Methods: We previously addressed the first two goals of this initiative by identifying problematic test names and features of test names that contribute to misutilization. We also identified the advantages and limitations of current test naming guidelines and previous standardization efforts. This current study addresses goals 3 and 4. We developed an iterative process of guideline development. This process includes collecting feedback on consensus names to improve guidelines, which then informs the improvement of the consensus names.

Results: By analyzing test name characteristics, we found that the requirements for understandability vary with respect to the clinical scenario and provider background. We have used these results to design a 30-min long survey to test candidate names. The survey will be distributed through the Brand Institute, which offers expertise in pharmaceutical name and brand identity development. This pilot survey will be sent to primary care providers to assesses intuitive name preferences given a short and specific prompt. The second phase will take place in a simulated electronic medical record environment to present clinical scenarios where physicians will select an appropriate test.

Conclusion: We expect that results from survey studies will directly inform the development of TRUU-Lab naming guidelines, in turn permitting development of better-optimized laboratory test names. This process represents a new strategy for the intentional design of laboratory test names that are understandable and promote correct provider utilization.

Clinically Significant Hepatopathology Detected At Cholecystectomy Dramatically Increases Billing

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Introduction/Objective: Incidental hepatic tissue obtained via cholecystectomy is generally minute and inconsequential. For these reasons, the hepatic tissue is bundled with the gallbladder and cannot invoke additional billing. However, hepatic tissue that is very large or that harbors significant hepatopathology has clinical utility and could justify additional billing. We hypothesized that such incidental hepatic tissue would dramatically increase billing because the liver is billed at a higher level of complexity than the gallbladder and requires cytochemistry for evaluation.

Methods: We retrospectively reviewed pathology reports, slides, and codes from 9 specimens from cholecystectomy that contained hepatic tissue that was grossly evident or that demonstrated significant hepatopathology. Our billing department with decades of experience but without medical training codified the reports using the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) and Current Procedural Terminology (CPT), blinded to our study.

Results: The patients included 5 women and 4 men, ages 18 to 72 years. Five specimens contained very large pieces of liver 0.8 cm to 2.2 cm long and 0.3 cm to 1.8 cm thick. Diagnoses included nonalcoholic fatty liver disease or steatohepatitis (6 specimens), de novo alpha-1 antitrypsin deficiency (2 specimens), de novo sinusoidal amyloidosis (1 specimen), hemosiderosis (1 specimen), and obstruction (1 specimen). Some specimens demonstrated multiple diagnoses. Only ICD-10 codes K76.0 (6 specimens) and K75.81 (2 specimens) were generated, corresponding to nonalcoholic fatty liver disease and steatohepatitis, respectively. ICD-10 codes were omitted for 1 specimen. Although all specimens generated CPT codes 88312 (20 charges) and 88313 (14 charges), corresponding to cytochemistry, none generated CPT code 88307, corresponding to the liver.

Conclusion: Incidental hepatic tissue obtained via cholecystectomy dramatically increases billing, but significant hepatic findings and exceptions to coding principles must be clearly conveyed to billing departments to ensure proper coding.

Scopes and Challenges In Educating The Clinical And Nursing Staffs Regarding The COVID -19 Specimen Collection And Processing For Testing In The Municipal Public Health System Based Ambulatory Care Health Clinics In New York City

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Introduction/Objective: With the emergence of Novel COVID-19 infection in the New York City, at the initial phase a very limited information and guidelines were available from the federal and state health authorities and only state lab could provide the COVID -19 testing. Sparsity of the authentic information and up surging of the misinformation in the social media and rapidly evolving different reference testing laboratories were creating confusions and challenges among our clinic providers and nursing staffs. With periodic incorporation of updates on standardized protocol and guidelines, we formulated a plan and delivered that in a coordinated manner in educating the clinical and nursing staffs regarding the COVID -19 specimen collection and processing for testing to overcome that.

Methods: We gathered all the communications for COVID -19 from the federal, state and city health authorities and our corporate management about the testing methods, collection and processing requirements and specimen pickups. We verified and customized that information, prepared and circulated them in detailed PowerPoint
presentation and then updated that periodically with any addition or changes in the testing reference labs and/or their specimen requirements.

Results: With periodic, standardized and updated guidelines and detailed verified information and instructions for sample processing, a uniform and much coordinated specimen collection and processing could be achieved and all of our five-borough spanning multisite municipal ambulatory clinics could collect and process the COVID-19 specimens properly.

Conclusion: Centralized, Planned and concerted education planning and timely delivering that to the clinical and nursing staffs could tremendously help in answering many relevant queries and curtailing confusion and properly collecting and handling the specimens in emerging infection like COVID-19 in a large city municipal ambulatory care health system.

Leveraging Existing Institutional Resources to Maintain Quality Assurance Practices in Anatomic Pathology in the Era of Social Distancing

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Introduction/Objective: Due to the COVID-19 pandemic, hospitals had to adapt practices to incorporate social distancing while maintaining quality assurance (QA) in anatomic pathology (AP). Prior to this, our general surgical pathology (SP) and cytopathology (CP) services held daily consensus conferences (CC) at a multi-headed microscope. Implementing social distancing meant only a few faculty were present onsite and avoidance of interactions at the multi-headed scope. In an effort to preserve QA through CC, faculty exploited the use of web conferencing through our HIPAA-compliant Zoom. We describe the utility of this new practice.

Methods: From 3/25-4/30/20, all SP and CP cases selected for CC were presented by respective pathologists (n=8) in their own offices by using individual microscopes with cameras, image acquisition software, and screen-sharing through Zoom. One pathologist was responsible for sending out a new CC Zoom link daily and recording the consensus diagnosis. All onsite pathologists and those at home participated.

Results: We presented 95 SP and 31 CP cases through Zoom compared to 300 SP and 60 CP cases presented at a similar timeframe prior to social distancing. This 68% and 48% decline could be attributed to elective procedure cancellation. We assigned a consensus diagnosis to all cases, with 77% overall being malignant diagnoses, and breast being the most common SP specimen type (22%). Additionally, all participating pathologists felt comfortable with the new format irrespective of being onsite or at home. Apart from minor audio issues, we did not notice significant lag time or visual disturbances that interfered with diagnostic abilities. Importantly, the transition did not involve investing in new technology.

Conclusion: The new virtual CC allowed our department to maintain QA practices in AP without sacrificing quality and serves as a starting point to investigating the use of this technology to other applications in AP, such as overnight frozen sections.

Innovating With the Times: Pathology Education in Context of Physician Burnout

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Introduction/Objective: Learning a boundless volume of information, preparing for multiple exams, and getting involved in several other academic activities are just a few things that the current medical students need to tackle in a finite duration. While these challenges encourage learners to be their best, and prepare them for their careers as future physicians, they can also result in a largely unnoticed issue — burnout. Curricular reform targeted at developing skills to mitigate burnout is the need of the hour. To combat this issue in the pathology classroom, we used our tried and tested strategy of algorithms in combination with fun activities, particularly keyword mnemonics, to evaluate the impact on reducing burnout in medical students.

Methods: Lectures were delivered and recorded for students of semester 4 and 5, and sample algorithms and mnemonics were included. We also used pathophysiology case sessions comprising clinical vignettes and questions. Students were divided into small groups to solve questions and had to frame their own algorithms and mnemonics to help them. The method’s effectiveness was assessed using performance in past and current exams. Feedback was performed to gauge students’ perceptions.

Results: Feedback evaluation showed that 86% of students indicated that algorithms and mnemonics not only strengthened the rote memory but also helped lessen the stress during exam preparation. 59% of students expressed that teamwork made it easier and fun to work. Almost 11% felt that mnemonics should be included as part of new lectures but they found it difficult and ineffective to make their own. Further assessment will be performed to analyze the strategy’s impact on burnout.

Conclusion: Classroom traditions that encourage shared problem-solving and decision-making leads to reduced