

Whole Slide Imaging At CellNetix

By Pat Cooke

*Chief Information Officer & Executive
Director of Business Operations
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CellNetix has been using telepathology effectively since 2007. Our pathologists all have special digital cameras on their microscopes and can both capture images, and quickly and securely share a live microscopic stream with a colleague regardless of location. This has positive patient care benefits, for example, our single pathologist in Aberdeen, WA has the subspecialty depth of the 50 other pathologists in Washington and Alaska at his fingertips - a virtual pathology

expertise pool. This technology is used for second opinions only and the primary diagnosis is always based on examination of a glass slide under the pathologist's microscope.

Early in 2012 we invested in a related, but quite different technology - Whole Slide Imaging (WSI). As opposed to telepathology where one views a live capture of the slide on the microscope, WSI uses an ultra high resolution scanner to image the complete slides and store them digitally. These very high quality images are then available to any pathologist on our wide-area-network. The images are quite large, frequently more than a gigabyte and take about two minutes per slide to create. File transit time over the network is not a huge issue as the viewer software only transmits what is on the screen rather than the whole file. At CellNetix we create thousands of slides a day so cost of storage is an important consideration. We currently only scan a small subset of those slides.

Why do this? Unlike radiology that moved from film to PACS (Picture Archiving And Communication

System) in the 1990's there is no immediate financial benefit for pathology groups to digitize their slides. Radiologists were able to use significant cost savings from the reduced use of film to finance investment in PACS systems. In pathology the glass slide must still be created and we are adding a step rather than eliminating one. Additionally, there is no reimbursement for routine digital imaging and only marginal

Please see> [Imaging, page 4](#)

Inside This Issue

Whole Slide Imaging at CellNetix	1
Healthcare Law: What Issues Will Employers Face in 2013?	8
Healthcare Public Policy: Republican or Democrat - We are all in this Together	10
Healthcare Administration: Seattle Children's Linking Pay with Performance	12
Healthcare Architecture: Cascade Eye & Skin Relies on Rush Companies for Quality Build-out in Gig Harbor Relocation	14

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Letter from the Publisher and Editor



Dear Reader,

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David Peel, Publisher and Editor

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< **Imaging, from page 1**

increased reimbursement for digital image analysis of a small number of immunohistochemical stains and therefore no financial benefit. The devices are expensive - about \$200,000 for a mid-range system. After an internal evaluation process we still approved investment in WSI for the following reasons:

Distributed expertise

CellNetix recently began providing pathology services to a hospital in Alaska and in Spokane, WA. We have two pathologists stationed at our offices in Palmer, AK which is about 45 minutes from Anchorage and have five in Spokane (we are merging with a local group). Although

certain complex and esoteric tests (IHC and special stains) will be performed in Seattle, for service reasons we will test most specimens at the local labs in each of these locations. Being able to scan the resultant slides in Seattle for digital read by our remote pathologists allows us to keep the pathology local without delaying diagnosis. The glass slide is typically reviewed the next day. At CellNetix our stated vision is *“To rethink, redefine and reset the standard of care for pathology groups and laboratories in the country”*. We believe that effective use of digital pathology including WSI can remove logistical barriers and allow us to provide first rate, timely care in locations where this might not otherwise be 100% feasible.

Image analysis

Physicians who become pathologists are very good at pattern recognition and image analysis. In some cases where there are exceedingly complex pattern recognition tasks, an image analysis algorithm can produce results sooner and more consistently. We recently validated our WSI system for use in IHC HER2/neu (Immunohistochemistry Human Epidermal Growth Factor Receptor 2) related testing - this is generally used as part of breast cancer diagnosis. Our pathologist will select an area of interest on the digital image, the software will isolate the cell membrane and then measure consistently and accurately the signals from relevant cells without a human judgment call.



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As digital pathology evolves, we can expect more effective image analysis algorithms to become available. This is most likely to be the most beneficial aspect of digital pathology, allowing faster more accurate diagnosis in conjunction with a pathologist’s interpretive expertise.

Conferences

CellNetix is a hospital focused pathology group. Every year we participate in hundreds of case review conferences with other specialties so that patients can benefit from collaborative and informed care. If the conference is held at our premises, we can provide a microscope with a projector and use the actual slides. If located at a partner hospital, we generally have to take microscopic photos

and transport them as image files on secure thumb drives. Our WSI software includes conference management software which allows scanned slides to be reviewed securely over an internet connection and includes various annotation and comparison tools. The image quality is as good as that of the glass slide and allows remote panning and zooming. In addition, we can host ad-hoc conferences with client clinicians who want to review slides with a pathologist.

Learn the technology

We also felt that while WSI was not fully mature, that as one of the largest physician owned pathology groups in the country we needed to proactively engage with the technology to help it get

there. Learning how and where it worked well and not so well would ultimately allow us to incorporate it into our future operational and expansion plans.

FDA

In 2011 the Federal Drug Administration announced their intention to classify WSI devices as Class 3 medical devices - their most stringent standard - and regulate them as such. WSI systems cannot currently be used for primary diagnosis. Pathologists opinions vary but many feel this regulatory standard is excessive and somewhat counter productive. This increased regulation will most likely drive some development and early adoption use to Canada or Europe.

Please see> **Imaging, page 6**

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Building Spaces for Health and Healing

< Imaging, from page 5

What we have learned so far

We spent 6 months validating WSI for use in our diagnostic processes. We are now at the point where it is in daily use for digital IHC reads by pathologists at remote locations. This means that final diagnoses can be delivered up to 8 hours sooner so there is a direct patient care benefit and in some cases hospital stays may be reduced resulting in lower costs for our hospital partners. We have used it in hospital conference situations and it has been well received. We are just starting to use WSI for HER2/neu diagnosis after a lengthy validation (comparing diagnosis by glass slide vs. digital image for many cases by different pathologists. There has been little direct financial benefit. In fact, it has increased our costs. Ultimately our pathologists agree that for primary diagnosis looking at glass slides under a microscope is superior. The movement of the slide across the microscope stage and the ability to almost see cells in 3D by rapid focusing are valuable diagnostic elements that are hard to emulate digitally.

The future

Digital imaging will be an important element in the evolution of pathology. It will enable diagnostic delivery across regional and international lines. Ultimately, we believe it will allow the average pathologist to more accurately diagnose a higher volume of cases by reducing the amount of slides that he/she needs to look at - more or less as image guided microscopy has already

been used in Pap smear diagnosis etc. This is important in the face of healthcare reform and the aging US population. Like healthcare in general, pathologists will have to do more with less. As technology advances, image analysis will allow accurate diagnosis in situations where a human would find it difficult. The technology is still emerging and our estimate is 5 years to relative maturity. Though it has already helped us provide

better patient care in several ways, we are still learning how it can be most effectively used.

Pat Cooke is the Chief Information Officer & Executive Director of Business Operations at CellNetix Pathology & Laboratories. They are one of the largest pathology and laboratory organizations in the Northwest. Visit CellNetix at www.cellnetix.com. Contact Pat Cooke at info@cellnetix.com.

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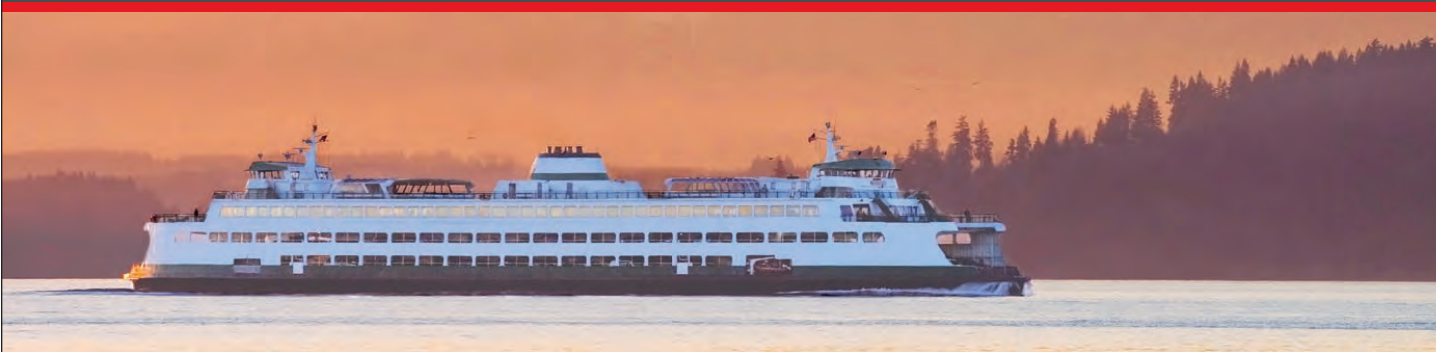
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What Issues Will Employers Face in 2013?

By **Josephine B. Vestal**
Member
Williams Kastner



What issues employers will face with the federal government in 2013 depends in large part on the results of the presidential election. One area of focus in 2013 will be the National Labor Relations Act. It is likely that the National Labor Relations Board (NLRB) in 2013 will continue to target non-unionized employers, unless the agency has new leadership. Since 2012, the NLRB's message to employees is: "We can protect you, even if you are not represented by a union." Their hook is the National Labor Relations Act's Section 7 protection of an employee's right to engage in "concerted protected activity for mutual aid

and protection." It is unlawful for an employer to interfere with such conduct or to retaliate against an employee because he or she has engaged in such conduct. The NLRB has recently used this argument to attack routine employer policies and agreements as violating the NLRA including, among others, at-will, social media and contact with media policies in handbooks, confidentiality and privacy agreements, employer codes of conduct requiring a "good" or "positive attitude," arbitration agreements providing for a waiver of class or collective actions, and terminations of employees who received or were parties to any of the foregoing or who raised any concerns about the treatment of fellow employees.

The NLRB has gone so far as to add a section to their web site for the ostensible purpose of informing non-unionized employees of their rights and inviting contact from potential claimants. Some have called it "trolling." In light of the NLRB's new focus, Section 7 protected activity should be added to the employer's checklist of protected employee statuses to be considered before terminating a non-supervisory or non-managerial employee. (NLRA protections generally do not apply to supervisors or managerial

employees, as defined by the NLRA.) Employers should also review their handbooks, policies and agreements to identify policies or language that might be of concern to the NLRB as arguably infringing on Section 7 rights.

Another area of focus in 2013 will be the employee/independent contractor issue. During the economic downturn many employers chose to use independent contractors rather than employees because of the independent contractor's perceived temporary engagement and lower costs. Recently, government agencies (both federal and state) have been pushing back, claiming that many of these alleged independent contractors are actually misclassified "employees." This is in part fueled by revenue lost to the governments due to misclassification of who were really employees. In 2013, we can expect continued attention by taxing authorities and others to the classification of workers as independent contractors.

A July 2012, Washington Supreme Court decision changed the rules of the game for Washington companies. *Anfinson v. FedEx Ground Package Sys., Inc.* was a class action by 320 FedEx delivery drivers which was filed

in 2004, seeking overtime and reimbursement for uniform expenses. The primary dispute was whether the drivers were correctly classified as independent contractors (not owed OT) or were employees (owed OT). After a four week trial the jury found they were independent contractors. The drivers appealed, arguing that the wrong legal standard had been used for determining whether they were employees or independent contractors. Both the Washington Court of Appeals and the Washington Supreme Court agreed with the drivers. Both appellate courts said the “economic dependence” test and not the “right to control” test used by the trial court was the proper test to use. The relevant inquiry according to the Court is “whether, as a matter of economic reality, the worker is economically dependent on the alleged employer or is instead in business for himself.” This is a more inclusive (employee friendly) test than “right to control” and will lead to more findings that workers classified as independent contractors are really employees. Such findings are very expensive for employers since former independent contractor employees will generally be due unpaid overtime compensation, benefits, penalties, interest, attorney fees and additional taxes, interest and penalties may be due to the government.

This “economic dependence” test will be used in Washington in 2013 and on, at least in wage and hour matters. Companies that have independent contractor relationships should reevaluate them in light of this decision to make sure the classification is

still viable. At the same time, employers need to remember that other agencies, such as the IRS, EEOC, Employment Security, etc. utilize different tests for independent contractors and may come to conflicting conclusions, each of which is controlling for their particular agency.

Another wage and hour classification that will receive significant scrutiny in 2013 is that of

“intern,” and, in particular unpaid interns at for-profit companies where there is no connection to any academic program. During the economic downturn, the “unpaid intern” has become a common phenomena as unemployed graduates seek to gain experience and a foot in the door. Companies have utilized unpaid interns as a way to screen potential job

Please see> Employers, page 11

LET’S GET TO THE BOTTOM OF THIS

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By DJ Wilson
President & Founder
Wilson Strategic Communications



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Dr. Joe Gifford
Chief Strategic Innovation Officer
Providence Health and Services

“This has to happen more often. It's a community conversation. That's the road forward.”

Pete Gelpi
Executive Board Chairman
Clarity Health Services

“It's clear to me whether I'm talking or anybody else, we don't have answers or the potential solutions to health care, and what struck me in just listening to the sessions I've been a part of is that you see that kind of diversity of opinion even related to the questions being asked and the speakers that are speaking.”

Marcel Loh
Chief Executive Officer
Swedish Suburban Hospitals & Affiliates

In short, given the audience, the timing, and the political context, many have called this event “the most important health policy conference of the year.”

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< Employers, from page 9

candidates, to perform otherwise unprofitable work, and perhaps to pay social debts. Some interns are now questioning whether these unpaid work arrangements, particularly those that did not transition to paying jobs, comply with the law. If they do not these “free” employees could turn into class action plaintiffs and be very expensive in terms of back pay, interest, taxes, benefits, and attorney fees and possibly penalties.

The classification of workers as exempt or non-exempt will also continue to receive scrutiny in 2013, often with significant financial costs for employers. In September 2012, the employers prevailed in the Washington Court of Appeals in *Litchfield v. KPMG* when the Court ruled KPMG’s audit associates could be exempt professional employees and therefore exempt from overtime requirements even though they were not licensed as CPAs and had not fulfilled the requirements to apply for licensing as CPAs if they had the requisite educational background and duties.

Another development which will continue to affect businesses in

2013 is the recent implementation of the Seattle Paid Sick and Safe Leave Ordinance. It will take a while before employers are able to fully assess the impact of this ordinance on their daily operations.

The proponents of the Paid Sick and Safe Leave Ordinance are now pushing a new ordinance which would ban discrimination in employment against those with arrests or criminal convictions within the City of Seattle. The only proposed exceptions to employer consideration of an applicant or employee’s criminal conviction(s) would be where: (1) there is a direct relationship between the conviction and the job; (2) there would be an unreasonable risk of substantial harm to property or safety; (3) the convicted person would be working with children, developmentally disabled persons

or vulnerable adults where the conviction is for certain crimes of violence, abuse or financial exploitation; (4) the hiring is by law enforcement agencies; (5) employment of those with criminal convictions is prohibited by law; or (6) there was intentional misrepresentation in connection with the application. Employers need to keep any eye on this ordinance and provide input about concerns they might have.

These are some of the issues employers will face in 2013. However, as in previous years, employers must remain vigilant because issues can arise that are not yet on the radar.

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Seattle Children's Linking Pay with Performance

By Steven Hurwitz
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By Tom Stoeckle
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This is an update to an article focusing on Seattle Children's move to a pay-for-performance system that was first published in July 2011.

Background

As part of an initiative to update and revise its compensation practices, Seattle Children's moved to a pay-for-performance plan in 2009 covering more than 4,000 employees. This plan provided our managers with better tools to recognize and

reward individual performance and included the following:

- Replaced the three-point rating scale (exceeds, meets and needs improvement) to a five-point rating scale (non-performer, developing performer, solid performer; leading performer and top performer).
- Simplified job descriptions.
- Formalized salary ranges with robust salary survey data (93 percent of jobs matched

to survey data).

- Implemented a merit matrix providing individual salary increases ranging from 1.5 percent to 6 percent, depending on performance rating and compa-ratio, – which measures an employee's pay as a percentage of their respective pay grade's midpoint.

Continuous Performance Improvement

The pay-for-performance system was developed in collaboration with a 24-manager focus group and from survey input from more than 300 leaders. Children's has obtained input each year to continually improve the process. Recent improvements include:

- Streamlining job descriptions and evaluation forms.
- Implementing new templates to expedite and standardize obtaining peer and customer/stakeholder feedback.
- Updates to the leadership SharePoint site and development of a leadership virtual "toolkit" – a single source for obtaining tools, forms and background materials for completing

performance evaluations.

- Development and implementation of a two-hour “pay-for-performance” training for leaders.
- Provided employees with online access to all job descriptions, salary ranges, compensation philosophy, salary increase guidelines and performance definitions.

Results

Ratings consistency

Under the former three-point scale, 58 percent of employees were at the highest rating, “exceeds.” When we implemented the new five-point rating scale, Children’s adopted rating distribution guidelines and implemented “calibration sessions” at the vice president level to ensure that managers and directors were applying the rating criteria consistently across the organization. For the past three years, employee ratings have been relatively consistent and close to what we expected.

Salary Increases

The pay-for-performance plan provides employees with salary increases ranging between 1.5 percent and 6 percent. Distribution of salary increase dollars has been consistent during all three years. Between 2009 and 2011, the median salary increases granted ranged between 3.3 percent and 3.4 percent.

Compensation Competitiveness

Children’s compensation philoso-

phy sets and maintains base salaries and salary ranges to be competitive with organizations having similar size and complexity as Seattle Children’s and with those organizations that Children’s is likely to recruit from. Midpoints of each salary range approximate the 50th percentile of labor market data, and the minimum and maximum of each grade represents the 10th and 90th percentiles of competitive practice, respectively. More than 93 percent of Children’s jobs are assigned to their salary grade by benchmarking against more than 80,000 individual survey data points. Salary ranges and grade assignments are reviewed and updated annually.

The combination of individual salary increases and annual range adjustments results in Children’s maintaining its overall base compensation at target level – defined as aggregate base compensation equal to 100% of the market. During the past three years, Children’s aggregate base compensation has met this objective.

Pay-for-performance effectiveness

A major cornerstone of Children’s strategic plan is to attract and retain highly qualified and engaged staff to care for our patients, conduct research and oversee hospital operations.

A review of employees who were evaluated in 2009 under the five-point rating scale reveals that Children’s is identifying and retaining its talent. In fact, more than 85 percent of employees who were rated as leading or top performers in 2009 are still

employed by Children’s in 2012. Conversely, more than 57 percent of developing performers and 16 percent of non-performers are still employed as of July 2012.

In 2012, Children’s changed its annual employee engagement survey, which is used to measure employee morale and satisfaction. Part of this change included the addition of a question “My pay is fair compared to other healthcare employers in this area.” On a five-point scale, 1 equates to “strongly disagree” to 5 to “strongly agree,” Children’s employees rated this question a 3.5 overall. This result was 25 percent above the national Children’s Hospital Healthcare Average and 36 percent above the National Healthcare average score for this question. Children’s score ranked one of the highest among the 50 children’s hospitals and 350 acute care hospitals included in the survey.

Between 2009 and 2011, a total of 951 employees voluntarily terminated their employment with Children’s. Only 17 (1.7 percent) of these employees listed “leaving for position with better pay” as their reason for leaving the organization.

Future Plans

In 2013, Children’s will launch a paperless evaluation system that will expedite the evaluation process, implement quality control and, more importantly, minimize managers’ time required to complete forms. This will help maximize the time managers can spend evaluating, coaching,

Please see> Performance, page 15

Cascade Eye & Skin Relies on Rush Companies for Quality Build-out in Gig Harbor Relocation

By **Nora Haile**
Contributing Editor
Washington Healthcare News



South Sound residents are already familiar with Cascade Eye & Skin Center, which has operations in multiple locations throughout the area – Puyallup, University Place, Auburn, Bonney Lake and Gig Harbor. Now they're relocating to Point Fosdick Square, in the growing area of Uptown Gig Harbor. Rush Companies, who has worked with the group on numerous projects since 2005, is handling the 3900 square foot build-out.

"Having worked with Cascade

on several projects from smaller clinics to larger buildings and clinical facilities, in both new construction and remodels, we feel a great partnership has developed," says Michael Desmarteau, Principal Architect with Rush Companies. "Because we've learned their program, we're able to efficiently design to their particular requirements." Cascade Eye & Skin Centers focus on quality and value in design, color and finishes, so each Center has a unique feel, yet enough commonalities that patients identify the look with the entity.

Wanda Davis, Cascade Eye & Skin Centers Administrator, corroborates. "We like to see comfortable spaces and create a welcoming atmosphere in our clinics and retail areas. Rush gets that. Because they understand our business model, the process flows smoothly." Cascade Eye & Skin focuses on the expectations of the people who trust their care, whether for ophthalmology visits, checking out a suspicious mole, Lasik surgery or anti-aging treatments.

Desmarteau says that the partnership of working with Cascade Eye & Skin is grounded in a history of

successful endeavors. Consider that repeat business is always a good sign, then add in the ability to eliminate a lot of the headaches and decision-making that comes with new projects, and it's clear the two organizations are walking in step. He explains, "We've learned what their procedure rooms need to look like, how to dial-in their power and lighting requirements – all crucial for the types of medical services they provide."

At the new Gig Harbor build-out, the locale is part of Cascade's goal to gain more visibility, as well as add capacity to serve the growing area. "The standalone medical and retail space mixed into a retail environment should be interesting. We're really excited about the opportunity to be part of the Square," says Davis. The mega-complex includes large anchor stores as well as office tenants. It's quite a switch from the smaller building in a residential area where Cascade Eye & Skin has made its home in Gig Harbor for the past few years, and brings a few changes. For instance, the practice is taking the opportunity to move the Gig Harbor refractive surgery procedure to the Puyallup office. "Our Puyallup Center has the right humidity,

temperatures and overall environment to promote optimal outcomes for our patients,” explains Davis. “Plus, the surgical technology requires a large space and specific power demands, so while we can handle pre- and post-operative visits at the new Gig Harbor locale, the procedure itself will take place in Puyallup.”

Patients will enjoy the Point Fosdick Square location’s retail environment, which includes not only the full cosmetic center but also will carry skin care lines of physician grade products. Another convenience factor includes on-site availability of certain prescribed products not usually covered by insurance. Typically, Cascade Eye & Skin can fill the prescription at an equal or better price than a chain pharmacy, and provide a highly

knowledgeable staff to answer any questions. The ophthalmology side of the location will have a full optical center for all patients’ eye needs, including contacts, reading glasses, regular sunglasses, or prescription wear.

The retail center environment calls for a slightly different look, but the palette remains true to Cascade’s preference for calming, warm beige tones on the walls and Northwest greens in flooring and carpet materials. “Rush helped us decide on our palette in 2008, and since then, we’ve carried it through in all our offices, branding the look and feel for the clinics,” says Davis. The lobby area’s 16-foot ceilings compliment the commercial grade finishes, and the cosmetic counter subtly separates the retail from the medical

side reception area where patients check in for appointments.

The concept and commitment to quality that Cascade Eye & Skin Centers carries throughout their practices is fully visible in the design for the build-out. Davis credits the full-spectrum services that Rush provides as the differentiator in many of their projects. “We’ve worked with other contractors, but Rush seems to be our common denominator in so many successes. They work with us on both large and small projects. Michael Desmarteau has such vision that we tend to go through projects with little or no change orders. It’s a true pleasure to see a project come alive with them.”

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< Performance, from page 13

recognizing and rewarding their employees.

About the Authors

Steven Hurwitz is currently the Vice President of Shared Services for Seattle Children’s. Steven joined Children’s as Vice President, Human Resources in March, 2008. Steven currently has overall responsibility for Human Resources, Supply Chain Management, and Marketing & Communications supporting the Hospital, Research Institute and Foundation. Steven ensures strategic alignment with his executive counterparts to ensure that integrated and leveraged solutions are realized throughout the organization.

Prior to joining Children’s, Steven worked at Starbucks Coffee for 9 years with his last role being Vice President, Human Resources. Steven also brings diverse HR experience from working at Macromedia Corporation, Nabisco Biscuit Company, and Harris Corporation. In these previous roles, Steven led major projects in the areas of Performance management, Succession planning, HR strategic planning, Global compensation, Organization development and Employee/union relations.

Steven earned a Bachelor’s degree in Psychology from Hofstra University and both an MBA in General Business and Master’s degree in Organization Development from the Florida Institute of Technology. He served on the board of Big Brothers

Big Sisters for many years and supports numerous charitable organizations.

Prior to joining Seattle Children’s Tom worked at Swedish Health Services for 9 years as Director of Executive HR & Retirement Services. Tom’s experience includes Administrator of Neurology, Neurosurgery and Internal Medicine for the Menninger Clinic, Chief Financial Officer for Catholic Charities, and HR/Compensation experience with Mercy Hospital Miami, United Technologies and with the Menninger Clinic. Tom’s expertise in total compensation includes development of variable pay plans, self-funded medical plans, and defined benefit, defined contribution and non-qualified retirement plans. Tom Has an MBA from Florida Atlantic University.

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