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# IAPupdate

Fall 2016

*News from the Iowa Association of Pathologists*

## IAP Board meeting and Annual Dinner

### *New officers selected for 2017-18*

**Pathologists from around Iowa** attended the Iowa Association of Pathologists Annual Dinner November 3 at Glen Oaks Country Club in West Des Moines. The evening began with a reception and exhibit hall, followed by dinner and a scientific presentation by Gary Keeney, MD of Mayo Clinic.

Special guests for the evening were pathology residents from the University of Iowa College of Medicine.

The IAP Board of Directors met before the reception and dinner. The group reviewed the 2017 Board of Directors roster and approved the nomination of Jamie Weydert, MD as 2017-18 IAP President and Clinton Crowder, MD as 2017-18 Secretary Treasurer. The Board also approved proposed bylaws revisions eliminating three obsolete positions from the Board roster.

Also on the Board agenda was the 2017 IAP Annual Dinner set for Thursday evening, September 21, 2017 at 6:00 p.m. at the Coralville Marriott. It was noted that the Fall Meeting and Education Expo of the Iowa Association of County Medical Examiners begins Friday, September 22 at the same hotel. Additional details of these events will be provided as they become available.



Gary Keeney, MD (left) with IAP President Jared Abbott, MD. Dr. Keeney, who practices at Mayo Clinic, was guest speaker at the IAP Annual Dinner November 3.

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*Check page 4 for IAP comments on the Wisconsin Physicians Service (WPS) Draft Local Coverage Determination for Special Histochemical Stains and Immunohistochemical stains*



## CAP17 The Pathologists' Meeting

October 8-11, 2017, Gaylord National, National Harbor Maryland

## IAP Board meeting

from page 1

Also on the Board agenda was a call to action alert from the College of American Pathologists regarding Medicare's Local Coverage Determination (LCD) anti-fraud and abuse initiatives. CAP plans to introduce legislation in the lame duck Congressional session to amend what it says is a flawed LCD and an unprecedented intrusion into medical decision-making. CAP is asking for help from IAP and other state associations. The Board discussed what it termed the "most egregious" aspects of the LCD, and Dr. Abbott asked that the CAP call to action be shared with all IAP members. ▼

## Williams is new CMO for state of Nebraska

Tom Williams, MD is the new Chief Medical Officer and Director, Division of Public Health, for the state of Nebraska. He began his duties on November 1. Dr. Williams previously served as Medical Director of the Methodist Pathology Center in Omaha, and practiced with former CAP President Gene Herbeck, MD. ▼

## Time to pay your 2017 IAP dues

You can pay your IAP dues conveniently online. Go to [www.iapathologists.org](http://www.iapathologists.org), and click on Pay Your Dues. Fill out the interactive dues form and pay with a credit card.

*Thank you for your support of the Iowa Association of Pathologists.*

## New IAP President takes office January 1

**Jamie Weydert, MD, Ames** has been selected as the new president of the Iowa Association of Pathologists. He will take office January 1, 2017 and serve a two-year term.



Jamie Weydert, MD

Since 2009, Dr. Weydert has practiced pathology with McFarland Clinic, PC in Ames. He earned his undergraduate and medical degrees from the University of Iowa. He was a pathology resident at the University of Iowa from 2001-2005 and a surgical pathology fellow in 2004-2005.

Dr. Weydert is a delegation chair for the College of American Pathology House of Delegates and served as IAP secretary-treasurer for the past two years. He is a member of the McFarland Clinic Board of Directors and the Mary Greeley Medical Center CME Committee. He also serves as county medical examiner for Story County. ▼

## CAP advocacy update

*MACRA and LCDs were discussed at the CAP 2016 meeting in September*

*by Jamie Weydert, MD  
Chair, IAP delegation to CAP*

**The College of American Pathologists** House of Delegates met at the Wynn Hotel and Convention Center in Las Vegas on Saturday, September 24th. Following is a brief update on selected advocacy issues.

### Issue—MACRA

In 2015, Congress passed the Medicare Access—CHIP Reauthorization Act (MACRA), effectively eliminating the flawed SGR formula that threatened severe reductions in fee-for-service payments for Part B services. MACRA calls for payment reform to begin in earnest in 2019 with the MIPS and APM pathways, and payments in 2019 will be based on performance in the calendar year 2017.

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## Report from CAP, from page 2

CAP submitted comments to CMS in June, outlining concerns that pathologists may find it difficult to participate in MIPS (Merit-based Incentive Payment System) and APMs (Alternative Payment Models). The CAP Board of Governors has approved the creation of a qualified clinical data registry, set to launch in 2017, to make it easier for pathologists to comply with data reporting requirements under MACRA.

The final MACRA rules published by CMS in October reflects changes advocated by CAP. Specifically, pathologists will be categorized as ‘non-patient facing’ eligible clinicians. This categorization is important, as it automatically exempts pathologists from submitting data that we do not collect on our patients. Also, pathologists who participate in the MIPS pathway will be required to submit data into just two ‘buckets’—Quality (essentially PQRS) and Clinical Practice Improvement. (For a more detailed look at the impact of the final MACRA rule, visit the CAP website at (<http://www.cap.org/ShowProperty?nodePath=/UCMCon/Contribution/Folders/WebContent/pdf/medicare-pay-reforms-macra.pdf>).

### Issue—LCDs

Local coverage determinations (LCDs) are reimbursement ‘rules’ of regional Medicare carriers that define payment coverage for specific services. Carriers have introduced LCDs that limit coverage for special stains and immunohistochemical stains; WPS, the carrier for the State of Iowa, has introduced a draft LCD that limits coverage of special stains and IHC (<https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36804>).

CAP has been successful in getting LCD reform legislation introduced in both the House (July 11, 2016) and recently the Senate (September 22, 2016). The legislation aims to add more transparency to the promulgation of LCDs, and creates meaning options for appeal of draft LCDs. Call your Senators and Representatives and urge them to support these bills.

### Issue—AMA Membership

CAP is urging its members to join the AMA and designate CAP as your specialty society. CAP has direct influence on recommendations for pathology services payment to the AMA RUC (RVS Update Committee). This special status is due to a plurality of pathologist AMA members designating the CAP to be the specialty society that represents their interests. If you are already a member of the AMA, please be sure the CAP is your designated subspecialty representative. If the CAP loses AMA members, our voice is muted.

### Issue—LTDs

The FDA has not released final guidance on its oversight of Laboratory Developed Tests (LDTs). CAP has advocated for innovation and patient access to LDTs without burdening laboratories with heavy-handed regulations. ▼

## 2016 IAP Board of Directors

### PRESIDENT

**Jared Abbott, MD, PhD**  
Des Moines

### SECRETARY-TREASURER

**Jamie Weydert, MD**  
Ames

### PAST PRESIDENT

**Daniel Slagel, MD**  
Dubuque

### MEMBER-AT-LARGE

**Renee Ellerbroek, MD**  
Des Moines

### MEMBER-AT-LARGE

**Clinton Crowder, MD**  
Des Moines

### COUNCILOR, AMERICAN SOCIETY OF CLINICAL PATHOLOGISTS

**John VanRybroek, MD PharmD**  
Iowa City

### CAP DELEGATES (3)

**Jamie Weydert, MD**  
Ames

**Daniel Slagel, MD**  
Dubuque

**Christopher Leigh, MD**  
Dubuque

### CAP ALTERNATE DELEGATES (3)

**Clinton Crowder, MD**  
Des Moines

**Joseph Eaton, DO**  
Des Moines

**Josh Cook, MD**  
Des Moines

### CAP KEY CONTACT

**Jared Abbott, MD, PhD**  
Des Moines

### UNIVERSITY OF IOWA REPRESENTATIVE

**Laila Dahmouh, MD**  
Iowa City

### RESIDENT REPRESENTATIVES (2)

**Michelle Kurt-Mangold, MD**  
Iowa City

**Carly Rysgaard, MD**  
Iowa City

### IMS COMMITTEE ON MEDICAL SERVICES

**Christopher Johnson, MD**  
Ames

### IMS COMMITTEE ON LEGISLATION

**Tiffani Milless, MD**  
Des Moines

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# President's Message

*Text of a letter sent on November 18 from the Iowa Association of Pathologists. The letter provides comments on the Wisconsin Physicians Service (WPS) Draft Local Coverage Determination for Special Histochemical Stains and Immunohistochemical Stains*

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**Jared Abbott, MD, PhD**  
IAP President

Dear Dr. Awodele,

The Iowa Association of Pathologists (IAP) appreciates the opportunity to comment on the Wisconsin Physicians Service (WPS) Draft Local Coverage Determination (dLCD) for Special Histochemical Stains and Immunohistochemical (IHC) Stains (DL36805). The IAP is a statewide medical society representing the interests of its member physicians, currently comprising 132 pathologists, as well as the broader laboratory community across Iowa. We are an official affiliate of the College of American Pathologists (CAP), the world's largest association composed exclusively of pathologists and the worldwide leader in laboratory quality assurance. Both the IAP and the CAP have long advocated high quality, high value pathology practices, and our member physicians take personal pride in providing such care in a conscientious manner.

We support efforts to eliminate medically unnecessary and fraudulent practices but we do not believe that the dLCD will accomplish that goal. Indeed, the guidelines put forth in the dLCD are vague, overly burdensome, and arbitrary both in their proposal and in their potential retrospective enforcement. The CAP has expressed several significant concerns regarding the dLCD (see Attachment). As the voice of pathologists practicing in the state of Iowa, the IAP shares these concerns and would like to express its broad support for the contents of the attached letter.

As expressed in the CAP letter, the evidence on which the dLCD guidelines are based is partial at best, and in certain instances, directly contradicted by the entirety of the medical literature and generally accepted clinical practice. Even if this were not the case, the dLCD proposal takes the form of a Clinical Practice Guideline. While these types of guidelines can play an important role in the practice of medicine, in general, the WPS (as a Medicare contractor) is not recognized as an appropriate body with the requisite authority, knowledge base, and unbiased perspective to issue such statements. Lastly, we are in an era of personalized medicine and the practice of medicine in general, and pathology in particular, is advancing at an unprecedented rate. It is the belief of the IAP that the proposed dLCD is too rigid to allow pathologists to be at the forefront of this medical revolution to the benefit of their clinical colleagues and their patients. Unfortunately, the consequence of this may mean fewer pathologists providing the highest quality, most advanced care, with the potential for access problems for already overburdened patients.

In summary, the IAP appreciates the opportunity to comment on the dLCD, and strongly urges WPS to rescind this proposal for the above reasons as well as those reasons further specified in the attached letter from the CAP.

Respectfully submitted,

Jared Abbott, MD, Ph.D

President, Iowa Association of Pathologists

## Scenes from the 2016 IAP Annual Dinner

*The 2016 IAP Annual Dinner was held Thursday, November 3 at Glen Oaks Country Club in West Des Moines*



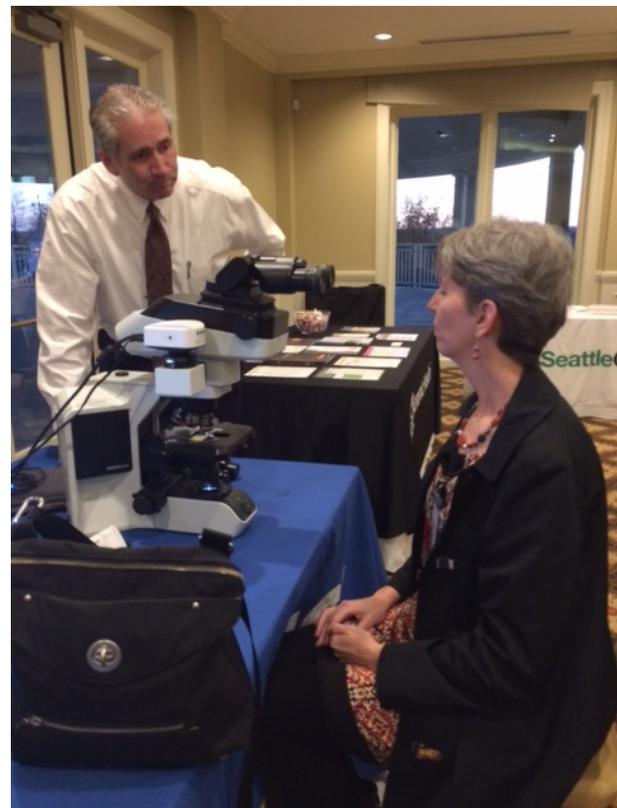
From left, Meaghan Rooney of Genentech BioOncology with IAP Board members Tiffani Milless, MD and Josh Cook, MD.



Pathology residents from the University of Iowa College of Medicine were special guests at the IAP Annual Dinner.



From left, IAP Secretary-Treasurer Jamie Weydert, MD presents an honorary plaque to outgoing IAP President Jared Abbott, MD.



Scott Carpenter of Olympus Scientific Solutions Group with Stephanie Johnson, MD.