

WINTER NEWSLETTER 2025

President's Message



Rohit Gupta, MD, ISP President

As we approach the end of the year, I'd like to recognize the dedication of our membership. Despite staffing shortages and the changing healthcare environment, Illinois pathologists continue to prioritize accurate diagnosis, demonstrate leadership within the hospital and advocate patient care.

I would like to acknowledge and thank some of the people that have contributed to making this a successful year for the Illinois Society of Pathology. I would like to thank our board members for their stewardship during this challenging year. I would also like to thank our resident board members who have brought fresh perspective to our organization. I want to express gratitude to the College of American Pathologists for their collaboration on advocacy efforts. On behalf of our board, I would like to thank our executive director Pam Cramer and financial manager Margie Jones.

This year ISP with the guidance of our legislative subcommittee assisted in the passage of a network adequacy bill into Illinois law. This important policy will ensure that patients have access to critical pathology services. Dr. Robert Decresce who was instrumental in this process has written more about this victory in the newsletter.

As we look forward to next year, we are excited to announce upcoming pathology events. In April, CAP will hold its annual Leadership Summit in Washington DC. This conference educates pathologists on advocacy issues and culminates with Hill Day. Hill Day provides pathologists with an opportunity to speak with our legislators and their staff about important issues facing pathology. In August we will hold our resident event webinar. On October 9, we will have our rescheduled CAP/ISP Reception. This year we will hold the reception at Rush University, Room 500. It is a great opportunity to meet our CAP leaders and build stronger ties within our ISP community.

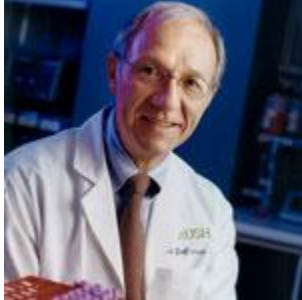
Finally, it is my pleasure to announce and welcome our new officers starting January 1. Dr. Tushar Patel will serve as President, Dr. Mark Pool will serve as President Elect , and Dr. Ajay Patel will serve as Secretary-Treasurer. I know their commitment to the practice of pathology and to improve patient care will help maintain ISP as a vital voice for pathologists within Illinois.

I wish you a happy and healthy holiday season.

Bets wishes,

Rohit Gupta, MD, ISP President

Network Adequacy Bill..... ISP-CAP SCORE !



Robert DeCresce, MD, Chair-Legislative Committee, ISP Past President

In August we reported that the CAP and ISP's Network Adequacy Bill was signed into law by Illinois Governor J B Pritzker as Public Act 103-0906. We are proud that this successful legislative collaboration between CAP and ISP was accomplished in under one year !

Illinois is now the eighth state to enact the CAP's position requiring health plans maintain robust **network adequacy** within in-network hospitals to provide enrollee access for physician specialists. Specifically, as of January 1, 2026, health plans must annually demonstrate to the director of the Department of Insurance that in-network hospitals have at least one radiologist, pathologist, anesthesiologist, and emergency room physician as a preferred provider in a network plan. The department may further select additional specialties for such requirements applicable to health plans.

The CAP and ISP worked closely with a multi-physician specialty coalition comprised of radiology, anesthesiology, and emergency medicine and the Illinois State Medical Society (ISMS) to advance the bill. The CAP previously **advocated in 2017** for similar legislation but the bill failed in the Senate .The new law will take effect on January 1, 2026. ISP also is investigating non-payment issues with a managed Medicaid plan. Watch the ISP website for more information.

You're invited
CAP-ISP RECEPTION - - - -Thursday October 9
Rush-Room 500-----6:30-8:30 PM

CAP'24 Annual Meeting – ISP



Eva Wojcik, MD; Kalisha Hill, MD; Bharati Jhaveri, MD; Tushar Patel, MD

The CAP'24 annual meeting in Vegas was a hit, especially with medical students, residents and new in practice pathologists attending the meeting for the first time. We had an excellent CAP Foundation Event at Madame Tussauds where CAP Foundation Immediate Past-President, Dr. Eva Wojcik passed the mantle to our new President Dr. Bharathi Jhaveri, two extraordinary Illinois pathologists. Dr. Tushar Patel, our next ISP President also represented the Illinois delegation well. As a second-term CAP Governor and candidate for CAP President-Elect 2025, I was honored to be in such esteemed company representing our great state at the CAP House of Delegates. Hope to see you all at the spring Pathologist Leadership Summit in Washington, DC, April 26-29, 2025 and The CAP'25 annual meeting September 13-16th in Orlando. Illinois proud!

Kalisha Hill, MD, MBA, FCAP, FASCP

Senior Vice-President, Chief Medical Officer, Medical Director, Pathology and Laboratory Services, Governor, College of American Pathologists, Past-President, Illinois Society of Pathologists

The Bloody Transfusion Problems



Phillip DeChristopher, MD, ISP Past President

Preventable death after injury is an enduring concern. The statistics are sobering: worldwide, injury accounts for more deaths than malaria, TB, and HIV combined; is the leading cause of life-years lost between 1 and 75 years of age; and US costs are estimated at \$4.2 trillion a year. In the past 10 years several large, federally-funded randomized trials have improved outcomes and changed practice. A long overdue and impactful intervention has been increased use of blood components as a primary resuscitative fluid. Advances in plastics and modified surgeries, the development of

hemodialysis technology, and advances in ventilator support and ECMO were all bred from wartime. The maturation of transfusion therapy, starting in WWI into WWII with the availability of whole blood, liquid plasma and albumin confirmed both the value of colloidal resuscitation and aided military surgeons to identify the so-called "*golden hour*" to deliver definitive interventions to save the lives of severely injured combat victims.

It is now accepted wisdom that early, prompt transfusion of blood components to patients with hemorrhagic shock saves lives. Now widely popularized as "*massive transfusion protocols*", fewer patients die from exsanguination when receiving balanced volumes of products—or better yet—whole blood. When blood is available, deaths due to hemorrhage decrease and so do associated costs—but only if the technology and the supply are available. 2019 American Red Cross statistics from 2045 hospitals showed that 33% did not routinely have platelets ready to transfuse to bleeding patients; 78% of those hospitals were in rural settings. Since required, life-saving blood components are not routinely available to all, implementation of proven lifesaving interventions is tragically uneven. Remedies to these disparities require overcoming at least three major obstacles: 1) the supply problems; 2) reimbursement and policy solutions; and 3) focus on research.

A Reliable Supply

Civilian and military blood systems are composed of a shaky hodgepodge of blood centers and volunteer donors. The short shelf lives and cold chain storage of blood components makes inventory management difficult to have blood for all clinical needs including trauma. Incentivizing donors continues to be a problem. To meet ever-increasing costs of regulated infectious disease testing, Blood Centers are operating at a loss. These trends are unsustainable. Nevertheless, even a 2020 Congressional Report on blood supply *adequacy* has not yet been acted upon. Inaction represents substantial risk to the nation's health and security infrastructure. Nationally and even locally, we are ill prepared to successfully cope with the increasing number of mass casualty events.

Reimbursement and Policy Solutions

Increasing the blood supply requires bold solutions. Pioneering solutions such as remuneration of donors, increased reimbursement for Blood Centers, and streamlined regulatory and financial reimbursements for new shelf-stable blood products may work. For example, the *deployed* Department of Defense (DOD) trauma system uses pre-screened "*walking*" blood donors to hastily provide non-refrigerated whole blood, uses lyophilized-reconstituted plasma (made in France, but not available or FDA-licensed in the US), and prehospital blood transfusions as a standard of care. Currently, < 1% of civilian EMS systems have implemented prehospital transfusion programs, despite high quality evidence supporting a mortality benefit in this setting. The major barrier to prehospital transfusion remains reimbursement capped by the limitations of DRG fee schedule. In 2023, a Prehospital Blood Transfusion Working Group was assembled to make reimbursement recommendations to Congress with regrettably little action to date.

Focus on Research

Historically, injury research has not been funded commensurately with its societal impact. Injury research is funded largely, in patch-wise fashion, by the DOD, the NIH, the Biomedical Advanced Research Projects Agency (BARDA), NASA, and the CDC. Most recently, the DOD has provided funding to support a number of hopeful clinical trials which interestingly resurrected a known but not appreciated fact about the collection and storage of platelets. Since the 1970's, standards for platelet storage have been at room temperature (RT) with a limited shelf life of only 5 days. These conditions were chosen based primarily on the fact that RT-stored platelets have a longer *in vivo*

survival in thrombocytopenic patients. What was known but mislaid in the data for decades was that platelets stored in the **cold** (1 – 6 °C, like RBCs) remained hemostatically active and were absolutely beneficial to patients with active bleeding. Another important proviso of using cold storage for platelets is that the shelf life may be expanded to previously surprising limits (possibly over 14 days)! It is now the standard of care that platelets are mainly collected by apheresis methods, are leukoreduced, suspended in plasma-limited platelet preservative solution, and are pre-storage pathogen inactivated, making them very sophisticated but also very expensive blood components.

With DOD funding, such platelet concentrates – now stored in the cold – are being provided in a currently-recruiting, multi-centered (26), randomized, controlled clinical trial called "**CHilled Platelet Study**" ("**CHIPS**") in patients having cardiothoracic surgeries. In Illinois, Loyola University Medical Center and Northwestern Memorial Hospital are actively recruiting patients. Beyond the *CHIPS* protocol, the ClinicalTrials website demonstrates more than a half dozen trials on the use of cold-stored platelets, aimed at patients in hemorrhagic shock, patients with bleeding in hematologic malignancies, and even reversal of dual antiplatelet therapy. Results of such trials may finally introduce expanded storage conditions and expiry periods to alleviate platelet availability to pre-hospital settings and remote rural locations. Maybe there will be hope at last.

Meet the 2025 Officers



Tushar Patel MD
President

Board of Directors

Aadil Ahmed, MD

Brian Adley, MD

Luis Blanco, MD

Eleni Bourtsos, MD-Past President

Robert DeCresce, MD-Past President

Phillip DeChristopher, MD-Past President

Kalisha Hill, MD-Past President

Bharati Jhaveri, MD-Past President

Oliver S. Kim, MD

Karl M. Napekoski, MD NEW MEMBER

Vijaya Reddy, MD

Archana Bargaje, MD-Chicago Pathology Society Representative

Constantine E. Kanakis, MD-Resident Member



Mark Pool, MD
President-Elect



Ajay Patel, MD
Secy-Treasurer



Rohit Gupta, MD
Immediate Past Pres.

Welcome to New ISP Director-Karl Napekoski, MD



ISP welcomes Karl Napekoski, Anatomic and Clinical Pathologist and Dermatopathologist from Midwest Diagnostic Pathology, LLC. Dr. Napekoski practices at Good Samaritan Hospital in Downers Grove. He received his MD at Loyola, and did postgrad training in Dermatopathology and AP and CP at the Cleveland Clinic. He is currently the President-Elect of the DuPage County Medical Society and member of the Illinois State Medical Society Governmental Affairs Council. Welcome to Dr. Napekoski!

Executive Director Update



Pam Cramer, CAE

I'm happy to say that 2024 has been another solid year for ISP. Membership has been maintained, especially "Group Memberships." Our Financial Manager, Margie Jones, accomplished stellar work in dues collection. An important legislative bill, Network Adequacy, was approved in record time, less than one year! We worked with the CAP on this legislative initiative, and contracted with lobbying firm McGuire Woods, specifically, Kent Gaffney. Kent has worked with ISP in the past. CAP leaders were Barry Ziman and Marie Divine. ISP's legislative leaders continue to monitor non-payment for CP Professional Component from payers.

We are thrilled to maintain our relationship with CAP, and our Affiliate Agreement continues to be an asset to ISP. We are looking forward to planning our Residents Virtual Webinar in August of 2025, along with the CAP-ISP Reception to be held at Rush in Room 500. This event will be Thursday, October 9, from 6:30-8:30.

Wishing you all memorable Holidays and a healthy and happy 2025.

