CLINICAL LAB 2.0

A PROJECT SANTA FE FOUNDATION INITIATIVE

In Anticipation of the 10th Annual Public Workshop in Chicago, March 7-9, 2027

Health systems are outsourcing their laboratories at the exact moment they need them most.

As care moves to risk, the laboratory holds the longitudinal data that predicts who will become sick and when. A health system that outsources its laboratory hands the instrument of prediction to a vendor but retains the risk. The laboratory that does not claim its seat at the table will find itself on the menu. If there is no seat, bring a folding chair.

Ten years ago, a small group met behind closed doors in Santa Fe, NM and asked what our business is and what it could be. In March 2027, we return to that question in the only form that matters now:

Has the business model of the clinical laboratory reached its strategic inflection point? If so, how will clinical laboratories and diagnostics capitalize in the era of risk-based, value-based care?

The past no longer represents the future. Capitalization does not mean a better fee schedule. It means what the assets the clinical laboratory already owns are worth to a health system that must optimize margin and improve outcomes at the same time.

Diagnostics receives the smallest share of reimbursement in healthcare, roughly two cents of every dollar, and the field has spent a decade negotiating over those two cents. The other ninety-eight are where outcomes improve and cost comes down, and they act on findings the laboratory already produces. HEDIS performance, accurate HCC risk adjustment, Star Ratings, and cost avoidance all hinge on data your lab holds today, in a registry you already own, requiring no new instrument.

That is what our Public Workshop is all about: not whether laboratory medicine matters, but how its assets are capitalized. Lab 1.0 is not going anywhere. Its diagnostic competency is what makes Lab 2.0 real. What changes is the elevation: from reaction to prediction; from reporting to forecasting.

Over three days in Chicago, you will leave with:

1. a method for counting the asset your laboratory already holds, by disease rather than by test
2. the trigger classes to run against your own data, and what each one signals
3. the four economic levers and the clock each one pays on
4. the case to present to your own chief executive and chief financial officer

Workshop attendance is limited, and the room is sized so that every participant contributes. Those in the room will leave with a model they can build against. Those who are not will meet the same model later, defined by someone else, and implement it on terms they did not help set.

The future of laboratory medicine is not a passenger model. Each of us belongs in the driver's seat.

I hope to see you in Chicago!

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