



The Kansas Scope

Kansas Society for Clinical Laboratory Science

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President's Message

Suzanne Campbell, PhD, MT (ASCP)

I would like to take this opportunity to wish each of you a successful new year. I appreciate your work and support for the KSCLS organization. As spring approaches and the earth begins to support new life, I hope you will continue or begin to nurture your Society.

Because many of us write Christmas letters that detail a chronological account of our family events, it becomes a time of reflection. As I considered the activities of my own family, my thoughts turned to the medical advances that have occurred during the lifetime of my grandmother. My 18 year older daughter stated her great-grandmother had seen more changes in her lifetime than we might possibly see. Muriel Jane Wood Bohrer was born in 1915 and passed away at the age of 92 on November 13, 2007. During her lifetime, Grandmother saw the invention of radios (1916), Band-aids (1920), television (1923), air conditioning for human cooling (1924), Tupperware (1947), Frisbees and Velcro (1948), McDonalds (1954), bar code scanners (1969), Post-it notes (1974), and cellular phones (1979).¹

Some of the major medical advances during the last 100 years include the discovery of penicillin by British bacteriologist Sir Alexander Fleming (1929). Bernard Fantus started the first blood bank using a two percent solution of sodium citrate for a ten day shelf life for a unit of blood (1937). Paul Owen, a hematologist in Oslo, noted a correlation between diet and coronary thrombosis (1940s). English biochemist Rodney Porter and American biochemist Gerald Edelman detailed the structure of the antibody molecule (1950s). American physiologist Judith Pool discovered and refined the use of cryoprecipitates (1960s). The first artificial heart was invented in 1969.²

As the entire field of medicine has experienced new inventions and technologies, so has the area of clinical laboratory science. Over the last 100 years, the CLS profession has evolved from the "girls in the lab" in the corner of the physicians' office to a recognized profession requiring formal higher education degrees. Clinical chemistry, hematology, coagulation, and immunology have seen the most dramatic changes due to automation. Major chemistry analyzers have evolved from the Technicon SMAC to the DuPont ACA to the Beckman Astra 8 to the more current Olympus DEMAND, the Dade Dimension RxL, and the Vitros.³ Hematology has transitioned from electrical impedance to flow cytometry. Coagulation has matured from tilt tubes to fibrometers to optical sensors. Immunoassays are now a daily part of the laboratorians' work. Microbiology and blood bank are not to be left out of the automation and state of the art technology areas. Many microbiology departments are assisted by automated identification and antibiotic susceptibility testing. The ID-micro typing systems (gel technology) are now common in the blood bank department. Of course, the issues of safety and universal standards are not to be overlooked either.

The volume of specimens required for testing has decreased dramatically - from several milliliters to now just a drop or two of blood for point of care testing. With the advent of transdermal biosensors, phlebotomy procedures will no longer be needed to provide valuable laboratory data for some analytes. The enormous laboratory analyzers are being down-sized to counter top models. A turn around time of hours for laboratory results has now been reduced to minutes.

Times of reflection also present the opportunity to look to the future. As we struggle to direct and influence the future of our clinical laboratory science world, what role will you play in that vision? Will you educate family and friends about your profession? Will you promote your profession by sharing the importance of your work with the next generation? Will you demonstrate the pride you feel for your career when interacting with patients and other healthcare professionals? Will you become active in your state society so the future looks bright and prosperous for our new professionals? I encourage you to take a break from your hectic schedule to consider your role in the continued success of both the Kansas Society for Clinical Laboratory Science and the American Society for Clinical Laboratory Science. It takes all of us working together to make this a successful endeavor. If you would like to volunteer for KSCLS, please feel free to contact me at suzanne.campbell@sccc.edu or 1-800-373-9951 ext. 1403.

Happy New Year!

Suzanne Campbell, KSCLS President

References:

1. Retrieved December 11, 2007 from http://perline.com/textbook/local/mvinas_chronol.htm.
2. Retrieved December 11, 2007 from <http://inventors.about.com/library/bl/bl12.htm>
3. Anderson, S. and Cockayne, S. (1993). *Clinical chemistry: concepts and applications*. Philadelphia: W.B. Saunders Company.

CLINICAL LABORATORY COALITION STANDS UNITED IN SUPPORT OF LAWSUIT AGAINST FEDERAL GOVERNMENT

Bethesda, MD – The American Society for Clinical Laboratory Science (ASCLS) has joined with the other members of the Clinical Laboratory Coalition (CLC) to announce its support for a lawsuit filed January 29, 2008 by San Diego area clinical laboratories and health systems in an attempt to stop the federal government from moving forward in its plan to limit San Diego laboratory services. Filed by Internist Laboratory of Oceanside, Sharp Healthcare of San Diego, and Scripps Healthcare of San Diego against the U.S. Department of Health and Human Services Secretary Michael Leavitt, the lawsuit also seeks to require public notice and comment on this project, as mandated by federal law.

The Centers for Medicare and Medicaid Services (CMS), as part of the Medicare Prescription Drug, Improvement and Modernization Act of 2003, chose San Diego as the first of two demonstration project locations to use so-called “competitive bidding” for clinical laboratory services. The agency will accept bids on laboratory services and select only a very

limited number of labs to perform tests that will be reimbursed under Medicare Part B services. Those labs that don’t win the bid can not bill for reimbursement of Medicare lab testing services. Rather than creating competition, it will result in fewer labs, less competition and the government in essence picking winners and losers. Bids are due to CMS by February 15, 2008.

“The legal action being undertaken by the plaintiffs provides evidence for the broad negative impact that the CMS Competitive Bidding demonstration project will have for laboratories, hospitals and beneficiaries,” said Rick Panning, President of ASCLS. “This action is a warning flag for the government, highlighting the fact that the implementation, as planned, will negatively impact laboratory service quality and also reduce access to quality services for Medicare patients.”

“ASCLS and its members believe that competitive bidding will irrevocably harm access to care for millions of Medicare beneficiaries. We have been very concerned about the damage done to the continuity of health care for one of our nation’s most vulnerable patient populations when medical services such as those provided by clinical laboratory scientists, technicians and pathologists are bid as if they were a commodity. Given the

gravity of the financial status of Medicare, we find it alarming that CMS is spending so much time and financial resources for services that account for less than 1.7%* of the dollars spent by the program,” said Elissa Passiment, Executive Vice President of ASCLS.

Internist, Sharp HealthCare and Scripps Healthcare are fighting to be able to continue to serve San Diego residents. These laboratories will either be forced to shut down all together or close their laboratory outreach services if they aren't selected as winning bidders.

The Clinical Laboratory Coalition is comprised of the following organizations: Advanced Medical Technology Association (AdvaMed), American Association of Bioanalysts (AAB), American Association for Clinical Chemistry (AACC), American Clinical Laboratory Association (ACLA), American Medical Technologists (AMT), American Society for Clinical Laboratory Science (ASCLS), American Society for Clinical Pathology (ASCP), American Society for Microbiology (ASM), Clinical Laboratory Management Association (CLMA), College of American Pathologists (CAP), and National Independent Laboratory Association (NILA).

Competitive Bidding Update

Submitted by Kirk Cates

The competitive bidding demonstration project for clinical laboratory services is still proceeding. A Medicare bill signed into law by President Bush did not include a repeal or delay. But, the lab community is still very active in pushing for legislative action. Congress must revisit Medicare legislation in mid-2008 when the six month extensions expire and to also address provisions left out of the current bill, such as repeal of competitive bidding. Currently two repeal bills have been introduced; the “Protecting Access to Clinical Laboratory Services Act of 2007 (S 2099)” and the “Community Clinical Laboratory Fairness in Competition Act (HR 3453)”. S 2099 (Senate bill) has 6 sponsors and HR 3453 (House bill) has 31 co-sponsors. Support for these bills moving forward is critical so that repeal of competitive bidding can be attached to the earliest possible legislative vehicle in

2008.

Bids for the first demonstration area (San Diego) are due Feb. 15, 2008. Winners will be selected on April 11 and on July 1; payments will begin to be made under the competitive bid fee schedule, not the current lab fee schedule.

NEW MEDICARE CONTRACTOR

Submitted by Kirk Cates

Most fee-for-service providers submit claims for Medicare services to a contractor, either a Medicare Carrier or a Fiscal Intermediary (FI). Physician offices and independent laboratories submit claims to a Medicare Carrier and hospitals and outpatient service providers submit claims to Fiscal Intermediaries. Blue Cross and Blue Shield of Kansas (BCBSKS) has served as the Medicare Carrier and FI contractor for Kansas since 1966.

As required by the Medicare Prescription Drug, Improvement and Modernization Act of 2003, CMS is replacing the current claims payment contractors (carriers and FI) with new contract entities called Medicare Administrative Contractors (MAC). The nation was divided into 15 geographic jurisdictions with one MAC responsible for each jurisdiction. Kansas was included in Jurisdiction 5 (J5) along with Iowa, Nebraska, and Missouri.

In September 2007, CMS awarded the MAC contract for J5 (KS, IA, NE, MO) to Wisconsin Physician Services (WPS). WPS also is the Medicare Carrier for Wisconsin, Illinois, Michigan and Minnesota. The transition date for Kansas is March 1, 2008. After that date, all Medicare claims submitted in Kansas will be handled by WPS and BCBSKS will no longer be a contractor for Medicare claims.

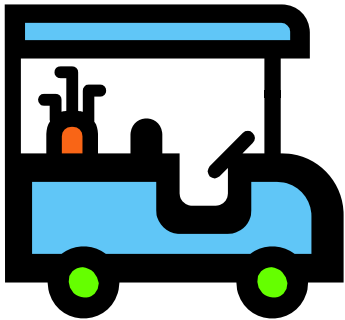
While, this does not directly effect you in the laboratory, the indirect consequences may be felt during this transition. Different billing software, electronic data interchanges, and Local Coverage Determinations (LCDs) will have to be implemented. More importantly, your billing personnel will no longer have someone in Topeka to call with problems or questions as before, but instead someone from possibly Madison, Wisconsin or Chicago.

Call for Nominations

The Nominations Committee is seeking qualified members to nominate for officers in KSCLS for the 2008 election. The following positions are available for nomination in 2008:

President Elect	Total Commitment 3 years
Treasurer	2 year term
Board of Directors	1 year term 2 year term 3 year term
Northeast District Rep	1 year term
Northwest District Rep	1 year term
Southeast District Rep	1 year term
Southwest District Rep	1 year term

Please contact Nominations and Elections Chair: Beckie Hetrick @ bhetrick@hotmail.com if you are interested in any positions.



THE 3RD ANNUAL KSCLS/CLMA 4-PERSON GOLF SCRAMBLE

Tuesday, April 15, 2008 – 4 PM
Smoky Hill Country Club

Cost - \$55 /person, includes green fees, cart, and dinner

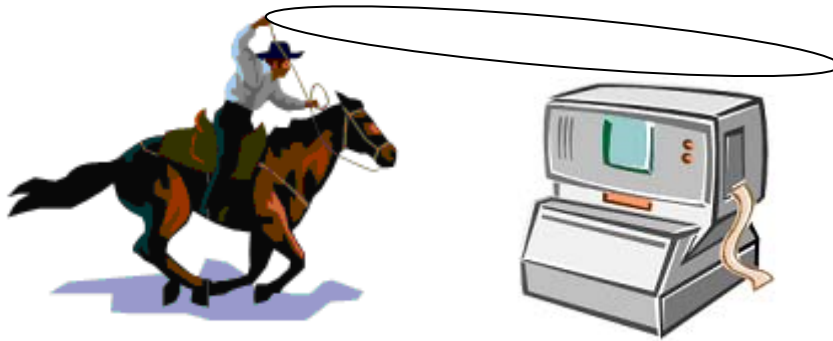
All proceeds from the annual golf tournament benefit KSCLS and Wheatland CLMA's Clinical Lab Science Student Scholarships funds. A 4 person scramble of 9 holes will be played with prizes for 1st place, 2nd place, consolation, longest drive, longest putt, and closest to the pin. There will also be a "buy a chance to win" prize table with a variety of items, such as wine basket, coffee/tea basket, golf accessories, etc.

A meal will follow the scramble at around 7PM. Non-golfers are welcome to attend and eat for \$10/person.

YOU'RE INVITED

Mark your calendars now to attend the Annual Meeting of the Kansas Society for Clinical Laboratory Sciences and the Wheatland Chapter of CLMA.

“ON THE TRAIL TO TECHNOLOGY”



APRIL 16-18, 2008
HOLIDAY INN
HAYS, KANSAS