



House of Delegates Fall '14 Meeting

Chicago, IL
September 6, 2014



College of American Pathologists
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Meeting: House of Delegates Steering Committee Meeting Schedule
Date: September 5 – 6, 2014
Location: Hyatt Regency
 Chicago IL
Staff: Maryrose Murphy | Tel: 800-323-4040, x7505 | mmurphy@cap.org
 Marci Zerante | Tel: 800-323-4040, x7656 | mzerant@cap.org

Friday, September 5, 2014

Time	Event	Location
5 - 6:30pm	Welcome Reception	Crystal Foyer, Green Level, West Tower

Saturday, September 6, 2014

Time	Event	Location
7:00 – 8:00am	House of Delegates/Residents Forum Breakfast	Grand Ballroom Foyer, Gold Level, East Tower
8:00 – 9:30am	House of Delegates/Residents Forum Joint Session	Grand Ballroom B, Gold Level, East Tower
9:30 – 10:00am	HOD Credentialing	Crystal Ballroom, Green Level, West Tower
10:00 – 12:00pm	House of Delegates Meeting	Crystal Ballroom, Green Level, West Tower
12:00 – 1:15pm	House of Delegates/Residents Forum Joint Lunch <i>* Hosted by PathPAC</i>	Grand Ballroom B, Gold Level, East Tower
1:30 – 4:00pm	House of Delegates Meeting	Crystal Ballroom, Green Level, West Tower
4:00 – 5:30pm	House of Delegates/Residents Forum Networking Reception	Crystal Foyer, Green Level, West Tower

Sunday, September 7, 2014

Time	Event	Location
7:00 – 7:45am	House of Delegates Orientation, Breakfast and Q&A	Regency Ballroom D, Gold Level, West Tower

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Fall 2014 House of Delegates/Residents Forum Joint Session Meeting Agenda

TIME	PRESENTATION	PRESENTER	DURATION
8:00 – 8:05	Welcome and Introduction of CAP Officers, Governors, and Official Guests	David A. Novis MD, FCAP	5 min
8:05 – 8:10	Welcome to Chicago	Toni Preckwinkle Cook County Board President	5 min
8:10 – 8:15	State of the House of Delegates	David A. Novis MD, FCAP	5 min
8:15 – 8:20	State of the Residents Forum	Ricardo Mendoza, MD	5 min
8:20 – 8:50	CAP Business Meeting, Swearing In of New Board of Governors & Award Presentations	Gene N. Herbek MD, FCAP	30 min
8:50 – 8:55	CAP Foundation Leadership Awards	Lewis A. Hassell MD, FCAP	5 min
8:55 – 9:10	Update from CAP CEO	Charles Roussel	15 min
9:10 – 9:25	Update from the CAP President	Gene N. Herbek MD, FCAP	15 min
9:25 – 9:30	Closing Remarks	Ricardo Mendoza, MD	5 min
9:30 – 10:00	<i>Credentialing for individual HOD and RF sessions</i>		30 min

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Fall 2014 House of Delegates Meeting Agenda

Time	Duration	Topic	Presenter
9:30 – 10:00am	30 mins	HOD Credentialing	
10:00 – 10:05am	5 mins	Welcome	Robert DeCresce MD, MBA, FCAP Illinois Delegation Chair
10:05 – 10:25am	20 mins	Strategic Overview: Sustaining Our Success	David A. Novis, MD, FCAP
10:25 – 10:40am	15 mins	<i>Realizing Our Vision: One College</i> HOD Action Group Updates	James E. Richard, DO, FCAP
10:40 – 11:10am	15 mins Presentation 15 mins Q&A	<i>CAP Answers to Delegate Questions:</i> Advocacy Updates	George Kwass, MD, FCAP Chair, Council on Government & Professional Affairs
11:10 – 11:35am	25 mins	<i>Making Your Vote Count:</i> <i>House of Delegates Steering Committee Elections</i> <ul style="list-style-type: none"> • Reading of the Slate • Elections • Swearing In Ceremony • Special Recognition 	David A. Novis, MD, FCAP Joe Saad, MD, FCAP Candidates
11:35 – 11:50am	15 mins	New Business	Speaker
11:50 – Noon		Break and move to lunch	
Noon – 1:15pm		HOD/RF Joint Lunch – Sponsored by PathPAC (Guest Speaker - TBD)	
1:15 – 1:30pm		Break and move to individual meeting	
1:30 – 3:55pm	145 mins	Doing More with Less: College Resources & Delegate Success Stories for Creating Operational Efficiencies <ul style="list-style-type: none"> • Panel & Q&A • College Resources Available to You • Roundtable Discussions <ul style="list-style-type: none"> ○ What has your practice/institution done in the last 2 years to improve AP or pathology practice efficiency? How effective were the efforts? ○ What specific tools can the CAP develop that will make your more efficient? ○ What tools idea is the most important or urgent? 	James E. Richard, DO, FCAP Panelists: Christopher Otis, MD, FCAP Stephen Raab, MD, FCAP Richard Zarbo, MD, FCAP College Resources Presentation: Stephen G. Ruby, MD, MBA, FCAP
3:55 – 4:00pm	5 mins	Closing Remarks	James E. Richard, DO, FCAP
4:00 – 5:30pm		Networking Reception	

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Committee Minutes

BACKGROUND

The House of Delegates met on March 1, 2014 in San Diego, CA.

OBJECTIVES

- Approve draft minutes from House of Delegates meeting held March 1, 2014 in San Diego, CA

CONTENTS OF THIS TAB

- March 1, 2014 Draft House of Delegates Meeting Minutes

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College of American Pathologists

MINUTES

DRAFT

COLLEGE OF AMERICAN PATHOLOGISTS HOUSE OF DELEGATES

March 1, 2014

San Diego CA

JOINT SESSION

WELCOME

House of Delegates Speaker, David A. Novis, MD, FCAP welcomed House of Delegates (HOD), Residents Forum (RF) members and CAP Leadership to the semi-annual House of Delegates/Residents Forum Joint Session at 8:00 am, Saturday, March 1, 2014, at the Westin San Diego CA.

INTRODUCTION OF CAP OFFICERS, GOVERNORS, AND OFFICIAL GUESTS

David A. Novis, MD, FCAP, House of Delegate Speaker recognized the presence of current and past CAP officers and governors, as well as the House of Delegates Steering Committee and Staff.

STATE OF THE HOUSE OF DELEGATES

David A. Novis, MD, FCAP, Speaker of the House, opened his State of the House reiterating the mission of the House which is to be **the** Voice of the Membership, articulating to the Board the needs of the members and apprising the Board on how well we feel the College is doing meeting those needs.

Our vision is One College; the House and the College working together as one unit. In order to make this happen, we engaged our delegates. Our delegates

built the infrastructure we have today. They revised House Rules twice, created job descriptions, recently created a mechanism to get our delegate chairs more involved in operations of the House and increased the scope of our membership, by reaching out to residents, members newly in practice and State Pathology Societies. We have engaged the Board of Governors in a variety of venues; through the Board of Governors meetings, House meetings, on our Collaboration Space and through our annual report card.

By all measures, we are moving the in the right direction for meeting the needs of our delegates. Attendance is at its highest, membership is up, and overall satisfaction is up. Delegates feel the House articulates their voice.

For us to achieve the *One College* vision, the College must embrace the house. For this to happen, the House must provide value. Over the next one and a half years, we will focus our efforts on accomplishing this. We will work towards making the House the gateway to leadership in the College. We will network with the College Councils and ask “how can we provide value?” We will look for projects that advance the mission of the House and the vision of *One College*.

[The presentation and audio file for this segment are available on the HOD Topic Center.](#)

STATE OF THE RESIDENTS FORUM

Ricardo Mendoza, MD, opened by recognizing the Residents Forum Executive Committee and Staff. Dr. Mendoza provided a brief update on the activity of the *College of American Pathologists*

Residents Forum and agenda topics for their Spring '14 meeting.

UPDATE FROM THE CHIEF EXECUTIVE OFFICER

Charles Roussel, Chief Executive Officer of the College, opened by thanking the House and Resident members for their engagement with the College.

He shared some highlights of 2013 and a preview of some things we're already doing in 2014 to advance our mission and support our members, customers, patients, and society. 2013 brought significant challenges to CAP's core business and to the specialty of pathology. For the most part, we navigated these challenges well, so we entered 2014 with a solid foundation of accomplishment to build on. Despite market upheaval, revenues continued to grow in 2013, and costs remained consistent with expectations. CAP revenues increased \$6.2 million over 2012, and our core PT business grew 4.3% (versus the planned 4.0%). LIP grew 10.6% (versus the planned 7.2%) so total LIP revenues increased 5.5%, which exceeded the target. Underpinning this growth: 55 new products emerging from the Council on Scientific Affairs and other member-led teams and an increase in the number of labs we accredit to 7,599.

But competition in our core business remained aggressive, and our LIP customers felt increasing cost pressure. Both these factors affected our PT contract negotiations, and we worked with our best and most loyal customers to try to address their concerns. We spent a lot of time in 2013 developing strategies to stem further losses, and we have a clear plan of action for 2014. We have set a

number of priorities for 2014 to better meet the needs of our customers and members and make CAP operations more efficient and effective.

Some priorities are strategic and some tactical. For example, we plan to update the CAP strategy and our LIP strategy,

The CAP has always been more than the sum of its parts, and this is certainly true for the quality assurance services we provide. We need to play to this strength.

The LIP strategy refresh is designed to stabilize and strengthen our core business in the face of mounting competition and to provide a path forward for our

members to stay with the CAP as their needs increase for more and better lab

data. We will implement the new marketing and sales approaches, we will

continue improving our internal and external communications, including re-

launching the CAP website at the end of the year. We will launch a new learning

management system to enhance the education search and registration process;

it will also enable easier access to most of our learning products from both Mac

and PC platforms. We will implement the next wave of EPP technology and

customer service enhancements.

And, we will continue working with organized pathology to address workforce and education challenges facing the specialty.

UPDATE FROM THE CAP PRESIDENT

CAP President, Gene N. Herbek, MD, FCAP shares some stories about leadership,

fellowship, and service, citing the book *The Immortal Life of Henrietta Lacks*. This
College of American Pathologists

book tells the story of a woman who died in 1954 from a horrendously aggressive cervical cancer. While being treated at the Johns Hopkins Hospital, her cells were collected for study. This was routine at the time. Nobody thought, back then, about patient privacy or informed consent. Our policy on informed consent for the donation, use, and disposition of human tissue for nondiagnostic purposes, first adopted in 1981, has been revised 5 times. Like so many of our endeavors, the process has been thoughtful and time consuming. Like everything we do to protect our patients, it was well worth it. As pathologists, we bridge science and medicine. Our work at the microscope has taught us that a detail can be a determinant. Our work in precision medicine has proved that small mutations can make life-changing differences. And none of it means anything without context. The College is a true, member organization because of individual engagement. We are a true member organization because we are guided by the wisdom of outstanding pathologists. And we are a true, member organization because of our volunteer tradition. Perhaps more than ever before, that tradition demands your commitment. This is a time when member involvement and input is much needed at all levels. However much we may be doing right now. We are called to do more for our specialty because nobody else can do what we do for our patients. Each of us is called to do our part.

HOUSE OF DELEGATES MEETING

CALL TO ORDER

Speaker of the House, David A. Novis, MD, FCAP, called to order the regular session of the College of American Pathologists House of Delegates at 9:15 AM, Saturday, March 1, 2014 and introduced California Delegation Chair Robert Freedman, MD, FCAP. Dr. Freedman welcomed House members to the state of California and stated that we have a great opportunity for synergy between the College of American Pathologists, State Pathology Societies and the House of Delegates. Dr. Freedman asked all California delegates to stand and be recognized and thanked all members for their commitment, engagement and dedication to advancing the specialty of pathology.

He highlighted that the Spring '12 meeting was the largest House of Delegates Spring meeting and Spring '13 is thirty percent larger.

STRATEGIC OVERVIEW: VISION, VOICE AND VALUE

Dr. Novis welcomed delegates/alternates and guests to the largest registered Spring HOD meeting. He reviewed the HOD mantra: Just One College, HOD strategy: Be The Customer, and highlighted discussion topics for today's agenda.

[The presentation and audio file for this segment are available on the HOD Topic Center.](#)

FALL '12 HOD MEETING MINUTES APPROVAL

Dr. Novis asked for a motion to approve the Fall '12 House of Delegates Meeting Minutes. A motion was granted, seconded and approved.

FINANCIAL UPDATE

CAP Secretary/Treasurer Paul N. Valenstein MD, FCAP gave a presentation on CAP Finances. A question and answer segment followed Dr. Valenstein's presentation.

[The presentation and audio file for this segment are available on the HOD Topic Center.](#)

SUSPENSION OF PARLIAMENTARY PROCEDURE

It was moved, seconded, and CARRIED to SUSPEND parliamentary procedure.

ADAPTING TO THE CHALLENGES OF TODAY AND THE FUTURE

Dr. Novis invited CAP President to give a short presentation on what the College is doing to help member practices.

[The presentation and audio file for this segment are available on the HOD Topic Center.](#)

Dr. Knight opened the panel discussion by highlighting how the changes and challenges of the past year including the loss of the TC Grandfather, decline in 88305 and other reimbursement changes present an opportunity to successfully adapt to the challenges we face. She invited panelists, Al Lui, MD, FCAP Krista Crews and Tony Martinez, MD, FCAP to share their strategies with House members in attendance as ways in which to survive and thrive in the current environment.

[The presentation and audio file for this segment are available on the HOD Topic Center.](#)

NEW BUSINESS

Dr. Novis called for any new business. No new business was brought to the floor.

CAP 2013 CANDIDATE FORUM: PRESIDENT-ELECT Q&A

Seven candidates running for Governor: Patrick E. Godbey, MD, FCAP, Stephen J. Sarewitz, MD, FCAP, Elizabeth A. Wagar, MD, FCAP, Timothy C. Allen, MD, FCAP, Jennifer L. Hunt, MD, FCAP, Raouf E. Nakhleh, MD, FCAP and Karim E. Sirgi, MD, FCAP participated in a live two hour Q&A segment moderated by Dr. Richard. Delegates had one minute to ask a question, the candidate had one-and-a-half minutes to respond. Dr. Al Campbell, HOD Sergeant-at-Arms provided official time keeping for the segment.

[The audio file for this segment is available on the HOD Topic Center.](#)

SUMMARY AND NEXT STEPS

Dr. Novis reminded House members of their responsibilities to communicate, serve and attend. Delegates/Alternates are asked to complete all surveys so we know how we are doing, check the website and post your comments, bring your issues to your Delegate Chair so we can bring them to the College for you, communicate the information you learned today to your constituents and attend the next two meetings: The CAP Policy Meeting in May 2014 and the Fall HOD

ADJOURNMENT

Meeting adjourned at 4:00pm on March 1, 2014.

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Providing Leadership & Value

BACKGROUND

This section of the Agenda Book highlights Delegates who have received special awards for their contributions to the specialty and planned Action Group opportunities for 2014 - 2015.

CONTENTS OF THIS TAB

- HOD Members Receiving Awards at CAP '14
- HOD Report from Speaker and Vice Speaker
- 2014 – 2015 Action Group Opportunities
 - AG on Forensic Identity Survey
 - AG on Center Guidelines
 - AG on New Product Development (NPD)
 - AG on Clinical Pathology Improvement Program (CPIP)
 - AG on American Cancer Society Collaboration

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House of Delegates Voice of the Membership

HOD Members in the CAP '14 Spotlight!

The CAP House of Delegates provides leadership opportunities to CAP members. Join us in recognizing the outstanding contributions of House members receiving special awards at CAP '14 – THE Pathologist's Meeting.

Eric F. Glassy, MD, FCAP
California Delegate
CAP Excellence in Education Award

William P. Newman, III.
Louisiana Chair
Lifetime Achievement Award

Thomas M. Wheeler, MD, FCAP
Texas Delegate
CAP Distinguished Patient Care Award

Kimberly A. Collins, MD, FCAP
South Carolina Delegate
CAP Excellence in Teaching

Frank R. Rudy, MD, FCAP
Pennsylvania Delegate
CAP Excellence in Teaching

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Report no.

Topic: House of Delegates Steering Committee Report
To: HOD Members
From: David A. Novis, MD, FCAP
Speaker, House of Delegates Steering Committee
James E. Richard, DO, FCAP
Vice-Speaker, House of Delegates Steering Committee
Date: August 28, 2014

This report outlines requests received for HOD Action Group assistance from the Council on Accreditation, the Council on Education, the Council on Scientific Affairs and the CAP Foundation. Additional information on some of these requests is included in the Fall '14 House of Delegates Agenda Book.

HOD Action Groups provide to CAP Councils and Committees, information and recommendations that help the College tailor its products, programs and services to best meet the needs of its members. The HOD "Be the Customer" strategy prohibits delegates who are already appointed to a partnering Council or Committee from serving on an Action Group effort for that very Council or Committee as this presents a conflict of interest for the role of the House.

HOD members interested in serving on any of the Action Groups listed in this report should complete the AG Call to Action Form in the back of the Fall '14 Agenda Book and return to CAP HOD Staff.

HOD STRATEGIES SUPPORTED BY THE FOLLOWING COUNCIL/HOD EFFORTS:

Market the HOD. Weave the HOD into the fiber of the Councils and Committees as an asset that can be mobilized to advance their agendas, missions and projects.

Strengthen relationships between Council Chairs and the HOD. In a manner that ensures that Delegates view Council Chairs as partners.

THEME 1 – Sustain Growth & Improve Profitability

GOAL 1.1 – Grow revenue profitability

Sub-Goal 1.1.1 Retain and grow domestic LIP revenue

THEME 2 - ADVANCE THE SPECIALTY

GOAL 2.1 - Drive Member Loyalty

Sub-Goal 2.1.1 Empower Member Interaction, Collaboration, and Knowledge Sharing (Engagement)

GOAL 2.3 – Strengthen the Practice of Pathology

Sub-Goal 2.3.1– Offer market driven learning opportunities that maximize competence

College of American Pathologists

Action Group on LAP Advisory Group (11 Delegates)

- Source: Council on Accreditation
- Charge: Engage 130 House members to suggest improvements to LAP checklists, programs, products and services and suggest ideas for new products and
- Status: In process.

Action Group on Clinical Pathology Improvement Program (CPIP) (# of delegates = 6-8)

- Source: Council on Education/ Clinical Pathology Education Committee
- Charge: Author for 2015 CPIP program, case studies in 6 areas of learning needs:
 - Laboratory Management
 - Molecular Genetics
 - Transfusion Medicine/Blood Banking
 - Hematology
 - Hemostasis
 - Chemistry
- Status: There will be a Call to Action for delegates to volunteer at the Fall '14 HOD meeting.

Action Group on Piloting of New Forensic Surveys Program (# of delegates = TBD)

- Source: Council on Scientific Affairs/Histocompatibility/Identity Testing Committee
- Charge: Pilot new content for an existing Forensic Identity Survey.
- Status: In development. Call to Action for delegates to volunteer in Fall 2014.

Action Group on Advisory Panel for New Product Development (# of delegates = TBD)

- Source: Council on Scientific Affairs
- Charge: Evaluate products at Stage1 of new product development.
- Status: Call to Action for delegates to volunteer at the Fall '14 HOD meeting.

THEME 2 - ADVANCE THE SPECIALTY

GOAL 2.1 - Drive Member Loyalty

Sub-Goal 2.1.1 Empower Member Interaction, Collaboration, and Knowledge Sharing (Engagement)

GOAL 2.2 - Prepare Pathologists for Future Roles

Sub-Goal 2.2.1 - Provide Tools, Education and Resources

GOAL 2.3 – Strengthen the Practice of Pathology

Sub-Goal 2.3.3 – Support the Advancement of Medical Science and patient Care through the development of practice

College of American Pathologists

Action Group on Center Evidence Based Guidelines (EBG) (2013: 8 Delegates)

- Source: Council on Scientific Affairs /The Center
- Charge 2013: Provide topics for evidence-based guidelines.
- Outcome: 3 topics accepted and are in process for development.

- Charge: 2014: Provide topics for 2016 guideline development
- Status: Status: Call to Action for delegates to volunteer at the Fall '14 HOD meeting.

Action Group on Center Pathology Practice Guidelines (PPG) (# of delegates = TBD)

- Source: Council on Scientific Affairs The Center
- Charge: Evaluate readability and practicality of 6 Pathology Practice Guidelines.
- Status: Call to Action for delegates to volunteer at the Fall '14 HOD meeting.

THEME 2 - ADVANCE THE SPECIALTY

GOAL 2.1 - Drive Member Loyalty

Sub-Goal 2.1.1 Empower Member Interaction, Collaboration, and Knowledge Sharing (Engagement)

House of Delegates Fall '14 Meeting

- Registration for our fall meeting: Goal: 125 registered members. Actual (August 28): 262 registered members. Fall '13 Registration (October 12): 228.
- Highlights for this meeting include:
 - HODSC Elections
 - HOD Strategic Overview
 - Advocacy Update from CGPA Chair, George F. Kwass, MD, FCAP
 - Action Group Updates
 - Panel Discussion: Doing More With Less: College Resources and Delegate Success Stories for Creating Operational Efficiencies
 - 2 networking receptions

Action Group on CAP Foundation Leadership Award (3 delegates)

- Source: The CAP Foundation
- Charge: Mentor the three 2014 CAP Foundation Leadership Award recipients for 2014 to assist them with achieving their goals.
- Status: In progress.

College of American Pathologists

Action Group on Clinical Laboratory Standards Institute (CLSI) Writer Groups (# of delegates = TBD)

- Source: Council on Scientific Affairs/ Standards Committee
- Charge: Subject matter experts to serve on Writer and Reviewer Groups to critique submissions for standards development.
- Status: In progress.

Action Group on Public Comments (# of delegates = TBD)

- Source: The Council on Scientific Affairs
- Charge: Critique CAP products and services.
- Status: In progress.

Action Group on New CAP Public Website (3 delegates)

- Source: CAP Digital Strategy
- Charge: Provide member input during User Acceptance Testing of new CAP Public Website.
- Status: In progress



HOD Members,

The Council on Scientific Affairs and Histocompatibility/Identity Testing Committee is asking for HOD assistance with piloting new Surveys.

In an effort to improve CAP products, the Council is investigating new material for Forensic Identity testing in the DNA Database and Forensic Identity Surveys.

Who is eligible to participate?

- Delegates who are currently Lab Directors of a laboratory doing forensic identity testing
- Delegates who are boarded in or practice forensic pathology

What is required to participate?

Those who participate in the pilot study will receive multiple sourced specimens to perform short tandem repeat (STR) and mitochondrial DNA (mtDNA) testing. These Surveys allow forensic analysts to report a variety of autosomal Y-chromosome STRs and mtDNA results. Each kit includes 2 or 3 specimens, kit instructions and a result form.

Survey participants are asked to report all STR results your laboratory performs on the result forms. These are mock specimens from a crime scene and include a victim and a suspect reference of blood spots on filter paper as well as a cloth with a blood/semen mix. Recover the DNA according to your laboratories protocol to identify if the cloth matches the victim and/or suspect.

All materials will ship, at no cost to you, in the next few months. This will not be graded or affect your proficiency testing status. The results should be returned within 4 weeks of receipt.

What's in it for you?

Your participation in this pilot program affords you first hand exposure to new material in forensic pathology Surveys and assists us with improving CAP products for members.

To sign up for this opportunity, complete the Action Group Sign Up form in the back of the Fall 2014 Agenda Book.

We value your participation and feedback.

Thank you.

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To: David A. Novis, MD, FCAP
Speaker, CAP House of Delegates

From: Elizabeth Wagar, MD, FCAP
Chair, Center Committee

Date: August 11, 2014

Subject: Call for Action: HOD Evaluation of New Pathology Practice Guidance (PPG)

The Center Committee requests the House of Delegates assistance with evaluation of a new type of content we are piloting.

The **Pathology Practice Guidance (PPG)** formerly referred to as *Provisional Practice Guidance*, developed by the CAP Pathology and Laboratory Quality Center is intended to be a short summary (approximately 1-3 pages each) informed by medical literature to help pathologists perform new or evolving services and maintain currency with shifting laboratory practices.

How are PPGs Different from CAP Evidence-Based Guidelines (EBGs)?

PPGs do not go through a systematic review and evaluation of evidence as do EBGs. They are intended to be rapidly-produced, annually reviewed documents available as quick references on timely and important laboratory topics.

Below is chart that compares PPGs to EBGs:

Pathology Practice Guidance (PPG)	Evidence-Based Guideline (EBG)
New, evolving and/or current topic	Established topic
Little evidence or information exists elsewhere	Evidence exists in the medical literature
Short document, 1 – 3 pages	Manuscript length
Authored by 1-2 experts, vetted for conflict of interest	Authored by larger, multidisciplinary panel vetted for conflict of interest
Draft document available for open comment via targeted audiences (eg, HOD, scientific councils)	Draft recommendations available for open comment via all stakeholders
Completed in 6 – 9 months	Completed in 2 years
Produced by CAP-only	Often produced with partnering organization(s)
Available online CAP Center website	Published in peer-reviewed journal (<i>ie, Archives of Pathology & Laboratory Medicine</i>)
Reviewed annually for applicability	Reviewed every 4 years or earlier if new evidence emerges

College of American Pathologists

Call for HOD Action

1. The Center requests an HOD Action Group to evaluate the Center's new product: Pathology Practice Guidances. This Action Group will be asked to review and provide feedback for readability and practicality on the following guidance topics available within the next 12-15 months:

PPG Topic	Tentative Submission Date to HOD
Appropriate Testing of Testosterone Levels in Adult Males - <i>Pilot – Attachment 1</i>	September 22 - October 6, 2014
Utility and Cost-Effectiveness of <i>H. pylori</i> Immunostains vs. Special Stains (Note: Submitted by HOD in Nov 2013)	Q4 2014
Blood Culture: Time-to-Incubation	Q4 2014
Pathologic Evaluation of Total Mesorectal Excision Specimens: Recommendations for Improving Patient Care	Q1 2015
CSF Gram Stain: Time-to-Result	Q2 2015
Correct Reporting of Antimicrobial Susceptibility Testing – Basics to Advanced (CRE Reporting of A/S and P/T)	Q4 2015

- a. Notice of each forthcoming PPG will be sent to HOD Action Group ~ one month prior to comment period. The draft document will then be sent via a Survey Monkey link with ~ 5 questions (Refer to Attachment 2) for a review session of 4 weeks.
 - b. The HOD Action Group comments will be provided anonymously to the author(s) who will incorporate accordingly. The Center Committee will provide final approval of the PPG prior to placement on CAP website and announcement of release.
 - c. The Center will provide an annual summary report of the impact of HOD Action Group on the topics and PPGs overall.
 - d. In addition, in Q4 2015 the Center will submit a survey to all HOD members on the overall value of PPGs alone and as compared to EBGs.
2. The Center Committee additionally encourages the reconstitution of the HOD Action Group led by James E. Richard, DO, FCAP in Fall 2013 on the submission of topic ideas via the [Center Form](#) to be considered for development.
 3. If any HOD member is interested in serving as a volunteer on any guidance or guideline topic please send request to center@cap.org.

Thank you for your support and leadership.

Sincerely,

Elizabeth Wagar, MD, FCAP
Chair, CAP Center Committee

Cc: Lisa Fatheree
Marci Zerante



cap

Memorandum |

Attachment 2

Draft PPG Questions to HOD Action Group

PPG Pilot Survey: DRAFT

1. Were the title, key question, and background information communicated clearly?
 - a. Yes, No, Suggestion_____

2. Were the Key Messages pertinent to the above?
 - a. Yes, No, Suggestion_____

3. Should the Key Messages be presented first followed by background information and discussion?
 - a. Yes, No, Suggestion_____

4. Did the discussion and references provide support for the Key Messages?
 - a. Yes, No, Suggestion_____

5. Was the intent of the PPG (disclaimer) and COI disclosures adequately provided?
 - a. Yes, No, Suggestion_____

6. Any other comments/suggestions on the topic or PPGs in general? _____

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PATHOLOGY & LABORATORY QUALITY CENTER

Appropriate Testing of Testosterone Levels in Adult Men

Pathology Practice Guidance

Authors

Gary L. Horowitz, MD, FCAP
Elizabeth A Wagar, MD, FCAP

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What should pathologists know about serum testosterone testing in the adult male population?

Statement of the Problem

One of the most common indications for ordering serum testosterone levels relates to the diagnosis of androgen deficiency syndromes in adult males. Over the past few years, there has been a dramatic increase in testosterone testing in middle-aged and elderly males, probably as the result of widespread, direct-to-consumer marketing of the availability of testosterone supplementation via patch delivery.¹ For good reason, there has been considerable controversy related to the use of automated testosterone immunoassays in children and in women.² But, are testosterone immunoassays acceptable for testing adult males?

Key Messages

1. In adult men with signs and symptoms suggestive of androgen deficiency, a morning total testosterone level, **by a reliable assay**, is an excellent screening test.
2. One way to ascertain the accuracy of one's testosterone assay is to participate in a proficiency survey using commutable samples with reference method target values. Such surveys indicate that **many commercially available immunoassays are sufficiently accurate to be used for screening of adult males.**
3. **If a morning testosterone level is >280 ng/dL (10.4 nmol/L), androgen deficiency is essentially ruled out.**
4. Lower levels should be confirmed by measurement on a second morning sample. Testosterone levels well below 280 ng/dL (e.g., less than 200 ng/dL) on two morning samples are consistent with a diagnosis of androgen deficiency.

5. For levels close to the 280 ng/dL threshold, additional testing for free testosterone may provide clarification. Such testing can be done using equilibrium dialysis or by calculation from total testosterone, albumin, and sex hormone binding globulin (SHBG).

Discussion

As the result of widespread direct-to-consumer marketing to middle-aged and elderly males of the availability of convenient androgen supplements, there has been a dramatic increase in requests for testosterone testing, as these levels are necessary to establish the existence of androgen deficiency prior to treatment. A recent guideline from the Endocrine Society³ deals with this topic in great detail, including recommendations for laboratory testing (which will be covered here) as well as recommendations regarding whom to test and therapeutic options (which will not be covered in this short summary). The Endocrine Society guideline is an excellent discussion; pathologists who would like more details on this topic are encouraged to read that document in its entirety. The critical point, however, is that, in order for clinicians to use the concentration thresholds cited in the document, laboratory directors must ensure that their testosterone measurements are accurate.

One way to ascertain the accuracy of one's testosterone assay (whether immunoassay or Liquid Chromatography/Mass Spectrometry) is to participate in a proficiency survey using commutable samples with reference method target values.⁴ One such survey is the CAP Accuracy-Based Steroid Survey. Such surveys indicate that many commercially available immunoassays are sufficiently accurate to be used for screening of adult males.⁵

In adult men with signs and symptoms suggestive of androgen deficiency, a morning total testosterone level is an excellent screening test. Consistent with other endocrinopathies, the recommendation for testing in the morning relates to diurnal variation. Testosterone levels are typically highest in the morning, so one tests for deficiency by checking levels then.

If the testosterone level, by a reliable assay, is >280 ng/dL (10.4 nmol/L), androgen deficiency is essentially ruled out. Lower levels should be confirmed by measurement on a second (morning) sample. Testosterone levels well below 280 ng/dL (e.g., less than 200 ng/dL) on two morning samples are consistent with a diagnosis of androgen deficiency.

For testosterone levels close to the 280 ng/dL threshold, additional testing for free testosterone may provide clarification. Such testing should be done using equilibrium dialysis or by calculation from total testosterone, albumin, and sex hormone binding globulin (SHBG).⁶ These additional tests may be beyond the scope of most clinical laboratories but can be obtained from reference laboratories. It is worth emphasizing that assessment of free testosterone concentrations is typically needed only when total testosterone levels are reproducibly close to the 280 ng/dL threshold. In addition, It should be noted that one should probably avoid using analog free testosterone immunoassays.^{3,7}

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What is a Pathology Practice Guidance: Formerly known as Provisional Practice Guidance?

Legal Disclaimer-Pending Review
TDB

The Pathology Practice Guidance is intended as a short review of a clinical question. It is not a formal evidence-based guideline but provides the practicing pathologist with rapid answers to common questions based either on other evidence-based guidelines or consensus mechanisms.

Authors:

- Gary L. Horowitz, MD, FCAP
- Elizabeth A Wagar, MD, FCAP

Conflicts of Interest

Dr. Horowitz and Dr. Wagar have no financial conflict of interest with the contents and publication of this article.



To: David A Novis, MD, FCAP
 Speaker, House of Delegates

Marci Zerante
 Director, Member Engagement
 Staff, House of Delegates

From: Jodi Soriano
 Director, New Program Development

John Bodner, PhD
 Director, New Product Development, LIP

Date: August, 2014

Subject: Request for a HOD Action Group to Review New Program Concepts

BACKGROUND

CAP identified several years ago a need to expand its product portfolio of complementary products to ensure a steady revenue stream in the future. At the BOG meeting on May 14, 2014, the BOG APPROVED the new program development process for all non-STEP products.

This new program development (NPD) process consists of six distinct stages:

Stage 1	Stage 2	Stage 3	Stage 4	Stage 5	Stage 6
Idea capture and screening	Program assessment	Business case development	Program development	Launch	Post-launch analysis

REQUEST

The House of Delegates (HOD) could play a vital role in the NPD process by providing member insight as new programs move through the NPD stages. We are requesting a standing HOD action group (3-5 HOD members) to provide member input at Stage 1 and Stage 3.

The HOD NPD Action Group members should have expertise in the following areas:

- Business Acumen
- Marketing
- Financial Analysis
- Fiscal Management
- Ability to handle uncertainty

We anticipate this group will meet quarterly, by conference call to review any program currently in Stage 1 or Stage 3 of the NPD process. Prior to each conference call, each member will receive by email background materials for each program concept. During the conference call, we intend to engage the Action Group in assessing whether CAP has adequately analyzed each program concept per the stage-specific criteria:

College of American Pathologists

- Stage 1 – Idea capture and screening
 - Have we accurately identified the problem that needs solving?
 - Who has the problem?
 - How are they solving it today?
 - Why would this solution be better than what is currently available?
 - What advantage does CAP have in developing and delivering the solution?
 - Assuming resources and budget are available, do you believe this concept should move onto Stage 2: Market Assessment?
- Stage 3 – Business case
 - The business case will include financial information and a narrative describing the program, market, demand, cumulative cash flow, and ROI.
 - Do you understand and concur with the elements of the business case?
 - Assuming resources and budget are available, do you believe this concept is something CAP should pursue?

Input gathered from the HOD Action Group will be aggregated with input from other stakeholders for assessment and disposition of the concept as detailed in the NPD process.

The NPD team will provide timely reports to the HOD Action Group summarizing input received and outcomes of Stage 1 and Stage 3 reviews.

Enclosure(s):
Sent via email

cc:

*Distribution:



Topic: AG on Clinical Pathology Improvement Program (CPIP)

Date: August 28, 2014

THEME 1 - SUSTAIN GROWTH & IMPROVE PROFITABILITY

GOAL 1.1 - Grow Revenue Profitably

Sub-Goal 1.1.3 - Sustain Other Sources of Revenue

THEME 2 - ADVANCE THE SPECIALTY

GOAL 2.1 - Drive Member Loyalty

Sub-Goal 2.1.1 Empower Member Interaction, Collaboration, and Knowledge Sharing (Engagement)

ACTION REQUESTED

HOD members willing to author 6 unique CPIP case studies for 2015, in areas where there is an identified critical learning need:

- Laboratory Management
- Molecular Genetics
- Transfusion Medicine/Blood Banking
- Hematology
- Hemostasis
- Chemistry

BACKGROUND INFORMATION

What is CPIP?

The Clinical Pathology Education Committee (CPEC) is requesting House assistance with the Clinical Pathology Improvement Program (CPIP). CPIP is an online series of educational opportunities with associated CME and SAM credits targeted to:

- Pathologists with clinical laboratory responsibilities
- Pathologists seeking CME/SAM or MOC credits in clinical pathology
- Subspecialty clinical pathologists who need to keep current in their discipline
- Pathology residents preparing for boards in clinical pathology

The CPIP program provides case studies in practical clinical pathology spanning major areas of the American Board of Pathology (ABP) examination: chemistry, hematology, coagulation,

College of American Pathologists

immunology, transfusion medicine, microbiology, molecular genetic pathology, and laboratory management.

2015 plans for CPIP include twelve unique case studies (one per month) in areas that help meet ABP Maintenance of Certification (MOC) requirements.

Development time for each case study is estimated at 3 months. After initial development, the case study author and CPEC engage in a 2 month review process to finalize and approve the case study.

Eligibility:

The HOD *"Be the Customer"* strategy prohibits House members who are appointed members of the Clinical Pathology Education Committee from serving on this AG.

How to Participate:

House members interested in serving on this Action Group should complete the Call to Action Form in the back of the Fall '14 House of Delegates Agenda Book and return to CAP HOD Staff.



cap

Memorandum |

To: David Alan Novis, MD, FCAP
Speaker, CAP House of Delegates

From: James Dvorak, MT(ASCP)
Senior Technical Specialist, Surveys

Date: July 28, 2014

Subject: American Cancer Society (ACS) Collaboration Request

Dr. Kay Washington, Advisor to the Cancer Committee, has provided the College with an opportunity for community involvement, and service for pathologists in a partnership designed to expand access to colorectal cancer screening and the full continuum of follow up care for uninsured and underinsured individuals. The proposal for CAP involvement was presented to and approved by the Council on Scientific Affairs.

On September 16, 2013, the National Colorectal Cancer Roundtable convened a multi-organizational meeting on improving links of care in Washington DC. The purpose of this meeting was to bring together representatives from key national organizations to embrace a common vision aimed at improving the links of care between community health centers and the medical neighborhood in the delivery of colorectal cancer screening, follow-up and treatment. The meeting was co-chaired by key leaders from the National Association of Community Health Centers, the American College of Gastroenterology and the National Colorectal Cancer Roundtable. A plan was made to locate 3-5 regions to identify the barriers related to delivering quality colorectal cancer screening followed by the development of a high-performing system that can be used as a model for improving the links of care between community health centers and the medical neighborhood in the delivery of screening, follow-up and treatment.

The locations selected for the pilots are: St. Paul, MN; Port Royal, SC; and New Haven, CT. The ACS requests that the College provide a pathologist in each area for participation in the program.

I wish to ask for your assistance to identify a pathologist in each pilot location now who could speak to possible issues and solutions, but recruit others as needed, once the direction of the program has been fully established. Full implementation is expected to occur in 2015.

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Walgreens CHANGE Grant

Advancing a Multi-organizational Movement to Improve Links of Care in the Delivery of Colorectal Cancer Screening

Pilot Proposal

PROJECT GOAL: Under the auspices of the National Colorectal Cancer Roundtable (NCCRT), representatives from key organizations and professional societies were brought together on September 16th, 2013 to develop a multi-organizational collaboration designed to expand access to colorectal cancer screening and the full continuum of follow up care for uninsured and underinsured individuals.

Our goal is to measure the impact of this multi-organizational collaboration in improving links between community health centers, specialists and local health systems in the delivery of colorectal cancer (CRC) screening and follow up care.

BACKGROUND: The NCCRT (an organization co-supported by the American Cancer Society [ACS] and the Centers for Disease Control and Prevention [CDC]) issued a strategy paper in 2012 entitled, “Strategies for Expanding Colorectal Cancer Screening at Community Health Centers.”¹ The paper offered five strategies to address the challenges community health centers (CHC) face in increasing CRC screening rates. Strategy 3 of the paper focused on the importance of improving the links of care between CHCs and local health care systems, given that implementing an effective CRC screening program requires commitment from health professionals and institutions outside of CHCs, including specialists, endoscopy suites, local area hospitals, surgery centers, and laboratories.

In an effort endorsed by US Assistant Secretary for Health Dr. Howard Koh, the NCCRT collaborated with the National Association of Community Health Centers

¹ Sarfaty, M., Doroshenk, M., Hotz, J., Brooks, D., Hayashi, S., Davis, T. C., Joseph, D., Stevens, D., Weaver, D. L., Potter, M. B. and Wender, R. (2013), Strategies for expanding colorectal cancer screening at community health centers. CA: A Cancer Journal for Clinicians, 63: 221–231. doi: 10.3322/caac.21191

(NACHC) and the American College of Gastroenterology (ACG) to launch an initiative in 2013 aimed at improving the links of care between CHCs, gastroenterologists and local health care systems. The first phase of this effort focused on the development of a multi-organizational collaboration designed to expand access to CRC screening and the full continuum of follow up care for uninsured and underinsured individuals.

Representatives from key organizations and professional societies reviewed the characteristics of high performing models that improve links of care and outlined the parameters for this effort. Participants were able to agree upon a draft vision statement and indicated they would seek support from their respective organizations for the initiative in order to meet their mission-related goals of reducing disparities.

PILOT OVERVIEW AND IMPLEMENTATION: The purpose of this pilot is to test the power of the collaboration to implement high performing access models in three communities to improve delivery of colorectal cancer screening and the post-screening continuum of care.

Year 1 activities (June 2014 to January 2015) for the Clinical Linkages pilot will focus on launching pilots that will: 1) Offer a menu of options to local community partners on how to improve these links of care, based on proven, high performing existing models; 2) Help pilot community partners assess which model (or combination of models) best meets their unique needs; 3) Provide support to communities by identifying local professional partners along the care continuum; 4) Provide funding to convene and facilitate a meeting to establish pilot program; and 5) Launch pilot activities. Year 2 of the grant will focus on implementation and evaluation.

While we will offer modest grant funding as compensation for staff time related to the reporting requirements, the primary goal of this project is to stimulate collaboration among local partners and support development of the long term structures and relationships needed to improve the links of care in their community.

PILOT FUNDING, BENEFITS AND ASSETS:

General project support:

- Selected partners would each receive \$70,000 in grant funding over two years. Grant funding is intended to support dedicated staff time necessary for complete and timely data reporting requirements.

Benefits to Grant Recipients in the Year 01 Assessment and Planning Phase (The following will be provided to grant recipients at no cost to the grant recipient and in addition to the \$70,000 award):

- Each partner community would receive a community assessment that explores the community's disease burden, unmet screening needs, current system for delivering the continuum of care to the underserved, barriers to care delivery along the continuum, possible solutions, potential partners, and unique community assets and challenges. (Vendor: Aeffect, Inc. \$25,000 per assessment partially funded through a separate CDC grant. This will be paid for by the NCCRT, *not* come out of the awardee's funding.);
- The NCCRT/ACS would assist in arranging a meeting in each partner community to convene local stakeholders to review the community assessment and design a plan to improve care delivery. (\$8,599 per location; hosted by local ACS partners and funded through a separate CDC grant. This will be paid for by the NCCRT, *not* come out of the awardee's funding); and
- Each partner community would receive technical support and supporting materials throughout the assessment and planning phase.

Benefits to Grant Recipients in Year 2 Implementation and Evaluation Phase (The following will be provided to grant recipients at no cost to the grant recipient and in addition to the \$70,000 award):

- Each partner community would receive support and "coaching" from high performing programs to address implementation issues (communication and care coordination, patient prep, correct documentation, etc.), (Pending CDC approval of FY15 request);

- Partner communities would participate on regular calls to discuss effort, share successes and address issues;

Supporting assets:

- The NCCRT will deliver resources (descriptions of the core components of the high-performing models, the *How To Guide*, the CRC Clinician’s Evidence-Based Toolbox and Guide and a community assessment tool) to assist communities in creating a system for improving links of care.
- Assuming we secure support from the national professional societies, participating collaborators from these societies will identify and support local physicians willing to participate. Specifically, the three leading gastroenterological (GI) professional societies (ACG, American Gastroenterological Association, and American Society for Gastrointestinal Endoscopy) and Society of American Gastrointestinal and Endoscopic Surgeons will be asked to promote the effort among their memberships and identify physicians who are willing to provide low-cost or no-cost screening or diagnostic/follow-up endoscopy to community health center patients. The other specialty societies, hospital and ambulatory care center organizations will be asked to take similar steps.
- NACHC (*proposed*) will help promote the opportunity to state Primary Care Associations, identify potential candidates and review the final list of grant applicants prior to approval. Additionally, NACHC will help coordinate with the Patient Centered Medical Home Institute in order to help align this work with other PCA and health center priorities.
- ACS will provide overall support, evaluation and tracking and assist with process improvement.

IDEAL PARTNER COMMUNITY CHARACTERISTICS:

Lead Applicant:

- State Primary Care Associations in communities within select states² are eligible to apply for the funding opportunity. Eligible PCAs will partner with up

² State eligibility is determined by revenue raised by local Walgreens stores within each state.

to four (4) individual FQHCs or one (1) network of FQHCs with demonstrated barriers to accessing colonoscopies (Partner Applicant). State PCAs must apply in collaboration with partner FQHCs.

- Lead applicants would be required to include a letter(s) of support from local FQHCs or a network of FQHCs with a demonstrated need for screening or follow up colonoscopy.
- Lead applicants would be expected to outline their intended use of funds. Importantly, at least half of the dollars should go to the partnership FQHCs, in order to provide compensation for the reporting requirements. A minimum of \$35,000 should be provided to a network of FQHCs and a minimum of \$8,750 should be provided to an individual FQHC.
- Lead applicant would have capacity to coordinate, capture and report partnering FQHC data.
- Lead applicants would be required to include a letter of support from the local American Cancer Society unit office.
- Lead applicants would be required to include a letter of support from their state comprehensive cancer control program or local comprehensive cancer control coalition.

Partner Applicants:

- FQHCs Partner Applicants must commit to tracking and reporting requirements.
- FQHCs Partner Applicants would be expected to provide the underlying logic for their choice of CRC screening test, per Strategy 2 of Strategies for Expanding Colorectal Cancer Screening at Community Health Centers on designing a realistic CRC screening program.
- FQHC Partner Applicants that have established screening navigation programs and/or care coordination programs would be favored.
- Efforts will be made to engage those communities with established organizations that already have local resources and partners—state primary care associations, state cancer plans funded by CDC, American Society of Clinical Oncology counterparts, state or local GI societies, CDC Colorectal

Cancer Control Program grantees, Commission on Cancer state chairs, etc.—in each state to identify and engage local providers, provide coaching, and use professional networks for efficient knowledge transfer.

QUARTERLY DATA COLLECTION REQUIREMENTS:

- Clinic CRC screening rates;
- For Colonoscopy-based screening programs
 - Number of referrals for screening colonoscopies
 - Number of screening colonoscopies completed
- For FIT/FOBT-based screening programs
 - Number of FIT/FOBT kits distributed
 - Number of FIT/FOBT tests returned
 - Number of positive FIT/FOBT
 - Number of referrals for follow up colonoscopies after positive FOBT
 - Number of follow up colonoscopies completed after positive FOBT
- Number of patients with adenomas detected at colonoscopy
- Number of colon or rectal cancers diagnosed
- Time from referral to screening colonoscopy;
- Time from referral to follow-up colonoscopies after positive FOBT;

IMPACT ON DISPARITIES: Upon successful implementation, the pilots will:

- Increase CRC screening for underserved populations in select communities;
- Improve select outcome measures in partner communities, such as:
reducing wait times for screening and follow-up colonoscopies, improving rates of follow up colonoscopies after positive FOBTs and/or improving rates of completion of colonoscopy referrals;
- Improving care coordination among select underserved communities;
- Serve as a model and offer lessons learned for other communities looking to improve links of care in the delivery of colorectal cancer screening; and
- Serve as a model and offer lessons learned for other communities looking to improve links of care in the delivery of other preventive services.

ALIGNMENT WITH AMERICAN CANCER SOCIETY: The American Cancer Society Nationwide Mission Board Priority Outcomes include the reduction in colorectal cancer mortality rates with an emphasis on increasing effective interventions within communities experiencing an unequal burden of cancer. To that end, ACS has recently restructured and established functional departments across the nation to focus on health systems.

The newly aligned health systems focus allows ACS to work more closely on state-based systems, hospital systems, and primary care systems, with staffing resources dedicated to each channel. ACS staff are charged with supporting system partners in the delivery of evidence based interventions, including resources developed by the NCCRT, designed to have broad population impact on reducing colorectal cancer incidence and decreasing mortality rates. As such, the ACS Division staff, with support from the NCCRT and ACS national staff, can play an integral role in being a neutral body to convene the partnerships needed at the local level to advance the effort to improve links of care between community health centers and the medical neighborhood.

In addition to dedicated human resources, the Society has also invested financial resources to support primary care systems and reduce the unequal burden of cancer experienced within uninsured and underinsured individuals. Since 2011, the Society's Community Health Advocates Implementing Nationwide Grants to for Empowerment and Equity (CHANGE) has awarded and sustained nearly 100 grants to community based partners to implement evidence based interventions that provide culturally and linguistically appropriate outreach and education to empower and mobilize the community to access screening resources; and ensure access to cancer screening resources and follow-up care. Between July 2011 and September 2013, , over 328,000 men and women have been reached with cancer prevention and early detection education and outreach and over 123,000 cancer screening exams have been provided.

The CHANGE grants program is funded by several corporate partners. This grant opportunity is funded by Walgreens and will provide financial resources to eligible Federally Qualified Health Centers (FQHC) and Primary Care Associations (PCA) to

further strengthen efforts to improve the care continuum in communities within select states.³

The ACS Corporate Center will identify FQHCs funded through the Society’s CHANGE grants program that have experienced difficulty reaching target colorectal cancer screening rates and encourage them to apply to be partnering sites in conjunction with their state Primary Care Associations.

ALIGNMENT WITH PATIENT CENTERED MEDICAL HOME AND MEANINGFUL USE

REQUIREMENTS: Applicants may find that efforts to improve cancer screening rates and patterns of care may help satisfy requirements for recognition as a patient centered medical home (PCMH). In 2011, the National Committee for Quality Assurance (NCQA) released new criteria for medical home recognition, which placed greater emphasis on preventive services and explicitly listed cancer screening as an area of quality improvement effort that satisfies an NCQA requirement. Furthermore, physicians engaged in Medicare or Medicaid Meaningful Use Stage 2 may find that their participation in the pilot may not only increase opportunities to meet program expectations, but also improve care coordination, have access to more complete and accurate information and support a healthier patient population.

TIMELINE:

Task	Date
Involvement of professional societies is formalized	January to June 2014
Request for Applications is released	March 3, 2014
Applications are due	May 9, 2014
Application review process is complete	May 23, 2014
Applicants are advised of funding status	May 26, 2014

³ State eligibility is determined by revenue raised by local Walgreens stores within each state.

Collaborative agreements are due Projects begin	June 6, 2014
Community Assessment Process	June – September 2014
Community Launch Meetings	September 2014– January 2015
Implementation	January 2015 – December 2015

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Realizing Our Vision: One College

Voting Item

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- 2014 House of Delegates Steering Committee Slate

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House of Delegates Voice of the Membership

May 21, 2014

Dear Colleague:

Earlier this spring the Speaker of the CAP House of Delegates appointed a House Nominating Committee consisting of five of your colleagues in the House of Delegates to nominate candidates for the open positions on the House Steering Committee with me as chair.

Members of the Nominating Committee and myself reviewed all candidate applications for the open positions and selected the following slate of candidates to recommend to the House of Delegates at the September 6, 2014 meeting:

Speaker:	James E. Richard, DO, FCAP
Vice Speaker:	Kathryn T. Knight, MD, FCAP
Secretary:	Alfred Wray Campbell, MD, FCAP
Sergeant-at-Arms:	Martha Clarke, MD, FCAP and Rodolfo Laucirica, MD, FCAP
Member-at-Large:	Emily Green, MD, FCAP and Sang Wu, MD, FCAP

According to the Rules of the House of Delegates, additional nominations for House office may be made by signed petition of at least twenty delegates or alternates, and submitted to the CAP CEO at least ninety days prior to elections. Delegates shall also have the opportunity to nominate additional candidates from the floor at the Fall Meeting of the House.

I would like to take this opportunity to thank my colleagues who served as members of the House of Delegates Nominating Committee for their service: Meenakshi Arvind Nandedkar MD, FCAP, Ian M Birkett MD, FCAP, Michael C Dugan MD, FCAP, Veena M Singh MD, FCAP, and Nicole Nabors Balmer MD, FCAP.

If you have any questions regarding the nominations or elections process, please contact House staff Marci Zerante at 800-323-4040, ext. 7656, or by e-mail at mzerant@cap.org.

Sincerely,

A. Joe Saad, MD, FCAP
Chair, House of Delegates Nominating Committee

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Realizing Our Vision: One College

House Reports

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- State Network Protocol

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Prototype College of American Pathologists (CAP) House of Delegates (HOD) Network Protocol

Pilot Prototype: North Carolina Delegation (NCD)

Network Leader: Keith Volmar, CAP HOD Delegate and Network Leader, Raleigh NC

Edited by CAP HOD Steering Committee

Purpose

Create a statewide network by which CAP HOD Delegates may communicate with their CAP Fellow.

Policies and specifications

1. Delegate Chairs or their designees are responsible for organizing, maintaining, and overseeing statewide networks.
2. Networks must offer inclusion to all CAP Fellows residing in the state.
3. Delegations will choose methods of communication (email, phone, letter, social network) that they believe best meet their needs).
4. Networks must devise methods to invite all residents, pathologists regardless of CAP affiliation, and state and state pathology societies. Delegations choose their own methods of linking in state pathology societies and non-CAP-members.
5. Privacy must be maintained. Network contact lists must be protected and not distributed to third parties.
6. Communication content must comprise CAP related matters only. Personal communications and agendas may not utilize the CAP HOD Network.
7. Network design must include methods by which to validate its effectiveness.
8. All communications must be peer-to-peer, i.e. no mass e-mailings to constituents.
9. All Delegates and Alternate Delegates must participate in the Network, e.g., messages pass from Delegate Chairs to Delegates/Alternate Delegates to their apportioned *named* constituents, and vice versa.
10. Email fatigue must be avoided. Email content must be safeguarded. The HODSC will initiate and/or approve all messages prior to release.
11. All e-mail communications must be cc'd to House Speaker.

Procedure for Initial Setup

1. Delegate Chair designates a Network Leader to oversee establishing the network. In most cases, the Delegate Chair will be the Leader.
2. Obtain lists of all pathologists in the state. *For instance, the North Carolina obtained three source lists: State Medical Board, State Medical Society, State Society of Pathologists.*
3. Format the lists uniformly, reconcile the information, and create one master list (e.g. excel spreadsheet). This may take some time and require removing out-of-state pathologists.
4. Apportion state by whatever method works best for your Delegation e.g., geography, congressional district, etc.), practice environment (large, small, academic, etc.). *North Carolina obtained a map of state counties and tallied the constituents in each. (Their state medical board listed pathologists' counties of residence.) They used the map to tally constituents and create regional divisions. Delegations must consider that the network may be utilized for political action and hence may choose to apportion their states by congressional districts. Other*

apportioning systems, for instance those based on type or size of practice might be difficult to manage, as practice arrangements can be fluid.

5. As equitably as possible assign, Delegates/Alternate Delegates to a cell of named constituents. *For instance, the NCD constructed an e-mail network comprising **all** pathologists practicing in North Carolina apportioned by 8 geographical regions, to each of which they assigned a CAP House Delegate.*
6. Provide each CAP Delegate a cover letter explaining the network project. Delegates will distribute this letter to their apportioned constituents when they request their constituents' contact information
7. Have Delegates/Alternate Delegates contact and confirm the e-mail and/or contact information for all pathologists in their assigned area. *The North Carolina Delegation employed the following procedure:*
 - a. *For each large community group, recruit a single contact pathologist to obtain/confirm the contact information for all other pathologists in his/her group. Ask that contact person to identify the presence of smaller practices in the area that your original screen did not identify.*
 - b. *Do the same for local commercial labs and Veterans Affairs hospitals.*
 - c. *For each academic center, obtain list serves from the department chairs or other administrators.*
 - d. *For all training programs, recruit the program directors as primary contacts for the entire training program. Because of yearly turnover, the NCD chose to exclude trainees as direct contacts in the Network.*
 - e. *Contact all other pathologists on the master list for whom you possess contact information.*
8. Inquire whether or not contacted pathologist prefers to be excluded from the list. If so, convey this information to the Network Leader who will remove the name from the master list.
7. For initial contact failures:
 - a. Check CAP member directory.
 - b. Conduct Internet searches of the pathologists' names; (doctor rating sites may have phone contact information including those of retirees.
 - c. Make phone calls as necessary.
9. Delegates report back to the Network leader with a list and correct information of confirmed contacts.
10. Network Leader compiles final spreadsheet of Network contacts.

Note: the North Carolina Delegation planned to conclude the project in one month. It took six.

Procedure for Validation

1. Have each Delegate/Alternate Delegate send a test email to each contact. CC the Network Leader on the email.
2. (If for record keeping you want to include all the contacts in the test email you must protect privacy by placing all Network contacts in the "blind CC" field.)
3. Instruct recipients to confirm receipt by replying to email (reply all to Delegate/Alternate Delegate and Network Leader.
4. Network Leader will tally responses by area and sum of areas: # responses/total recipients.

Note: North Carolina identified 498 potential contacts of which they were able to finalize 293. The response rate ranged from 29-75% in the 8 regions. The overall response rate was 53%.

Metrics to Assess Effectiveness

1. Response rates to request for replies.
2. Attendance at CAP House of Delegates
3. Number (percent) HOD membership and nominations for membership
4. Response rate to the HOD's annual solicitation for issues to bring to the CAP Board of Governors.

Note: North Carolina used other softer, but nevertheless valuable metrics. For instance, using the Network to announce their White Coat Wednesday (a day on which pathologists journey to the state capital for political advocacy) they had the best turnout to date.

Maintenance

The Network Leader must initiate periodic updated of contact information.

Related documents

1. Electronic data file to contain the continuously updated network contact list
2. Cover letter to be included for initial Network contacts

General advice and difficulties to anticipate:

- Contact lists, even those of the State Medical Board are often out of date and laden with errors.
- Email addresses were at time inaccurate or not included on source lists. Many listed e-mail addresses were ancillary and not used by that the pathologists: Beware of “___ @___ hospital.org”).
- It will be difficult to include trainees in the network as they relocate frequently. This is a good job to delegate to program directors.
- There are more small operations out there than you think.
- Remember to check for VA Hospitals and commercial labs.
- Some larger groups and commercial labs may overlap your network regions.
- Pathologists employed in physician office labs may be difficult to locate. Remember to ask your practice contacts if they know of these individuals.
- An occasional practice may not be receptive (North Carolina had one). Try to find out why and bring that information to the HODSC. They may arrange follow up and attempt to reconstitute relations.

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Realizing our Vision: *One College*

CAP Finance and Council Reports

BACKGROUND

This section includes reports from the CAP Councils to the House of Delegates

CONTENTS OF THIS SECTION

- Report from the CAP Secretary/Treasurer
- Report from the Council on Accreditation
- Report from the Council on Education
- Report from the Council on Government and Professional Affairs
- Report from the Council on Membership and Professional Development
- Report from the Council on Scientific Affairs

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Report no.

Topic: Report of Secretary Treasurer

From: Paul N. Valenstein, MD, FCAP
Secretary-Treasurer

Stephen Myers
Chief Financial and Operating Officer

Date: August 22, 2014

The annual audit of the College of American Pathologists for the year ending December 31, 2013, and the comparable period in the prior year, was completed in March, 2014. Copies of the College of American Pathologists' audited financial statements, including the report of Ernst & Young, the College's independent auditors, for the years ended December 31, 2013 and 2012, are attached for information purposes.

The Board of Governors was recently updated on the mid-year results for 2014. As of June 30, 2014, the College had total assets of \$196.8 million and net assets of \$96.8 million. Total assets reflect an increase of \$2.3 million over the prior year due primarily to an increase in computer software for completed *Enterprise Platform Program (EPP)* projects to replace certain legacy software.

Total liabilities as of June 30, 2014 of \$100.0 million are greater than the comparable period in the prior year. The increase is from Accounts payable that are up \$2.0 million due to the timing of the payment of invoices, other accrued expenses up \$1.6 million for work performed that has not been invoiced, and deferred revenue up \$2.8 million due to increase sales in Proficiency Testing and Laboratory Accreditation Program. These changes occurred in current liabilities and when netted against the accrued salaries, employee benefits and taxes decrease, total liabilities were up \$5.5 million.

Year-to-date revenue of \$89.8 million exceeds the prior year by \$4.1 million but is under budget by \$0.5 million. Growth in LIP products and an increase in Laboratory Accreditation Program (LAP) fees drive the revenue increase over the prior year. The revenue for LAP fees is favorable to budget by \$0.9 million and is netted against the shortfall in all the other categories, resulting in revenue being \$0.5 under budget. The forecast is that these shortfalls to budget will continue during the year. Expenses are favorable to budget by \$3.6 million and above the prior year by \$5.3 million. The favorable decrease in expenses variance drives favorable Excess Revenue from Operations compared to budget.

The 2014 budget, as approved, moved the funding for all projects except EPP into operations. Currently EPP project spend is \$0.8 million over the 2014 budget when netted with Capitalized expense the excess revenue over expenses is at budget. Forecasting EPP project expense can be difficult because of the timing of the completion of the project relative to the end of a fiscal year. The 2014 budget called for revenue of \$176.0 million and shortfall of revenues over expenses of \$13.5 million. The updated 2014 forecast indicates that we should be slightly better than budget (i.e., lower shortfall than budget).

The Finance Committee met in July to begin the 2015 Budget process. At this first meeting, the committee met with the Executive Operations Team to discuss the underlying strategies driving the development of the 2015 Budget. A preliminary 2015 budget will be presented to the Finance

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Committee in October. After this meeting, the Finance committee will recommend a target for the 2015 budget and present this to the Board at the November Board meeting.



Topic: Council of Accreditation Report
To: Board of Governors
From: Richard R. Gomez, MD, FCAP
 Chair, Council on Accreditation
 Marcia B. Geotsalitis, MBA
 Senior Vice President, Laboratory Improvement Programs
Date: March 7, 2014

1. COUNCIL ON ACCREDITATION ACTIONS – FEBRUARY 22-23, 2014

ACTION	Action Taken	Staff Responsible
1. APPROVE the strategic framework and move forward with strategic implementation planning.	APPROVED Recommend for Board Action	<i>Marcia Geotsalitis</i>
2. APPROVE Recommendation A from the LDT project team to set additional requirements for analytic validation in accredited laboratories. Declined to approve additional requirements for clinical validation at this time.	APPROVED Recommend for Board Action	<i>Denise Driscoll</i>
3. APPROVE the Commission on Laboratory Accreditation (CLA) recommended membership for the LAP Advisory Panel.	APPROVED	<i>Linda Palicki</i>
4. APPROVE the proposed plan from the Commission on Laboratory Accreditation (CLA) that Inspector Training is a mastery skill so once trained, always trained.	APPROVED	<i>William Groskopf Adrienne Malta Eleanore Wojewoda</i>

2. COUNCIL/COMMITTEE PROGRESS ON INITIATIVES/ACTIVITIES

THEME - 1. SUSTAIN GROWTH & IMPROVE PROFITABILITY

GOAL - 1.1 Grow revenue

Sub-Goal - 1.1.1 Retain and Grow Domestic LIP Revenue

- CAP Accreditation (all programs) has 7,674 accredited facilities.
 - o CAP15189 has 63 participating laboratories with 35 accredited.

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- o Biorepository Accreditation Program has 49 participating facilities with 23 accredited.
- o Reproductive Laboratory Accreditation Program has 335 accredited laboratories.
- o Forensic Drug Testing Program has 39 accredited laboratories.
- o Laboratory Accreditation Program has 7,242 accredited laboratories.

Sub-Goal - 1.1.2 Grow Internationally

- CAP International has 393 participating laboratories with 351 accredited.

GOAL - 1.4 Ensure Customer Loyalty

Sub-Goal - 1.4.1 Increase Our Focus on Relationships with Key Customers

Sub-Goal - 1.4.2 Improve the customer experience

- Continue support of HCA pilot and evaluate results to determine enhancements to be implemented. Ensure Online Performance and Reporting (ONPAR) EPP project aligns with reports generated from HCA pilot.

THEME - 2. CATALYZE THE TRANSFORMATION

GOAL - 2.2 Ensure Pathologists Can Deliver

Sub-Goal - 2.2.4 Support Organized Pathology's Effort to Strengthen Laboratory Medicine

Name of Project/Initiative/Activity

- 2014 Checklist Edition. LAP plans to publish the new edition April 21. The ever-evolving content supports advancing the specialty. A few of the many highlights include:
 - o Revised HER2 requirements that address changes in 2014 ASCO/CAP recommendations
 - o Added more information regarding Competency Assessment
 - o Clarified the Provider Performed Testing (PPT) section in the Point of Care checklist, i.e., credentialing not sufficient for competency assessment of providers

THEME - 3. STRENGTHEN ORGANIZATIONAL CAPABILITY & SUSTAINABILITY

GOAL - 3.2 Strengthen Operations and Improve Execution

SUB-GOAL - 3.2.1 Improve Process Efficiency

- The Complaints and Investigations Committee will implement on-line case review for all investigations.
- The Commission on Laboratory Accreditation endorsed the investigation of a "smart" proficiency testing (PT) result form as an interim step until a more permanent solution

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can be developed to help mitigate clerical errors that are contributing to “cease testing” directives.

- Following CoA's approval, staff initiated the EPP project to create customized section-specific checklists as a foundation project for future improvements on the inspection tool.

3. LIST OF DISCUSSION TOPICS

- The Accreditation Committee (AC) recommended that the CLA consider possible modifications to the current deficiency expungement process as a laboratory requesting expungement for a large number of deficiencies may have had a problem with the inspection process and the inspection should be reviewed for quality.
- The Complaints and Investigations Committee defined “media attention” referenced in GEN.26791 Terms of Accreditation. The definition will be added to the two-page documents describing the complaints process.
- The Continuous Compliance Committee (CCC) discussed options to provide comments/data to the Centers for Medicare & Medicaid Services (CMS) that dispute the value in the six-month mandatory “cease testing” requirement (i.e. impact on patient care) and steps that could be taken to decrease the number of “cease testing” notices to laboratories
- The Checklist Committee (CLC) will request input from the DIHIT workgroup to address checklist requirements for cloud computing as this is an area of inquiry from accredited laboratories. It is recommended this be part of the larger DIHIT / Accreditation Checklist Review workgroup project.
- The CLC discussed retention of both examples and evidence in the Evidence of Compliance component of checklist requirements, but with differentiation of what is required vs. what are optional using graphical elements. The CLC also proposed changing the label “Evidence of Compliance” to “Essentials of Compliance.”
- The Accreditation Education Committee (AEC) discussed sending a survey to CAP-accredited laboratories to determine interest/preferences and/ or lack of interest in the Continuous Compliance Master Series (CCMS) as related to topics, time of day, length of programs, enrollment fees, etc.
- The Biorepository Accreditation Program (BAP) Committee discussed conducting a review of Molecular and Cytogenetics checklist for possible addition of requirements to the BAP checklists as there has been identification of research core testing in a few biorepositories.
- The BAP discussed creation of a resource toolbox for the biorepositories. The committee agrees that biorepositories need help and resources for quality management plans and monitors.
- The CAP15189 Committee explored overseas opportunities with CAP International Business Development (IBD).

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- The CAP15189 Committee discussed the necessary transition of customers to ISO 15189:2012 version and the related transition of assessment tools, education, logo update, and interpretive guidelines.
- The Inspection Process Committee (IPC) discussed recommendation to sunset the current International Inspector Certification Program (IICP) and discontinues certifying inspectors (recommendation will be forwarded to International Venture Steering Committee). Instead, inspectors will be trained. This will alleviate the difficulties created with the implementation of a certification program. Rationale included:
 - Certification program is not accessible to all, so there is a perception of favoritism towards those who were selected to participate.
 - Certification events were offered only in limited markets, creating a subset of uncertified inspectors with no possibility of becoming certified
 - Of the more than 60 inspectors that participated in the program, only five have actually been willing to participate in inspections following their certification, supporting the perception that the inspectors value the certification only as a mechanism to boost their credentials.



Report no.

Topic: Council on Education Report
To: House of Delegates
From: Michael Prystowsky, MD, PhD, FCAP
 Chair, Council on Education
 Ann Neumann, PhD
 VP, CAP Learning
Date: August 18, 2014

1. COUNCIL ON EDUCATION ACTIONS – AUGUST 1-2, 2014

ACTION	Action Taken	Staff Responsible
1. PROVIDED INPUT on the refreshed learning strategy, including the three areas to evolve.	PROVIDED INPUT	Ann Neumann
2. AGREED with staff recommendations for the 2015 CAP Learning budget.	AGREED	Ann Neumann
3. AGREED to retain the Competency Assessment Program.	AGREED	Loretta Morrison
4. AGREED to further explore the Clinical Informatics for Value-Based Pathology Practices in the Era of Accountable/ Coordinated Care proposal.	AGREED	Loretta Morrison
5. PROVIDED INPUT on the designs for the new Learning Management System portal pages.	PROVIDED INPUT	Kristina Schwartz
6. APPROVED revisions to the following policies: CAP TODAY Mission Statement, Publication of CAP Products, Selection of Members of the <i>Archives of Pathology and Laboratory Medicine</i> Editorial Board, Publications Copyright Statement.	APPROVED	Kim Kruger
7. PROVIDED INPUT for how the COE can leverage the HOD.	PROVIDED INPUT	Loretta Morrison
8. AGREED to continue discussions with CSA Leadership at least annually to ensure collaboration and alignment across CSA and COE.	AGREED	Loretta Morrison
9. PROVIDED INPUT on the CAP enterprise alliance framework.	PROVIDED INPUT	Kim Kruger

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ACTION	Action Taken	Staff Responsible
10. AGREED to provide a COE representative on the planning group for the ASCO Molecular Oncology Tumor Board series. Dr. Prystowsky agreed to be the interim resource until a more permanent resource is identified.	AGREED	Kim Kruger

2. COUNCIL/COMMITTEE PROGRESS ON INITIATIVES/ACTIVITIES

THEME - 1. SUSTAIN GROWTH & IMPROVE PROFITABILITY

GOAL - 1.1 Grow Revenue

Sub-Goal 1.1.3 Sustain Other Sources of Revenue

2014 YTD Revenue Results

- CAP Learning's revenue results as of June 30 are approximately 56% of the 2014 revenue budget.

Sub-Goal 1.2.2 Manage Operating Expenses

2014 YTD Expense Results

- CAP Learning's expense results as of June 30 are approximately 47% of the 2014 expense budget.

THEME - 2. ADVANCE THE SPECIALTY

GOAL - 2.1 Drive Member Loyalty

Sub-Goal - 2.1.2 Improve Member Experience (NPS)

Learning Management System (LMS) Replacement Project Update

- The launch date for the new learning management system was shifted from November 2014 to January 2015 to accommodate the large number of CAP Enterprise projects planned for release in Q4 of 2014. The project team is currently creating the required system integrations and configuring the new LMS for learning activities. Functional testing is scheduled to begin at the end of August.

CAP Ebooks Launch

- In July, the CAP ebooks site – ebooks.cap.org – went live with 22 titles comprising CAP Press publications and Benchtop Reference Guides. Staff provided the Publications Committee members with access to test the site, and staff performed end-to-end testing for functionality. An advertisement announcing the site and featuring an offer for registered users to receive a free ebook will run in the August *CAP Today*.

GOAL - 2.2 Prepare Pathologists for Future Roles

Sub-Goal - 2.2.1 Provide Tools, Education and Resources

Learning Opportunities for Enhanced Services

- The purpose of Initiative 12 is to develop CME learning opportunities in Informatics and Genomics to better equip practicing pathologists to provide enhanced services. It is a 3-year effort, with 2013 focused on curriculum planning and 2014-15 focused on curriculum

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development and delivery. The working groups (WGs) responsible for each curriculum, DIHIT Committee and Genomics Education WG, have finalized the topics, faculty/subject matter experts (SMEs), and schedule for 2014:

Topic	2014 Delivery/ Release Date	Faculty/SME
Genomics		
Genomic Testing: What Is It Good For? (webinar)	July 17	Bharat Thyagarajan, MD, MBBS, PhD
The Critical First Steps: Specimen Acquisition and Handling for Cancer Genomics (webinar)	Sept. 24	Colin C. Pritchard, MD, PhD
Garbage In, Garbage Out: How Every Pathologist Can Ensure Accurate Genomic Oncologic Testing (webinar)	Nov. 20	Sophia L. Yohe, MD
Cancer Genomics: Selecting the Right Test at the Right Time (webinar)	Dec. 11	Pranil K. Chandra, DO
Informatics		
Laboratory Information Systems (online)	October (date TBD)	John H. Sinar, MD, PhD & Walter H. Henricks, MD
Information Management in the EHR era (webinar)	October (date TBD)	Walter H. Henricks, MD
Electronic Health Records (online)	November (date TBD)	Victor B. Brodsky, MD & Robert O. Rainer, MD
HIPAA, Regulatory & Compliance (webinar)	December	Myra L. Wilkerson, MD

Sub-Goal - 2.2.2 Ensure Pathology Graduate Medical Education Meets the Needs of New Models

Graduate Medical Education Clinical Informatics Curriculum

- Pathology Informatics Essentials for Residents (PIER) Release 0 was launched at the July APC/PRODS meeting plenary session followed by a standing room only discussion group of 36 participants. PIER is a research-based instructional resource developed by the APC, API and CAP, with training topics, implementation strategies and resource options for PRODS and faculty to effectively provide informatics training to their residents and meet ACGME informatics milestone requirements. Response was very positive, with over 30 programs expressing interest in participating in the alpha test of PIER. Next steps include completing PIER Release 1, confirming and training alpha test participants and continuing communications to build awareness of the PIER program (e.g., CAPConnect blog, article in September APC newsletter, APC PIER web page, presentations at fall Chair meetings, Grand Rounds presentations).

Sub-Goal - 2.3.1 Offer Market Driven Learning Opportunities that Maximize Competence

Advanced Practical Pathology Programs (AP3)

- Upcoming AP3 Schedule

Program	Date	Location
Ultrasound-guided Fine Needle Aspiration (USFNA)	October 18-19 May 16-17, 2015	Atlanta, GA Chicago, IL
Laboratory Medical Director (LMD)	October 2-3 April 23-24, 2015	Chicago, IL Chicago, IL
Multidisciplinary Breast Pathology (MBP)	October 25 – 26 April 18-19, 2015	Chicago, IL TBD
Prostate	November 7-8 April 24-25, 2015	Chicago, IL Chicago, IL

Conversion of CE into CME/SAM Pilot

- In February 2014, the COE and CSA agreed to pilot converting a CE activity to a SAM using the Clinical Pathology Improvement Program (CPIP) format. The approach uses existing CE material developed for medical technologists and supplements the material to make it appropriate for pathologists to earn CME/SAM credit. The Hematology/Clinical Microscopy Committee, who volunteered to participate in the pilot, identified two CE activities for the pilot. CE authors worked with the Clinical Pathology Education Committee (CPEC; the committee responsible for the CPIP program) and CAP Learning staff to complete the first pilot conversion, which is scheduled for release August 18. Work on the second pilot conversion will begin in September, with release planned in early 2015. Based on the success of the first pilot, the CPEC is working with CP Resource Committees to expand the CE conversion program in 2015.

THEME - 3. OPERATE EFFECTIVELY AND EFFICIENTLY

GOAL - 3.1 Optimize Product Management Processes

SUB-GOAL - 3.1.3 Proactively Manage the Product Portfolio

Learning Strategy Refresh

- Building on the learning strategy refresh work completed in the first half of the year, the COE believes that the CAP needs to maintain key elements of the 2010 Learning Strategy, refresh others and focus on execution. The refreshed strategy positions Learning to provide market-driven, differentiated education solutions that build loyalty in targeted segments. The refreshed strategy maintains core aspects of the 2010 Strategy and refreshes others; specifically the CAP needs to evolve three areas: stronger focus on building loyalty in the “want to learn” segment, tighter alignment of the portfolio with targeted market segments, and providing a better online user experience. With BOG approval of the refreshed strategy at the August 8-10 meeting, work will now focus on implementation planning.

ACCME Reaccreditation Update

- The CAP recently received the Accreditation Council for Continuing Medical Education's (ACCME) **Accreditation with Commendation** for six years as a provider of continuing medical

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education for physicians. The prestigious designation signifies the CAP as a premier CME provider for pathology education. The CAP was specifically commended for demonstrating support of physician learning and change that is a part of a system for quality improvement. The reaccreditation marks the second consecutive cycle that the CAP has received the six-year accreditation term, the longest term that the ACCME offers.

The COE recognizes CAP Learning staff and the more than 400 CAP members who have contributed countless hours to help the College continue to be a provider of the highest quality pathology and laboratory education.

3. LIST OF DISCUSSION TOPICS

- Learning Strategy Refresh – Review the refreshed strategy and discuss implications of the three proposed changing elements
- 2015 CAP Learning Budget Planning - Discuss 2015 CAP Learning Budget plans to ensure COE members have a shared understanding of the plans and ensure key COE initiatives are included in the plans
- Learning Portfolio Subcommittee (LPSC) Update – Discuss the LPSC recommendations for one new learning activity proposal (Clinical Informatics for Value-Based Pathology Practices in the Era of Accountable/Coordinated Care) and one product review (Competency Assessment Program) and obtain approval of the recommendations
- Learning Management System (LMS) Update - Provide an update on the LMS replacement project and share a preview of the new LMS portal
- Publications Policies Review – Review policy updates submitted by the Publications Committee and obtain approval of the updates
- CAP Brand Strategy – Review the CAP Brand Strategy and discuss implementation plans
- ABP Update – Discuss highlights from the May ABP Cooperating Societies Meeting and the MOC Liaison meeting
- House of Delegates Support of COE – Discuss possible ways the HOD can assist the COE with its projects and initiatives
- July CSA Leadership Meeting Follow-up – Provide an update on the COE breakout session at the July 11 CSA Leadership Meeting and review next steps
- Workforce Summit Follow-ups – Provide an update on cross-organization collaboration focused on pathologist workforce issues
- ACCME Update – Provide the current status on the reaccreditation decision and discuss the 2013 ACCME/AMA audit results and actions in addressing non-compliant activities
- Alliance Update – Obtain feedback on proposed enterprise relationship definitions, characteristics and status reports; review alignment of CAP Learning Alliances with new structure

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Topic: Council on Government and Professional Affairs Report
To: Board of Governors
From: George F. Kwass, MD, FCAP, Chair
John H. Scott, Vice President
Date: August 20, 2014

THEME - 2. ADVANCE THE SPECIALTY

What follows is a report on CGPA's recent efforts towards achieving our goals in advocating for favorable payment and regulatory policies by mitigating payment cuts, ensuring that pathologists can participate in new payment models, ensuring a favorable regulatory environment, mobilizing our members for policy action and conducting socioeconomic research to advance our agenda.

GOAL – 2.4.1 Advocate for Favorable Payment and Regulatory Policies

MITIGATE PAYMENT CUTS

- **Prostate biopsies.** In the recent proposed rule, CMS has indicated that it will use only one code (G0416) to report prostate biopsy pathology services, regardless of the number of specimens. CMS believes that this service is potentially misvalued for 2015, and seeks public input on the appropriate payment level of G0416 for next year. CAP is actively opposing CMS' proposal to require one G code for all prostate biopsy specimens and has taken the following actions: submitting formal comments in opposition to CMS providing rationale not to finalize the proposal as it is not warranted, engaging AMA and other specialty societies to support CAP's opposition and emphasizing that pathology code 88305 has already been reviewed and the technical component cut by CMS as part of "misvalued code initiative" and represents the most accurate reporting for prostate specimens.
- **Payment for the 88342:** CAP worked with CMS and other stakeholders to secure alternatives to the current Immunohistochemistry Medicare G codes for the PC and TC of immunohistochemistry services. CGPA expects decision by CMS to be announced in the 2015 Final Physician Payment Rule.
- **In Situ Hybridization:** CMS targeted in situ hybridization as overvalued and we are working with CMS and other stakeholders to prevent rejection from CMS in the 2015 physician fee schedule.
- **Palmetto.** CAP sent a letter to CMS arguing that Palmetto (a Medicare administrative contractor (MAC) that determines local coverage for CMS in parts of the US) overreached its authority by setting a utilization threshold for gastric biopsy special stain utilization and for making coverage decisions outside the local coverage decision process. CAP's actions resulted in CMS Administrator Marilyn Tavenner contacting Palmetto leadership who then rescinded the article from the Palmetto website.
- **CIGNA.** After receiving input from CAP and other stakeholders, Cigna has postponed its payment policy to deny the professional component (PC) of clinical pathology (CP) services scheduled for March 10th. Cigna has not withdrawn the payment policy altogether, but the national insurer will not proceed with implementing it.
- **United Healthcare's Beacon Program.** CAP contacted United Healthcare seeking changes and/or a delay in its Florida laboratory benefits management pilot project to begin in October 2014. The program requires ordering and rendering providers to use Beacon Laboratory Benefits Solutions Support for over 80 tests or face possible contract termination. (Beacon is a wholly owned Labcorp

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subsidiary). The program requires second reads for certain biopsy types and subspecialty certification of the pathologist interpreting certain types of specimens and diagnoses. CAP believes this policy oversteps into the realm of medical decision making. We remain engaged with United Healthcare and their leadership.

ENSURE A FAVORABLE REGULATORY ENVIRONMENT FOR LABORATORIES

- **CAP's strategy on Laboratory Developed Tests (LDTs).** The FDA released a LDT Guidance document to address quality and oversight concerns over LDTs. It will be implemented over many years and the public comment process will begin in the next several months. CAP leaders are currently engaged in an effort to review the guidance document's key provisions to assess the impact. A cross-council workgroup, to include COA, CSA and CGPA, has been convened to analyze and develop a specific position on the guidance. CAP Leadership on this cross-council workgroup have already begun a dialogue with the FDA to gain more clarity on the guidance. A webinar on this topic is scheduled for September 3 and will feature leadership from the FDA and CAP.

ENSURE PATHOLOGISTS CAN COMPLY WITH NEW PAYMENT MODELS

- **PQRS.** CMS has included three new measures developed by the CAP (2 on lung cancer and 1 on melanoma) for inclusion in the 2015 CMS PQRS program. The inclusion of the three new measures brings the total number of PQRS measures available for use by pathologists to eight.
- **Simplify Member Communications on PQRS:** A web-based PQRS tool was developed to assist pathologists with determining their best reporting option for PQRS. The CAP 2014 Medicare PQRS Resource Center has also been redesigned on the CAP Advocacy website.
- **Meaningful Use.** CAP members garnered the support of 89 House lawmakers who signed a joint letter calling on the Centers for Medicare & Medicare Services (CMS) to extend the agency's decision to relieve pathologists of penalties for non-compliance with the Meaningful Use requirements.
- **CAP ACO Bills:** Illinois Gov. Pat Quinn signed CAP-model legislation on July 16 that boosts the role pathologists in accountable care organizations (ACOs).

ENSURE LEVEL PLAYING FIELD AGAINST UNFAIR COMPETITION

- In **Virginia**, anatomic pathology anti-markup law was enacted in Virginia and took effect July 1.
- In **Illinois**, CAP's anatomic pathology anti-markup law was passed, but was vetoed by the Governor-further legislative action to occur in November.
- In **Tennessee**, Anti-kickback law applicable to out-of-state labs was enacted in Tennessee and took effect July 1.
- In **Pennsylvania**, FSAC secured an anti-markup ruling on anatomic pathology and limitations on self-referral involving on-site pathology. These rules went into effect in June.

2.4.2 Conduct socioeconomic research to inform CAP's Public Policy Agenda

- **2014 Practice Characteristics Survey.** There was a strong response rate to this year's survey and we are in the process of analyzing the results. By way of background, the survey was designed to track changes in the pathology workforce and assess the characteristics of pathologists, their work and patient care activities. We will use the data to learn more about practice changes taking place and to better understand pathologist participation in pay for performance programs, assess pathologist engagement in accountable care organizations, and, ultimately, to inform our advocacy activities.

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2.4.3 Organize and Mobilize CAP Members for Policy Action

STRENGTHEN PATHNET

- **Target 12 key Members for Congress for enhanced grassroots development:** CAP members have been identified in the 12 key targets and the Grassroots Subcommittee and plans are underway for an enhanced program of grassroots engagement.
- **Build relationship map that tracks key congressional relationships:** Relationship maps have been developed to track CAP activities and the resulting action by elected officials on CAP priorities.
- **Deploy new Engage tool to use social media in grassroots contacts:** The use of social media tools through the 'Engage' platform was launched at this year's Policy Meeting. Currently, two percent of Action Alert respondents are using social media.
- **Refresh PathNET participant criteria and responsibilities:** The criteria and benefits for participation in the PathNET program have been overhauled and are being re-launched as tiered levels of participation and recognition.
- **Use PathNET for State Advocacy:** PathNET is being used as a tool to support state legislative activities. It was activated in California and Illinois this year and activities will expand when state legislatures come back into session early next year.

STRENGTHEN PATHPAC

- **Increase PathPAC hard dollar contributions:** The PathPAC Board and CAPTEL, an outside fundraising firm, are calling lapsed donors. Targeted emails and direct mail efforts are also underway.
- **Increase Number of CAP sponsored in-district fundraising events:** CAP has sponsored two in-district fundraising events so far this year with a goal of hosting four.
- **Increase in-district fundraising events attended by CAP Members:** CAP members have attended six in-district fundraising events this year with a goal of participation in twelve fundraising events.
- **Launch PathPAC Ambassadors peer-to-peer fundraising program:** PathPAC Board members have conducted PathPAC presentations at the TX State Pathology Society, House of Delegates, Committee on Professional and Community Engagement, and Economic Affairs Committee.
- **Improve online contribution process:** PathPAC staff has been working with the IT Division and our issues are scheduled to be addressed in the second quarter of next year.
- **Increase Political Education Fund (PEF) in 2014:** The PathPAC Board is currently making calls to lapsed donors to close the fundraising gap.

EXECUTE AN EFFECTIVE POLICY MEETING

- **Attendance.** Participation by pathologists who self-financed their travel expenses increased from 105 pathologists in 2013 to 114 pathologists in 2014. Total combined attendance (including CAP Leadership and CAP Faculty) by pathologists was 134. Combined attendance (including CAP leadership and CAP faculty) was 134 vs. 2014 goal of 150.
- **New versus Returning Members.** Sixty percent of the Hill Day participants were new.
- **Hill Participation.** Ninety-five members participated in our Hill Day visitation program, a significant increase over the 71 members who participated in 2013.
- **Total Number of Hill Meetings.** 160 in 2014 versus 104 in 2013. We doubled the number of meetings between pathologists and Members of Congress versus congressional staff from 25 to 50.
- **Member feedback.** Meeting evaluations indicated that there were high levels of satisfaction with the program. Survey respondents provided very favorable ratings across all evaluation items.

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Report no.

Topic: Council on Membership and Professional Development Report

To: Board of Governors

From: William F. Hickey, MD, FCAP
 Chair, Council on Membership and Professional Development
 George Fiedler
 Senior Vice President, Capability and Specialty Advancement

Date: May 13, 2014

1. COUNCIL ON MEMBERSHIP AND PROFESSIONAL DEVELOPMENT ACTIONS – APRIL 26-27, 2014

ACTION	Action Taken	Staff Responsible
1. APPROVE the establishment of a new award – the Staff Outstanding Achievement Award. (See Attachment 1)	APPROVED Recommend for Board Action	Marci Zerante
2. APPROVE the CAP 2014 Meritorious Service Award Nominations	APPROVED Recommend for Board Action	Barb Barrett

2. COUNCIL/COMMITTEE PROGRESS ON INITIATIVES/ACTIVITIES

THEME - 1. SUSTAIN GROWTH & IMPROVE PROFITABILITY

GOAL - 1.1: Grow Revenue Profitably

Sub-Goal - 1.1.3: Sustain Other Sources of Revenue

Member Dues and Other Membership-Generated Revenue

- Member Dues – In April, members who did not pay their dues were dropped using new more efficient programming. We are at a similar pace for number of member payments received as we were in 2013.

Annual Meeting

- Registration to open on schedule on April 28, 2014

THEME - 2. CATALYZE THE TRANSFORMATION

GOAL - 2.1: Drive Member Loyalty

Sub-Goal - 2.1.1: Empower Member Interaction, Collaboration, and Knowledge Sharing (Engagement)

New in Practice and Early Career Fellow Membership Goal:

- Retention and recruiting plans and execution is underway for Fellows with under 10 years in practice
- Creating a prediction model for this new type of segment-focused membership goal

New in Practice Committee – Life Preserver Program

- Initial topics have been selected, will be sent to year four and fellowship members (focus is on the time between signing a contract and beyond – e.g. 'what to do in your first year')
- Webinar planned for May 2014 by Chad Rund, MD, FCAP - Chair, New in Practice – and Rebecca Johnson, MD, FCAP CEO, The American Board of Pathology on recertification (target: 0-10 years in practice)

Member Research Panels

- Four panels will be reconstituted in 2014:
 - House of Delegates (across segments) *also **Sub-goal 2.1.2***
 - Practice Management (pathologists and practice managers) *also **Sub-goal 2.2.1***
 - 0-5 years in practice *also **Sub-goal 2.1.2***
 - 6-10 years in practice *also **Sub-goal 2.1.2***
- Purpose: combination of Market Research and Member Engagement

House of Delegates Strategy Update

- Same mission: "Voice of the Membership"
- Same strategy: "Be the Customer"
- New proposed tactics
 - Get a Job
 - Market the HOD
 - Strengthen relationships between Council Chairs and the HOD
 - Elevate the stature of House Leadership
 - Create a communication network
 - Demand a metric
- Purpose: achieve "One College" by
 - Articulating the voice of the membership
 - Serving as pathway to CAP Leadership
 - Consumer Research (Be the Customer)

Residents Forum

- Two action groups created based on results of Spring 2014 Open Forum
 - Fellowship Deadlines
 - Targeted Networking

Emeritus Member Engagement Plan

- Member Engagement Committee is focusing on Emeritus member engagement in 2014, targeting four key areas in which to identify meaningful engagement opportunities:
 - Advocacy / Local Governments

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- Pathology Experience. *How to navigate the system, influence, understand the dynamics/relationships, etc.*
- Humanitarian
- Accreditation
- Successfully established an Emeritus CAPconnect forum, launched with initial post

GOAL - 2.2: Prepare Pathologists for Future Roles

Sub-Goal - 2.2.1: Provide Tools, Education and Resources

Value-Based Business Center Tools

- Billing Assessment Toolkit is currently in Beta
- Webinars are being used to introduce and roll out these tools
- Developing short 5-7 minute instructional videos to walk users through the assessment tools
- These should be available 2nd Quarter this year

Practice Minefields Program

- Purpose: identify issues that pathologists may not be aware of, that could hurt them
- Focus: regulatory, legal, and ethical issues
- Method: Help members become aware of currently "hidden" regulations/laws that could cause them problems (e.g. making a diagnosis outside of the laboratory, keeping fax machines in a secure area, etc.) *Note: not addressing malpractice claims, as this topic is addressed elsewhere in the College.*
- *Work of the workgroup does not duplicate Risk Management Committee that focuses more on strategic elements of risk management. The workgroup may benefit from using similar language and constructs as the Risk Management Committee*

GOAL - 2.4: Influence Public Policy to Sustain and Advance the Specialty

Sub-Goal - 2.4.3: Organize and Mobilize CAP Members for Policy Action

Member Email and Phone Number List Policy

- Current policy on membership list addresses physical labels, but does not cover email addresses or phone numbers. Staff, Council, and HOD leadership are working to update the member contact data policy – and to continue forward progress in the interim
- Working to determine how we enable state delegations to reach their constituents and use the email addresses and phone numbers, while building in security measures to protect against abuse and facilitate updates to member contact information

THEME - 3. STRENGTHEN ORGANIZATIONAL CAPABILITY & SUSTAINABILITY

GOAL - 3.3 Evolve Our Culture

SUB-GOAL - 3.3.4: Optimize Member / Staff Partnerships

Member Driven Culture Workgroup

- CMPD approved workgroup charge that includes the following:
 - Define elements of meaningful member staff partnerships
 - Define robust member participation CAP
 - Identify elements of the ideal working relationship between members and staff

College of American Pathologists

- Identify engagement opportunities to demonstrate the appropriate balance of member/staff collaboration
- Develop a plan that ensures the membership component of the college is vital, vibrant, and feels engaged

3. LIST OF DISCUSSION TOPICS -

- OPEN. Overview with council of OPEN 2.0, and discussion around how it aligns with the major areas of focus within CMPD and its committees
- Brand Strategy. Overview from Mary Katherine Krause, VP Communication and Geoffrey Jaroch, Sr. Director, Marketing – Member Programs and Engagement of the brand strategy, and reinvigorated logo. CMPD provided feedback and input.
- Member-Driven Culture Workgroup. Reviewed and approved workgroup charge, discussion about best next steps and areas requiring further research.
- Member Email Address Management. Current policy does not adequately address current technological considerations (was written for physical mailings). Interim solution being devised, while policy revisions are being addressed.
- Life Preserver Career Management Program (New in Practice Committee). Update to CMPD on rollout focus on 4th year residents and those in a fellowship.
- Member Research Panels – reconstitution of four panels in 2014. Overview of plan.
- House of Delegates – strategy update to CMPD.
- Value Based Business Center Tools (Practice Management Committee)
- Practice Characteristics Survey – went out on April 28th, results will be made available to general membership (update to CMPD).
- Practice Minefields. Update to CMPD on progress of workgroup, request for input on topics.
- Residents Forum areas of focus for 2014: Fellowship Deadlines, Targeted Networking (update to CMPD).
- Staff Outstanding Achievement Award proposal – discussion around measures included in proposed award to ensure maximum engagement of all levels and divisions of staff in the College (versus only those with member-facing roles). CMPD voted to approve.
- Emeritus Member Engagement Plan – update to CMPD.
- Annual Meeting – update with highlights.
- Peer2Peer Practice Roundtables Trends and Solutions – update on availability.



Topic: Council on Scientific Affairs

From: R. Bruce Williams, MD
Chair, Council on Scientific Affairs

Marcia B. Geotsalitis
Sr. Vice President, Laboratory Improvement Programs

Date: March 7, 2014

1. NO ACTION ITEMS AT THIS TIME
2. COUNCIL/COMMITTEE PROGRESS ON INITIATIVES/ACTIVITIES

THEME - 1. SUSTAIN GROWTH & IMPROVE PROFITABILITY

1. Goal – 1.1 Grow Revenue

Sub-Goal – 1.1.1 Maximize Traditional Revenue Sources

a. Proficiency Testing (PT) Revenue

As of February 23, the current 2014 PT revenue is 97.1% of the 2014 budget goal. Some international shipping revenue will not be received in 2014. There will also be a corresponding offset in saved international shipping expenses to the P&L. With this correction for international shipping revenue and with increased international growth for the remainder of 2014, the 2014 revenue goal can be achieved.

b. STEP and Middle Ground

In 2014 there will be 36 new survey PT products launched that were developed through the STEP process by the combined efforts of the scientific resource committees and the professional staff. Total realized revenue as of February 25, 2014 is 102.7% of goal. As of the February 5, 2014 there are 26 STEP projects under active development for a 2015 launch.

In the Middle Ground product *development stage* there are two projects in flight. One aimed at increasing the reach of the e-LSC platform and the other is the development of a Method Base Proficiency Testing (MBPT) program for Next Generation Sequencing (NGS). The professional staff project team is working on an approach for greater laboratory adoption of e-LSC by piloting an alternative data electronic feed that goes directly from the laboratories LIS system to CAP. If the pilot is successful, then more laboratories will have a portal to transmit data and provide a vehicle to product market expansion.

Going forward there are five concepts in the *early part* of the Middle Ground development cycle. They range from the ideation/screening stage to the feature specification/technical feasibility stage of the overall stage-gate process methodology.

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GOAL - 1.4 Ensure Member and Customer Loyalty

Sub-Goal - 1.4.1 Regularly Involve the Customer/Member

a. COE/CSA Collaboration

The CSA has participated in extensive discussions with Dr. James Hernandez and Dr. Michael Prystowsky of the Council on Education to address work toward excellence collaborations. Efforts are underway to convert continuing education (CE) content to continuing medical education (CME)/self assessment module (SAM) content for CSA developed Hematology content. This content is expected to be used for the Clinical Pathology Improvement Program (CPIP) curriculum.

THEME - 2. CATALYZE THE TRANSFORMATION

GOAL - 2.2 Ensure Pathologists Can Deliver

Sub-Goal - 2.2.4 Support Organized Pathology's Effort to Strengthen Laboratory Medicine

a. Cancer Protocols

Significant efforts to streamline the protocols are currently underway. The CSA reports on the magnitude of the revision effort, which encompasses work efforts by American Joint Committee on Cancer (AJCC), pathologist user groups, the Pathology Electronic Reporting (PERT) Committee, all in the context of the global collaboration being supported. A major revision is expected during the next two years.

b. The Center

The CSA reviewed Center activities and learned what could be expected during the next few months in its new role as oversight body for the Center. The CSA shared sentiments regarding the importance of collaborating with clinicians early on during the guideline development process. The new shorter development pathway, which has been termed Provisional Practice Guidance (PPG), was discussed and feedback was given that establishing a pathway for professional publication of these documents was important. *CAP Today* or the *Archives Editorials* are emerging as the most promising pathways given the timeframes required.

c. Test Utilization

The Test Utilization Working Group, chaired by Dr. Elizabeth Wagar, continues to make progress. A preliminary needs assessment survey has been completed and in the review process. Training tools are in development and benchmarks are under considered.

THEME - 3. STRENGTHEN ORGANIZATIONAL CAPABILITY & SUSTAINABILITY

GOAL - 3.2 Strengthen Operations and Improve Execution

SUB-GOAL - 3.2.1 Improve Process Efficiency

a. CSA Structure

The CSA reviewed its current structure and made a preliminary recommendation to form an Emerging Technologies Cluster. Initially, the In Vivo Microscopy (IVM) Working Group and Digital Pathology Committee will be assigned to this group. Consideration was given to adding working groups for nanotechnology, circulating peptides, proteomics, and mass

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spectrometry for surgical pathology. It was noted that consideration of creating groups by methodology is a departure from the discipline based organization currently used. The Personalized Healthcare Committee and Next Generation Sequencing Working Group are envisioned to be part of the now renamed Molecular Pathology and Genomics Cluster. The Accuracy Based Working Group is closely aligned with the Chemistry Cluster as is the International Harmonization Working Group. As part of this review, all Council members were asked to consider the names of all member groups and to give consideration not only to Cluster Group designations but also to the tests and methodologies overseen by each group. The area of informatics was discussed and the CSA drew a distinction between biologics informatics and informatics strategy. Discussion is ongoing and conversations continue at the Board and Executive levels of the College regarding the proper positioning of these functionalities.

b. QR Codes

The CSA was updated on the progress of the Digital Pathology Working Group and was shown an application using QR codes which link the reader to whole slide images. A request was made to incorporate this feature into existing proficiency testing (PT) programs with continuing education (CE) offerings.

3. LIST OF DISCUSSION TOPICS -

No discussion topics at this time.



Report no.

Topic: Council on Scientific Affairs
To: Board of Governors
From: R. Bruce Williams, MD
Chair, Council on Scientific Affairs
Marcia B. Geotsalitis
Sr. Vice President, Laboratory Improvement Programs
Date: April 14, 2014

1. NO ACTION ITEMS AT THIS TIME
2. COUNCIL PROGRESS ON INITIATIVES/ACTIVITIES

THEME – 1. SUSTAIN GROWTH & IMPROVE PROFITABILITY

Goal – 1.1.4 Ensure Member and Customer Loyalty
Sub-Goal – 1.4.2 Improve the Experience

a. Drug Resistant Tuberculosis

Multi-drug resistant (MDR) tuberculosis is a worldwide challenge with no end in sight. Although the CAP PT Program has been offering susceptibility testing challenges for *M. tuberculosis* in the Mycobacteriology (E) Survey, only strains that are fully susceptible have been distributed to date. Laboratories receiving these isolates are not adequately challenged with respect to their ability to detect antimicrobial resistance in *M. tuberculosis*.

Cepheid Xpert MTB/RIF assay has recently received FDA approval for detection of MTB-complex DNA and for detection of RIFAMPIN resistance for use with specimens from patients for whom there is clinical suspicion of TB and who have received no anti-tuberculosis therapy, or less than three days of therapy. There is a potential for increased use of this two hour screening method in remote areas, at ports of entry, or by international customers that wouldn't have any restrictions in receiving MTB specimens. Because of the much shorter TAT in providing screening results to clinicians, adoption to this new technology is expected. CAP staff has been working with two potential vendors to ensure the final PT material is proven non-etiological/non-viable. Further, the CDC has reviewed the information provided by one of the PT vendors regarding this material and has offered no objections for its use in PT Survey.

On this basis the CSA plans to be offering new challenges late in 2014.

THEME – 2 ADVANCE THE SPECIALTY

GOAL – 2.2 Ensure Pathologists Can Deliver

Sub-Goal – 2.2.4 Support Organized Pathology's Effort to Strengthen Laboratory Medicine

a. FDA/ Glucose Monitoring Devices

Currently, there is an FDA draft guidance document out for comment entitled, *Blood Glucose Monitoring Test Systems for Prescription Point of Care Use: Draft Guidance for Industry and Food and Drug Administration Staff*, with a deadline for comment of May 7th.

Scientific experts from the Chemistry Committee and the Point of Care Testing Committee have worked together with the CSA, the Council on Accreditation (CoA) and the Council on Government and Professional Affairs (CGPA) to develop a statement that represents the College in the best possible light given the many perspectives relevant to this issue.

The CAP has a long history of commenting to governmental agencies regarding the need for better oversight and control for waived testing, and in particular, glucose testing. The letter to the FDA was issued shortly after the April Executive Committee meeting and is being provided to the Board as information.

b. NAACLS Request

The CAP received a request from National Society of Histotechnology (NSH) to send a letter to the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) in support of educational requirements for histotechnologists. After discussion by the CSA with the CoA, the CGPA and the CAP President, a decision was made not to support the request as written. Discussions are ongoing, however, to see how best the CAP can support the important agenda of ongoing education for laboratory personnel.

c. American Cancer Society's National Colorectal Cancer Roundtable

The National Colorectal Cancer Roundtable (NCCRT) is an organization co-supported by the American Cancer Society (ACS) and the Centers for Disease Control and Prevention (CDC). It issued a strategy paper in 2012 entitled, *Strategies for Expanding Colorectal Cancer Screening at Community Health Centers* which stresses the importance of improving the links of care between community health centers and local health care systems, given that implementing an effective colorectal cancer screening program requires commitment from health professionals and institutions outside of community health centers, including specialists, endoscopy suites, local area hospitals, surgery centers, and laboratories. Following approval by the Executive Committee in April of this year, the CAP is moving forward to become a participating organization.

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Resources

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- 2014-2017 House of Delegates Apportionment Report *as of August 29, 2014*
- 2014-2017 House of Delegates Roster *as of August 29, 2014*

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House of Delegates 2014 Apportionment

	Total # of Fellows		# of Delegate Seats	# of Alternate Seats	# of Delegates Appointed	# of Alternates Appointed	# of Delegate Vacancies	# of Alternate Vacancies	# of Wait Listed
Alabama	179	3.58	4	4	4	4	0	0	0
Alaska	28	0.56	1	1	1	1	0	0	0
Arizona	283	5.66	6	6	4	0	2	6	0
Arkansas	108	2.16	3	3	3	3	0	0	5
California	1407	28.14	29	29	19	0	10	29	0
Colorado	228	4.56	5	5	4	1	1	4	0
Connecticut	208	4.16	5	5	4	0	1	5	0
Delaware	36	0.72	1	1	1	1	0	0	2
District of Columbia	44	0.88	1	1	1	1	0	0	0
Florida	917	18.34	19	19	19	7	0	12	0
Georgia	346	6.92	7	7	7	7	0	0	0
Guam	2	0.04	1	1	0	0	1	1	0
Hawaii	58	1.16	2	2	2	2	0	0	0
Idaho	43	0.86	1	1	1	0	0	1	0
Illinois	625	12.5	13	13	13	5	0	8	0
Indiana	272	5.44	6	6	6	0	0	6	0
Iowa	145	2.9	3	3	3	3	0	0	0
Kansas	143	2.86	3	3	3	0	0	3	0
Kentucky	185	3.7	4	4	3	0	1	4	0
Louisiana	206	4.12	5	5	3	1	2	4	0
Maine	73	1.46	2	2	0	0	2	2	0
Maryland	340	6.8	7	7	3	0	4	7	0
Massachusetts	417	8.34	9	9	9	9	0	0	0
Michigan	476	9.52	10	10	10	1	0	9	0
Minnesota	254	5.08	6	6	5	0	1	6	0
Mississippi	89	1.78	2	2	1	0	1	2	0
Missouri	299	5.98	6	6	6	5	0	1	0
Montana	45	0.9	1	1	1	1	0	0	0
Nebraska	111	2.22	3	3	3	2	0	1	0
Nevada	91	1.82	2	2	0	0	2	2	0
New Hampshire	83	1.66	2	2	2	1	0	1	0
New Jersey	372	7.44	8	8	8	2	0	6	0
New Mexico	107	2.14	3	3	2	0	1	3	0
New York	818	16.36	17	17	16	0	1	17	0
North Carolina	411	8.22	9	9	9	4	0	5	0
North Dakota	30	0.6	1	1	1	0	0	1	0
Ohio	569	11.38	12	12	12	7	0	5	0
Oklahoma	125	2.5	3	3	3	2	0	1	0
Oregon	162	3.24	4	4	3	0	1	4	0
Pennsylvania	652	13.04	14	14	13	0	1	14	0
Puerto Rico	55	1.1	2	2	1	0	1	2	0
Rhode Island	67	1.34	2	2	0	0	2	2	0
South Carolina	190	3.8	4	4	4	1	0	3	0
South Dakota	50	1	1	1	1	1	0	0	0
Tennessee	366	7.32	8	8	8	2	0	6	0
Texas	1039	20.78	21	21	21	8	0	13	0

House of Delegates
2014 Apportionment

	Total # of Fellows		# of Delegate Seats	# of Alternate Seats	# of Delegates Appointed	# of Alternates Appointed	# of Delegate Vacancies	# of Alternate Vacancies	# of Wait Listed
Utah	104	2.08	3	3	3	0	0	3	0
Vermont	50	1	1	1	1	1	0	0	1
Virgin Islands	3	0.06	1	1	0	0	1	1	0
Virginia	319	6.38	7	7	7	3	0	4	0
Washington	329	6.58	7	7	7	7	0	0	1
West Virginia	87	1.74	2	2	2	1	0	1	0
Wisconsin	270	5.4	6	6	6	0	0	6	0
Wyoming	22	0.44	1	1	0	0	1	1	0

Canada

Manitoba	9	0.18	1	1	1	0	0	1	0
Ontario	18	0.36	1	1	1	1	0	0	0
Quebec	3	0.06	1	1	0	0	1	1	0

Other Delegations

Residents Forum			1	1	1	1	0	0	0
US Army			1	1	1	0	0	1	0
US Veteran Affairs			1	1	0	0	1	1	0
US Navy			1	1	1	1	0	0	0
US Air Force			1	1	1	0	0	1	0

Total Seats			314	314	275	97	39	217	9
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Key

Yellow	Openings Available
Orange	Full
Pink	No positions filled

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Reimbursement Policy & Form

BACKGROUND

HOD Members who attend one meeting in the calendar year are eligible for up to \$100 in reimbursed expenses. HOD Members who attend two meetings in the calendar year are eligible for a total of up to \$300 in reimbursed expenses. Receipts must accompany the reimbursement form for the amount the member is claiming.

CONTENTS OF THIS TAB

- Member Reimbursement Form
- Action Group Sign Up Form

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House of Delegates Member Expense Reimbursement Form

Advancing Excellence

Please complete demographic and travel related information below.

Name		
Address		
City	State	Zip
Reason for Travel <i>(Please be specific, e.g. list full committee name.)</i>		House of Delegates Meeting
Date(s) of Travel		Destination Chicago, IL

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Dates m/d/yy	09/07/14					09/05/14	09/06/14	
Air/Rail								\$0.00
Hotel								\$0.00
Meals	/ / / / / / /							
Breakfast (\$35)								\$0.00
Lunch (\$40)								\$0.00
Dinner (\$130)								\$0.00
Auto	/ / / / / / /							
Personal Auto ¹ <i>(Enter miles in line 30 below)</i>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Auto Rental (include gas)								\$0.00
Tolls/Parking								\$0.00
Taxi								\$0.00
Gratuities								\$0.00
Miscellaneous ²								\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
# of Miles								/ / / / / / /

¹ Personal car allowance =

\$0.560

² Includes up to \$25 per day for phone, fax, internet connection, and health related activities (with proper documentation)

For Office Use Only: Account Combination	
01-70-7095-59040-000000-00000	TOTAL

Total Expenses Incurred	\$0.00
Net Amount Reimbursable	

House of Delegates Members are eligible for up to \$100 reimbursement for attending one meeting per calendar year and up to \$300 total for attending two meetings per calendar year. Receipts must be submitted for all expenses.

I hereby certify that the above expenses were incurred by me while on official business for the College of American Pathologists and that reimbursement is due me.

Signed _____ Date _____

Please describe any expenses incurred on the behalf of others or any miscellaneous expenses:

For Office Use Only: _____ Approved _____ Date _____

Please return form and receipts via fax to Leah Noparstak at 847-832-8438

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HOD AG SIGN-UP FORM

CALL TO ACTION: Please rank your top 2 choices for Action Group participation in 2014-2015

- AG on Forensic Identity Surveys
 - Committee Partner: Council on Scientific Affairs and HistoCompatability/Identity Testing Committee

- AG on Center – Evidence Based Guidelines (EBG)
 - Committee Partner: Council on Scientific Affairs and the Center

- AG on Center – Practical Pathology Guidelines (PPG)
 - Committee Partner: Council on Scientific Affairs and the Center

- AG on New Product Development (NPD)
 - Committee Partner: Council on Scientific Affairs

- AG on Public Comments for CSA products and services
 - Committee Partner: Council on Scientific Affairs

- AG on Clinical Pathology Improvement Program (CPIP)
 - Council on Education and Clinical Pathology Education Committee

- AG on American Cancer Society Collaboration
 - Council on Scientific Affairs and the Cancer Committee

- AG on HOD Rules

**Participation in House Action Groups requires Delegates to provide customer input and feedback. Delegates who are already appointed to the Committee requesting Action Group assistance, may not volunteer for that AG as this is a conflict of interest with the HOD "Be the Customer" strategy.*

Name: _____

Delegation (state): _____

Email address: _____

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cap

Save the date for these CAP Events!

Spring '15
March 21, 2015
Boston, MA

CAP Policy Conference
May 4 – 6, 2015
The Fairmont
Washington, DC

CAP '15
October 3, 2015
THE Pathologists' Meeting
Nashville, TN

www.cap.org/hod