The American Society for Clinical Pathology (ASCP) establishes the following issues as its 2016-2017 Patient-Centered Policy Priorities (PCPPs). These priorities were developed and approved by the Commission on Science, Technology, and Policy. The priorities represent areas where ASCP will be proactive and develop special efforts/programs to advance a patient-centered agenda. These priorities will be advanced throughout the organization and provide guidance in the areas of science, technology, policy and practice.

1) **Ensure Patient Safety while Expanding Patient Access**
   a) Laboratory Developed Tests (LDTs): Support appropriate LDT oversight that will protect the public’s health but not deter innovation (e.g. pending FDA guidance).
   b) Direct Access Testing (DAT): Promote patient test order at CLIA certified laboratories and encourage physician consult following test result receipt.
   c) Patient Access to Test Results: Facilitate communication among patients, laboratories, pathologists, and clinicians from test result request through receipt.
   d) Medical Error Identification and Reduction: Promote policies that support precise and reliable test results (e.g. Institute of Medicine’s proposed study on Diagnostic Error).

2) **Invest in the Future of Pathology and Laboratory Medicine**
   a) Genetic Testing and Patents: Advocate for the prohibition of laws of nature patents (e.g. Myriad Supreme Court case).
   b) Personalized Medicine: Promote the expanded use of appropriate test results to identify, develop, and guide patient-specific treatment regimens.
   c) Paradigm of Practice: Educate and train the current and emerging workforce on the evolving practice patterns that occur in pathology and laboratory medicine as a result of significant advancements in science and technology (e.g., TRIG).

3) **Cultivate the Pathology and Laboratory Medicine Workforce**
   a) Workforce Trends and Adequate Supply: Collect and analyze data to reveal trends and identify gaps (e.g. wage & vacancy initiatives and collaboration with pathologists and laboratory professional organizations).
   b) Education and Funding Opportunities: Promote educational and funding opportunities to improve the competency and supply of qualified laboratory professionals and pathologists (e.g. GME, LMU, Health Policy Fellowship, etc.).
c) Professional Recognition, Scope of Practice, and Clinical Empowerment: Represent pathologists and laboratory professionals as an integral part of the healthcare team (e.g. at the epicenter of ACOs); Expand and leverage their scope of practice; Enhance and reward their role within patient diagnostics and treatment decisions.

4) Advocate for Appropriate Laboratory Oversight and Laboratory Personnel Standards
   a) Laboratory Oversight: Promote gold-standard laboratory certification, accreditation, and practice parameters (e.g. cytotechnology workload)
   b) Laboratory Personnel Standards: Ensure appropriate personnel training and certification requirements (e.g. licensing laboratory personnel, forensic pathology, etc.).

5) Promote Prevention and Efficiency While Protecting Patients
   a) Appropriate Test Utilization: Advance the "Choosing Wisely" program and pursue activities that position pathologists to be leaders in this arena (e.g. ASCP Choosing Wisely Toolkit)
   b) Prevention: Promote preventative health screening tests as appropriate (e.g. HPV screening)
   c) Stark Reform: Promote the prohibition of self-referrals for anatomic pathology services by advocating for the removal of these complex ancillary services from the In-Office Ancillary Services (IOAS) exception to the Stark law.
   d) Clinical Guidelines: Develop evidence-based clinical guidelines and test algorithms to dictate appropriate testing (e.g. colorectal screening, etc.)

6) Ensure Adequate Supply of Laboratory Services through Fair and Accurate Reimbursement
   a) Accurate and Adequate Physician Fee Schedule (PFS) Reimbursement: Secure adequate physician reimbursement that aligns with clinical practice patterns, fully reflects service-specific cost inputs, and maintains patient access (e.g. SGR repeal)
   b) Accurate and Appropriate Clinical Laboratory Fee Schedule (CLFS) Reimbursement: Promote accurate and appropriate coding for clinical laboratory services (e.g. revaluation of molecular pathology codes; revaluation of the CLFS to reflect technological advancements)
   c) Laboratory Budget Issues: Oppose methods of payment for clinical laboratory services which implement co-payments or competitive bidding

7) Stimulate the Advancement of Quality Reporting Programs to Effective Improvement Drivers
   a) Provider Participation Guidance: Aid members in navigating and meaningfully participating in quality reporting programs (e.g. PQRS, Value-based Payment Modifier program, the Merit-based Incentive Payment System (MIPS), etc.)
   b) Expanded Scope of Quality Measurement: Inform an expanded scope of quality measurement by aiding in the development of more robust quality measures reflective of the full scope of
pathologists’ quality improvement efforts (e.g. Maintenance of Certification, Ongoing Professional Practice Evaluation and Focused Professional Practice Evaluation (OPPE/FPPE) Program, Proficiency Testing, etc.)

c) Expanded Scope of Quality Reporting: Enable an expanded scope of quality reporting across the patient’s entire care continuum via the development and advancement of accessible and accurate electronic reporting mechanisms (e.g. clinical data registry)

d) Meaningful and Effective Health Care Delivery and Payment System Reform: Aid the Medicare payment system’s transition from pay-for-volume to pay-for-value by proactively informing the development of the MIPS and Alternative Payment Models (APMs) (e.g. bundled payment arrangements, Patient-Centered Medical Homes, Accountable Care Organizations, etc.) in a manner that recognizes and rewards the pathology and laboratory community

8) **Advance Health Care Delivery and Payment System Reforms**

   a) Pay-for-Performance: Respond and adapt to an evolving payment system as it transitions from Fee-for-Service to Pay-for-Performance reimbursement (e.g. PQRS, Value-based Payment Modifier program, etc.); Expand the scope of quality reporting to capture pathologists’ quality improvement efforts already in place (e.g. Maintenance of Certification, Ongoing Professional Practice Evaluation and Focused Professional Practice Evaluation (OPPE/FPPE) Program, Proficiency Testing, etc.)

   b) Shared Risk and Accountability: Advocate for a governance role for pathologists participating in Advanced Payment Models (e.g. bundled payment arrangements, Patient-Centered Medical Homes, Accountable Care Organizations, etc.)

9) **Leverage Health Information Technology to Benefit Patients**

   a) Pathology and Laboratory Medicine Informatics: Recognize diagnostic data as the foundation of medical decision-making, promote pathology informatics as the key driver of quality and efficient care delivery, and enable robust informatics support – generate key data, convert it into a useful format, transform it into actionable knowledge, and transmit it to relevant entities along the patient’s care continuum (e.g. Pathology Informatics University, recognition of subspecialty, etc.)

   b) Electronic Health Records (EHRs): Advocate for the development of uniform EHR certification standards and feasible implementation timelines; Promote secure, timely, and affordable interoperability between EHRs and Laboratory Information Systems (LIS) in support of efficient care coordination/ effective care management

   c) Electronic Quality Reporting Mechanisms: Explore multi-purpose reporting mechanisms capable of: (1) streamlining reporting requirements for multiple programs; (2) interfacing with public and private entities for the receipt of quality and payment data; (3) generating meaningful data tailored to specific programs/initiatives; (4) and transmitting accurate, comprehensive, and secure data to varied public and private entities (e.g. QCDRs)

10) **Develop Global Health Solutions to Improve Public Health**

    a) Basic Solutions: Improve laboratory infrastructure and expand access to laboratory services
b) Intermediate Solutions: Promote quality and appropriate laboratory practice

c) Advanced Solutions: Tailor solutions to address varied local practice needs (e.g. anatomic, clinical, cytology, etc.); cultivate workforce to assure program sustainability (e.g. build skills of current lab professionals and ensure appropriate laboratory training for the next generation); educate on the importance of prevention (e.g. non-communicable disease)

11) **Support Emergency Preparedness and Response**

   a) Bioterrorism, Chemical Terrorism, and Medical Disasters: Ensure laboratory preparedness and appropriate protocols; Develop certification and training programs with measurable curriculum targeting tangible results (e.g. Defense Threat Reduction Agency (DTRA) and Cooperative Biological Engagement Program (CBEP))

   b) Natural Disasters: Ensure laboratory preparedness and appropriate protocols; Promote and provide disaster relief.

   c) Emerging and Existing Infectious Diseases: Engage in educational outreach promoting the importance of preparedness and prevention (e.g. Zika, Ebola, PEPFAR)