# **What’s the Clinical Conversation About?**

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| *“Excluding professionals from [clinical] conversations affecting the health care organization is a recipe for ineffective health care. The advances in technology will make things worse as they reinforce ideas of lab professionals just being button pushers.”* |

~ CSMLS Members

**Why this topic?** It should be no surprise to learn that the Canadian health care system is in a period of [accelerating change](https://www.canada.ca/en/health-canada/services/publications/health-system-services/report-advisory-panel-healthcare-innovation.html). Factors that have contributed to this include an aging population that values patient autonomy and decision-making involvement as well as the emergence of complex diagnostics and treatments through advances in technology and precision medicine. This system surge increases the potential for [social and ethical issues](https://csmls.org/About-Us/Our-Members/Code-of-Ethics.aspx) for patients and health professionals while placing greater gravity on information sharing within clinical conversations.

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| *“It’s very important for us [laboratory professionals] to stay in touch with our medical colleagues, because this is the only way to ensure we have an uninterrupted flow of information. In the future, we will be playing an increasingly important role as consultants. The added value we create in medicine is often under-appreciated. We are sitting in the backseat, without direct contact with patients.”*~ [Berend Isermann](https://healthcare-in-europe.com/en/news/laboratory-medicine-is-an-interdisciplinary-subject.html), German Congress of Laboratory Medicine President |

To support all parties involved, health care delivery is best organized by a defined set of patient needs that are attended to by interdisciplinary health care teams and through custom-designed processes across the care journey.Although interprofessional care (IPC) generally refers to those working directly with patients at their bedside, it [also includes medical laboratory professionals](https://ftp.cdc.gov/pub/CLIAC_meeting_presentations/pdf/Addenda/cliac0906/AddendumO.pdf) (MLPs), albeit the inclusion of MLPs in IPC is not widely published on and, thus, the frequency of our inclusions is not well understood or monitored (generally thought to have minimal IPC involvement).

Although others don’t easily recognize how MLPs impact the patient journey or know that many MLPs have patient-facing duties, there are several factors that inhibited perception growth. As one example, the increased use of decision-support systems through electronic means has decreased the need for MLPs to transfer knowledge directly to colleagues. [Electronic medical records](https://www.infoway-inforoute.ca/en/solutions/digital-health-foundation/electronic-medical-records) (EMRs), [laboratory information systems](https://www.infoway-inforoute.ca/en/solutions/digital-health-foundation/electronic-health-records/laboratory-information-systems) (LIS) and [patient portals](https://journalofethics.ama-assn.org/article/ethical-considerations-about-ehr-mediated-results-disclosure-and-pathology-information-presented/2016-08) are often used to order tests and/or display final results without requiring a conversation between an MLP and health care professional. Perhaps this is acceptable in today’s modern society because it is an efficient means of communication and, overall, provides some superior quality control measures. The thought is not that this is a bad process change but, rather, the question is, “Where can MLPs swing back into clinical conversations and use their expertise to improve a patient’s care journey?”

[There is room to grow and improve communication.](https://www.washingtonpost.com/news/posteverything/wp/2018/10/05/feature/doctors-are-surprisingly-bad-at-reading-lab-results-its-putting-us-all-at-risk/?utm_term=.61369df5afe1)

Traditionally, ordering practices have been left to the discretion of individual health care professionals. Although these groups have contributed significantly to improving the value of laboratory tests and patient care, opportunities for novel approaches to improve the resource stewardship exist. In recent years, [significant national and international efforts](https://choosingwiselycanada.org/recommendations/) have focused on improving health care value through appropriate utilization management of laboratory tests. These efforts, at their core, are [based on the concept of improving communication through knowledge seeking and knowledge exchange.](https://choosingwiselycanada.org/perspectives/)

* A 2017 study conducted by the [Canadian Institute for Health Information](https://www.cihi.ca/en/unnecessary-care-in-canada-infographic) found that as many as 30% of all medical tests, treatments and procedures in Canada may be unnecessary.
* Other studies have [estimated that 20–50% of all testing is inappropriately ordered](https://www.ncbi.nlm.nih.gov/pubmed/24084502) (i.e., an incorrect test, a redundant test or a correct test ordered at the wrong time).
* Canadian data suggests that almost $6 billion is spent annually on laboratory testing by provincial and territorial governments, and [about 10% of that is unnecessary ($600 million)](https://www.cdhowe.org/sites/default/files/attachments/research_papers/mixed/Commentary_533%20final%20updated.pdf).

**How do MLPs fit into the clinical conversation?**

MLPs are experts in their field and can take on [knowledge agent](https://pdfs.semanticscholar.org/18a1/5c2f4439d4cde227a7253c9d32d9f3443517.pdf) roles, providing an abundance of laboratory testing information gathered during their training and work experience. However, as noted, MLPs may not find themselves engaging often with clinical colleagues outside of the laboratory. This was echoed in our Hot Spot Review survey responses:

* 78% said they never contributed to clinical conversations with patients and families.
* 86% believed they should be involved in clinical conversations with health care professionals more often.
* 71% said there had been a decline in medical laboratory technologists participating in clinical conversations, and 67% said there was a similar decline for medical laboratory assistants.

MLPs and the administration overseeing clinical laboratories have an expanding principled role to safeguard the appropriate utilization of laboratory tests. A [systematic review](https://www.ncbi.nlm.nih.gov/pubmed/26436568) examined published interventions to reduce laboratory test ordering by family physicians and was able to demonstrate the impact clinical laboratory teams can have. Ten studies were able to achieve an average testing reduction of 35% within 19 targeted tests. Of these, seven changed laboratory forms (the two largest involved 5.2 million and 3.2 million tests), one negotiated a protocol with family physicians, two required laboratory approval and one used a feedback model.

The point is, we can make a significant difference to the health system and the patient’s care path through increased clinical conversations. We just need to take hold of it!

* *“Conversing more often helps to exchange ideas and knowledge for the betterment of health care.”*
* *“Everyone in health care has a role and their specialty. Respecting other professionals and their expertise will always result in the most positive and functional solutions. However, frequently frontline staff are disregarded over higher paid and higher authority management.”*
* *“[The] clinical picture [is] not always provided by [the] physician, and is often crucial for understanding atypical results.”*

But how can we do that? Well, it all starts by having a conversation.

[Kathleen Swanson writes](https://www.clinicallabmanager.com/business/the-hidden-value-in-the-clinical-lab-117), “Building relationships outside the laboratory allows laboratory professionals to identify and understand key drivers of financial issues and patient satisfaction. For example, laboratorians regularly provide consultations to labs around test utilization and interpretation. That same clinical expertise could be used to support disease management programs or decision support tools involving costly conditions such as sepsis in the inpatient setting or diabetes in the outpatient setting.”

[John David Larkin Nolen writes](https://www.mlo-online.com/information-technology/lis/article/13008886/reclaiming-the-clinical-conversation-a-challenge-for-the-laboratory), “[…] become engaged again with the care team and project your knowledge past the conventional confines of the lab report. That report can be seen as just the conversation starter, not the final product of your work. After all, gone are the days when clinicians can effectively consume and utilize a laboratory test menu, both on the ordering and the resulting side. They are having enough trouble just keeping their heads above water with the rapidly changing medical knowledge in their fields and the added pressure and noise of the modern practice of medicine. They want to talk with you!”

**How else can MLPs support the clinical conversation discussion?** Being an MLP doesn’t mean you have to think of advocacy only in terms of the lab. You are also a part of the larger health system. For instance:

* The next time a health care professional calls the lab, take a moment to ask the individual if there is a laboratory test they would like to know more information about. You can always call back or email information when the time is right.
* Find out what appropriate utilization projects, such as Choosing Wisely Canada projects, are occurring in your organizations.
* Help arrange a laboratory tour for your health care colleagues and promote National Medical Laboratory Week to support information sharing while promoting your involvement in clinical conversations.

Add your opinion to the conversation and let your organization know that medical laboratory professionals have something to contribute!

**Get informed. Get motivated. Get talking. Get political.**

*\*The data in this article should not be considered generalizable to all medical laboratory professionals*

*as it was collected as part of a CSMLS quality assurance project.*