

National Pathology Forum

Investigating developments in pathology
assisting the future of Australian health

8th-9th September 2014 | Sydney Harbour Marriott



INTERNATIONAL KEYNOTE ADDRESS FROM:

Dr Martin Myers,
Clinical Director of Pathology Services,
Lancashire Teaching Hospitals, UK 

FEATURING AN OUTSTANDING SPEAKER CAST INCLUDING:

Clinical Professor Dominic Mallon, School
of Pathology and Laboratory Medicine,
The University of Western Australia and
Western Australia Department of Health

Associate Professor Robert Heddle, Chief
Pathologist, **SA Pathology** and Head:
Clinical Immunology, **Royal Adelaide
Hospital (RAH)**

Associate Professor Tony Badrick, Member,
**National Pathology Accreditation
Advisory Council (NPAAC)**

Associate Professor Anthony Landgren,
Head Pathologist: General Pathology,
Healthscope

Ken Barr, Executive Director, **SA Pathology**

Dr Glenn Edwards, National Medical
Director, **St John of God (SJOG) Pathology**

Len Moaven, Clinical Microbiologist,
Laverty Pathology

Dr Beverley Rowbotham, Pathologist,
Sullivan Nicolaides Pathology

Dr Melody Caramins, Head of Genetics,
**SDS Pathology (Specialist Diagnostic
Services)**

Associate Professor Ken Sikaris, Director of
Clinical Support Systems, **Sonic Healthcare**

Lisa Devereux, President,
**Australasian Biospecimen Network
Association (ABNA)**

Paul Cohen, General Manager: Operations,
**Royal College of Pathologists Australia,
Quality Assurance Programs (RCPAQAP)**

KEY TOPICS:

- How new legislation is affecting pathology
- Should pathology be at the forefront of clinical service or back of house testing?
- Genetic testing
- Point of Care Testing
- Quality assurance and industry regulation
- Microbiology automation

8.00 Registration and morning coffee

8.50 Opening remarks from the Chair



Dr Martin Myers, Clinical Director of Pathology Services,
Lancashire Teaching Hospitals, UK

UPDATES TO GOVERNMENT POLICY AND ITS IMPACT

9.00 Pathology – front line clinical service or back office testing factory?

- The increasing pathology role in integrated or co-ordinated health services to deliver better cost-efficiency and patient outcomes
- The value of pathology within standardised patient pathways e.g. management of chronic condition and co-morbidities
- Recognising role of pathology in avoiding inappropriate ED presentations and hospital admissions
- Risk of focus on reducing “cost of tests” and decoupling pathology from front line health services
- Benefits arising from early and appropriate use of pathology service in patient management/outcomes

Ken Barr, Executive Director, SA Pathology

9.40 Legislative updates affecting pathology

- How recent legislation will impact pathology practice
- Understanding what these changes mean for pathologists and the health industry across Australia
- Forecasting the future of pathology in light of government policy development

For speaker updates please visit www.informa.com.au/pathology2014

10.20 Morning Tea

QUALITY ASSURANCE AND INDUSTRY REGULATION

10.50 Accreditation, licensing and standards

The National Pathology Accreditation Advisory Council (NPAAC) plays a key role in ensuring the quality of Australian pathology services and is responsible for the development and maintenance of standards and guidelines for pathology practices. This role extends beyond standard setting to include the generation of Best Practice Guidelines for pathology testing, whether Medicare rebatable or not, with the view to ensuring patient safety. Although the pathology accreditation framework has been established for some time, there continues to be challenges to ensure that the accreditation framework is responsive and addresses areas of greatest risk to patient safety, particularly in pathology service delivery. NPAAC's Strategic Plan for 2012-2015 identifies key priority areas within pathology to be addressed and or promoted. As part of its usual processes, NPAAC are about to release draft documents for public consultation, including a Best Practice Guideline for the use of Point of Care Testing in both laboratory and non-laboratory settings. The document contains guidelines as well as practical assistance in using these guidelines.

Associate Professor Tony Badrick, Member,
National Pathology Accreditation Advisory Council (NPAAC)

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POINT OF CARE TESTING (POCT)

11.30 The importance of PoCT

- Benefits:
 - > Reducing the time taken to receive results
 - > Reduced need to transport specimens. This means high quality and reduced chance of erred results
- Challenges:
 - > Questions over ensuring the quality of on-site testing facilities

Paul Cohen, General Manager: Operations,
Royal College of Pathologists Australia, Quality Assurance Programs (RCPAQAP)

12.10 Lunch

FISCAL CHALLENGES

1.15 Pathology: how to avoid running a video store

- Possible direction of funding, outsourcing and centralisation

Len Moaven, Clinical Microbiologist, Lavery Pathology

1.55 Encouraging industry growth and development

- Market size and opportunity
- Update and impact of budget reforms
- Pathway for public outsourcing...discussion is inevitable?
- Review of pathology outsourcing

Andrew Goodsall, Healthcare Equity Research Analyst, UBS

2.30 Afternoon tea

DATA DEVELOPMENT AND INFORMATION SHARING

3.00 Changing technologies expanding pathology potential

- Electronic reporting and ordering

Dr Glenn Edwards, National Medical Director,
St John of God (SJOG) Pathology

3.40 INDUSTRY ANALYSIS

The future of pathology

- Impacts and overcoming issues
- Lessons from the Affordable Care Act
- Future of the Pathology Funding agreement

Sarina Fisher, Director: Health Economics and Policy,
The Centre for International Economics

4.20 Closing remarks from the Chair



Dr Martin Myers, Clinical Director of Pathology Services,
Lancashire Teaching Hospitals, UK

4.30 Networking Drinks



5.30 End Day 1

8.30 Registration and morning coffee

8.55 Opening remarks from the Chair

INTERNATIONAL OUTLOOKS

9.00 INTERNATIONAL KEYNOTE ADDRESS

Pathology in the UK, a road less travelled

In recent years, pathology delivery in the UK has been under intense scrutiny. There was the belief that through organisational change, pathology costs could be reduced. They have been reduced through a variety of models, such as internal cost reduction and cost reduction through collaboration. These models are still evolving but what is clear is that there is no single model for service delivery and pathology delivery in the UK will be a composite of a variety of models based on local needs and circumstances. During this period the public health sector in the UK is going through a period of austerity resulting in pathology co-operation based on financial necessity and sustainability as well as on ideological frameworks. The conflicting requirements of improved patient-focused pathology and reduced cost is providing a new challenge for the delivery of pathology in the UK but what is emerging is a model of health care where pathology continues to underpin healthcare delivery, but delivered through a variety of models underpinned by a quality framework.



Dr Martin Myers, Clinical Director of Pathology Services,
Lancashire Teaching Hospitals, UK

9.40 ASIA-PACIFIC FOCUS: What can we learn from our region?

Associate Professor Anthony Landgren, Head Pathologist: General Pathology, **Healthscope**

10.20 Morning Tea

10.50 STATE PERSPECTIVES

What's happening now and where are we going?

- Hear state specific initiatives and developments in pathology
- Dissect the concerns and challenges each state faces

From SA: Associate Professor Robert Heddle, Chief Pathologist, **SA Pathology** and Head: Clinical Immunology, **Royal Adelaide Hospital (RAH)**

From WA: Clinical Professor Dominic Mallon, School of Pathology and Laboratory Medicine, **The University of Western Australia** and **Western Australia Department of Health**

11.35 Building and measuring the value proposition in laboratory medicine

- Economics, rather than health policy, is now driving the delivery of healthcare
- Laboratory medicine is at the centre of these changes. The price it has paid for its successful productivity reforms is that it is the first of the medical services to be widely regarded as a commodity
- To escape this paradigm, pathologists will need to present a compelling argument about the value of their contribution to patient care such that funders will invest in, rather than strip down, laboratory medicine services
- Elements of this value proposition exist today. Others will need to be developed.

Dr Beverley Rowbotham, Pathologist, **Sullivan Nicolaides Pathology**

12.15 Lunch

CASE STUDIES

1.15 Biobanking in Australia – the cost and value equation

- A snapshot of biobanking activity in Australia
- The costs and the value
- Sustainability for biobanking and the pivotal contribution of pathologists
- Can we afford to continue biobanking? Can we afford not to?

Lisa Devereux, President,
Australasian Biospecimen Network Association (ABNA)

1.55 Genetic testing

Dr Melody Caramins, Head of Genetics,
SDS Pathology (Specialist Diagnostic Services)

2.30 Afternoon tea

3.00 Microbiology automation

Dr Gillian Wood, Microbiologist, **Austin Health**

3.40 Impact of the diabetes epidemic and changing guidelines on laboratory workload

The obesity rate in Australia has doubled over the last two decades and also resulted in an increasing proportion of Australians becoming diabetic. According to recent surveys, about 6% of Australians have diabetes with many of them not being aware of their diabetic status. When guidelines are being produced for diabetes diagnosis, the issue of defining diabetes is relatively straightforward as it is the point at which specifically diabetic complications (eg retinal damage to the eye or glomerular damage to the kidney) begin to appear. The harder part of the guidelines is identifying who is at risk of developing diabetes in the future. The proportions at risk of diabetes are at least as much as those having diabetes and these patients are also known to be at an already increased risk of cardiovascular disease.

While the rate of complications from diabetes and mortality from cardiovascular disease have gradually been improving, the number of people being monitored and treated for these diseases continue to rise with the obesity rate. Clinicians involved in resource management are tempted to balance the clinical need against the worsening affordability of health care. While laboratory professionals are occasional invited to contribute to guideline development, they undoubtedly suffer their impact of guidelines on workload and cost pressure in general.

Associate Professor Ken Sikaris, Director of Clinical Support Systems,
Sonic Healthcare

4.20 Closing remarks from the Chair

4.30 End Day 2 and close of Conference

Venue Details

Sydney Harbour Marriott, Circular Quay
30 Pitt Street, Sydney, New South Wales, 2000
Phone: 61-2-9259 7000, www.marriott.com.au

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