood smear reviews (CPT code 85060). Wellmark began denying payment for the blood smears early last fall. Iowa Pathology Associates, the Des Moines practice that includes IAP President Dr. Renee Ellerbroek, IAP Past President Dr. Steven Goetz of Mason City and other Iowa pathologists asked Wellmark for an explanation of the payment denials.

Wellmark said the denials were consistent with policy of the Centers for Medicare and Medicaid Services (CMS), which does not reimburse for blood smears done in any place of service except inpatient.

Iowa pathologists argued that CMS made this policy because of large labs that were flexing blood smear reviews on all CBCs as a way to generate Medicare revenue. When the CBC is done in an office or hospital, they said, only abnormal

CBC findings are sent to the lab for a blood smear. In response, Wellmark modified its policy to allow pathologists to bill for this interpretation in any place of service.*

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Q & A

Will the new MOC requirements affect me?

The American Board of Pathology began issuing time-limited certificates in 2006 and has no plans to extend the new requirements to pathologists certified before 2006, but that doesn't mean pathologists with non-time limited certificates will be immune from the new requirements.

"You may be pushed in that direction by other entities," says Dr. Betsy Bennett, Executive Vice President of the American Board of Pathology (ABP). "It's possible you may have to do it for credentialing at some point."

The IAP Board invited Dr. Bennett to participate in a recent conference call for the purpose of explaining

Health care law thrown into chaos

Implementation of the 2010 health care law has been thrown into uncertainty after a series of conflicting legal rulings and actions in individual states.

In early February, Terry Branstad joined a group of 21 Republican governors signing a letter to HHS Secretary Kathleen Sebelius. The letter said that unfunded mandates in the health care law will cripple their states' economies and suggested changes that would make the law more workable.

Four federal judges have ruled on the law. Two Democratic appointees have upheld the law; two Republican appointees ruled against it. In the most recent ruling, a US District Court Judge ruled that the individual mandate to purchase health insurance is unconstitutional. *

new Maintenance of Certification (MOC) requirements.

According to Dr. Bennett, the ABP is the last specialty to begin issuing time-limited certificates.

Certificates issued in 2006 or later are valid for 10 years. However, new reporting requirements begin two years after the certificate is issued. The ABP recommends all

pathologists begin participating in the new program; Dr. Bennett says voluntary participation won't jeopardize a certificate with no time limit.

The ABP's voluntary re-certification program will be eliminated after 2013, she adds.

There are four components to the new MOC requirements:

- **Professional standing** — A full and unrestricted license in at least one state and documentation of medical staff privileges.

- **Continuing education** — An average of 35 Category 1 credits every year. CME must be reported to the ABP annually.

- **Exam** — One general examination in each area in which you are certified. (Currently, exams are offered only in Tampa, Fla. but ABP plans to offer exams at other sites in the future.)

- **Performance evaluation** — This includes references from peers and senior management.

Dr. Bennett says diplomates are allowed to combine reporting for primary and subspecialty certificates, and advises physicians to retain all of their subspecialties, at least through the first cycle.

"You don't know where you'll be in five or 10 years," she concludes. *

"You may be pushed in that direction by other entities."

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Iowa represented at CAP Meeting

The CAP House of Delegates convened Saturday, Sept. 25, 2010 in Chicago. The Iowa Association of Pathologists was represented at the meeting by Dr. Steven Goetz, CAP Delegate and IAP Past President.

"Most of the open forum discussions revolved around concerns about pathology 'POD' labs and undesirable fee arrangements," relates Dr. Goetz.

College of American Pathologists Meeting
September 11-14, 2011 • Dallas, Texas

A Message from Your President

Quality Incentives, EMR and Unintended Consequences

As always, there is lots of news on the political front. On page 2, we read of developments in the Patient Protection and Affordable Care Act of 2010 that suggest the final version may be somewhat different.

Another development of interest to practicing pathologists pertains to accepted quality measures that qualify for participation in Medicare's quality incentive program. CMS is reviewing five quality measures approved by the AMA Physician Consortium for Performance Improvement for inclusion in the 2012 Physician Quality Reporting System. They are:

- Barrett's esophagus.
- Radical prostatectomy reporting.

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Dr. Ellerbroek

- Non-gynecologic cytopathology turn-around time.

- Immunohistochemical evaluation of HER2 in breast cancer.

- Bone marrow and FNA/direct specimen acquisition.

These items were developed by the CAP and would join existing approved quality measures, breast and colon cancer reporting, for eligibility in the incentive program. This matters because our limitation to just two items has restricted pathologists from sharing in the bonus. These measures, should they receive final approval, will increase the number of pathologists able to participate.

Finally, whenever politicians get involved in the practice of medicine, physicians may be left to deal with

unintended consequences. For example, an Electronic Medical Records (EMR) safe harbor for laboratories designed to "enhance communication" has recently become a competitive threat to local pathologists. Large out of state laboratories are marketing local physician groups using offers of EMR donations. While it is clearly illegal to demand specimen referrals in return, the expectation is implicit. Pathologists are faced with either making sizable EMR donations or losing clients to out-of-state competitors.

As always, your participation is encouraged. Our elected officials work for us, the citizens. Please call or write your senator or congressman (contact information appears on page 2) to thank them when appropriate or to voice concerns when their actions have negative consequences, perhaps "unintended". *

CAP Award for Dr. Savage

Richard Savage, MD, of Apex, N.C., formerly of Des Moines, was one of eight recipients of the 2010 American College of Pathologists Lifetime Achievement Award. Dr. Savage received his award at a ceremony held September 25, 2010 in Chicago at the CAP Annual Meeting.

CAP presents the Lifetime Achievement Award to physicians who have made a broad and positive impact on the pathology profession over an extended period of time.

Dr. Savage was recognized for his strong support of CAP programs over the years. He has been a CAP Fellow since the 1970s and has represented Iowa, New York and Ohio in the CAP House of Delegates. Dr. Savage was also editor of the former CAP newsletter *Summing Up* and the Q & A column in *CAP TODAY*.

Dr. Savage was a pathologist and department chair at Mercy Medical Center in Des Moines. He was also an associate pathologist at Millard Fillmore Hospital System in Buffalo, N.Y.

His extensive involvement with CAP also includes serving as chair of the Hematology Resource Committee and the Clinical Microscopy Ancillary Resource Committee. He was a member of the Publications Committee, the Standards Committee, the Industry Committee and the Federal and State Affairs Committee. He also served as director of the CAP Foundation. *

IAP Officers and Board

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Past President

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Update from the UI Department of Pathology

Residency Recruitment at Iowa

by Leslie Bruch, MD, Pathology Residency Program Director

Residency recruitment is underway for the class that will start in July, 2011. We will welcome six new pathology residents next summer. A total of 293 applications have been submitted; 85 are US graduates. About 50 percent of the applications from US grads come from Iowa or a surrounding state. We've seen an uptick in the number of female applicants and 70 percent of those scheduled to interview are women. The gender balance varies yearly; last year we interviewed more male applicants. We will interview 45 applicants this year. As in the past, we schedule individual interview days for nearly all candidates, with each candidate meeting six faculty members and five residents. Two current residents take each candidate to dinner the evening before the interview. This provides an opportunity to get to know the candidates and for the candidates to learn about the department and the good things about living in Iowa. Interviewing only one candidate per day is labor intensive, but it allows us to really get to know each candidate and recruit the very best to our program. We look forward to Match Day when we learn who will fill our next class.*

Cancer journal publishes Iowa authors

A new commentary entitled *Neoplastic Pulmonary Cytology: Why All the Fuss Over NSCLC?* by Michael Cohen, MD and Jamie Weydert, MD was published in the December, 2010 issue of *Cancer Cytology*. Dr. Cohen is Professor and Head, UI Department of Pathology; Dr. Weydert practices at McFarland Clinic in Ames. The article discusses the need for more precise morphologic classification in relation to the challenges of providing adequate specimen material for molecular studies. The online edition of the article can be found at: www.ncbi.nlm.nih.gov/pubmed21184525.*

IAP represented at CAP meeting

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Another key discussion centered on a new educational breast 'certification' course being offered by CAP.

"Delegates were concerned that the name gave the impression people taking the course would be certified in some way that implies special privileges, and could be used as a marketing strategy. CAP agreed to change the name of the course," says Dr. Goetz.

Delegates also discussed concern among pathologists over the new MOC requirements of the American Board of Pharmacy, and a new CAP member benefit "My MOC." This is an online tool designed to help pathologists through the MOC process. The new program is available to CAP members on the CAP web site www.cap.org. (See story on p-2 on the new MOC requirements.)*

A Glance at IAP History

'An Invasion of Practice'

In February of 1949, the Iowa Association of Pathologists voiced formal objection to a bill in the Iowa Legislature requiring Rh blood examinations on all prenatal cases. The IAP called the proposal "an invasion of the practice of clinical pathology and medicine, uneconomical, and extremely poor practice.

"Our association is simply voicing an objection to the ill-advised legislation which seeks to put into the hands of state regulation a function much better handled and safer for the patient by her family physician and his referring pathologist."

New faculty at UI

Dr. Marina Ivanovic joined the UI faculty in September, 2010. A native of Croatia, she attended the University of Zagreb School of Medicine in Zagreb, Croatia. From 1999-2004, she did residency training in AP and CP, followed by a cytopathology fellowship at Boston University in 2004.

From 2005-2009 she was assistant professor of pathology at Northwestern University in Chicago, where she was co-director of the Fine Needle Aspiration Clinic. In 2009, she entered a surgical pathology fellowship at the University of Chicago. This completed, she was named clinical assistant professor of pathology at the University of Iowa, where she practices both cytopathology and surgical pathology.*

Membership in the Iowa Association of Pathologists is free and automatic for resident physicians.