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# Laboratory Services Act Implementation UPDATE

## Recent Ministry of Health Decisions under the *Laboratory Services Act*

The Ministry of Health recently approved several changes to the Laboratory Services Outpatient Payment Schedule, many of which are already in effect or will be in effect very soon. This issue of the *Laboratory Services Act Implementation UPDATE* (the UPDATE), explains these changes, including the delisting of fee item 91210 aspartate aminotransferase (AST), the removal of 120 tests that have not been billed in the last five years, and the removal of the provisional status from seven autoantibody tests. In addition, the Ministry's decisions to repatriate the Serum Tryptase Test and to re-cost test 91745 Hemoglobin, AIC are also highlighted.

The Ministry of Health is supported in its decision-making through recommendations from the Ministry's **Laboratory Operational Committee** (LOC), which was established in January 2016, to provide the Ministry with timely access to expert advice and guidance when making critical operational decisions under the *Laboratory Services Act*. As described in the last issue of the UPDATE (Vol. 2, Issue 1), the LOC membership consists of representatives of major stakeholders in the laboratory services sector, including laboratory medicine physicians, referring practitioners, medical laboratory technologists, health authorities, publicly-funded laboratory facilities, and the general public. In fact, the public member recently joined the LOC (see page 4).

During their bi-monthly meetings, the LOC reviews requests for recommendations, which can include proposals and applications, as well as advice and recommendations from external stakeholders, such as the **Test Review Committee** (TRC). The TRC was established by **BC's Agency for Pathology and Laboratory Medicine**, and is responsible for reviewing, evaluating, and making evidence-based recommendations regarding the introduction, replacement or elimination of publicly funded clinical laboratory tests. Altogether, the consultation, review and recommendation processes established through the above-mentioned committees enable the Ministry of Health to make timely and well-informed decisions about key operational issues in BC's laboratory system.

*The SCHEDULE OF FEES for the Laboratory Services Outpatient PAYMENT SCHEDULE will be updated online by end of September 2016.*

### Inside this issue:

# Repatriation of Serum Tryptase Test

Changes to the provision of the Serum Tryptase Test were recently approved by the Ministry of Health. This test is used to measure tryptase in the blood, commonly used in allergy testing. Historically, the test was referred to a laboratory in Ontario. The testing will soon be available in British Columbia, and will be provided by BC Women's and Children's Hospitals. Referrals for outpatient testing are restricted to physician specialists who are investigating follow-up anaphylaxis, mastocytosis, and mast cell activation disorders. Inpatient requests will not be restricted as testing is almost always clinically indicated (e.g. a serious anaphylactic event in an Emergency Department, or possible serious reaction to an anesthetic or drug). The repatriation of this test will result in cost savings for the province, and will benefit BC patients by decreasing the turnaround time for the results.

# Re-costing of Hemoglobin A1C

In October 2015, the Ministry of Health requested BC's Agency for Pathology and Laboratory Medicine to review the appropriateness of the hemoglobin A1C test utilization and expenditure.

The impetus for this request was the increasing impact of hemoglobin A1C testing on laboratory expenditures (due to a trend towards physicians using the hemoglobin A1C test over the blood glucose test) and a projected accelerated volume growth based on the uptake of the Diabetes Care BC Guideline (effective December 2015), which places increased emphasis on hemoglobin A1C testing in diabetes care and thus is likely to cause a further increase in expenditure of $1million to $4million. The existing hemoglobin A1C fee amount was derived inclusive of pre- and post-analytical costs. However, Medical Service Plan claims data show that 79 percent of claims for hemoglobin A1C currently include a primary base fee (PBF) payment because of co-testing with PBF eligible fee items (i.e., double payment of pre- and post-analytical costs 79 percent of the time).

Effective October 1, 2016, the amount for fee item 91745 Hemoglobin, A1C will be changed to $5.30 from $12.69. This fee item will be eligible to be co-billed with the PBF 91000 or the split base fees 91005 and 91010. Base fees note iv) will be updated in the Laboratory Services Outpatient Payment Schedule to include fee item 91745.

## Removal of 120 Tests

Following a review of the Laboratory Services Outpatient Payment Schedule, multiple tests were highlighted as having not been billed in five years. The TRC considered several pertinent factors including guidelines, protocols and clinical practice, availability of the tests in BC, and whether the tests were replaced by other tests or procedures. After consultation and upon the review and recommendation from the Laboratory Operational Committee, the Ministry of Health approved the delisting of 105 Chemistry tests and 15 Haematology tests from the Laboratory Services Outpatient Payment Schedule.

# Delisting of Aspartate Aminotransferase (AST)

The Ministry of Health recently approved the delisting of fee item 91210 aspartate aminotransferase (AST) from the Laboratory Services Outpatient Payment Schedule. The decision was made following a review of the clinical value of the AST test when compared with the alanine aminotransferase (ALT) test, which is a high volume test routinely requested by physicians for the investigation of hepatocellular injury. In recent years, ALT has subsumed the role traditionally held by AST. Given that ALT is comparable to AST, is readily available to physicians and has an average test cost lower than AST, laboratory operators are to substitute any request for AST with ALT. The change will not take effect until February 1, 2017, to allow providers time to make the necessary adjustments.

For a complete listing of all delisted tests, please visit the Ministry of Health's Laboratory Services website: **www.gov.bc.ca/laboratoryservices**

# Provisional Status Removed for Seven Autoantibody Tests

Effective June 30, 2016, the Laboratory Services Outpatient Payment Schedule was amended to remove the provisional (P) status from the following tests:

a) P90280 Antinuclear antibodies – immunofluorescence screen
b) P90281 Antinuclear antibodies by sensitive EIA
c) P90120 Extractable nuclear antigens (ENA)
d) P90121 Antinuclear antibodies, specific detection by multiplex immunoassay
e) P90286 Liver autoantibodies (LiAA), immunofluorescence
f) P90287 Anti-neutrophil cytoplasmic antibodies (ANCA), immunofluorescence screen

As well, the payment schedule was amended to:

- Remove note ii), for both P90121 and P90281, which reads "Restricted to Vancouver Coastal Health Immunology Laboratory";
- Include billing notes for P90286 and P90288, indicating that only one of either P90286 or P90288, not both, are payable for the same sample tested on the same day; and,
- Add a billing note regarding reflex testing, as follows: use ANA/ENA ELISA (P90281) as the primary screen, if result of ANA/ENA ELISA (P90281) is ≥2U (units), proceed with reflex testing using ENA/DNA multiplex (P90121).

In 2014, the Vancouver Coastal Health Authority's Immunology Laboratory launched a pilot project designed to evaluate a new approach to the detection of autoantibodies. The pilot study testing methodology was found to simplify the workflow, reduce the cost of labour and reagents, improve the overall turnaround time, eliminate co-ordering and reduce duplicate requests.

More recently, in June 2016, the Ministry of Health approved the removal of the provisional (P) status from seven autoantibody tests, including antinuclear antibody (ANA) testing. These changes became effective on June 30, 2016. Ministry of Health staff will liaise with the Guidelines and Protocols Advisory Committee of the Medical Services Commission, with respect to the adoption and use of the testing methodology and any implications to the BC Guidelines' "Antinuclear Antibody (ANA) Testing for Connective Tissue Disease" guideline. As well, the

*Refer to HealthlinkBC for more information about ANA testing*

*(Continued on page 4)*

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volumes and expenditures for fee items P90280, P90281, P90120, and P90121 will be reviewed and evaluated 6 months after implementation of the amendments. Volumes and expenditures for fee items P90286, P90287, and P90288 will be reviewed and evaluated 18 months post implementation.

## New Public Member for Laboratory Operational Committee

Working in collaboration with the Patient Voices Network, the Ministry of Health was successful in recruiting a qualified public member to sit on the Laboratory Operational Committee (LOC). The public member provides valuable insight and perspective to the LOC from the patient's point of view. Through an application and interview process, Mr. Jim Cawsey of Victoria, BC, was the successful candidate. Mr. Cawsey is the retired manager of Diagnostic & Therapy Services with the Canadian Forces Health Services Centre (Pacific), and attended his first LOC meeting on May 5, 2016.

**Patient Voices Network**

*The Patient Voices Network (PVN), originally established in 2009 by the Ministry of Health, is a community of BC patients, families, caregivers, and friends who are collaborating with health care partners to bring change and improvement to the health care system. The PVN is a part of the BC Patient Safety and Quality Council. For more information, visit www.bcpsqc.ca.*

## For more information...

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