

TACLS NEWS

MENTORS NEEDED! HOW ABOUT YOU?

Shirlyn B. McKenzie, Ph.D., CLS (NCA), Region VII Director

Most of us can identify someone who served as a mentor to us. It may have been a teacher, relative, friend, etc. Have you ever considered yourself a mentor? One of the things that I think is sorely needed in CLS is mentoring for new CLS graduates as well as others who may have the potential to step into leadership positions. It is certainly not for a lack of mentors that this mentoring process fails to occur. We have lots of exceptionally talented people in our profession. Many belong to ASCLS and a few have stepped into leadership positions, but there are many more potential leaders in our group.

I am disturbed when my students tell me that when they get to the hospital to do their practicum, it is not unusual to have the unhappy practicing techs ask them why they are pursuing such a dead end, low paying career. My answer to the students is to ask these practitioners why they are still in the field if they are so unhappy. For at least two years, my faculty encourages students to get involved in their professional organization and promote the profession as one where opportunities are limited only by their imagination but after a few months in practicum, they become disillusioned. I would love to see that turned around and have the students come back more enthused than when they left the classroom. Many of you out there can make that happen!

It is easy to spot a potential professional leader in a student group. They need some one they respect to direct their energy. One of my current students comes to mind - Melissa Nedry. Melissa is an enthusiastic student who enjoys the leadership role. With encouragement, she attended the national ASCLS Meeting last year in Chicago. She did not know any other student attending and it was her first plane trip alone. Melissa quickly began interacting with the other students and made many friends from around the country. At the Pre-house Session, she heard President-elect Paula Garrott speak. Paula so inspired Melissa that Melissa decided to run for Student Forum Chair. She wanted to become a part of this wonderful active group with such dynamic leadership. She wanted her membership in ASCLS make a difference to the profession. Melissa was elected Student Forum Chair at that meeting. Since then she has encouraged the rest of our students to become active in CLS but has realized how difficult that is. She has made a

difference though. For instance, due to her enthusiasm, in our University, there is a group of students anxiously looking forward to attending our state meeting while some are even contemplating going to the national meeting in Orlando and some are thinking about presenting posters. My greatest challenge is to assure that Melissa stays active and is not discouraged by the lackadaisical attitude of some CLS practitioners once she graduates.

Karrie Hovis, the current President of the LSCLS is one our success stories. Karrie was selected as Region VII Student Forum Chair just a few years ago. Her appointment by Cheryl Caskey was recognition that she had the qualities of leadership. Karrie has recently been nominated for a leadership position at the national level. All this occurred in less than five years.

I know I am speaking to a small group of the best professionals in CLS through this newsletter so I am pleading with you to help develop our students as leaders. If you look at the group of leaders we now have, many are "graying". I see few coming after us to fill the gap. It is up to each and every one of us to be a positive role model for our students and new graduates and encourage those who demonstrate leadership skills to become leaders. If you want to serve as a mentor or be mentored let your current state leaders know. We need you to step forward now! Please remember that even if you are not aware that you are mentoring someone, you may be serving as a model for another CLS. Make that a positive role model!

SPECIAL ALERT
House May Propose New Cuts in Laboratory Reimbursement

AACC Urges You to Contact Your Representative in Opposition

The Speaker of the House of Representatives Dennis Hastert (R-IL) just released the GOP Medicare Reform Plan that he hopes to pass this month. It includes a new competitive bidding proposal for laboratory testing. If enacted, the bill would require CMS to develop and implement such a system in urban areas (rural areas would be excluded) without conducting any demonstration project.

Compounding the impact, the proposal eliminates the consumer price index (CPI) update for laboratory services until competitive bidding is implemented. Since the measure projects that it would take at least three years before such a system could be put into effect-it means that the lab CPI update would be eliminated, for at least the next three years, if not longer.

AACC is urging its Members to write, call or e-mail their congressional representatives, particularly those on the House Ways and Means <http://waysandmeans.house.gov/> or Energy and Commerce <http://energycommerce.house.gov/> committees-these are the two panels with immediate jurisdiction over these issues. If you do not know your House member, or you need their contact information, please go to the House Directory at [http://www.house.gov/house/ MemberWWW.html](http://www.house.gov/house/MemberWWW.html).

When contacting your House member, we encourage you to make the following points:

Key Points

- In recent years, clinical laboratories have suffered real cuts in Medicare reimbursement for its services, not just reductions in increases.
- Laboratories have not received a CPI update in five years or seven of the last nine years.
- The House Republican Medicare Reform plan would continue the current freeze for at least three more years, while increasing payments to other providers.

- Many laboratories may find it difficult to continue operations if they are not fairly and adequately compensated for their services.

Ask for Support to:

- Eliminate the CPI freeze for laboratory services from this plan, as well as its linkage to the adoption of a competitive bidding system, which, to date, Congress, and three successive Administration's, have been unable to figure out a way to make it work.
- Conduct a demonstration project before implementing a competitive bidding system for laboratory services. This would ensure that such a system works before its adoption and it would minimize the potential disruption to clinical laboratories and their patients.

If you have any questions regarding how to contact your Representative, or about these issues, please contact Vince Stine, Director, Government Affairs, at 202/835-8721. For more background information on the CPI Update and Competitive Bidding, please to the AACC Website at [http://www.aacc.org/govt/adv material.stm](http://www.aacc.org/govt/adv_material.stm). Also, please send me an email at vstine@aacc.org to let me know that you have contacted your Representative. Thank you for your cooperation in this important matter.

Texas Clinical Laboratory Conference 2002 – a report on a successful meeting.

John Wentz, President, TACLS

TACLS and the Texas Section of AACC hosted the first Texas Clinical Laboratory Conference at the Hilton Arlington, April 8th, 9th and 10th. The meeting was so named because this event by almost every description was a joint meeting. During the three-day conference we hosted over fifty sessions, including three exciting general sessions. Also, nineteen exhibitors and sponsors displayed their products, or recruited employees and potential students.

For a while on Sunday night it looked as if we were going have the “Texas Clinical Lab Thunderstorm,” but by Monday morning the weather began to clear. Except for two speakers with weather-delayed flights, the rest of the conference went quite smoothly.

The Texas Section of AACC provided a significant number of our excellent speakers. Additionally, I believe some exhibitors participated because of the anticipated attendance from both organizations. With this in mind, I believe that the TCLC 2002 could be the start of future cooperative efforts between laboratory organizations in Texas and the even surrounding states. TACLS should take the lead in promoting cooperation between different laboratory groups by inviting other organizations to join us in planning and conducting future meetings, if not in 2003, then in 2004 and beyond.

The question may arise, “Did having a joint meeting cost less than a strictly TACLS meeting?” No, in fact, it’s no secret that the conference did not make a profit. Did we have a great meeting? Yes. The committee heard nothing but positive comments, so if someone had a bad time they haven’t come forward.

A number of members remember the days when profits from the spring meeting propped up the following year’s budget. Those days have gone the way of 89-cent gas; it’s unlikely we’ll see them again. In my opinion, the bottom line is less important than the value of continuing education we provide, the intangible value of camaraderie among our professional colleagues, and the professional development of our students. As your new TACLS president, I encourage every member to make constructive suggestions for future meetings, and support the association’s efforts to promote the clinical laboratory profession throughout the year.

To the members of the TCLC 2002 convention committee, Karen Murray, Becky See, Patti Smith, Sally Lewis, Tammy Stone, and Karen Jessen; thank you for your dedication and hard work. You guys made it fun! I also want to thank our colleagues from AACC – Dr.'s Leland Baskin and Sridevi Deveraj, for their support and efforts in hosting a great event.



Keynote Speaker, Dr. Jim Griffith, Former President, ASCLS, “The Shortage of Laboratory Professionals”



Keynote Speaker, Dr. Arthur Eisenberg, “Human Identification by DNA Analysis”



TACLS Exhibitors

Many thanks to the exhibitors who supported our meeting. They included Infolab



UT Southwestern School of Allied Health Sciences



Parkland Health & Hospital System



Leeds Instruments



Roche Diagnostics

Student Bowl

Six teams participated in the Student Bowl competition at the TACLS Meeting. They included students from Temple College, Tarleton State University, UT-Southwestern, MD Anderson, Methodist Hospital, and UT-Health Science Center-San Antonio. Congratulations to all of the teams.



Judges: Karen Chandler, KC McClure, Patricia Smith, Cindy Martine, Christina Thompson, Tatia Feltman, Phil Kostroun, Kirk Newport, Karen McClure, Dave Falleur.





Second Place Team – Methodist Hospital



Third Place Team – Tarleton State University

Awards Ceremony

President Duncan Samo presented awards to members, student bowl teams, and industry supporters. Special congratulations to twenty year members: Karolyn Booth, Debbie Faubion, Christie McCain, Toni Cascio, Cathy Hester, Lynne Miller, Anna Engelking, Diane Hopkins, and Frances Tracewell. Thirty year members who were recognized, include Carol Ahr, Alfred Campa, and Kathleen Burton-Reedy. Forty year members include Gina Agold, Benita Mays, Mary Mims, Joan Aldrich, and Rosario Ruiz. Omicron Sigma pins were awarded to: Barbara Border, David McGlasson, Debbie Faubion, Isaac Montoya, Janet Englekirk, Karen Chandler, Linda Smith, Vicki Freeman, Lynn Little, Melissa Nedry, Michelle Wright-Kanuth, Sandra Heatherley, Shirlyn McKenzie, Stephen Speights, Thomasine Newby, Duncan Samo, John Wentz, Joan Aldrich, Judy Baughman, Phil Kostroun, Karen McClure, Sandra Cabrera, Candace Schaper, Becky See, Camille St. John, and Christina Thompson.



Karen Murray, Key to the Future Award



Sandra Cabrera, Presidential Merit Award



Infolab, H.A. Bardwell Award



Omicron Sigma Awards



Omicron Sigma Awards
Dr. Joan Aldrich, Presidential Merit Award



Jana Morrison, Presidential Merit Award

Judy Baughman, TACLS Member of the Year

TACLS Meeting in Austin in 2003

Dave Falleur will be chairing the Convention Committee for the 2003 annual meeting, which will be held at the Austin Hilton North, Thursday-Saturday, April 3-5. The hotel is located at 6000 Middle Fiskville Road, which is near the intersection of IH-35 and US Highway 290. The hotel rates will be \$119 for the Hilton and \$69 for the Garden Court which is an adjacent hotel managed by the Hilton. The room rates include breakfast coupons for breakfast at Ma Ferguson's Restaurant in the Hilton. The hotel is conveniently located near shopping, state governmental offices and attractions, and the sixth street entertainment district. Dave and his committee are working with the Austin CLMA and other laboratory organizations to develop workshops and scientific sessions for students, technical staff, educators, and managers.

COMPETITIVE BIDDING FOR LABORATORY SERVICES AND THE CONTINUED FREEZE OF A CPI UPDATE THREATENS QUALITY AND ACCESS

COMPETITIVE BIDDING:

The Centers for Medicare and Medicaid Services (CMS) has been considering competitive bidding for the procurement of Medicare Part B laboratory services for over fifteen years, and, in the late 1990's, spent three years trying to develop a design for a competitive bidding demonstration project. The American Society for Clinical Laboratory Science (ASCLS) worked diligently with CMS, as a member of the LTAC for this demonstration project. It quickly became clear that due to the complexity of designing a model, competitive bidding would not achieve the reductions in reimbursement that CMS and the Congress wanted. The Institute of Medicine confirmed these findings and stated in its recent December 2000 report - "*Medicare Laboratory Payment Policy: Now and In the Future*" – that "the disadvantages of competitive bidding outweigh its advantages for use as the basis of payment [for laboratory services]."

Competitive Bidding Is Not the Answer For Decreasing Reimbursement

The methodology would be complicated and difficult for all parties because laboratory testing is a service, not a commodity. This effort will be far more difficult than implementing competitive bidding for health care equipment or supplies, which are usually standard and interchangeable, because laboratories are a service and can vary depending on the provider.

Competitive bidding provides incentives for laboratories to knowingly submit bids under their actual costs in order to "meet or beat" the competition to obtain Medicare business. When revenues are less than costs, a laboratory cannot maintain the resources necessary to provide timely results that are accurate and reliable. As that occurs, Medicare beneficiaries will suffer the consequences of poor quality.

We question the need to use competitive bidding to control the cost of laboratory services. CMS data shows that payments with the Medicare Part B fee schedule for outpatient laboratory tests declined from \$3.8 billion in 1992 to \$3.6 billion in 1998. During the same period total annual Medicare spending grew from \$141 billion to \$231 billion. At this point, laboratory services represent only 1.6 percent of overall Medicare Part B expenditures. Competitive bidding would move the Medicare Program toward a complex and expensive payment methodology rather than toward a more rational, simple system. The IOM Report concluded that competitive bidding would likely result in multiple fee schedules across the country and possibly even within separate bidding areas. In fact, what the system needs, as the IOM recognized, is a single national rational fee schedule based on the current National Limitation Amounts, the ceiling on Medicare reimbursement levels. A bipartisan bill has been introduced in Congress that would achieve that goal (H.R. 1798 and S.1066) and ASCLS supports that bill.

FREEZING THE CPI UPDATE:

The clinical laboratory fee schedule Consumer Price Index (CPI) update has been repeatedly frozen or limited by Congress over the past 10 years. Moreover, over the past 17 years reimbursement for laboratory services has been cut significantly with National Limitation Amounts (NLAs) dropping from 115 percent in 1984 to 74 percent today. The Balanced Budget Act (BBA) of 1997 totally eliminated a CPI increase for clinical diagnostic laboratory tests from 1998 through 2002. This action further compounded

previous reductions to the clinical diagnostic laboratory fee schedule under Medicare and Congress has yet to provide relief.

As a result of these cuts, laboratories – unlike other providers – have suffered real reductions in their reimbursement levels, rather than simply reductions in the level of increases that otherwise would have been received. Specifically, the cuts in reimbursement have resulted in laboratory testing being reimbursed at a lower level today than it was ten years ago.

These past, real reductions to the clinical laboratory fee schedule have occurred while at the same time the cost of business continued (and continues) to grow due to new federal regulations, increasingly burdensome requirements imposed by Medicare contractors, personnel shortages, safety regulations, and keeping pace with new technology.

ASCLS Position

ASCLS opposes competitive bidding for laboratory services because the results will destroy most hospital and smaller private laboratories around the nation who will not be able to provide services at the “winning price” since these laboratories do not realize the economies of scale of large commercial ventures. Not that this method really favors large commercial laboratories, since, if there are to be multiple winners to maintain access, there would be no guarantee of volume, making a profitable bid almost impossible. We believe that competitive bidding violates Medicare’s basic premise that a beneficiary should have access to “any willing provider”. Coupling this process with a continuation of the freeze of the CPI update will cripple laboratories as they struggle with personnel shortages and bioterrorism preparedness in communities throughout the nation.

Puerto Rico – A Model for the States?

Shirlyn B. McKenzie, Ph.D., CLS (NCA), Region VII Director

Recently, I had the rewarding experience of attending the 4th Congress of the Colegio de Tecnólogos Médicos in San Juan, Puerto Rico. I was one of three speakers in the Hemostasis/Thrombosis session. Two of the three speakers, including myself, were from the States while the third was the Chief of Hematology at the UPR. This session was moderated by a hematology

oncologist. After speaking at the Congress, we went to the University of Puerto Rico Medical School to speak at the first annual Thrombosis Seminar. This seminar was attended by fellows, residents, hematologists, biochemists and students. Many of the other speakers and moderators at the Congress were physicians from PR or the States. What impressed me most during my visit was the mutual respect and close relationship between the laboratorians and the physicians. It was obvious that there were long standing friendships between members of these two groups. We sat elbow to elbow at the table with our physician counterparts.

Where is this close relationship between the laboratorians and physicians in the States? Some places have it but most don't. My sense is that a big part of the reason we don't have it is that during our educational process, we do not encourage, and often discourage, dialogue between the physician and the CLS. Some laboratory managers will not let their staff answer questions from the physicians. They say that is a pathologist's role. Yet who knows more about the details of laboratory testing? How many times have you heard a physician or nurse or physician's assistant say they had no idea the laboratory was composed of highly educated individuals? Why? Perhaps it's because we seldom talk to other healthcare professionals except to complain or give a result. How many of us have invited a physician to moderate a state meeting session that is composed of mixtures of CLS and MD speakers? In Puerto Rico, it is obvious that the physicians respect the knowledge and talents of the labororian. Can we follow that model and make it work here?

One of the new NAACLS Standards emphasizes teaching students to work in teams. Teams include not just groups of laboratory professionals but also interdisciplinary teams. Maybe our new graduates will be more assertive in working with other health professionals and help to elevate the role of the CLS in the health care model. You can't demand respect, you have to earn it!

Legislative Day



Legislative Day in Washington

From left to right: Angela Foley (LA), Mary Beene (LA), Shirlyn McKenzie (TX and Region VII), Cheryl Caskey (LA), June Conrad (OK), Duncan Samo (TX), John Wentz (TX)



Lobbying our state and national legislative representatives is vitally important for the well being of our profession. Our representatives will respond favorably on issues important to clinical laboratory science only if they know that many of their constituencies are concerned about an issue. That's why it is important that every ASCLS member voice their concern over important issues. Your society sponsors lobbying efforts at both the state and national level. Every year, ASCLS members attend Legislative Days where they learn about the issues and then visit their Congressional representatives. These lobbying efforts will be effective only if the membership assists. Contacting your representative would greatly aid the initial contacts already made and give more credence to our position. If the representative is not available, don't worry. The legislative assistant is the individual you want to sell your position to any way. If you don't know who your representatives are, they can be found in the phone book under state or federal government. Visits to your legislative offices are important but must be followed up by e-mails, letters, or telephone calls. You don't have to go to Washington DC or your state capital to see your representative. He/she may have a local office in your town. What is bugging you at the state level? What have you done about it? For more information about legislative days,

contact John Wentz (john.wentz@utsouthwestern.edu) or Shirlyn McKenzie (mckenzie@uthscsa.edu).