COLLEGE of AMERICAN PATHOLOGISTS
Advocacy

2025 Practice Leader Survey Report

2025 Practice Leader Survey Report

Produced by
CAP Policy Roundtable
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Overview

The CAP Practice Leader Survey is a primary source of basic data on pathology practices. The survey supplements the CAP Practice Characteristics Survey, most recently conducted in 2024. Whereas the Practice Characteristics Survey was fielded to individual pathologists, the Practice Leader Survey targeted practice leaders—those in leadership/administrative roles who have specific knowledge of the practice's finances, operations, and billing. The survey was designed to elicit one—and only one—response from each pathology practice in the United States. The survey was fielded in June 2025. Invitations were sent to all board-certified pathologists with five or more years in practice with instructions that the survey should only be completed by the individual best suited to represent their practice. We sent survey invitations via email to 13,813 pathologists and received 378 unique responses, each representing the leader of a single practice, 291 of which were suitable for further analysis. This constitutes an ~5.7% margin of error at the 95% confidence level. An effort to calculate the response rate is complicated by the unknown number of practices.

For more context, in its fourth quarter data release at the end of 2024, the Centers for Medicare and Medicaid Services indicated there were a total of 312,198 laboratories in the United States (excluding VA/DOD labs). The vast majority of these are waived testing laboratories. Only 14,828, or about 4.75%, were moderate and high complexity laboratories, typically directed by pathologists, in need of Certificates of Accreditation under the Clinical Laboratory Improvement Amendments (CLIA). A pathologist may serve as the director of up to five such laboratories and a given pathology practice may have multiple laboratories.

This report is divided into seven sections:

A. Practice Profiles
B. Market & Practice Structure
C. Practice Economics
D. Health Plans and Health Network Participation
E. Utilization Management and Payment Issues
F. Pathologist Workforce
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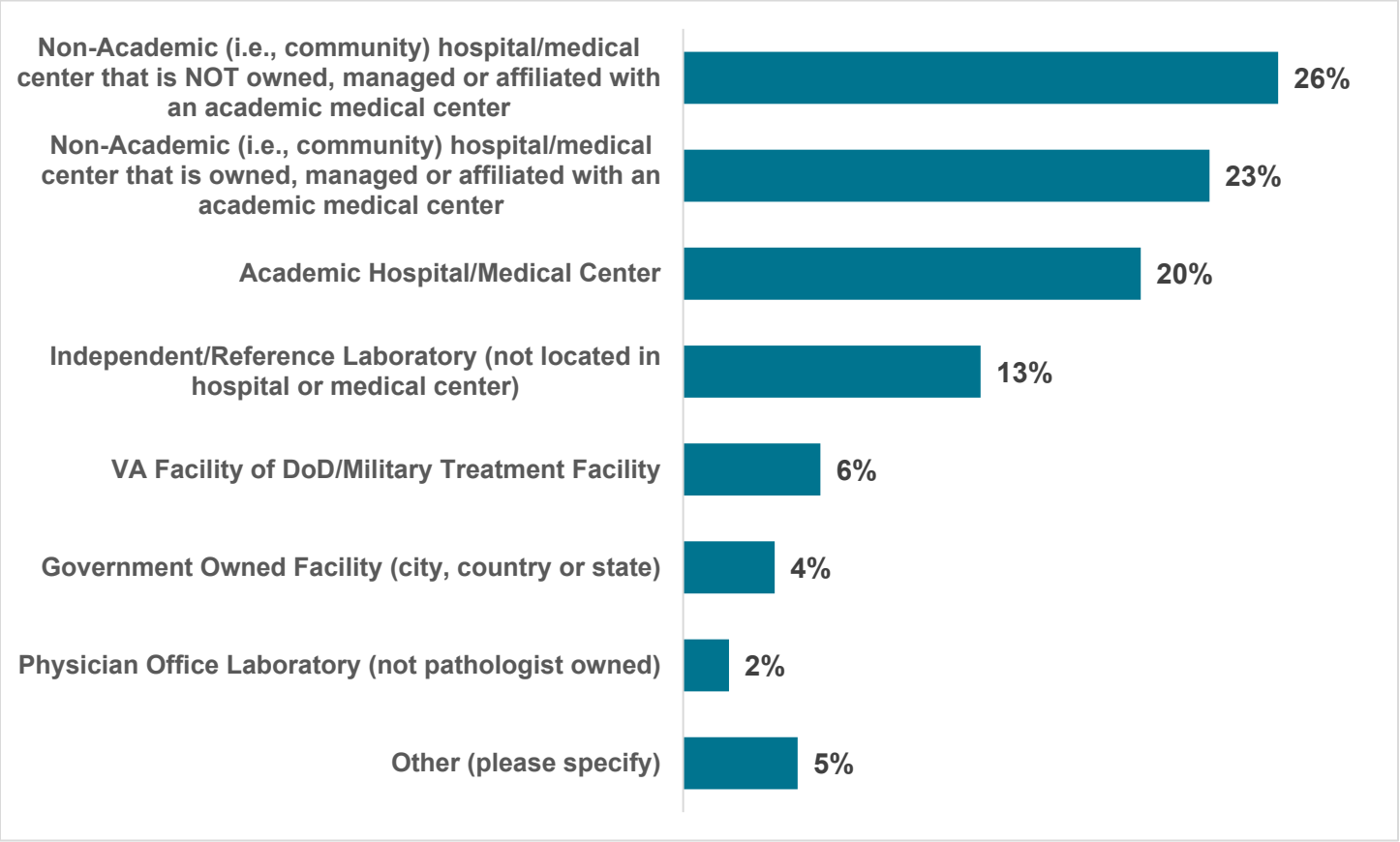
A: Practice Profile

This section summarizes data on:

- Practice Setting
- Practices with Pathology Fellowship or Residency Program
- Type(s) of Services Provided
- Number of Hospitals Served
- Number of Pathologists Employed
- Pathologists Working Full vs. Part-Time

Figure A-1: Respondent Practice Setting



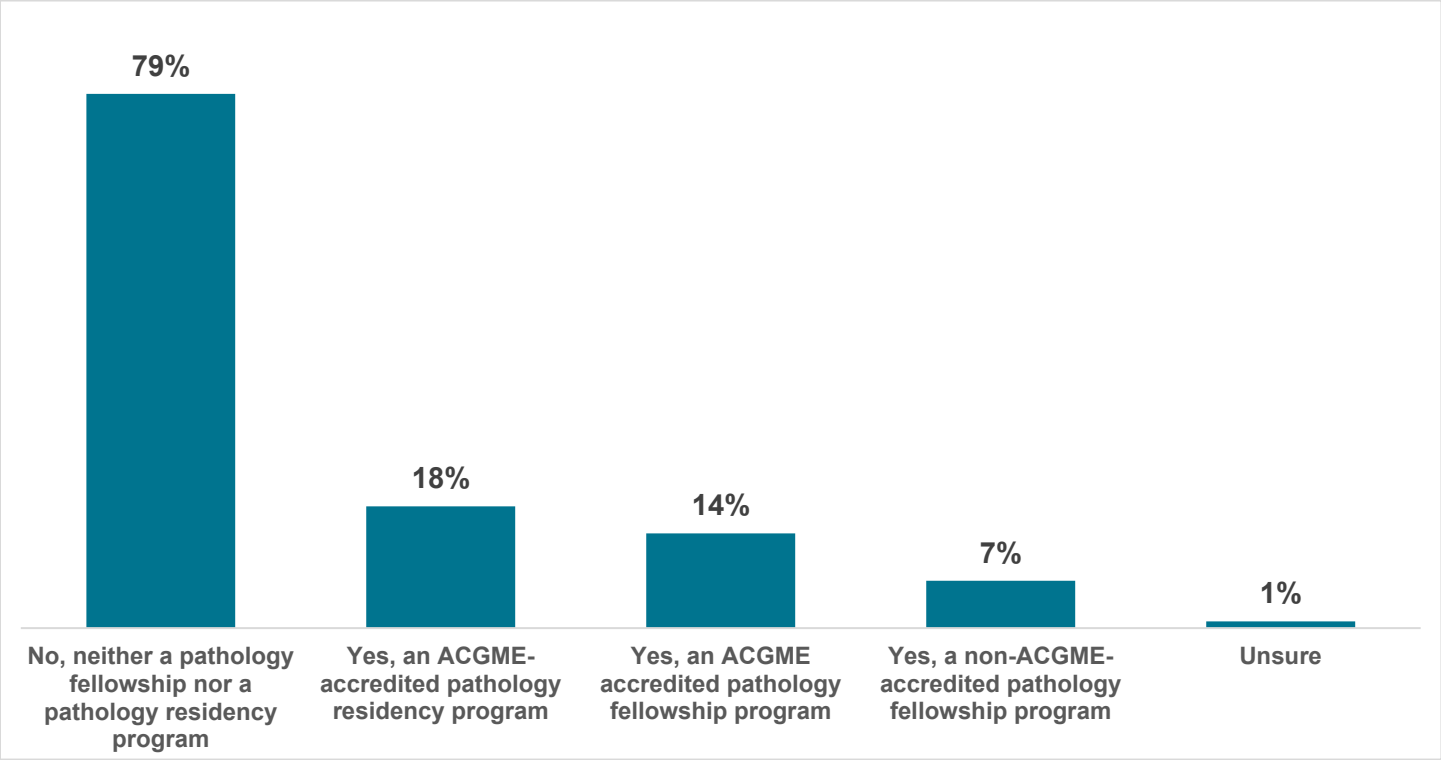
Q3. Which of the following best describes the laboratory setting where your group/practice provides a majority of its services? (Select one) Base: All Respondents [n =291]

- Nearly 70% of practice leaders reported that their practice setting was hospital based (non-academic hospital / medical center or academic hospital / medical center).
- Nearly half (49%) of respondents indicated that their practice setting was non-academic hospital or medical center based. More than a quarter (26%) of respondents indicated that their hospital or medical center was not owned or otherwise affiliated with an academic medical center.
- This general distribution is consistent with the results of previous CAP Practice Leader Surveys, however, changes to our survey methodology to improve validity of longitudinal tracking and changes to response options compromise direct comparisons to previous results.

Other (Please Specify)

- Private medicolegal consulting practice
- Mixture of community hospitals and POL
- Forensic Pathologist working as a contractor to Coroners and Consult Practice
- Independent pathologist practice, owned by the pathologists, practicing in a hospital
- Health plan
- Federal (Not Otherwise Specified)
- Independent Consulting Practice
- Independent lab with FNA clinic and contracts with several other clinical and research organizations
- Biotechnology company with clinical molecular laboratories
- Medical director of 5 rural laboratories
- Blood bank
- Physician owned multi-specialty group practice
- Community blood center
- Multi-state blood center
- Contract Research Organization (2)

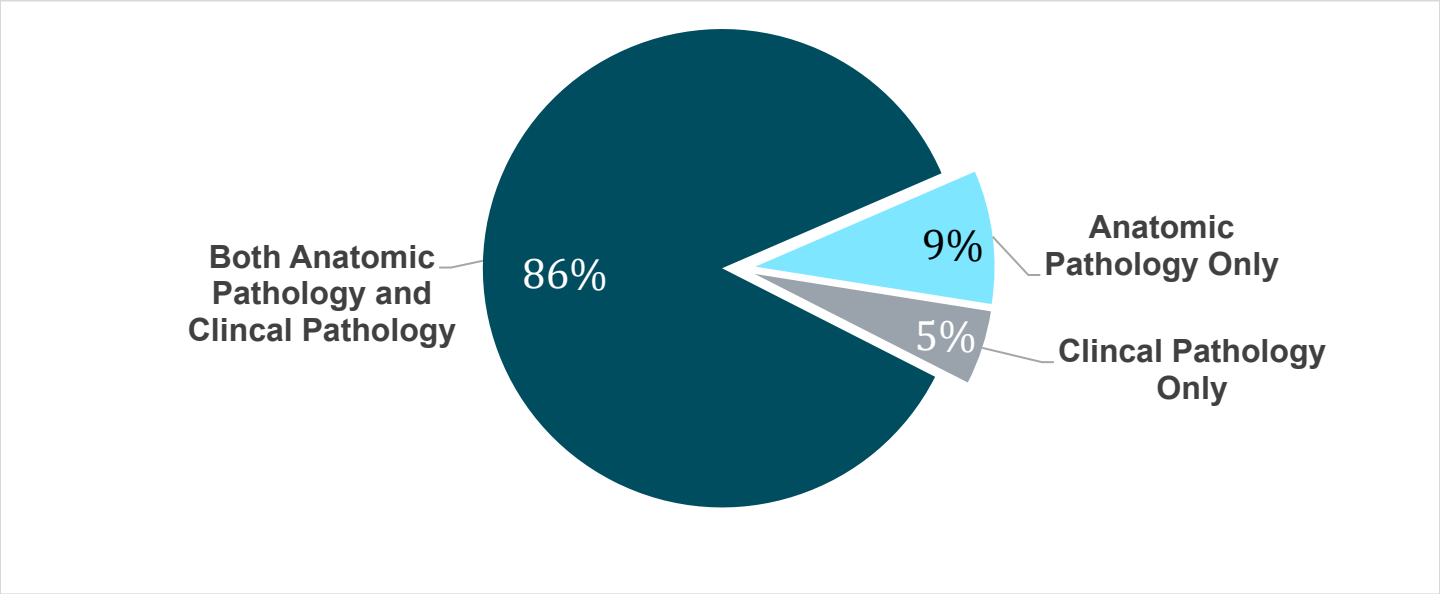
Figure A-2: Practices with Pathology Fellowship or Residency Program



Q4. Does your facility have a pathology training program? (Select all that apply.) Base: All Respondents. [n = 290]

- Overall, 20% of respondents indicated their practice had some type of pathology training program. Note that respondents could select multiple responses if their facility had more than one type of training and/or fellowship program.
- 18% of practices reported that their facility had an ACGME accredited pathology residency program, 14% reported having an ACGME accredited pathology fellowship program, and 7% reported having a non-ACGME accredited pathology fellowship program.
- Presence of a pathology training program varied substantially by practice setting, with practices based in academic hospitals or medical centers hosting the vast majority of pathology training programs and the remainder distributed across non-academic hospitals / medical centers and VA/DOD facilities.
- Results for cross tabulation by practice setting and significance testing can be found in the appendix, see Figure X-1.

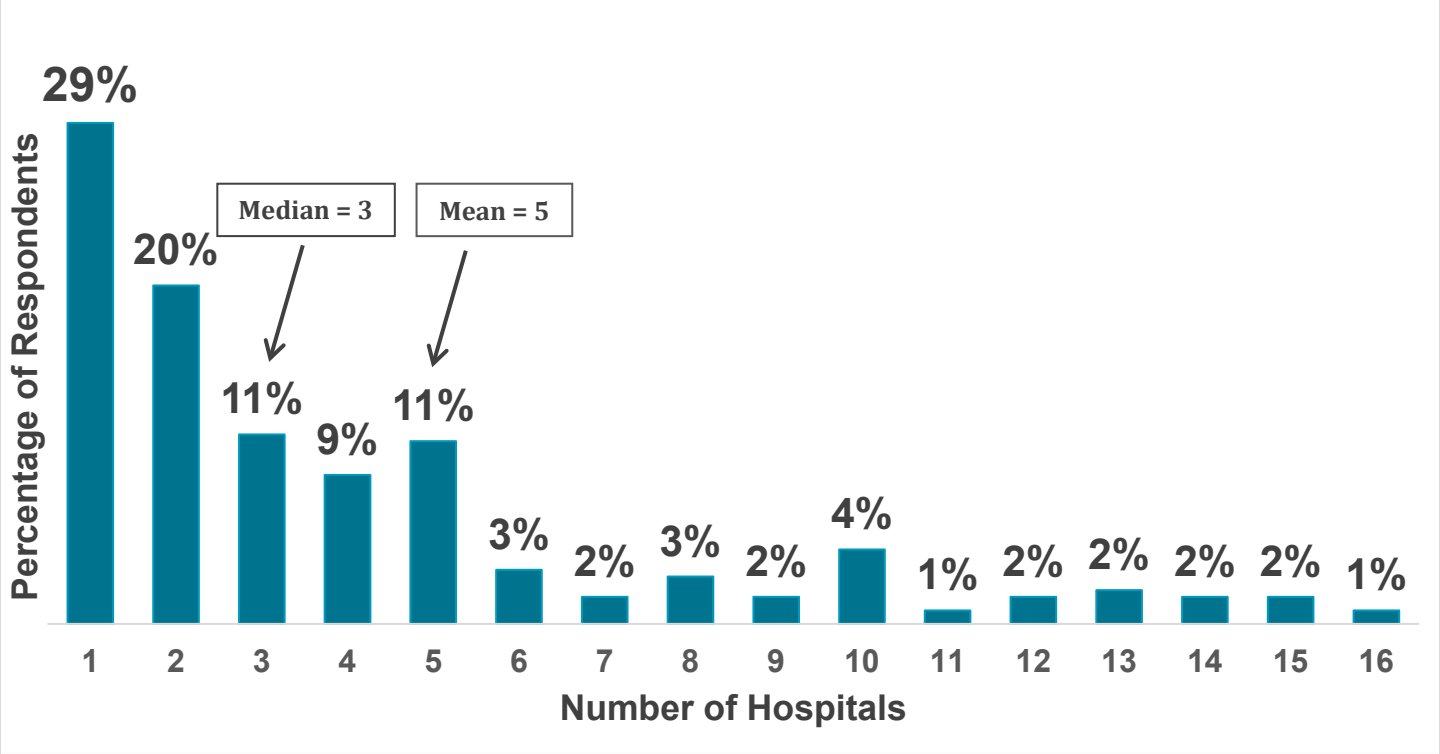
Figure A-3: Types Pathology Services Provided



Q5. What services do you provide? Base: All Respondents, "Other" responses excluded. [n=290].

- Across all settings, 86% of practices indicated that they provide both anatomic and clinical pathology services; 9% of practices provided anatomic pathology services only, and 5% of practices provided clinical pathology services only.
- The pathology services provided varied by practice setting, with hospital-based settings and VA/DOD facilities being more likely to provide both anatomic and clinical pathology services compared to independent/references laboratories, physician office, and government owned practice settings which were significantly more likely to provide either anatomic pathology or clinical pathology services alone.
- Results for cross tabulation by practice setting and significance testing can be found in the appendix, see Figure X-2.

Figure A-4: Number of Hospitals to Which Practices Provide Services

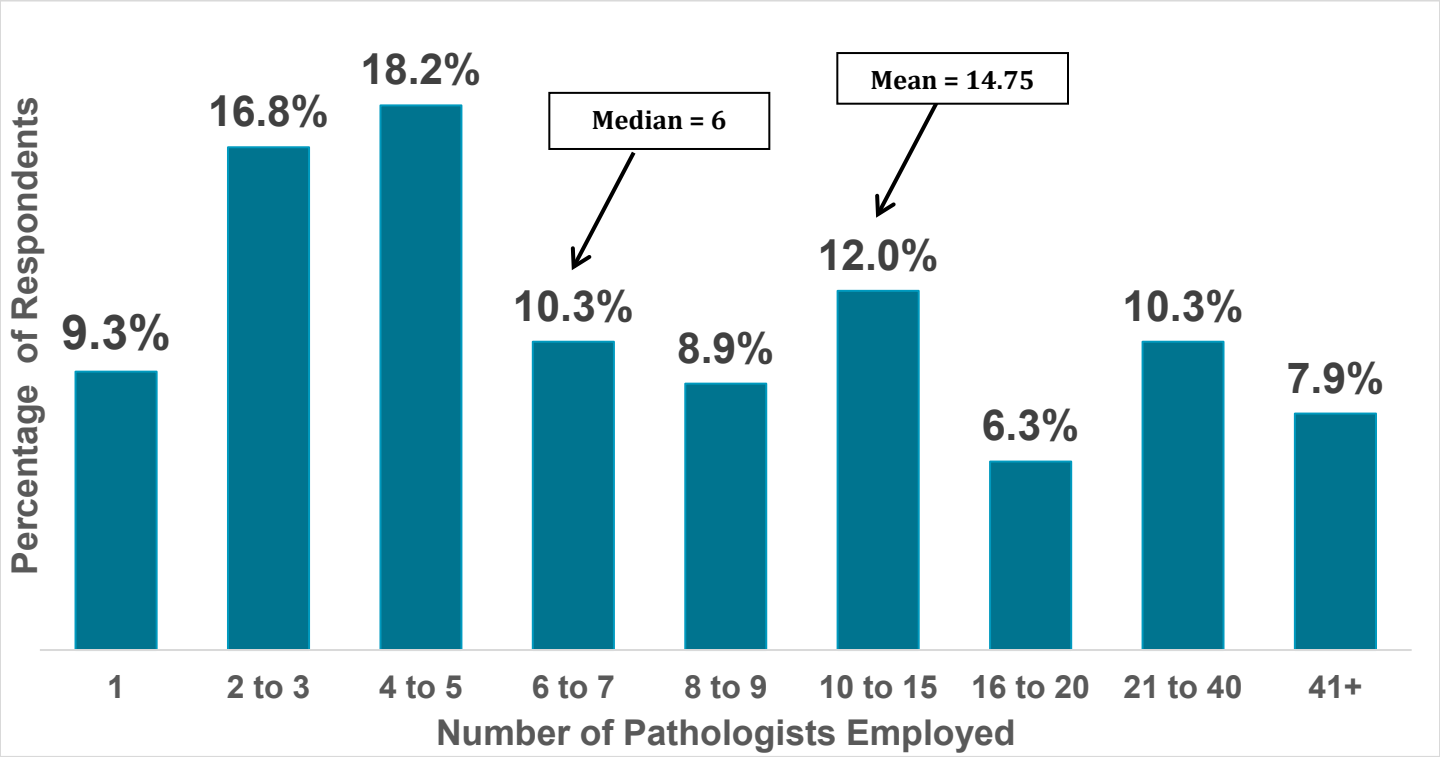


Q6. How many hospitals does your group/practice provide services to? Base: All Respondents. [n=256]

- A new question for 2025, practice leaders were asked for how many hospitals their practices provide services . Figure A-4 illustrates the distribution of these responses, which is positively skewed by the relatively smaller number of practices that provide services to a large number of hospitals.

- The majority of practices (60%) provide services to 3 or fewer hospitals.

Figure A-5: Total Number of Pathologists Employed by Practices at The End of 2024



Q7. At the end of 2024, what is the TOTAL number of pathologists that were employed at your group/practice including both those employed "full-time" and "part-time". (Note: We are looking for the total number of people, regardless of hours worked.) Write in your response below. Base: All Respondents. [n=291]

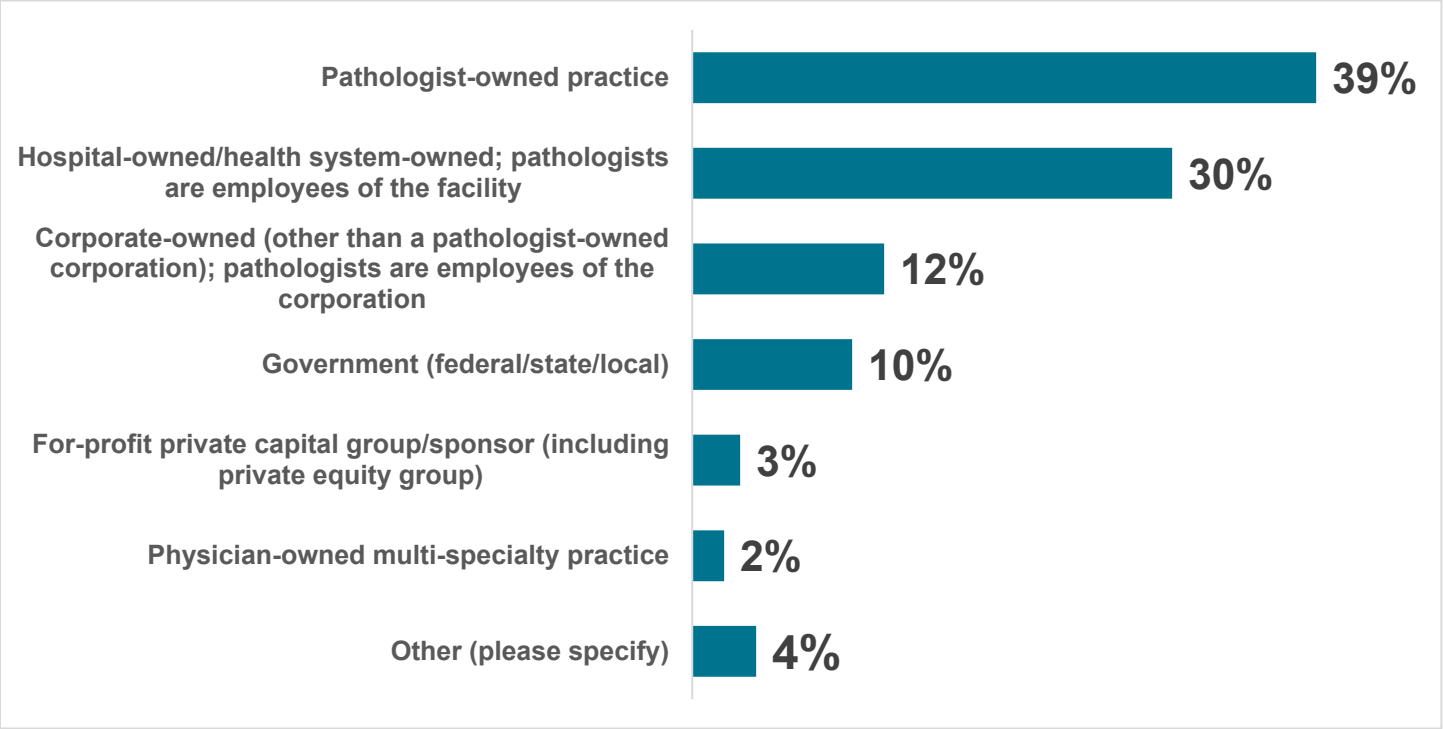
- Figure A-5 illustrates the distribution of the total number of pathologists (full or part-time) employed by practices at the end of 2024. With a median of 6 and a mean of 14.75, the distribution is positively skewed by the small number of practices that employ a large number of pathologists.
- Three quarters of practices (75.5%) of practices employ 15 or fewer total pathologists.
- Nearly half (44.3%) of practices indicated they employ 5 or fewer pathologists (full or part-time) and 26% of practices employ 3 or fewer pathologists.
- This general distribution is similar to the results of previous CAP Practice Leader Surveys, which found similar cutoffs with nearly one-half of respondents (46%) of practices employing 5 or fewer pathologists (in terms of FTEs) at the end of 2022, and 75% of practices employing 15 or fewer pathologists (in terms of FTEs). However, changes to our survey methodology to improve validity of longitudinal tracking and changes to this question compromise direct comparisons to previous results.

B: Practice and Market Structure

This section summarizes data on:

- Practice Ownership Structure
- Structural/Organizational Change in the Last Two Years
- Private Equity Ownership
- Private Equity Interaction in the Last Two Years
- Impact of Consolidation & Economic Changes Among Clients on Pathology Practices

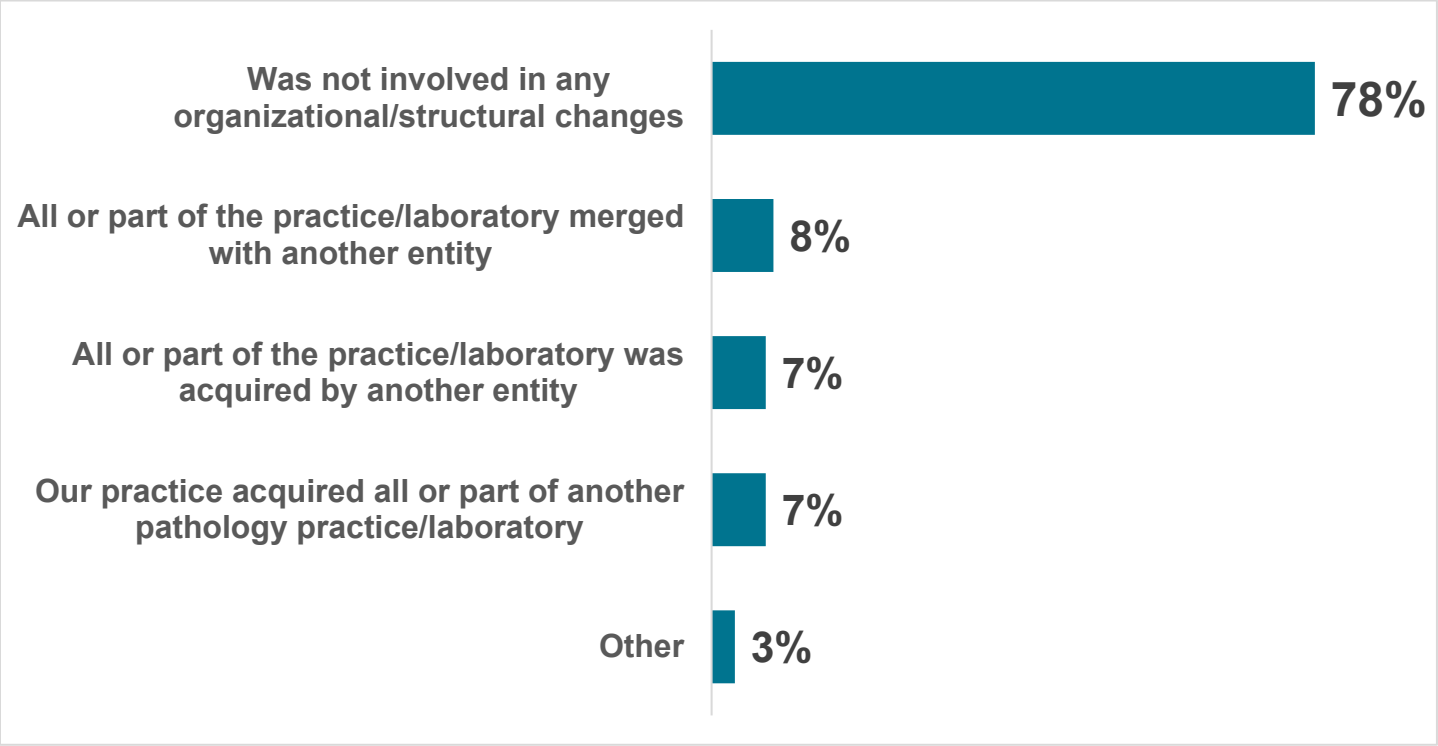
Figure B-1: Practice Ownership Structure



Q10. Which of the following best describes the ownership structure of your group/practice? (Select one.) Base: All Respondents. [n=291]

- A new question for 2025, practice leaders were asked which of the above practice structures best described their practice.
- The majority of respondents indicated their practices were either pathologists owned (39%) or hospital/health system owned (30%).
- As might be expected, ownership structure varies substantially by practice setting. Of particular note, non-academic hospital and medical center based practices were more likely to identify as pathologist owned at rates *not* significantly different (at the 95% confidence level) from independent and reference laboratories.
- While the overall percentage of practices identifying as owned by for-profit or private capital was small (3%), there was some statistically significant variation by practice setting. While absent from the government, VA/DOD, and Other practice settings, there was evidence of for-profit or private capital ownership across the remainder of practice settings.
- Results for cross tabulation by practice setting and significance testing can be found in the appendix, see Figure X-3.

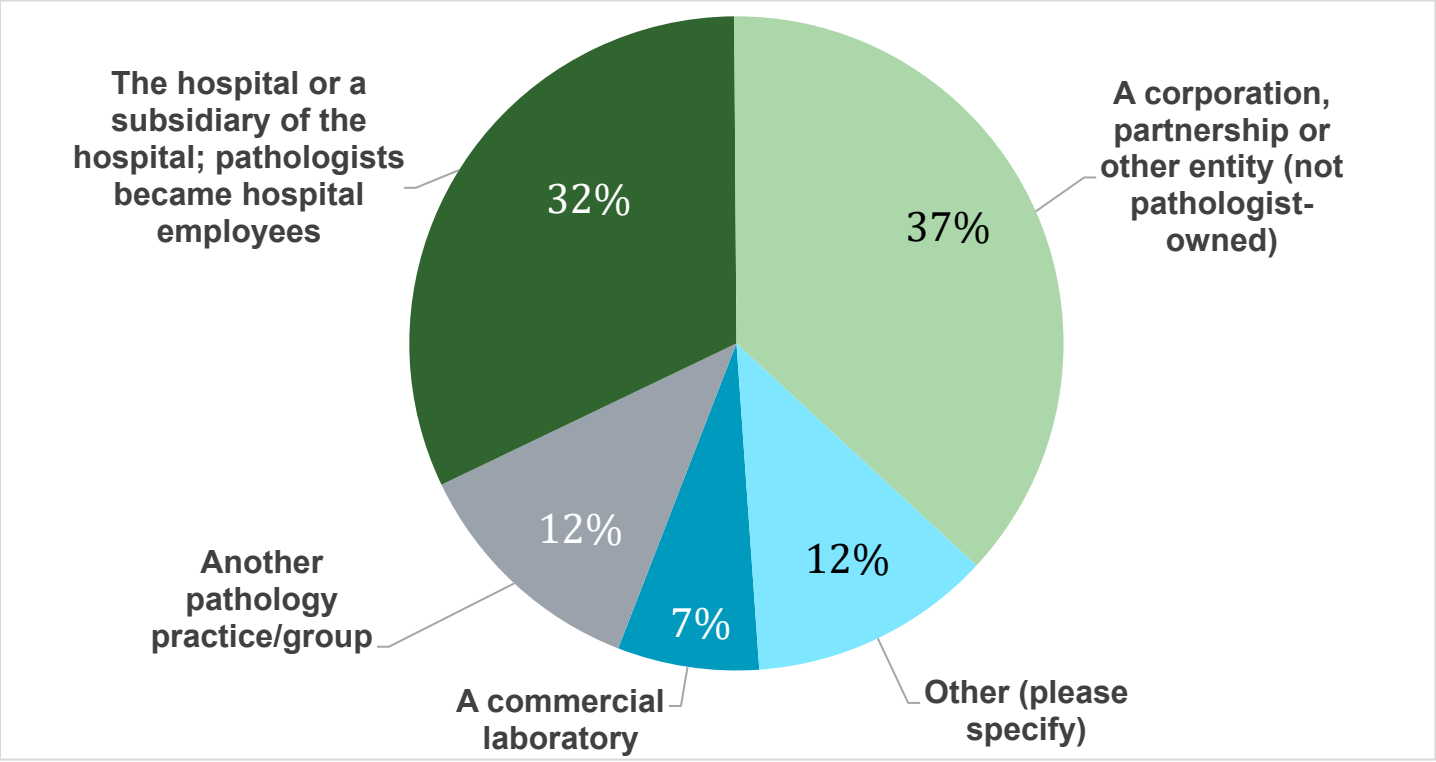
Figure B-2: Practices Involved in Organizational/Structural Change in the Last Two Years



Q11. Within the last two years, which of the following organizational/structural changes has your current group/practice been involved in? (Select all that apply.) Note: For this question, the term "merged" is being used to designate the combining of two or more entities, and not a specific type of business transaction. Base: All Respondents. [n=289]

- The majority of practice leaders (78%) indicated their practices were not involved in any organizational and structural changes in the last two years. The remaining 22% of practice leaders indicated their practice underwent one or more structural changes in the past two years.
- There was some evidence of statistically significant variation by practice setting. Most notably, academic hospitals and medical centers were more likely than other hospital-based settings to have reported acquiring all or part of another pathology practice.
- Results for cross tabulation by practice setting and significance testing can be found in the appendix, see Figure X-4.

Figure B-3: Practices Involved in Mergers and Acquisitions, by Nature of Merger/Acquisition



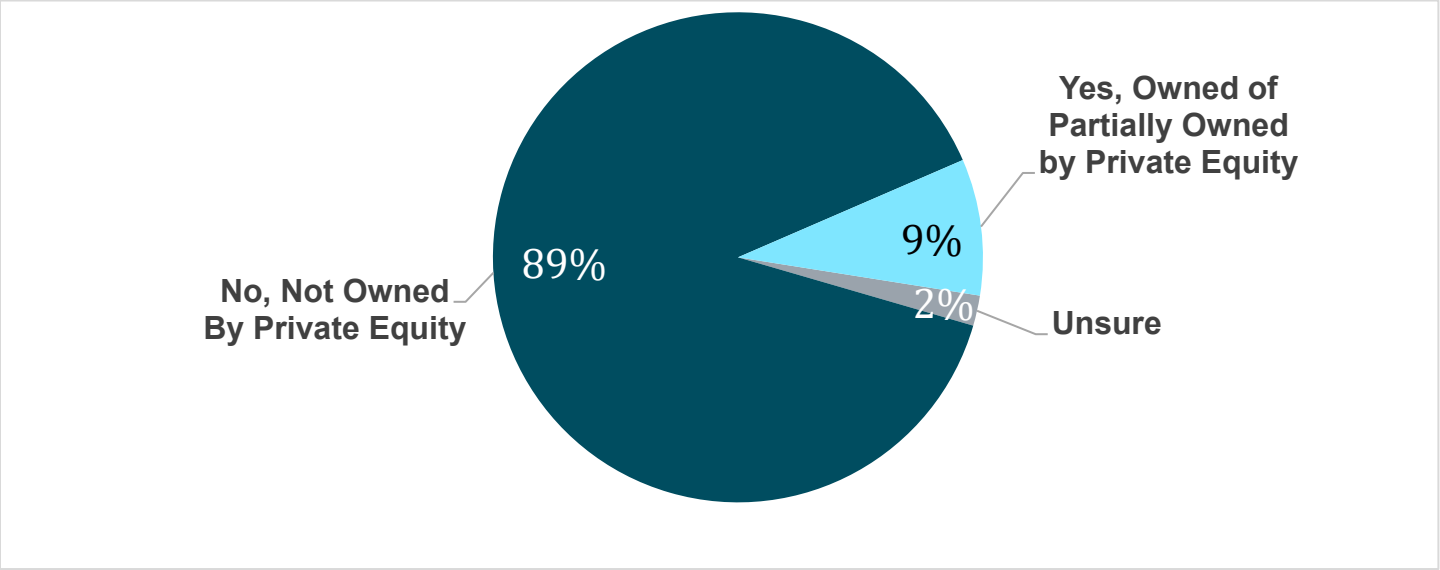
Q12. Which best describes the nature of the merger or acquisition? "The entire practice, or a portion of the practice, merged with or was acquired by…" (Select one.) Base: Among those acquired by or merged with another entity. [n=41]

- Of those practice leaders whose practice was acquired or merged with another entity, 32% said their practice was acquired by a hospital or a subsidiary, 37% said their practice was acquired by or merged with a corporation or other (non-pathologist owned) entity, 12% said their practice was acquired by or merged with another pathology practice, and 7% said their practice was acquired or merged with a commercial laboratory.

Other (Please Specify)

- Pathology practice contracted to service a hospital corporation hospital
- Acquisition of community hospital. Pathologists at those groups will be dismissed.
- Health system merger
- Pathologists were employed by one hospital system. A new regional, larger hospital system took over the original hospital and pathologists became employees of the new system
- Clinical trial central laboratory

Figure B-4: Practices Owned or Partially Owned by Private Equity Investors

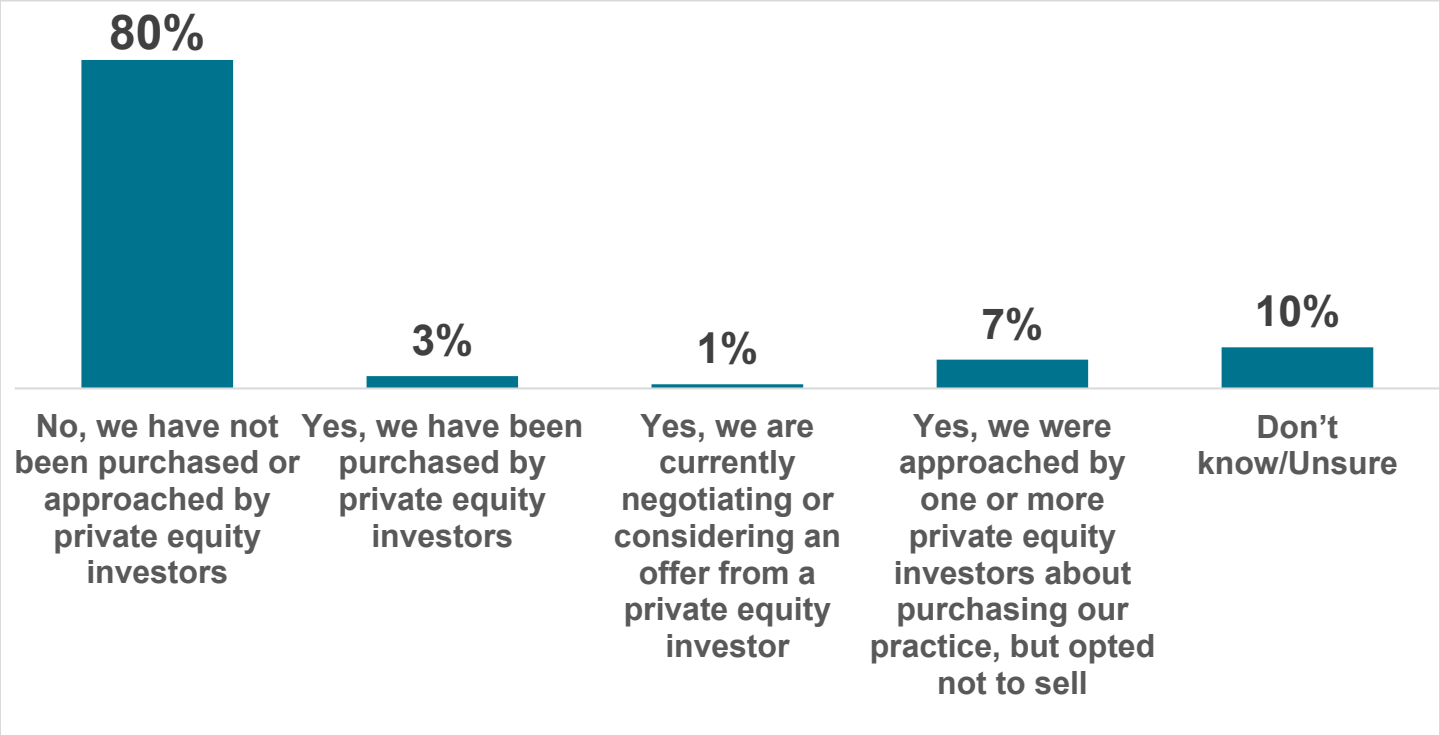


Q13 - Is your group/practice owned, or partially owned, by private equity investors? Base: All Respondents. [n=291]

- Overall, 9% of practice leaders reported their practice was owned or partially owned by private equity. [1]
- There is some evidence of statistically significant variation by practice setting. Most notably those in independent/ reference laboratories practices were significantly more likely than all other settings, with the exception of Other, to indicate their practice was owned or partially owned by private equity.
- Results for cross tabulation by practice setting and significance testing can be found in the appendix, see Figure X-5.

[1] Note that Q10 differs from Q13 in that it asks what single response, from the provided list, *best* describes the practice's ownership structure while the Q13 asks if there is *any* private equity ownership in the practice.

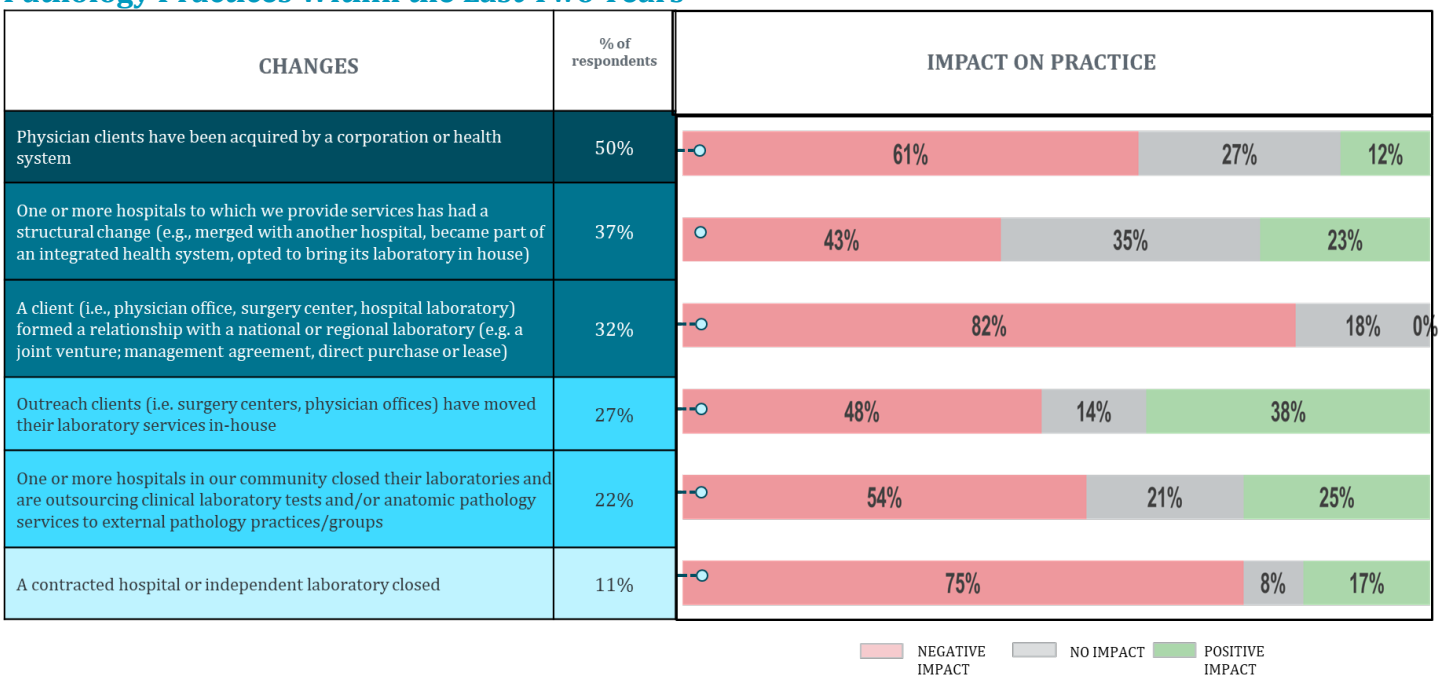
Figure B-5: Practices Reporting Direct Interaction with Private Equity, Past Two Years



Q14 - In the past two years, has your group/practice been purchased by, or approached by, private equity investors? (Select one.) Base: All Respondents. Note: Percentages do not equal 100% as a result of rounding. [n=291].

- A large majority of practice leaders (80%) indicated their practice had not been purchased or approached by private equity in the last two years and a further (10%) of practice leaders were unsure.
- Eleven percent of practices indicated that they have been approached or purchased by private equity in the last two years.
- There is some evidence of statistically significant variation by practice setting. Specifically, independent and reference laboratories were more likely than academic practice settings to report having been purchased by private equity in the last two years. Non-academic practice settings were less likely to report they had been approached by private equity investors than independent and reference laboratories.
- Results for cross tabulation by practice setting and significance testing can be found in the appendix, see Figure X-6.

Figure B-6: Impact of Consolidation and Economic Changes Among Pathologist Clients on Pathology Practices Within the Last Two Years



Q15) Within the last two years which, if any, of the following changes have occurred? Base: All Respondents. [n=107]
Q16) Within the last two years, what was the financial impact of each of the following changes to your group/practice? Base: All Respondents [n=105]

- The survey asked practice leaders about the impact of consolidation and structural changes among their clients, eg, hospitals, physician offices, or other entities to which their practices provided services. The purpose of the question was to find out: (1) how many respondents' clients experienced these changes in the last two years, and (2) whether the impact on the practice was negative or positive (or had no impact).

- In 2025, fully half of respondents reported that physician clients have been acquired by a corporation or health care system, nearly double the 26% in 2023, of whom 61% reported that the acquisition had a negative impact on their practice. In 2025, 37% of respondents reported a structural change in one or more hospitals to which their practice provided services, up from 25% in 2023, with 43% of those respondents stating that this had a negative impact on their practice.

- In 2025, 32% of respondents indicated that a client had formed a relationship with a national or regional laboratory, up from 18% in 2023, of whom 82% report a negative impact on their practices.

- The percentage of respondents reporting outreach clients moving their laboratory services in-house rose, from 16% in 2023 to 27% in 2025. Similarly, more respondents in 2025 (22%) reported that one or more hospitals in their communities closed their laboratories and outsourced tests to external pathology practices/groups than in 2023 (9%).

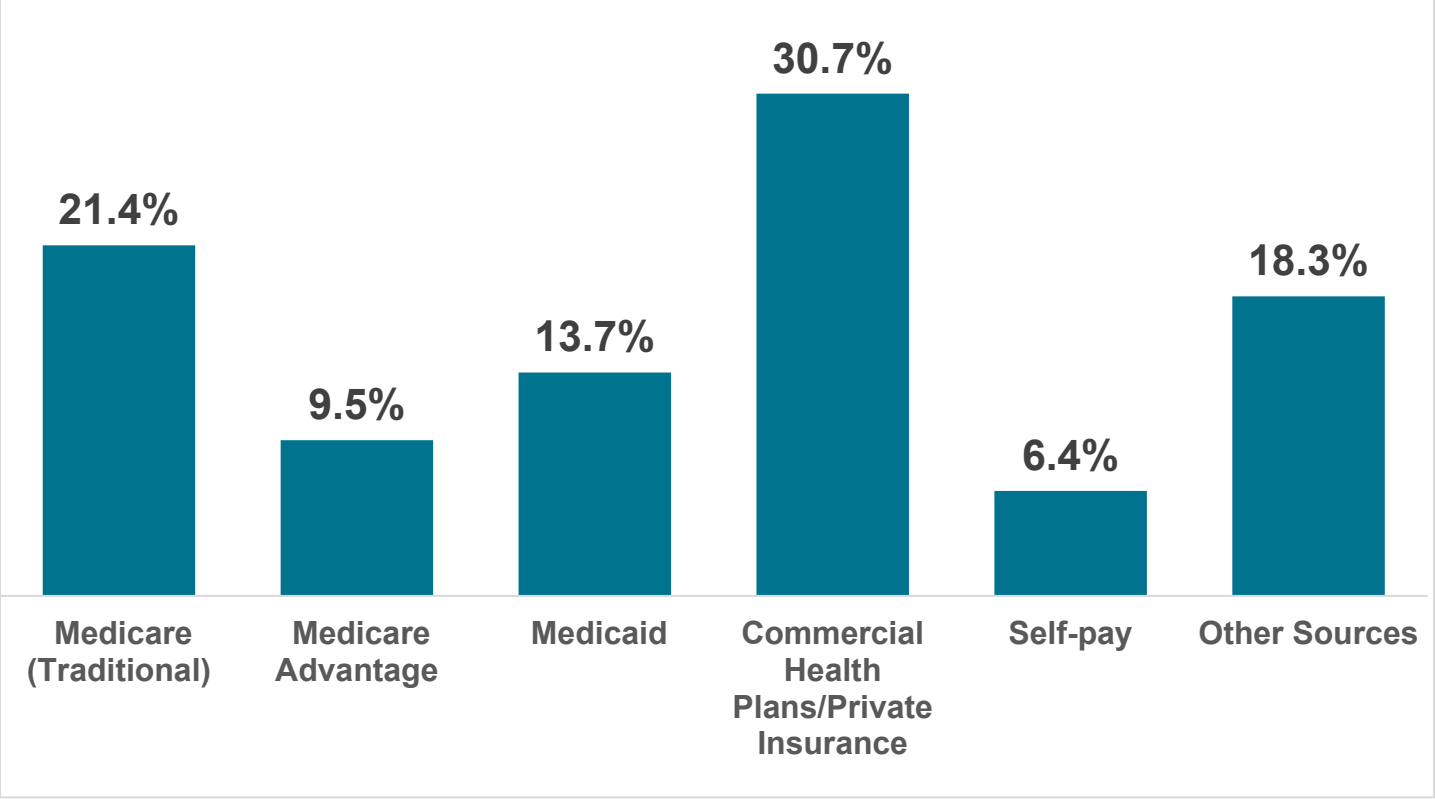
- In 2025, 11% of respondents reported that a contracted hospital or independent laboratory closed compared to 7% in 2023.

C: Practice Economics and Payment Issues

This section summarizes data on:

- Billed Charges
- Revenue
- Charitable or Uncompensated Care
- Impacts of Decreased Reimbursement Rates
- Payment for Part A Services
- Billing the PC of CP
- MIPS Participation
- Payment Adjustments as Part of Value-Based Payment/Care Systems

Figure C-1: Mean Percentage of Billed Charges by Program/Source Attribution in 2024



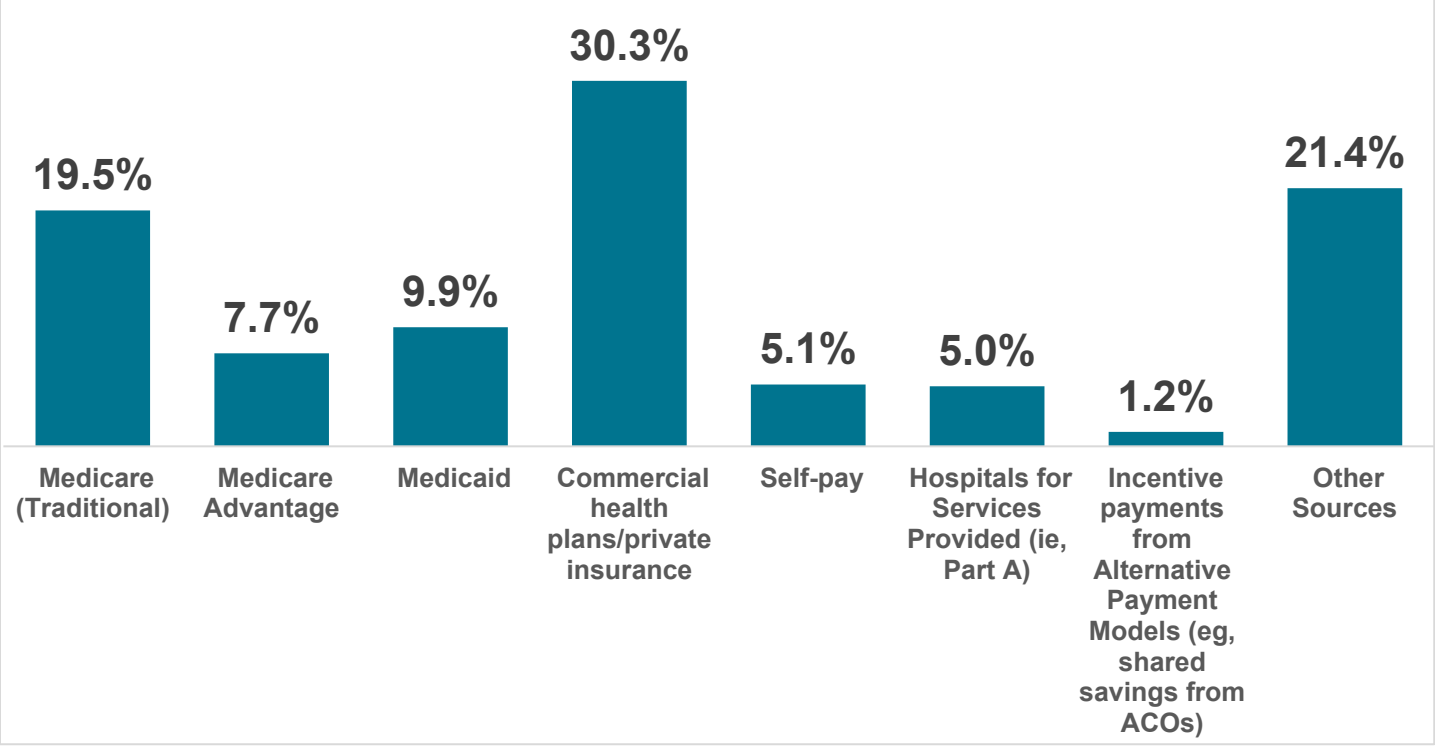
Q17. In 2024, approximately what percent of your groups's/practice's BILLED CHARGES for services were attributable to each of the following programs/sources? (To estimate this please divide the dollars charged to each program/source by the total dollars charged to all programs/sources.). (Your total must sum to 100%). If you do not feel confident in your response, please enter 100% in the "unsure" answer option. Base: All Respondents, Unsure Excluded. [n=144]

- A new question for 2025, the survey asked practice leaders to estimate what percentage of their practice's billed charges were attributable to various sources/programs. Figure C-1 shows the mean value for responses across each of the programs/sources.
- Practice leaders reported that, on average, a little less than half (44.6%) of billed charges were attributable to public payors (Medicare, Medicare Advantage, and Medicaid) in 2024.
- On average, a little less than a third (30.7%) of billed charges were attributable to commercial health plans and private insurance.
- On average, self-pay made up 6.4% of billed charges and 18.3% of billed charges were attributable to other sources.

Other Sources:

- Attorneys and government contracts
- Biotech, Pharma, Academia, Govt Research clinical trials, independent laboratories, consulting services
- Corporate Contracts
- County general fund (3)
- Direct pay for dx
- Federal self-pay
- Fee for serving as lab director or consultant
- Group/contract
- International, special arrangements
- Medicare + Medicare Advantage
- Military, Workers Comp
- Multiple sources
- NIH
- Other plans
- Pharma and Biotech
- Purchase services, outreach services, academics and GME, professional service contracts
- Tricare (2)
- VA (4)
- VA and DoD budget
- VA+Workmans comp

Figure C-2: Mean Percentage Revenue by Program/Source Attribution in 2024



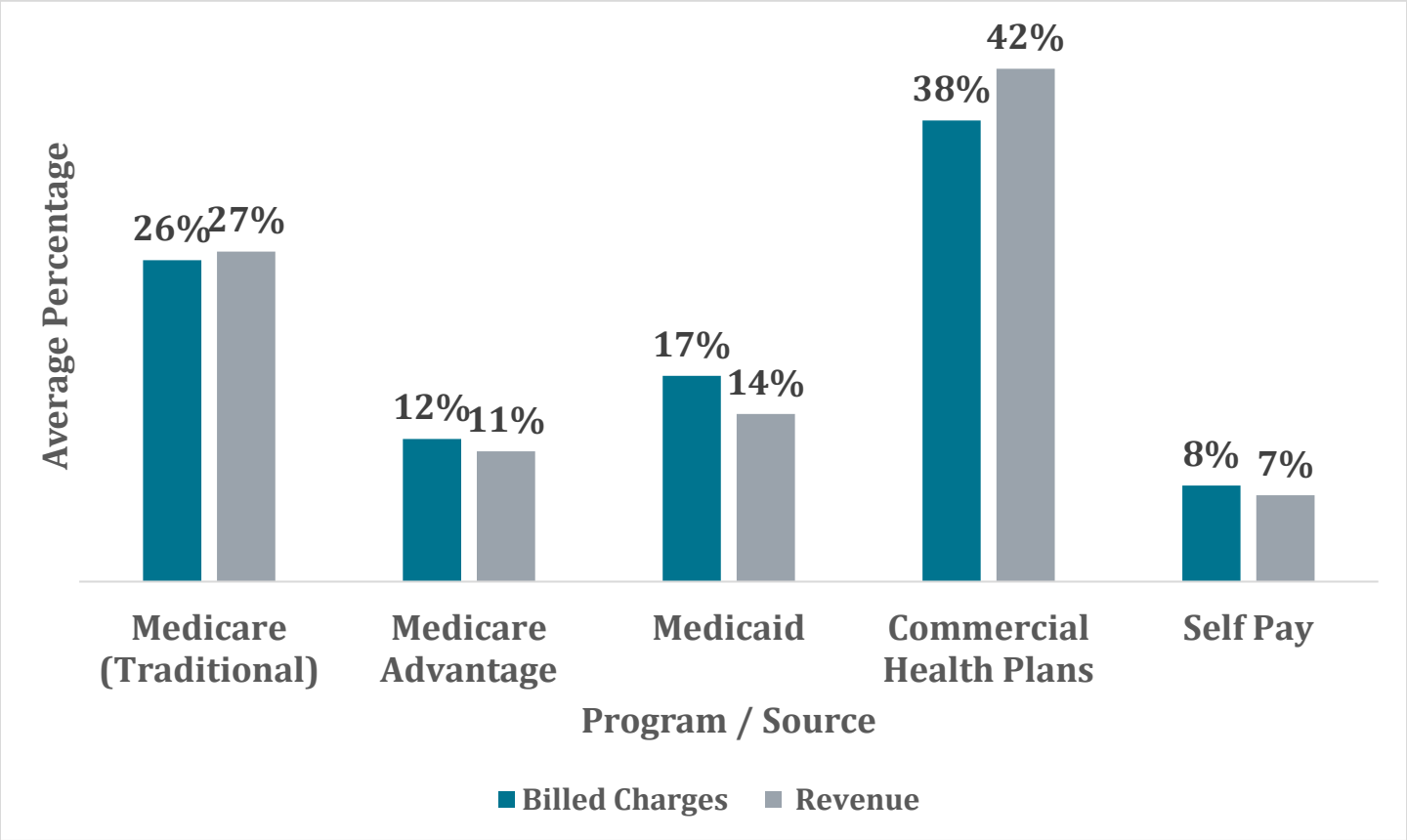
Q18. In 2024, approximately what percent of your group's/practice's REVENUES received were attributable to each of the following programs/sources? (Your total must sum to 100%.) If you do not feel confident in your response, please enter 100% in the "unsure" answer option. Base: All Respondents, Unsure excluded. [n=144]

- A new question for 2025, the survey asked practice leaders to estimate what percentage of their practice's revenues were attributable to various sources/programs. Figure C-2 shows the mean value for responses across each of the programs/sources.
- Practice leaders reported that, on average, more than a third (37.1%) of revenues were attributable to public payors (Medicare, Medicare Advantage, and Medicaid) in 2024.
- On average, less than a third (30.3%) of revenue was attributable to commercial health plans and private insurance.
- On average, other sources of revenue accounted for just over a fifth (21.4%) of revenues.
- On average, self-pay and payment from hospitals for services provided each made up approximately 5% of revenues while incentive payments made up about 1%.

Other Sources:

- All Contracted or Corporate
- Attorneys and government contracts
- Biotech Pharma Research Academia,
- clinical trials, digital pathology tumor identification for molecular testing
- County general fund (5)
- Small % grants/charges to other counties for death investigation svs
- Customer reimbursement
- Federal self-pay
- Grants and service contracts
- Group
- HMO
- Hospital (2)
- Includes Internal HMO, Medi-Cal Managed Care, External HMO
- International patients, special arrangements
- Medicaid contacted care; ACA state LIMP
- Medicaid Managed Care, Other, Worker's Comp/No Fault
- Medicare + Medicare Advantage
- Multiple sources
- Paid by those requesting consultations
- Pharma and Biotech
- Transplant/CVCP/International
- Tricare (2)
- VA (6)

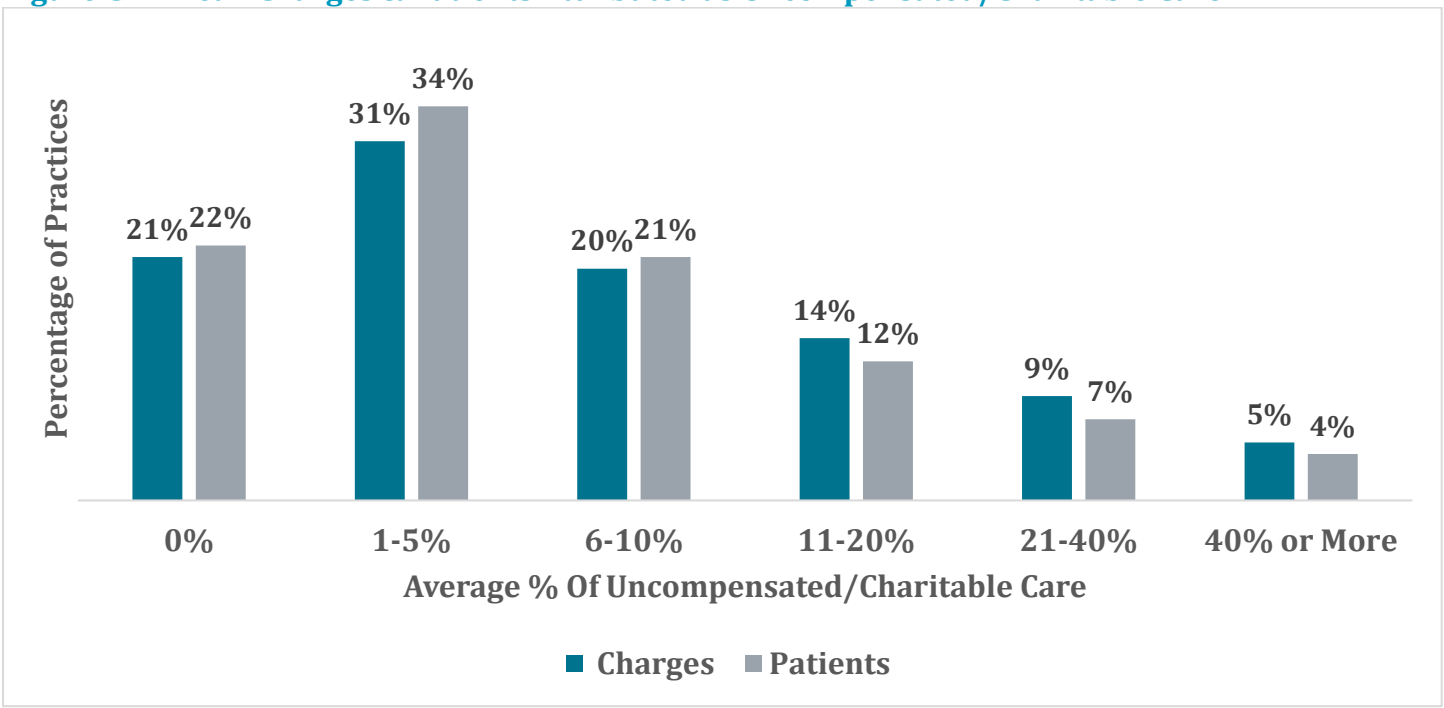
Figure C-3: Mean Billed Charges vs. Revenue, Common Payors Only



Q17. In 2024, approximately what percent of your group's/practice's BILLED CHARGES for services were attributable to each of the following programs/sources? (To estimate this please divide the dollars charged to each program/source by the total dollars charged to all programs/sources.). (Your total must sum to 100%). If you do not feel confident in your response, please enter 100% in the "unsure" answer option. Base: All Respondents, Unsure Excluded. [n=144]; Q18. In 2024, approximately what percent of your group's/practice's REVENUES received were attributable to each of the following programs/sources? (Your total must sum to 100%). If you do not feel confident in your response, please enter 100% in the "unsure" answer option. Base: All Respondents, Unsure excluded. [n=144] Note: This analysis rebases the responses to Q17 and Q18 to only include the common payors and exclude other programs/sources, conclusions should be drawn accordingly.

- Medicare (Traditional) and Commercial Health Plans were the only programs/sources for which the average percentage of practice revenues exceeded the corresponding average percentage of billed charges. For all other payment sources, mean percentage of billed charges exceeded percentage the mean revenues with Medicaid exhibiting the largest deficit in revenues relative to charges.
- Medicare (Traditional) made up, on average, 26% of practice's billed charges and 27% of revenue.
- Medicare Advantage made up, on average, 12% of practice's billed charges and 11% of revenue.
- Medicaid made up, on average, 17% of practice's billed charges and 14% of revenue.
- Commercial Health Plans made up, on average, 38% for practice's billed charges and 42% of revenue.
- Self-Pay made up, on average, 8% of practice billed charges and 7% of revenue.

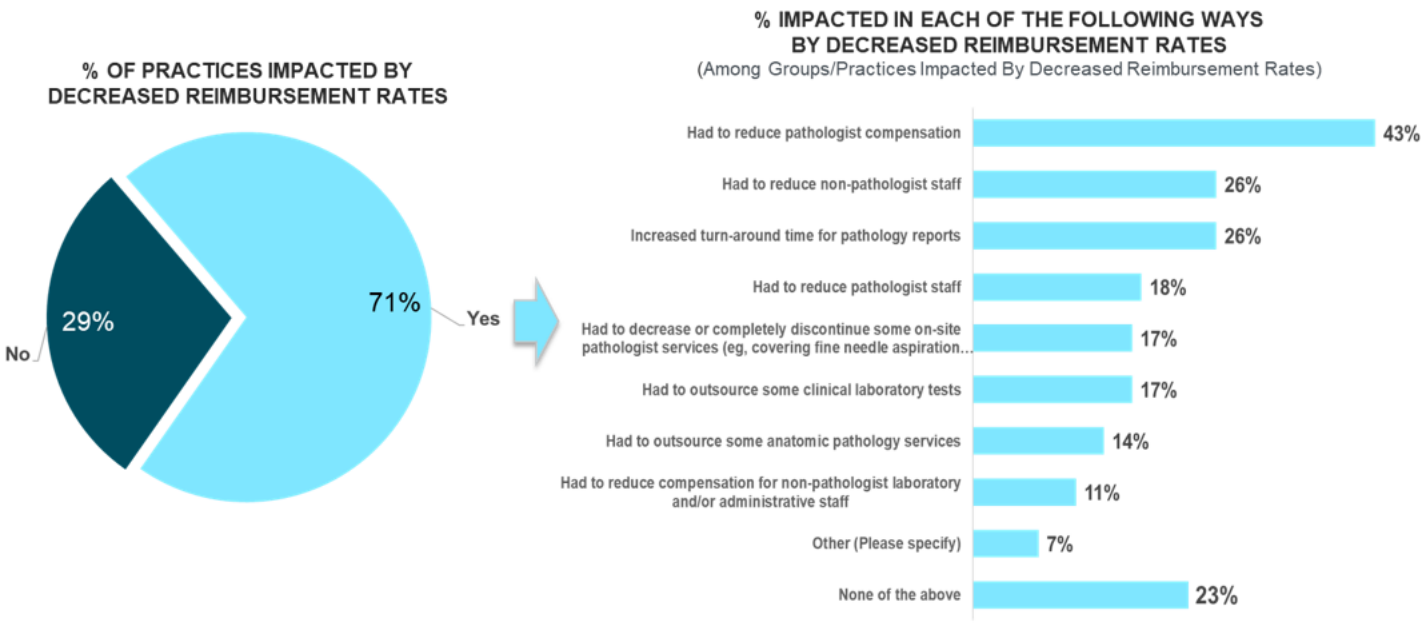
Figure C-4: Mean Charges & Patients Attributed as Uncompensated/Charitable Care



Q19. Please estimate, to the best of your ability, what percent of your CHARGES are for uncompensated/charitable care (i.e. care for which there is no payment)? Use the drop- down box to reflect your answer. If "unsure" what percent of patients received uncompensated/charitable care, check UNSURE in the drop-down list. Base: All Respondents, Unsure Excluded. [n=121]
Q20. Please estimate, to the best of your ability, what percent of your PATIENTS RECEIVE uncompensated/charitable care (i.e. care for which there is no payment)? Use the drop- down box to reflect your answer. If "unsure" what percent of patients received uncompensated/charitable care, check UNSURE in the drop-down list. Base: All Respondents, Unsure Excluded. [n=106]

- New questions in 2025, the survey asked practice leaders to estimate the average percentage of their practice's charges and patients that received uncompensated or charitable care.
- Just under 80% of practices reported that they have provided some uncompensated or charitable care to patients.
- More than half of practices reported that between 1 – 10% of both their charges, and patients, constituted/received uncompensated or charitable care.
- A little more than 10% of practices reported that more than 20% of their charges, and patients, constituted/received uncompensated or charitable care.

Figure C-5: Impact of Decreased Reimbursement Rates on Pathology Practices in The Past Two Years



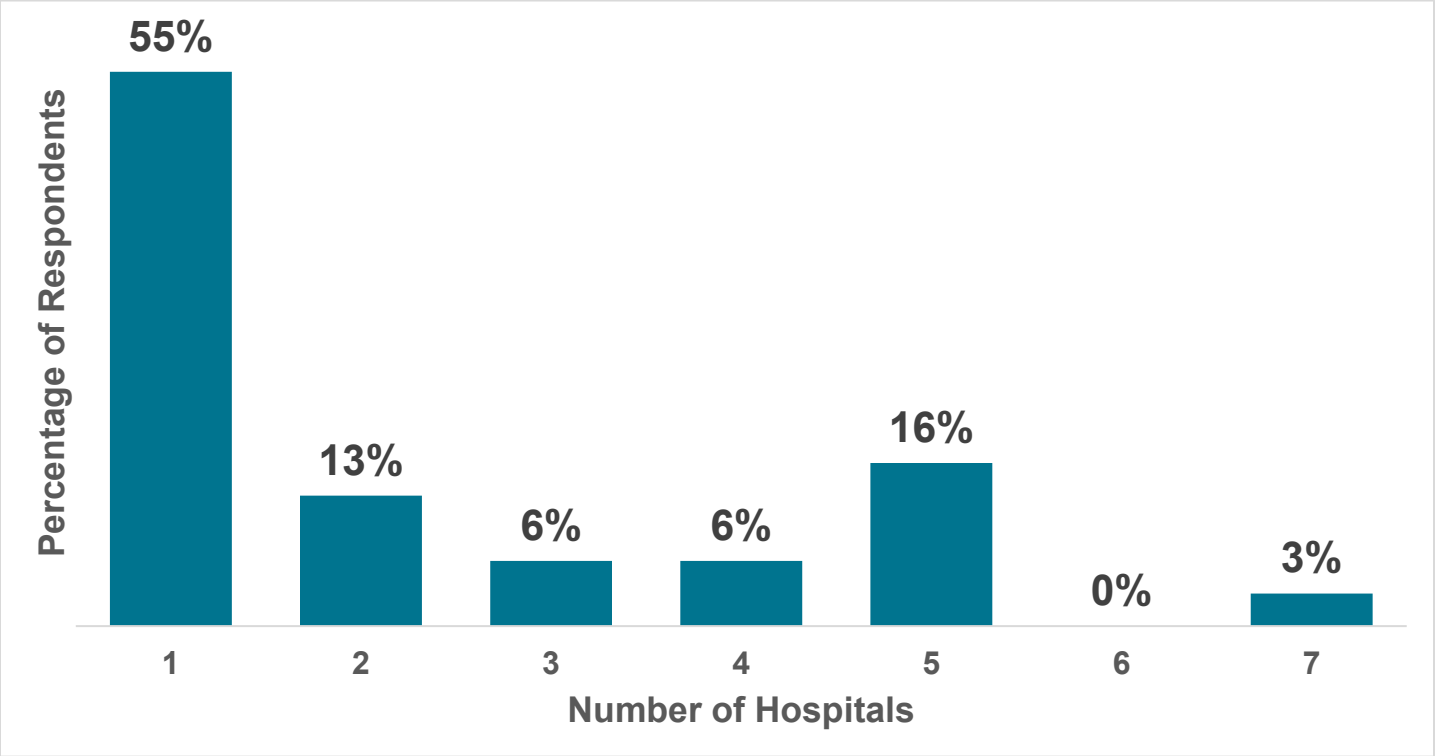
Q21. Over the past 2 years, has your group/practice been impacted by decreased reimbursement rates for pathology services? Base: All Respondents. [n=260]
Q22. In which of the following ways, if any, has your group/practice been impacted by decreased reimbursement rates for pathology services Base: Those who answered "Yes" to Q21. [n=184]

- Seventy-one percent of practice leaders reported their practices were impacted by decreased reimbursement for pathology services in the past two years.
- Forty-three percent of practice leaders reported they had to reduce pathologists' compensation, 26% had to reduce of non-pathologists staffing levels, and 18% had to reduce pathologist staffing levels.
- Twenty-six percent of practice leaders reported increased turn-around time for pathology reports, 17% had to decrease or discontinue some on site pathology services, 17% had to outsource some clinical laboratory tests, and 14% had to outsource some anatomic pathology services.

Other Ways Respondents Were Impacted by Decreased Reimbursement Rates

- A mix of pathologists carrying heavier clinical loads and sending out case volumes (AP and CP) when at max load
- Cancelled equipment
- Could not hire new staff despite increasing volume across the system
- Delayed compensation review
- Everyone is just working harder without adding additional staff to cover the increased workload
- Forced to do more work than is safe with increased error rates and litigation
- Had to supplement income with locum tenens work
- No increases in salary for pathologists
- Reduced annual salary increases. Source cheaper supplies. Consolidate courier routes.
- Restrictions to add FTE based on volumes.
- Unable to capture cost of living increase with fees for service.

Figure C-6: Number of Hospitals at Which Services Were Discontinued

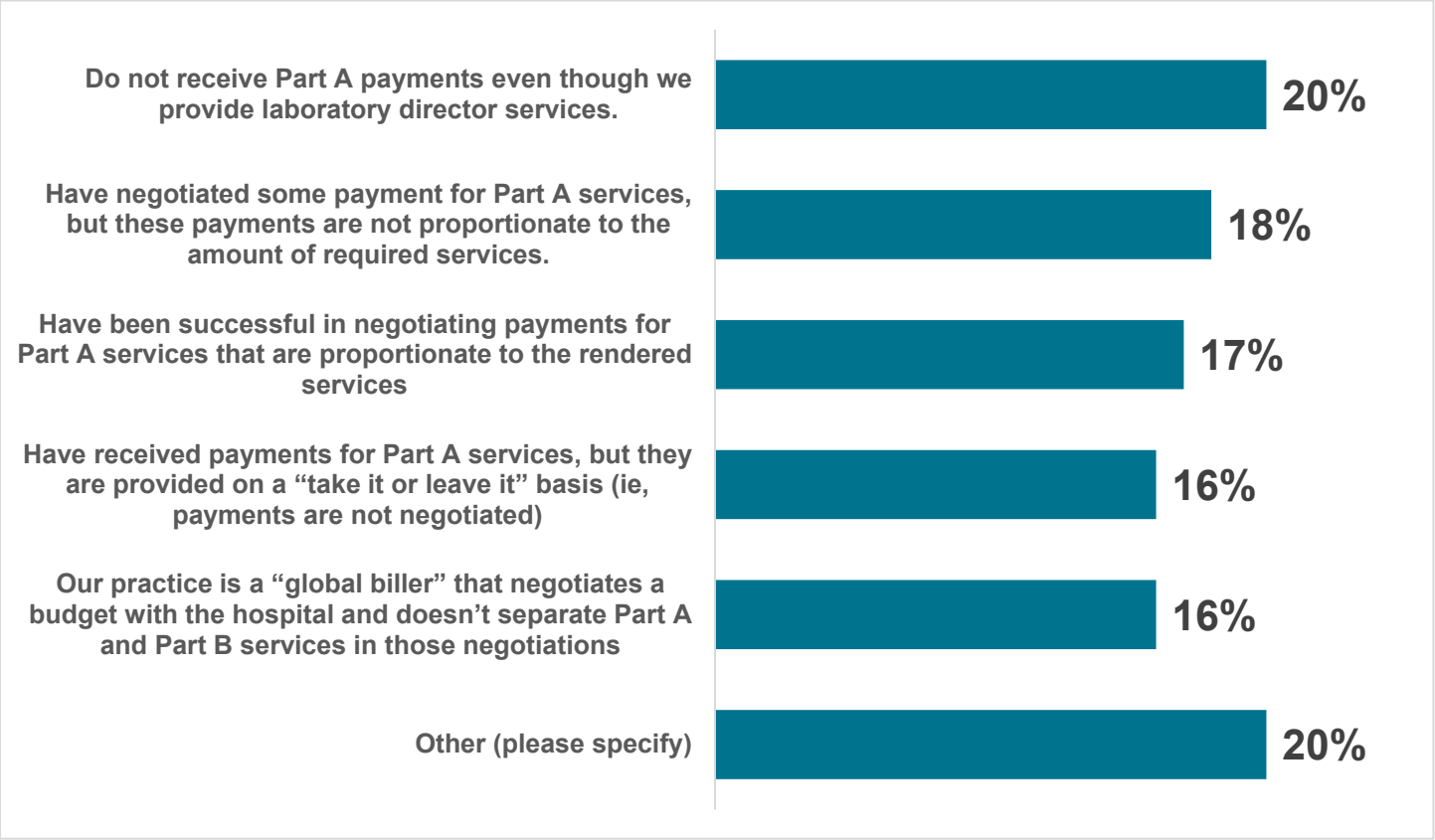


Q23. You indicated your practice has had to decrease or completely discontinue some on-site pathologist services as a result of decreased reimbursement rates at one or more hospitals. Please specify the number of hospitals at which your group/practice has had to discontinue some services. Base: Those who responded that their practice had discontinued or reduced one or more services to hospitals as a result of decreased reimbursement. [n=31]

- A new question for 2025, the survey asked those practice leaders who reported they had to decrease or discontinue at least some services on-site at one or more hospitals as a result of decreased reimbursement to specify at how many hospitals they had to discontinue some on-site services.

- Fifty-five percent of practices that had to discontinue at least some on-site services as a result of decreased reimbursement did so at one hospital. However it is worth noting that, as illustrated in Figure A-4, the majority of practices provide services to 3 or fewer hospitals, with a 29% providing services at a single hospital.

Figure C-7: Payment for Medicare Part A Services



Q24.For Part A services provided to Medicare recipients, which of the following best describes your group's/practice's current experience at any of your contracted hospitals? (Select all that apply.) Base: All Respondents. [n=251]

- The management and supervision of a clinical laboratory is a professional service for the general benefit to patients and is reimbursed by Medicare Part A and by private payers as PC of CP payments. Because reimbursement under Part A is made directly to the hospital, the pathologist or pathology group responsible for management and supervision of the laboratory must seek payment from the hospital. The amount of compensation paid by a hospital to a pathologist or pathology group for their services is a matter of negotiation. (CAP members can learn more about pathologist specific services covered under Medicare Part A at www.cap.org)

- Twenty percent of respondents reported that their practices provided laboratory director services to hospitals, but they did not receive Part A payments from some or all of the hospitals at which they provided those services.

- Less than one fifth (17%) of practices report that they have been successful in negotiating fair payments for Part A services.

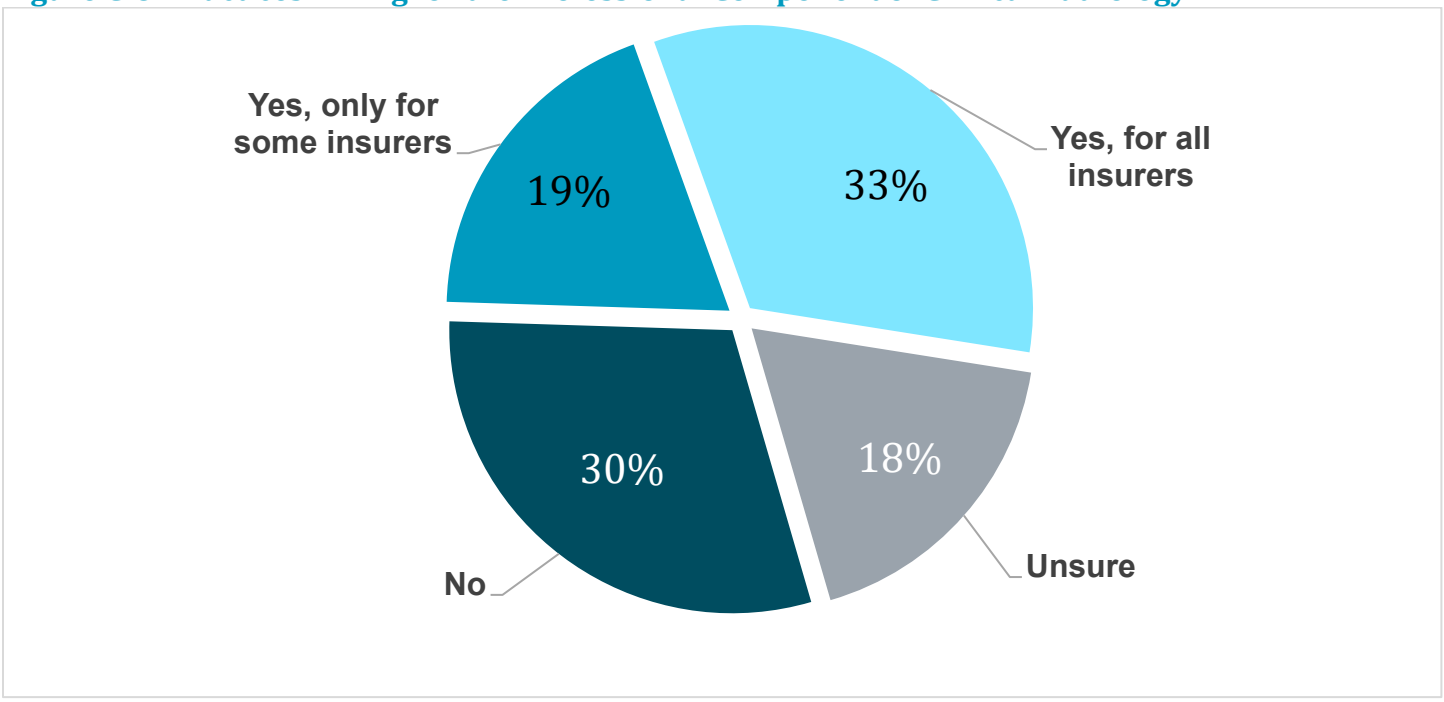
- Eighteen percent of practices negotiated payments for Part A services, but these payments were not proportionate to the amount of required services the practice provides.

- Sixteen percent of respondents reported that, while their practices received Part A payments for laboratory director services that they provided, those payments were not negotiated with their practice, but rather are provided on a "take it or leave it" basis.

Other Please Specify:

- We are in the Veterans Affairs System. We are Federal employees.
- We are currently negotiating payments for Part A services with our primary hospital that is now part of a larger system (UCHealth).
- VHA hospital
- VA
- Online practice, CP
- Not involved in this negotiation
- Not applicable - I work at a VA
- Not applicable
- Not affected
- No contracted hospital services provided
- negotiated at business, not laboratory, level
- N/A - Military health environment
- Laboratory directors are employed by hospital
- Handled by hospital lab
- Handled by hospital billing
- Government (VA)
- Government
- Federal budget
- Do not receive Part A payments
- Do not provide this service
- Do not do hospital work
- Customers reimburse
- Blood bank
- All County Funded

Figure C-8: Practices Billing for the Professional Component of Clinical Pathology

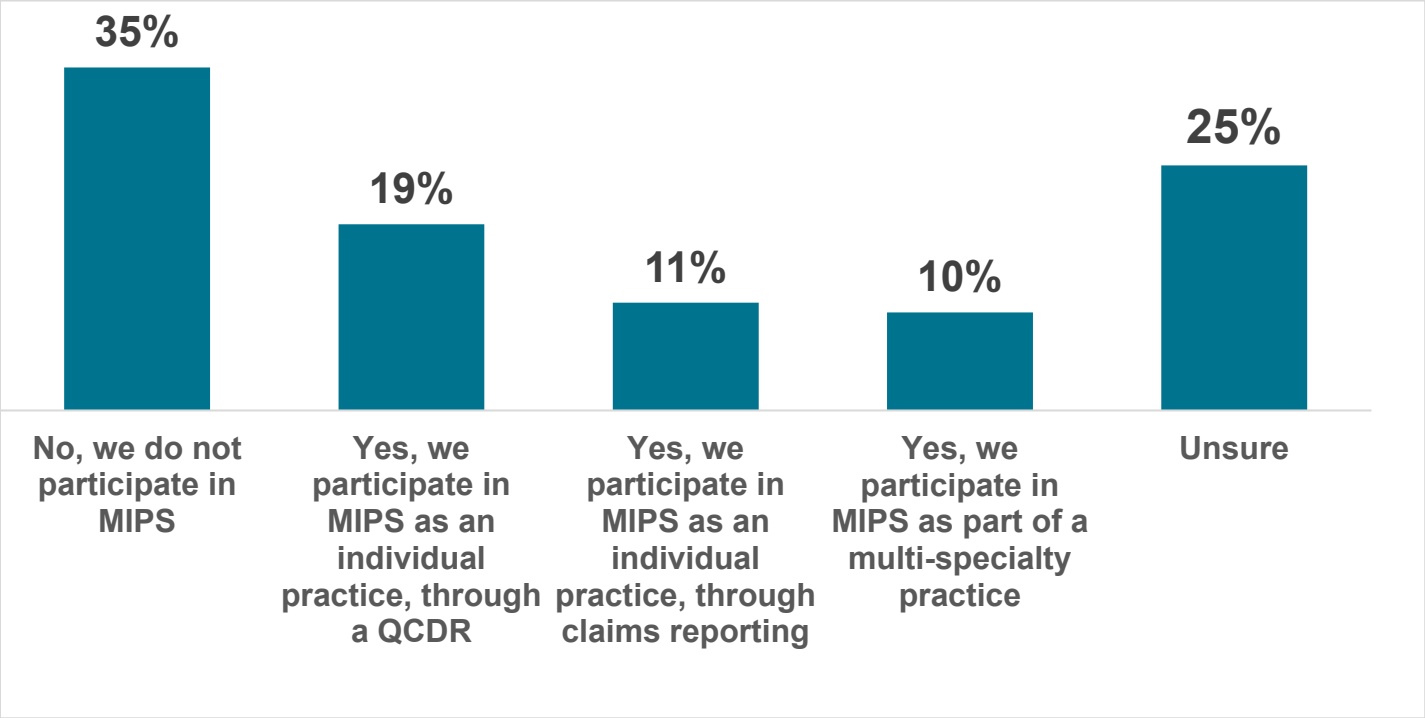


Q25. Does your group/practice directly bill insurers other than Medicare for the professional component of clinical pathology (PC of CP) services? Base: All Respondents. [n=257]

- The issue of payment from private insurers for the professional component of clinical pathology (PC of CP) services is analogous to the issue of payment from hospitals for Part A services provided under Medicare in that both typically are for laboratory director services. A little over half (52%) of respondents indicated they billed at least some non-Medicare insurers for the PC of CP services. Thirty-three percent billed for these services for all non-Medicare insurers, and 19% billed for these services for some insurers.

- Thirty percent of respondents do not bill insurers for the PC of CP and 18% were unsure.

Figure C-9: Participation in Medicare's Merit-Based Incentive Payment System



Q27. Does your group/practice participate in Medicare's Merit-based Incentive Payment System (MIPS)? Base: All Respondents. [n=257]

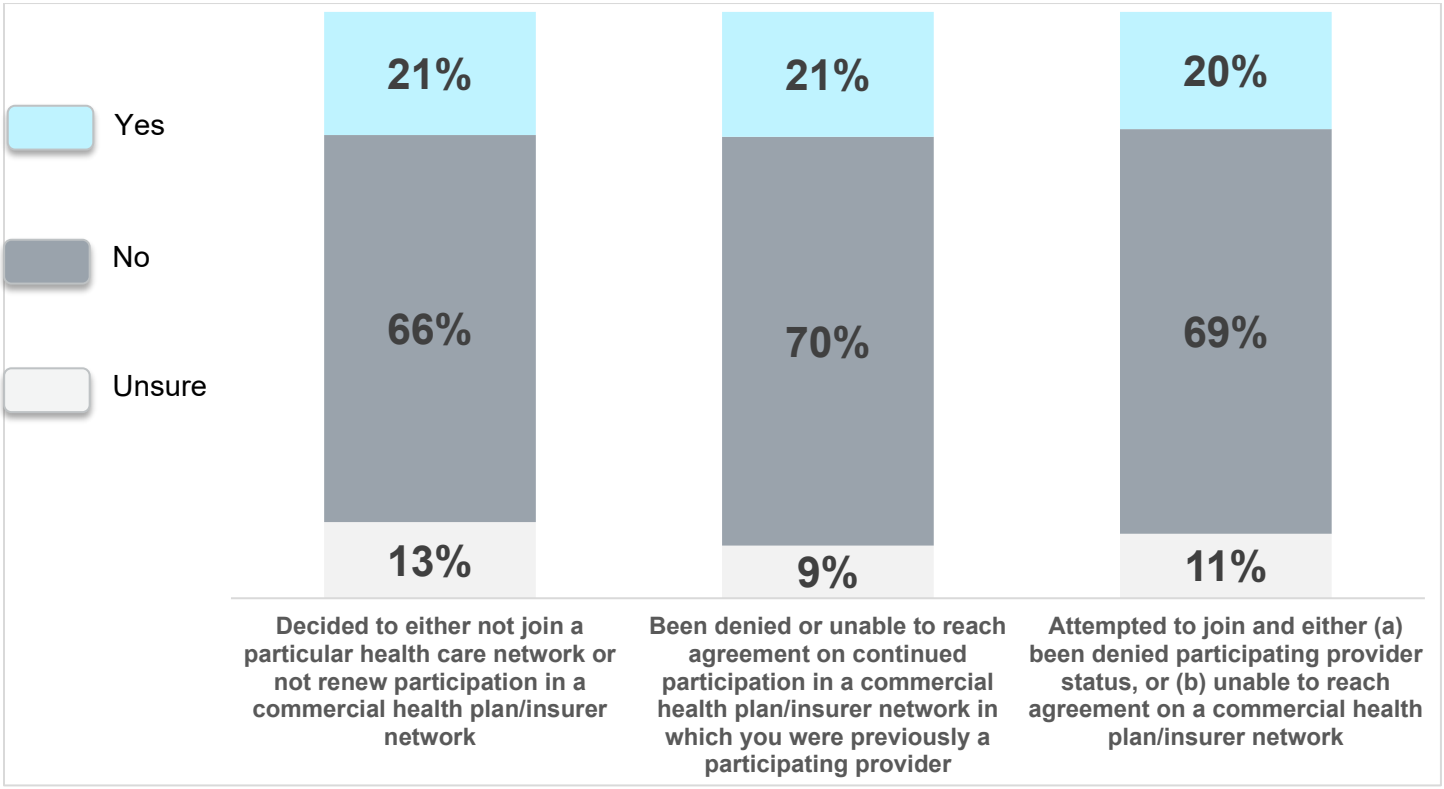
- A new question in 2025, the survey asked practice leaders if they participated in Medicare's merit-based incentive payment system (MIPS) and how.
- Forty percent of practice leaders reported they participated in MIPS in some fashion.
- Sixty percent of practice leaders either did not participate or were unsure.
- See Figure X-8 for crosstabulation by practice setting.

D: Health Plans and Health Care Networks

This section summarizes data on:

- Denial and Non-participation in Health Plans and Health Networks

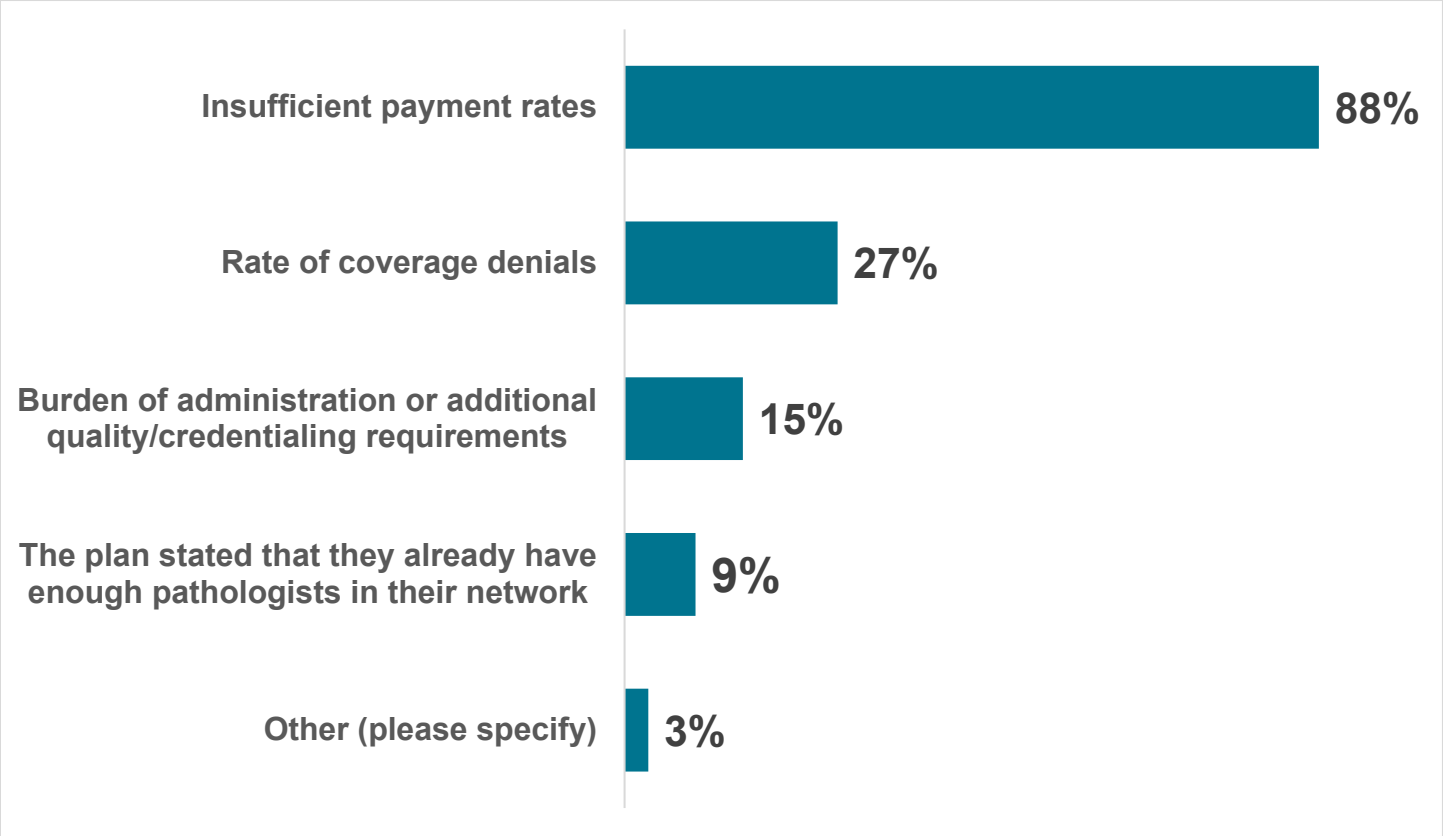
Figure D-1: Denial and Non-Participation in Commercial Health Plans or Insurer Networks in the Last 2 Years



Q29. Within the last two years, has your group/practice (experienced any of the following, select all that apply)? Base: All Respondents. [n=255]

- Twenty-one percent of practice leaders reported their practice decided not to join a particular health care network or not to renew participation in a commercial health plan or insurer network.
- Twenty-one percent reported their practice had been denied continued participation in a commercial health plan or insurer network in which it was previously a participating provider.
- Twenty percent reported their practice attempted to join a commercial health plan or insurer network but was denied participating provider status or were unable to reach agreement.
- There was no statistically significant difference between the 2023 results and 2025 results for this question.

Figure D-2: Factors Contributing to Not Joining/Renewing or Being Denied Participation in Commercial Health Plan/Insurer Network



Q30. Which of these factors contributed to your group/practice not joining/renewing or being denied participation in a commercial health plan/insurer network? (Select all that apply.) Base: Those that didn't Join/Renew or Were Denied Participation per response to Q29. [n=33].

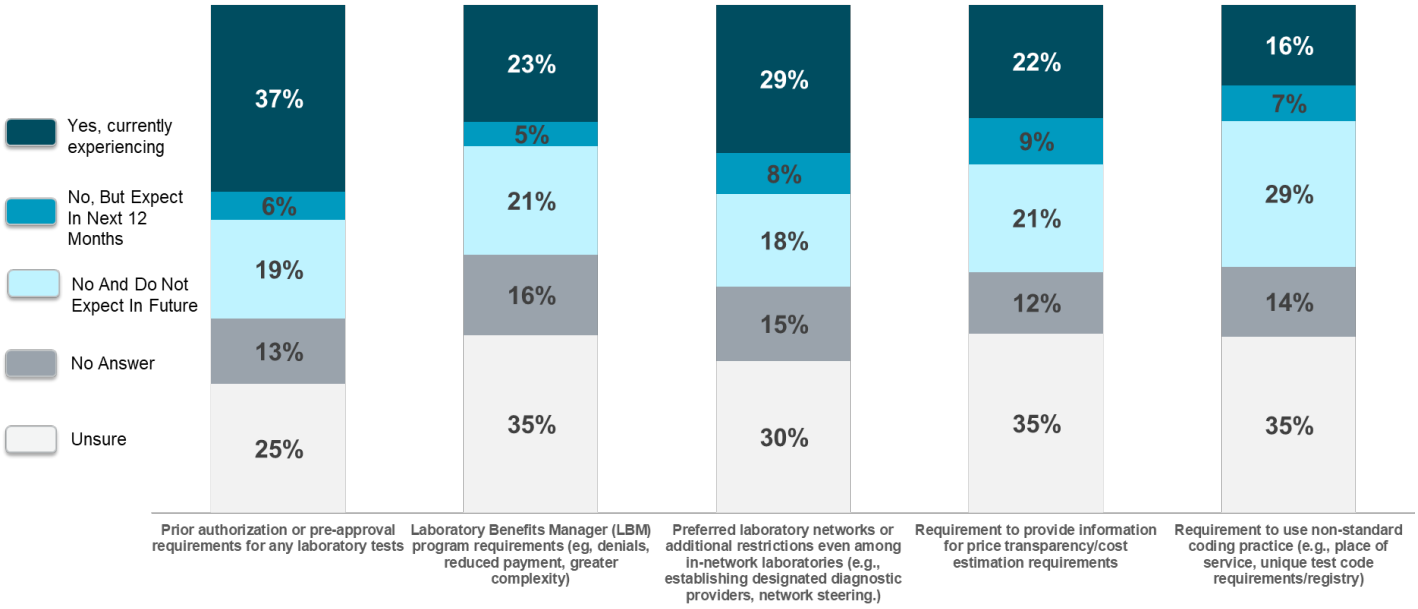
- The most frequently cited reason for not joining or not renewing participation in a commercial health plan/insurer network was insufficient payment rates from the health plan/ insurer network (88%). This reason was cited about three times more often than the burden of administration or additional quality/credentialing requirements, the plan already having enough pathologists in their network, and the plan's rate of coverage denials.

E: Experiences With Utilization Management

This section summarizes data on:

- Practices Experiences with Utilization Management
- Prior Authorization and Pre-approvals by Medicare Advantage

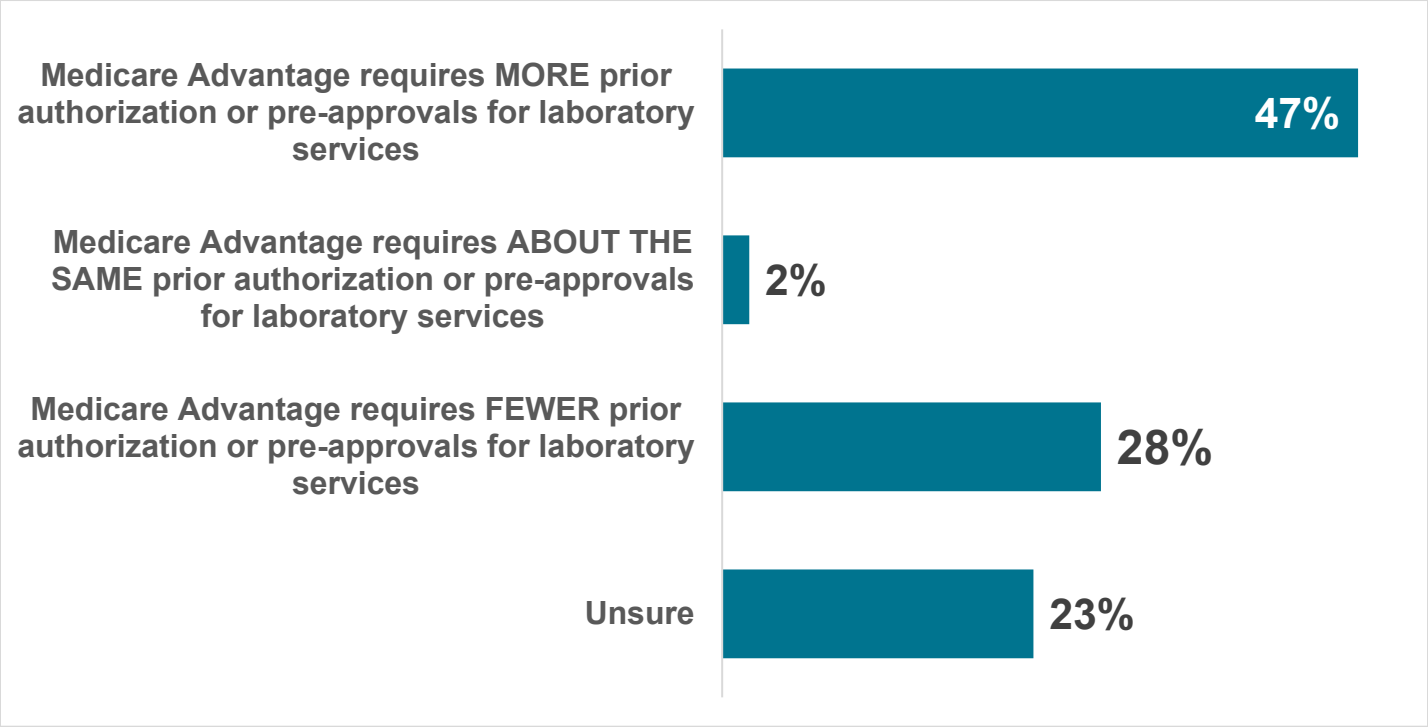
Figure E-1: Practices Experiencing Various Utilization Management Approaches by Third-Party Payers



Q31. Has your group/practice experienced the following requirements imposed by private payors? Base: All Respondents [n=250]

- Practice leaders were asked whether their practice experienced various types of utilization management approaches applied by private and public third-party payers. The most prevalent utilization management approaches experienced by respondents included prior authorization or pre-approval requirements for laboratory tests (37%) and usage of preferred laboratory networks (29%).

Figure E-2: Medicare Advantage Prior Authorization and Pre-Approval Requirements Compared to Other Payors, 2024



Q32. You indicated that your group/practice is experiencing prior authorization and pre-approval requirements for some services and received some revenue from Medicare Advantage in 2024. How would you describe Medicare Advantage prior authorization and pre-approval requirements compared to other payers? Base: Respondents experiencing prior authorization in Q31 AND who received some revenue of Medicare Advantage in Q18. [n=43]

- Practice leaders who indicated they were experiencing prior authorization or pre-approval requirements for some laboratory tests (see Figure E-1) and received some revenue from Medicare Advantage (see Figure C-2) were asked to describe their experiences with Medicare Advantage prior authorizations and pre-approvals relative to that of other payors.

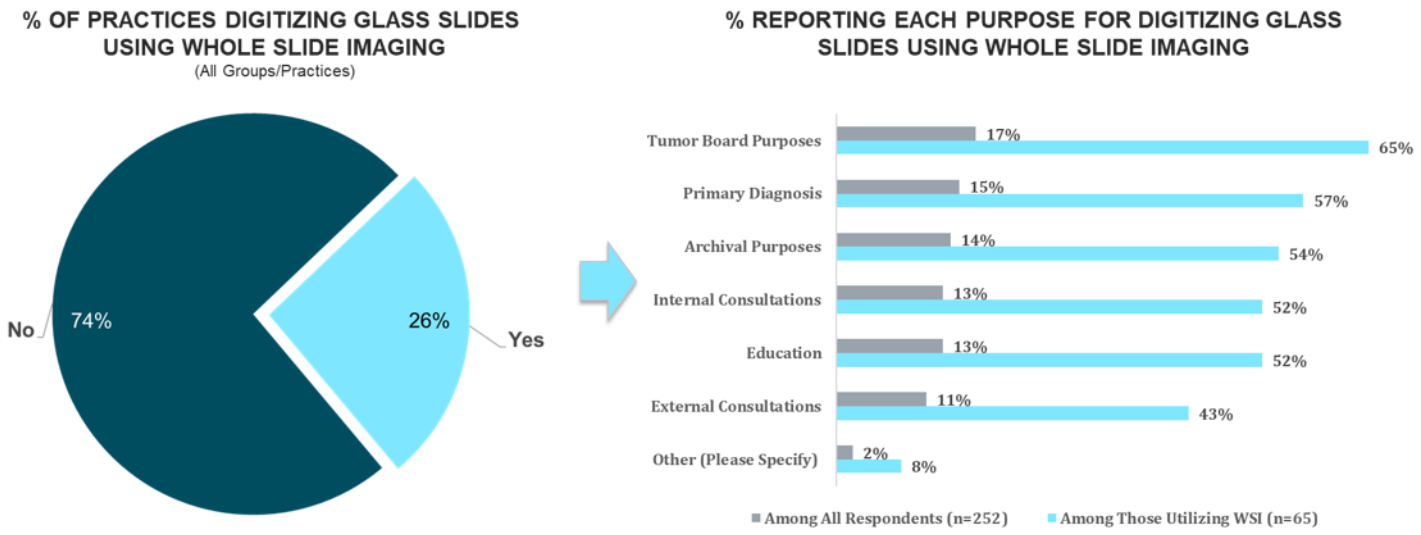
- Although responses varied, the predominate perception was that Medicare Advantage required more prior authorization or pre-approvals for laboratory services than other payors.

F: Digital Pathology

This section summarizes data on:

- Utilization of Whole Slide Imaging
- Purposes of Whole Slide Imaging
- Percentage of Surgical Case Volume Utilizing Whole Slide Imaging for Primary Diagnosis
- Use of Category III Add-on Codes

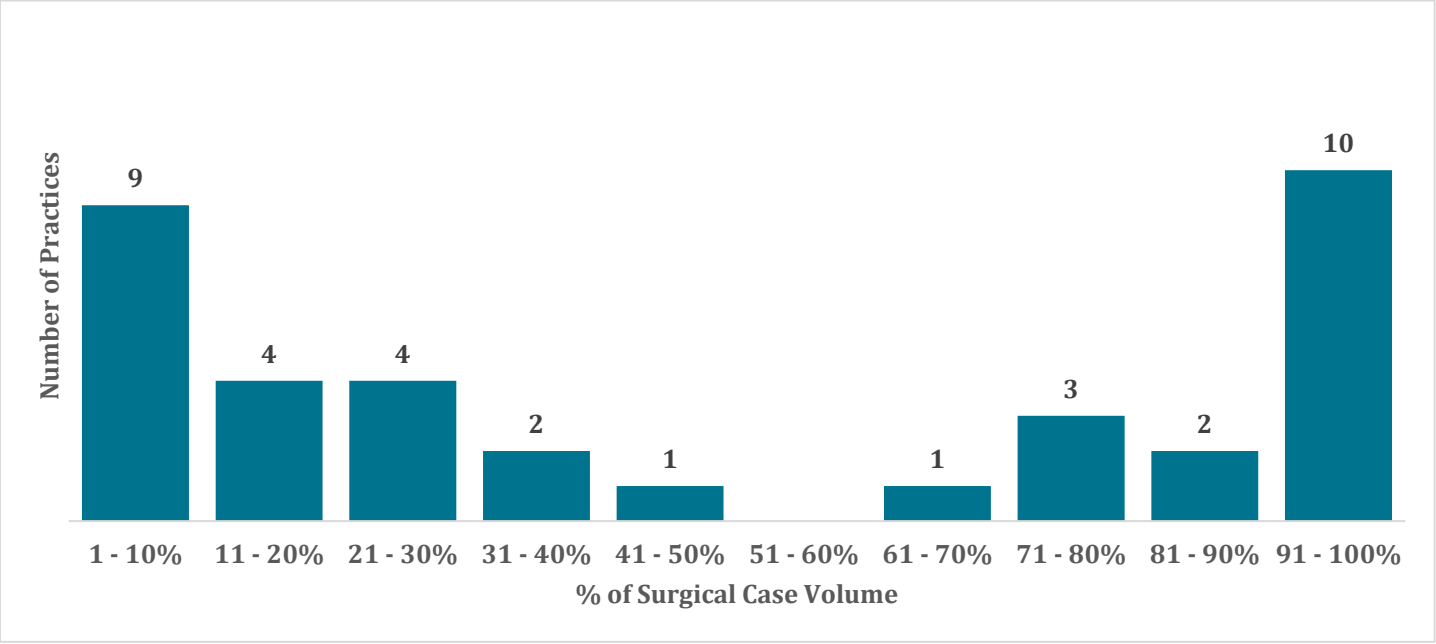
Figure F-1: Percentage of Practices Digitizing Glass Slides Using Whole Slide Imaging, Overall and by Purpose



Q33. Does your laboratory digitize glass microscope slides using whole slide imaging? Base: All Respondents [n=252]
Q34. For what purposes does your laboratory digitize glass microscope slides using whole slide imaging? (Select all that apply.) Base: Respondents who reported their practice digitizes glass slides using WSI in Q33. [n = 65]

- Overall, 26% of practice leaders reported that their practices digitize glass slides by whole slide imaging (WSI).
- Of those practices digitizing glass slides using WSI, the most common purpose was for use in tumor boards (65%). Over half of practices digitizing glass slides for WSI reported doing so for a variety of purposes including of primary diagnosis, archiving, internal consultation, and education.
- With regards to primary diagnosis, only 37 of 252 practices (or 15% of all respondents) reported digitizing glass slides using WSI for that purpose.
- There is some evidence of statistically significant variation in practice use of WSI by practice setting. Notably, WSI usage by practice in academic hospitals settings was higher than those in non-academic, physician office, and government owned practice settings. Results for cross tabulation by practice setting and significance testing can be found in the appendix, see Figure X-7.

Figure F-2: Fraction of Surgical Cases Utilizing Digitized Whole Slide Images for Primary Diagnosis



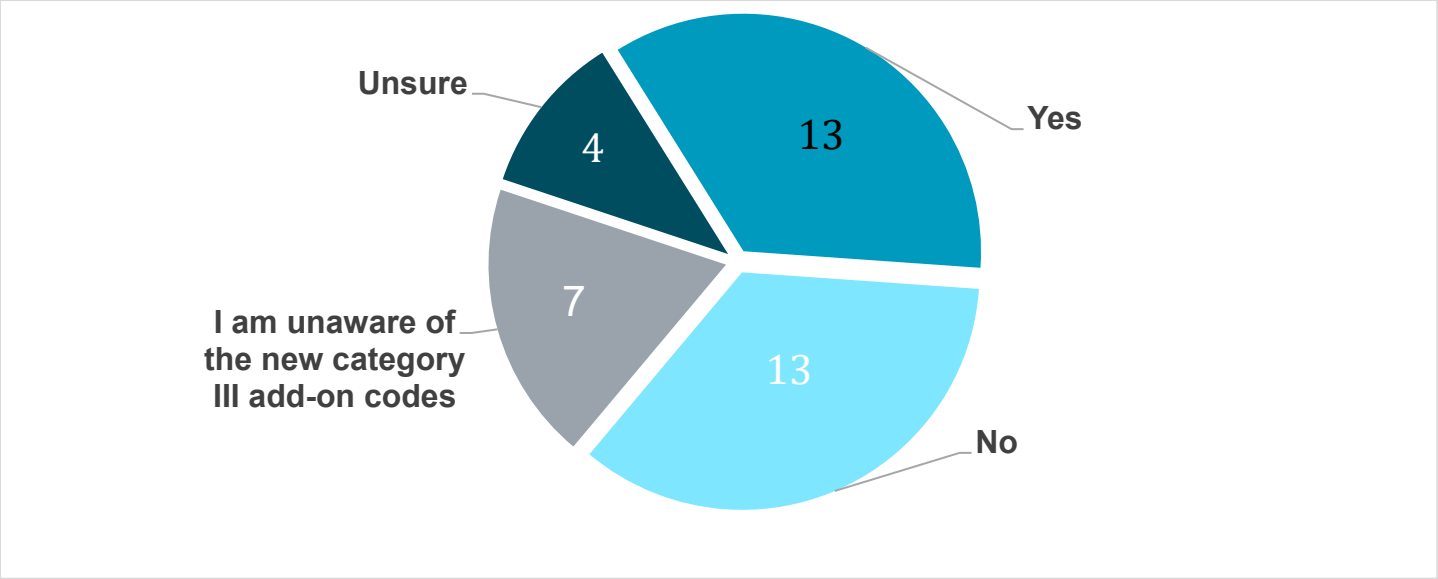
Q35. What percent of your total surgical pathology case volume utilizes digitization of glass microscope slides using whole slide imaging for primary diagnosis? Use the drop-down list to reflect your answer. Base: Among those digitizing glass slides for the purposes of primary diagnosis in Q34. [n=36]

- The survey asked practice leaders who indicated that their practice digitizes glass slides using WSI for the purposes of primary diagnosis, what percentage of their surgical cases were digitized in this manner. This question was dependent on answers to two preceding filter questions, which resulted in a relatively small (n=36) sample size. Because of this, we show the actual number of responding practices in each decile category rather than percentages.

- For the purpose of primary diagnosis, 9 of 36 practices digitize 10% or less of their surgical case volume, while at the other extreme, 10 practices digitize 91% or more of their surgical case volume, with many fewer practices in between.

- The percentage of surgical case volume digitized using WSI for primary diagnosis varied widely, with a strikingly bimodal distribution skewed to the extremes. Although this suggests possibly significant differences between respondents using WSI for primary diagnosis, small sample size precludes meaningful cross-tabulations within the respondent sample to explore this further.

Figure F-3: Practices Utilizing Whole Slide Imaging for Primary Diagnosis – Use of The New Category III Add-On Codes



Q36. Is your laboratory currently reporting/billing the new category III add-on codes 0751T-0763T and 0827T-0856T along with your surgical pathology codes when digitizing glass microscope slides? Base: Among those digitizing glass slides for the purpose of primary diagnosis. [n=37]

- Practice leaders who indicated that their practices digitizes glass slides using whole slide imaging for the purposes of diagnosis were asked whether or not they are using the new category III add-on codes along with their surgical pathology codes. This question was dependent on answers to two preceding filter questions, which resulted in a relatively small (n=37) sample size. Because of this, we show the actual number of responding practices in each category rather than percentages.

- Thirteen practices, approximately 35% percent of those practices digitizing slides using WSI for the purposes of primary diagnosis, report using the new category III add-on codes for their surgical pathology cases. An equal number of practices indicated they are aware of the codes but do not utilize them.

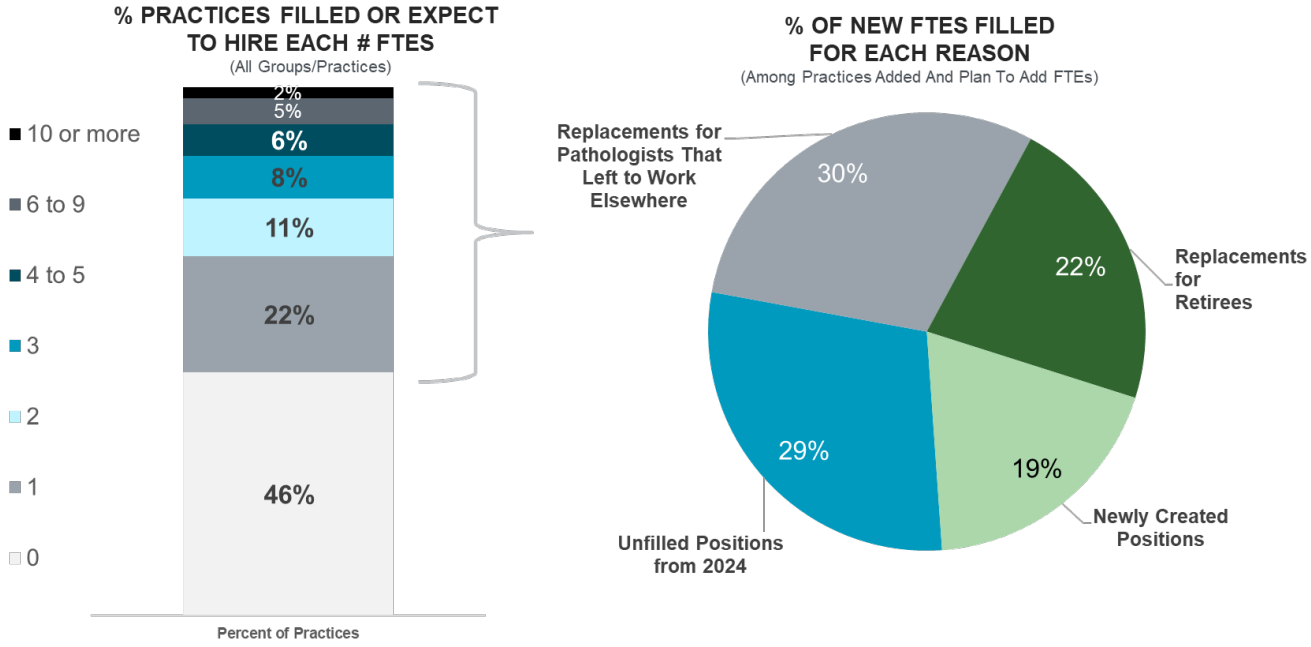
- Seven practices reported they were unaware of the new category III add on codes and 4 practices were unsure whether their practice utilized the codes.

G: Pathologist Workforce

This section summarizes data on:

- Pathologist Hiring in 2025
- Positions Eliminated in 2025
- Areas of Expertise Sought in Hiring
- Minimum Level of Experience Sought by Practice Area
- Hiring Expectations 2026-2028
- Practices Seeking Locum Tenens Services
- Impact of Visa Requirements on Hiring

Figure G-1: Pathologist Positions Practices Sought to Fill in 2025, and Reasons for Hiring



Q40. How many FTE pathologist positions has your practice already filled or is seeking to fill in calendar year 2025? Please use your best estimate. Do not include recruitment for residency or fellowship positions. Base: All Respondents. [n=221]
Q41. Of the positions your practice has filled or is seeking to fill in calendar year 2025, how many are each for each the following? Your total must = (answer to Q40). Enter '0' in field if answer is zero. [n= 121] Note: only those responses that equaled the value input in Q40 were included. Calculations in pie chart based on distribution of actual number of positions each practice reported to hire.

- More than half (54%) of practice leaders reported that their practice intended to hire at least one FTE pathologist in 2025. A little more than one-fifth of practices (22%) indicated they have hired or are seeking to hire one FTE pathologist. About one-third (32%) of practices indicated they have hired or are seeking to hire 2 or more FTE pathologists.

- Thirty percent of positions filled/sought were for the replacement of a pathologist who had left to work elsewhere. Another 29% of positions filled/sought were for unfilled positions from 2024.

- Nineteen percent of positions filled/sought were newly created.

- Twenty-two percent of positions filled/sought were to replace retirees.

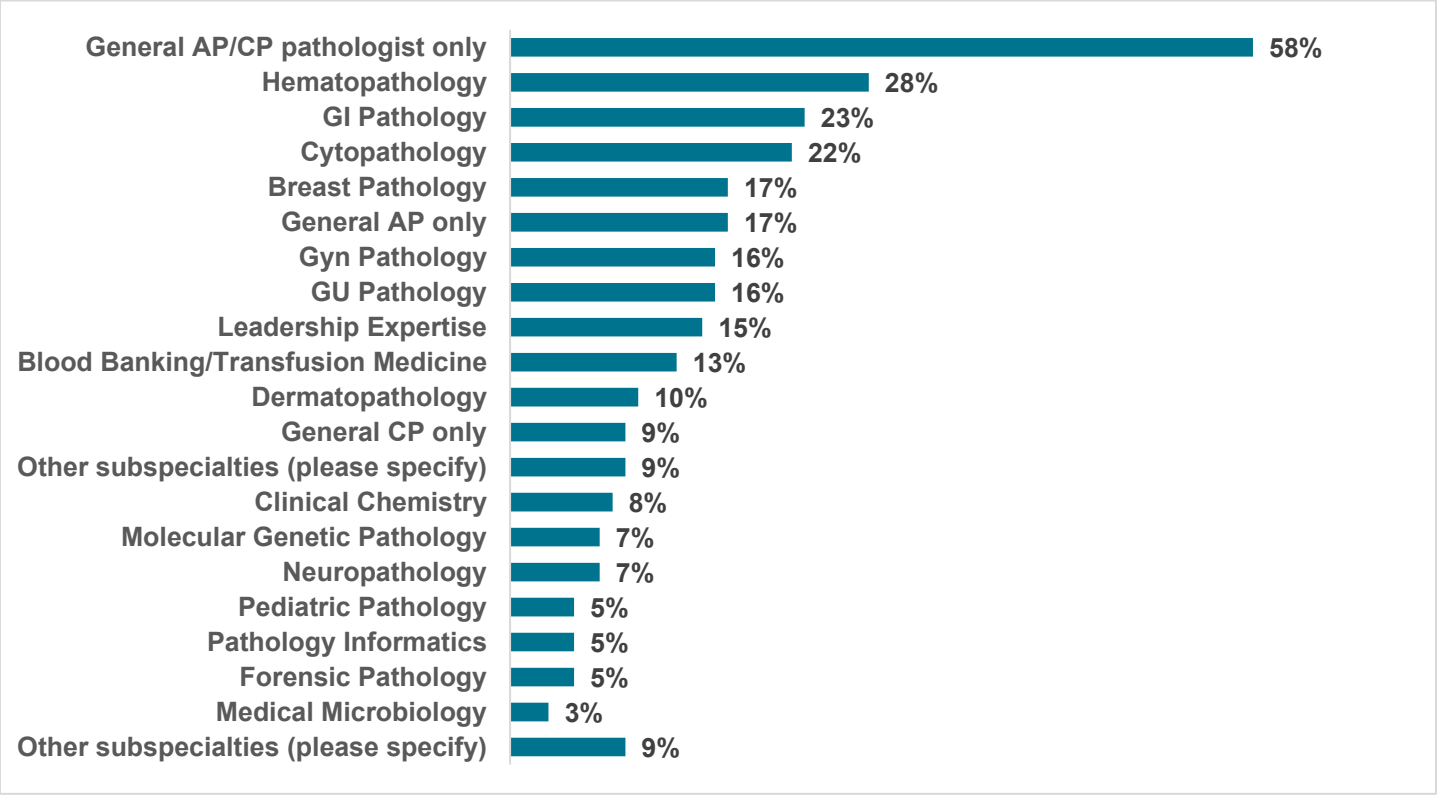
Figure G-2: Number of Pathologist Positions Practices Sought to Fill in 2025, by Practice Size

Practice Size *(In Terms Of # Of Pathologists)*	Number of Practices	Median Number of FTEs	Mean Number of FTEs	Std. Dev	Minimum Number of FTEs	Max Number of FTEs
1 - 3	63	0	0.5	0.8	0	4
4 - 9	98	1	1.1	1.4	0	7
10 - 20	45	1	2.2	3.3	0	20
21+	43	5	5.7	4.5	0	25

Q40. How many FTE pathologist positions has your practice already filled or is seeking to fill in calendar year 2025? Note: Please use your best estimate. Do not include recruitment for residency or fellowship positions. Base: All Respondents. [n=249]
Q7. At the end of 2024, what is the TOTAL number of pathologists that were employed at your group/practice including both those employed "full-time" and "part-time". (Note: We are looking for the total number of people, regardless of hours worked.) Write in your response below. Base: All respondents who also answered Q40. [n=249].

- Smaller practices (size1 – 3) had a median of 0 full time equivalent (FTE) positions sought and mean number of FTE positions sought of less than 1.
- Moderately sized practices (size 4 – 9) had a median of 1 FTE position sought and a mean of 1.1 FTE positions sought.
- Larger practices (size 10 – 20) had a median of 1FTE position sought and a mean of 2.2 FTE positions sought.
- The largest practices (size 21+) had a median of 5 FTE positions sought and a mean of 5.7 FTE positions sought.

Figure G-3: Areas of Expertise Sought in Hiring, 2025



Q42. Of the FTE pathologist positions that your practice has filled or is seeking to fill in 2025, what are the critical areas of expertise essential to hiring the individual? (Select all that apply.) Note: These are areas for all the positions open, not areas of expertise expected for a single position. Base: Among those with position already filled or hiring in 2025. [n=151]

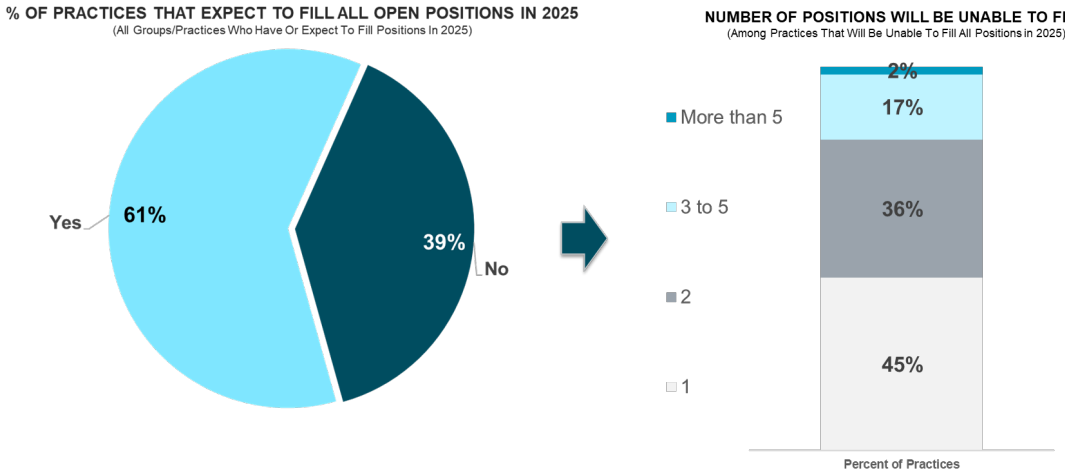
- Respondents provided information on the critical areas of expertise they were seeking for each of the pathology positions they sought to fill in 2025. Figure G-3 shows the distribution of positions by area of critical expertise, across all settings. Overall, 58% of practice leaders were seeking pathologists with expertise in general AP/ CP.

Other Subspecialities (Please Specify):

- Renal
- Pulmonary (2)
- Ophthalmic Pathology
- Nephropathology
- Immunology, Flow Cytometry
- Head & Neck (5)
- Thoracic
- Cardiac/Transplant Pathology
- Bone and Soft Tissue Pathology (4)

- Among subspecialty areas of expertise sought, the top 5 were Hematopathology (28%), Gastrointestinal Pathology (23%), and Cytopathology (22%), with Breast Pathology and General Anatomic Pathology tied at 17% each. These were followed by Gynecological Pathology and Genitourinary Pathology tied at 16% each.

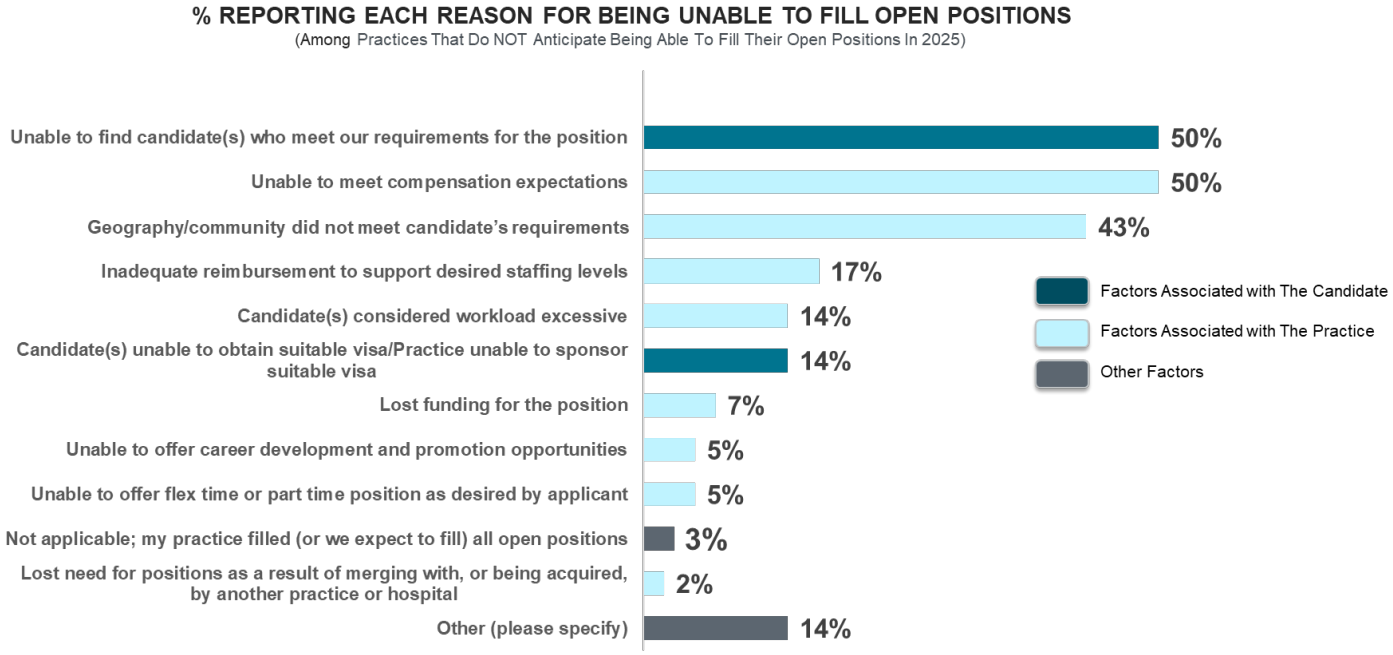
Figure G-4: Practice Anticipation of Inability to Fill Positions, and Number of Positions Unfilled



Q44: Do you anticipate being able to fill ALL the positions you would like to fill in 2025? [n=150] Q45. How many of the (fill in from Q44) positions you planned to add in 2025 do you anticipate you will NOT be able to fill as intended? [n=53]

- Of the practices seeking to hire at least one pathologist in 2025, 61% expect to fill all positions.
- Of the 39% of practices that anticipate being unable to fill all positions the majority expect only to be unable to fill 1 (45%) or 2 (36%) positions.

Figure G-5: Reasons for Inability to Fill Open Pathologist Positions

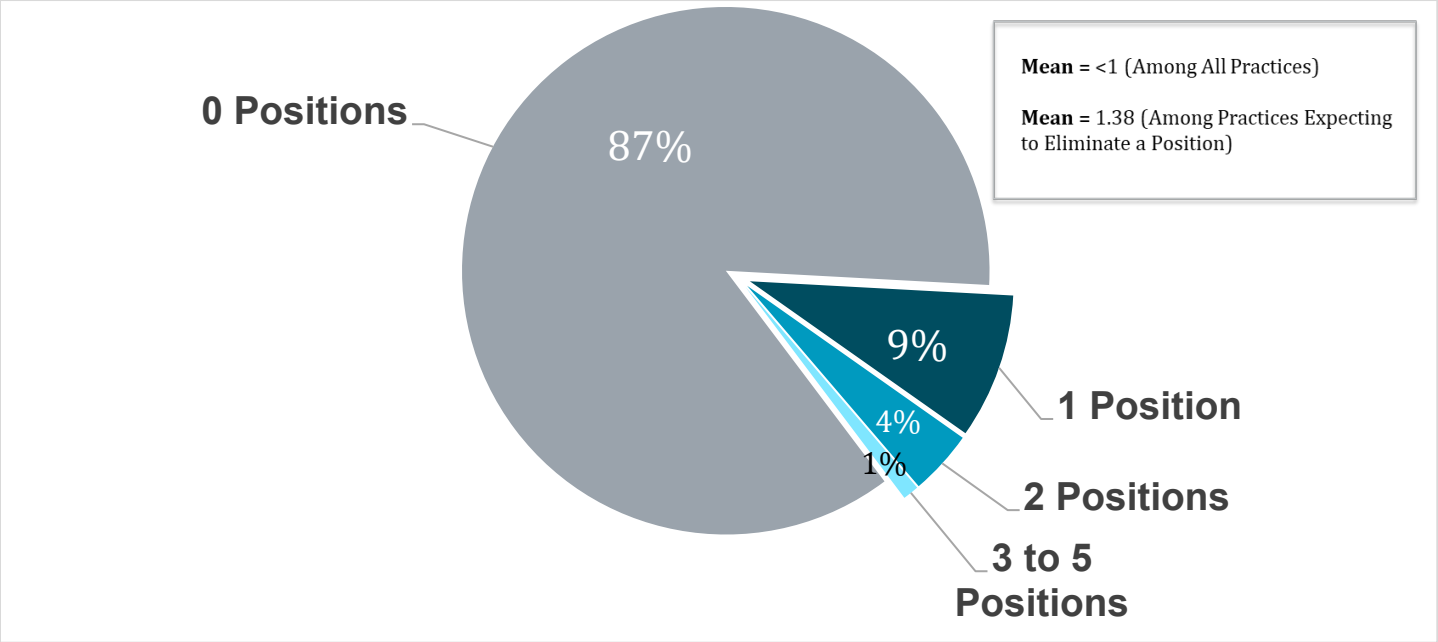


Q46. If your practice has been unable to fill positions, or if you anticipate it being unable to fill positions), please indicate the reasons, or anticipated reasons: (Select all that apply.) Base: Among practices that do NOT anticipate being able to fill their open positions in 2025. [n=58]

- Figure G-6 shows the reasons that practice leaders cited for why they have been unable to fill—or anticipate being unable to fill—open positions.

- One-half of the respondents (50%) cited an inability to find candidates who meet their needs and/or being unable to meet compensation expectations as the top reason(s) for not being able to fill open positions. Forty-three percent stated their geography/community did not meet the candidate's requirements.

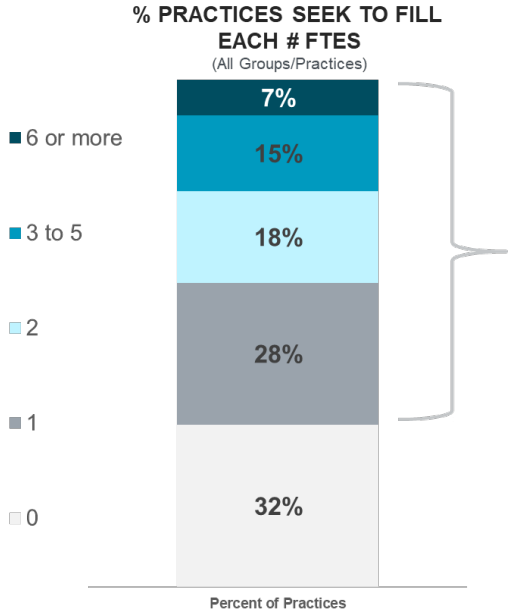
Figure G-6: Expectation for Elimination of Pathologists Positions, by Number of Positions Eliminated

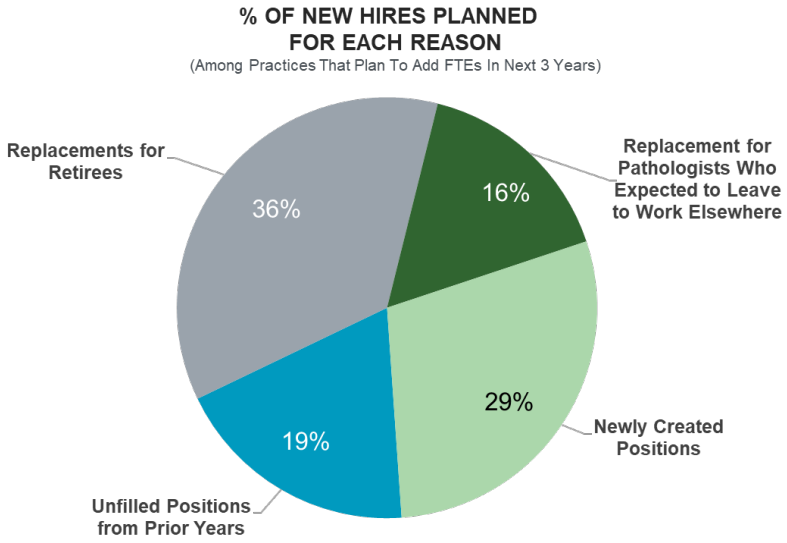


Q47. How many FTE pathologist positions does your practice expect to be eliminated this year? (Please use your best estimate.) Base: All Respondents. [n=245]. Note: Percentages may total more than 100% as a result of rounding.

- The vast majority (87%) of practice leaders do not expect to eliminate any pathologists positions in 2025. Only 14% of practice leaders anticipated eliminating one or more pathologist positions.
- Among those practices anticipating eliminating one or more pathologists positions, the average number of pathologist FTEs expected to be eliminated was 1.38.

Figure G-7: Practice Leaders Expectations for Hiring in the Next 3 Years





Q48. How many FTE pathologist positions do you expect that your practice will seek to fill over the next three years, i.e. 2026 – 2028? (Please use your best estimate. Do not include recruitment for residency or fellowship positions.) Base: All Respondents. [n=225]
Q49. Of the (FILL IN FROM Q48) you will seek to fill over the next three years, how many do you expect to be each of the following? Total must = (FILL IN FROM Q48). Enter "0" in fields if answer is zero. [n = 154] (Note: only those responses that equaled Q48 were included.) New FTE's over next three years for each practice counted as one, regardless of number of positions expected to fill. Calculations in pie chart based on distribution of actual number of positions each practice reported expecting to seek to hire.

- Practice leaders were asking to estimate their expected hiring over the next three years (i.e. 2026 – 2028) including both the number of positions they expect to seek to fill and the expected reasons for seeking to hire.

- A little over two thirds of practice leaders (68%) reported they expect to seek to hire one or more FTE pathologist positions over the next three years.

- Thirty-six percent of positions practices expect to seek to fill in the next three years are anticipated to be for replacements for retirees. Twenty-nine of positions are expected to be fore newly created positions. Nineteen percent of positions are expected to be for unfilled positions from prior years. Sixten percent of positions are expected to be for replacements for pathologists who left to work elsewhere.

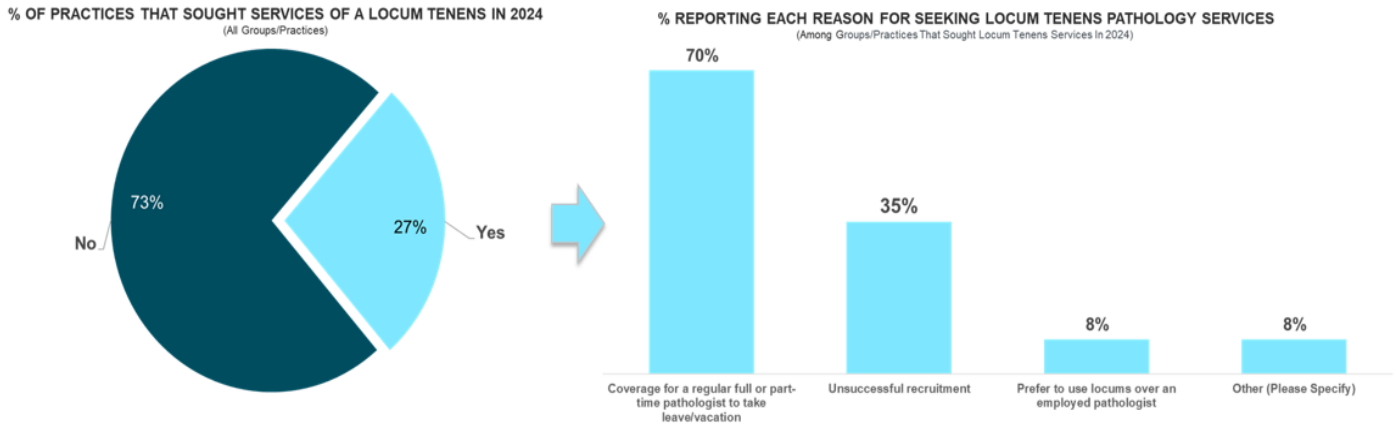
Figure G-8: Number of Pathologist Positions Practices Expect to Seek 2026 – 2028, by Practice Size

Practice Size *(In Terms Of # Of Pathologists)*	Number of Practices	Median Number of FTEs	Mean Number of FTEs	Std. Dev	Minimum Number of FTEs	Max Number of FTEs
1 - 3	63	0	0.4	0.6	0	3
4 - 9	96	1	1.1	1.2	0	5
10 - 20	44	2	2.0	1.4	0	6
21+	43	5	5.7	4.0	0	15

Q48. How many FTE pathologist positions do you expect that your practice will seek to fill over the next three years, i.e. 2026 – 2028? (Please use your best estimate. Do not include recruitment for residency or fellowship positions.) Base: All Respondents. [n=225] Q7. At the end of 2024, what is the TOTAL number of pathologists that were employed at your group/practice including both those employed "full-time" and "part-time". (Note: We are looking for the total number of people, regardless of hours worked.) Write in your response below. Base: All respondents who also answered Q40. [n=249].

- Smaller practices (size1 – 3) expect to seek a median of 0 full time equivalent (FTE) positions and mean number of FTE positions of less than 1.
- Moderately sized practices (size 4 – 9) expect to seek a median of 1 FTE position sought and a mean of 1.1 FTE positions.
- Larger practices (size 10 – 20) expect to seek a median of 2 FTE position and a mean of 2.0 FTE positions.
- The largest practices (size 21+) expect to seek median of 5 FTE positions and a mean of 5.7 FTE positions.

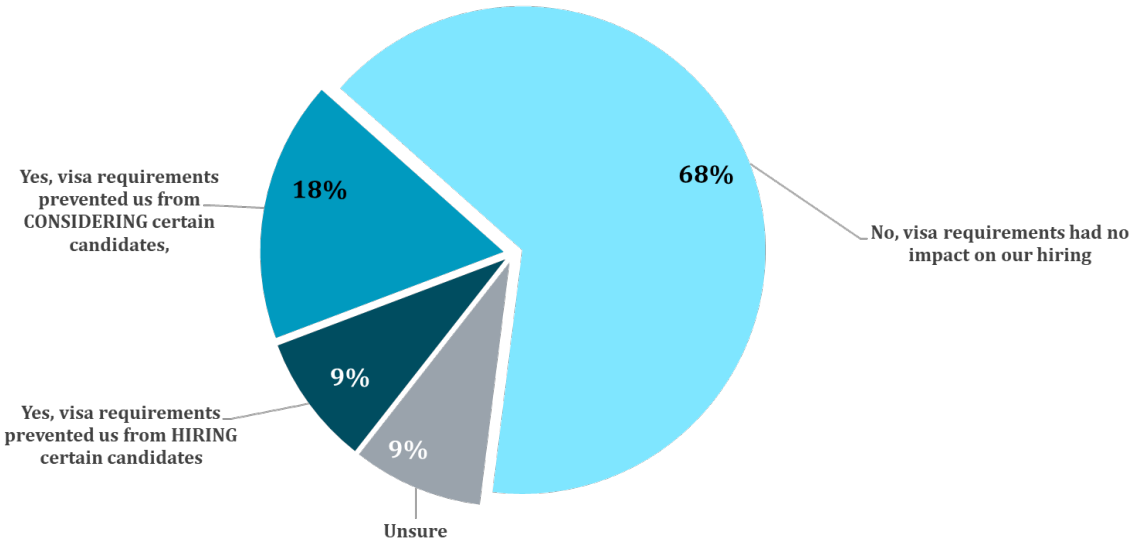
Figure G-9: Practices that Sought Locum Tenens Services in 2024 and Reason for Doing So



Q50. In 2024, did your group seek the services of a locum tenens pathologist? Base: All Respondents. [n= 246]
Q51. For what reasons did your group/practice seek locum tenens pathology services? (Select all that apply.) Base: All respondents who sought locum tenens services. [n=66]

- A new question in 2025, the survey asked practice leaders if they sought the services of a locum tenens pathologist in 2024 and their reasons for doing so.
- A little over a quarter of practice leaders (27%) reported their practice sought locum tenens pathologist services in 2024.
- Almost three quarters of those practices that sought locum tenens services (70%) did so at least once to cover for a regular full or part time pathologist to take leave or vacation. Over a third of practice leaders (35%) sought locum tenens pathologist services at least once because of unsuccessful recruitment efforts for a full time or part time pathologist.

Figure G-10: Practices Whose Hiring Was Impacted by Visa Requirements in The Last Two Years



Q53. In the last two years, did visa requirements prevent your group/practice from either considering or hiring candidates for an open position? (Select all that apply.) Base: All respondents. [n=245]

- This survey was fielded in June of 2025, prior to major changes in the U.S. visa and immigration system including those related to H1-B and other visa types commonly held by international medical graduates seeking to practice in the U.S., and as such responses may not be representative of the experiences of practice leaders since changes have been implemented.
- Practice leaders were asked whether visa requirements prevented their practice from either considering certain candidates over the last two years for open pathologist positions or from hiring certain candidates for these positions.
- In 2025, 23% of practice leaders indicated that visa requirements had an impact on their hiring. There was not a statistically significant difference between the results of the 2025 survey and the 2023 survey in this regard.

X: Appendix

Much of this section contains cross tabulations. Highlighted cells indicate a statistically significant difference (at the 95% confidence level). The letters A through H shown across cells in each row indicate the corresponding column represented by that letter. Cells with a letter or series of letters under its percentage indicates that the percentage value in that cell is significantly different than the value of cells found in other columns represented by those letter designation. Statistical significance indicates that the difference/relationship between two (or more) variables is unlikely to be due to chance. A statistically significant result does not necessarily indicate a practically meaningful or causal relationship.

In some cases, the code BTS (Base Too Small) appears in the "Total Count" row of the crosstabs and individual cell values are not reported out of concern for validity of generalizations and respondent privacy.

Figure X-1: Pathology Training Programs by Practice Setting

		Q3: PRACTICE PROFILE: The next series of questions will focus on basic information about your practice. Which of the following best describes the laboratory setting where								
		Total	**Academic hospital/medical center**	**Non-academic (ie, community) hospital/medical center that is owned, managed, or affiliated with an academic medical center**	**Non-academic (ie, community) hospital/medical center that is not affiliated with an academic medical center**	**Independent/Reference laboratory (not located in hospital or medical center)**	**Physician office laboratory (not pathologist-owned)**	**Government owned facility (city, county, or state)**	**VA facility or DoD/Military treatment facility**	**Other (Please specify)**
			A	B	C	D	E	F	G	H
Q4: Does your facility have a pathology training program? (Select all that apply.)	Total Count (Answering)	290	58	68	77	38	BTS	BTS	BTS	BTS
	Yes, an ACGME-accredited pathology residency program	52	40	6	1	0				
		17.9%	69.0%	8.8%	1.3%	0.0%				
			B, C, D, E, F, G, H	C						
	Yes, an ACGME-accredited pathology fellowship program	42	35	2	1	0				
		14.5%	60.3%	2.9%	1.3%	0.0%				
			B, C, D, E, F, G, H							
	Yes, a non-ACGME-accredited pathology fellowship program	21	21	0	0	0				
		7.2%	36.2%	0.0%	0.0%	0.0%				
			B, C, D, F, G, H							
	No, neither a pathology fellowship nor a pathology residency program	230	13	61	76	38				
		79.3%	22.4%	89.7%	98.7%	100.0%				
				A	A, B, F, G	A, B, F, G				
	Unsure	2	0	1	0	0				
		0.7%	0.0%	1.5%	0.0%	0.0%				

BTS = Base Too Small

Figure X-2: Pathology Service Type by Practice Setting

		Q3: PRACTICE PROFILE: The next series of questions will focus on basic information about your practice. Which of the following best describes the laboratory setting where								
		Total	Academic hospital/medical center	Non-academic (ie, community) hospital/medical center that is owned, managed, or affiliated with an academic medical center	Non-academic (ie, community) hospital/medical center that is not affiliated with an academic medical center	Independent/Reference laboratory (not located in hospital or medical center)	Physician office laboratory (not pathologist-owned)	Government owned facility (city, county, or state)	VA facility or DoD/Military treatment facility	Other (Please specify)
			A	B	C	D	E	F	G	H
Q5: What services does your practice provide?	Total Count (Answering)	290	59	68	76	38	BTS	BTS	BTS	BTS
	Anatomic pathology only	26	4	2	1	8				
		9.0%	6.8%	2.9%	1.3%	21.1%				
						A, B, C, G				
	Clinical pathology only	14	1	0	1	5				
		4.8%	1.7%	0.0%	1.3%	13.2%				
						A, B, C				
	Both anatomic and clinical pathology	250	54	66	74	25				
		86.2%	91.5%	97.1%	97.4%	65.8%				
			D, E, F, H	D, E, F, H	D, E, F, H					

BTS = Base Too Small

Figure X-3: Practice Ownership Structure by Practice Setting

		Q3: PRACTICE PROFILE: The next series of questions will focus on basic information about your practice. Which of the following best describes the laboratory setting where								
		Total	Academic hospital/medical center	Non-academic (ie, community) hospital/medical center that is owned, managed, or affiliated with an academic medical center	Non-academic (ie, community) hospital/medical center that is not affiliated with an academic medical center	Independent/Reference laboratory (not located in hospital or medical center)	Physician office laboratory (not pathologist-owned)	Government owned facility (city, county, or state)	VA facility or DoD/Military treatment facility	Other (Please specify)
			A	B	C	D	E	F	G	H
Q10: Which of the following best describes the ownership structure of your group/practice? (Select one.) - Selected Choice	Total Count (Answering)	291	59	68	77	38	BTS	BTS	BTS	BTS
	Hospital-owned/health system-owned (including a hospital owned by a uni	88	40	28	15	0				
		30.2%	67.8%	41.2%	19.5%	0.0%				
			B, C, D, E, F, G, H	C, D, F, H	D					
	Corporate-owned (other than a pathologist-owned corporation); pathologi	35	4	9	6	12				
		12.0%	6.8%	13.2%	7.8%	31.6%				
						A, B, C, F, G				
	Pathologist-owned practice	114	8	28	51	20				
		39.2%	13.6%	41.2%	66.2%	52.6%				
				A, F, G	A, B, F, G, H	A, F, G				
	Physician-owned multi-specialty practice	7	0	1	2	2				
		2.4%	0.0%	1.5%	2.6%	5.3%				
	Government (federal/state/local)	28	4	0	0	0				
		9.6%	6.8%	0.0%	0.0%	0.0%				
			B, C							
	For-profit private capital group/sponsor (including private equity group)	8	1	1	1	4				
		2.7%	1.7%	1.5%	1.3%	10.5%				
						B, C				
	Other (please specify)	11	2	1	2	0				
		3.8%	3.4%	1.5%	2.6%	0.0%				
	Unsure	0	0	0	0	0				
		0.0%	0.0%	0.0%	0.0%	0.0%				

BTS = Base Too Small

Figure X-4: Organizational Changes in Last Two Years by Practice Setting

		Q3: PRACTICE PROFILE: The next series of questions will focus on basic information about your practice. Which of the following best describes the laboratory setting where								
		Total	Academic hospital/medical center	Non-academic (ie, community) hospital/medical center that is owned, managed, or affiliated with an academic medical center	Non-academic (ie, community) hospital/medical center that is not affiliated with an academic medical center	Independent/Reference laboratory (not located in hospital or medical center)	Physician office laboratory (not pathologist-owned)	Government owned facility (city, county, or state)	VA facility or DoD/Military treatment facility	Other (Please specify)
			A	B	C	D	E	F	G	H
Q11: Within the last two years, which of the following organizational/structural changes has your current group/practice been involved in? (Select all that apply.)	Total Count (Answering)	289	57	68	77	38	BTS	BTS	BTS	BTS
	All or part of the practice/laboratory was acquired by another entity	19	3	6	4	3				
		6.6%	5.3%	8.8%	5.2%	7.9%				
	Our practice acquired all or part of another pathology practice/laboratory	19	12	2	1	3				
		6.6%	21.1%	2.9%	1.3%	7.9%				
			B, C, G							
	All or part of the practice/laboratory merged with another entity	22	7	8	5	2				
		7.6%	12.3%	11.8%	6.5%	5.3%				
	Was not involved in any organizational/structural changes	226	36	50	66	31				
		78.2%	63.2%	73.5%	85.7%	81.6%				
					A					
	Other	8	2	3	1	0				
		2.8%	3.5%	4.4%	1.3%	0.0%				

BTS = Base Too Small

Figure X-5: Private Equity Ownership by Practice Setting

		Q3: PRACTICE PROFILE: The next series of questions will focus on basic information about your practice. Which of the following best describes the laboratory setting where								
		Total	Academic hospital/medical center	Non-academic (ie, community) hospital/medical center that is owned, managed, or affiliated with an academic medical center	Non-academic (ie, community) hospital/medical center that is not affiliated with an academic medical center	Independent/Reference laboratory (not located in hospital or medical center)	Physician office laboratory (not pathologist-owned)	Government owned facility (city, county, or state)	VA facility or DoD/Military treatment facility	Other (Please specify)
			A	B	C	D	E	F	G	H
	Total Count (Answering)	291	59	68	77	38	BTS	BTS	BTS	BTS
Q13: Is your group/practice owned, or partially owned, by private equity investors?	Yes	25	2	8	1	11				
		8.6%	3.4%	11.8%	1.3%	28.9%				
				C		A, B, C, F, G				
	No	258	55	58	76	25				
		88.7%	93.2%	85.3%	98.7%	65.8%				
			D, E	D, E	B, D, E, H					
	Unsure	8	2	2	0	2				
		2.7%	3.4%	2.9%	0.0%	5.3%				
						C				

BTS = Base Too Small

Figure X-6: Interactions with Private Equity in The Past Two Years by Practice Setting

		Q3: PRACTICE PROFILE: The next series of questions will focus on basic information about your practice. Which of the following best describes the laboratory setting where								
		Total	Academic hospital/medical center	Non-academic (ie, community) hospital/medical center that is owned, managed, or affiliated with an academic medical center	Non-academic (ie, community) hospital/medical center that is not affiliated with an academic medical center	Independent/Reference laboratory (not located in hospital or medical center)	Physician office laboratory (not pathologist-owned)	Government owned facility (city, county, or state)	VA facility or DoD/Military treatment facility	Other (Please specify)
			A	B	C	D	E	F	G	H
	Total Count (Answering)	291	59	68	77	38	BTS	BTS	BTS	BTS
Q14: In the past two years, has your group/practice been purchased by, or approached by, private equity investors? (Select one.)	Yes, we have been purchased by private equity investors	8	0	3	1	3				
		2.7%	0.0%	4.4%	1.3%	7.9%				
						A				
	Yes, we are currently negotiating or considering an offer from a private equ	2	1	0	0	1				
		0.7%	1.7%	0.0%	0.0%	2.6%				
	Yes, we were approached by one or more private equity investors about pu	20	3	4	6	5				
		6.9%	5.1%	5.9%	7.8%	13.2%				
	No, we have not been purchased or approached by private equity investors	233	45	56	66	23				
		80.1%	76.3%	82.4%	85.7%	60.5%				
				D	D					
	Don't know/Unsure	28	10	5	4	6				
		9.6%	16.9%	7.4%	5.2%	15.8%				
			C							

BTS = Base Too Small

Figure X-7: Utilization of Whole Slide Imaging by Practice Setting

		Q3: PRACTICE PROFILE: The next series of questions will focus on basic information about your practice. Which of the following best describes the laboratory setting where								
		Total	Academic hospital/medical center	Non-academic (ie, community) hospital/medical center that is owned, managed, or affiliated with an academic medical center	Non-academic (ie, community) hospital/medical center that is not affiliated with an academic medical center	Independent/Reference laboratory (not located in hospital or medical center)	Physician office laboratory (not pathologist-owned)	Government owned facility (city, county, or state)	VA facility or DoD/Military treatment facility	Other (Please specify)
			A	B	C	D	E	F	G	H
	Total Count (Answering)	252	55	58	66	31	BTS	BTS	BTS	BTS
Q33: Does your laboratory digitize glass microscope slides using whole slide imaging?	Yes	65	29	10	7	10				
		25.8%	52.7%	17.2%	10.6%	32.3%				
			B, C, E, F			C, F				
	No	187	26	48	59	21				
		74.2%	47.3%	82.8%	89.4%	67.7%				
				A	A, D, G					

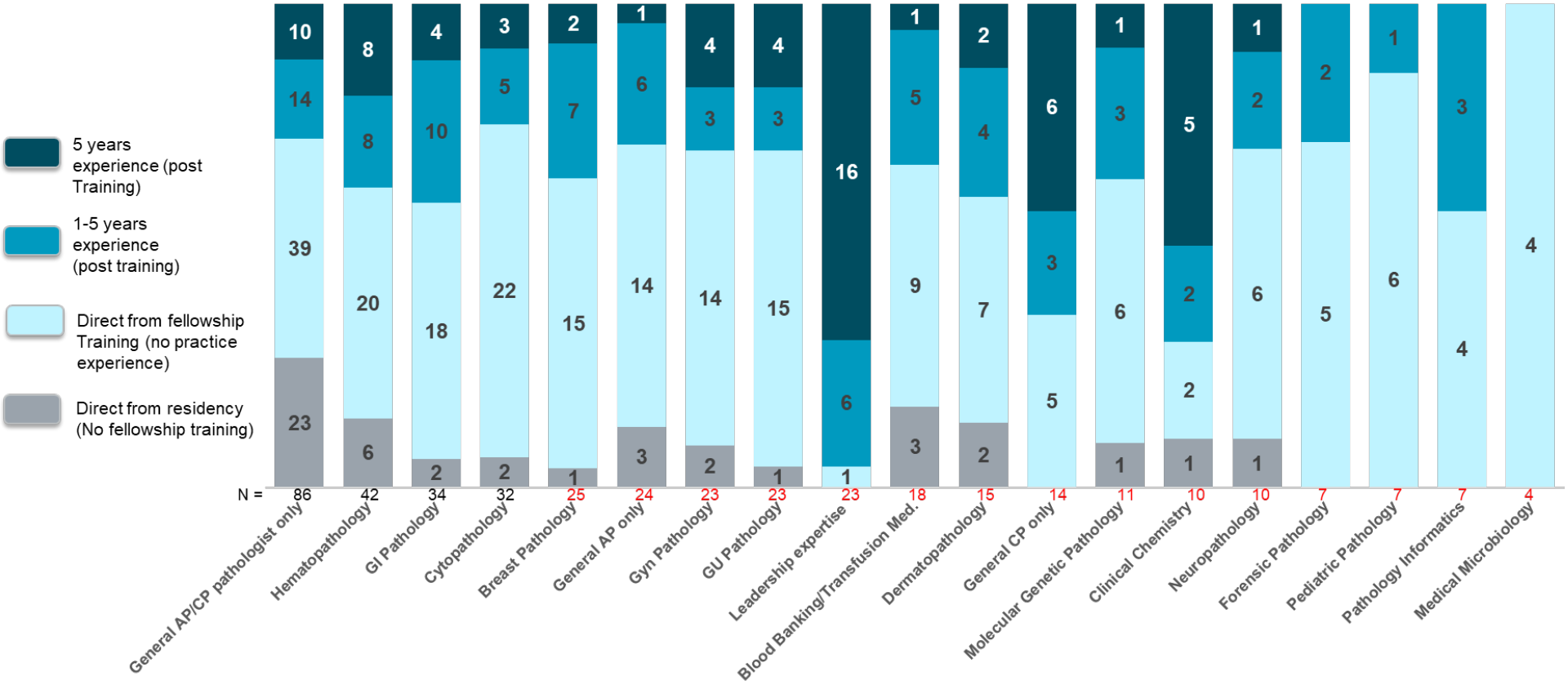
BTS = Base Too Small

Figure X-8: MIPS Participation by Practice Setting

		Q3: PRACTICE PROFILE: The next series of questions will focus on basic information about your practice. Which of the following best describes the laboratory setting where								
		Total	Academic hospital/medical center	Non-academic (ie, community) hospital/medical center that is owned, managed, or affiliated with an academic medical center	Non-academic (ie, community) hospital/medical center that is not affiliated with an academic medical center	Independent/Reference laboratory (not located in hospital or medical center)	Physician office laboratory (not pathologist-owned)	Government owned facility (city, county, or state)	VA facility or DoD/Military treatment facility	Other (Please specify)
			A	B	C	D	E	F	G	H
Q27. Does your group/practice participate in Medicare's Merit-based Incentive Payment System (MIPS)?	Total Count (Answering)	257	55	59	68	32	BTS	BTS	BTS	BTS
	Yes, we participate in MIPS as an individual practice, through a QCDR	48	9	12	18	9				
		18.7%	16.4%	20.3%	26.5%	28.1%				
					G, H	G, H				
	Yes, we participate in MIPS as an individual practice, through claims reporti	29	6	7	12	2				
		11.3%	10.9%	11.9%	17.6%	6.3%				
	Yes, we participate in MIPS as part of a multi-specialty practice	26	13	5	6	0				
		10.1%	23.6%	8.5%	8.8%	0.0%				
			B, C, D, G, H							
	No, we do not participate in MIPS	91	9	20	16	15				
		35.4%	16.4%	33.9%	23.5%	46.9%				
				A		A, C				
	Unsure	63	18	15	16	6				
		24.5%	32.7%	25.4%	23.5%	18.8%				
			H							

BTS = Base Too Small

Figure X-9: Minimum Acceptable Levels of Experience by Practice Area Sought in Hiring, 2025



Q43. We would like to understand the level of experience practices are willing to accept in new hire candidates for specific specialty areas. Please indicate the MINIMUM Acceptable level of experience you would consider to fill a position within the specialty. Base: Base: Among those with position already filled or hiring in 2025. [n=149] **Note: N's listed in red indicate small sample sizes. Use with caution, generalizations not recommended.**

- Leaders whose practices were hiring pathologists in 2025 were asked to identify the minimum number level of experience they would find acceptable for candidates in different areas of practice. Respondents were given four options: (1) direct from residency (no fellowship training); direct from fellowship training (no practice experience); 1-2 years' practice experience (post-training); and >2 years' experience (post training).

- Many of the subspecialty response categories in this question had low sample sizes, whether due to the nature of sampling or due to smaller actual populations and/or demand for these subspecialists is unknown. Figure X-9 shows the actual number of responding practices in category rather than percentages. Generalizations based on small sample sizes are not advisable.