



# CLINICAL LAB 2.0

A PROJECT SANTA FE FOUNDATION INITIATIVE

Poll Type	Poll Question	Poll Option	Count
Word cloud	What brought you here?	Knowledge	1
Word cloud	What brought you here?	Career longevity	1
Word cloud	What brought you here?	Learn and implem	1
Word cloud	What brought you here?	Learning big trends	1
Word cloud	What brought you here?	Houston	1
Word cloud	What brought you here?	RWD	1
Word cloud	What brought you here?	Crucial conversation	1
Word cloud	What brought you here?	hippokratisches oath	1
Word cloud	What brought you here?	Real world data	1
Word cloud	What brought you here?	Value	1
Word cloud	What brought you here?	Better understanding of the movement and how we can play a role	1
Word cloud	What brought you here?	Change	1
Word cloud	What brought you here?	Hope	2
Word cloud	What brought you here?	Caring	2
Word cloud	What brought you here?	To be part of the change and craft the future	1
Word cloud	What brought you here?	Innovation and partnership for patient care	1
Word cloud	What brought you here?	Being part of a movement	1
Word cloud	What brought you here?	Fear	1
Word cloud	What brought you here?	Desire for change	1
Word cloud	What brought you here?	To learn different perspectives on how to transform lab services today and for the future	1
Word cloud	What brought you here?	My leader couldn't attend due to a conflict, so I got lucky!	1
Word cloud	What brought you here?	Enablement	1
Word cloud	What brought you here?	Ule Balis	1
Word cloud	What brought you here?	Jim Crawford	1
Word cloud	What brought you here?	The need for change	1
Word cloud	What brought you here?	What's next	1
Word cloud	What brought you here?	Drive change	1
Word cloud	What brought you here?	Car	1
Word cloud	What brought you here?	Desire to innovate	1
Word cloud	What brought you here?	I want to be part of this movement to change healthcare	1
Word cloud	What brought you here?	Ignorance	1
Word cloud	What brought you here?	Being the squeaky wheel	1
Word cloud	What brought you here?	Collaboration	1

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Poll Type	Poll Question	Poll Option	Count
Word cloud	What brought you here?	Expand knowledge	1
Word cloud	What brought you here?	Innovation opportunity	1
Word cloud	What brought you here?	Networking	2
Word cloud	What brought you here?	Revolution	2
Word cloud	What brought you here?	Adicted	1
Word cloud	What brought you here?	Diagnostic data RWD applications	1
Word cloud	What brought you here?	Insights	1
Word cloud	What brought you here?	Meeting the smart people and extra cold temperatures	1
Word cloud	What brought you here?	Diagnostic innovation	1
Word cloud	What brought you here?	To learn about the future	1
Word cloud	What brought you here?	\$, care	1
Word cloud	What brought you here?	Be proactive	1
Word cloud	What brought you here?	Excitement to change	1
Word cloud	What brought you here?	hunger	1
Word cloud	What brought you here?	Khrosrow	1
Word cloud	What brought you here?	Make change	1
Word cloud	What brought you here?	Vision	1
Word cloud	What brought you here?	Collaboration	4
Word cloud	What brought you here?	Desire to learn	1
Word cloud	What brought you here?	Khosrow command	1
Word cloud	What brought you here?	Learning	5
Word cloud	What brought you here?	Pushing status quo	1
Word cloud	What brought you here?	Curiosity	1
Word cloud	What brought you here?	Khosrow	5
Word cloud	What brought you here?	Patients	1
Word cloud	What brought you here?	Disruption	1
Word cloud	What brought you here?	Intrigue	1
Word cloud	What brought you here?	Learn	1
Word cloud	What brought you here?	Passion	5
Word cloud	What brought you here?	Planning	1
Word cloud	What brought you here?	Curiosity	12
Word cloud	What brought you here?	Airplane	1

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Poll Type	Poll Question	Poll Option	Count
Word cloud	What did you gain yesterday?	Start small!	1
Word cloud	What did you gain yesterday?	We're part of the Medical industrial complex	1
Word cloud	What did you gain yesterday?	Partnrtr	1
Word cloud	What did you gain yesterday?	Communication outside the lab	1
Word cloud	What did you gain yesterday?	Disruption	1
Word cloud	What did you gain yesterday?	Industry and help laboratory get to our future state	1
Word cloud	What did you gain yesterday?	Concerns about data sharing	1
Word cloud	What did you gain yesterday?	Passion	1
Word cloud	What did you gain yesterday?	we continue to marginalize patients	1
Word cloud	What did you gain yesterday?	Culture	1
Word cloud	What did you gain yesterday?	Lots to do!	1
Word cloud	What did you gain yesterday?	SMART goals	1
Word cloud	What did you gain yesterday?	Need to spread	1
Word cloud	What did you gain yesterday?	Drive	1
Word cloud	What did you gain yesterday?	Univants	2
Word cloud	What did you gain yesterday?	We need guidelines to start projects. Step by step	1
Word cloud	What did you gain yesterday?	Opportunity to partner	1
Word cloud	What did you gain yesterday?	Platforms	1
Word cloud	What did you gain yesterday?	Networking and learning	1
Word cloud	What did you gain yesterday?	Univants!	1
Word cloud	What did you gain yesterday?	Harmonization is the Achilles heal	1
Word cloud	What did you gain yesterday?	Patient Journey	1
Word cloud	What did you gain yesterday?	Actionable ideas	1
Word cloud	What did you gain yesterday?	Execute	1
Word cloud	What did you gain yesterday?	Massive disruption is coming	1
Word cloud	What did you gain yesterday?	Success stories	1
Word cloud	What did you gain yesterday?	Bias	1
Word cloud	What did you gain yesterday?	Finally feeling forward movement. In past it felt like we were hearing the same thing every year.	1



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Poll Type	Poll Question	Poll Option	Count
Word cloud	What did you gain yesterday?	Insight	2
Word cloud	What did you gain yesterday?	Connection	1
Word cloud	What did you gain yesterday?	Look at this in short/mid/long range SMART goals. Business Is/Should, Behaviour Is/Should. Desired realistic outcomes.	1
Word cloud	What did you gain yesterday?	Lots of ideas looking for playbook	1
Word cloud	What did you gain yesterday?	Univants of Heathcare Excellence Awards	1
Word cloud	What did you gain yesterday?	Lab medicine is connected to patients!	1
Word cloud	What did you gain yesterday?	Different perspectives	1
Word cloud	What did you gain yesterday?	Possibilities if we work together	1
Word cloud	What did you gain yesterday?	Perspective	1
Word cloud	What did you gain yesterday?	A sense of urgency	1
Word cloud	What did you gain yesterday?	Sense of teamwork	1
Word cloud	What did you gain yesterday?	Patients (customer) might be our best allies.	1
Word cloud	What did you gain yesterday?	Excitement to make a difference	1
Word cloud	What did you gain yesterday?	Progress	4
Word cloud	What did you gain yesterday?	A new perspective	1
Word cloud	What did you gain yesterday?	Execution	1
Word cloud	What did you gain yesterday?	Increasing opportunities for partnership across the industry	1
Word cloud	What did you gain yesterday?	Hope	3
Word cloud	What did you gain yesterday?	Opportunity	2

Question text	Score	Upvotes
Health determinant of health matters	0	0
Disparity of care is deflating, frustrating, makes patients want to give up on finding answers	1	1
Social determinants of health combine with unconscious bias to perpetuate health inequities. We must uncover and work to eliminate our biases.	3	3
Unconscious bias can be a real barrier for patients, leaving them feeling deflated and demotivated.	2	2
Is there a place where the presentations may be obtained?	3	3
Everything we are talking about requires a test sample - a bio specimen. This could be a huge barrier in regards to Access (and Health Inequity)	2	2
What impact will the current and future disruptions from our executive branch of government have on social determinants of health?	7	7
If we go direct-to-public, we can fix this.	1	1
Looking forward to more work on lab testing « islands » in our communities Something that started with Covid testing.	1	1
labs are only as equitable as the stream of samples they receive (& therefore patient access). so without effort we quietly permit the status quo	1	1
In the KPIs, how do we ensure that the delivery of the findings are translated into better care for the patients we support?	1	1
How do we provide equitable care in the legal landscape the current administration has created?	5	5
Relationships with the communities you serve = crucial	2	2
Labs are the first to know; first responders	0	0
How will the future of healthcare be determined by cuts or elimination of Medicare and Medicaid?	4	4
Does unconscious bias lead to delayed or missed diagnosis?	1	1
How can we develop patient journey analyses to determine paths of misdiagnosis, and how unconscious bias plays a role in provider decision-making?	0	0
How do we prioritize the goals of health equity in light of overall fiscal responsibility?	0	0
Thoughts on the ACO REACH model? Are clinical laboratories playing a role within systems participating?	0	0
How do you think about the use of labels and categorization of people in healthcare?	0	0
Time to diagnose matters!! It dictates what happens to patient	1	1
So many patients have similar experiences not receiving any communication from doctors after lab results! No proactivity at all when the opportunity is there.	0	0
Why are over the counter CGM devices not covered by insurance or HSAs?	1	1
Most diabetics on my community almost never get to see an endocrinologist. So access is an issue	0	0


Question text	Score	Upvotes
Should lab professionals collaborate with community pharmacists to manage diabetes care and skip inaccessible primary care and endocrinologist ?	0	0
Labels have impact! They influence care and can be a barrier to health equity.	0	0
I've been called diabetic when I had prediabetes. Yes labels hurt	0	0
CGM data should replace HgbA1c, how do we make this happen ?	2	2
Do you worry about patient interest groups being controlled by industry?	0	0
CMG data needs to automatically populate the EMR and not rely on me to print it out for my physician every six months.	3	3
English Lit majors of the world unite!	0	0
David Johnson: why have so many startups failed to disrupt the healthcare industrial complex, and why do you think one is going to succeed now?	2	2
Remote Patient Care/Monitoring investment is an absolute essential to lower cost of care - working smarter	0	0
Almost everyone in this room is part of the healthcare industrial complex. Dave Johnson, are you expecting us to disrupt our own companies?	0	0
But the FDA! We sit here and salivate over the devices and technologies available in Europe. And CLIA! Antiquated regs don't scale well and inhibit novel care.	0	0
Fee for service is number 1 public health enemy	0	0
Could you repeat the two Es of CB2E2?	0	0
We, Easier Empowering	0	0
Can there be alternative payment apply for preemptive diagnostics? Is so how?	0	0
Cheaper, Better, Balanced, Easier, Empowered	1	1
Es were easier and empowered. what were the Bs?	0	0
CB2E2 (Cheaper, Better, Balanced, Easier, Empowering	0	0
I'm a physician. I have patients I care for. the fact that this is all being seen as "customer/purveyor" is horrifying.	1	1
What are each of the organizations you represent doing to educate the next generations in your respective communities? Getting them engaged in WHY IT MATTERS?	0	0
How can we bring together universities and professional schools in health, organizational management, and finance to ensure future visions are realized?	0	0
Where can we get a copy of the presentations?	1	1
Presentations and all chats will be shared with all attendees	1	1
Why do we keep pretending that "value-based care" payment models actually drive value?	2	2
vbc payment models are first steps towards value vs ffs	0	0
In future state, risk stratification, risk prediction and risk mitigation and care intervention will determine payment	1	1

Question text	Score	Upvotes
Why do we hear so little about Total Cost of Care. We must build upon "lab cost per test".	1	1
Are there any EMR vendor partners here? I would love to see their answers to how to frame the data that we generate.	1	1
Who are "The Customers"??	1	1
"Value Based Care" is most often in quotes for a reason. Value for who?	1	1
Maybe we avoid talking about the total cost of care because it is so variable and everyone is afraid of transparency to the public	1	1
How can you hope to disrupt the system while continuing to appeal to the same payers?	0	0
"The Business Model Canvas" is the book Lena referenced.	2	2
How do we move to risk based healthcare when clinical trials and regulatory proof sources cost so much? Where's that capital coming from?	2	2
Anyone interested in understanding more about "customers" for this data, please find me during a networking session! Would love to discuss further.	0	0
"Alternative" payment model is still the same medical industrial complex.	1	1
Thank you Rick and Lena, it's not just about lowering lab test cost or reducing utilization	0	0
If you're chasing revenue from the usual sources (CMS and private payors), you're not disrupting. You're just reinforcing the same system.	1	1
Maybe insurance shouldn't be for profit?	1	1
If insurance product is integrated in an organization that provides care, specific care can be prompted to occur.	0	0
United Health already knows how to boost profits through more testing. It just boosts their profits without helping patients.	1	1
Even not for profit health systems, and insurance companies are part of the "complex"	1	1
Is there a playback for this that Santa Fe has presented to EMR industry? If tools are accessible, conversations are easier for clinicians and healthcare	0	0
we are relentlessly pursuing EMR into movement,	0	0
How can labs bypass insurers and go straight to employers (and consumers)?	0	0
How about this:  Wouldn't it be great if you could access payment after making a recommendation that genuinely enhances the quality of care?	0	0
Any direct to consumer thoughts??	1	1
Can you quantify the pool of available dollars available that are unclaimed? (Bonus, Star Rating etc) Have any labs been successful in claiming these.	0	0



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Question text	Score	Upvotes
Payers and providers have made very large investments in Population Health Management infrastructures for connecting patients with "The Right Care"!	0	0
Are other countries doing this now?	0	0
Lab 2.0 is a pioneer on this model globally	1	1
Epic Cosmos touches on this capability but could be so much more.	0	0
Where, when and how does "The Laboratorian In The Loop" come in?	1	1
What happens if the AI model is wrong?	3	3
Who will train the algorithm to provide insights without bias?	0	0
How are we getting global data with more stringent privacy protections?	1	1
it all starts, with leadership and see that the table to help design care models of the future.	1	1
Consumers may be more willing than we think to opt to contribute to metadata if they are maintained outside of for profit entities.	1	1
Early disease detection improves overall health.....	1	1
COVID-19 is a stunning example of global learning about a disease we had never seen before. Let us draw upon the lessons learned from that event.	1	1
Are administrators more inclined to adopt medically validated, FDA approved algo's vs. homegrown algo's?	1	1
Motivate	0	0
In AP parts of the lab. It seems like Bias might be a problem. Pathologists seem to fall into narrow diagnostic phrases.	1	1
What role do you see the DCLS might take interms of healthcare and education?	2	2
When will we ELEVATE and not LOWER the requirements to enter laboratory medicine medicine? Lab Professionals have ability to support interpretation/prediction.	0	0
the lack of dedicated pathology/lab courses in medical schools in the US is a huge vacuum the downstream effects of which cannot be understated	2	2
Shouldn't the Diagnostic Health Consultant be the Pathologists?	1	1
MLS + Medical Informatics advanced degree	0	0
This is interesting	0	0
	0	0
We should ask how many pathologists or residents/fellows are capable or willing to be trained to be diagnostic health consultants. Might not be enough people.	1	1
Clinical chemists are excellent at this. We need bedside clinicians to know that clinical chemists exist and are available to help understand biomarkers.	2	2
There is the doctorate of clinical laboratory science (DCLS) that does a lot of what you are talking about	1	1
Need to get adequate funding to support these roles	1	1



Question text	Score	Upvotes
Why is the MLS + advanced degree not the DCLS? There are three established programs, 2 new programs opening in Ohio and Illinois, plus others in development.	2	2
I love the idea of having digital health consultants not tied to industry third parties with vested interests such as device/consumable manufacturers	0	0
Can elaborate a little more on consequences of “incidental findings” for the lab!	0	0
A combination of DCLS, PhDs, pathologists and proactive lab leaders can assure that the lab is always front of mind with the C-Suite.	1	1
Incidental findings can initiate lots of unnecessary care and anxiety. A shift to more proactive lab medicine has the potential to increase this phenomenon.	0	0
Don't forget the complimentary value of epidemiologists in addition to data scientists. They are not the same and together add value.	1	1
The goals of population health sometimes conflict with the goals of individual care.	0	0
Systems science. See Peter Checkland's soft systems methodology as a way to move from what to how.	0	0
There are many DCLS success stories out there at labs in Georgia, Massachusetts, South Dakota, Texas, Kansas, etc. these are not in academia.	2	2
A big problem with incentives involves pathologists and Clin Path versus Anatomic Path.	0	0
What is Lab 2.0's impact on "The Last Mile" of care?	0	0
The value based model Rick just explained - would it work across all aspects of medicine/ diseases?	0	0
Unfortunately anatomical pathologists are piece workers and the reimbursement per piece is their currency and always on downside risk.	1	1
National Quality Forum, CMS and HealthPartners all have a well documented Total Cost of Care model. <a href="http://www.qualityforum.org/Home.aspx">http://www.qualityforum.org/Home.aspx</a>	1	1
Maryland and CMS also have a well-documented Total Cost of Care model. <a href="https://www.cms.gov/priorities/innovation/innovation-models/md-tccm">https://www.cms.gov/priorities/innovation/innovation-models/md-tccm</a>	1	1
Put your questions here!	1	1
Why are you saying that population health is better than single-patient care? Both are the mission of the lab, and merging the two should be the ideal.	0	0
Reactive care can't lead to population health, but proactive prevention can benefit both the individual patient and the population!	1	1
To the extent that Lab is helping to close gaps in care, it takes looking at the population to identify (and benefit) the individual patient.	1	1
Prevention, prognosis, confirmation, diagnosis — labs need to do an excellent job at all of these.	0	0



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There's a big difference between "population health" that is really about revenue growth, and population health that reduces healthcare costs. Pick one.	1	1
Pop health can be revenue and a reduction in healthcare costs.	1	1
Does Epic have any capabilities to help the lab achieve these goals?	1	1
If you try to get attribution after-the-fact, someone else has already taken credit.	0	0
SlicerDicer in Epic can be quite powerful to obtain these metrics, both in system-wide and granular views	0	0
Should we be partnering with lab connectivity middleware's (POCT or main lab) to create reporting workflows on care gaps?	1	1
How can the labs communicate directly to the patient in addition to the physician so they can help drive the conversation? Radiology does this for mammograms.	1	1
You have to map out what Lab will own (and deliver) before the program is implemented.	0	0
EPIC Cosmos and EPIC Research	0	0
Revenue = cost to the system. That's basic math. If you claim to reduce HC costs while your revenue rises, you need to prove that someone else's revenue is down	0	0
Epic has capabilities to program patient pathways. For example you can suggest reflex testing based on defined parameters	0	0
Avoiding a single hospital admission makes room for a higher acuity admission (of higher value to the health system).	0	0
How have you used the newly found data for the PREVENT ASCVD Risk Calculator?	0	0
What is Advocate's average health cost per covered patient?	0	0
Do you have data you can show on overall (not risk-adjusted) cost reduction to your population?	0	0
Do you have a graph of total per person health costs (incl out of pocket) for your workforce over time.	0	0
Any comments on the new dementia care model (Guide) ?	0	0
How did you estimate overall cost savings did this exceed your initial \$5M investment?	0	0
Are we expecting to increase our lab menu to detect minerals and other nutrients tested in blood to align with the MAHA?	0	0
Common dimensions of UNIVANTS winners #Leadership outside of the four the walls of the lab ,they have a seat at the table.	0	0
How can we get a copy of the press release on formation of DMC?	1	1
What is industry's appetite for funding projects that are specifically designed to explore real-world financial impact?	0	0
Don't just talk about it, be about it	0	0
Harmonizing Real World Data: the same test platforms generate different structured datasets at different lab providers. Normalizing the RWD is a first step.	1	1

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Question text	Score	Upvotes
LOINC is hard for individual labs to manage. Many of our vendor partners will not provide them, but they should be the experts.	0	0
Clinical research is currently highly siloed in academic medical centers. Can IVD industry help bridge the silos, e.g. with registries?	0	0
The RWD industry normalizes and commercializes medical claims data. LabCorp and Quest commercialize their diagnostic data. It's happening already for pharma.	0	0
Even with cap surveys using the same methodology may give different results depending on the instrument and have to have different reference ranges.	1	1
Harmonize your collaborations around well established and curated national clinical guidelines w the greatest potential impact ie ACC/AHA/ADA/NKF and NCCN.	0	0
Can academic centers serve as a bridge between commercial teams and private labs to publish guidelines on how to improve health? thoughts?	0	0
You will also need to deal variations in test names when you build the future so we can match Apples to Apples.	0	0
Do we need NIST type standards of measure for analyzes which we can all judge the accuracy and efficacy of or test methods?	0	0
Pharma offers IP protection to companies that develop new therapeutics, the same is not true for labs that fund studies to generate peer reviewed lab data.	0	0
RWD seems like a slam-dunk domain for industry to take the lead.	0	0
LOINC is a structured starting point, but is not sufficient.	0	0
EPIC tends to display lab data, but the reference ranges are not immediately evident in their views. Is this an industry risk that we should address?	1	1
Who cares how results correlate if we can simply provide the consumer (clinician, customer, patient, payer?) with the necessary action (and only when needed)?	1	1
Is there some way for IVD vendors and the lab community to collaborate on improving LDTs without the heavy-handed FDA approach?	0	0
Vendors can't expect high test margins anymore.	0	0
Start by incorporating diagnostic assays into RWD studies	0	0
LDT oversight policy has really split the diagnostic community. Can we do better?	3	3
I agree with Dr. de Baca; the missing voice is the payors who will take the savings that should be reinvested in tech to improve patient outcomes.	1	1
Harmonization may not be possible. I think we are about to have a revolution in near patient testing, wearable, and home digital monitoring.	2	2
Big opportunities in clinical research for Pharma and non-lab devices.	0	0

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Agree with Myra, harmonization is too far away. Point of care, home or self collection /testing will throw data aggregation by centralized labs out the window.	1	1
Could we mimic the European models that already prioritize prevention treatment	1	1
With payers so fragmented, and members changing insurer so often, why would a payer support interventions with no short term savings and just long term benefit?	0	0
Traditional payers (CMS and BUCA) lock us into counterproductive care delivery. Why not partner w purchasers/employers to explore new models of diagnostic care?	1	1
quantify and modify overall ascvd-related risks ie for 4 of the top 10 causes of death ie pick the biggest "dot" of all	0	0
Which IVD companies have innovative healthcare programs for their own employees?	0	0
True learning health system won't happen until every patient is in a national/global registry	0	0
Lab should not be ancillary, it's the ideal tertiary provider.	0	0
Customers are understandably afraid of getting financially screwed when they come into the system.	1	1
If consumers truly want virtual care and wellness then Amazon One Medical would be a lot more disruptive to the market.	1	1
Patients/customers want relationships with (human) doctors. Labs need to help strengthen those relationships with great dx	0	0
Lessons from public health!	0	0
Wellness is too nebulous. But Guideline Directed Lifestyle Modifications have the strongest evidence of impact on reducing major health risks. Eg AHA Simple 7	1	1
Cherish is right, just a decrease in your premium or deductible is not much of an incentive for wellness.	1	1
DTC testing is a separate market from physician-prescribed testing. Can we bridge those markets?	0	0
Patients are a checkbox for insurers and (most) health system executives	0	0
Patients become a checkbox because of the healthcare industrial complex.	0	0
To many healthcare administrators, patient= RGU (revenue-generating unit)	0	0
Investment in the next generation's awareness for healthcare and personal advocacy is essential for the long game.	1	1
If patients end up with a Co-pay from a Wellness visit, they tend not to be excited to do it again.	1	1
Would be so helpful to divorce policy from politics and put policy decisions in the hands of actual SMEs. How do we do THAT?	1	1
Diabetes data via home testing and CGM is decentralized and is easy. Forcing patients to come in for HgbA1c is not easy. Centralized testing might be Lab 1.0.	1	1
Comments? Questions? Drop them here!	0	0
Does anyone have any ideas of what that reimagined reimbursement model would look like?	0	0
"Financial risk" is a great area of potential collaboration between labs and industry partners.	0	0

Question text	Score	Upvotes
What are your thoughts of non-traditional companies entering the healthcare space (i.e. Amazon)?	0	0
I worked in an environment of always focusing on Total Cost of Care (i.e. cost per life, cost per population.)	1	1
Population Health is not Population Cost	0	0
We will be waiting a long time for new billings'/reimbursement codes. Need new paradigm of locally negotiated funds flow for the work of a 2.0 lab—PSFF playbook	1	1
The NEW reimbursement model is identifying, managing, and triaging a condition as opposed to simply diagnosing it. Upside and downside risk	1	1
Step 1 to reform is reducing power of the payors.	0	0
Technology won't save us by itself. We need to put healthcare professionals and patients in the driver seat.	1	1
Has any thought been given to the plausible scenario that esoteric tests will be made obsolete by AI-based extraction of equivalent results from routine tests?	0	0
The lab needs to embrace the power of the payors.	1	1
Break up the healthcare industrial complex. Physician-patient relationships need to be centric, not administrators.	0	0
Payors don't add value to the lab. Their job should be actuarial only.	0	0
Worth pondering a quotable from John Bacci at Harvard Children's Hospital: when the pie shrinks, table manners deteriorate.	0	0
Disruption = embracing a smaller pie.	0	0
What should "The Last Mile" of Lab 2.0 look like for me as a patient? Think like Amazon.....	0	0
Distilling down...suggest setting short/mid/long term SMART goals in light of desired outcomes	0	0
Monday teased policy discussion but haven't heard much here about the change in administration and impact of Medicare Medicaid cuts and policy changes.	1	1
Lessons to be learned from places like Denmark where EMRs were developed with patient care and not billing as the primary goal.	0	0
I optimized the providers practice and optimized patient's experience. Decentralizing our operations in the ambulatory world and focused on total cost of care	0	0
Forget My Chart i want my OWN lab information presented in a way that helps me get healthier.....	0	0
How important is employed vs. Contracted status of the pathology group to driving the overall business of lab operations? Any key inclusions in contracts?	0	0
Can you recommend how to analyze Geospatial patient data with healthcare assets and logistics overlaid? How do you find your spatial equity gaps?	0	0
"Data" is by no means equivalent to usable information that is meaningful to the "end-users" ie patients + caregivers and their clinicians for improving health.	1	1

Question text	Score	Upvotes
Geospatial analysis. But like experts input. <a href="https://myadlm.org/cln/articles/2024/mayjune/leveraging-laboratory-and-geospatial-data-for-population-health">https://myadlm.org/cln/articles/2024/mayjune/leveraging-laboratory-and-geospatial-data-for-population-health</a>	1	1
How does CL2.0 propose that independent pathology groups and academic centers recruit and retain pathologists and lab professionals in this era of shortages?	1	1
Chicago has just launched a huge quantum computing venture w Fermilab and major industry and academic partners. How will this "change the game" for Lab 2.0?	0	0
Biobanks are also a huge untapped resource for longitudinal data research	0	0
Will algorithms ultimately go the path of LDTs and necessitate some level of FDA oversight?	0	0
Any business model that requires a CPT code locks you into the insurance industrial complex	0	0
Informatics, epidemiology, systems sciences, implementation science. Embed the research into the practice system.	0	0
Are the data scientists Dr. Friedman mentioned the Diagnostic Health Consultants Nancy Stratton mentioned yesterday?	1	1
Our system employs multiple MLS who went on to get MPH epidemiology, currently working with infection prevention teams. We should harvest them for these efforts	0	0
<a href="https://thecenterforimplementation.com">https://thecenterforimplementation.com</a>	0	0
Path residents are struggling to master the exploding knowledge in AP and Genomics, where to create space for them to master lab mgmt AND CL2.0 informatics?	1	1
There is an opportunity using practice embedded research to disrupt the evidence hierarchy, where RCTs do not and can not deal with the complexity mentioned b4	0	0
Shifting to a 'value-based' outcomes approach requires real-world evidence. What is the panel's perspective on labs and lab leadership's role in generating RWE?	0	0
How available are your pathologists to questions from clinicians?	2	2
Do we pathologists even know what clinicians think of our service? How do we know?	1	1
Visibility. Lab/path versus pharmacy. That is where the DCLS or MLS + Advanced degree comes in.	0	0
EHRs prevent clinical collaboration	0	0
Are there organizations that are a good model of pathologists with good visibility in their institutions that have regular interactions with their clinicians?	0	0
During my residency and fellowship at ARUP, I fielded over 500 pathologist on call consults with clinicians - it was an educational experience for them and me.	1	1
Clinical case conferences are important. Not just cancer, also coag, ID, rheumatology	0	0
Have any pathology groups incorporated virtual care into their practice?	0	0
Every clinical interaction provides intel on how to improve lab services	0	0
EHRs are a huge part of the problem. We need a new electronic platform for collaborating with clinicians	0	0



CLINICAL LAB 2.0  
A PROJECT SANTA FE FOUNDATION INITIATIVE

Question text	Score	Upvotes
The lab and path reports have two different audiences—Physicians and Patients. The report needs to speak to both.	1	1
EHRs are not the problem. Our reports are the problem.	0	0
Women regularly get mastectomies for DCIS. There's a lot of patient harm going on due to poor communication about these results.	1	1
National Cancer Center Institute (NCCI) funded by NCI has the latest extensive guidelines free online for most cancers, including biomarkers.	0	0
EHRs are the problem. They force the lab into an HL7 box that fatally constrain our reports.	1	1
EHRs are a huge problem. We can't fix our reports until we break out of the HL7 box	1	1
Clinical chemist are also an important part of this team. I've answered 4 physician calls just this morning concerning right test to order and interpretation	4	4
Pathology informatics can't be afraid of going outside the EHR	1	1
As one few PharmD's in the room, I am honored and excited about all the mention of visibility. It is challenging but rewarding.	1	1
HL7 isn't the problem. Not having consumer friendly language for easy interpretative results for physicians and patients is the problem	1	1
Are labs confined to analytical tools within their LIS/EMRs? What work is being done to perform the "data hygiene" necessary to be the foundation for big data?	0	0
Expectations of impact of Trump 2.0 on LDT regulations?	0	0
CAP and ACLA do a great job advocating for big labs, however, 42+% of CLIA labs have gone out of business since 2022. How do we save POLs and small/medium labs.	1	1
What are the top three wish list items for changing CLIA?	0	0
How does or will FDA Center for Device and Radiologic Health (CDRH) fit into the future work of Lab 2.0 eg for evolving Software as a Medical Device (SaMD) regs	0	0
Who would side with FDA on this? Big labs? Industry?	0	0
ASCO and many patient advocacy groups filed amicus briefs in support of the FDA. How can the lab community and CL2.0 convince them we're on the same side?	1	1
FDA is only equipped for premarket review. Postmarket quality management is the domain of CLIA and laboratories. That's where most of the quality impact is	1	1
"Narrow Legislation" is practically an oxymoron.It's usually broadly written for a reason.	2	2
"Friends of Cancer Research" is a Pharma lobbying group	1	1
Gutierrez was part of the revolving-door swamp. He now makes millions consulting for the device industry.	1	1
chaos is the point	0	0
Hospital based pricing is pretty perverse and driven by the whim of the CFO..	1	1

Question text	Score	Upvotes
The more value that doctors and patients perceive from our services, the better our funds flow.	1	1
Independent labs will need an industry third-party to facilitate selling data to large payers/large IDNs/industry if they want to generate new revenue streams.	2	2
How does CL 2.0 help the growing problem of care deserts? For example, the northern three-quarters of Minnesota now has zero OB and prenatal care.	2	2
Ldt regs will impact public health labs to a huge degree. Concerned for their advocacy	2	2
Alternative payment questions and comments go here!	0	0
What percentage of the room would be willing to sell testing data in real time to payers, via a third party industry vendor taking a portion of the revenue?	2	2
For-profit insurance companies are bad for healthcare and bad for America.	1	1
Per capita health costs in Utah are lower than in France. This is largely attributable to the effect of Intermountain.	0	0
Utah has the lowest per capital health costs in the US. New York has the highest.	0	0
Is there an appetite for payer to pay for "cost avoidance"? i.e. dialysis?	0	0
A society of stressed-out individuals isn't thriving. If half of us are too unhealthy and the other half are worried about it, who is left?	0	0
"Value-based" payment was supposed to control costs. It has failed to do so.	0	0
NM Medicaid's quality penalty is 2% which aligns with Glen's comment. Lab has a direct role on 20% of those penalties and an indirect role on another 20%	0	0
Neglecting prevention & paying for fixes is like ignoring a leak until your house floods. Our ROI is in changing the engine oil now or replace the engine later.	0	0
We were naive to believe that financial alignment by itself would fix healthcare. What we need is proper accountability.	0	0
WSJ has a great series on how United Health inflates diagnostics codes to increase their MA payments (and thus profits).	0	0
Quality is something that can only managed locally. Payer-side "quality" measurement is essentially a scam.	0	0
Can increased access to esoteric testing help health systems identify more patients at risk for complex health issues and increase their riskbased reimbursement	0	0
Does the payer value proactive risk stratification? A payable service?	0	0
There's a financial arms race between big health systems and big insurance companies. Patients, physicians, and healthcare professionals are collateral damage.	1	1
How do state laws impact value-based care, such as when a woman with a positive beta hCG seeks prenatal care but crosses state lines for abortion options?	0	0



Question text	Score	Upvotes
Will quasi-insurance plans such as health ministries expand under the current administration? What are implications for labs?	0	0
What would happen if insurance could compete over state lines?	1	1
Pros and cons of an integrated health system with and without a health plan.	1	1
Does the CFO look at tests that were performed, but not reimbursed because the diagnosis code was not there for that test?	1	1
Lab 2.0 and payer-dictated medical practice aren't really compatible	0	0
Not true	1	1
If insurance companies cared about improving health they would massively expand primary care.	1	1
Preventative care management is already in the US for dentistry. How difficult would it be to adopt that system for the Healthcare system?	1	1
The above comment is not true	0	0
The real healthcare revolution will happen when employers ditch BUCA TPAs and contract directly with providers.	0	0
The Europeans are increasingly migrating to a limited list of covered diagnostic entities (e.g., NHS). Are we ready for this to hit the U.S. insurance market?	0	0
In my experience, vendors hesitate to consult on ICD-10 codes because they fear it may expose them to fraud.	0	0