Public Pathology
AUSTRALIA

Pathology Plan 2017
Submission

Putting patients first

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Executive Summary

Public Pathology Australia is supportive of Department of Health and Human Services (DHHS) intention to develop a Pathology Plan 2017 for Victoria.

Pathology is essential in the prevention, early detection, diagnosis, management, treatment and understanding of disease.

Pathology activity is increasing; both as a consequence of increased activity in hospitals and in the community. The major drivers for increases in pathology testing are the growing and ageing population, technology and clinical practice change.

To meet these challenges, the following elements should be reflected in Victoria's Pathology Plan:

- improved linkages between publicly operated pathology services;
- introduction of new technology into centres of excellence;
- a statewide quality framework and performance KPIs (including specified turnaround times and adoption of rationale requesting practices); and
- a statewide approach to procurement, contracting, logistics and IT.

Government owned and operated pathology services have a consistent track record in providing reliable, high quality integrated clinical services across all settings. Public pathology plays an important role in teaching, research and public health, and operates solely for the benefit of the State Government Health Service and its patients. Given the many issues associated with contracted out pathology services to the private sector, bringing contracted services back into public ownership would deliver service certainty and enable the Victorian Government to meet its strategic objectives of advancing health, access and care.

Background

Public Pathology Australia

Public Pathology Australia is the national peak body for public pathology in Australia.

Public Pathology Australia originated as the National Coalition of Public Pathology (NCOPP) in 2001. The organisation was formed to provide a single voice for the public pathology services operating throughout Australia.

Pathology is the medical specialty that focuses on determining the cause and nature of diseases. By examining and testing body tissues (e.g. biopsies, pap smears) and fluids (e.g. blood, urine) pathology helps doctors diagnose and treat patients correctly. 70 per cent of all medical diagnoses and 100 per cent of all cancer diagnoses require pathology.

Public pathology is the foundation of pathology in Australia. Public pathology represents a core part of Australia's public hospital and health care services. Unlike other pathology providers, public pathology providers operate for the benefit of the public health system and its patients.

Public Pathology Australia members are the major government owned and operated pathology services in each State and Territory in Australia. They provide the vast majority of pathology services in Australia's public hospitals, service a number of private hospitals, and operate community based collection services for patients upon referral from GPs and Specialists.

In addition to diagnostic services, our members conduct research and teaching in the areas of new and existing diseases, tests and treatments, and collaborate closely with colleagues in all areas of patient care, with many pathologists also performing clinical roles. Their laboratory testing and medical consultation services play a crucial role in timely clinical diagnosis, in monitoring therapy and in prevention of disease in individuals and the community.

Value of Public Pathology

Provide comprehensive access for all patients

Help protect our communities

Provide high quality, integrated care

Undertake research, education and training

Provide expertise in complex medicine

Operate for the benefit of the public health system and its patients

Purpose & Context

Public Pathology Australia is supportive of the Department of Health and Human Services (DHHS) intention to develop a roadmap for coordinated actions to be taken by DHHS and public health services to ensure sustainable and appropriate pathology services in alignment with Victorian Government Health Plans.

Public Pathology Australia agrees with the stated goals, namely that:

- services are appropriate and accessible in the right place, at the right time;
- services are efficient and sustainable; and
- services are safe, high quality and provide a positive experience.

Activity Trends

Consultation question: What areas of pathology are increasing most rapidly? What are the drivers for these increases?

Pathology activity is increasing; both as a consequence of increased activity in hospitals and in the community. To better understand activity, test numbers should be sought directly from pathology providers. Commonwealth Medicare Benefits Schedule (MBS) data is only reported for billable pathology episodes performed in the community and in privately referred non-inpatient clinics, i.e. not inpatient pathology services. MBS data does not reflect tests that are performed but coned out due to the application of MBS billing rules. Public hospital pathology services which are contracted out are paid fee for service with reference to the MBS, but this is also not reflected in publicly available MBS statistics. When assessing activity, it is important to consider *all* pathology services rather than only those attributed to Medicare for billing.

The major drivers for increases in pathology testing are the growing and ageing population, technology and clinical practice change. For instance, marked increases are seen in genetic testing for haematological malignancies and tumours. This is due to practice change and the possibility to treat these patients better. Marked increases are also seen in anatomical pathology with increases in the number and complexity of histology reports requested. This is due to the ageing population. Many tumours and premalignant conditions increase with age. Changes in clinical practice have also occurred in pregnancy with increased screening for thyroid abnormalities.

Current Situation

Victoria has the most fragmented system of public hospital pathology provision in Australia. Victoria and Tasmania are the only jurisdictions that do not operate a state/territory-wide public pathology service, and planning has commenced on a statewide service for Tasmania.

The cluster model described in the paper reflects those in Queensland in the mid-1990s. Queensland was the first state to commence a statewide public pathology service in the late 1990s. The most recent jurisdiction to move to a statewide model from a cluster model was NSW in 2012.

The cluster model in Victoria has not been formalised and the level of cooperation between services in these clusters has been highly variable over the years. Services have tended to work better together where there is a specified objective and common goal, e.g. joint purchasing (Alfred and Monash), establishing a common Laboratory Information System (Austin, Peter Mac and Royal Melbourne), managing testing overflow and staffing shortages (Austin and Goulburn Valley).

Victoria's devolved governance model has facilitated contracting out pathology services to the private sector. This has propagated a lack of support to most rural and regional areas, and led to lost opportunities to benefit from shared technology, specialist expertise and economies of scale. Devolved governance arrangements do not of necessity lead to contracting out of pathology services. All Hospital and Health Networks across Australia have independent Boards. Local Health Networks commonly have service level agreements or compacts with the statewide public pathology service in their jurisdiction. Local Health Networks receive a service particular to their local needs while receiving service certainty under a statewide quality and performance framework, along with the benefits of economies of scale and workforce flexibility.

Unlike private pathology providers, public (government owned and operated) pathology services):

- provide comprehensive access for all patients;
- provide high quality, integrated care;
- provide expertise in complex medicine;
- help protect our communities;
- undertake research, education and training; and
- operate for the benefit of the public health system and its patients.

Drivers for Change

Consultation question: What do changes mean for use of pathology for public patients? How will changes to health service delivery (such as multidisciplinary models of care, Hospital in the Home and Point of Care Testing and the introduction of changes in clinical practice to align with evidence) impact on pathology?

Pathology is critical to the provision of information to support modern healthcare within hospitals and extending into community health service settings (e.g. via hospital in the home, transition care). There will be an ongoing need to provide high quality and appropriate pathology testing for public patients both in the inpatient and outpatient settings. The increase in size and ageing of the population advances in technology and changing models of care will continue to put pressure on the public sector.

With increasing activity and complexity of testing, increased costs and demands for timely provision of results, the sustainability of affordable pathology services requires a drive to optimise services, minimise unnecessary duplication and provide access to results for patients. Patients move from rural and regional health care to metropolitan care for complex and chronic disease management. They return to their homes after that care and throughout their journey all clinical decisions should be based on comprehensive easy access to their pathology results. Greater investment in technology, quality use of pathology and appropriate access to pathology must be managed. The latter includes access to expertise in subspecialties sought by clinical teams, especially in the multidisciplinary approach to patient care. This is more evident with the increasing need to manage patients in and outside of hospitals.

Technology could be better utilised to meet some of these demands. Investment in and integration of Point of Care Testing (PoCT) to traditional pathology services and investigation of new models of service provision could be useful, particularly in rural areas. New PoCT devices can allow laboratory staff to operate during the day and clinical staff to operate it safely at night, reducing costs to maintain access to pathology 24 hours per day. The availability of video conferencing also allows use of pathologists in multidisciplinary meetings where they cannot attend in person, but there is still advantage in having face to face contact and direct view of histology sections by clinicians.

More sophisticated, specialist technologies (for example: next generation sequencing, mass spectrometry, digital PCR, or others) should be concentrated in a number of larger centres. While there is a theoretical advantage of concentrating technology in one centre with lower overall resource requirements, the advantage of several specialist centres is the connection to the patient population and the relevant clinicians, who are often significant drivers in innovation.

Consultation question: With a focus on delivering better outcomes for patients, how can we better manage timeliness, appropriateness of testing and specialist testing in all of Victoria?

Timeliness

Timeliness could be improved by mandating performance against statewide KPIs for all pathology providers. The KPIs should cover both common and rarer analytes and should measure time from collection to communication of the results. All pathology providers should be held accountable for meeting set turnaround times and should report on the same.

Appropriateness

It can be difficult to properly evaluate test appropriateness in highly acute or complex situations. Private pathology providers are paid on a fee for service basis and are not incentivised to restrict or limit test ordering. Public pathology providers are more adept at rationalising test ordering and have strong clinical links to facilitate this. Clinical pathways including appropriate requesting patterns with electronic decision support, clinical education and a reimbursement structure that makes over testing unattractive should be utilised by all pathology providers.

Specialist testing

There are already sophisticated referral services between private and public pathology providers in Victoria, interstate and internationally. A review of testing services across all existing pathology services and a directory of specialist referral laboratories in Victoria could lead to optimisation of services to minimise unnecessary duplication.

Specialist funded pathology services should be integrated with publicly funded pathology services to strengthen existing services and improve coordination. Together with telehealth initiatives, this would ensure ready access to subspecialist advice (e.g. in anatomical pathology) regardless of the location of the patient, and will maximise return on investment in automated platforms, staff and pathologists.

Consultation question: What is required for efficient, effective and sustainable pathology services to public health services in Victoria?

Optimal provision of sustainable as well as efficient and effective pathology services will need ongoing investment by the Victorian Government. The way that federal pathology funding has been organised has led to a remarkable concentration of private pathology providers. This loss of diversity and focus on profitable tests limits patients access to a broader range of tests in the community. While there would be some increased efficiency particularly in the joined buying of consumables and analysers in the public sector, there is a risk that the primary connection to patient centred testing would be lost as larger organisations become more distant to the clinical coalface and less nimble in the acute response. The risk is less in the private sector as GP-based pathology practice is less demanding (in time to result and complexity) and the GP business is bought by the highest bidder of co-located collection centre rentals.

There are several separate entities in Victoria that are funded partly or wholly through DHHS and that provide pathology services to the community or to separate groups within the community (VIDRL, MDU, VCGS and others). DHHS should integrate these services with the public pathology services to strengthen both and provide some volume based efficiencies.

A statewide approach to procurement, contracting, logistics and consumables would ensure best possible pricing for pathology providers in Victoria. The Victorian Government should also support efforts to rationalise laboratory information platforms and optimise integration with the electronic medical record to enable clinicians to access results across more than the local pathology service footprint. An alternative is to invest in clinical repositories such as HealtheNET used in NSW which allows state-wide clinician access to all laboratory results.

In the last 15 years, there has been a marked increase in testing that is not always appropriate. By supporting rational testing activities and education across the Victorian public health sector, cost savings may ensue providing private pathology providers also participate in this process.

Victoria should adopt a Statewide Quality System to be used by all pathology services to maintain minimum statewide standards of service and national accreditation. A risk assessment process rather than a risk adverse (at all costs) compliance approach, involving the customers, hospitals and services should be adopted. The Victorian Statewide Pathology Executive could work with Safer Care Victoria on the development of this quality framework. The minimum statewide standards can be either set out in service compacts/revised contract terms or incorporated into existing governance arrangements.

Funding

Consultation question: What future funding pressures will there be on pathology and what will be their impact?

There will continue to be funding pressures on pathology, with increasing activity, new technology and funding models that are out of touch with appropriate or rational testing. Hospital pathology funding arrangements vary around the country; from block funding to activity paid by reference to the MBS or true test costs. It is important to review current contracts to ensure block funded services are appropriate and fee for service contracts have incentives for quality use of pathology as well as activity related metrics. Existing contracts should be reviewed for disincentives or market distortions across all the pathology providers.

Most comparison studies between pathology service types are based on the MBS. MBS fees do not reflect the cost of tests, rather the fees are reflective of what the Federal Government is prepared to pay for certain tests. The MBS is heavily skewed for simple tests and provides enormous advantages for a large core laboratory that provides large numbers of simple automated tests. The private sector also receives more MBS fees per pathology episode than public providers via higher Patient Episode Initiation Fees and Bulk Billing Incentives. The Victorian Government should support efforts to achieve equality of MBS fees for public sector laboratories that access the MBS for some of their patients.

A common failing when evaluating the value of pathology services is the failure to engage in a whole of health service analysis of pathology costs. Often a small additional pathology cost offsets a larger but less clearly identifiable clinical saving. An example is more timely results for influenza detection reducing pressure on admissions and need for patients to remain in isolation beds unnecessarily.

In the public hospitals, there is scope for efficiency improvements from equipment upgrades and adoption of automation. The Victorian government could support a better equipment replacement program for pathology - most of the pathology equipment is under the $300,000 threshold. The role of Health Purchasing Victoria (HPV) in the acquisition of major analysers and consumables could be strengthened. There have been some joint tenders which have resulted in cost savings of ~10%. HPV should be able to negotiate prospectively with vendors to achieve volume based discounts for Victorian public pathology services. Public pathology providers may be able to piggyback on contracts in other jurisdictions and HPV should navigate the issues associated with cross-jurisdictional procurement.

Consultation question: What impact has contracting of public pathology to third party providers delivered for sustainable cost savings?

Contracting out to third party private pathology providers does not generate sustainable cost savings. Outsourced services increase in cost as they are mainly driven by volume. In addition, contract rates may be tied to outdated higher MBS fees or not specified properly leading to additional charges for out of scope work. Fees per pathology episode are always higher for private pathology providers compared to public pathology providers due to inequities in the MBS which have not yet been addressed by the Commonwealth government.

Commonly, any perceived financial benefit of contracting out is short term, and is followed by worsening service levels and increased costs. The disadvantages of contracting out are evident when comparing the clinical capabilities and the clinical consultation that publicly owned and operated pathology services offer. For example, infection control activities and quality assurance are usually markedly reduced in private pathology services. Flow on effects of contracting out pathology services include adverse impacts on clinical service provision and KPIs such as the 4hour ED target, and length of stay. It is harder to achieve fast and sustained change for the benefit of patients and the health service when pathology services are externally contracted.

New Technology

Consultation question: How can Victoria best access and maximise use of changes in technology that will provide better outcomes for patients?

There must be a recognition of new technology and a statewide plan on how to make this accessible to all Victorian patients. Centres of Excellence that are linked to metropolitan health services could be a useful, practical model to adopt.

Genetic testing will continue to increase and will be used extensively in cancer diagnosis and monitoring. This should allow better and more accurate management of these patients. Having expertise in genomics and the management of big data is essential in harnessing the benefits of genetic testing. As the technology becomes cheaper and wildly used, it may be appropriate to have several centres of excellence where there is appropriate knowledge and training opportunities for future anatomical and other clinical pathologists.

Technological change has and will impact on workflows across and between pathology disciplines e.g. molecular Nucleic Acid Tests (NAT) in microbiology. Less restrictive work practices in some professional groups might allow better and more effective laboratory services. Victoria should aim to achieve integration of clinical and technology education pathways by offering scholarships for future users of technology to spend time learning and applying it.

Point of Care Testing (PoCT) will continue to increase in use and may play a key role in rural areas and in-home monitoring of patients. PoCT should be centrally organised and supervised with careful rollout to parts of the health care network such as emergency departments. Factors such as linkage to clinical pathways, access to clinical experts, standard systems validation and effective training of operators are critical in ensuring an effective PoCT network. Queensland and NSW have extensive PoCT networks which are well supported by their respective public pathology services.

Regulation

Consultation question: what other impacts do these regulations have on pathology?

Consultation question: Is the current regulatory framework for pathology services optimal? What could be improved?

Consultation question: What else does the future hold (nationally and in Victoria) for regulation and what do all these directions mean for Pathology?

Consultation question: What other regulations or standards will have an impact on pathology services, such as the Australian Accounting Standards?

The revised NPAAC Supervision Requirements will have a significant impact on pathology without increasing service quality. Public pathology organisations already have quality systems, accreditation and governance processes in place which take into account the geography/demographics, services and scope of the laboratories within each organisation. The interpretation of the Supervision Requirements in their strictest sense removes the ability to structure services appropriately with regard to the volume and type of tests provided by different laboratories.

To meet the 'scope of practice only' Requirement, a consultant for each discipline would have to be present within each G laboratory, regardless of the complexity and the number of tests performed. This impacts services where pathologists are either not always on site, or are part time or jointly appointed, but are still contactable. There are HR implications for these staff if changes are instituted.

A practical implication of the Supervision Requirements will be for laboratories to either appoint more pathologists or to formally cluster and for some to change from a Category G to Category B laboratories. There are cases where a Category G laboratory is unable to change to a Category B laboratory as there are no other laboratories servicing the Public Hospital Network. Effective supervision is still possible even though there are no full time specialist pathologists for each group of tests, given the volume and complexity of testing and employment of appropriately skilled scientists. Limiting delegation to a full time pathologist within scope has practical implications where the volume of work cannot justify a full time pathologist or a particular type of pathologist cannot be recruited.

The Supervision Requirements have financial and resourcing implications, particularly for rural laboratories. The Requirements are contrary to the current strategy of using a telehealth approach to provide services to reduce costs and ensure equity of service provision which is particularly relevant to geographically dispersed services. Pathology services already have regular quality meetings, discipline working parties, video or teleconferences, and pathologists on duty and on call at all times.

The classification of laboratories into GX and B laboratories is outdated and should be replaced by a more graduated system allowing recognition of different volumes and degrees of complexity. This should be considered at the national level through NPAAC.

The Supervision Requirements do not identify what suboptimal or inappropriate supervision practices are, or how they are to be addressed. There may therefore be some scope for DHHS via input from the Statewide Pathology Executive and other stakeholders to inform this aspect. This would best be achieved under a statewide quality framework.

Consultation question: What else should be included in minimum standards in order to ensure safe and effective pathology services?

To ensure safe and effective pathology services it is suggested KPIs for minimum standards be mandated for all pathology providers, and these should include the time to result from collection, rejection rates, WBIT. The Statewide Pathology Executive could develop these standards and examples may be sought from other jurisdictions.

Workforce

Consultation question: Are some roles in pathology more at risk of recruitment and retention difficulties? If so, why are these roles at more risk?

There are some roles in pathology that are more at risk of recruitment and retention difficulties. There is a lack of genetic pathologists, pathologist trainee positions and scientist training positions in Victoria.

Current information on pathologist and registrar placements and shortfalls should be sought directly from all Victorian pathology providers and the Royal College of Pathologists of Australasia (RCPA).

Scientists at a senior level are very difficult to find and replace, especially those with significant management skills. Many competent scientists with relevant experience hold Masters degrees rather than a PhD or Fellowship which is required to be a Clinical Scientist under the NPAAC Supervision Requirements.

Consultation question: How can the roles evolve to better align with future pathology service demands?

To better align the workforce with future pathology service demands, work practice and workforce distribution should be reviewed across craft groups and employment classifications to maximise the time and investment in highly trained staff providing information, advice and services relevant to their qualifications and skills. There should be a review and consideration of succession planning for senior scientific and pathologist staff to ensure the right mix and number of staff for each location.

Consultation question: What other challenges are there for pathology workforce recruitment and retention?

Other workforce challenges include recruiting pathologists to rural areas and the need for genetic/molecular training of specialist pathologists.

Consultation question: What are the possible solutions and opportunities for the workforce challenge?

Victoria could learn from how other jurisdictions have handled workforce challenges. For example, NSW Health Pathology has engaged in workforce planning and PathWest (WA) has trialled a Clinical/Senior Scientist career pathway.

Leadership training for mid-level scientists with potential to become future leaders would be a useful initiative. This is no longer coordinated by the AACB in conjunction with a Sydney University. There should also be support for PhD and Fellowship exam preparation in the form of supported training posts. The lead in time for staff to obtain Fellowships to meet the NPAAC Supervision Requirements is significant and needs careful planning.

Laboratory Information Systems

Consultation question: What is the best way for Victoria to ensure that pathology services (specimen collection, results and products) for any public patient across Victoria are accessible in a timely way at any public health service?

Electronic medical records offer a significant improvement in the management of public patients. For patient safety, there should be changes to the patient unit record (UR) numbers across Victoria. Currently the same UR numbers are used in multiple health services for the same patient leading to unnecessary duplication and re-entry of patient details as well as to potential for error and mismatch.

One Laboratory Information System (LIS) for all public pathology providers is ideal as information could then be easily accessed and enhancements better managed. There is limited ability to enhance some legacy LIS currently in use which have compromised functionality. Given the current investment in separate systems, a single LIS may not be likely in the short term. Therefore, a data warehousing option for pathology results should be explored for the multiple LIS as previously mentioned. In NSW and NT, public pathology providers upload pathology reports to the My Health Record (MHR). The MHR is not the source of truth or replacement for LIS generated pathology reports. The MHR is useful where pathology results need to be sourced for mobile patients. Victoria should explore this with the Australian Digital Health Agency and ensure that any Commonwealth MHR funding enhancements flow through to pathology budgets.

Contract Management

Consultation question: What are the opportunities and barriers to effective contracting in pathology, including the impact of private pathology provider consolidation?

There is no published evidence to suggest that contracting out pathology services is more effective than government owned and operated pathology services.

There are many issues with contracted out or privatised pathology services. These include:

- lack of effective contract management;
- poor contractual terms, specifications not developed by people with expertise in pathology and failure to correctly specify services required;
- failure to mandate compliance with and reporting of State Government and National Performance Targets and KPIs;
- poor or reducing quality and service levels over time;
- failure to report and manage clinical incidents in accordance with public health processes, and failure to share information about incidents with other pathology providers for whole of sector learning and service improvement;
- use of outdated analysers or failing to maintain equipment resulting in considerable downtime impacting turnaround times (TATs);
- sending away tests to core laboratories resulting in longer TATs;
- lack of demand management resulting in cost blowouts;
- fees referenced to outdated MBS versions with higher payment rates; and
- private pathology providers withdrawing types of services (e.g. microbiology) or exiting prior to the conclusion of the contract term due to profitability issues.

Consolidation in the private pathology market has significantly lessened competition. Private pathology providers have greater bargaining power compared to health services. Private pathology providers are known to be less responsive in meeting local demands.

Consultation question: How can minimum standards best be identified for inclusion in contracts?

Current and best practice contract terms should be reviewed by an expert panel to determine a standard set of contract specifications for each hospital classification. Specifications should include state and national performance targets and accreditation requirements. The expertise of the Statewide Pathology Executive could be utilised in forming specifications for TATs, rejection rates, WBIT etc. The panel should include pathologists, scientists, and procurement officers It is inappropriate for this to be reviewed solely by a particular pathology provider as this could preclude them from tendering.

Contract Management

Consultation question: How can Victoria improve the management of pathology service contracts across public hospitals?

Given the issues associated with contracted out pathology contracts, DHHS should enable and support public pathology services to take back privatised services at the conclusion of the contract term (or earlier if the private provider has indicated a lack of willingness to continue) as a branch laboratory of the public pathology service. An expression of interest process could be instigated and the time consuming and costly process to submit tenders avoided. It is important that DHHS (or HPV) informs all providers when contracts are due with sufficient notice. DHHS should require the private incumbent to disclose all the test volumes. They often only disclose the public tests, as distinct from all the MBS billed tests from the health service. Under contracted out services, direct MBS revenue for services outside but related to hospital activity (e.g. specialist clinics, community collection centres) directly contributes to the profitability of pathology providers. Whereas in government owned and operated pathology services, MBS revenue is directly offset against the cost of operating the pathology service to the benefit of the health service.

Consultation question: What are the cost and funding barriers to timely changes in pathology service provision in public health services?

Refer to earlier recommendations pertaining to funding and procurement.

Responsiveness

Consultation question: What horizon scanning and planning is required, and how best can this be achieved?

The pathology plan should dovetail into the existing statewide health plans and be over a similar planning horizon.

There should be better utilisation of the expertise within the Statewide Pathology Executive and in other jurisdictions.

The ViCorian Policy Advisory Committee on Clinical Practice and Technology (VPACT) could be reactiviated or a similar body established in the area of pathology to further inform the planning process.

Consultation question: What is the role of pathology for teaching and research now and in the future? What are the barriers and enablers for pathology to effectively take up this role for teaching and research?

Public hospital pathology services play an essential role in the education of pathologists, scientists and medical students. They also play an important role in research. The barriers and enablers for pathology to effective take up its teaching and research role are essentially funding, planning and time.

A more strategic and coordinated approach to research should be taken to maximise the use of existing resources and take advantage of funding such as the Commonwealth Medical Research Future Fund. University teaching could be better supported and arrangements with universities more formalised. A specific body of work on public pathology's role in supporting Victoria's Health and Medical Research Strategy 2016-2020 would be useful.

It is important to ensure all pathology service agreements (whether they are contracts or pathology compacts) include engagement with and commitment to clinical collaboration not just provision of analytical services. Research, teaching and training should be built into these service agreements, as these ensure services remain contemporary and clinical activities are supported.

Consultation question: What further consultation and engagement will enable the planning process to be successful?

Further information from subject matter experts is available via Public Pathology Australia.

Relevant clinicians should be canvassed at an appropriate time.

Consultation question: What other ideas do you have for options to improve how pathology services can be delivered to public patients?

Steps to improve linkages between publicly operated pathology services, bring contracted services back into public ownership and introduce technology into centres of excellence would best serve the Victorian population and government in the long term.

Some contracted out pathology services are at a critical point, with service and quality levels declining and threats made to withdraw services. Certainty can be provided to health services by bringing back these contracted services into government owned and operated control.

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