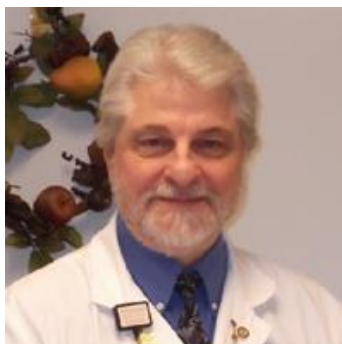


On the Pathology Scene

A PUBLICATION OF THE ILLINOIS SOCIETY OF PATHOLOGISTS

SPRING 2022

MESSAGE FROM THE PRESIDENT



**Phillip J. DeChristopher, MD,
PhD, FCAP**

About Vaccinations

March 11, 2020 marked a grim milestone: Two years ago on this date, the World Health Organization declared the COVID-19 disease a *global pandemic*. Note was made that everyone will likely know or be related to someone who dies of this viral infection. Last month, a first cousin of mine was hospitalized with a severe COVID-19 infection. *In extremis*, ventilator-

dependent in an ICU, his wife also caught COVID-19 and abruptly died. Of course he never became unaware of his wife's death before he succumbed several days later, a double family tragedy. Four months ago, an older male friend from years ago, with whom I recently reconnected after decades, also contracted COVID-19 and died.

None of these 3 individuals was immunized against COVID-19. Dreadful and difficult to understand. Three victims added to the nearly 1 million US COVID-19 deaths. How common is non-vaccination to COVID-19? In the US (population of 332 Million), only 64% are considered fully vaccinated; in Illinois (population 12.8 Million), 67.9% are fully vaccinated, suggesting that over 4 Million people in Illinois remain unvaccinated to COVID-19.

Many "rationalizations" exist for *vaccine hesitancy*, the delay in acceptance or refusal of vaccines despite their availability, representing local, national and persistent global problems, seriously affecting routine vaccination programs and those employed to combat epidemics. Published studies cite reasons for vaccine hesitancy: unacceptance that vaccines are safe and effective; disagreement that everyone has the responsibility to be vaccinated; and beliefs that if everyone else were vaccinated, they would not need a vaccine. Considering the enormous successes of routine prophylactic vaccinations, recommended from birth to adulthood (e.g. hepatitis B, MMR, polio, pneumococcal diseases, Hib, human papilloma virus, herpes zoster, seasonal influenza, global eradication of smallpox since 1980.), some individuals remain loath to vaccinations. Social media messaging continues to fan the flames! To entertain yourself visit the CDC web-

site that notes 10 myths about COVID-19 vaccines, all of which are utterly outrageous, including that receiving COVID-19 vaccines makes you magnetic or alters one's DNA.

However, as the pandemic evolves, divisiveness and polarization continues in the US with people drawing ideological sides in fierce debates about personal freedoms versus public-health mandates over mask-wearing, physical distancing, vaccination mandates, school closures, etc.

As scientifically trained physicians, we usually operate in a "left-brain dominant" world, characteristically, being excellent goal setters, good at following directions, having logical problem-solving skills, etc. Pathologists and physicians generally have faith in vaccinations. However, even more surprisingly some doctors and nurses (some colleagues I know) are resisting vaccinations and advising patients about the evils of vaccinations. The COVID-19 pandemic has ushered in both misinformation and disinformation, the power of which is stunning, far beyond understanding, and that only make us less prepared. [*Misinformation* is sharing or distributing verifiably false information; *disinformation* is sharing or distributing information that the distributor knows is false.] In response, this year the Federation of State Medical Boards (FSMB) released a position statement on physicians and other health care professionals who contribute to disseminating false information. Such behavior contradicts physicians' ethical and professional responsibilities and therefore may subject a physician to disciplinary actions such as suspension or revocation of their medical license. The American Boards of Family Medicine, Internal Medicine, Pediatrics, and most recently by the American Board of Pathology (ABPath) all issued joint statements in support of FSMB's position. The ABPath states that physicians *have an ethical and professional responsibility to practice medicine in the best interests of their patients and must share information that is factual, scientifically grounded for the betterment of public health. Spreading inaccurate COVID-19 vaccine information contradicts that responsibility, threatens to erode public trust in the medical profession and puts all patients at risk.*

My message is that Pathologists remain trustworthy physicians, on whom our families, friends, communities and work place colleagues depend. I trust that the essence of ABPath's position is embraced and practiced by all of our membership. To quote Jane Goodall, world renowned English primatologist and anthropologist: "*We cannot live through a single day without making an impact on the world around us – and we have a choice as to what sort of difference we make...*".



Eleni Bourtsos, MD

LEGISLATIVE UPDATE HB 4703 “NO SURPRISE ACT”

On the legislative front, the new legislative cycle for the state of Illinois is coming to a close. As part of this legislative cycle, House Bill 4703 was introduced to update the Illinois law on surprise billing in alignment with the federal No Surprise Act (NSA) which became effective January 1, 2022.

Opening the Illinois law on surprise billing offered an opportunity for the ISP with the assistance of CAP to enhance the Illinois Network Adequacy Law and re-visit the hospital-based adequacy language that was deleted by insurers from the Illinois State Medical Society (ISMS) backed legislation in 2016 which was subsequently enacted into law. The following request was recently made to the ISMS:

“We have reviewed HB 4703 and have attached the following amendments to enhance Illinois’s network adequacy provisions on behalf of ISP and the CAP.

Under current statute (215 ILCS 10), the Department of Insurance assesses the network adequacy of physicians and other providers to provide oversight of health plans’ access to services and facility-based physicians. However, the law explicitly omits pathology, radiology, emergency medicine, and neonatology from the list of physicians subject to review. Additionally, the current language suggests facility-based physician network adequacy is only subject to assessment when ‘applicable under contract’, and thus, we request listing the specialties on page 19 of HB 4703 regarding facility-based network adequacy.

The law’s requirements remain ambiguous to ensure health plans are providing reasonable access to hospital-based specialties to meet the current health care needs of beneficiaries and to provide for robust oversight of health plans by the Department of Insurance.

Thank you for your consideration of our language to ensure adequate access to hospital-based physicians.”

Currently, states such as Louisiana, New Hampshire, Virginia, and Washington have network adequacy language that includes hospital-based physician specialties and strengthen network reviews offered by health plans.

However, the Illinois Insurance Department did not support this language and the amendment was not offered by ISMS. In the near future the ISP with the assistance of CAP will reach out to the hospital-based state specialty societies of Anesthesia, Emergency Medicine, Radiology and Neonatology to gather ISMS support for this change.

HOSPITAL BLOOD SHORTAGE UPDATE

Hospital transfusion services have been facing unprecedented blood product shortages over the past several years. While platelet inventories are frequently the most acute, cryoprecipitated anti-hemophilic factor (“Cryo”) has been chronically in short supply both regionally and nationally. In addition to group O, Rh(D)-negative red blood cells, we have seen periodic shortages in other blood types as well. Led by the Illinois Association of Blood Banks (ILABB), over 55 members of the ILABB met on January 18th, 2022 to discuss the current state of blood donations and product availability in Illinois. Dr. Phillip DeChristopher discussed what Washington State has done to triage healthcare in times of crisis and limited resources and recommended that pathologists have discussions with hospital ethicists and medical staffs to establish guidelines to inform blood utilization and triage during trauma and other high risk events. The ILABB also held an educational roundtable last fall to discuss strategies to mitigate blood product shortages, including Dr. Glenn Ramsey, Dr. Jason Crane, and myself.



Mark D. Pool, MD

The CAP is a member of the Alliance for a Strong Blood Supply, a coalition of other hospital, medical and laboratory groups committed to ensuring sufficient blood is available for all patients. The group met on March 3 to share best practices aimed at supporting the stewardship of the blood supply. Dr. Ramsey, Chair of the CAP Transfusion, Apheresis, and Cellular Therapy Committee, represented the CAP at this meeting. The group discussed the overuse of the “universal” Type O, Rh(D)-negative blood and made the following recommendations for reserving Group O blood in three cohorts of females of childbearing potential: those who are group O Rh(D)-negative, those who are Rh(D)-negative requiring transfusion when type-specific blood is unavailable, and those of unknown blood type who require red blood cell (RBC)s before the completion of pretransfusion testing. Further, hospital transfusion services should closely monitor with the current use of Rh(D)-negative inventory blood supply and urgently develop policies that outline when patients should be switched to Rh(D)-positive RBCs to avoid depletion of the group O Rh(D)-negative supply. There are a number of local and national resources available to help inform you of national and regional challenges to the blood supply and practical strategies that you can employ to mitigate acute and chronic blood product shortages. The AABB also recently held a Blood Summit moderated by leaders of various blood collection facilities to discuss ongoing challenges to the blood supply. A recording of this is available [here](#).

The group discussed the overuse of the “universal” Type O, Rh(D)-negative blood and made the following recommendations for reserving Group O blood in three cohorts of females of childbearing potential: those who are group O Rh(D)-negative, those who are Rh(D)-negative requiring transfusion when type-specific blood is unavailable, and those of unknown blood type who require red blood cell (RBC)s before the completion of pretransfusion testing. Further, hospital transfusion services should closely monitor with the current use of Rh(D)-negative inventory blood supply and urgently develop policies that outline when patients should be switched to Rh(D)-positive RBCs to avoid depletion of the group O Rh(D)-negative supply. There are a number of local and national resources available to help inform you of national and regional challenges to the blood supply and practical strategies that you can employ to mitigate acute and chronic blood product shortages. The AABB also recently held a Blood Summit moderated by leaders of various blood collection facilities to discuss ongoing challenges to the blood supply. A recording of this is available [here](#).



Constantine Kanakis, MD, MSc

MESSAGE FROM THE RESIDENT BOARD MEMBER

Social media registers to all of us on a personal spectrum: from bemoaning it to a full-fledged addiction. Advice on most fun things in life will lead to the same notion of moderation. And, for those of us that engage our friends, family, colleagues, patients, and the general pathology community on social media, there is limitless connectivity.

I've written on the topics of professional utility and leveraging social media in pieces like "Handshakes, Follows, and Shares" (with Mirza, K in *Critical Values*) or "The Network that Never Sleeps" (with Mukhopadhyay, S, et al. in *Laboratory Medicine*). But let me precipitate out the basics and provide you foundational start. Whether you're a seasoned consultant, early career pathologist, resident, or fellow, there are ways to use Twitter or Instagram to your advantage: professionally, academically, and personally.

The professional benefits might be glaringly obvious to some but expanding your professional network can simultaneously increase your "go-to" pool of curbside consultant colleagues *and* it can exponentially expand your professional voice, image, and—dare I say—brand. If one is so inclined, the quality of your consults might not simply be enough to expand your business or reach more clients/partners. Creating that buzz is a useful tool in getting people interested in working with you. Too keep that momentum going, the same rules apply to young influencers on YouTube or TikTok: keep producing high-quality content. To us, that means meaningful discussions, important scientific papers, and messages that advance the culture and outcomes of Pathology and Laboratory Medicine. In essence, this might be the new *publish or perish*.

If you engage in some savvy tech-oriented thinking, you might be able to use it to your advantage. First, consider having a simple, reproducible "brand." A logo, a color palate, a signature, consistent across your Twitter, Instagram, Facebook, etc. accounts. (Note: it does help to have multiple, similarly named profiles across the different platforms to both reach the most people and self-promote your own content.) Second, consider what it is you want to say. Do you like to share interesting cases? Do you hope to promote a program or advocacy initiative? Would you like to collaborate with colleagues on projects? Maybe you're even interested in reaching patient populations as a contributing expert in forums or diagnosis-based support groups. This last one is garnering *a lot* of attention these days as patients are reaching out directly to their pathologists to discuss their results as part of the CURES Act. Finally, have some fun. While formal publications and traditional scientific research will always be the mainstay for official communication in our field,

impact factors are becoming largely replaced with altmetrics. Your presence on social media exists in tandem to the tradition

al roles we all play in community, academic, or private practice. All this connectivity can continue shining a light on the invaluable contributions we make to medical care, every day.

SUPPORT THE FUTURE OF OUR SOCIETY AS A CAP PATHOLOGIST PIPELINE CHAMPION

Dear Esteemed Pathology Colleagues,

A Pathologist Pipeline Champion is a pathologist or pathology resident who will be an active role model by demonstrating what a pathologist does; who can advocate for pathology by providing opportunities either directly or through others to engage students in the multiple facets of pathology and by providing online resources; and who can mentor students and advise them regarding applying to pathology residency.



Kalisha Hill, MD, MBA, FCAP, FASCP

The CAP Pathologist Pipeline Champions raise awareness of the importance of pathology and laboratory medicine within health care. Building a robust pipeline is very important to proactively address reported concerns about an impending shortage of practitioners and decreased interest in pathology as a specialty.

[Learn more about the program.](#)

For those ready to commit to being a Champion, the CAP hosts quarterly networking meetings to share ideas, successes, and discuss challenges as they encourage medical students to choose pathology as a specialty. There is no deadline to sign up and if your schedule does not allow for your attendance at the quarterly meetings they are recorded and shared afterwards.

[Submit your application.](#)

I am looking forward to having many of you, both in private practice and academic facilities engaging further into the future of pathology. We must sustain this wave of pathology and laboratory medicine visibility to the public and attract the best and brightest into our specialty!

(docma8@yahoo.com)

Chair, Pathology Pipeline Committee of the CAP Board of Governors

EXECUTIVE DIRECTORS REPORT



ISP is focusing on Resident activities with a Resident Event Task Force that is developing a virtual event in 2022 for Residents. As reported in the Winter Newsletter we are fortunate to have Residents from University of Chicago, Loyola, Rush, UIC and Northwestern. We are particularly grateful to the Resident Program Directors who are helping with our planning of this event. We will advertise the date, speakers and topic of this event online and on our website. We are also indebted to our new Resident Board member "Aki" Kanakis and the other task force members, Rohit Gupta and Tushar Patel.

Dues collecting, managed by our Financial Manager, Margie Jones, is going well. If you haven't sent in your renewal amount you will be getting a "nudge" from Margie.

Thank you again, all members, for your loyal support of your state pathology society.



Margaret Jones

ABOUT THIS PUBLICATION

On the Pathology Scene is a publication of the Illinois Society of Pathologists and may not be reproduced in any form without prior written permission of the publisher. Views expressed by various authors are not necessarily those of ISP.

All contributions are made with the understanding that they may be edited for clarity and placement purposes.

Editor: Phillip DeChristopher, MD, President
pdechristopher@lumc.edu

Executive Director: Pamela Cramer, CAE
pcramer@illinoispathology.org

Production Editor: Mike Cramer
mrcramer@thepmcgroup.com

Financial Manager: Margaret Jones
maj347@aol.com

Offices: 902 Ash Street, Suite 200, Winnetka, IL 60093-2436
(847-441-7200) www.illinoispathology.org

