



Florida Pathology Today

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Spring 2009

Editors: Ross C. Wheeler, M.D., and Brett B. Cantrell, M.D.



PRESIDENT'S MESSAGE

Message from the President

by Ross C. Wheeler, MD, FSP President

I recently read *A Sense of Urgency* by Harvard Business School professor John Kotter. Mr. Kotter is an expert in understanding the mechanisms of change in large organizations. He believes that most organizations are complacent and that only through a sense of urgency do they change. He goes on to describe how to create and maintain a sense of urgency in large organizations. He believes that without a sense of urgency organizations have an inability to respond to our ever-changing world and either become mediocre,

insignificant or die a corporate death.

The Florida Society of Pathologists was built on the shoulders of physicians like you who have a sense of urgency and have always been ready to respond to possible change. Recently the members of the FSP responded to Senate Bill 1122, which would require direct payment to physicians for medical services rendered even if the physician was outside a preferred provider organization (PPO) network. Many of you called or emailed Governor Crist's office in support of this bill. Because of

your sense of urgency in support of this bill, Governor Crist signed it into law. This is one of many examples that our combined efforts as physicians can and do have a positive impact on the practice of medicine in Florida.

I thank all of you for your continued support of the FSP and your sense of urgency in demanding an environment that allows us to practice good medicine for the citizens of Florida.

Submitted with a continued and ever lasting sense of urgency,



EXECUTIVE DIRECTOR'S MESSAGE

From the Executive Director: Our Time is Now

by Barbara FitzGerald Beatty, Executive Director

Anyone who has turned on the news lately has no doubt heard something that has made them nervous. Whether it's the economy, or unrest in the world, uncertainty seems to be all that's certain these days.

Fortunately, members of the Florida Society of Pathology are in a position to impact thousands of individual lives. It is hard to put into words the comfort and stability that quality medical care brings in a time of crisis. The hard times being endured by others are perhaps the best times for FSP members to do what you do best: provide quality, compassionate, patient care.

Your jobs are not easy, and many of you are also dealing with stress or uncertainty in your own lives. These are the times when it is most important for us to come together as a profession, to connect with colleagues and reaffirm our role in the medical community. Joining together is a positive step. Recently, our FSP members were sent several E-Flash Legislative Alerts weekly citing activity in the Florida Legislature that could have been detrimental to the physician community. You were alerted. You acted. FSP prevailed and were successful in our legislative agenda. Please take the time to carefully read

our Legislative Correspondent's article in this newsletter as to the critical role the FSP Grassroots Advocacy played in Tallahassee.

This year, over 100 pathologists came together at FSP's Annual Conference held in February, 2009. The meeting had a solid program, renowned speakers, current and pertinent topics. But even more important was the networking that occurred during breaks throughout the meeting. It was a time to meet with our vendors – our partners and supports – and see the latest in medical

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LEGISLATIVE UPDATE



It Was a Long Journey...But We WON the Battle!

by Amy J. Young, FSP Legislative Consultant

As this newsletter goes to print we are preparing for the adjournment (Sine Die) of the 2009 Legislative Session! Thanks to our membership and our hard work on the Hill, we had an incredibly successful year!!

Many of you responded to our 911 Legislative alerts and contacted your legislators to ensure passage of legislation that will provide for direct assignment of benefits. You also responded to our alerts to make calls to defeat the very bad amendments offered to the bill which would have tied physician reimbursement to 80% of the Medicare rate.

I attended many meetings for the last three months with FMA staff and physician leadership. Legislators told us that they heard from pathologists around the State. We truly passed the test of an organized grassroots program by passing this legislation and defeating attempts to derail our judicial successes by killing the Medicare reimbursement amendments.

On behalf of FSP President, Dr. Ross Wheeler, FSP Legislative Chair, Dr. Louis Rey, FSP Reimbursement Committee Chair, Dr. Michael Abels, we thank you for your quick responses and phone calls to the Capitol.

Please alert your billing managers, hospital contacts and others that the legislation below will become effective on July 1, 2009 (contingent upon the Governor's signature):

ENROLLED

2009 Legislature CS for SB 1122,
1st Engrossed 20091122er

An act relating to health insurance; amending s.627.638, F.S.; requiring that an insurer make payment to the designated provider of services whenever an insured, using any health insurance claim form, specifically authorizes payment of benefits directly to any

recognized hospital, licensed ambulance provider, physician, dentist, or other person who provided the services in accordance with the provisions of the policy; deleting an exception; providing that the insurance contract may not prohibit payment of benefits directly to such providers; requiring that claims forms provide an option for such payment; providing for the repeal of the amendments made by the act if the Office of Program Policy Analysis and Government Accountability finds that such amendments have caused the third-party administrator of the state group health plan to suffer a net loss of physicians and an increase in costs to the plan; providing an effective date.

Be It Enacted by the Legislature of the State of Florida: Section 1.Subsection (2) of section 627.638, Florida Statutes, is amended to read: 627.638Direct payment for hospital, medical services.

(2)Whenever, in any health insurance claim form, an insured specifically authorizes payment of benefits directly to any recognized hospital, licensed ambulance provider, physician, or dentist, or other person who provided the services in accordance with the provisions of the policy, the insurer shall make such payment to the designated provider of such services; ~~unless otherwise provided in the insurance contract.~~ The insurance contract may not prohibit, and claims forms must provide an option for, the payment of benefits directly to a licensed hospital, licensed ambulance provider, physician, or dentist, or other person who provided the services in accordance with the provisions of the policy for care provided pursuant to s. 395.1041 or part III of chapter 401. The insurer may require written attestation of assignment of benefits. Payment to the provider from

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It Was a Long Journey...But We WON the Battle!

the insurer may not be more than the amount that the insurer would otherwise have paid without the assignment.

Section 2. The amendments made by this act to s.627.638(2), Florida Statutes, are repealed on July 1, 2012, if the Office of Program Policy Analysis and Government Accountability finds, in a study to be presented to the President of the Senate and the Speaker of the House of Representatives by March 1, 2012, that the amendments made by this act have caused the third-party administrator of the state group health plan to suffer a net loss of physicians from its preferred provider plan network and, as a direct result, caused an increase in costs to the state group health plan. If such a finding is made, the text of s. 627.638(2), Florida Statutes, shall revert to that in existence on June 30, 2009, except that any amendments to such text enacted other than by this act shall be preserved and continue to operate to the extent that such amendments are not dependent upon the portions of such text which are repealed pursuant to this section.

Section 3. This act shall take effect July 1, 2009.

OTHER BILLS WE FOLLOWED FOR THE FSP INCLUDE THE FOLLOWING:

HB 0053: Relating to Clinical Laboratories (Garcia) - Clinical Laboratories: Deletes requirement that initial drug tests conducted pursuant to drug-free workplace program be conducted by licensed or certified laboratory; requires clinical laboratories to accept human specimens submitted by advanced registered nurse practitioners. Effective Date: July 1, 2009

12/02/08 - HOUSE Filed

12/30/08 - HOUSE Referred to Health Care Regulation Policy Committee; Health & Family Services Policy Council; Policy Council

02/10/09 - HOUSE On Committee agenda - Health Care Regulation Policy Committee, 02/17/09, 3:15 pm, 116 K

02/17/09 - HOUSE Favorable by Health Care Regulation Policy Committee; 5 Yeas, 0 Nays

02/18/09 - HOUSE Now in Health & Family Services Policy Council

03/16/09 - HOUSE On Committee agenda - Health & Family Services Policy Council, 03/18/09, 1:00 pm, 212 K

03/18/09 - HOUSE Favorable with CS by Health & Family Services Policy Council; 25 Yeas, 0 Nays

03/19/09 - HOUSE Committee Substitute (C1) Text Filed

03/20/09 - HOUSE Now in Policy Council

03/31/09 - HOUSE On Council agenda - Policy Council, 04/02/09, 3:45 pm, 17 H

04/02/09 - HOUSE Favorable by Policy Council; 15 Yeas, 0 Nays

04/03/09 - HOUSE Placed on Calendar, on second reading

04/27/09 - HOUSE Placed On Special Order Calendar for 04/28/09

04/28/09 - HOUSE Read Second Time; Substituted for SB 0408; Laid on Table, Refer to SB 0408

HB 0209: Relating to Anatomical Gifts (Schwartz) - Anatomical Gifts: Provides additional definitions; revises list of donees that may accept anatomical gifts & purposes for which such gifts may be used; revises provisions relating to donor's amendment or revocation of anatomical gift; revises provisions relating to donee's use of anatomical gift at time of donor's death; provides liability protection for person making gift & for donor's estate; provides that laws of this state govern interpretation of valid document of gift & that document of gift is presumed to be valid; requires medical examiners & procurement organizations to cooperate & maximize opportunities for organ donations; authorizes Florida Medical Examiners Commission to adopt rules. Effective Date: July 1, 2009

01/05/09 - HOUSE Filed

01/22/09 - HOUSE Referred to Health Care Regulation Policy Committee; Civil Justice & Courts Policy Committee; Health & Family Services Policy Council; Health Care Appropriations Committee; Criminal & Civil Justice Appropriations Committee; Full Appropriations Council on General Government & Health Care

03/06/09 - HOUSE On Committee agenda - Health Care Regulation Policy Committee, 03/10/09, 2:45 pm, 212 K

03/10/09 - HOUSE Favorable with CS by Health Care Regulation Policy Committee; 6 Yeas, 0 Nays

03/13/09 - HOUSE Committee Substitute (C1) Text Filed

03/17/09 - HOUSE Now in Civil Justice & Courts Policy Committee

03/20/09 - HOUSE On Committee agenda - Civil Justice & Courts Policy Committee, 03/24/09, 8:00 am, 12 H

03/24/09 - HOUSE Favorable with CS by Civil Justice & Courts Policy Committee; 9 Yeas, 0 Nays

03/30/09 - HOUSE Committee Substitute (C2) Text Filed; Now in Health & Family Services Policy Council; On Council agenda - Health & Family Services Policy Council, 04/01/09, 1:00 pm, 212 K

04/02/09 - HOUSE Favorable by Health & Family Services Policy Council on 04/01/09; 20 Yeas, 0 Nays; Placed on Calendar, on second reading

04/27/09 - HOUSE Placed On Special Order Calendar for 04/28/09

04/28/09 - HOUSE Read Second Time; Substituted for SB 0766; Laid on Table, Refer to SB 0766

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It Was a Long Journey...But We WON the Battle!

HB 0289: Relating to Medicaid Assistance for Breast and Cervical Cancer Treatment (Thompson) - Medicaid Assistance for Breast and Cervical Cancer Treatment: Authorizes Medicaid reimbursement for medical assistance provided to certain persons for treatment of breast or cervical cancer; revises eligibility standards for certain Medicaid optional medical assistance. Effective Date: July 1, 2009

01/12/09 - HOUSE Filed

02/06/09 - HOUSE Referred to Health Care Regulation Policy Committee; Health & Family Services Policy Council; Health Care Appropriations Committee; Full Appropriations Council on General Government & Health Care

05/01/09 - HOUSE Indefinitely postponed and withdrawn from consideration

HB 0465: Relating to Umbilical Cord Blood Banking (Flores) - Umbilical Cord Blood Banking: Requires DOH to prepare & distribute publication regarding process, options, medical uses, risks, & benefits of umbilical cord blood collection. Effective Date: July 1, 2009

01/20/09 - HOUSE Filed

02/13/09 - HOUSE Referred to Health Care Regulation Policy Committee; Health & Family Services Policy Council; Human Services Appropriations Committee; Full Appropriations Council on General Government & Health Care

05/01/09 - HOUSE Indefinitely postponed and withdrawn from consideration

SB 0492: Relating to Revised Uniform Anatomical Gift Act (Sobel) - Revised Uniform Anatomical Gift Act [SPSC]; Provides that the revised act applies to an anatomical gift or amendment to, revocation of, or refusal to make an anatomical gift, whenever made. Specifies who may make an anatomical gift before the donor's death and the manner of making such gift. Specifies persons that may receive said gift. Specifies rights and duties of procurement organizations when an individual has been referred to them, etc. EFFECTIVE DATE: 10/01/2009.

12/29/08 - SENATE Filed

01/15/09 - SENATE Referred to Health Regulation; Criminal Justice; Judiciary

HB 0943: Relating to Medicaid Reimbursement Rates - (McKeel) - Medicaid Reimbursement Rates: Requires entities under contract with AHCA to reimburse noncontracted hospitals & physicians at certain rates; provides exception; provides basis for semiannual calculation of counties' contributions to Medicaid for certain hospital services; provides for publication of counties' contributions. Effective Date: July 1, 2009

02/17/09 - HOUSE Filed

03/05/09 - HOUSE Referred to Health Care Regulation Policy Committee; Health & Family Services Policy Council; Health Care Appropriations Committee; Full Appropriations Council on General Government & Health Care

05/01/09 - HOUSE Indefinitely postponed and withdrawn from consideration

HB 1041: Relating to Emergency Services Provided by Medicaid Managed Care Plans (Schenck) - Emergency Services Provided by Medicaid Managed Care Plans: Provides conditions for provision of services to enrollees of managed care plans by certain hospitals; provides time limits & rate structures for payment of claims to certain hospitals for services or goods by provider; revises requirements for reimbursement for provision of emergency services & care under health maintenance contract; provides for construction; provides applicability. Effective Date: July 1, 2009

02/20/09 - HOUSE Filed

03/10/09 - HOUSE Referred to Health Care Regulation Policy Committee; Insurance, Business & Financial Affairs Policy Committee; Health & Family Services Policy Council; Health Care Appropriations Committee

05/01/09 - HOUSE Indefinitely postponed and withdrawn from consideration

From the Executive Director

Continued from page 1

technology and services. FSP will meet again in February, 2010. This will be perhaps the most important conference in the Society's history. FSP leadership, staff and volunteers have been working feverishly to promote the Society in, and beyond, the state of Florida and raise its prominence as an organization. The fruits of this labor are being realized and will be evident at the 2010 Annual Conference.

We know you will want to be there. Mark your Calendar today: February 12 - 14, 2010. By the time you leave the conference, there will be no doubt that FSP's Annual Conference is the number one place to connect with colleagues, exchange ideas, and reaffirm our profession's mission. You, and the profession as a whole, will not be the same.

FSP's Annual Conference is not one to be missed. I look forward to seeing you in at the incredible Grand Floridian Resort, Walt Disney World, Florida, sharing ideas, and celebrating our profession's great strides and even greater future.

Blue Cross and Blue Shield of Florida Adopts PC-CP Fee Schedule for Its HMO

by Steven R. Weinstein, Esq., and Robert C. Leitner, Esq., K&L Gates, Miami, FL

In the Fall 2008 issue of *Florida Pathology Today*, I wrote an article discussing the now well-known litigation between Palmetto Pathology Services, P.A. and Health Options, Inc. (“HOI”), the HMO of Blue Cross and Blue Shield of Florida (“BC/BS”). The litigation resulted in a very favorable appellate legal opinion for all Florida pathologists and determined, as a matter of law, that PC-CP services rendered to HMO subscribers constitute “approved physician care,” for which an HMO must pay a non-contracted hospital-based pathologist.

To comply with the legal decision, BC/BS recently adopted a fee schedule relating to PC-CP services. While the specific rates in the fee schedule do not

necessarily constitute the full amount that a provider is actually entitled to under Florida law (including the Palmetto Pathology decision), they do result in BC/BS making some direct payment for PC-CP services for the first time since 1999.

It is important to recognize that the PC-CP fee schedule only applies to services rendered by non-contracted pathologists to HOI subscribers. BC/BS will not apply the schedule to any provider with which it has a contract nor will it apply it to any services rendered to its non-HMO members.

Steven R. Weinstein is a litigation partner with the international law firm of K&L Gates LLP. He specializes in health care litigation and regularly represents

physicians in HMO claim disputes and other health related matters. His e-mail address is steven.weinstein@klgates.com.

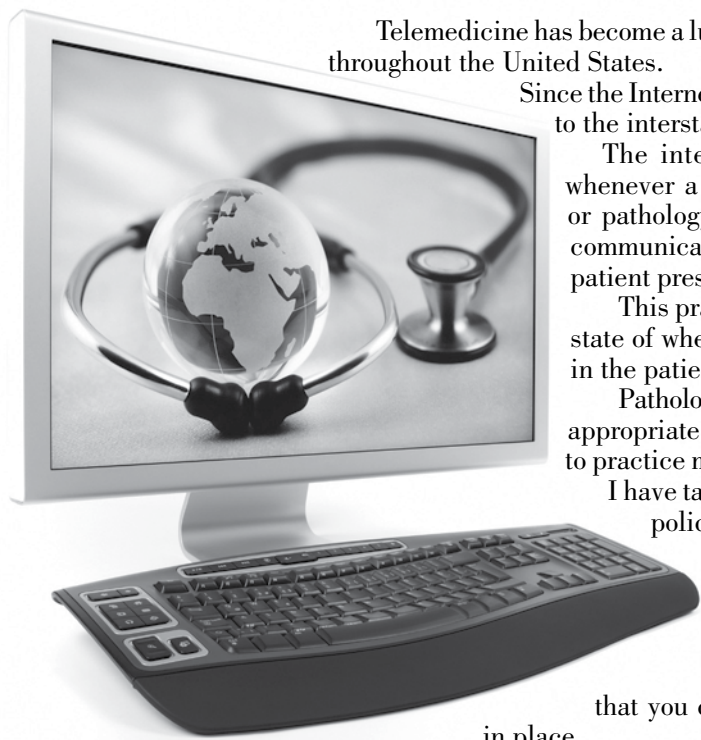
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Telemedicine Has Moved from a Concept to a Reality

by Kim Brill, Vice President, PMIS, Broker/Consultant to FSP



Telemedicine has become a lucrative part of many medical practices throughout the United States.

Since the Internet crosses the state lines, issues relating to the interstate practice of medicine arise.

The interstate practice of pathology occurs whenever a patient specimen, microscopic slide, or pathology image is sent through an interstate communication system from the state in which the patient presents for primary diagnosis to another location outside the state.

This practice raises the issue of whether physicians located outside the state of where the patient presents for primary diagnosis must be licensed in the patient's state.

Pathologists who engage in such interstate practice should check with the appropriate state medical board to check and see if they need to be licensed to practice medicine in the state in which the patient presents for diagnosis.

I have taken a few calls from Florida Pathologists recently asking if their policy covers them for such practices.

I have contacted several of the Florida Professional Liability Insurance carriers and they have ALL concluded that you must be licensed in the state that the patient presents for primary diagnosis to be covered.

It is imperative that before you contract to do interstate pathology that you contact your agent, or carrier to ensure the proper coverage is in place.





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Estimated Average Glucose

by Frederick L. Kiechle, MD, PhD, Pathology Consultants of South Broward, LLP, Medical Director, Clinical Pathology MHS

Glucose crosses the red blood cell membrane where it binds to hemoglobin which is then called glycated hemoglobin and measured as hemoglobin A1C. An initial unstable aldimine undergoes an Amadori rearrangement to form a stable ketoamine (glycated hemoglobin), which persists for the lifespan of the erythrocyte (usually 120 days). Clinical conditions which alter the lifespan of erythrocytes, like hemolytic anemia, may result in modified HbA1C values. Most assays for hemoglobin A1C have been standardized worldwide, through the National Glycohemoglobin Standardization Program (NGSP) (1), to the assay used in Diabetes Control and Complications Trial (DCCT), which established the relationship between HbA1c levels and risk for long-term diabetes mellitus (2).

The prevalence of diabetes mellitus in the general USA population greater than 40 years of age is 3.3 – 4.5%. The annual incidence of HbA1C greater than or equal to 6.1% in non-diabetic patients is 7.8% in non-hospitalized individuals and 18% in hospitalized adults (3). A random blood glucose is a poor predictor of increased HbA1C (3). In 2003, the American Diabetes Association stated “the committee believes it is still premature to add HbA1C to the group of tests used for the definitive diagnosis of diabetes.” (4) However, the ADA consensus statement in 2007 provided an alternative view: “An A1C-derived average glucose (ADAG) will also be reported as an interpretation of the A1C results.” (5) This statement was based on the assumption that an ongoing international study of the relationship between HbA1C and glucose would yield a linear regression equation (5). The results of this study have been published and the linear regression analysis between HbA1C and the estimated average glucose or ADAG values which provided the tightest correlation was $eAG \text{ (mg/dL)} = 28.7 \times \text{HbA1C} - 46.7$ (16). The formula can be used to calculate the estimated average (eAG) from an HbA1C value expressed in percentage. Both the ADA

(5) and American Association of Clinical Chemistry recommend reporting every HbA1C value along with the calculated eAG (5-7). This practice is similar to providing an estimated glomerular filtration rate (eGFR) with a measured creatinine using the Modification of Diet in Renal Disease (MDRD) formula (8). The motivation for converting the HbA1C value to an eAG is to aid in diabetic patient education regarding the direct relationship between serum (capillary) glucose and glycated hemoglobin. The eAG converts the HbA1C to a value a diabetic patient can relate to their daily disease monitoring of capillary glucose practice.

The study (6) found no significant differences in age, sex, type of diabetes mellitus, race/ethnicity or smoking status. Additional studies are required to determine the appropriateness of eAG calculations in less-studied populations which include children, pregnant women and patients with renal failure or hemolytic anemia (6, 7). Also, some HbA1C methods demonstrate false increase or decrease in HbA1C values in the presence of hemoglobinopathies, such as HbAS, HbAC, HbAE, HbAD and/or HbF (9, 10). If these interferences in HbA1c measurements occur, the calculated eAG will be incorrect as well. Improvements in HbA1C calibration by the NGSP can explain the differences in eAG calculated using data from the DCCT study (2) and the more recent ADAG study (6) (Table 1). The ADAG values are greater than the DCCT values for average glucose in a range of 3.1% to 15.2% for HbA1C from 5.0% to 11.0%.

The final ADAG study population included 268 patients with Type 1 diabetes, 159 patients with type 2 diabetes and 80 individuals without diabetes (6). HbA1C was measured at baseline and monthly for 3 months. The mean of 4 assay methods was used for each sample. Glucose measurements were by either fingerstick (capillary blood) or continuous glucose monitoring system (CGMS) from MiniMed used for 48 hours 4 times in 3 months. The CGMS measures interstitial fluid glucose

from 40 to 400 mg/dL every 10 seconds and averages values over 5 minutes for 72 hours or 288 measurements per 24 hours (11). Calibration of CGMS device was performed using a Hemocue glucose meter (8-point self-monitoring profile). When CGMS was noted used a 7-point self-monitoring profile was performed with a Lifescan glucose meter for at least 3 days per week. There were a total of approximately 2700 glucose measurements per patient during the 12 weeks. Since interstitial fluid glucose values are 5% lower than simultaneously measured capillary values, CGMS results were scaled up by 5%.

Many hospitals have introduced the policy that all HbA1C performed will include an associated calculated estimated average glucose (eAG).

References: Little RR, Rohlfing CL, Wiedmeyer H-M, Myers GL, Sacks DB, Goldstein DE. The National Glycohemoglobin Standardization Program: A 5 year progress report. *Clin Chem* 2001; 47:1985-1992.

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APPLICATION FOR FSP MEMBERSHIP

APPLICANT CONTACT INFORMATION: (Please Print)

*First Name _____ Middle Initial _____ *Last Name _____ *Degree/Title _____

*Home Address _____ City/State _____ Zip _____ Country _____

*Business Name Address _____ City/State _____ Zip _____ Country _____

*Home # _____ *Business # _____ Fax # _____

*Email Address: _____ Web Address: _____

*Asterisk Indicates Required Information. Please indicate Preferred Mailing Address: Home Business

*Select the Category of Membership for which you are applying: (See Category Descriptions & Membership Fees on reverse)

ACTIVE JUNIOR/STUDENT (In Full Time Training Program) ASSOCIATE OUT OF STATE

EDUCATION:

Medical or Graduate School _____ Location _____ Degree _____ Year Completed _____

Residency (Postgraduate Training) _____ Location _____ Degree _____ Year Completed _____

Fellowship (Postgraduate Training) _____ Location _____ Degree _____ Year Completed _____

Other Postgraduate Training _____ Location _____ Degree _____ Year Completed _____

BOARD CERTIFICATIONS:

AP _____ Date _____ CP _____ Date _____ APCP _____ Date _____

Other Board Name _____ Year Eligible _____ Year Certified _____

*FLORIDA LICENSE # _____ Is it in effect and unqualified? Yes No – If not in effect, please explain: _____

TEACHING AND/OR HOSPITAL APPOINTMENTS AND SOCIETY MEMBERSHIPS:

Hospital or Medical School Name and Location _____ Dates _____

Hospital or Medical School Name and Location _____ Dates _____

MEDICAL SOCIETY MEMBERSHIPS: AMA Yes No CAP Yes No ASCP Yes No

COUNTY MEDICAL SOCIETY _____ OTHER MEDICAL SOCIETY _____

I hereby make application for membership in the Florida Society of Pathologists. I agree to abide by all of the rules and regulations of the Constitution and by-laws and such changes and amendments as may hereafter be properly adopted, to revocation of membership in the event that any of the statements hereinafter made by me are false. I hereby pledge myself to the highest ethical standard in the practice of pathology, and, if elected to membership in the Florida Society of Pathologists, shall conduct myself in conformity with the Principles of Medical Ethics of the American Medical Association.

APPLICANT'S SIGNATURE _____ **Date:** _____

Applications to be endorsed by (2) two members of the Florida Society of Pathologists:

1. _____ 2. _____
Signature/Printed FSP Member Name Signature/Printed FSP Member Name

2009 FSP 35th Annual Anatomic



The Florida Society of Pathologists held their Annual Meeting February 13 - 15, 2009 at the Disney Contemporary Resort, Walt Disney World, Orlando, Florida.

Starting with the Opening Welcome from President Luis Rey-Martinez, M.D., the meeting was off to a tremendous success. Jennifer L. Hunt, M.D., M.Ed., from the Cleveland Clinic, provided an outstanding initial presentation on Basic Molecular Pathology: A Case-Based Discussion for the Practicing Surgical Pathologist followed by her second presentation on “My Approach to Follicular Thyroid Tumors.”

You could hear a pin drop in the room as the attendees listened closely to her sage advice and technique.

The attendees enjoyed the kick-off to the Annual Meeting by participating in the Wine and Cheese Reception. Our vendors are our partners and pathologists were eager to learn of the new services and technologies being offered.

The “bottom-line” is always important, especially this year, and many individuals expressed what pearls they were taking back from the Exhibit Hall as well as the lecture hall!

Saturday was a jammed-packed day filled with all sorts of learning tools – lectures, the business luncheon and of course, the Exhibit Hall. Lisa Yerian,

M.D., Director of Hepatobiliary Pathology from the Cleveland Clinic, started the day rolling with an incredible talk on “Differential Diagnosis in Chronic Inflammatory Liver Disease,” followed by her second lecture on “Spectrum of Prolapse in the GI Tract.”

At the Annual Business Meeting, President Rey-Martinez provided a great summation of the battles fought – and won – by Florida pathologists.

Amy Young, FSP’s Legislative Consultant from Smith & Ballard, PA, did an overview of the results of the past legislative year and an insight into the 2009 Legislative Battles – she would provide a more detailed talk later in the day.

Steven Weinstein, Esq., from the law offices of K&L Gates and Gary Walker, Esq., from Allen Dell Attorneys at Law, both provided updates on the Palmetto Pathology lawsuit and tremendous win. The meal was delicious, but the discussion of our various wins was refreshing... with caution, that the pathologists will need to deal with retribution from our opposition in the 2009 Legislative Session (please see our Legislative Consultant’s summary of the 2009 fight in the Legislative Section of this newsletter). During the Business Meeting, your colleagues were recognized for outstanding performance and leadership to FSP.

After an inspiring talk by Bruce A. Lenes, M.D., on “The Transfusion Medicine Game Show: Updated Version 2009,” the group heard more in-depth discussion in the Legislative Update, Part II session.

As our meeting was held right in the heart of Walt Disney World, attendees were on the monorail and to their favorite park – EPCOT, Magic Kingdom, MGM Studios, Animal Kingdom and Downtown Disney for a night of magical enjoyment.

Sunday morning started early with an opportunity to visit with the vendors in the Exhibit Hall and registrants were eager to hear Stanley J. Robboy, M.D., FCAP, Professor and Vice Chairman of the Department of Pathology and

Professor of Obstetrics and Gynecology at Duke University Medical Center. His first talk was entitled “Endometrial Intraepithelial Neoplasia (EIN): Better Discriminant Rules to Separate Clinically Significant Preneoplastic and Benign Endometrial Hyplasia”. With a short break for a last visit with the exhibitors, Dr. Robboy continued with his second presentation entitled, “Borderline Serous Tumors of the Ovary and the Types and Significance of Peritoneal Implants.”

The Conference adjourned with a great number of fantastic raffle drawings from our partners in the Exhibit Hall! The meeting was full of renewing old acquaintances, making new relationships, visiting with our vendor partners and learning the latest and greatest in products, supplies and services.

The FSP 2009 Annual Anatomic Pathology Conference was indeed well attended and well received. But, while the majority indicated it could not have been better, the 2010 Program Committee is already compiling the 2010 talks that could even surpass 2009! You will want to be sure to be a part of another successful meeting!

A special shout-out goes to our FSP Sponsors & Exhibitors. A special thank you to the companies who provided generous educational grants in support of the Conference: Professional Medical Insurance Services, Physician Independent Management Services, Clariant, Inc., Genentech, Genzyme and Vitro Molecular Laboratories! Thank you for your partnership.



Pathology Conference Highlights





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