



# Event summary report

## 2024 CLINICAL LAB 2.0 WORKSHOP

Active users  
**110**

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Engagement score **421**

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Engagement per user **3.8**

Questions  
**70**

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Likes / dislikes **27 / 0**

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Anonymous rate **94%**

Poll votes  
**324**

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Polls created **9**

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Votes per poll **36**

### Popular questions

Anonymous 0 🗨️ 3 👍

Is there no hope for EHR data structures? Is this a fix-model versus new tech solutions? We have 100s of TBs of centralized EHR data with external inputs.

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Anonymous 0 🗨️ 3 👍

Do we need to upskill the workforce? Or improve our tools?

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Anonymous 0 🗨️ 3 👍

Is there an opportunity for labs to provide direct-to-consumer diagnostics and health information along with test results?

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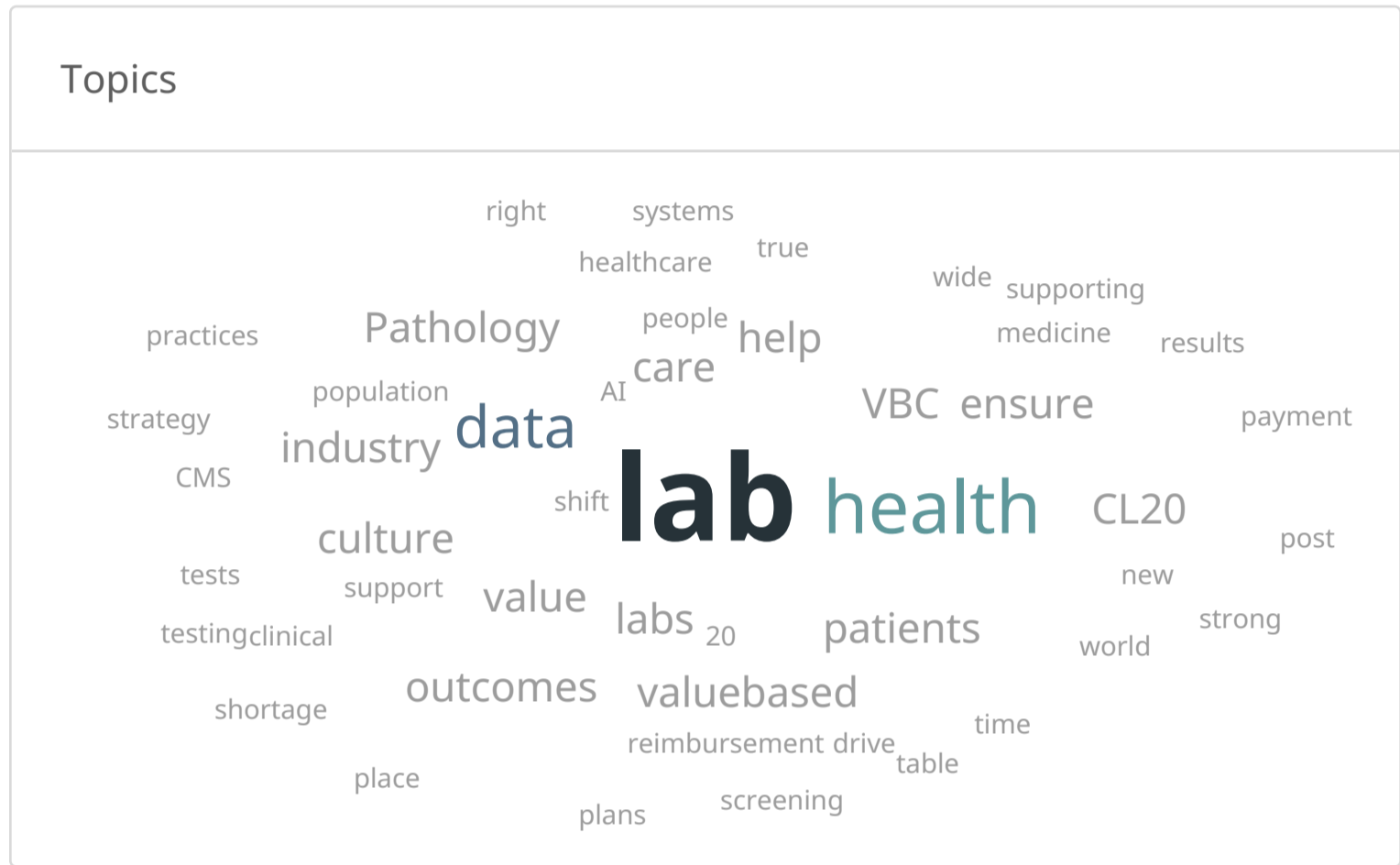
Mike Becich 0 🗨️ 3 👍

Change requires aggressive collaboration between Pathology and the Lab. How does 2.0 catalyze that change?

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Anonymous 0 🗨️ 2 👍

What is the value of a reverse-federated data model, where collective EHRs become a source and not a sink for data, pertaining to population-based analytics?



### Influential users

Mike Becich 1 🗨️ 3 👍

Jon Harol 2 🗨️ 0 👍

Don Casey 1 🗨️ 0 👍

Anonymous users 66 🗨️ 24 👍



# 2024 CLINICAL LAB 2.0 WORKSHOP

26 - 28 Feb 2024

Poll results



## Table of contents

- Why are you here?
- In one or two words, what emerging skills are necessary for clinical laboratory professionals to guide interdisciplinary team-based care in improving population health outcomes?
- Does your lab or health system currently make use of AI/Machine learning in current production lab workflow?
- Has the topic of pull-through revenue been raised as a margin opportunity at your institution?
- Provide a word(s) to describe how laboratory professionals could drive public health and health equity.
- Provide a word to describe the role of the clinical laboratory as diagnostic stewards?
- Are you aware of your:
- Has your organization implemented:
- Has your institution implemented a best practice alert in the EHR associated with CKD testing or deployed laboratory driven decision support for CKD?







**Does your lab or health system currently make use of AI/Machine learning in current production lab workflow?**

0 1 6

Yes



No





**Has the topic of pull-through revenue been raised as a margin opportunity at your institution?**

0 1 3

Yes



No





**Provide a word(s) to describe how laboratory professionals could drive public health and health equity.**

0 3 8







**Provide a word to describe the role of the clinical laboratory as diagnostic stewards?**

0 2 2





## Are you aware of your:

0 4 3

Blood pressure?



100 %

Cholesterol levels?



93 %

eGFR and/or uACR levels?



42 %



## Has your organization implemented:

0 1 7

the 2021 CKD-EPI race-free equation for calculating eGFR?



the Kidney Profile?



renamed the microalbumin to albumin-creatinine ratio, urine?



standardized uACR reporting?





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**Has your institution implemented a best practice alert in the EHR associated with CKD testing or deployed laboratory driven decision support for CKD?**

Yes



No



Question text	Score	Upvotes
we are an insurance focused health system	0	0
are people moving toward medicare advantage bc they believe in the market or bc disillusioned with status quo? interpretation of the shift also needs a look	0	0
understanding value of lab reqs multi-column excel sheetview— administration responsible 4limited portfolio & often not interested in wider view. how to change?	0	0
recognition of skills	0	0
How do we entice more people to go into clinical lab?	1	1
Is lab staff already too exhausted to be susceptible to think about new, value-based models?	1	1
What can lab do immediately to help our admin see the value of a strong lab (as opposed to a place to cut)?	0	0
Obviously VBC and population health will drive better outcomes for the masses. Is there concern that processes will leave out patients that don't fit the data	1	1
The enemy is Pathology hyperfragmentation. How do we get the Lab to internally collaborate?	0	0
Is there no hope for EHR data structures? Is this a fix-model versus new tech solutions? We have 100s of TBs of centralized EHR data with external inputs.	3	3
So far today I am hearing what is not happening, but there are so many examples where lab is st the forefront and lab is at the table.	1	1
Major deviation in US expenditure vs outcome vs other countries. Is lab a leader or supporting actor in fixing this?	0	0
Do we need to upskill the workforce? Or improve our tools?	3	3
There are great examples of how the lab shortage can be fixed - University of Utah, Geisinger, state of California program grants	0	0
MA plans currently has a bad rep per NYTimes. Should lab support MA plans?	0	0
Pathology/Lab is the future of Medicine! Why don't we see it?	1	1
What is the value of a reverse-federated data model, where collective EHRs become a source and not a sink for data, pertaining to population-based analytics?	2	2
What influence have you made to move the cat food? Our challenge is that doing the "right thing" from a VBC perspective is not getting our health system paid.	2	2
Is there actually a medtech shortage if we do away with our in lab waste? Like manual diffs??	1	1
How can independent labs get more engaged in ACOs and other physician entities to increase referrals to offset the dominance of LabCorp and Quest?	2	2
In most laboratories, leadership has failed. Need strong dyad leadership teams-administrative and pathologist	1	1
Is there an opportunity for labs to provide direct-to-consumer diagnostics and health information along with test results?	3	3
Is there a convincing science-supported evidence that the value-based care will be more beneficial for the system and for the patients?	0	0

Question text	Score	Upvotes
If surgeons and docs are actors, while lab medicine experts drive the script, how do address the ad-libbing from the “actors” in deviating from that script?	0	0
The success of VBC transcends the data & relies on a culture shift within the care team. Can you speak to best practices on driving that shift?	0	0
The impact of VBC on health systems makes sense but how it impacts labs is more confusing. Will independently owned labs be capitated or remain FFS based?	0	0
How can a CL2.0 coalition help laboratories get the data access we need to assess preadmission and post discharge aspects of laboratory medicine?	0	0
Do you feel there is enough straight talk about these issues? I feel there isn't enough straight talk to get these excellent initiatives more wide spread	0	0
Primary care is a set of services not a person	0	0
Will (or should) there be more lab or less lab testing under a VBC model?	0	0
Change requires aggressive collaboration between Pathology and the Lab. How does 2.0 catalyze that change?	3	3
how do we ensure pathology is involved in development of any AI algorithm that includes lab data? we understand data integrity &limits best	0	0
Everyone wants to lead, when we need some to follow. How do we achieve this?	0	0
@Becich: Pathology & Lab aren't 2different things everywhere- interesting that you make this distinction	0	0
Lumeris is a 5 star MA plan - what do you require of labs in your network to help drive your outcomes?	0	0
how does entry of VC into labs/medicine add to this challenge? #suckingsystemdry?	0	0
If you had to pick one clinical "Big Dot" to help focus Lab 2.0 what could that be?	0	0
If labs control millions of patients data points, why are they not viewed as an asset in driving/leading the transformation with informatics and algorithms?	0	0
Any hope for state HIEs supplying the data?	0	0
It isn't really about paying by the click for diabetics not having their A1C, it is about measuring it and improving it and paying for that	0	0
Yes	0	0
Lab results are widely available within the health systems. Why does the lab have to be involved in the creation of AI? For post analytics	0	0
AI is value add but saving time may lead to reduced reimbursement by CMS. suggestions re strategy to mitigate \$ loss?	0	0
But pull through revenue might be isolated to outpatient or ambulatory patients.	0	0
CAP has virtually abandon CP as far as I can see.	0	0
How can a intervention be reached faster on an organism causing sepsis when the blood culture is negative	0	0
Become the primary provider	0	0

Question text	Score	Upvotes
CMS mandated Social Risk screening Jan 24. Social risk adjustment will apply in '27 using the Health Equity Index. Will lab/industry play a role in screening?	1	1
How do you represent CL2.0 to your leadership in industry?	0	0
How will the industry partners support the sustainability of smaller or health system labs? Seems some challenging head winds coming with infrastructure design.	0	0
Given all three of your organizations are world wide, is anywhere else on the planet doing CL2.0 better??	1	1
How do the global functions of the industry partners look at supporting these projects? Are there any plans to expand OUS?	0	0
How does the increasing shift of the locus of care to the outpatient setting impact the CL2.0 prerogative?	0	0
For inpatients, you don't get paid for testing, how do you make the financial case where reimbursement of tests is a non factor? Different financial measure?	0	0
billers at min wage do not ensure diagnostic integrity, they answer to total billables. path reporting systs should include dx granularity that binds dx 2SNOMED	0	0
No entity has clearly grabbed hold of social screening and social risk capture. What reasons exist not to have lab own this new diagnostic element?	0	0
for major swing in lab clout as data gurus, need CMS etc to pay for our time. right now this recognition is rare and gen'ly comes from private payers	0	0
The lobbying helps with payment models. Especially on the federal level. Will industry support lab 2.0 in lobbying	0	0
The American Medical Association's Relative Value Scale Update Committee (AMA RUC) Sets the reimbursement value. Is lab at the table, pushing to be at there?	0	0
fda hopes2 cut time2market with real world evidence. need to ensure payment for tests or this goes no where	0	0
Expertise	0	0
Value-Based Care: the vehicle through which population health interventions are economically applied, improving outcomes and reducing costs through incentives.	0	0
Population Health: examines health outcomes of a group, including distribution of outcomes within the group, addressing factors that influence these outcomes.	0	0
Public Health: aims to protect and improve the health of communities through prevention, education, and policies.	0	0
The lab community needs to unite to promote interoperability and to wrest data from our ehr vendors	0	0
With the idea of rewarding good patient behaviors, is there concern that this may widen gaps in equitable care and place higher financial burdens on some	0	0
The true worth in healthcare is value for the patients. I worry about failing to connect dots between promise of value-based care and real-world implications.	0	0

Question text	Score	Upvotes
Porter's "value" misses the 'values" that healthcare SHOUD BE ALL about such as the hospital culture, psychological danger, secrecy and self centered needs.	0	0
Hospitals must have robust clinical (and financial) culture to ensure aggressive practices manage costs are pursued through the lens true benefit to the patient	0	0
Absent such a culture, VBC will be the latest strategy to erode the most precious asset in the American healthcare system: the trust of the people we serve.	0	0