MESSAGE FROM THE NYSSPATH PRESIDENT
Mary Fowkes, MD, PhD, President, NYSSPath

Dear Colleagues,

Membership in our State Pathology Societies is even more important than ever before. As a physician group, Pathologists are a relatively small group and our practice has issues unlike any other physician group. Because our profession has historically been happy to work silently behind the scene in administering health care to our patients, incorrect perceptions have developed regarding pathologists’ contribution to the care of our patients. With the increasing need for health care cost containment and cuts to all areas of medicine, the need to convey our worth is critical if we are not to have additional cuts to our profession. We can no longer be silent, but have to educate our colleagues on what we do.

Pathologists are key to coordinated care and are key sources of information. The daily medical decisions made by pathologists, and the laboratories they direct, produce critical diagnostic information which is without question a key influence on health care, driving an estimated 70% of decision making. Pathologists commonly work as part of a clinical care team with surgeons, oncologists, radiologists and internists to coordinate care, reduce overutilization of services, and provide optimal care for our patients. Our clinical laboratories are working more and more to reduce or eliminate duplicate test orders, inappropriate/incorrect tests, and to provide oversight of critical values for patient safety.

Pathologists do a multitude of tasks without financial reimbursement. We do autopsies, consult on what tests need to be ordered, educate clinicians on the meaning of diagnoses, including new complex diagnostic tests, all of which are done without reimbursement. Pathologists are now speaking up and explaining ways we can help in reducing health care costs. This increase in Pathologists role in health care comes at a time of shortages in ancillary pathology staff, such as histologists and pathology assistants, resulting in increased workload for Laboratories, Faculty and Residents.

Some physicians characterize pathologists as technicians. They minimize the physician-patient interaction which occurs when pathologists examine extracted tissues or fluids. Yet, this examination gives us an intimate view of our patient’s body and health which we, as physicians, are responsible for. This can have serious implications for reimbursement or legislative actions which could affect our profession. Unfortunately, many physicians have little to no interaction with pathologists, aside from our reports. Many physicians involved in implementing legislative regulations have no clue what we do. When someone says to me, “You don’t see patients”, I say “Yes, I do. I see them every day under my microscope and their care is just as important to me as it is to you”.

NYSSPATH as a 501(c)(6) organization can spend 100% of its dues on legislative activity as long as it furthers the purpose of the organization. Other Pathology Societies, usually dedicated to more educational purposes, are 501(c)(3) organizations restricted to expenditures of up to 20% of dues for legislative activity. Therefore, the greater membership NYSSPATH has, the greater legislative funding we have to combat issues adversely affecting our profession. This past year we have used dues money to combat regulations restricting our practice as
physicians, worked to make an even playing field for attracting and hiring ancillary pathology staff, such as histologists, and continued to support legislative changes to prevent Pathology Assistants from having restrictive medical technician licensure requirements. Some of our current legislative efforts have been a result of failed attempts to prevent regulations adversely impacting pathology, such as medical technician licensure requirements for histologists. This legislation adversely affected the number of qualified histologists in NYS and was implemented despite our objections due to Department of Education concern for patient safety. This legislation put adjoining states, such as New Jersey, at an unfair advantage, since New York State specimens could be sent across the river and technicians there were not held to the same licensure requirement. Did you know that almost 1/3 ($1.4 Billion) of all New York State patient laboratory work is diverted outside the state? With efforts from NYSSPATH and CAP this unfair out of state advantage will hopefully be eliminated should the Governor sign into law CAP-NYSSPATH backed legislation requiring out of state laboratories, licensed by NY, to comply with New York State Laboratory personnel licensure requirements when working on specimens from our state. Importantly, after more than a decade, there will be official recognition August 4th of outside proficiency testing, such as the CAP proficiency testing program for CAP laboratory accreditation. Current state regulations require laboratories wanting CAP accreditation to do both state and CAP proficiency testing, resulting in additional cost and redundancy of work.

Our successes are dependent on two key items: 1) A strong society with active membership by many/most of the pathologists within the state; and 2) Active members willing to go to bat for our profession. As your president, I can assure you I will work especially hard to secure the latter, but I need your help in securing membership. If you are a member of a subspecialty society, wonderful. These societies are essential for our continued education and networking. But, as the saying goes, divided we fall. We need to unite as a powerful voice to make sure our profession receives and maintains the credit and respect it deserves.

If you are a NYSSPATH member, please renew your membership, join us at our state meetings, and work with me at mobilizing our state grassroots by getting your colleagues to join as well. If you are an academic Chair, please have all your faculty and residents be NYSSPATH members. Our success is your success.

Best Regards,

Mary Fowkes, MD, PhD • President NYSSPATH
Director of Neuropathology and Autopsy Service • Icahn School of Medicine at Mount Sinai

REPORT ON THE CAP HOD

The New York State delegation to the College of American Pathologists House of Delegates (CAP-HOD) has seen tremendous growth this year.

We started the year with 15 delegates and no alternate delegates, out of 36 total positions available (18 delegate positions and 18 alternate delegate positions). After a ‘membership drive’ in mid-May and early June of this year, we almost doubled our members, going from 15 to 27!

We still have 9 vacancies for alternate delegates, so any NYSSPath member who would like to reap the benefits of greater engagement in Organized Pathology is encouraged to send me an email expressing interest in being a delegate to the CAP-HOD. The HOD meetings are a good place to learn about changes in Healthcare and advocacy issues affecting Pathology, as well as a great networking resource. HOD members have multiple opportunities to interact with the Resident’s forum of the CAP, as well as to interact with the CAP Board of Governors, so delegates have a great venue for communicating issues and concerns, as well as have the opportunity to hear and learn from national and international leaders in Pathology and other disciplines of the House of Medicine.

A warm welcome again to all the new Pathologists who volunteered to serve on NYS’s delegation to the CAP-HOD, helping to represent the voice of fellow NYS Pathology colleagues. Please report any issues regarding patient safety, quality of care or pathology practice to any NYS-HOD member. We will make sure that the CAP is alerted to your concerns and suggestions and bring you feedback on any actions being contemplated. The list of NYS-CAP-HOD members will soon be available on NYSSPath’s website.

The spring meeting of the CAP-HOD was held on Saturday, March 21, in Boston MA, with 8 members from the NYS delegation present. One of the problems faced by delegates across the country is the lack of a communication network that facilitates easy and effective communication with other pathologists in their state. The HOD has a workgroup tasked with setting up communication networks for each state. Please email and let me know if any NYSSPath member (you need not be a delegate) is interested in lending their time and talent to help with this vital endeavor. There was vigorous discussion about Medical Coverage Decisions by local Medicare Contractors, as well as a Q&A session between delegates and candidates for upcoming CAP elections for the positions of President-Elect, Secretary-Treasurer and Governors.

The next CAP-HOD meeting will be in Nashville Tennessee, on October 3rd, but before that I look forward to meeting all NYS delegates and all other NYSSPath members in Niagara Falls, NY on September 12th, for our annual meeting – NYSSPath 2015!
One way to tell you have been around too long is when they change your name, as when Brontosaurus became Apatosaurus. If you wait a bit longer, sometimes you even outlive the name change and back it goes to Brontosaurus. Those of us who garden have another way to gauge advancing age by watching the changes in genus names for mums and asters. And for pathologists, retirement age can be heralded by the gradual realization that your antediluvian date of training is revealed by the use of outdated terms like malignant fibrous histiocytoma (what pathologist didn’t like to make that diagnosis?). But, wait, I’m told it’s back in favor again. Further proof that I am a dinosaur.

So, on that note, I announce that this is my last issue as editor of the New York State Society of Pathologists newsletter. I haven’t quite retired from my day job as a pathologist, and it may take me 5 more years to do so, but I am preparing. I’m throwing out journals that are more than 3 years old (yes, I know all about accessing journal articles on the websites but I’m a packrat as well as a dinosaur) and I discarded my rather large collection of glass slides that I collected mostly during my training years. I am sure that too many of the labels have undergone diagnostic name changes anyway.

I would like to take this opportunity to thank every pathologist who ever served in some capacity to represent the pathologists of New York, whether that means being on the board of NYSSPath, being a delegate to the MSSNY or CAP HOD, or writing letters to Albany or Washington. But I especially want to thank two pathologists. One is Vern Pilon, who long served the NY pathology community from his office in Albany. Dr. Pilon served as a NYSSPath president, as a long-standing board member, and as a willing liaison with the career bureaucrats in Albany’s Department of Health and the State Education Department. I want to publicly thank him for willingly performing many a thankless task. The other pathologist is the most recent past president of NYSSPath, Rana Samuel. It was Dr. Samuel’s unshakeable belief that the declining arc in NYSSPath membership could be reversed. And she did it. I stand in awe of her achievement. It stands to reason that there is a direct correlation between the number of pathologists we have as members and the influence we can have when trying to reason with those above referenced Albany bureaucrats. Every single pathologist who practices in the state of New York should be a member of NYSSPath. No one else is there to advocate for all aspects of the practice of pathology in the Empire State.

As I ride into the sunset, if I may be allowed to give some advice it is the following:

1. Yes, if you are still in a hospital-based practice, then you must get involved with every committee and leadership role you can find. You must be visible.
2. If you oversee a clinical laboratory, then remember that daily quality control and periodic proficiency testing are not single event pass/fail tests. They are both snapshots and long term monitors of the precision, accuracy, and biases of the medical testing provided by your laboratory. Use that information accordingly.
3. Get CME that is actually relevant to what you do. PIPs and PAPs may give you more hours than you need (unless you also have a NJ license) but are they keeping you up on your specialty? If this means that you must use some of your PTO for an on-site CME program, well, then you must.
4. If you sign out colon biopsies and don’t know the diagnostic criteria for sessile serrated adenomas, you are in trouble.
5. If you sign out esophageal biopsies and think that all blue cells on Alcian Blue/PAS stain are goblet cells, you are in trouble.
6. If you sign out prostate biopsies and think that the cribriform architecture is a Gleason pattern 3, you are in trouble.
7. If you are practicing pathology and don’t keep up on current standards of practice, you are in trouble.
8. If you are a member of the CAP and have not been following the changes being made by the non-pathologist CEO, you are asking for trouble.
9. If you do not follow the sociopolitical aspects of medicine, you will wake up someday and find that the commercial labs and our GI and GU colleagues have commandeered our profession and made us “overpaid” techs.
10. If you love looking through a microscope and still marvel about how it all works, then you may still find contentment.

And last, but not least, I wish to thank my husband of almost 40 years, Edward Klein, for his unwavering support for all of my endeavors, some more successful than others. And I still love looking through my microscope.
SAVE THE DATE!
Saturday, September 12, 2015
7:30 AM - 4 PM

NYSSPATH ANNUAL MEETING
Sheraton At The Falls • 300 Third Street • Niagara Falls, NY

Keynote Luncheon Speaker – CAP • RICHARD FRIEDBERG, MD
A meeting you won’t want to miss and your tool for
INFORMED, EMPOWERED Pathology Practice in NYS

AM Session: Practical Molecular Pathology, Jennifer Laudadio
PM Session: Digital Pathology, Liron Pantanowitz, MD

SPECIAL ATTRACTION: Maid of the Mist Boat Ride at 5 pm (additional charge applies)

LEARN AND EARN – IMPACT YOUR PRACTICE ENVIRONMENT
The NYS Society of Pathologists (www.nysspath.org)
Your Advocate in New York State. Join NYSSPath today!
Contact Barbara Birkeland at blkbirk@att.net for more information.

43rd ANNUAL CME MEETING - MOLECULAR AND DIGITAL PATHOLOGY

WHAT’S NEW IN MOLECULAR TESTING OF COLORECTAL CANCER?
Jennifer Laudadio, MD, Associate Professor, University of Arkansas for Medical Sciences

CHOOSING WISELY: MOLECULAR TESTING OF NON-SMALL CELL LUNG CARCINOMA
Jennifer Laudadio, MD

PRACTICAL MOLECULAR PATHOLOGY OF BREAST CANCER
Jennifer Laudadio, MD

THE VALUE OF ORGANIZED PATHOLOGY
Richard Friedberg, MD, Chairman of the Department of Pathology
Baystate Heath • President-Elect, College of American Pathologists

IS DIGITAL PATHOLOGY READY? THE PROS AND CONS OF DIGITAL IMAGING IN PATHOLOGY
Liron Pantanowitz, MD, Director of Cytopathology • UPMC Shady Side

Learner Objectives:
At the conclusion of this lecture, the attendees will be able to:
Recommend appropriate molecular testing for colorectal cancer cases. Utilize guidelines for molecular testing of non-small cell lung cancer. Incorporate ancillary molecular pathology testing into the routine work-up of breast cancer.

Better understand the CAP’s Now and Future policy agenda and the evolving health care landscape which values quality over quantity. Articulate regulatory and health care policy issues that affect pathology. Better understand the state of the CAP.

Review the benefits of digital imaging in pathology. Discuss the challenges of digital pathology. Recommend and future trends in the field.

Joint Sponsorship Accreditation Statement
This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint sponsorship of the College of American Pathologists (CAP) and the New York Society of Pathologists. The College of American Pathologists is accredited by the ACCME to provide continuing medical education for physicians.

Credit Designation Statement
The College of American Pathologists designates this live educational activity for a maximum of 5 AMA PRA Category 1Credit(s)™. Physicians should claim only credit commensurate with the extent of their participation in the activity.

Disclaimer: The content of the CME activity does not necessarily reflect the view or policies of the College of American Pathologists.
NEW MEMBERS

The following physicians have applied for regular membership in NYSSPath over the past months. Our current policy is to publish their names in this newsletter, soliciting over the three months following publication any information as to why such applicants should not be approved for membership.

Please contact our administrative assistant, Barbara Birkeland, at blkbirk@att.net if there are errors in this listing, including errors of omission.

Ann E Anderson, MD
Integrated Medical Professionals, PLLC

Jela Bandovic, MD
Stony Brook University Hospital

Joanne L Becker, MD
Roswell Park Cancer Institute

Frank Chen, MD
Quest Diagnostics

Yi Ding, MD
NYPH-Cornell

Shah Giashuddin, MD
NY Hospital Queens

Jeffrey S Jhang, MD
Mounts Sinai School of Medicine

Randy J Kalish, MD
St Joseph’s Hospital Health Center

Samer N Khader, MD
Montefiore Medical Center

Tzvetan B Kozarski, MD
UHS Wilson Medical Center

Zhonghua Liu, MD
University at Buffalo

Dushyant Purohit, MD
Mount Sinai School of Medicine

Jingxin Qiu, MD
Roswell Park Cancer Institute

Silvat Sheikh-Fayyaz, MD
North Shore Hospital System