

October 14, 2015
Testimony of Francis Michael Walsh, MD
In Support of HB 224
On Behalf of the ProMedica ACO

Chairwoman Gonzales, Vice-Chair Huffman, Ranking-Member Antonio and members of the House Health and Aging Committee, I appreciate you having me today, to testify in support of House Bill 224.

My name is Mike Walsh, MD I am here today on behalf of Consultants in Laboratory Medicine, the exclusive provider of pathology services to the ProMedica Health System. ProMedica is an 11 hospital system in Northwest Ohio and Southeast Michigan. The system includes hospitals in Fremont, Fostoria, and Defiance. These hospitals participate in the health systems ACO.

As my fellow physicians have mentioned, the singular requirement of this bill to establish the clinical laboratory advisory board for an ACO, is not burdensome to implement. This legislation does require that the ACO establish this Board, but it is important to recognize the limits of the bill as well. The legislation does not mandate the full composition of the Board, only that the physician medical director or his/her pathologist designee be involved. It does not prescribe how often the Board meets or how the Board functions. It is also expressly clear that the ACO leadership is not required to implement the recommendations of these Boards. While this legislation may sound superfluous, this approach in health care delivery is actually prudent and promotes increased quality of care for our patients..

By setting ACOs in Ohio on the mandated course of establishing these Boards, ACOs are highly likely to integrate such Boards formally into their structure. Once established, these Boards are likely to be empowered with input from multi-specialty physicians and to be productive assets to enable high quality ACO medical decision making. As Dr. Myles and Dr. Procop mentioned, pathology and laboratory medicine testing drives clinical decision making and patient therapy. In today's world of precision and personalized medicine the health care team is making greater use and reliance upon cutting edge genomic pathology and laboratory services.

Pathologists need to be involved in that team effort in order to ensure quality of care. We as physicians have recognized that responsibility, but antiquated practice patterns and institutional cultures change slowly. Of equal concern, in other practice areas we are seeing payers, including the federal government, health system administrators and other non-physicians dictate how pathology and laboratory services are utilized. Some of these decisions are contrary to our medical perspective and have not been fully informed with pathologist input.

Our concern as physicians is that, without the mandate for the Boards, ACOs will design utilization of pathology and laboratory services based upon outdated or faulty misconceptions of value, cost and quality. In today's environment, many physicians have limited training in the

modern advances of clinical laboratory medicine. In addition, the rapid expansion in clinical care extenders such as physician assistants, and other allied health professionals, exacerbates the challenges of appropriate test utilization.

For these reasons, pathologists who understand the nuances of appropriate test utilization need to be at the table where these decisions are made. This bill puts us at this table with our administrative and clinical colleagues. Our paramount concern is the welfare of our patients, and achieving the best quality health outcome for each patient that the ACO serves.

As legislators, you can set the ACOs on the right path, but physicians must take the journey.

If this legislation is enacted, I believe all physicians will do their part, and together we can achieve improved quality in patient care within the ACO delivery system. I would be happy to answer any questions at this time.