

OF PATHOLOGISTS

On the Pathology Scene

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MESSAGE FROM THE PRESIDENT



Phillip J. DeChristopher, MD, PhD, FCAP

BLACK SWAN EVENTS

The phrase "black swan" derives from a Latin quotation, the earliest occurrence written by a 2nd-century Roman author and poet of satires, Decimus Janius Junenalis (known in English as Juvenal). Occurrences or events were termed "rara avis in terries nigroque simillima cygno", "a rare bird in the lands and very much like a black swan". Juvenal's phrase was a common expres-

sion even into 16th century Europe as a *statement of impossibility*. The importance of the metaphor lies in its analogy of any system of thinking and especially to the fragility of how we think. The presumption was that all swans <u>must be</u> white because all historical records of swans reported that all had white feathers. However, in 1697, Dutch explorers, and likely "colonists", became the first Europeans to see indigenous black swans in Western Australia! So the term "black swan" changed to connote the idea that a perceived impossibility might later be disproven. Fast forward into the 21st century, the term "black swan" has been further characterized.

Descriptions of black swan events, have been extensively developed by a PhD mathematical statistician, philosophical essayist, risk analyst and distinguished professor, Nassim Nicholas Taleb, in his 2001 book, "Fooled by Randomness" and the 2007 The New York Times Best Seller monograph, "The Black Swan". Taleb's theory of black swan events typifies those events that come as complete surprises, have major effects and are often inappropriately rationalized after the fact, only with the benefit of hindsight. Psychological biases blind humans, both individually and collectively, to uncertainty and to the enormous roles rare events play in our lives. These high-profile, hard-to-predict and massively consequential rare events play disproportionate roles compared to regular occurrences in history, science and technology. A few 20th century black swan episodes include World War I, the Great Depression, the 1941 attack on Pearl Harbor, the Russian's 1957 Sputnik launch (a devastating political and technical blow that blind-sided the Eisenhower Administration,

accelerating the Cold War and starting the "Space Race") and the assassinations of President Kennedy and others.

In the 21^{st} century, the 9/11 terrorist attacks and the SARS-CoV-2 pandemic are two other black swan instances, consequences of which continue evolving. At this writing an estimated > 800,000 US COVID-19-related deaths have surpassed the estimated deaths in the US Civil War (est. ~ 620,000 killed or ~ 2% of the 1860's population). Healthcare, Pathology and Laboratory Medicine have countered with many rapid, effective, adaptive and innovative changes to solve unprecedented problems, but large amounts of work persist.

So, in a world we don't understand, what's next as health treats loom large? How should we adapt and cope with the "new normal"? Business leaders have noted a number of priorities need immediate attention. Pathologists and laboratorians aid our facilities, keeping the doors open by providing improved, safer patient care and outcomes. Going forward, here's a partial "To Do" List:

The pandemic has vividly exposed and accelerated our recognition of the gaps in all forms of sustainability, including limits to surge capacity. Unsolved glitches continue with shortages in supplies, reagents, equipment, hospital beds and even the national blood supply! All hospitals experience shortages in trained, competent medical laboratory scientists and nurses. As ever, the human elements make a difference, so developing talent remains an added priority, albeit with no easy solutions.

In the last century, a pathology mentor taught me that we provide patient care by *caring for the patients*. Since then, we've learned that the best patient care springs from care provided by multidisciplinary teams. Less hierarchical, more diverse, collaborative and communicative teams make differences to outcomes, shaping hospital culture and patient experiences. As laboratory directors and leaders, it is our duty to guarantee our colleagues and employees realize their jobs are *meaningful*. Workers with a strong sense of purpose are simply better employees, outperform those who lack purpose and are less likely to leave. Little is more meaningful than to remind our teams and ourselves that all specimens are affixed to sick, frightened and anxious patients and their families.

Early in pandemic, adrenaline fueled our mutual senses of urgency. However, the "need for speed" remains acute and has to persist embedded in our facilities. It's not just about revving our engines

faster but about designing our operations and paths of workflow to run more safely, effectively, intelligently aiming to benefit patients.

Everything we do in our daily duties have direct patient care consequences and effects. Finalized solutions to these priorities depend on our making smart decisions, but as yet are "to be announced". I suppose that no one ever promised us that being a Pathologist was going to be an easy job. The ISP membership is welcome to share its thoughts about new effective ideas we laboratorians can implement to effectively help us all to cope with ongoing challenges.

It may seem pedestrian to be worrying about payment when we're focused on COVID's latest mutant, the supply chain problem, and workforce issues! But please know that the ISP is fighting to keep payment coming to pathologists with your dues monies, and you generous donations to Advocacy, As you know, Cigna's update to cease separately reimbursing pathologists for the Professional Component of Clinical Pathology Services (PCCP), intended to be effective November 1, 2021, has been our focus. We have been working closely with our attorneys and Cigna attorneys to help them understand that this denial of payment is in direct conflict with Illinois Law. We have asked Cigna to suspend its plans to implement this new policy in Illinois. Please continue to support ISP with your dues monies and advocacy donations so we can continue to follow this issue. Thank you for all you do!

A PAYMENT WIN FOR THE LAB

The Senate has passed a bill to delay 2022 Medicare rate cuts for hundreds of lab tests. On December 10th the Senate voted for passage of an end-of year package that seeks to delay 2022 Medicare rate cuts of 15% for nearly 600 clinical laboratory tests slated to kick in January 2022. The passage of the Protecting Medicare and American Farmers from Sequester Cuts Act provides a one-year delay to cuts for many of the most commonly ordered lab tests used to diagnose chronic diseases such as heart disease, diabetes and cancer. American Clinical Laboratory Association (ACLA) has been fighting for years against the 'flawed' implementation of the Protecting Access to Medicare Act (PAMA) of 2014. CMS contends that the rate cuts better reflect market pricing data, stating on its website, that beginning in January 2018, payments for "most tests equals the weighted median of private payor rates. CMS also stated "the delay in the next round of PAMA cuts will benefit the lab."

EXECUTIVE DIRECTORS REPORT



Pamela Cramer

We're happy to report that ISP is financially stable and the Advocacy fund, thank you Cigna!, is healthy again. It is supporting ISP's attorney fees to continue talks to Cigna attorneys. Membership continues to grow, we report total membership at 390, compared to 385 in 2020 and 330 in 2019. We are headed in the right direction. Also happy to report that ISP now has Resident in Training Members from University of Chicago, Loyola, Rush, UIC, and Northwestern.

2022 dues collection will begin in January. Margie Jones, ISP Finan-

cial Manager, will be sending invoices to heads of groups and individuals for renewal. We are happy to report ISP dues have not been raised for two decades. We thank you for supporting your state pathology society



Margaret Jones

WELCOME TO NEW RESIDENT BOARD MEMBER



ISP welcomes Dr. Constantine "Aki" Kanakis, MD, MSc, MLS(ASCP) as the new ISP Resident Board member. Constantine is a resident at Loyola University Medical Center pursuing hematopathology and transfusion-medicine fellowships. He serves on committees for ASCP, CAP, AABB, and Red Cross. He will begin his service to ISP in January 2022. His term is

for 2022 and 2023. Watch for his Resident's Column in the ISP Newsletter.

We thank Brandon Zelman, Loyola Residents Program, for his two years of outstanding service and contributions to the ISP. He has set the bar even higher for Residents activities, and we look forward to having him continue engagement with ISP! Thank you Brandon.

Chicago Pathology Society

If you need to pay dues to the Chicago Pathology Society the information is below:

CPS membership is \$80/year. The year for membership starts in October, but you can register anytime on the website.

Payments | The Chicago Pathology Society You will have to pay online using PayPal.

2021 ADVOCACY DONATIONS

Platinum (\$10,000+)

Midwest Diagnostic Pathology

University Pathologists

Laboratory & Pathology Diagnostics

Presidents Circle (\$5,000-\$9,999)

Associated Pathologists

DuPage Pathology Associates

Loyola University

Silver Cross Hospital Pathology

Cornerstone (\$3,000-\$4,999)

Benefactor (\$2,000-\$2,999)

Advocate (\$1,000-\$1,999)

Phillip DeChristopher

Karen Kaul

Jason Weiss

Contributor (up to \$999)

Eric Santos

Mark Pool

Karen Ferrer

Kalisha Hill

The PMC Group

Elliott Weisenberg

Total Donations \$56,875

IF YOU WISH TO DONATE TO THE ISP ADVOCACY FUND

Three ways to donate:

- FAX donation form with credit card information back to Pamela Cramer, Margaret Jones (Executive Director, Financial Manager ISP); 1.866.413.1088 or scan and email to pcramer@illinoispathology.org
- 2. PHONE 847-441-7200
- 3. MAIL CHECK with donation form to ISP, 902 Ash Street, Suite 200, Winnetka, IL 60093

ABOUT THIS PUBLICATION

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Have a safe and prosperous winter!

Preserving the Integrity of Pathologists