

Potential Strategies Discussion Grid

These statements were gathered over the duration of all Summit activities, including the Future of Cytopathology Summit on November 13, 2009

Potential Strategy #1 - Do nothing: *This Strategy assumes our profession will adapt to current and future needs without changes in training or developing a new profession or professional.*

<p>Advantages:</p>	<ul style="list-style-type: none"> ▪ Easy and safe, no need to take further action ▪ No costs associated with maintaining the status quo. ▪ Status quo will take us where we need to go as the changes evolve. Free market will direct what is needed; we don't have control of reimbursement ▪ Comfort zone/ market zone: do nothing until the reimbursement structure changes...these changes will happen with the changes of reimbursement when it comes along ▪ For cytotechnologists: could mean a competitive job market with attractive salaries and employment packages if workforce shortage occurs. ▪ For industry: could result in easier adoption of new technologies/tests for primary cervical screening if current methods suffer from lack of workforce to perform Pap test.
<p>Disadvantages:</p>	<ul style="list-style-type: none"> ▪ As need for Gyn screening decreases, the need for the profession also decreases and training programs are no longer necessary. Cytology training programs collapse. ▪ CT shortages in the interim transition create the need for other lab professionals to assume roles for which CTs are currently responsible ▪ Pathologists are left without qualified CTs to pre-screen cases and their workload increases. ▪ Not realistic ▪ Change is here; we need to change ▪ Doing nothing means passive monitoring and letting market forces drive changes ▪ Behind in current technology, medical needs ▪ Not advocating for cytopathology ▪ Not drivers of future ▪ May not have trained morphologist to assist pathologist as their type of job may change ▪ Based on money and inertia – not necessarily science and what's in the best interest on our patients ▪ Cytotechnologist jobs and schools could be eliminated before we position ourselves (Pathologists will have to pick up the slack of those tests) ▪ Pathologists practice also shrinks, others will do it for you, health care costs may rise if CTs go away, pt care will suffer if there are regional shortages, driving factors are \$\$ and inertia not patient care. ▪ Not a choice: we will lose the cyto help that we need; a defeatist attitude. ▪ Wouldn't happen in the business world – businesses evolve into something. ▪ Nobody is doing nothing even now – schools, labs, others are making changes, though not uniformly. ▪ Patient care will suffer through loss of continuity of care if Paps get shipped to private labs. (We believe cyto-histo correlation needs to be done on site). ▪ Pathology as a profession may be left by the wayside/ become obsolete

Potential Strategy #2 - Optimize the current CT Scope of Practice: *This Strategy is a "Career Wheel" that optimizes the current scope of practice with the current level of education*

<p>Advantages:</p>	<ul style="list-style-type: none"> ▪ This is already being done ▪ Education level at BS is sufficient for work done; no need to add additional levels such as masters level ▪ Focused curriculum is working and schools are responding by adding more diversity of disciplines
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<p>Strategy #2 Advantages (Continued)</p>	<ul style="list-style-type: none"> ▪ Some institutions have needs for increased scope for CTs and are improvising for their environment ▪ Credentials individual with various certifications- makes them more marketable ▪ Not threatening (to pathologists or other fields) ▪ Not a big change, flexible to the local environment, can do it now – already doing it, cautious, best option for those in practice ▪ Meets many evolving needs – prep, digital imaging, FISH, etc. ▪ Could meet needs in other laboratory areas where there are personnel shortages ▪ Could expand on Cytotechnologists' morphology to branch into other areas where this could be an advantage (FISH, digital imaging, cytogenetics) also could train in telepathology and in vivo imaging - interphase ▪ Interphase FISH is a niche- since molecular techs don't want to do this. ▪ Expanded roles in lab operations and regulations could be nurtured and developed ▪ Not a big change (no major structural changes) - can get other training outside the core school ▪ Flexible to local environment (different labs or cities/different needs) ▪ This strategy is a local decision, employer-, institution-, and individual- based ▪ Flexibility is an advantage – different labs have different needs ▪ If an employer wants to hire someone from the outside, they pay a premium compared to re-training an existing employee, if an employer knows an internal candidate and is willing to invest. ▪ This is a cautious and reactive approach ▪ Addresses needs of current cytotechnologists ▪ Morphology remains the unique niche of cytotechnologists ▪ The current school infrastructure could be utilized to reinforce morphologic based skill sets.
<p>Disadvantages:</p>	<ul style="list-style-type: none"> ▪ What if morphology becomes obsolete? ▪ Additional qualifications may not match students abilities or professional needs ▪ Potential cytotechnologists may find the suggested ancillary duties mundane and uninteresting and may look for another profession. ▪ May not improve opportunities for advancement. ▪ How do we maintain morphologic competency while training in other areas ▪ There is the potential for encroachment of scope of practice of pathologists and other laboratory professionals. Other lab professionals may feel resentful about our encroachment on job responsibilities they feel they “own”. ▪ Licensure laws could restrict CTs from performing some of the suggested tasks. ▪ How do we justify “non-productive” (non-billable) time as an asset to pathologists and managers? ▪ Difficult to justify increased roles to administrators, especially where the lab is responsible for its own budget ▪ Works best in the system wide approach where it is easier to justify, i.e. Cleveland Clinic where system wide savings can be realized even if increased but lower costs are needed in some areas, such as sending cytotechnologists for adequacy evaluation ▪ Extra certificates – no funding for financial aid for extra bachelors program ▪ Requires deeper changes in education models than the current level of education provides ▪ Mentorship by pathologist is important with approval of a portfolio of competencies. ▪ Choice is not seen as a profession-wide uniform change that can change expectations nationally

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Potential Strategy #3 -Expand existing CT models using morphology skills with novel educational tools: *This Strategy is a Career Ladder” that would expand the current scope of practice and would require alternative or additional training, such as a master's degree or combining curriculum with CLS programs*

<p>Advantages:</p>	<ul style="list-style-type: none"> ▪ For cytotechnologists: increased marketability and job opportunities ▪ For employers: Gain multiskilled employees who can function in different areas of the lab ▪ Recruitment could derive from multiple areas of anatomic pathology and training could be flexible. There is more marketability for employee and employer. ▪ Could include basic education in morphology, histology, molecular, hematology/bone marrows, laboratory management, etc. and then more specialization in some areas ▪ Could offer increased marketability and viability for training programs. ▪ Model similar to the ASCLS Practice Model could be used. ▪ Some programs adopting strategies 2-3 already ▪ Some academic programs may be saved with masters programs ▪ Private vs. academic/hospital based job descriptions are blurring and merging -favors this model. ▪ Pinnacle may be to achieve a cytotechnologist that signs out GYNs, for example ▪ Allows for many levels of cytopathology/ cytotechnology practice to fit local needs ▪ Structured salary...the more education, the better the pay ▪ Meets management skills needs ▪ Basic level of knowledge and competency as a prerequisite ▪ Current students are adept at multi-tasking and flexibility in their job - favors this model. ▪ Flexible, variety, established “beachheads”, can easily follow #2, formally adds more to scope of practice thru additional training and certification- could “beef up” SCT qualification ▪ Distance learning possible with clinical sites ▪ Prerequisites: Expand basic clinical lab skills (QA, competency plan,...) ▪ Potential “MS cytotechnologist” ▪ Could include abnormal Paps, lab validation, FNA assessment, molecular evaluation and oversight
<p>Disadvantages:</p>	<ul style="list-style-type: none"> ▪ Additional qualifications may not match students abilities or professional needs ▪ How do we convince (prove competency) other lab professional group and certification bodies that this is a suitable new mode of practice for CT's? ▪ How do we maintain morphologic competency while training in other areas? ▪ How do we justify “non-productive” (non-billable) time as an asset to pathologists and managers? ▪ How would we adapt training models... would we need to change our accreditation body (from CAAHEP to NAACLS)? ▪ How would we assure CE and/or CMP for these competencies would be available? ▪ Some suggested competencies could encroach into the “practice of medicine”. ▪ Difficult strategy to implement by organizations like ASC ▪ Dramatic change in core programs required ▪ Additional education might not be reimbursed or compensated ▪ Individuals may be overqualified and not marketable-Niche markets. ▪ Competition with Pathologist’s Assistants ▪ Pricing yourself out of the market ▪ Hospital based programs would not be able to support a master’s program ▪ Master of Science (MS) entry requirement- not an entry level job ▪ Might require 2 years of training – expansion of schools; could ‘water down’ morphology, might not increase pay, need CE for current CTs, new name needed.

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Potential Strategy #3 (Continued)	<ul style="list-style-type: none"> ▪ No technical fee – education needed on health system benefit and not just focus on a single cost center ▪ Including these new skills in CT schools would increase the curriculum to 22 months – then why not create a CT advanced practitioner? ▪ Night school ▪ “Jack of all trades, master of none” ▪ May not allow for flexibility if every training program is standardized
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Potential Strategy #4- Establish a model for core skills of a cytopathology assistant: *This Strategy predicts that growing demands on pathology and practicing pathologists will necessitate the need for a new model of cytology professional. This would require the development of a new professional with additional training beyond what is discussed under Strategy 3.*

Advantages:	<ul style="list-style-type: none"> ▪ Creates opportunity for advancement for cytotechnologists; increased career satisfaction ▪ Relieves pathologists from low RVU tasks, allowing more time for complex cases, more critical interpretative and correlative work ▪ As the role of pathology changes, this could increase the potential to develop a hybrid cytopathology/ cytotechnology model. ▪ These professionals may be less expensive for medical groups to employee, compared to MDs ▪ More job security for cytotechnologists ▪ Could decrease TAT for pathology reporting ▪ Good strategy in light of current health care reform ▪ Cost savings to health care system ▪ Biggest ally is the pathologist – needs pathologist support ▪ Capitalizes on morphology skills- may allow cytotechnologist to help the pathologist by screening prostates slides for areas of concern, screening for Helicobacter, AFB or fungus on tissue slides, microdissection techniques ▪ Preserves and expands relationship of cytologist and pathologist ▪ Severe budget cuts and fiscal changes may require pathologist extenders ▪ Most radical change-daring, innovative, may fill need gap ▪ Cost-savings in health care reform, prestige and career ladder, follows a tried and true model from other fields, can fill in for pathologist shortage ▪ Can expand SCT (specialist in cytotechnology) testing ▪ Promotes professionalism of the cytotechnologist as member of health care team
Disadvantages:	<ul style="list-style-type: none"> ▪ Increased liability placed on these professionals ▪ Pathologists feel encroachment into the practice of medicine ▪ RVU and CPT billing could be decreased due to non-MD practitioners performing tasks previously performed only by MDs. ▪ Less job security for MDs if the shortage of pathologists is not realized. ▪ Education programs would need to be established and educators identified. ▪ How would we assure CE and/or CMP for these competencies would be available? ▪ Regulatory and litigation issues prevent many roles as defined as practice of medicine. ▪ Changes in regulations take time and may be controversial ▪ Malpractice costs are significant ▪ Name might require change – suggest “cytologist specialist”, as opposed to “assistant” ▪ Threat perceived by cytopathologists is an issue – although an actual risk of loss of job security and reimbursement may not truly exist, and this is for a very small segment of the

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	<p>pathologist community.</p> <ul style="list-style-type: none"> ▪ Fighting, turf wars between traditional CTs and newly minted CAs; CAs and cytopathologists ▪ Perceived competition with PAs ▪ Might require monumental curriculum changes; possibly medical school-like? ▪ Correlative consultative role is needed and can only be provided by an MD ▪ Enough of strategy 4 is in strategy 3. --- other roles not necessary. ▪ Not a lot of support in current cytopathology community ▪ No financial model yet, but health care reform could create opportunities to bring forward a pilot model that uses this. Useful in a sequential plan of action. ▪ Unrealistic in current regulatory environment ▪ May not generate increased revenue ▪ Cell Blocks require histology/surgical pathology training. Lower level residents find these very difficult and requires training for interpreting these ▪ Patient safety issues (Codes and vaso vagals, anatomy of the region knowledge/pneumothorax etc...)
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Potential Strategy #5- Split Training for GYN Cytology and Non-GYN/ FNA Cytology; NG Expanded Practitioner: This Strategy would create two separate entry level certifications for cytotechnologists, one concentrating only on GYN cytology and the other focusing on non-gyn and FNA cytology.

<p>Advantages:</p>	<ul style="list-style-type: none"> ▪ Allow those who want to screen only Paps to do so, limiting their training and scope to Gyn cytology. ▪ Allow those interested in expanded roles the tools and recognized profession ▪ Re-certification can be at these 2 levels and can assure the maintenance of current knowledge is continued ▪ Industry has needs for testing new technologies – can work with schools to fill this need: Two levels of practice – choice is provided, market forces will determine the outcome, similar to the two levels of practitioner for CLS and MLT. ▪ CT-GYN: morphology only: <ul style="list-style-type: none"> - Could include community based or corporate lab based training programs - Could add certificates to become valuable in other ways if Paps disappear - Could follow a model that is currently used internationally ▪ Comprehensive Cytopractitioner: boutique area in tumor diagnostics appealing to new students that want to be involved in cancer diagnosis: <ul style="list-style-type: none"> - This model has been established a places like Mayo and Cleveland Clinic - Comprehensive tumor diagnostics: Morphologic and molecular - Anatomic pathology management - Potential patient contact - Robust comprehensive centers of CT education, limited to academic medical centers - Akin to PA formula
<p>Disadvantages:</p>	<ul style="list-style-type: none"> ▪ We do not know if there will be a physician shortage ▪ Expanding scope of practice into the practice of medicine is controversial and fraught with problems as stated under #4 ▪ We do not know if there will be market demand for such a role ▪ Would not be feasible in hospital settings where CTs are expected to have knowledge in both areas.

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Potential Strategy #6- Bachelor's Degree in Laboratory Science: *This Strategy would create a four year bachelor's degree creating a laboratory generalist who could specialize in a section of lab medicine after attaining a B.S. degree.*

<p>Advantages:</p>	<ul style="list-style-type: none"> ▪ Flexibility, qualified to further subspecialize in multiple areas ▪ Provides for basic core laboratory competencies ▪ Constricts lab shortages by applying skill set across the board ▪ Economy of scale
<p>Disadvantages:</p>	<ul style="list-style-type: none"> ▪ Recruitment might not favor CT ▪ Requires restructuring of entire lab education system ▪ Might close out opportunities to master Cytology given certain majors/backgrounds ▪ Hard to secure school loans if already have BS degrees. ▪ Schools pushing to give more advanced degrees

