National Pathology Forum

Highlighting the latest developments in pathology and its value to the Australian healthcare system

8 – 9 December 2016 | Swissotel Sydney

PRESENTATIONS FROM:

Bev Rowbotham, Chair of the National Pathology Accreditation Advisory Council (NPAAC)

Tony Badrick, CEO, Royal College of Pathologists of Australasia Quality Assurance Programs

John Callahan, Operations Manager of Monash Pathology

Dr Valerie Midgley, Associate Director - Business Development Australia & New Zealand, Meridian Life Science and Meridian Bioscience, Inc.

Dr Gene Elliott, Physician Executive, InterSystems

Glenn Edwards, National Medical Director, St John of God Pathology

Professor Andrew Georgiou, Researcher, Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, Macquarie University

Sarina Lacey, Director, Health Economics and Policy with the Centre for International Economics

Dr Jacinta Flattery-O’Brien, Principal, Shelston IP

TOPICS INCLUDE:

– Seat belts and NPAAC’s risk based approach to Accreditation Standards in Pathology

– The role of external quality assurance in improving patient safety

– Knowledge management and creating value – challenges for Clinical Pathology

– Pathology funding and the impact of the Federal Government’s potential changes to bulk billing incentives


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**National Pathology Forum**  
**Thursday 8 December 2016**

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<td>Finding an Optimal Diagnostic Algorithm for C. difficile – Balancing Sensitivity, Specificity and Cost</td>
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**DAY 1**

The role of External Quality Assurance (EQA) in Regulating the quality of clinical laboratories is well known indeed, in most countries, it is compulsory to ensure the standard of results is reliable. There is also strong evidence that EQA also plays a key role in standardising results from different laboratories. But EQA plays a wider role in improving patient safety by identifying poorly performing methods and education of laboratory staff in quality improvement techniques. The role of EQA includes the following:

- Enhance Patient Care and Safety through improved laboratory practice
- Characterise test bias and imprecision across multiple methods
- Correlate specific method variables with bias and imprecision
- Identify interfering substances and quantify their effects across multiple methods
- Provide clinical laboratories with reliable information for replacing unsatisfactory methods
- Identify clinical laboratories that are at risk for poor performance
- Satisfy accreditation and regulatory requirements
- Provide education for laboratory staff on quality improvement

**Tony Badrick, CEO, Royal College of Pathologists of Australasia Quality Assurance Programs**

**Knowledge management and creating value – challenges for Clinical Pathology**

- Lack of perceived value in Clinical Pathology is reflected in price cuts and industry consolidation
- Disruptive innovation, especially in informatics, threatens traditional notions of clinical pathology practice
- Opportunity for Clinical Pathologist to lead change in the new era of knowledge management, decision support and health informatics

**Glenn Edwards, National Medical Director, St John of God Pathology**

**Understanding the value of pathology: How has its value been measured, and how can we do better**

- There is a ‘rule of thumb’ saying that 70 per cent of clinical decisions are based on pathology, however there is precious little else that provides evidence to support the value of pathology
- How do we beyond the rule of thumb and be clearer about the value proposition of pathology and how it transforms healthcare? In reality, it’s more difficult than it seems
- Pathology is so central that it can’t be ‘taken out’ of healthcare to see how medical decisions would be made without it. But we still need to understand its worth to ensure that it receives the right level and type of funding to improve decision making and patient care
- Recent work by the CIE undertaken for Pathology Awareness Australia was a first step in the journey towards understanding the contribution of pathology in terms of patient outcomes and efficient healthcare spending, where pathology is more clearly identified as the source of economic value
- Beyond this, more momentum is needed to gather the evidence and demonstrate where pathology achieves best ‘bang for buck,’ to help the sector and funders ensure pathology delivers best value for money alongside demonstrable gains for the community

**Sarina Lacey, Director, Health Economics and Policy with the Centre for International Economics**

**Pathology funding and the impact of the Federal Government’s potential changes to bulk billing incentives**

- The economic implications of different testing algorithms are explored in this session.

**Dr Valerie Midgley, Associate Director - Business Development Australia & New Zealand, Meridian Life Science and Meridian Bioscience, Inc.**

**Opportunity for Clinical Pathologist to lead change in the new era of knowledge management, decision support and health informatics**
9:00 OPENING | Opening remarks from the Chair

9:10 Ensuring the quality and safety of laboratory test result communication, management and follow-up
— The failure to follow-up test results in an area of patient safety risk with major consequences for the quality of care
— Health information technology has a key role to play in ensuring safe and effective test result communication and follow-up
— Effective solutions must engage all stakeholders (including patients) to arrive at decisions about who receives test results, how and when the results are communicated and how they are acknowledged and acted upon

Professor Andrew Georgiou, Researcher, Centre for Health Systems and Safety Research, Australian Institute of Health Innovation, Macquarie University

9:50 Genomics disrupts Clinical Laboratory Information Systems (LIS)
— The need for personal genomics has shifted the demand of the information management in the clinical laboratory
— Bioinformatic standards for data-integrity, storage and accessibility for analysis pose new challenges for traditional LIS
— Patient centered systems and easy visibility of genetic results demands a modern view

Dr Gene Elliott, Physician Executive, InterSystems

10:30 Morning tea

11:00 The challenges and future direction for point of care testing
Dr Louisa MacDonald, Medical Scientist-in-Charge – Point of Care Testing, PathWest Laboratory Medicine WA

11:40 The financial & professional hurdles facing point of care testing
The current physical and conceptual challenges facing point of care testing.
Cameron Martin, Coordinator, State-Wide Point of Care Testing, Pathology Queensland

12:20 Genetic testing in the wake of the Australian and US decisions re Myriad’s breast cancer patent
In decisions relating to Myriad’s breast cancer genetic test (BRCA gene test), the US and Australian courts have decided that naturally-occurring genes are not patentable. However, use of a naturally-occurring gene in diagnosis or to determine susceptibility to a disease can still be patented. What does this distinction mean for pathologists?

Dr Jacinta Flattery-O’Brien, Principal, Shelston IP

12:50 Lunch

13:50 Where is Nhulunbuy? – The challenges faced in ensuring remote communities have access to pathology services
This was the first question I asked of the scientist wishing, hoping and not quite begging me to come and work there. Once he mentioned the beach I was in. It was not the beach I was expecting, this is where the adventure begins...

John Callahan, Operations Manager of Monash Pathology

14:30 Lab Design: Best practice
Leo Gomez, Director, KPD Pty. Limited

15:10 CLOSING | Closing remarks from the Chair

15:20 Afternoon tea & end of conference
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