

# ASCLS Continues Collaborative Efforts to Address Laboratory Reimbursement and Workforce Issues

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The theme of recent Washington Beat articles has been the Medicare Clinical Laboratory Competitive Bidding Project. This issue continues to “top” the list of legislative and regulatory issues as implementation of the demonstration project in the San Diego Metropolitan Statistical Area continues. Three San Diego-area laboratories have filed a lawsuit seeking to block the demonstration project on the grounds that the US Department of Health and Human Services failed to comply with the federal Administrative Procedure Act, failed to protect small businesses, and established a program that threatened irreparable injury to laboratories in the designated area (Sharp Healthcare v. Leavitt, S.D.Cal. No.08 CV 0170, filed 1/29/08). The American Society for Clinical Laboratory Science (ASCLS), along with the other members of the Clinical Laboratory Coalition (CLC), are supporting this lawsuit. In addition, ASCLS and other CLC member organizations continue to lobby for the passage of HR 3453 and S. 2099, bills that have been introduced to repeal the Medicare competitive bidding project for laboratory services.

As efforts continue in Washington DC to address the ongoing threats to appropriate reimbursement for clinical laboratory services, another critical issue is impacting the practice of clinical laboratory science—the increasing shortage of qualified practitioners. Although the criticality of the shortage varies geographically, there is increasing concern among employers, educators, professional associations, and policy makers that the shortage will continue to worsen. The US Bureau of Labor and Statistics projects a need of approximately 150,000 new practitioners per year through 2014. Accredited educational programs are currently graduating only about 5000 annually.

A variety of factors have been suggested as contributing to the shortage including a decline in educational programs, an

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*Washington Beat is intended to provide a timely synopsis of activity in the nation's capitol of importance to clinical laboratory practitioners. This section is coordinated by Paula Garrott, Co-chair of the ASCLS Government Affairs Committee; and Don Lavanty, ASCLS Legislative Counsel. Direct all inquiries to ASCLS, (301) 657-2768 ext. 3022, (301) 657-2909 (fax); or mail to ASCLS, 6701 Democracy Boulevard, Suite 300, Bethesda MD 20817, attn: Washington Beat.*

increasing shortage of qualified faculty, competing opportunities for “science-minded” students, less than optimal working conditions and salaries, and the retirement of the baby boomers who represent the largest number of current practitioners.

Legislative support to address the workforce shortage (Medical Personnel Shortage Act and the Allied Health Reinvestment Act) has been largely unsuccessful. Although we will likely continue to seek legislative action, ASCLS, along with other laboratory professional organizations and stakeholders, is working collaboratively through the Coordinating Council on the Clinical Laboratory Workforce (CCCLW) to address these workforce issues.

The Coordinating Council on the Clinical Laboratory Workforce (CCCLW) is a coalition of clinical laboratory organizations, governmental and regulatory agencies, and industry partners. The CCCLW developed as a result of a summit that was held in June 2000. The summit was organized by ASCLS to address the growing clinical laboratory personnel shortage and to share and coordinate the efforts of all the participating organizations. Attendees worked to identify the issues impacting the shortage of laboratory personnel and recognized that to begin to address these issues would require an ongoing and collaborative effort.

Recently the CCCLW held a strategic planning session led by a professional facilitator to re-focus its efforts. Twenty-eight individuals representing fourteen organizations participated. The strategic planning session was guided by the following focus question. “How will the CCCLW focus our collective efforts to:

- increase the number of qualified practitioners;
- increase healthcare and public awareness of our value in achieving positive patient outcomes; and
- contribute to our reputation as a forum for key workforce issues?”

The meeting involved brainstorming and large and small group work to identify industry trends, articulate and document a practical vision, identify any underlying contradictions, and develop possible actions and strategic directions. Consensus was reached on the following key vision elements:

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1. Enhanced community awareness and professional prestige
2. Improved total rewards
3. Established and uniform credentials and levels of practice
4. Defined career advancement
5. Unified voice
6. Expanded collaborative and consultative roles for practitioners
7. Optimized recruitment and retention

Based on these seven elements of the CCCLW vision, the following four strategic action directions were identified:

1. Driving the business case internally and externally
2. Improving our professional profile
3. Aligning the scope of practice
4. Creating effective recruitment and retention

Four workgroups were established to address the four strategic action directions. Each workgroup identified key action areas and developed a five-quarter strategic planning implementation calendar. The progress of the workgroups will be reported at the CCCLW meetings and shared with the member organizations. One important CCCLW initiative that should be implemented soon is a website that will serve to coordinate and facilitate communication of workforce initiatives.

Reimbursement and workforce shortage issues are inter-related. It is essential that we work together as an industry to address these issues. ASCLS has long been a leader and a team player in these collaborative initiatives. However, success is dependent on *each individual practitioner* becoming involved and advocating on behalf of the profession in the legislative and regulatory arenas, in our workplaces, and in our communities.

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