Clinical Leadership and Quality at the University of Texas Medical Branch

PNPL
PANEL OF NATIONAL PATHOLOGY LEADERS

utmb Health

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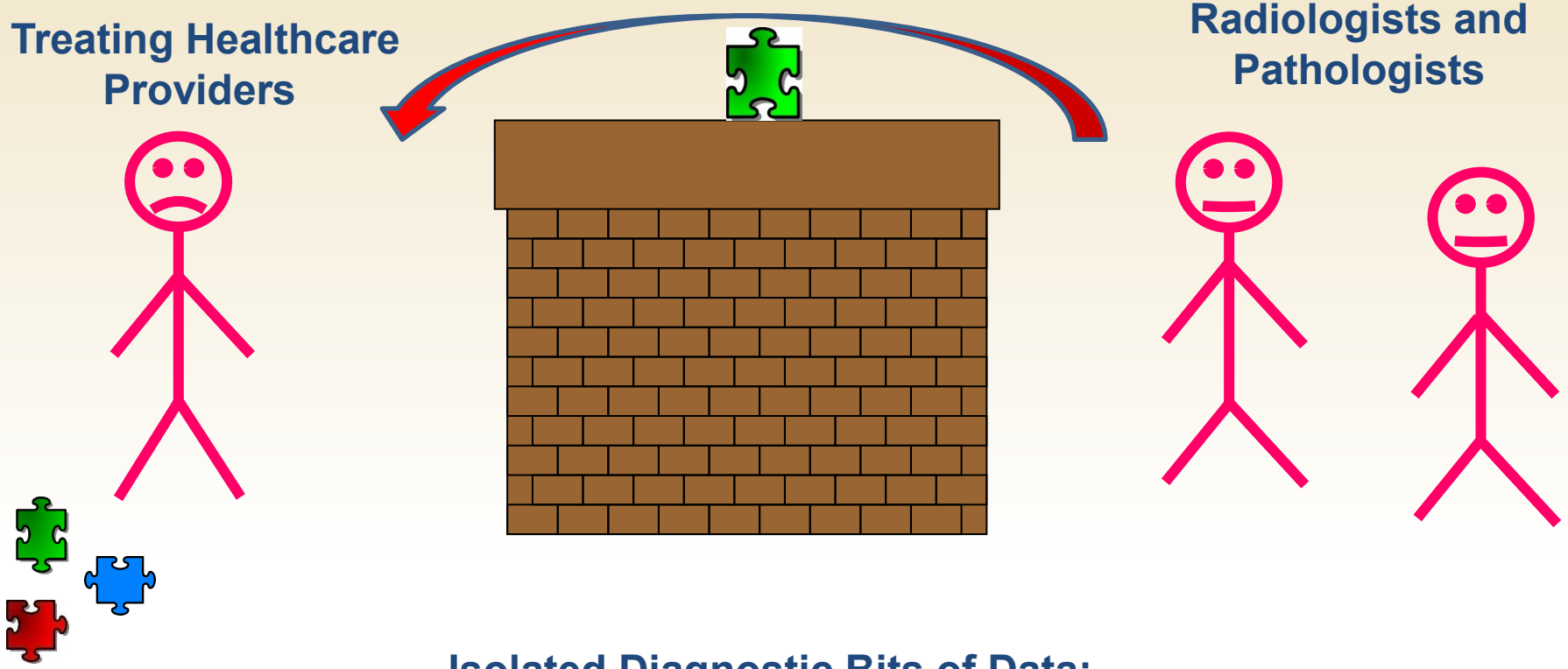
The Activity of a Diagnostic Management Team:

To Make Certain Everyone Knows the Basics From the Start

Instead of “throwing test results over the wall to treating physicians”

The DMT puts together the diagnostic puzzle and generates a diagnosis or short list of diagnostic options and provides the information to the treating healthcare provider

Conventional Approach

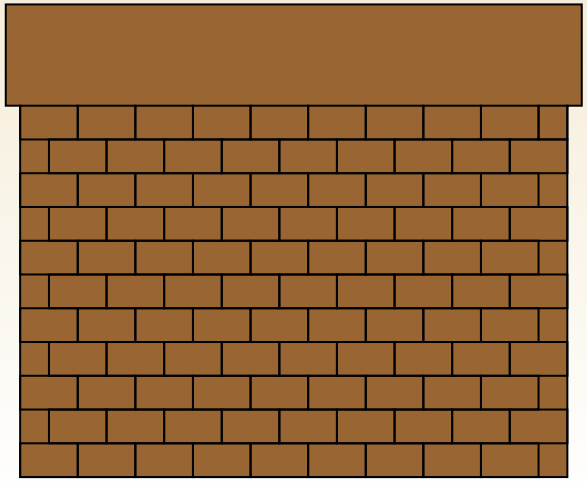


Isolated Diagnostic Bits of Data:
Assembly by Ordering Physician Minimally Trained in Test Selection and Interpretation

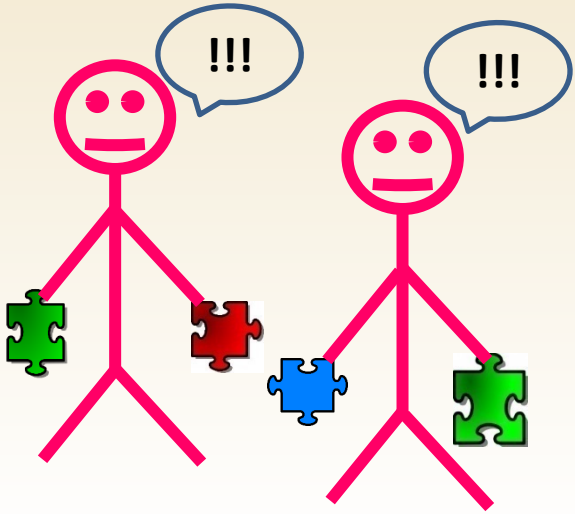
Diagnostic Management Team Approach

Treating Healthcare Providers

Caring for More Patients While Diagnostic Puzzle is Being Assembled



Radiologists and Pathologists



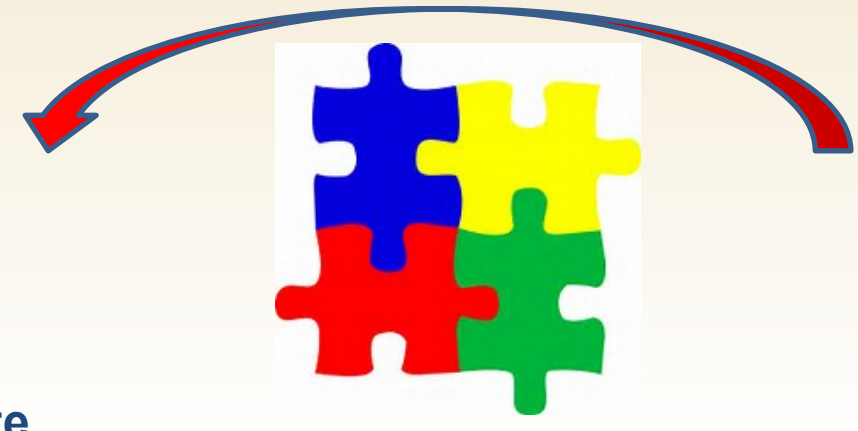
Isolated Diagnostic Bits of Data Being Merged with Clinical Data about the Patient by the Diagnostic Experts

Diagnostic Management Team Approach

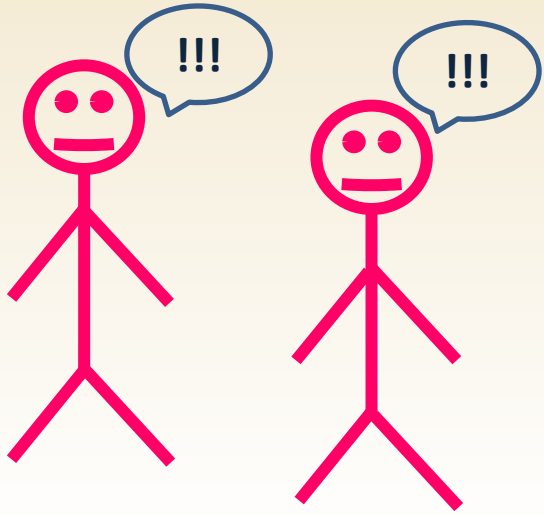
Treating Healthcare Providers

Receives Accurate Diagnosis Quickly as a Completed Puzzle

Solved Diagnostic Puzzle



Radiologists and Pathologists



There is No Wall Between the Ordering Doctors and the Diagnostic Doctors

Anatomic Pathology DMT

Attendees:

Every Expert

Possibly Patient

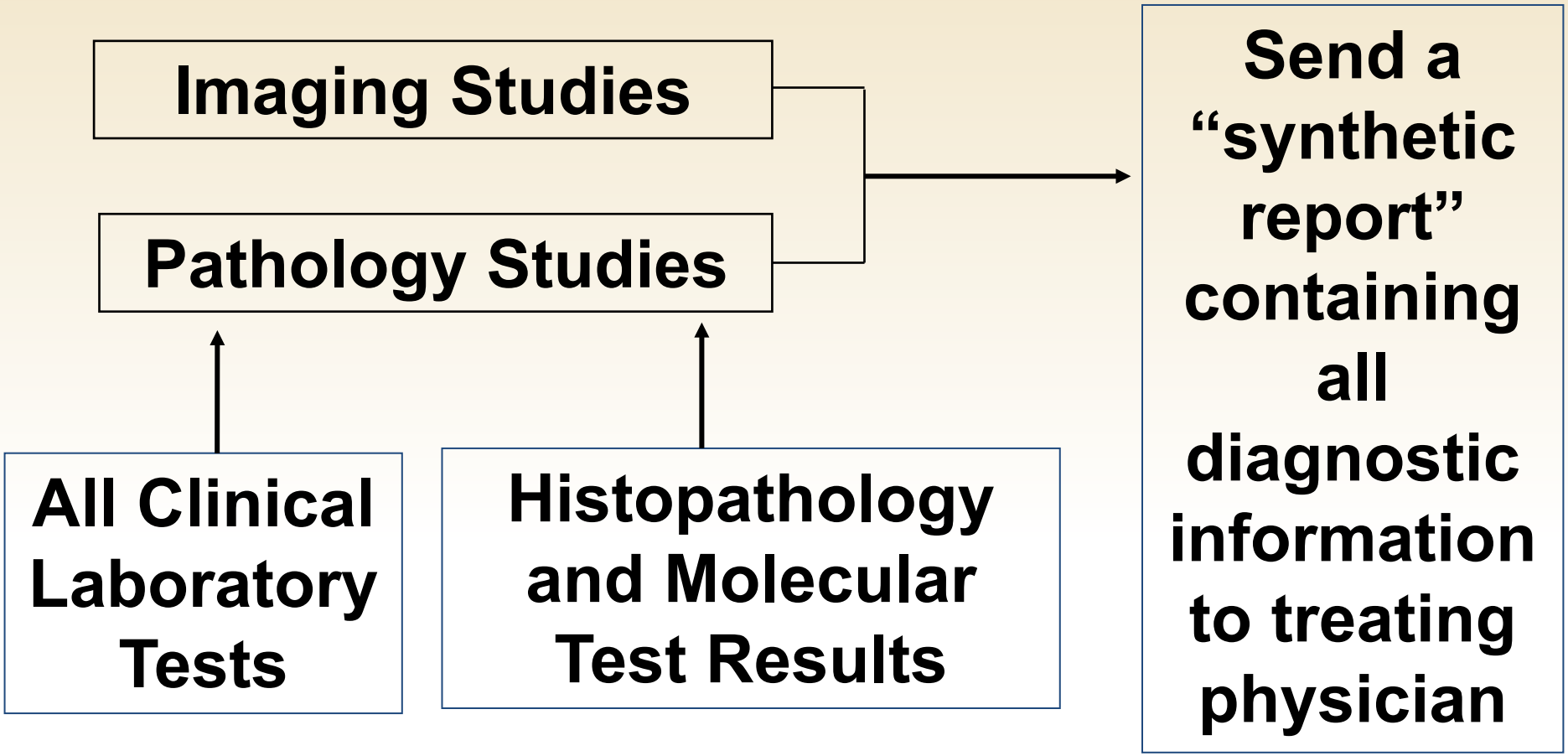
Benefit:

All learn from each other

Anatomic Pathology DMT

Pathologist	Radiologist	Genetics Molecular Expert
Treating Physician	Patient	Coordinator

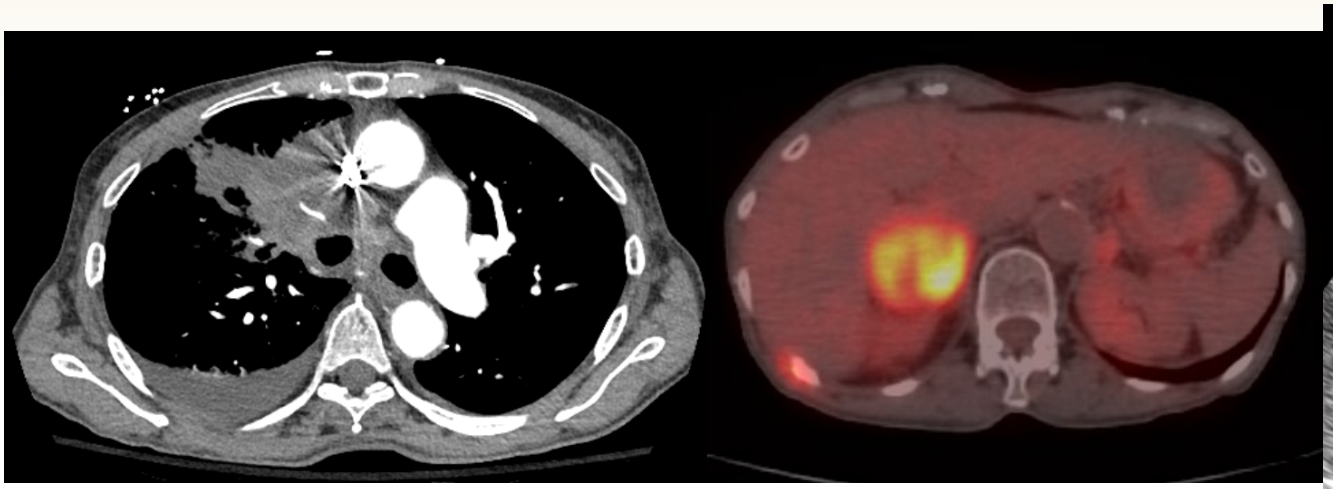
Anatomic Pathology DMT With a Pathologist and Radiologist

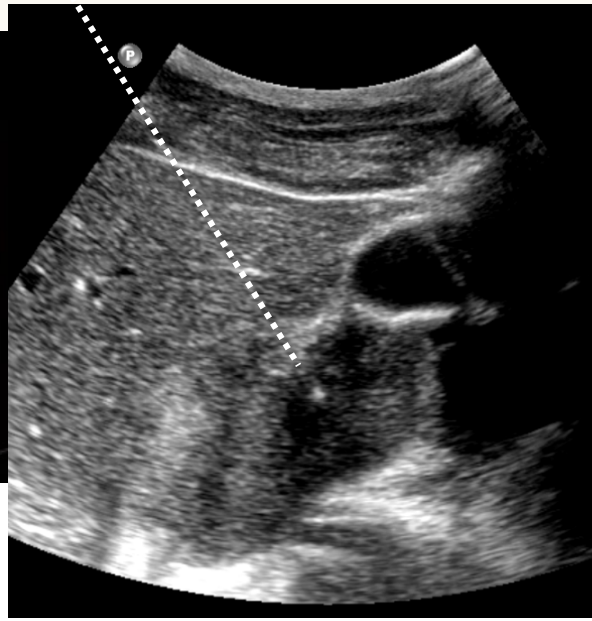


Tumor board…..imaging…more tests…clinic visit….treatment weeks later

DMT

1/24/2019 → **1/25/2019** → **1/25/2019**





Treatment → **1/29/2019**

Minor Obstacles to DMT

- Technical issues with computer, webcam, software
  - Use easy televideo system requiring no software download
  - Pre-send a tutorial
  - Be on time!
  - Can record the session—inform the patient
- Documentation issues
  - Done after the session
  - Extra work
  - Required for payment

Major Obstacles Remaining for Large Scale-up of DMT Services

- **Little or no payment**
- **Cultural change to prioritize clinical consultation through a DMT to be at least as high as other duties**

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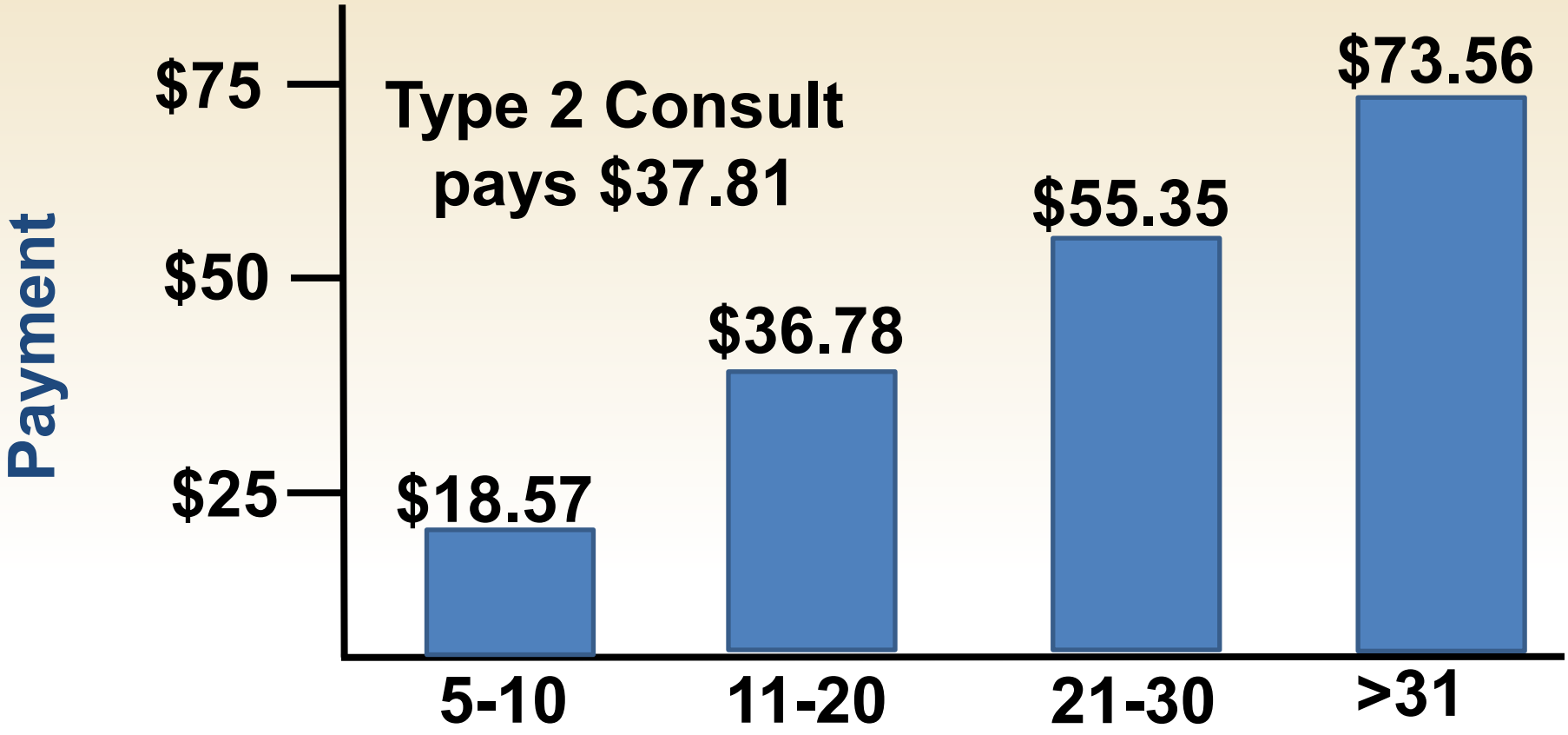
How to Get Paid for a DMT Consultation?

Internet Consultation

Type 1:

- **≥ 50% of time discussing case with provider**
- **Longer call: Higher payment**
- **Medicare pays for these services and has billing codes**

Payment for Internet Consultations



Internet Consultation

Type 2:

- **≥ 50% of time reviewing records**
- **Brief conversation with provider**
- **Medicare pays for these services and has billing codes**

Internet Consultation

Introductory paragraph in note from consultant indicates:

- **Verbal/written request was made**
- **Time spent discussing case and/or reviewing records**
- **Comment that patient has given verbal consent to internet consultation**

Telemedicine via Internet

- Diagnoses may be simple (strep throat) or complex
- Not a consultation with a specialist; Not an "internet consultation"
- Use is high in rural areas with no physicians

Anatomic Pathology/Radiology DMT is Mostly a Type 1 Consultation

These are Not Brief Discussions after a Lengthy Record Review

Most are Lengthy Discussions with Referring Providers

Major Obstacles Remaining for Large Scale-up of DMT Services

- Little or no payment

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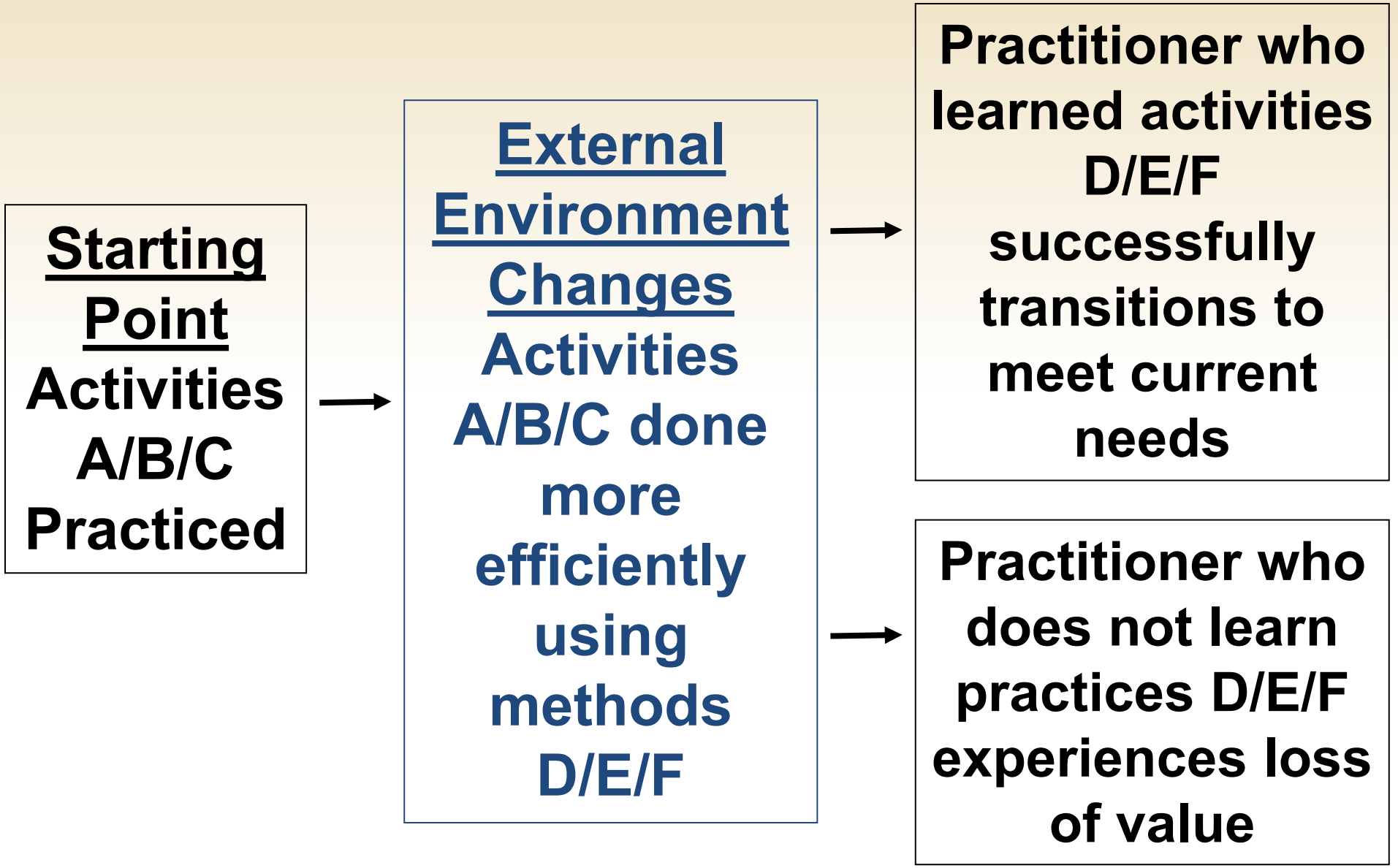
Culture Change for Diagnostic Experts in Radiology and Pathology


Starting Point
Activities A/B/C Practiced
External Environment Changes
Activities A/B/C done more efficiently using methods D/E/F
Practitioner who learned activities D/E/F successfully transitions to meet current needs
Practitioner who does not learn practices D/E/F experiences loss of value

True for Virtually Every Profession

Especially Healthcare

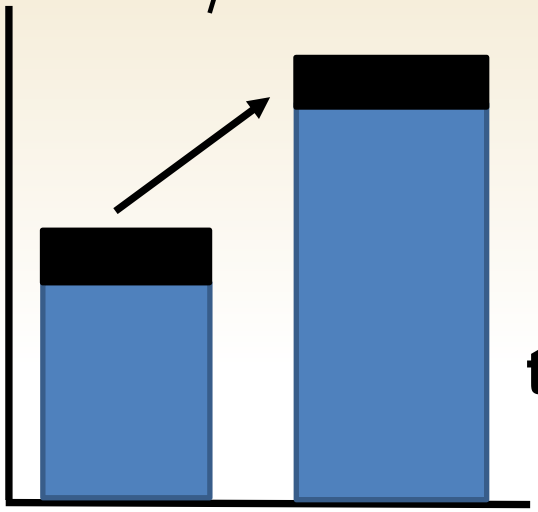
“The diagnostic odyssey” of exome analysis for patients, especially neonates, is being increasingly shown to reduce mortality

Five years ago, who would have thought a total exome sequence reviewing > 23,000 genes for > 5,000 diseases to evaluate a floppy baby made any sense?

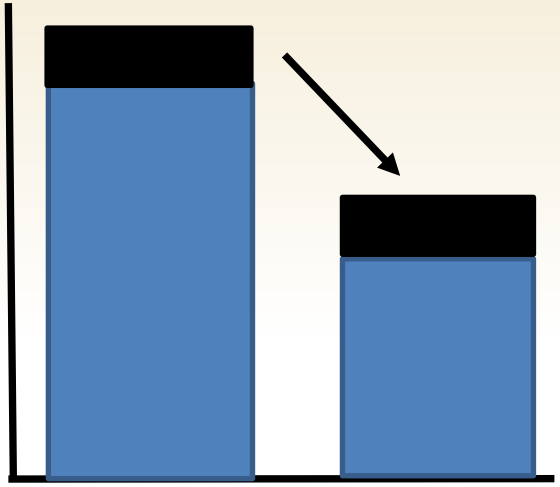
It is now almost a standard of care

Which budget changes when an extra necessary test is ordered to make an accurate diagnosis quickly?

Lab Budget 3-4¢/dollar



General Hospital Budget

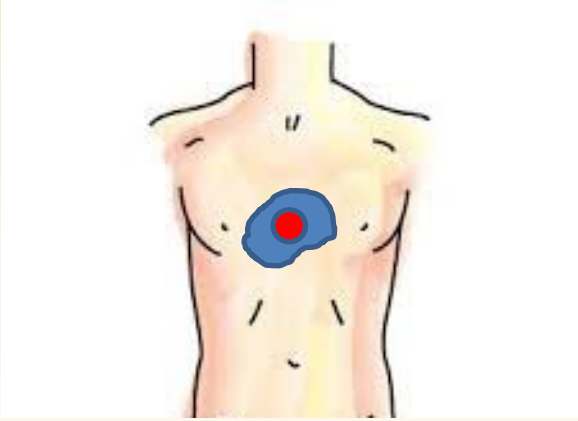


Does the Lab Director Lose Credibility Because the Lab Budget Increased?

Hospital Administrators with Little Clinical Knowledge Might Say "Yes"

Do This Thousands of Times: Then Computer Knows It Is a Hepatoma

Electronic Image:



Features of the mass:

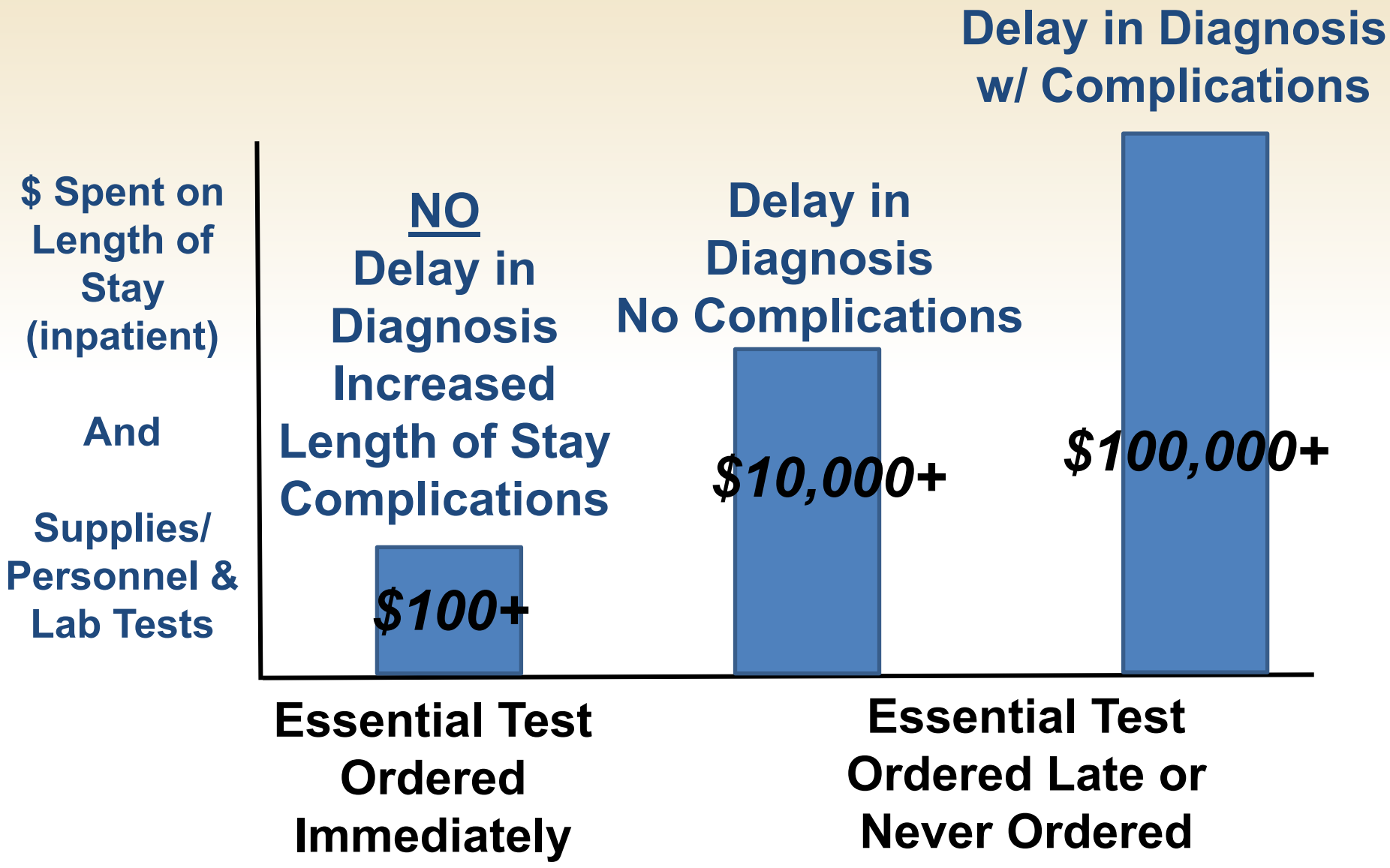
- Granularity
- Size
- Shape
- Density

Electronic Report:

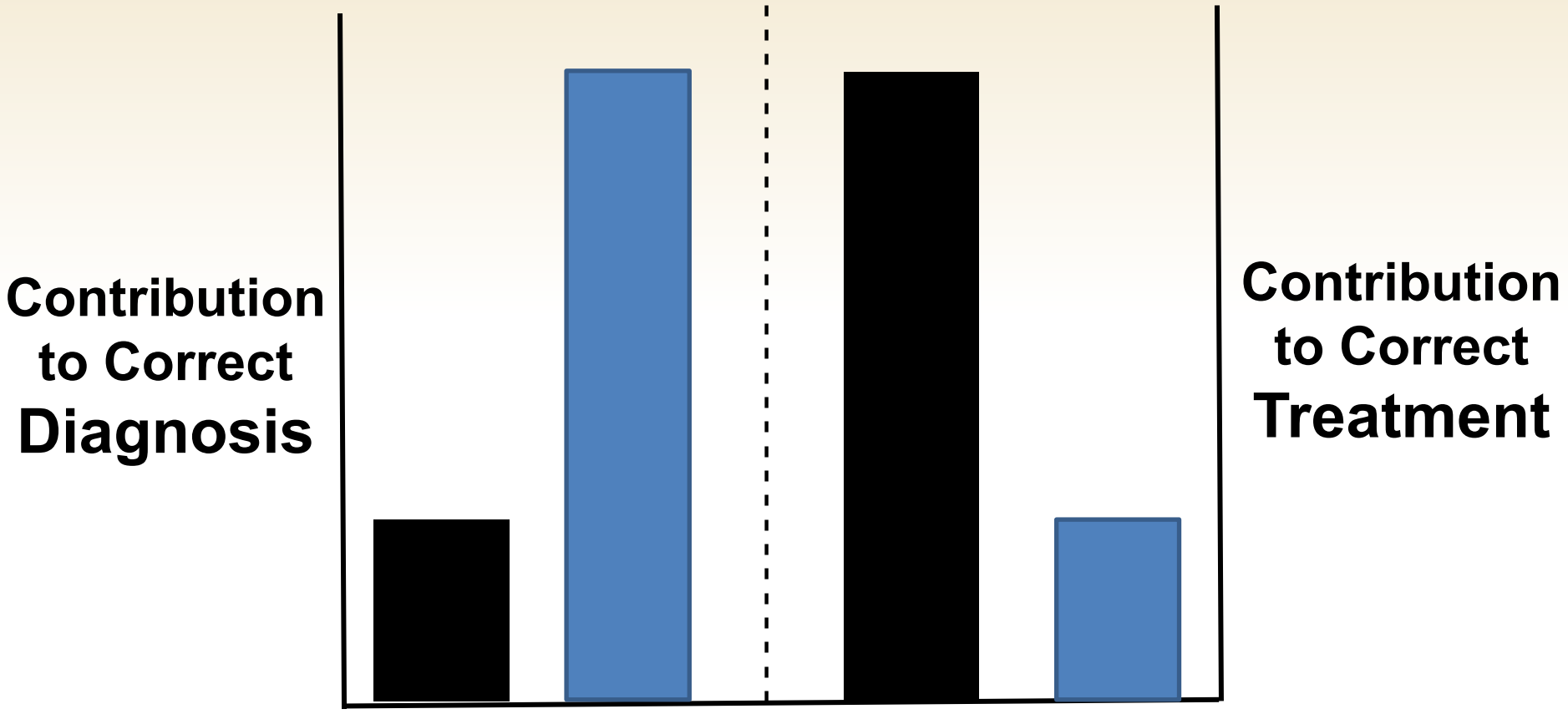
Hepatoma,
Not hepatitis

Image Review in Pathology and Radiology is Changing Rapidly

What if Pathology and Radiology integrated all diagnostic information for the treating physicians?


Delay in Diagnosis w/ Complications
$ Spent on Length of Stay (inpatient)
And
Supplies/ Personnel & Lab Tests
NO Delay in Diagnosis Increased Length of Stay Complications
$100+
Delay in Diagnosis No Complications
$10,000+
$100,000+
Essential Test Ordered Immediately
Essential Test Ordered Late or Never Ordered

What needs to change?


Contribution to Correct Diagnosis
Contribution to Correct Treatment
Treating Physicians
Diagnostic Physicians and Scientists

Concluding Thought

When You Are a Patient, Which One Do You Want?

Diagnosis *without* a DMT → **Non-experts Providing Most of the Care, Faced with Hundreds of Tests Unfamiliar to Them and with No One To Advise Them**

Diagnosis *with* a DMT → **Experts Directing Diagnostic Testing and Knowledgeably Interpreting Imaging Studies and Test Results**

Acknowledgement

Melody Dowler, CCS, CPC
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