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**RESILIENCY + RECOVERY**



# THE FUTURE OF LABORATORY PRACTICES

Bringing value to hospitals and health systems

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 COLLEGE of AMERICAN  
PATHOLOGISTS

## THE FUTURE OF LABORATORY PRACTICES

Bringing value to hospitals and health systems

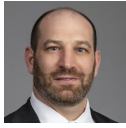
**Medical laboratories always have been indispensable, but the pandemic shed a light on just how valuable they are.** Suddenly, these historically overlooked departments became the face of health care's pandemic response. As pathology and medical technology professionals guided hospitals through shifting testing demands, and collaborated with other clinicians and hospital and health system leaders, they affirmed their place at the leadership table.

### KEY FINDINGS

- 1 Medical laboratories were in the spotlight as testing generated information about infection rates and more during the pandemic. Laboratory leaders spoke with a strong voice during this period. Pathology and laboratory medicine professionals made their presence felt in their organizations and assumed a leadership role in C-suite meetings.
- 2 The pandemic highlighted pathology and laboratory medicine as a vital and integral part of the health care ecosystem. Because of their ability to perform high-quality testing quickly, hospitals and health systems were able to keep their doors open and continue providing patient care.
- 3 The strain on supply chains changed laboratory leaders' approaches to disaster planning, revealing the importance of diversification, collaboration and partnership. By having multiple testing platforms in place, laboratories were able to stay nimble during supply shortages. Competing hospitals shared supplies in a collaborative effort.
- 4 Laboratory professionals underscore the importance of leveraging their newfound visibility to maintain proactive, ongoing conversations with hospital leaders to drive decisions for other clinical challenges.
- 5 In a politicized era, laboratory leaders have found their scientific prowess to be helpful in dispelling misinformation, and they value face-to-face interactions in battling burnout.
- 5 Hospitals and health systems face laboratory staffing issues as many are leaving the profession due to burnout and new opportunities.



## PARTICIPANTS



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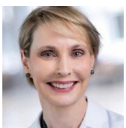
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### **MODERATOR Bob Kehoe**

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**MODERATOR** (*Bob Kehoe, American Hospital Association*): **Medical laboratories were in the spotlight as testing fueled information during the pandemic. How did this shape your thinking about quality assurance and quality-control practices for the future?**

**EMILY VOLK, M.D.** (*Baptist Health Floyd*): The pandemic clarified how important it was to know where your resources were, not only within your health system, but within your state and federal government. Having a broad network of reliable information and understanding supply chain issues, as well as the ever-changing rules around testing and recommendations from the Centers for Disease Control and Prevention, became critically important.

**EYAS HATTAB, M.D.** (*University of Louisville School of Medicine*): Laboratory leaders need to have a voice. In so many organizations, the message from pathology and laboratory medicine leaders has been hijacked. They must make their presence known.

**EVA WOJCIK, M.D.** (*Loyola Medicine*): As difficult as the pandemic was and is, it has significantly increased our visibility and helped our colleagues and, most importantly, leaders to recognize our significance. Because of our ability to do the testing fast and with great quality, we have proven day after day that we are truly the foundation and cornerstone of the entire health system.

**MICHAEL DATTO, M.D.** (*Duke University Health System*): The health system got a small glimpse of what the world would look like if a crucial test — a key part of practicing medicine — wasn't available. Without it, the health system shuts down. Our anesthesiologists couldn't monitor patients, the clinics wouldn't see patients. That was an eye-opener for the world.

**DIANA CARDONA, M.D.** (*Duke University Health System*): It was an opportunity to educate. We were

able to validate tests in record time. Tests that traditionally would have taken nine or 10 months, we did in a matter of weeks. It showed the health system what high-complexity tests really require. It also taught us how well we could deliver when times were tough.

**VOLK**: As pathologists, we were responsible for making the virus — our enemy — visible. It was incredibly important for us to be able to show the extent of the pandemic and where there was danger. From time to time, pathologists are accused of being a little too far into the weeds. And sometimes our words fall on deaf ears. But our scientific approach mattered, especially as folks were choosing testing platforms. Just because a test kit had the words COVID-19 on it, didn't ensure that it was a good test.

**HATTAB**: One of the things you mentioned, Dr. Volk, was the virus as an enemy. That was a strategy we had to resort to when we were functioning, and are still functioning, in a politically charged environment that, to our surprise, surfaced even during our organizational meetings. At several points, we had to remind everyone that there is only one enemy that we're all fighting, and that was the virus.

**MODERATOR**: **How did the pandemic change your professional relationships?**

**JONATHAN BAKST** (*Loyola University Health System*): We gained more visibility within our organization. We had proactive conversations, just because we were finally at the table.

We also communicated better. As some of the administrative work that we typically do became less of a priority, I was able to step away from my desk, reassure our staff and listen to their concerns. We didn't just offer passing greetings in the hallway; we stepped away from our computers and really talked with one another.

**DATTO:** Sometimes we get so busy as directors and leaders that we forget the single most important thing we must do: Be a presence for our staff.

**HATTAB:** We've all been schooled about the importance of communication. But we learned that communicating our logistical or operational issues isn't as vital as allowing others to be heard. We have a strained workforce. Providing an outlet for them to be heard mattered more than the substance of the communication itself.

**VOLK:** What I found helpful was to have Zoom calls with clinical leaders. We had to make time for folks to ask their questions. I had to be open to what was behind some of the questions. When I heard anger and frustration, I had to remember that it was typically coming from a place of fear. So, how could we address the fear? The more factual information that I could share, the better people responded.

**MODERATOR:** What are some of the key learnings you took away from the pandemic? And what impact will those learnings have on your work going forward?

**BAKST:** Not putting all our eggs in one basket, even though it might save five cents on a test, is key. We work in a hypercompetitive market, but during COVID-19, especially when supplies were at a premium, we shared and borrowed kits with competing hospitals. For the sake of our patients, I would like to see more of that collaboration.

**VOLK:** We learned that we have an excellent partner in pharmacy. We have a compounding pharmacy, and they were able to create viral transport media for us when we couldn't get viral transport media commercially. That made a huge difference

in our ability to scale testing for first responders, our physicians and nurses.

**HATTAB:** Those of us with less standardized equipment fared better. Why? Because we had access to multiple platforms and could mitigate some supply chain issues. One thing we've learned from this pandemic is that redundancy matters. Unfortunately, that is the antithesis of laboratory standardization and what we've been doing for the past 20 years.

**CARDONA:** At one point, we had seven different platforms doing COVID-19 testing. It enabled us to be nimble and helped us to survive.

**DATTO:** The pandemic changed the way we think about disaster planning. Now, we ask ourselves, 'What could I live without? What could I send out? And what would I do if a key piece broke?' We absolutely need troponin tests, so we created redundancy around our troponin

testing. There are certain supplies that we must deliver rapidly. In the past, if we had a critical system failure, we could always outsource. During the pandemic, we didn't have that option.

**VOLK:** Just-in-time inventory management; clearly that failed. And it was certainly not just in the laboratory industry, but across the board. Now, we think differently about hospital and laboratory supply chains. We also need to remember that the big reference laboratories were not able to support hospitals when we needed them. They were unable to meet the turnaround times for COVID-19 testing for several months.

**MODERATOR:** How did the pandemic change hospital and health system leaders' perception of the laboratory?

**"As pathologists, we were responsible for making the virus — our enemy — visible. It was incredibly important for us to be able to show the extent of the pandemic and where there was danger."**

— Emily E. Volk, M.D., FCAP —  
Baptist Health Floyd

**WOJCIK:** It brought instant recognition to laboratory leadership. I have said that my goal is to get us out of the basement, literally and figuratively. And I'm happy to announce that we just opened a brand new laboratory. We broke ground exactly a year ago. Leaders decided to release significant capital during the pandemic — when we were bleeding, like everybody else — because they recognized the significance of the laboratory. We are integral to the health care system and our leaders understand this.

**HATTAB:** We have reminded hospital leaders that the laboratory touches every patient's life but, historically, they have dismissed that reminder as a statement that is going to be followed by a request. We no longer need to remind them of how critical we are to hospital operations but, as pathology leaders, we must make sure that their support outlasts the pandemic.

**DATTO:** There's an opportunity for all of us to think beyond our laboratories and the value that we bring. For a moment during the pandemic, we were the key decision-makers. We now have a unique opportunity to stay at the leadership table for the next crisis, whether or not it is centered around the laboratory.

**VOLK:** We've demonstrated ourselves to be effective not only as clinical leaders, but as physicians who are trained in laboratory medicine as a specialty. We've proven how unique that resource is. We've also been able to demonstrate our flexibility and our creativity, and that we can be important parts of the hospital operations team. We're here to solve problems.

**DATTO:** Our skill set transfers to any issue. People are beginning to see that.

**MODERATOR:** Has public perception about laboratories changed during this time?

**CARDONA:** Awareness grew, both among my own family, none of whom are in the medical profession, and out in public. Once I heard people arguing about whether a positive COVID test can show the Delta variant. It's good that the public is more familiar with laboratories and pathology, and is asking the right questions. Unfortunately, such conversations have become overly politicized.

**WOJCIK:** Whatever brings about a better understanding of pathology and laboratory work is positive. The fact that people recognize that tests are performed in the laboratory, that pathologists are involved shows the significance of testing and the profession.

**HATTAB:** But are we able to leverage public interest and curiosity in a way that could attract more people to our profession? All of us are suffering from staffing issues, which are worsening by the week.

**DATTO:** We must make a profession in laboratory medicine more attractive, particularly at the technologist and laboratory scientist levels. The people who are doing our phlebotomies or handling our samples are paid unfathomably low wages. At Duke, staff aren't going across the street to UNC; they're going over to Amazon or somewhere else. They're leaving the profession of laboratory medicine, or medicine altogether, so they can make a little bit more money and don't have to deal with COVID-19. And it's not just at Duke, it's everywhere. That must change.

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— Eyas M. Hattab, M.D., MBA, FCAP —  
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