October 14, 2015
Testimony of Gary Procop, MD
In Support of HB 224

Chairwoman Gonzales, Members of the House Health and Aging Committee, thank you for the opportunity to testify on HB 224. Clinical laboratory testing is estimated to drive more than 70% of medical decision-making. Advances in medical science, genetic testing, and diagnostic technology will inexorably increase reliance on clinical laboratory testing to enhance patient outcomes. In addition, clinical laboratory test results are needed by the ACO to monitor and measure diagnostic expediency, treatment efficacy and patient population health status.

Accountable Care Organizations strive to improve patient outcomes while controlling costs. Laboratory testing is an essential tool to achieving that mission. Thus, laboratory and pathology services, in many cases, can be a critical cost fulcrum for the quality of care a patient receives. Quite simply, physician time constraints, inadvertent duplicate testing and a desire to improve outcomes could lead to overutilization of testing, while controlling costs could lead to underutilization. The role of this advisory board, required under this bill, is to ensure that laboratory and pathology services are used in the best possible way to achieve optimal health outcomes for our patients with the most efficient use of these services.

Patients will benefit because the mandated Advisory Board will help to ensure ACOs do not inappropriately reduce or limit pathology services, including complex genomic testing, when medically necessary for optimal patient care. Furthermore, the Advisory Board will assist physician colleagues in selecting the best test available for a patient's needs and reduce the use of unnecessary and often costly tests that may not be needed to properly diagnose and treat the patient's condition.

For example, in my role as Medical Director of Enterprise Test Utilization at Cleveland Clinic, I have been involved in five test utilization initiatives that have been sequentially deployed since 2011. Four of these interventions utilize electronic clinical decision support tools that interact with the ordering physician at the point of order entry, whereas the fifth utilizes the skills of a laboratory-based genetics counselor and molecular pathologist. These initiatives eliminate unnecessary testing, such as duplicate orders; limits molecular genetic tests to the appropriate providers; informs clinicians about the cost of very expensive tests; and, informs and guides the ordering physician to the most appropriate test. Last year, these interventions eliminated 11,470 unnecessary tests at Cleveland Clinic for a cost savings of $773,431. Since this program began in 2011, at Cleveland Clinic, 34,395 unnecessary tests have been averted for a cost-savings of $2,725,198.

As I am sure you realize, there are many conflicting forces at work in health care. This bill ensures that physician laboratory directors are empowered to elevate quality within the ACOs in ways that protect the patient. I want to be clear, I am not suggesting that any ACO would

endeavor to provide suboptimal quality without these mandated Boards, but I can tell you that the Affordable Care Act has created a necessary balancing act between cost control and quality that demands physician leadership. The reason cancer patient groups have endorsed this model bill is they share our concern as physician leaders.

Thank you for allowing me the time to speak to you today. I am happy to answer any questions.