2010: A Cytology Odyssey
Moderators:
David B. Kaminsky, M.D., FIAC
Barbara A. Crothers, D.O.

Panelists:
Daniel Kurtycz, M.D.
E. Blair Holladay, Ph.D.,
CT(ASCP)CM
Lynnette C. Savaloja, B.S.,
SCT (ASCP)
AUDIENCE RESPONSE SYSTEM
System is anonymous
Use the pad to record your input
Press number associated with choice
If you change your mind, simply revote
The system records only the last response
A graph of collective responses will appear
Once graph is displayed, no further responses are recorded
Have you read the Forbes Report?

1. Yes
2. No
Of the trends identified in the Forbes Report, which one is NOT considered to impact adversely the practice of cytopathology?

1. Erosion of cervical cancer screening core market by HPV testing
2. Aging pathologists and cytotechnologists
3. Better reimbursement for laboratory testing
4. Lack of applicants to cytotechnology schools
A sustaining technology:

1. Changes how we do things
2. Changes what we do and who does it
3. Makes no improvement in methods of doing things
4. Requires no additional training
2010: A Cytology Odyssey
QuickTime™ and a H.264 decompressor are needed to see this picture.
QuickTime™ and a H.264 decompressor are needed to see this picture.
Tools at the dawn of man
Plotting the Future of Cytotechnology
An Environmental Analysis of the Driving Forces of Cytology

Prepared by

June 2007
Facing the Future of Cytopathology
QuickTime™ and a H.264 decompressor are needed to see this picture.
Forbes Key Findings
Market forces justify new positions in laboratory medicine
Shortage of physicians, not technologists, drives need for new relationships/roles
FACT!

No new medical schools opened between 1982 and 2005
By 2010 one third of all physicians will be > 55 years old
FACT!

#FTE pathologists expected to grow at 1%; demand for services at 23%
Health consumerism is changing laboratory industry.
New technologies are transformational, not sustaining: change what we do, not just how we do it
Borders between medical specialities are blurring
Merger of Radiology & Pathology
Expanding technologists’ roles will not come at the expense of pathologists
Molecular pathology catalyzes fusion of AP / CP
Digitization of pathology
Supply Factors
Critical shortage of health care providers
FACT!

72% of Labs experienced shortage of qualified staff in 2007
-Washington G2 Reports
FACT!

Biggest challenge to AP growth is appropriate reimbursement
- Washington G2 Reports
FACT!

The pathologist shortage crisis is international

- College of American Pathologists
Aging medical workforce
Increasing administrative and regulatory requirements
Demand Factors

On-Demand Everything
Aging population
Rising health care costs and declining coverage
FACT!

Medicare part B payments cut 5-7% annually
Healthcare consumerism
FACT!

>7000 retail health clinics (Target, Wal-Mart, etc) are planned over the next three years
Transformational technologies
Digital imaging & archiving
Molecular diagnostics
Telemedicine
Multiplex testing
Nanotechnology
N
Forbes
Conclusions
There is economic justification for a highly skilled cytology profession
The role of pathologists is changing - changes in cytotechnology will be driven by changes in cytopathology
FACT!

Royal College of Pathologists (UK) developed a CT Practitioner who may interpret NG specimens
Payment systems need to be reformed around technology investments
Demands will define the new profession
Two cytology groups in conflict: preservationists vs expansionists
Multidisciplinary steering groups
Forum Groups Education
Task Force
(school closures)
Future Summit 2009

ASC Actions
Forum Groups

Challenges facing cytopathology
Education, Legislation, Regulation
Expanding roles for cytology
Current gaps in healthcare
Boutique medicine & consumer
Fusion of medical specialties
Global medicine/telepathology
Molecular technologies
The business of medicine
FORUMS
Challenges Facing Cytopathology
Education, Legislation, Regulation
Expanding Roles for Cytology
Challenges to Cytology

- The cacophony of many voices without a direction, of authority without a common purpose, of monied interests with serious conflicts of interest.

- Ennui or apathy of cytologists - People are so bogged down by their local professional and personal lives that the national picture is too grand and too far away to deal with.

- Premature and over-hyped media reporting has influenced people in authority to make premature decisions about resource allocation and testing.
Challenges to Cytology

- Cytology is threatened by its very success
  - We all know that it has prevented 70% of cervical cancers and decreased the death rate by 90% in the US.
  - Cervical cytology is one of the most frequent laboratory tests ordered
- The large numbers of cervical cytology samples became an economic target for those who seek to augment or supplant the test
- The visibility of cervical cytology became a public health target and an academic target for those seeking to assess the test, improve the test, or build their careers by supporting or detracting from the test.
Challenges to cytology

- The infrastructure supporting allied health programs has been weakened over decades
  - Many schools and institutions have no immediate economic incentive to keep programs going.
  - Administrators can easily improve their bottom lines and balance their budget by eliminating education.
  - Cytotechnology in particular has seen a decrease from over 100 schools to a current 38.
  - Medical Technology schools have dropped from over 700 to the current 220.
- Collapse of the cytotechnology educational system could pressure providers to accept alternate testing methods at the expense of cost effective cervical cytology
12 of 37 programs are enrolled at 100% capacity. The remaining 25 are enrolled at 16.7% to 87.5% capacity.
Challenges to cytology

- Job stagnation is a problem. Younger cytotechnologists may see cytology as a dead end without a future unless there are pathways to management and sustaining alternative technologies.

- What does the SCT designation get a cytotechnologist besides self respect? It is not a requisite for supervisory status or any other defined need.

- The body of knowledge that comprises cytotechnology is not ready for molecular testing.
Challenges to cytology

- Large central laboratories that can afford high end technology such as, automated screening, molecular based tests and volume effects will supplant smaller operations.

- Increasing punitive regulatory oversite

- Changes in testing schemes with lower volumes of cervical cytology samples.

- The economy
FORUMS
Current Gaps in Healthcare
Boutique Medicine & Consumer
Fusion of Medical Specialties
FORUMS
Global medicine/Telepathology
Molecular Technologies
Business of Medicine
Four Emerging Areas for Cytotechnologists
Molecular Pathology
FNA
Administrative Work
Laboratory Information Systems
## Retirement or Leaving the Field

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## Non-GYN Volume

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### FNA Volume

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Billing practices must change to reflect current and evolving job expectations.
We must be collaborative, objective, successfully engaged and proactive
How do we resolve dilemma of retaining/ensuring morphologic skill sets while assimilating molecular diagnostics?
Facilitator:
Jean S. Frankel
POST-CME TEST
All of the following market areas are opportunities for a cytology practitioner identified in the Forum discussions EXCEPT:

1. Anatomic pathology laboratory management
2. Collection and management of tissues for repositories
3. Performance and interpretation of molecular tests
4. Interpretation of surgical pathology slides
Which of ONE of the following specialties is MOST likely to merge with pathology in the future?

1. General surgery
2. Radiology
3. Endocrinology
4. Dermatology
AUDIENCE RESPONSE QUESTIONS
Which of the following ASC initiatives is MOST important to pursue in the next five years?

1. Increase student recruitment efforts for cytotechnology schools
2. Market cytopathology capabilities
3. Create a new Cytology Practitioner
4. Embrace molecular technology as an integral part of cytopathology and provide training
Do you support change in the role of cytotechnologists?

1. YES
2. NO
Which ONE of the following curriculum changes would most like to see adopted by cytotechnology schools?

1. Core laboratory technologist skills with additional training in cytotechnology
2. Master’s Degree for a Cytology Practitioner
3. Core cytotechnology training with modular units in moleculars, admin, research, education
4. Ph.D. for the Cytology Practitioner that includes core medical courses in diseases
Is it unethical to market cytology services directly to patients?

1. YES
2. NO
Which poses the greatest threat to the profession of cytotechnology?

1. Replacement of the PAP test by HPV testing as the primary mode of screening for cervical ca
2. Collapse of cytotechnology educational infrastructure
3. Cytotech burnout and attrition due to varied pressures
4. Automation of cytotechnologists’ job functions
Which factor is most likely to drive the fusion of medical specialties?

1. Continued advances in molecular testing
2. Electronic patient record facilitating access to common database and coordinated patient care
3. Co-location of clinical support services
4. Shortages of medical and laboratory personnel leading to cross-training of individuals to cover more specialty areas
Which pathologist’s tasks could be delegated to a cytotechnologist with advanced training?

1. AP Management/QA&I/resident teaching
2. Tissue repository and digital imaging
3. Selection of samples and tests, test validation, new test development
4. Co-ordination of follow-up on cases and data management
Which of the following expanded roles for cytotechnologists is MOST feasible?

1. Performing and/or ordering ancillary testing
2. Tissue procurement and digital archiving (tissue banking)
3. Providing preliminary FNA diagnoses
4. Sign-out/reporting negative non-gyn cases, ASC/AGC and LSIL cases
Be Proactive!

don't fear the future!
The best way to predict the future is to create it.

-Peter Drucker
Credits
ASC Multidisciplinary Steering Committe

Barbara A. Crothers, D.O. (Chair)
David B. Kaminsky, M.D., FIAC
Dina Mody, M.D. (Pres. ASC)
Mary K. Sidaway, M.D.(ex-officio)
Lynnette Savaloja, BS, SCT (ASCP)
Barbara Benstein, Ph.D., SCT (ASCP)
Marilee M. Means, Ph.D., SCT(ASCP)
Credits

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Ronald Luff, M.D., MPH

Boutique Consumer Medicine
David B. Kaminsky, M.D., FIAC

Fusion of Medical Specialties
King Li, M.D. (Radiology)
Martha Pitman, M.D.

Global Medicine/Telemedicine
David Wilbur, M.D.
Keith Kaplan, M.D.
Credits

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Mark Stohler, M.D. (ASCP)

Expanding Roles
Amy Wendel, SCT, HP, HP (ASCP) CM
Michael Henry, M.D.

Challenges Facing Cytopathology
R.Marshall Austin, M.D., Ph.D.
Daniel Kurtycz, M.D.

Educational, Legislative, Regulatory Barriers
William J. Frable, M.D.
Timothy O’Leary, M.D.
Credits

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Credits

Thank you to Metro-Goldwyn-Mayer and the Stanley Kubrick legacy for use of clips and images from 2001: A Space Odyssey