



Shape today and tomorrow.

# House of Delegates Spring '14 Meeting

San Diego, California  
March 1, 2014



College of American Pathologists  
325 Waukegan Rd.  
Northfield, IL 60093  
Tel: 800-323-4040  
[cap.org](http://cap.org)

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## Schedule |

**Meeting:** House of Delegates and Residents Forum Spring '14  
**Date:** February 28 – March 1, 2014  
**Location:** Westin  
 400 W Broadway  
 San Diego CA 92101  
 Tel: (619) 239-4500 | **Website:** <http://www.westinsandiego.com/>

**Staff:** Sandra B. Grear      Tel: 800-323-4040, x7536 | [sgrear@cap.org](mailto:sgrear@cap.org)  
 Marci Zerante      Tel: 800-323-4040, x7656 | [mzerant@cap.org](mailto:mzerant@cap.org)  
 Jan Glas      Tel: 800-323-4040, x7499 | [jglas@cap.org](mailto:jglas@cap.org)  
 Nora Bowers      Tel: 800-323-4040, x7802 | [nbowers@cap.org](mailto:nbowers@cap.org)

### Friday February 28, 2014

Event	Time	Room
Welcome Reception	5 – 6:30pm	Sun Deck, 3 <sup>rd</sup> floor

### Saturday March 1, 2014

Event	Time	Room
HOD/RF Breakfast	7 – 8am	Emerald Ballroom, 2 <sup>nd</sup> floor
HOD/RF Joint Session	8 – 8:45am	Emerald Ballroom, 2 <sup>nd</sup> floor
HOD/RF Credentialing	8:45 – 9:15am	Crystal Ballroom – HOD, 2 <sup>nd</sup> floor Diamond Ballroom – RF, 2 <sup>nd</sup> floor
HOD Meeting	9:15 – 11:55am	Crystal Ballroom, 2 <sup>nd</sup> floor
RF Meeting	9:15 – 11:45am	Diamond Ballroom, 2 <sup>nd</sup> floor
Joint Lunch	Noon – 1:15pm	Emerald Ballroom, 2 <sup>nd</sup> floor
HOD Meeting	1:30 – 4:00pm	Crystal Ballroom, 2 <sup>nd</sup> floor
RF Meeting	1:30 – 4:00pm	Diamond Ballroom, 2 <sup>nd</sup> floor
Networking Reception	4:00 – 6pm	Sun Deck, 3 <sup>rd</sup> floor

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## House of Delegates and Residents Forum

### Spring 2014 Joint Session Agenda

Saturday March 1, 2014

Westin San Diego

Emerald Ballroom, 2<sup>nd</sup> Floor

Time	Duration	Topic	Presenter
8:00 – 8:05 am	5 mins	Welcome	David A. Novis, MD, FCAP
8:05 – 8:10 am	5 mins	State of the HOD	David A. Novis, MD, FCAP
8:10 – 8:15 am	5 mins	State of the RF	Ricardo Mendoza, MD
8:15 – 8:30 am	15 mins	Update from the CAP CEO	Charles Roussel
8:30 – 8:45am	15 mins	Update from the CAP President	Gene N. Herbek, MD, FCAP
8:45 am	2 mins	Closing remarks	David A. Novis, MD, FCAP

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**House of Delegates Spring '14 Meeting Agenda**  
**Saturday March 1, 2014**  
**Westin San Diego CA**  
**Crystal Ballroom, 2<sup>nd</sup> Floor**

Time	Duration	Topic	Presenter
9:00 – 9:15 am	15 mins	HOD Credentialing	
9:15 – 9:20 am	5 mins	<i>Welcome &amp; Overview</i>	S. Robert Freedman, MD, FCAP David A. Novis, MD, FCAP
9:20 – 9:40 am	20 mins	<i>Strategic Overview: Vision, Voice and Value</i>	David A. Novis, MD, FCAP
9:40 – 10:15 am	20 mins/15 mins Q & A	<i>Financial Update</i>	Paul N. Valenstein, MD, FCAP
10:15 – 11:45 am	90 mins	Adapting to the Challenges of Today and the Future	David A. Novis, MD, FCAP
10:15 – 10:25 am	10 mins	What the CAP is doing to help member practices	Gene N. Herbek, MD, FCAP
10:25 – 10:35 am	10 mins	Practical Tools and Resources for Your Practice	Sang Wu, MD, FCAP
10:35 – 11:15 am	40 mins	Strategies for optimizing your practice in the evolving world of healthcare delivery.	Moderator: Kathy Knight, MD, FCAP
11:15 – 11:45am	30 mins	Q&A	Panelists: Krista Crews, CPA Al Lui, MD, FCAP Antonio Martinez, MD, FCAP
11:45 – 11:55am	10 mins	New Business	David A. Novis, MD, FCAP
<b>Noon – 1:15pm</b>	<b><i>HOD/RF Joint Lunch - Emerald Ballroom 2<sup>nd</sup> floor</i></b> 12:30pm Advocacy Update by CGPA Chair, George F. Kwass, MD, FCAP  12:45pm Q&A  1:00pm PathPAC Presentation by PathPAC Chair, Wayne L. Garrett, DO, FCAP and PathPAC Junior Board Member Eric Konnick, MD		

**Spring 2014  
House of Delegates Meeting Agenda - continued**

1:15 – 1:30pm	<i>Break and pass to HOD meeting</i>		
1:30 – 1:35	5 mins	Opening Remarks	David A. Novis, MD, FCAP
1:35 – 3:45pm	130 mins	Candidate Forum '13	Moderator: James E. Richard, DO, FCAP Candidates: 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 Karim E. Sirgi, MD, FCAP
3:45 – 4:00pm	15 mins	Closing Remarks	David A. Novis, MD, FCAP
4:00 – 6:00pm	<i>Networking Reception – Sundeck 3<sup>rd</sup> floor</i>		

# Committee Minutes

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## BACKGROUND

The House of Delegates met on October 12, 2013 in Orlando FL.

## OBJECTIVES

- Approve draft minutes from House of Delegates meeting held October 12, 2013 in Orlando, FL.

## CONTENTS OF THIS TAB

- October 12, 2013 Draft House of Delegates Minutes

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# College of American Pathologists

## MINUTES

DRAFT

### COLLEGE OF AMERICAN PATHOLOGISTS HOUSE OF DELEGATES

October 12, 2013

Orlando FL

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#### **JOINT SESSION**

#### **WELCOME**

House of Delegates Speaker, David A. Novis, MD, FCAP welcomed House of Delegates (HOD), Residents Forum members and CAP Leadership to the annual House of Delegates/Residents Forum Joint Session at 8:00 am, Saturday, October 12, 2013, at the Gaylord in Orlando FL.

#### **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.

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

## **STATE OF THE RESIDENTS FORUM**

Roseann Wu, MD, MPH provided a brief update on the activity of the Residents Forum and agenda topics for their Fall '13 meeting.

## **CAP BUSINESS MEETING**

CAP President, Stanley J. Robboy, MD, FCAP, opened the CAP Business meeting by announcing this meeting to be the largest Fall meeting in the history of the CAP with 249 pathologists registered for the meeting. Dr. Robboy conducted the CAP Business meeting including in the installation ceremony of new Board of Governors and Officers and CAP Awards.

## **UPDATE FROM THE CAP PRESIDENT**

CAP President, Stanley J. Robboy, MD, FCAP, opened by talking about the importance of building relationships in today's practice environment. Each partnership, individual or organization is a building block that supports better understanding, creates access to new pools of talent and fosters advocacy skills. Solid individual relationships are the building blocks of solid organizational relationships. He discussed the renewed relationship between the CAP and the Association of Pathology (APC) and the fruits of these labors including joint efforts with the American Board of Pathology and the American Association of Medical Specialties which have led to approval for a new subspecialty in informatics. Over the summer, CAP and APC worked to develop educational offerings to help our practices deal with coordinated care. The courses are part of this week's curriculum. He went on to talk about the importance of partnering in your professional community. Every market is different and every pathology group

*College of American Pathologists*

has its mix of talents, skills, and goals. As we transition to coordinated care and pay-for-performance, we will need to talk with one another about what we are experiencing, how we feel about it, and how we are managing it.

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

#### **UPDATE FROM THE CHIEF EXECUTIVE OFFICER**

Charles Roussel, Chief Executive Officer of the College, in this room alone, we have roughly 8,000 years of experience in the art and science of pathological inquiry. Across the College, we have somewhere between 300-400,000 years of experience. Mr. Roussel asked the audience to believe that the CAP has everything we need to secure your future, from our past. From the incredible wealth of member talent that has come before us; From the reputation that you've nurtured; From the intellectual foundation that you've created; From the economic engine that you've built; and from the network of connections that you've formed. From this strong core, pathology can create a future worthy of our past. There has never been a more important time for pathology to harness the inherent strength of our membership—the thousands of years of experience you represent. During his presentation, he highlighted HOD members: Dr. Michael Misialek, Dr. Amanda Wehler, Dr. Jim Richard, Dr. Sharon Bihlmeyer, Dr. John Milam, Dr. Jim Navin, and Dr. Bilal Ahmad.

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



## **HOUSE OF DELEGATES MEETING**

### **CALL TO ORDER**

Florida Delegation Chair, Antonio Martinez, MD, FCAP welcomed House members and called to order the regular session of the College of American Pathologists House of Delegates at 9:50 AM, Saturday, October 12, 2013. He also introduced the members of the Florida delegation.

### **STRATEGIC OVERVIEW: VISION, VOICE AND VALUE**

Dr. Novis welcomed delegates/alternates and guests to the largest registered Fall 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.](#)

### **SPRING '13 HOD MEETING MINUTES APPROVAL**

Dr. Novis asked for a motion to approve the Spring '13 House of Delegates Meeting Minutes. A motion was granted, seconded and approved.

### **REALIZING OUR VISION: ONE COLLEGE HOD ACTION GROUP UPDATES**

Dr. Novis invited all 2013 Action Group (AG) Chairs to the panel to discuss the progress of House initiatives for this year.

**Networking AG on Council on Membership and Professional Development.**

AG Chair and Massachusetts Delegation Chair, Michael Misialek, MD, FCAP recognized the members of his AG and discussed three opportunities for which the House will partner with the Council on Membership and Professional Development (CMPD):

- Peer2peer – identifying conversation leaders
- CAP Beta 100 – gathering practice demographic information for 100 practices
- Knowledge Exchange – identifying members with special expertise in several areas

These initiatives will launch immediately following the Fall '13 meeting.

**Networking AG on Council on Government and Professional Affairs.**

AG Chair and Missouri Delegation Chair, Jeffrey Craver, MD, FCAP recognized the members of his AG and discussed an opportunity identified for the House to partner with the Council on Government and Professional Affairs to strengthen opportunities for Grassroots Support and State Advocacy by increasing membership in State Pathology Societies.

**Networking AG on Council on Education.**

AG Liaison and Steering Committee Member-At-Large, Rodolfo Laucirica, MD, FCAP recognized AG Chair Eleanor Pollak for her contributions to the AG and noted that due to health reasons she stepped down. Dr. Laucirica recognized AG members and discussed four opportunities identified by the COE for House

collaboration:

- Educational Offerings
- Awareness and Visibility of current offerings
- Online Offerings
- New Product/Service Promotions

Efforts will launch in 2014 on these projects.

**AG on HOD Orientation.**

AG Member, Michelle Herbert, MD, FCAP recognized AG Chair, Rana Samuel, MD, FCAP who was unable to attend the meeting and all other AG members. Dr. Herbert discussed the groups work in putting together a new Orientation program that was launched on Friday October 11, 2013. Sixty members registered for the program and the overall feedback received from the program was very positive. This program will continue to be refined so that every delegate has an opportunity to complete the program.

**AG on Center Guidelines.**

House of Delegates Vice Speaker and AG Liaison, James E. Richard, DO, FCAP recognized AG members and highlighted that this group submitted eleven ideas for new guideline consideration to the Center Guidelines Committee. These ideas will be reviewed by the Committee and reported back to the House on which ideas will be developed in 2014.

**AG on New Product Development.**

House of Delegates Vice Speaker and AG Liaison, James E. Richard, DO, FCAP

discussed the charge of this AG. This AG will be launched after the 2013 AGs have sunsetted.

The question and answer segment for this panel was shortened due to the Joint Session running over.

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

### **PROPOSED BYLAWS REVISIONS**

Steering Committee Secretary/Treasurer, Arthur H. McTighe, MD, FCAP discussed how the proposed revisions to the CAP Bylaws bring the Constitution and Bylaws in alignment with the House of Delegates current vision, mission and strategy.

After hearing questions from the floor, House Speaker, David A. Novis, called for a motion to approve the proposed amendments. Motion was granted, seconded and approved.

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

### **SUSPENSION OF PARLIAMENTARY PROCEDURE**

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

### **ADVOCACY UPDATES**

Council on Government and Professional Affairs, Richard C. Friedberg, MD, PhD, FCAP provided an update on the College's political and legislative agenda. A question and answer segment followed Dr. Friedberg's presentation.

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

## **NEW BUSINESS**

Dr. Novis reminded delegates that the 2014 House Elections begins now with a call for candidates. The Candidate Form is available in the Agenda Book. The delegate term is three years. All delegates must renew by election every three years. Delegates elect their own chairs. Dr. Novis asked if there is any new business to come before the House. No new business was brought from the floor.

## **WHAT'S YOUR COMPETITIVE EDGE? PANEL**

House Speaker, David A. Novis, MD, FCAP opened this segment by reminding delegates that meeting agendas are based on what delegates say is important to them. The number one topic on the Fall '13 meeting topics survey was around competition. We have constructed a panel with your peers to share compelling stories on how they used a problem to create a competitive edge for their practice. Newly elected CAP President, Richard C. Friedberg, MD, PhD, FCAP reminded the delegates and panelists of the ground rules for the panel and recognized the presence of CAP Legal Counsel, Richard Raskin, JD.

House Vice-Speaker, James E. Richard, DO, FCAP invited panelists to the stage and moderated the session. The segment opened with compelling stories from each of the panelist on how they created a sustainable advantage for their practice:

- Mississippi Delegation Chair and panelist James Almas, MD, FCAP
- Wyoming Delegate Chair and panelist Lydia Christensen, MD, FCAP

- California Delegate and panelist Eric Glassy, MD, FCAP
- Massachusetts Alternate and panelist Dean Pappas, MD, FCAP
- Texas Delegate and panelist Robert Hunter, MD, PhD, FCAP
- Texas Alternate and panelist Cory Roberts, MD, FCAP

A question and answer segment immediately followed the short stories by all panelists.

[The presentation and audio file for this segment are 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, run for election, communicate the information you learned today to your constituents and attend the next three meetings: The Spring '14 House of Delegates Meeting on March 1, 2014 in San Diego CA, the CAP Policy Meeting in May 2014 and the Fall HOD Meeting September 6, 2014 in Chicago IL.

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

#### **ADJOURNMENT**

Meeting adjourned at 4:00pm on October 12, 2013.

# Action Groups

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## BACKGROUND

The following AGs submitted their final reports at the Fall '13 House of Delegates Meeting:

- Networking AG on Council on Membership and Professional Development
- AG on Center Guidelines

Following the Fall '13 meeting, three projects were initiated to fulfill the requests from the Council on Membership and Professional Development. This section includes the results of these efforts.

## CONTENTS OF THIS SECTION

- Report from Networking AG on Council on Membership & Professional Development
- Report from Center Guidelines Committee – *available as handout at the meeting*
- List of 2014 Action Groups that will launch following the Spring '14 meeting

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Report no.

**Topic:** AG on the Council of Membership and Professional Development

**From:** Michael J. Misialek, MD, FCAP  
 AG on the Council of Membership and Professional Development, Chair

David A. Novis, MD, FCAP  
 House of Delegates, Speaker

**Date:** January 14, 2014

The HOD Networking AG on the Council of Membership and Professional Development (CMPD) has completed its work on the three efforts identified by the CMPD for House of Delegates help in furthering their mission.

Our efforts produced the following results:

Project	Description/Goal	Activity	Results
peer2peer	Talent acquisition, identification of conversation leaders	The HOD teamed up with the p2p staff to identify HOD members willing to serve as conversation leaders.	67 HOD members have volunteered to be conversation leaders for p2p events in 2013, 13 of which have served as conversation leaders in 2013.
CAP 100 Beta Program	The Practice Management Team will construct and maintain a database of demographic information for 200 practices.	The HOD teamed up with the Practice Management Team to add practice information questions on the 2014 HOD Candidate Form used for the 2014 House of Delegates elections.	Through the HOD efforts, the Practice Management team exceeded their goal by 17% for a total of 234 practices.
Knowledge Exchange	Talent acquisition, feedback. The CMPD is working to create a talent pool that catalogues	The HOD teamed up with CMPD staff to refine existing and add new areas of expertise on the 2014	Through these efforts we created talent profiles for 253 HOD members.

## College of American Pathologists

	Fellows talents and knowledge areas.	HOD Candidate form.	
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We respectfully ask that the Council on Membership and Professional Development report back to the House of Delegates on how these efforts have helped them further their mission.

# 2014 Action Groups

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The following Action Groups will launch in 2014. If you are interested in serving on any one of these Action Groups, please sign up at the HOD Registration table at this meeting or send an email to CAP Staff, Leah Noparstak at [lnopars@cap.org](mailto:lnopars@cap.org)

**AG on CAP LMS.** This AG will provide member feedback on the new CAP Learning Management System.

**AG on CAP Website.** This AG will provide member feedback on the new CAP website.

**AG on HOD Rules III.** This AG will review and update CAP HOD Rules to ensure they align with our current vision, mission and strategy.

**AG on COE projects.** This AG will provide member feedback on the other projects identified through the Networking AG on COE.

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# Reports

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## 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

All reports found in this agenda book are also available on the HOD Website.

[www.cap.org/hod](http://www.cap.org/hod)

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Report no.

**Topic:** Report of the Secretary Treasurer

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

Stephen Myers  
Chief Financial & Operating Officer

**Date:** February 3, 2014

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The following is a recap of financial results of the College for the fiscal years ended December 31, 2013 and 2012. Please note that the 2013 results, as presented, are unaudited. We do not anticipate any adjustments to these preliminary results, but they are subject to change based on the results of our annual audit.

**Revenue**

Revenue for Fiscal 2013 of \$168.1 million increased by \$6.2 million, or 3.8%, over the prior year. The College had strong revenue increases in the Proficiency Testing (PT) and Laboratory Accreditation Program (LAP) product offerings, but had lower revenues from the informatics consulting (STS) than the prior year. Overall, the College fared well in a tough economy. The Board endorsed a decision to exit most of the STS consulting business in 2014.

**Cost of Materials and Onsite Inspection**

Cost of materials and onsite inspections for the year increased by \$3.8 million in 2013 versus 2012. Cost of materials related to PT increased over the prior year in rough proportion to the increase in revenue, while the cost of onsite inspections for LAP rose slightly over the prior year. A concerted effort is made to control travel costs. As a percentage of revenue, cost of sales of 35.2% in 2014 increased from the prior year actual of 34.2%, with the majority of the increase coming from Proficiency Testing materials and packaging costs.

**Operating Expenses and Capital Investment**

Total CAP Expenses of \$130.6 million for Fiscal 2013 were \$1.0 million higher than Fiscal 2012. CAP continues the long-term investment in the College and the membership. Major projects included spending on the Transformation Program Office (TPO), Enterprise Platform Program (EPP) and International expansion.

The most significant spending continues to be in the areas personnel and benefits and outside consulting. The increase in the personnel and benefits year over year was in line with the budget. Outside consulting was reduced from the prior year primarily due to lower investment in the EPP project.

Excess Revenue Over Expenses from operations was better than budget. The long-term investment portfolio increased slightly due to strong overall market performance coupled with lower spending on outside consultants on the EPP project. Overall, the financial performance for the year was good.

## College of American Pathologists

As in prior years, audited financial statements will be presented to the Finance Committee at their March meeting and at the May Board meeting. The House of Delegates will receive the audited financial statements at the annual meeting.





**Topic:** Council on Accreditation (COA) Update

**To:** House of Delegates

**From:** Richard Gomez, MD, FCAP  
Chair, Council on Accreditation

Marcia B. Geotsalitis, MBA  
Senior Vice President, Laboratory Improvement Programs

**Date:** February 13, 2014

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## 1. LABORATORY IMPROVEMENT PROGRAM (LIP) STRATEGY

- Work on the LIP strategy began in earnest last February at the joint CSA/COA meeting where physician members and staff leaders helped to formulate ideas on LIP's core attributes, differentiators, winning aspirations, and future opportunities. Subsequently, several member/staff teams have worked diligently to evaluate our internal and external environment to better understand LIP's strengths, weaknesses, opportunities and threats as we look to evolve our program to meet ever-changing market demands while staying true to our mission.
- The strategy team recently completed a core strategy (for Board review in November 2013) that begins to articulate the two-to-seven year outlook for CAP/LIP, including essential objectives, trade-offs and strategic actions. The strategy seeks to define a vision of what the future state might look like including a perspective on which markets we should serve in the future, with what offering, and the resources and capabilities needed to enable implementation.
- The strategy team partnered with seven member leaders from our Commission on Laboratory Accreditation and Committees to develop concepts around how the inspection model might evolve in the future, in light of changing customer needs and market dynamics. During the September Council on Accreditation meeting, the team shared elements of the overarching strategy and inspection model concepts, including a handful of strategic questions that underpin the model. The Council on Accreditation endorsed the overall direction of the strategy and provided detailed feedback. The feedback will be incorporated into the final report for Board consideration. Many thanks to our Council and Committee members who devoted additional time and effort to help us plan for continued success of the Accreditation Program. The Council on Scientific Affairs continues to be integral to LIP and Survey related strategic planning efforts.

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## 2. INTERNATIONAL BUSINESS OPERATIONS UPDATE

- **Translation Services:**
  - Prepared and submitted 2013 checklist edition documents for translation updates. Updated versions completed in Q4 2013.
- **Customer Support Issue Resolution and Planning:**
  - Sent additional round of communication to international laboratories regarding 2014 CAP PT only policy and included cross-walks for those laboratories who have not yet switched to CAP PT.
  - Work in progress:
    - Update PT order forms/ supplement with information on dangerous goods, pricing, cost of shipping and low stability products.
    - Develop "Welcome Packet" for new participants.

## 3. COMPETENCY ASSESSMENT FOR PATHOLOGISTS

- Documented competency assessment is required for all laboratory personnel including the Technical Supervisor who performs testing on patient specimens. As an update to current Centers for Medicare and Medicaid Services (CMS) policy, the Technical Supervisor or the Laboratory Director must establish and document a minimal level of proficiency to ensure that they maintain the required competency for accurate and reliable testing and reporting. Also according to CMS, this may be achieved through PT or peer review. CMS has stated that pathologist credentialing may not be sufficient documentation of competency assessment.
- In response to the CMS guideline on CLIA competency assessment for laboratory personnel, the COA worked with the Council on Government and Professional Affairs (CGPA) to schedule in November 2013 with CMS to clarify the competency assessment requirements for pathologists. Subsequently, CMS approved the checklist requirement (below) to be included in **only** the CAP Anatomic Pathology Checklist.
- A policy for assessing professional competency is the new element of this requirement. Most surgical pathologists already include at least one of the other elements in their current practices. Documentation of participation in CAP Educational Anatomic Pathology Programs or intra-departmental peer review are excellent opportunities to demonstrate compliance. Other routine processes such as quality management metrics or audits are also alternatives for which compliance is easy to demonstrate.

**ANP.10255 Professional Competency**

**Phase II**

**The laboratory director ensures the professional competency of pathologists who provide interpretive services to the anatomic pathology laboratory.**

*NOTE: The mechanism for competency assessment must be pertinent to the type of interpretive services provided. There must be a written policy for assessing professional competency, criteria for the assessment, and records of the assessment*

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*must demonstrate review by the laboratory director.*

## **Evidence of Compliance:**

- ✓ Policy for assessing professional competency **AND**
- ✓ Participation in a peer educational program (e.g. CAP Educational Anatomic Pathology Programs) or intra-departmental or inter-institutional peer review program **OR**
- ✓ Metrics developed from diagnostic quality management reports (ANP.10100, ANP.10150, ANP.12075, etc.) **OR**
- ✓ Quality management records (internal audits, error reports, etc.) **OR**
- ✓ Individual assessment according to defined criteria

## **4. CMS PROPOSES CHANGES TO PT REFERRAL SANCTIONS**

- On September 23, CMS issued a proposed rule that would make changes to CLIA regarding enforcement actions for proficiency testing referral (PT referral). CMS is proposing three categories for sanctions based on the severity and extent of the referral. The categories are:
  - *Revocation of CLIA certificate*
  - *Suspension or limitation of CLIA certification*
  - *General Sanctions*
- The proposed rule is favorable overall for members and CAP Accreditation because it outlines an enforcement framework that is more flexible than the previous draconian sanctions.

## **5. LABORATORY-DEVELOPED TEST (LDT) PROJECT TEAM**

- Stephen Sarewitz, MD, FCAP continues to lead a project team to examine whether CAP should institute more stringent validation (analytic and clinical) requirements in the Laboratory Accreditation Program (LAP) for laboratory-developed tests (LDTs). The purpose of the study is to determine if, within the current processes of the CAP Laboratory Improvement Programs (LIP), we can implement more stringent requirements for validation of predictive LDTs. The means of this implementation could be revisions to the checklists or changes in the way the on-site inspection is conducted. The study workgroup consists of representatives from the COA (including the Checklist Committee Chair), LDT Project Team, and Council on Scientific Affairs. The group continues to address the issues of predictive markers, number of samples for analytic validations, clinical validation requirement for all disciplines, and standardized formats for data submission.

## **6. RAPID DECISION PROCESS FOR CUSTOMER-FACING ISSUE**

- The LIP Operations Group recently formed a team to address a long standing, customer-facing operational issue with laboratory test menu changes and analyte reporting selections (ARS) process. An accurate test menu is critical for driving the specific requirements that a customer is audited against on the accreditation inspection and the ARS is also critical for

## College of American Pathologists

ensuring that correct PT performance data for regulated analytes is reported to CMS and LAP. The historical process required customers to perform a multi-step process to separately notify LAP and PT of testing they no longer perform, which is often cumbersome and confusing to the customer because to the customer, we are one CAP. The inefficiency of the process is driven by a lack of system integration. When errors occur, laboratories receive erroneous or incorrect PTCN (PT Compliance Notices), which unfairly penalizes and inconveniences CAP customers. The team was committed to improving this process to streamline the experience and make it easier for customers to do business with CAP.

- Outcome: Using the RAPID decision model, an optimal, interim solution (in advance of the permanent EPP technology solution) was developed. The team designed a process that better meets customer needs in a more efficient way thereby eliminating the multi-step process. The decision model guided establishment of clear roles and responsibilities, evaluation of multiple alternative solutions and creation of a plan to implement results. The team is currently drafting the new process and procedures for full implementation in November of 2013.

### **7. LAP FINANCIALS THROUGH SEPTEMBER (Q3) 2013**

- CAP accredited laboratories (LAP) continue to increase year over year with 7,166 August YTD versus 6,963 at year end 2012, a gain of 223 laboratories. Biorepository and CAP15189 accreditations continue to gain momentum with total accreditations exceeding budget.
- Pipelines for in-process accreditations remain strong for LAP both domestically and internationally.



Report no.

**Topic:** Council on Education Report  
**To:** House of Delegates  
**From:** James S. Hernandez, MD, FCAP  
Chair, Council on Education  
Ann Neumann, PhD  
VP, CAP Learning  
**Date:** March 2014

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## 1. COUNCIL/COMMITTEE PROGRESS ON INITIATIVES/ACTIVITIES

### THEME - 1. SUSTAIN GROWTH & IMPROVE PROFITABILITY

#### GOAL – 1.1 Grow Revenue

##### Sub-Goal 1.1.1 Maximize Traditional Revenue Sources

###### Competency Assessment Program

- Now in its eighth year, the Competency Assessment Program has 1,249 participating laboratories. We released 44 new courses and seven Safety & Compliance courses. Product enhancements included new “on-demand” videos to help first-time customers get started with the program, expanding CourseBuilder tool functionality with audio and video capabilities, and launching a LinkedIn Competency Assessment Program users’ group. In 2013, over 49,000 unique users complete a total of 477,899 courses.

###### Advanced Practical Pathology Programs (AP<sup>3</sup>)

- A total of 43 pathologists attended the November 2013 Multidisciplinary Breast Pathology (MBP) Workshop for the largest AP<sup>3</sup> workshop attendance to date. Attendees provided extremely positive feedback on the learning experience.
- The first workshop offering of the new Prostate AP<sup>3</sup> is scheduled for April 4-5, 2014 in Chicago, IL. Registrations for the April program are currently underway.

# College of American Pathologists

## GOAL - 1.4 Ensure Member and Customer Loyalty

### Sub-Goal -1.4.2 Improve the Experience

#### Action Plan for Learning Needs, NPS and Member Value Needs Segmentation

- At its November 2013 meeting, the Council on Education (COE) reviewed key findings from the NPS, Value Needs Segmentation and CAP Learning Needs Assessment Surveys which identified three common strategic opportunities for CAP Learning. These include; messaging around content, format, and packaging of learning options, ease of access, and cost effectiveness. An action plan is underway to address each of these areas.

## GOAL - 1.4 Ensure Member and Customer Loyalty

### Sub-Goal -1.4.3 Offer Differentiated Solutions by Segment and Market

#### Learning Strategy Refresh

- At its November 2013 meeting, the COE initiated a Learning Strategy Refresh project and continued the work at its January 2014 meeting. The goal of the Refresh project is to update the strategy in light of what we have learned in three years of strategy execution, recent insights into customer and member preferences/priorities, and CAP's current focus on catalyzing the Transformation. The scope, approach, and timeline for the Strategy Refresh have been defined, and the COE has provided input on key strategic questions and assumptions.

## THEME - 2. CATALYZE THE TRANSFORMATION

## GOAL - 2.2 Ensure Pathologists Can Deliver

### Sub-Goal - 2.2.1 Improve Pathology Graduate Medical Education

#### Refresh Graduate Medical Education (GME) Curriculum

- CAP worked collaboratively with the Association of Pathology Chairs/Program Directors (APC/PRODS) and the Association of Pathology Informatics (API) leaders to reach agreement to co-develop the GME informatics curriculum. Representatives from the three stakeholder organizations were recruited to serve on the curriculum development working group, and a straw model GME informatics curriculum was drafted for the working group's review. In addition, CAP's GME Committee developed an influencing strategy, e.g., an approach for socialization, communication and eventual adoption of the curriculum recommendations.

#### Test Utilization Course

- As part of our collaboration with APC/PRODS, we began development of an online case-based course designed to help pathology residents understand the important principles of appropriate test utilization practices and to help them develop the skills

## College of American Pathologists

necessary to be an effective consultant to and member of the health care team. The course will be piloted in 19 training programs beginning in early March 2014. Residents and program directors (PRODS) will both complete the course and provide feedback via an online evaluation.

### Laboratory Medical Director (LMD) Program for Residents

- An LMD Program for Residents, which includes select content and materials from the LMD AP3 program, completed its first pilot offering in Oklahoma City with 16 residents participating. Preparations are underway for the second pilot offering March 2014 in Houston with 40 residents expected to participate. The pilot offerings include five online courses and a one day workshop, as well as a pre-test and post-test.

### Sub-Goal - 2.2.2 Prepare Pathologists for Enhanced Roles

#### Negotiating Skills for Pathologists (CME/SAM Course)

- This new online, 2.5 CME/SAM course, focused on improving pathologists' ability to negotiate pathologist products and services, was released in Q3.

#### Learning Opportunities for Enhanced Services

- Informatics and Genomics Workings Groups, led by Dr. Walter Henricks and Dr. Rich Haspel respectively, successfully completed 2013 deliverables:
  - established a list of prioritized informatics and genomics competencies,
  - completed learning needs assessments,
  - developed a prioritized informatics and genomics CME curricula and
  - obtained Curriculum Committee endorsement of the curricula.

## THEME - 3. STRENGTHEN ORGANIZATIONAL CAPABILITY & SUSTAINABILITY

### GOAL - 3.2 Strengthen Operations and Improve Execution

#### SUB-GOAL - 3.2.1 Improve Process Efficiency

##### Portfolio Management

- In 2013 the COE adopted criteria to facilitate CAP Learning portfolio decisions and align the product mix to CAP strategy. The COE used these criteria to implement decision approaches and metrics for evaluating existing AP<sup>3</sup> and non-AP<sup>3</sup> products that generate revenue for CAP Learning as well as implement metrics and a scoring rubric specific to evaluation of new product proposals.

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### **SUB-GOAL - 3.2.2 Provide an Agile, Cost-Effective Infrastructure**

#### **Replace the Learning Management System (LMS)**

- In 2013, CAP embarked on an LMS selection process and selected a new LMS vendor. The replacement project was then approved by CAP and the project kicked-off in late October. The project consists of multiple phases including: Discovery, Modeling/Design, Building, Testing and Implementation. The project team plans to wrap up Discovery phase in January and has planned for a launch date in 2014.





**To:** House of Delegates Steering Committee

**Topic:** **CGPA Update (January – February 2014 Report)**

**From:** George Kwass, MD, FCAP  
Chair, Council on Government and Professional Affairs

John H. Scott  
Vice President, Division of Advocacy

**Date:** February 17, 2014

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### **CAP advocates for Sustainable Growth Rate (SGR) repeal and improves value-based programs**

CAP and other physician groups have taken an historical step in their advocacy to repeal the SGR formula, which is slated for a 24% cut in physician payments on March 31<sup>st</sup>. Last week, Senate and House Committees came to a bipartisan agreement on repealing SGR (H.R. 4015/S. 2000) that includes a CAP-proposed provision to provide more flexibility for pathologists to meet value-based requirements under the Medicare program. The bill would permanently repeal the flawed SGR formula and, over time, implement a new merit-based incentive payment system (MIPS) that, in part, ties payment to a physician's performance in these value-based programs. The legislation also provides physicians with a 0.5% annual payment update for a five-year period, but lawmakers have not figured out how to pay for the bill, which costs about \$130 billion to \$150 billion. CAP continues to push the savings from closing the self-referral loophole as a way to help pay for the SGR reform proposal. As this process moves forward, CAP will continue to work with Congress through the legislative process to repeal the SGR and ensure flexibility for pathologists in meeting the value-based requirements. It is expected that, if a final bill cannot be moved by March 31<sup>st</sup>, a patch will be put in place until the end of year.

[Additional Information](#)

### **CAP working to modify CMS payment policy**

The CAP has offered CMS evidence to back its position that the agency should make substantial revisions to Medicare policy responsible for steep reductions to payments for immunohistochemistry (IHC) services. In a January 27 letter to CMS, the CAP provided data to show new and revised CPT codes, and the codes' values, should be used to pay for IHC in 2014. In the Medicare physician fee schedule, CMS instead required pathologists to use new Medicare-created G codes (G0461 and G0462) to bill for IHC services provided to Medicare beneficiaries starting January 1. CAP will further engage CMS in an effort to reverse NCCI language limiting use of insitu hybridization services, while further payment cuts are anticipated in 2015.

[Additional Information](#)

### **CMS fixes TC claims denials for same day services**

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Pathologists that receive improper claim denials for the technical component (TC) of pathology services when an outpatient hospital service occurs on the same date of service (DOS) can now resubmit those claims to their Medicare contractors. This comes after CAP and other stakeholders worked with CMS to resolve this billing issue. As a result, last August, CMS issued Transmittal 1276 (Change Request 8399), effective January 6, 2014, which allows pathologists to resubmit their claims for those who can demonstrate that the outpatient hospital service, although occurring on the same day, did not include services for which the hospital would have already been paid for the TC.

[Additional Information](#)

### **Cigna delays professional component of clinical pathology policy**

The CAP communicated its opposition to Cigna's payment policy to deny the professional component (PC) of clinical pathology (CP) services. On February 5, the CAP received notice from Cigna that it would delay its payment policy after receiving feedback from the College and state and local pathology organizations. Cigna notified pathologists and laboratories in December that claims submitted with modifier 26 for the PC of CP would no longer be paid beginning March 10. The CAP immediately initiated a series of exchanges with Cigna on the national level, and explained why the PC of a CP service is a valuable and compensable medical service. CAP will continue to work with CIGNA and serve as a resource as the insurance company considers feedback on the policy and makes an internal evaluation on the issue.

[Additional Information](#)

### **Patient and physician groups endorse legislation to enhance pathologist ACO role**

CAP is working with physician and patient advocacy groups to support state legislation that would help ensure access to appropriate clinical laboratory and pathology services delivered in the accountable care organization (ACO) payment models. If enacted, at least one physician clinical laboratory medical director serving the ACO would be required to participate in newly created clinical laboratory testing advisory boards and recommend protocols for appropriateness of pathology and laboratory testing. The Lung Cancer Alliance (LCA) and National Brain Tumor Society (NBTS) both expressed their support for the legislation. Legislation in California, which is sponsored by the California Society of Pathologists, also has gained the support of the California Medical Association (CMA). The CAP and the respective state pathology societies are advocating for ACO legislation in California (SB 264), Illinois (HB 2544), and New Jersey (AB 4302).

[Additional Information](#)

### **HHS expands patient access to laboratory results**

On February 3<sup>rd</sup> the Department of Health and Human Services (HHS) granted greater patient access to laboratory results in a final rule, which accepted several recommendations made by the CAP. Key components included: patient access of laboratory results upon direct request to the testing facility; a period of 30 days for laboratories to release results following the request, unless a state law requires a more timely release, and a 30-day extension when retrieving archived results that will take longer than 30 days from the patient request; preemption of state laws that impede patients directly receiving test results from the laboratory; and clarification that HHS would not require laboratories to interpret test results for patients.

# College of American Pathologists

[Additional Information](#)

## **CAP addresses workforce issues**

CAP, along with two dozen organizations representing pathology and laboratory medicine, released a joint statement, "Workforce Issues Affecting Pathology and Laboratory Medicine," illustrating the workforce issues under today's health care system. The report also outlines recommendations to help pathologists best meet patient needs in the future. The report is the outcome of the Pathology Workforce Summit in December. Participants have agreed to adopt the set of recommendations outlined in the joint statement and will continue working together to advance these recommendations for addressing pathology and laboratory medicine workforce issues.

[Additional Information](#)

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Report no.

**Topic:** Council on Membership and Professional Development

**To:** House of Delegates

**From:** William F. Hickey MD, FCAP  
Chair, Council on Membership and Professional Development

Sandra B. Gear  
Vice President, Membership and Professional Development

**Date:** January 31, 2014

1. COUNCIL ON MEMERSHIP AND PROFESSIONAL DEVELOPMENT ACTIONS – JAN. 18-19, 2014

ACTION	Action Taken	Staff responsible
1. To form a project team to address the topic of helping members address risk management, legal liability and ethics.	Approved	S. Gear
2. To form a project team to develop a plan to address strengthening and deepening the College’s member-driven culture.	Approved	S. Gear
3. To Approve the 2014 membership goal focused on CAP Fellows in their first 10 years of practice. Target is 3,797. That would be an increase of 4% (146 Fellows) over the 2013 total of 3,651.	Approved	S. Gear & D. Knapman
4. To approve the goal of 45 practices, setting a strategic direction. That would be an increase of 87% over the 2013 total of 24 practices.	Approved	S. Gear & D. Knapman

2. COUNCIL/COMMITTEE PROGRESS ON INITIATIVES/ACTIVITIES

THEME - 1. SUSTAIN GROWTH & IMPROVE PROFITABILITY

## GOAL 1.4 INCREASE MEMBER ENGAGEMENT

- **CAP Membership Recruitment**
  - Total CAP membership increased to 18,132 in January 2014 from 18,119 in January 2013, a 0.1% increase – exceeding a goal of 18,125.
  - Practicing Fellows increased to 10,999 from 10,922, a 0.7% increase.
  - In 2013, 93.4% of newly board certified non-Fellowship pathologists became CAP Fellows.
- **Committee Applications and Appointments**
  - The number of applicants for committee appointment has nearly doubled during the past four years to 151 for the 2014 appointment year from 77 in the 2011 appointment year.
  - The percentage of applicants appointed to a committee also has increased over the past four years to 55% for the 2014 appointment year from 34% in the 2011 appointment year. This means that members who apply for appointments now have a more than 50% chance of being appointed.
- **Engaged Leadership Academy**
  - Forty CAP members participated in the 2013 Engaged Leadership Academy.
    - 90% of the Engaged Leadership Academy attendees rated the overall value of the program at 4.94/5.0, with 5 being excellent.
    - 96% of the Engaged leadership Academy attendees rated the ability to identify opportunities available to pathologists to raise their visibility and increase their ability to advocate on behalf of their patients, practice and profession at 4.97/5.0, with 5.0 excellent.
- **Engaged Leadership Network**
  - In 2013, members of the Engaged Leadership Network (graduates of the 2012 Academy) participated in a total of 1,015 activities with their practices, state societies, state legislatures, medical boards, and local patient advocacy groups.
- **House of Delegates**
  - In 2013, HOD increased total House membership by 17%, resulting in a total membership of 364 compared with 311 for the previous year. Increased percent of delegations with all positions filled to 39% exceeding goal by 9%. Increased percent of delegations with 100% of Delegate positions filled to 77% exceeding goal by 6%.
  - HOD Meeting Registration
    - Spring meeting registration of 132 (30% increase from previous spring) exceeded the goal of 110 registrants.
    - Fall meeting registration of 228 (14% increase from previous fall) exceeded the goal of 207 registrants.

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- **Residents Forum**

In 2013, the percent of delegate positions filled increased to 89% from 66%. Exceeded the 85% goal.

- RF Meeting registration
  - Spring meeting registration of 157 (11% increase from previous spring) exceeded the goal of 149 registrants.
  - Fall meeting registration of 297 (10% increase from previous fall) exceeded the goal of 278 registrants.

## THEME - 2. CATALYZE THE TRANSFORMATION

### GOAL - 2.2 ENSURE PATHOLOGISTS CAN DELIVER

- **Advance the Specialty**

- Eight Value-Based Business Center Tools were introduced in 2013 including:
  - Practice Awareness and Practice Assessment Toolkits
  - Market Awareness and Market Assessment Toolkits
  - Got Value? narrative
  - Value Impact Analysis Toolkit
  - ACPE Negotiation Skills Online Course
  - Negotiation Skills for Pathologists (SAM eligible) Online Course

- **Practice Managers Forum**

- The number of participants increased to 62 in January 2014 from 45 in January 2013 – a 36% increase.

## THEME - 3. STRENGTHEN ORGANIZATIONAL CAPABILITY & SUSTAINABILITY

### GOAL - 3.2 STRENGTHEN OPERATIONS AND IMPROVE EXECUTION

#### SUB-GOAL - 3.2.1 IMPROVE PROCESS EFFICIENCY

#### Name of Project/Initiative/Activity

- **eStore Member Dues** – Allows membership dues and donations to be paid online through Oracle eStore which allows processing of dues payments with no internal handling.

### 3. LIST OF DISCUSSION TOPICS -

**Council on Membership and Professional Development Charge** – The council reviewed and reconfirmed the council's charge.

- **Member Driven Culture** – The council discussed what it means to be a member – driven organization including what it looks like and more importantly, why it is important.
- **CAP Website Update** – The CAP Website Update project was discussed because the website is critical to supporting effective member engagement and numerous initiatives across The College. Council members expressed concern that there has not been adequate member involvement/input into the website redesign or its content, since they believed such opportunities would be forthcoming based on prior discussions of the topic. In response to the CMPD discussion, subsequent to the meeting, Dr. Hickey, Sandy Gear

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and George Fiedler considered a suggestion that broad opportunities for member input into the website might be offered during CAP '14. Discussion of this possibility will occur in a forthcoming CMPD conference call. The Council's consistent position is that it is essential that there be a meaningful and significant opportunity for member input/evaluation to occur before the ultimate launch of the website.

- **2014 Membership Goal** – The Membership Goal for 2014 will focus on increasing the Fellows who are 0 – 10 years in practice (membership segments 1-5 and 6-10.)
- **Member Event Horizon** – This topic was discussed because the College's national member events provide the most effective venues to mobilize our differentiating power – our peer-to-peer strength. The Councils on Membership and Professional Development, Government and Professional Affairs, and Learning will participate in the Member Event Horizon Advisory group to develop a comprehensive Event Strategy to realize return on meeting investment.





**Topic:** Council on Scientific Affairs (CSA)  
**To:** House of Delegates  
**From:** R. Bruce Williams, MD  
Chair, Council on Scientific Affairs  
Marcia B. Geotsalitis  
Sr. Vice President, Laboratory Improvement Programs  
**Date:** February 13, 2014

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As of October 20, Proficiency Testing (PT) revenue is representing 100.3% of the budgeted 2013 revenue goal.

1. The International 2013 PT growth, as of October 7, is 12.2% over 2012. Countries with higher growth include Mexico, China, UAE, Saudi Arabia, and Singapore.
2. In 2013, 52 new PT surveys were developed through the combined efforts of the scientific resource committees and the College's professional staff.
3. The mailing of the domestic order renewal kits for the 2014 Surveys year was completed on September 19. International order renewal kit send-outs were completed September 26. These 2014 kits were sent 2-3 weeks later than in 2013, resulting in a slightly delayed revenue flow.
4. In 2013, the Middle Ground product development teams rolled out three major products; Evalumetrics, DigitalScope PAP Education, and e-Lab Solutions Connect, and are also working on product development of a Methods Base Proficiency Testing (MBPT) Program for Next Generation Sequencing. Detailed status of each is listed below:
  - a. Since the release of Evalumetrics in March of 2013 there has been a steady growth in subscriptions. As of October 14, there are 17 institutions subscribing with 101 providers being monitored in the system. The blend of subscribers encompasses community hospitals, academic institutions, and government (Walter Reed Army Medical Center). Within the past two months, Evalumetrics has been showcased in two free CAP sponsored webinars with over 100 registrants and featured in the CAP '13 booth.
  - b. The DigitalScope PAP Education program application was released on August 7. This was the first program that integrated custom design software to deliver educational content based on the DigitalScope viewing platform. There are 82 participants in the A

## College of American Pathologists

mailing with 27 claiming either CE or CME credit. The B mailing is scheduled for November 6.

- c. As of October 1, 2013, there are 35 e-LAB Solutions Connect users. All but three of the sites will convert to paying subscriptions in 2014. The three non-paying laboratories continue to work with CAP in the development of enhancements and troubleshooting. The CAP Marketing Team is working with business partners such as to allow labs to use the existing middleware integrated into the instrumentation for data transfer. In addition, the team is working on an alternative feed directly from the LIS to the CAP.. eLearning modules to facilitate getting started, mapping and rules functionality are available.
  - d. The Next Generation Sequencing (NGS) Project Team partnered with a PT Product Development Team to design the NGS Pilot PT program. The team successfully completed initial product design and pilot launch activities. DNA samples together with NGS Kit Instructions and Result Forms were shipped to participants on October 16, 2013. Pilot participants will have eight week to complete testing and bioinformatics by December 12, 2013. The Project Team will summarize participant data and evaluate results with input from the NGS Project Team.
5. At the recent CSA and CSA Leadership Meetings held in August, presentations were conducted on The Genomics Project, Digital Pathology, International Activities and Advocacy. Breakout sessions were conducted which explored CAP's current collaboration with the American Association of Pathologist Assistants and work in progress by the Cancer Biomarkers Committee. A structured session was held during which the CSA offered its feedback to the Council on Education. At both the CSA Leadership and the CSA meetings, sessions were conducted to advance the development of the Laboratory Improvement Programs Strategy.
  6. The CSA is developing a more comprehensive plan for delivery of accuracy based products. It is recognized that the side by side offerings of accuracy based and peer grouped products over the last 10 years has advanced the dialogue regarding method variation. In this context, an acceleration of introduction of these speciality products is envisioned.

# Gateway to Leadership

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## BACKGROUND

One-third of the past CAP Presidents and two-thirds of past Governors were all House of Delegates members and two-thirds of House members currently serve on CAP Councils and Committees. The CAP HOD is your gateway to leadership.

CAP members specifically interested in being considered for a 2015 CAP committee appointment should complete and submit a 2015 [CAP Member/Non-Member Engagement Application](#) along with a current curriculum vitae (CV) to CAP staff, Barbara J. Barrett, via email: [bbarret@cap.org](mailto:bbarret@cap.org) **no later than April 1, 2014.**

Incomplete applications will not be considered. All submitted materials become the property of the CAP and will not be returned.

## CONTENTS OF THIS SECTION:

- CAP 2014 Meritorious Service Awards Nomination Instructions and Form
- CAP 2015 Committee Service Application Process Schedule and Form

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## 2014 CAP Meritorious Service Awards Program Nomination Form

Please read the *2014 CAP Meritorious Service Awards Program Nomination Form Instructions* before completing this form. On or before March 17, 2014, please complete and submit this nomination form along with the nominee's curriculum vitae (CV) or the nominees' curricula vitae (CVs) via e-mail to:

Barbara J. Barrett, MPA, CAE, MT(ASCP)  
CAP Coordination Manager,  
Membership and Professional Development  
Email: [bbarret@cap.org](mailto:bbarret@cap.org)

Today's Date \_\_\_\_\_

### Nominee's Contact Information

Nominee's Name (If nominating a team - list each member of the team)	
Nominee's Address	
Nominee's City/State/Zip Code	
Nominee's Telephone	
Nominee's E-mail Address	
Nominee is a CAP Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Nominator (Name & Email Address)

\_\_\_\_\_

Nominee(s) is/are aware of this nomination.  Yes  No

I nominate the above individual or group of individuals for the following award(s): Please check all that apply.

√	Award Name
	<i>CAP Award for Specialty Advancement</i>
	<i>CAP Resident of the Year Award</i>
	<i>CAP Distinguished Patient Care Award</i>
	<i>CAP Distinguished Service Award</i>
	<i>CAP Lifetime Achievement Award</i>
	<i>CAP Outstanding Communicator Award</i>
	<i>CAP Public Service Award</i>

## ***Nominator's Narrative Statement***

Using not less than 50 but no more than 250 words in the space below, please describe the accomplishments and contributions exhibited by the nominee or the nominees (e.g. team) and explain why the nominee or nominees should receive a specific award. Attach the nominee's curriculum vitae (CV) or the nominees' curricula vitae (CVs) to your submission.



## **OPEN CALL FOR NOMINATIONS 2014 CAP MERITORIOUS SERVICE AWARDS**

In 2014, the College of American Pathologists (CAP) will recognize outstanding achievement and accomplishments through several awards.

Using the attached **2014 CAP Meritorious Service Awards Nomination Form and Instructions Booklet** you are invited to submit nominees for the CAP Meritorious Service Awards, as described below, to Barbara J. Barrett, MPA, CAE, MT(ASCP) – CAP Coordination Manger, Membership and Professional Development via email [bbarret@cap.org](mailto:bbarret@cap.org). **Nominations are due no later than March 17, 2014.**

The nomination form and instruction booklet also are available on the CAP Web Site using the following link: [www.cap.org/MeritoriousAwards](http://www.cap.org/MeritoriousAwards).

Currently serving CAP Officers, Board Members, or candidates for any CAP elected office are **not** eligible for an award nomination.

- ***CAP Award for Specialty Advancement***

This award, established in 2013, recognizes innovation and perseverance resulting in the advancement of pathology and laboratory medicine through foresight, resolve and untiring commitment to both evolutionary and revolutionary undertakings that advance the positioning of the pathologist in the House of Medicine and delivery of safer patient care. *Nominees may be CAP members, non-members, teams, staff, or an outside entity.*

- ***CAP Resident of the Year Award***

This award was established in 2010 to recognize outstanding contributions by a CAP Junior Member to the specialty of pathology, to pathologists, to laboratory medicine, or to the general public. *Nominees must be CAP Junior Members.*

- ***CAP Distinguished Patient Care Award***

This award was established in 2006 to recognize and honor a member of the College who has made an outstanding contribution to patient care. It recognizes an aspect of the pathology profession that is not already acknowledged by an existing award, and it represents behavior that when emulated enhances the practice of pathology. Nominees must be members of the CAP.

- ***CAP Distinguished Service Award***

This award, established in 1965, was amended in 2006 to recognize outstanding contributions to the practice of pathology and to the College of American Pathologists. Nominees must be members of the CAP.

- ***CAP Lifetime Achievement Award***

This award was established in 2006 to recognize and honor members of the College who have made a broad and positive impact on the pathology profession through contributions to one or more area(s) of the College over an extended period of time, but have never received a CAP award. This award may be presented to more than one College member in a particular year. Nominees must be members of the CAP.

- ***CAP Outstanding Communicator Award***

This award was established in 1991 in honor of William L. Kuehn to recognize outstanding contributions in the area of communications resulting in the strengthening of the image of pathology. Nominees may be CAP members, non-members, or staff.

- ***CAP Public Service Award***

This award was established in 1989 to honor the memory and the work of Frank C. Coleman, MD, FCAP, sixth president of the College of American Pathologists. It is given to a CAP Fellow who best exemplifies the political, citizenship, and leadership quality of the late Doctor Coleman, and is the College's highest honor to recognize accomplishments and dedication to political and civic life and to public service in the United States. Nominees must be CAP Fellows.



**2015 CAP Committee  
Appointment/Disappointment  
Process Schedule  
(As of January 22, 2014)**

<b>February 17, 2014</b>	<b>2015 CAP Committee Succession Planning Reports</b> available on M:\Shared\BBarrett. Committee staff share reports with council/committee chairs to initiate the annual committee appointment/disappointment process.
<b>April 7, 2014</b>	<ul style="list-style-type: none"> <li>• <b>2015 CAP Committee Appointment/Disappointment Worksheets</b> available on M:\Shared\BBarrett. Completed 2015 CAP Committee Appointment/Disappointment Worksheets must be posted (no later than May 19, 2014) on M:\Shared\BBarrett</li> <li>• Member and Non-Member Committee Applicant (Nominee) Lists available on M:\Shared\BBarrett.</li> <li>• CAP Member/Non-Member Engagement Applications &amp; CVs available on M:\Shared\BBarrett</li> </ul>
April 7 - May 19, 2014	<ul style="list-style-type: none"> <li>• Using 2015 appointment/disappointment worksheets, committee staff work with chairs to develop 2015 committee appointment/disappointment recommendations.</li> <li>• Committee staff submit recommended 2015 committee appointments/disappointments to council chairs for review/approval.</li> </ul>
<b>No Later Than May 19, 2014</b>	• <b>Completed 2015 CAP Committee Appointment/Disappointment Worksheets (reviewed &amp; approved by council chairs) posted on M:\Shared\BBarrett</b>
May 19 - June 23, 2014	2015 Committee Appointment/Disappointment recommendations reviewed and compiled.
July 7, 2014	Proposed 2015 Committee Appointment/Disappointment recommendations sent to CAP Officers.
<b>July 18, 2014</b>	<b>2015 CAP Committee Appointment/Disappointment Review Meeting</b> - Officers meet at CAP Headquarters to discuss 2015 committee appointment/disappointment recommendations. Council chairs participate via conference call.
July 21 - August 15, 2014	<b>2015 CAP Committee Appointment/Disappointment Strike Out List (SOL)</b> prepared to reflect committee disappointments/appointments reviewed/recommended by CAP Officers during the 2015 CAP Committee Appointment/Disappointment Review Meeting held on July 18, 2014.
August 18 - 25, 2014	<ul style="list-style-type: none"> <li>• Vice presidents review and share the 2015 CAP Committee Appointment/Disappointment Strike Out List with council/committee chairs.</li> <li>• Council/committee chairs communicate with those members transitioning off committees on December 31, 2014 as well as with members beginning committee service on January 1, 2015.</li> </ul>
Week of August 25, 2014	<b>2015 CAP Committee Appointment/Disappointment Strike Out List (SOL)</b> finalized and distributed to CAP Officers and Board Members.
<b>September 10, 2014</b>	<b>2015 CAP Committee Appointments/Disappointments</b> approved by the BOG.
September 15 - October 31, 2014	<b>2015 CAP Committee Appointments/Disappointments</b> entered into the CAP Member (Oracle) Data Base.
November 3 - 17, 2014	<b>2014 CAP Committee Appointment/Disappointment correspondence</b> prepared and mailed to recipients via the US Postal Service. This correspondence serves as verification and NOT as a first notice.
After January 1, 2015	<b>2014 CAP Committee Member Appreciation Gift Program</b> - Members disappointed from committees are invited to select an appreciation gift via the online CAP Committee Member Appreciation Gift Program.

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# Candidate Forum '14

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## BACKGROUND

The Spring House of Delegates meeting hosts the only live public forum in which candidates running for CAP Office present their platforms to voting CAP Fellows. The Candidates' Forum is a live open microphone session during which Delegates ask candidates running for CAP elected offices how they propose to address issues of importance to CAP members. Delegates are instructed to relay candidate positions to their 18,000+ CAP Fellow constituents for consideration when voting for their future leaders. The Forum also provides Delegates the opportunity to meet the candidates personally.

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- Candidate Profile: Patrick E. Godbey, MD, FCAP
- Candidate Profile: Stephen J. Sarewitz, MD, FCAP
- Candidate Profile: Elizabeth A. Wagar, MD, FCAP
- Candidate Profile: Timothy C. Allen, MD, FCAP
- Candidate Profile: Jennifer L. Hunt, MD, FCAP
- Candidate Profile: Raouf E. Nakhleh, MD, FCAP
- Candidate Profile: Karim E. Sirgi, MD, FCAP

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House of Delegates Panel Candidate Profile

## Candidate for Governor

### Timothy Craig Allen, MD, JD, FCAP

University of Texas Medical Branch  
Galveston, Texas

**Age:** 56

**Years in Practice:** 18

**Boards:** AP, CP & Cytopathology

**Education:** Received MD, 1984, Baylor College of Medicine, Houston; Received JD with honors, 1998, University of Chicago Law School, Chicago; Internship and Residency: Baylor Clinic and Hospital, Houston.

**Employment Status:** Full Time

**Practice Type:** Academic

**Practice Size:** 31 or more

#### **CAP Experience:**

- Spokespersons Network, Beginning 2010
- Member, Abstract Review Board, Beginning 2006
- Member, Residents Award Review Committee, 2006
- Member, Lung Cancer Biomarkers Advisory Panel, 2010-2013
- Member, Effective Communication of Urgent or Significant Unexpected Diagnoses Working Group, 2010-2011
- Member, Interpretive Diagnostic Error Reduction Committee, 2013-Present
- Member, CAP ACO Network, 2013-Present

#### **Experience in Other Organizations:**

##### ***American Society for Clinical Pathology***

- Member, 1985-Present
- Diplomat, 1990-Present

##### ***International Mesothelioma Panel***

- Member, 2009-Present

##### ***American Society of Cytopathology:***

- Member, 1993-1995, 2004-Present
- Ethics and Conduct Committee, Chair, 2008-2010
- Ethics and Conduct Committee, member, 2007-2010

##### ***Pulmonary Pathology Society***

- Member, 2002-Present

## College of American Pathologists

- Secretary, 2009-2010
- Treasurer, 2011-2013
- Vice President, 2013-2015

### ***American Society for Investigative Pathology***

- Member, 2004-Present
- Ambassador, 2008-2009
- Pulmonary Pathology Section, Program Chair, 2010 ASIP Annual Meeting, April 20-24, 2010, Anaheim, California

### ***International Academy of Pathology***

- Member, 2004-Present
- 2010 IAP Biennial Meeting, Program Co-Coordinator, Pulmonary Pathology Section, Sao Paulo, Brazil, October 11-15, 2010

### ***Institute of Health Law Studies***

- Member, 2012-Present

### ***Texas Society of Pathologists***

- Member, 1985-1995, 2002-Present
- Director-at-Large, 2010-2012
- Treasurer, 2012-2013
- Delegate, Region 4, 2006-2010
- Advisor, Council on Legislation, 2007-2009
- Member, Council on Legislation, 2009-Present
- Chair, Council on Legislation, 2012-Present
- Member, Education Council, 2008-2012

### ***The University of Texas System Faculty Advisory Council***

- Member, 2008-2013
- Member, Executive Committee, 2010-2011
- Chair-Elect, 2010-2011
- Chair, 2011-2012
- Immediate Past-Chair, 2012-2013
- Member, Chancellor's Task Force on Post-Tenure Review, 2011-2012
- Co-chair, Chancellor's Task Force on Student Evaluation of Faculty Teaching, 2011-2012
- Member, Chancellor's Dashboard on Faculty Productivity, 2011-2012
- Member, Chancellor's Blue Ribbon Panel on Professionalism and Citizenship, 2012
- Reviewer, Regent's Outstanding Teaching Award Nominations, 2012
- Co-chair, Chancellor's Task Force on Hazing and Alcohol Misuse, 2012-2013

### **What is the strongest contribution you could make/have made to the Board?**

These next several years promise to be challenging ones for medicine generally, and pathology in particular. If I am fortunate enough to serve, my strongest contribution will be in using my medical and legal understandings, together with my medical, legal, and administrative experiences, to assist my fellow Board members in directing the CAP successfully through these difficult times, including in assisting in all ways possible to educate and guide policymakers and payers regarding the enormous value pathology and laboratory medicine provides to our patients.

## College of American Pathologists

### **What do you think the CAP should accomplish in the next three to five years?**

One of the top priorities of the College of American Pathologists will be to continue and indeed accelerate its efforts to shore up pathologists' and laboratories' eroding payment schemes. Doing this will require educating not only policymakers and payers, but indeed society at large, about who we are and what we do, and the enormous benefits pathologists provide patients in terms of patient safety and health care quality, specifically diagnostic accuracy.

Numerous other imperatives, all interrelated, will require the Board's continuing scrutiny and action, including integrating pathologists into today's changing medical environment, successfully embracing new technologies, and meeting training challenges.

### **What is it going to take to accomplish this?**

We must remain our patients' advocates.

The College of American Pathologists will need to work closely with our non-pathology colleagues, the ACGME, policymakers, and payers to integrate increasing resident responsibility into training programs to ensure the continued provision of high-quality, superiorly-trained pathologists to meet medicine's future pathology demands.

State pathology societies must invigorate or reinvigorate and quickly get involved in their state's legislative process, ensuring that the pathologist's voice is heard by state lawmakers and administrative agencies.

To spread our message to society at large about who we are and the value we provide, pathologists will need to increasingly utilize social media to overcome our relatively small numbers and educate the public about who we are and the value we provide our patients.

Most importantly, the College of American Pathologists will have to put its Washington, D.C. office "on steroids." The Washington D.C. office continues to serve us extremely well, as it has for decades; and it remains heavily engaged with policymakers. We must support it as we enter the new paradigm in medicine. This new paradigm requires a new paradigm in pathologist political engagement. Rather than responding to legislation, pathologists must be involved in writing it. Pathologists should be prominent on health policy think tanks. We should be frequently testifying about patient care quality, hospital safety, and cost savings and efficient use of scarce resources--all issues for which pathologists have significant expertise and experience.

We have the professional responsibility, and ethical responsibility, to engage like never before to ensure that our patients receive quality health care in a safe environment. To succeed, we simply must remain our patients' advocates.

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House of Delegates Panel Candidate Profile

## Candidate for Governor

### Patrick E. Godbey, MD, FCAP

Southeastern Pathology Associates  
Brunswick, Georgia

**Age:** 59

**Years in Practice:** 22

**Boards:** AP, CP & American Board of Obstetrics and Gynecology

**Education:** Received MD, 1979, Medical College of Georgia, Augusta; Internship: Medical College of Georgia (OB/GYN); Residency: Medical College of Georgia (OB/GYN and AP/CP)

**Employment Status:** Full Time

**Practice Type:** Independent Laboratory

**Practice Size:** 26-30

#### CAP Experience:

- 2011–present Council on Government and Professional Affairs
- 2011–2013 Risk Management Committee
- 2011–present Finance Committee
- 2011–present Investment Committee
- 2011–present Compensation Committee
- 2011–present Compliance Committee
- 2012–present SNOMED Terminology Solutions Venture Committee
- 2011–present Marketing, Sales, and Communications Advisory Group Committee
- 1988–present CAP Inspections
- 2006–2010 CAP Task Force on Direct Billing State of Georgia

#### Experience in Other Organizations:

- Southeastern Pathology Associates – Founded an independent, free-standing lab in 1992; continue role as CEO and CFO; negotiated vendor, hospital, employment, and third party contracts; lab and practice are independent
- Camden County Independent Physicians Association – Elected Chairman of the Board; moved the organization from a PHO to an IPA; arranged contracts for all members in all specialties
- Southeast Energy/Tabby Power – Founder of a privately owned commercial solar energy facility which generates and sells electricity to Georgia Power
- Founder of Bulloch County Trust – Established trust which benefits Bulloch County, Georgia
- Original member Houston County ACO
- Charitable Trust – Sole trustee for trust which benefits a college in eastern Kentucky

## College of American Pathologists

### **What is the strongest contribution you could make/have made to the Board?**

I believe that I have made several significant contributions during my service on the Board of Governors. One example is my close work with Senator Isakson's office in developing his interest in pathologists and laboratory medicine. Members of his staff have visited our lab on several occasions. The letter that he authored, which garnered 40 signatures, contains language that I submitted to his office. The CAP Washington office and I formulated much of this language. I believe his letter played a significant role in CMS's decision not to implement their proposed draconian cuts.

### **What do you think the CAP should accomplish in the next three to five years?**

In my opinion, the largest challenge that will face our Fellows, and therefore the College, is to make sure that those outside our specialty recognize the important contributions that pathologists make in the care of the patient and the value of these contributions. This recognition must come from both those in and outside the house of medicine. The CAP will need to champion these contributions for all its members no matter what their practice setting.

### **What is it going to take to accomplish this?**

It will take the combined vision and effort of the Board of Governors, House of Delegates, committee members, and CAP staff to accomplish this. I want to be a part of this vision, as well as its execution, by serving a second term as Governor.



House of Delegates Panel Candidate Profile

## Candidate for Governor

### Jennifer L. Hunt, MD, MEd, FCAP

University of Arkansas for Medical Sciences  
Little Rock, Arkansas

**Age:** 42

**Years in Practice:** 13

**Boards:** AP, CP & Molecular Genetic Pathology

**Education:** Received MD, 1997, University of Pennsylvania School of Medicine, Philadelphia;  
Residency: Hospital of the University of Pennsylvania, Philadelphia; Fellowship: Hospital of the University of Pennsylvania, Philadelphia

**Employment Status:** Full Time

**Practice Type:** Academic

**Practice Size:** 31 or more

#### **CAP Experience:**

1999–2001 Member, Residents' Forum  
2000 Member, Nominating Committee, Residents' Forum  
2000–2001 Resident Member, Publications Committee  
2002–2008 Member, Publications Committee  
2003–2005 Member, Internet Editorial Board  
2004–2005 Member, Editor Search Committee for Archives of Pathology and Laboratory Medicine  
2006–2008 Member, Education Committee  
2006–2012 Member and Officer, Board of Directors, College of American Pathologists Foundation  
2007–2009 Chair, Program Committee, College of American Pathologists Foundation  
2009–2009 Secretary-Treasurer, College of American Pathologists Foundation  
2010 Acting President, College of American Pathologists Foundation  
2010–2012 President, College of American Pathologists Foundation  
2011–2012 Member, College of American Pathologists Board of Governors (ex officio, voting)  
2006–2010 Member, Head and Neck Pathology & Bone and Soft Tissue Pathology Checklist Subcommittees  
2008 Vice-Chair, Nominating Committee  
2008–2010 Member, Curriculum Committee  
2009–2011 Member, Quality Practice Committee  
2013–present Member, Council on Membership and Professional Development

#### **Courses and Invited Speaker**

2007 – 2009 Course Director, Thyroid Pathology Controversies (CAP07-09)

## College of American Pathologists

2008–2009	Course Director, Value Added Diagnostics (CAP08-09 and at USCAP Companion Meeting)
2009–2010	Course Director, Quality and Safety in Anatomic Pathology (USCAP CAP Companion Meeting)
2010–2011	Course Director & Instructor, Patient Consultation: Standardized Patients (CAP10-11)
2008	Biomarkers: Adding Value to Diagnostics Invited Speaker (CAP Foundation Futurescape Conference)
2008	Identity Testing in Surgical Pathology Invited Speaker (USCAP CAP Companion Meeting)
2009–2013	Co-Course Director and Speaker, Ongoing and Focused Professional Practice Evaluation (CAP13)
2011	Course Director, Transformation for the Pathologist (CAP session at ASCP Annual Meeting)
2013	National Pathology Organization Panel Speaker, CAP Policy Meeting

### ***Archives of Pathology and Laboratory Medicine***

2003	Member, Editorial Board Archives of Pathology and Laboratory Medicine
2004	Section Editor, Head and Neck, Molecular Pathology Archives of Pathology and Laboratory Medicine
2004–2006	Associate Editor Archives of Pathology and Laboratory Medicine
2006–2009	Member, Archives of Pathology Committee
2006–present	Deputy Editor in Chief Archives of Pathology and Laboratory Medicine

### **Experience in Other Organizations:**

#### ***Association for Molecular Pathology***

2003–2005	Solid Tumor Representative, Training and Education Committee (elected position)
2005–2006	Ad hoc member, Training and Education Committee
2008–2009	Course Director, Post-Graduate Course: Molecular Pathology Outreach Course
2008–2010	Chair, Training and Education Committee (elected position)
2008–2012	Member, Executive Council
2009–2011	Chair-Elect and Chair of Program Committee (elected position)
2010–2011	Member, Professional Staff Oversight Committee
2012	President Elect (elected position)
2013	President
2014	Past President
2013–2015	Course Director, AMP Review Course

#### ***Accreditation Council for Graduate Medical Education***

1999–2001	Member of Residency Review Committee
1999–2001	Member of Residency Review Committee Residents Council
2008–present	Member of Grievance Council
2011–present	Member of Milestone Working Group
2013–present	Member of Molecular Genetic Pathology Milestone Working Group

#### ***United States and Canadian Academy of Pathology***

2003–2006	Course Director, Short Course: Molecular Anatomic Pathology
2004–2008	Member, Vogel Award Selection Committee
2004–2010	Member, Abstract Review Board

## College of American Pathologists

2005–2010	Member, Education Committee
2006–2009	Course Director, Short Course: Sinonasal Lesions
2008–2009	Member, Strategic Planning Group
2008	Moderator, Platform presentation session
2008–2012	Course Director, Diagnostic Pathology Summer Conference
2009	Chair, Vogel Award Selection Committee
2009–2011	Member, Nominating Committee
2010	Member, Stowel Orbison Award Selection Committee
2009–2012	Course Director, Short Course: Communicating for Impact
2010–2011	Member, Centennial Planning Committee
2010–2011	Chair, Art of Pathology Committee
2010–2012	Moderator, House-staff Specialty Conference
2011–2014	Course Director, Short Course: Molecular Breast Pathology Short Course
2011–2013	Course Director, Introductory Molecular Pathology (special course, full-day)
2011–2013	Member, Benjamin Castleman Award Committee
2012–2014	Council member (elected position)
2012–2013	Publications committee, Council representative member
2013–2015	Course Co-Director, Short Course: Head and Neck Pathology
2013	Bylaws Sub-Committee Chair

### ***Association for Pathology Chairs***

2013–present Molecular Representative to the Advocacy Committee

### **What is the strongest contribution you could make/have made to the Board?**

I believe that the most important contributions that any Board member can make involves a willingness to engage in meaningful discussion and to contribute to making decisions that promote the mission and vision of the organization. I take the fiduciary responsibility of a Board member very seriously and I would use all of my skills and talents in service of the CAP. But, on a more specific level, I do represent several unique areas within the field of pathology and will, if elected, bring those complementary voices to the Board. Here are some of those key areas of experience and expertise:

- Molecular pathologist
- Surgical pathologist
- Academic pathologist and chair of a College of Medicine department
- Prior leader in multiple pathology organizations and non-profits
- Experience in pathology management and operations
- Experience in team building, facilitating and leading discussions
- Nationally and internationally recognized expert in head & neck and endocrine pathology and experienced public speaker
- Deep expertise in process improvement, continuous improvement, and business management tools

The following are demographics and character traits that I would bring to the board:

- Mid-career female, with a young family
- Inspirational and motivating leader of teams and individuals
- Experienced mentor and mentee
- Thought leader in the field of pathology

## College of American Pathologists

### **What do you think the CAP should accomplish in the next three to five years?**

I believe there has been no time in the history of pathology as tumultuous and risky as now. There are forces alive today that risk dividing the specialty. But those same forces can be made to serve as catalysts to consolidate and strengthen pathology. I believe we will find ourselves at one crossroads after another, each with diverging options and certainly with competing opinions. Consequently, there has been no time in history when the CAP has been this important. As the largest and most powerful membership organization in pathology, the CAP can be pivotal in driving toward a future and surely greatly changed state of pathology. I admit freely that I want to be part of the ever increasing role that CAP will play in the future of our profession. I see my varied board service to this point as an apprenticeship and I feel I am ready to play a part in the larger fabric of pathology.

From that external perspective, I feel the CAP will need to focus on pathologists as customers of the organization. I doubt that most paying members recognize the true value of their membership. But if they are like me, and I suspect they are, they hold the CAP accountable for the benefits of membership, as they decide whether or not to renew their dues each year. The CAP will need to continue to focus mission and services on the needs of each customer pathologist, whether through national advocacy for the profession, or through efforts to improve the situation of individual pathologists and groups. And most important, like all membership organizations we need to continually tell our members what we are doing for them that they cannot possibly do for themselves. I predict there will be increased competition for members in the future and I want for the CAP to retain its leadership status.

### **What is it going to take to accomplish this?**

Hard discussions and decisions probably lie ahead for CAP leadership. As budget pressures continue to increase nationally, both in the diagnostics industry and the medical profession, the same pressures will be felt at the organizational level. The Board of Governors will probably be wrestling with harder and harder decisions about member services, core products and new products, strategic initiatives, and national advocacy. Although I cannot predict which issues will take center stage in three years, or five years, I am sure that they will be harder to fix than the ones that face us today. That is why boards need to be ever vigilant that they include in their memberships pathologists who are problem solvers, a mantle that I think fits me pretty well.

There are some specific steps that I think the CAP should take over the next 3-5 years to accomplish the great and difficult work ahead. First, I think it is absolutely critical to form partnerships and alliances with other key organizations in pathology. Some initial steps have been taken, which I applaud. For example, the CAP recently entered into a partnership with the Association for Pathology Chairs (APC). Since virtually every future pathologist in the country is trained in an institution that is represented in the APC, there is no better way to influence the training of our future colleagues. But, stronger ties with some other organizations might be useful, such as with the USCAP and AMP. CAP as an organization needs to give constant and vigilant attention to budgetary constraints, expenses, and revenue from core businesses. And, finally, I think there must be an even stronger focus on the work that the CAP has started at the national level to increase public awareness of the pathologist in healthcare. Though these are just a few of the efforts that will be needed to support our field of pathology, they illustrate how pivotal the CAP can be during times of great change and conflict.



House of Delegates Panel Candidate Profile

## Candidate for Governor

### Raouf E. Nakhleh, MD, FCAP

Mayo Clinic  
Jacksonville, Florida

**Age:** 53

**Years in Practice:** 25

**Boards:** AP

**Education:** Received MD, 1985, Wayne State University, Detroit, Michigan; Residency and Fellowships: University of Minnesota Medical School, Minneapolis, Minnesota

**Employment Status:** Full Time

**Practice Type:** Hospital/Community Based Laboratory

**Practice Size:** 11-25

#### **CAP Experience:**

I have been active in the CAP for about 20 years. Partly because of my involvement with the CAP I have become expert in the area of quality assurance; as such I have worked to understand how laboratories and Pathologists practice and identify gaps where improvement is needed. More recently, I have been active in guideline development through my work on the Center Committee. I chaired the first guideline produced by the Center Committee and am working on a second. I have also worked to understand the relationship of guidelines with accreditation and its effects actual laboratory practice. This is demonstrated in my work on HER2 laboratory compliance and immunohistochemistry validation. I am leading an effort on a grant from the CDC through the Guideline Metric Expert Panel to further understand the adoption and impact of guidelines.

#### **Committee Service:**

Quality Practices Committee 1994 – 2000

Surgical Pathology Committee 2000 – 2005

Quality Practices Committee, member, Vice Chair, Chair 2005 – 2013

Standards Committee 2011 – 2012

Nominations Committee 2012– 2013

Council on Scientific Affairs 2013

The Center Committee 2010 – Present

Ad Hoc Committee for Center Plan Development 2008 – 2009

AMA Physician Consortium for Performance Improvement

Pathology Performance Measures Development Working Group 2006 – 2008

Gastrointestinal Cancer Protocols Workgroup 2006 – Present

Archives of Pathology and Laboratory Medicine

Associate editor and section editor 2005 – Present

Deputy Editor-in-Chief 2012 – Present

# College of American Pathologists

## Educational Contributions:

Presented educational courses at CAP annual meeting mostly on the topic of quality assurance on 12 occasions

## CAP Books:

Editor and author of Quality Management in Anatomic Pathology: Promoting Patient Safety Through Systems Improvement and error reduction, 2005

Editor and author of Quality Improvement Manual in Anatomic Pathology, 2002

Managed the development of Evalumetrics™

## **What is the strongest contribution you could make/have made to the Board?**

My work in quality assurance and in the development of Evalumetrics will be critical to the ability of pathologist to demonstrate how they add value to their systems and to the practice of medicine. My entire career, I have worked to understand the value that pathologists bring to institutions and medicine. Through this work, we have created systems to measure laboratory performance and only recently began to measure pathologists' performance. These measures will be instrumental in demonstrating value. There are aspects of practice that have not yet been measured, for example; the value of our ability to monitor and optimize test utilization.

I believe I can lead an effort to demonstrate the true value of pathologists.

## **What do you think the CAP should accomplish in the next three to five years?**

The College of American Pathologists has 2 agendas;

- First and foremost the CAP has to be the principle advocate for pathologists.
- Second, the CAP has to maintain and grow its businesses to maintain its strong position and enable it to carry out its advocacy efforts on behalf of pathologists.

To be an advocate for pathologists, CAP has to be active on many fronts to protect pathologists' interests while providing leadership to promote excellence and the value of pathology. This includes a heavy lobbying effort to protect pathologists' incomes while at the same time gathering data to support our case.

CAP products serve to establish and maintain quality in laboratories. The College has made substantial investments in the past few years to improve and protect its products. The College has also reorganized its operations including marketing and sales, a strategy that is currently in transition. Pathologists trust the College for its highest integrity and best products. I want to take part in this transition and make sure that the CAP is as effective as possible. This is absolutely critical to growing CAP businesses. I also want to make sure the College of American Pathologists continue to do well by doing good. I don't want to see any of our principles compromised in the process.

## **What is it going to take to accomplish this?**

It will take lots and lots of hard work and pains taking attention to details.





House of Delegates Panel Candidate Profile

## Candidate for Governor

### Stephen J. Sarewitz, MD, FCAP

Valley Medical Center  
Renton, Washington

**Age:** 65

**Years in Practice:** 31

**Boards:** AP & CP

**Education:** Received MD, 1975, Columbia University, College of Physicians and Surgeons, New York, New York; Residency and Internship: Hartford Hospital, Hartford, Connecticut; Fellowship: Memorial Sloan Kettering Cancer Center, New York

**Employment Status:** Retired

**Practice Type:** Hospital/Community Based Laboratory

**Practice Size:** 31 or more

#### **CAP Experience:**

Inspector, Laboratory Accreditation Program, 1981–present

Member, House of Delegates, 1985–1987

WA State Commissioner, 1985–1987

Northwest Regional Commissioner, 1987–1994: Initiated the procedures for identifying critical deficiencies and implementing immediate review criteria

Special Investigations Commissioner, LAP, 1994: Initiated complaints procedures for Laboratory Accreditation Program (LAP), in compliance with CLIA

Special Commissioner for Complaint Investigations, PTES Oversight and Equivalency Determinations, 1996–1998: Established criteria for acceptance of non-CAP proficiency testing programs

Co-Chair, Task Force of Future of Laboratory Accreditation Program, 1997–1998: Participated in formulating long-term strategy for LAP

Checklist Commissioner, 2003–2005: Edited and revised accreditation checklists; interfaced with CAP Resource Committees, CMS, FDA and CLSI; with Denise Driscoll, developed "user acceptance groups" to provide in-depth review of proposed checklist revisions; gave multiple educational presentations on checklist requirements to CLMA and other organizations; presented CAP audioconferences on checklist requirements

## College of American Pathologists

Chair, Checklist Committee, 2006–2010: Recruited experts to optimize revisions of checklists; added selected elements from CAP/ASCO HER2 and ER/PgR testing guidelines to checklists; gave multiple audioconferences and educational presentations

Spokespersons Network, 2009–2011: Gave several radio interviews

Vice-Chair, Commission on Laboratory Accreditation, 2009–2010

Member, Accreditation Education Committee, 2011: Gave audioconference and lectures on accreditation requirements for validation of laboratory tests

Reviewer, Regulation and Accreditation, CAP Laboratory Medical Director AP3 Course, 2011: with Dr. Mike Dugan, developed content for regulatory unit including CLIA and CAP requirements

Member, Council on Education, 2011: as member of Portfolio Refinement Working Group, participated in developing objective criteria for determining priority of funding of CAP educational offerings. Wrote regulatory compliance case study for CAP Pharmacogenomics Applied Program.

Member, Risk Management Committee, 2011–2013

Vice-Chair, Council on Accreditation, 2011–2012 and 2013

Board of Governors, 2011–present

Member, Constitution and Bylaws Committee, 2013–present

CAP Policy Meeting, 2013: Met with staff of my congressman and senators as part of CAP Hill Visit

Chair, Working Group on Validation of Laboratory-Developed Tests, 2013: Led project to develop new CAP accreditation requirements for laboratory-developed tests

Chair, Risk Management Committee, 2014–present: My plan is to perform a comprehensive review and reprioritization of the major risks facing the pathology profession and CAP, with recommendations to be submitted to the Board of Governors and executive staff

### **Experience in Other Organizations:**

Member of Emergency Services Committee, Coronary Care Committee, Executive Committee, Valley Medical Center, Renton, WA

Chairholder, Area Committee on General Laboratory Practices for CLSI, overseeing writing and revision of guidelines applicable to the laboratory as a whole; also, Chairholder for subcommittees that produced 2 CLSI guidelines: "Using Proficiency Testing to Improve the Clinical Laboratory", and "Assessment of Laboratory Tests When Proficiency Testing is not Available".

# College of American Pathologists

Member, Clinical Laboratory Advisory Council, State of Washington - developed test utilization algorithms for clinicians

Member Laboratory Design Team and Cancer Committee, Valley Medical Center, Renton WA

## **What is the strongest contribution you could make/have made to the Board?**

1. Supported major changes in sales and marketing of proficiency testing, and strategic changes in the laboratory accreditation program.
2. Encouraged changes in the way the Board runs to make Board service possible for more CAP members, especially women.
3. Provided critical review of the CEO's performance.
4. Supported development of criteria to objectively evaluate effectiveness of CAP's educational products.

## **What do you think the CAP should accomplish in the next three to five years?**

1. Implement a new sales and marketing approach for proficiency testing products.
2. Implement a major campaign to "make pathologists known."
3. Continue and intensify our advocacy efforts.
4. Continue to provide education to prepare practicing pathologists to use new science and technology, and act in new roles
5. Redesign the Laboratory Accreditation Program to make it more customer-friendly and more efficient. Develop better ways to market the program to health system executives, emphasizing how the program can reduce the risk of error and patient harm.
6. Complete EPP.
7. Change the way the Board works to make Board service more appealing to women CAP members.
8. Continue developing resources to support pathology practices.

## **What is it going to take to accomplish this?**

It will take financial resources, and the willingness on the part of the Board, staff and CAP members to 1) think imaginatively and without preconceptions, 2) make hard decisions, 3) recognize that the future will be different from the present, and 3) be pro-active and take reasonable, calculated risks.

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House of Delegates Panel Candidate Profile

## Candidate for Governor

### Karim E. Sirgi, MD, FCAP

Unipath PC and Lambda X3 LLP  
Englewood, Colorado

**Age:** 52

**Years in Practice:** 22

**Boards:** AP, CP & Cytopathology

**Education:** Received MD, 1986, St. Joseph's Jesuit University School of Medicine, Beirut, Lebanon; Residency: Booth Memorial Medical Center, Flushing, New York; Fellowships: Barnes-Jewish Hospital, St. Louis, Missouri (surgical pathology), MD Anderson Cancer Center, Houston, Texas (cytopathology).

**Employment Status:** Full Time

**Practice Type:** Hospital/Community Based Laboratory and Healthcare Consulting

**Practice Size:** 26-30

#### **CAP Experience:**

Member, Engaged Leadership Network (2013–present).

First participant in P2P (Peer to Peer) Program and, subsequently, conducted P2P missions as conversation leader (2012–2013).

Member, Pathology Advocacy Network (2001–Present).

Member, Spokespersons Network (2001–Present).

Member, Cytopathology Resource Committee (2001–2003).

#### **Experience in Other Organizations:**

##### ***In a Private Group Setting:***

President, Unipath PC, Denver, CO: Unipath PC is a private multispecialty group of 30 pathologists; it is the result of three successive mergers between locally based pathology groups, with a dominant hospital and outpatient based Denver market presence. It is the largest privately-owned pathology group in the Rocky Mountains Region. (2007–2013).

Member of the Joint Strategy Board, American pathology Partners/Unipath PC: In 2008, Unipath PC pathologist partners sold their interest in Unipath LLC (representing the technical side of the operation) to American Pathology Partners, a national entity in search of a "national platform laboratory". One (of many) stipulation of that transaction was the formation of a Joint Strategy Board with equal representation (and equal vote) from Unipath PC and APP to coordinate all

## College of American Pathologists

future matters of strategic importance to both sides. As president of my company, prior to the sales transaction and for many years following it, I lead the PC side of the team on that board (2009–2013).

Vice-President, Unipath, LLC, Denver, CO: As president of the Unipath PC board, I lead the negotiation team that resulted in the multi-million dollars transaction sale of Unipath LLC to American Pathology Partners, Nashville, TN (2007–2013).

Leading board member of the Merger Steering Committee that resulted in a complete merger between Unipath (18 pathologists) with Rocky Mountain Pathology Services (7 pathologists) to form a group of 25 pathologists providing pathology services to nine hospital sites, three outpatient surgery centers and a full-service outpatient anatomic pathology and cytopathology laboratory facility (1999–2000).

Member of the Merger Steering Committee that resulted in a complete merger between Denver-Aurora Pathology Associates (8 pathologists) and Pathology Services (8 pathologists), resulting in a 16 pathologists group providing services to 5 hospital sites, two outpatient surgery centers and a full-service outpatient anatomic pathology and cytopathology laboratory facility (1997–1998).

Medical Director of Pathology and pioneer member, The Urology Center of Colorado (TUCC), Denver, Colorado. TUCC is a state-of-the-art full service urological medicine, surgery, radiology, radiation therapy, and uropathology, privately-owned facility. I lead the team that established a business model protective of the integrity and independence of the pathologists' professional work, and medically directed the laboratory from 2006-2013. The novel business model caught the interest of numerous national pathology and laboratory industry professional organizations (CAP, G2, War College, LIJ Healthcare System annual pathology meeting), and I was invited to speak about that model at their national meetings (2006–2013).

### ***In a Hospital Setting:***

President of the Medical Staff, Presbyterian/Saint Luke's Medical Center, a 500+ bed tertiary care facility, Denver, Colorado (2005–2008).

Chair, Ethics and Compliance Committee, Presbyterian/Saint Luke's Medical Center, Denver, Colorado (2008–2009).

Chair of the Credentials Committee, Presbyterian/Saint Luke's Medical Center, Denver, Colorado (2003–2005).

Member of the Medical Executive Committee, Presbyterian/Saint Luke's Medical Center, Denver, Colorado (1997–2010).

Chair Physicians Communication Improvement Committee, Presbyterian/Saint Luke's Medical Center, Denver, Colorado: I am particularly proud of that committee as it was started at my initiative. At that time, there was a substantial disconnect between the medical staff and the hospital administration and finger pointing was prevalent on both sides. At my initiative, reasonable stakeholders on "both sides" agreed to sit down on a regular basis to iron out all matters of institutional communication, whether technological or more importantly cultural in nature (2003–2005).

## College of American Pathologists

Member, Multi-Disciplinary Quality Management Committee, Presbyterian/Saint Luke's Medical Center, Denver, Colorado (1997–2004).

Member, Cancer Committee, Presbyterian/Saint Luke's Medical Center, Denver, Colorado (1997–2003).

### ***In a Hospital System Setting:***

Chair, HCA/ HealthOne Presidents Council: A committee of the HCA/HealthOne Board of Directors grouping the medical staff leadership of seven HCA/HealthOne Denver-based hospitals, at the level of presidents, presidents-elect and past-presidents. In that capacity, I coordinated the strategic priorities of 7 hospital medical staffs and directly coordinated communication and implementation of strategic initiatives with the hospital system president and board of directors (2007–2009).

Member of the HCA/HealthOne system-wide Quality Medical Committee of the Board (QMCB). This committee was tasked with the strategy, coordination and implementation of all quality programs and initiatives, at the entire system level. Best practices were shared with all members of the system and major mishaps (sentinel events) were evaluated and debriefed with the participation of all relevant system stakeholders (2005–2010).

Presbyterian/Saint Luke's Medical Center medical staff representative for the market-wide HCA/HealthOne Clinical IT Advisory Committee: My role on this committee was to promote the HIT and communication needs of my medical staff, to strategize HIT and communication needs at the market level, and to coordinate implementation of needed projects with relevant HIT and hospitals administrative staff (2011–2013).

### ***In a Hospital Department Setting:***

Chairman, Pathology Department, Presbyterian/Saint Luke's Medical Center, Denver, Colorado (1997–2003).

Medical Director, Cytopathology, Presbyterian/Saint Luke's Medical Center, Denver, Colorado (1994–2013).

### ***In a Professional Society Setting Other than CAP:***

President, Colorado Society of Clinical Pathologists, Denver, Colorado: As president of our state society, I lead the team that instituted an annual summer meeting "Stars in The Mountains". That meeting now brings to gorgeous Vail, Colorado, every last weekend of July, some of the best respected experts in pathology and an ever growing local and national audience of pathologists (2003–2004).

Vice-President and Secretary/Treasurer, Colorado Society of Clinical Pathologists, Denver, Colorado (2000–2003).

Member, Gynecology Oncology Group (GOG) pathology review committee (1994–2005).

## College of American Pathologists

### ***In an Education and Training Setting:***

Medical Director, The Colorado Center for Medical Laboratory Science (Medical Technology School), Denver, Colorado: I am proud of my association with the school, and my fight, alongside its heroic management staff, at keeping it open, operational and academically successful (2008–Present).

Chief fellow of cytopathology, MD Anderson Cancer Center, Houston, Texas (1992–1993).

### ***In a Societal Setting:***

Rotary Club of Denver: Member, World Community Service Committee (1999–2001).

Lebanese Red Cross: Volunteer, EMT, and ambulance driver (during the Lebanese civil war) (1982–1987).

### ***Recognition and Awards:***

1998–1999, 2003–2009: Voted among Denver's Top Doctors (Pathology) by peers (5280 Denver Mile-High Magazine).

1999: Antarctic Support Associates Certificate of Recognition for high level of professionalism that very likely saved a life. The experience that led to that award was also documented in Jerri Nielsen's book "Ice Bound".

### **What is the strongest contribution you could make/have made to the Board?**

I believe that I bring to the board:

- the perspective of an academically educated pathologist (with specialty and subspecialty expertise),
- a strong multi-year community-based private pathology practice encompassing outpatient-based to tertiary care level patient service,
- multi-year leadership experience at the group practice, hospital medical staff, hospital system board, and specialty society board levels and,
- highly visible pathology business successes that have led to novel business and practice models, nationally recognized by the laboratory industry.

In a group of other professionals also highly successful in their respective fields of expertise, I recognize the importance of teamwork, and feel comfortable operating with professionals who may (and must) bring differing opinions to the table.

### **What do you think the CAP should accomplish in the next three to five years?**

- (Re-)introduce the specialty of pathology to the general public; pathology is still a big mystery to the general public; in the upcoming era of patient empowerment, it is imperative to re-introduce ourselves to our customers, traditionally the patient's clinician, but also increasingly more the patient him/herself, and other critical healthcare stakeholders. I strongly believe that we will never truly matter in the big world of healthcare, if those stakeholders are not aware of the critical value we bring to their care.
- Empower the pathologists to be effective leaders and players, at all professional and societal levels of their respective environment.
- Leverage disruptive technologies to the advantage of our specialty.



## College of American Pathologists

- Assist the membership in discovering business models that will help them not only survive, but also thrive into the future.
- Build new bridges (and consolidate established bridge heads) with other medical specialties and critical stakeholders (especially societies and professional organizations that can enhance a pathologist's business and leadership acumen as well as healthcare industry knowledge).

### **What is it going to take to accomplish this?**

- Bringing visionary colleagues, with a proven track record of accomplishments, to various levels of leadership at the College (not only the board).
- Inviting critical stakeholders to also join us on that journey, not only pathologists (for example, establish bridge heads and connections with the silicon valleys of this world where creative minds are constantly re-inventing the way we operate at various levels of our personal and professional lives).
- Leveraging all modes of communication with the membership and critical stakeholders, including medical schools and fortune 500 businesses.
- Hiring the brightest and the best to make the CAP website the unavoidable (and user friendly) hub of "everything pathology", for pathologists of course, but also for patients and other critical stakeholders.
- Being more inclusive in our national meetings, and inviting non-pathologist speakers and experts who can further our understanding of business, law, advocacy, personal growth, and every-day social interactions with professionals and organizations from all walks of life.
- Empowering local societies to become stronger and more relevant in their respective markets, and help them become relevant in these markets. The big state societies are thriving but many of the smaller ones are struggling in finding a mission and purpose.
- Promoting a professional culture that embraces innovation and change, by providing the membership with actual success stories and an easy to reach "how-to" models.
- Breaking the barriers between the various "factions" of our specialty: academic vs private, big commercial labs vs small specialty labs, specialists vs non-specialists, clinician-based pathologists vs everybody else... We are ONE specialty, and we will succeed or fail accordingly.

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House of Delegates Panel Candidate Profile

## Candidate for Governor

### Elizabeth A. Wagar, MD, FCAP

University of Texas MD Anderson Cancer Center  
Houston, Texas

**Age:** 64

**Years in Practice:** 23

**Boards:** AP & CP

**Education:** Received MD, 1981, Michigan State University, East Lansing; Internship, Residency, and Fellowship: University of California, San Francisco. Board Certified: Anatomic and Clinical Pathology

**Employment Status:** Full Time

**Practice Type:** Academic

**Practice Size:** 11-15

#### CAP Experience:

- *CAP Board of Governors* (3 yrs): Governor. Participated in all Board meetings and activities
- *Council on Education* (3 yrs): Member, Participated in activities, new products, meetings
- *CAP Council on Scientific Affairs* (2 yrs as Vice Chair, 1 yr as a Member): Involved in all aspects of CSA affairs from business management to evaluation of scientific questions
- *CAP Center* (2 years as Chair): Responsible for the development and dissemination of pathology guidelines (6 guidelines published, 2-3 anticipated in 2014)
- *CAP Council on Membership* (1 yr): Member, involved in membership review, demographics, member development activities.
- *CAP Risk Management Committee* (3 yrs): Member, analyzed risk areas for CAP and pathologists.
- *CAP Finance Committee* (2 yrs): Member, Advised regarding budget allocation, variances, relations to marketing activities, review of all statements.
- *Laboratory Utilization Workgroup* (Chair, 2 years): Develop metrics and tools to assist in laboratory utilization projects
- *Management Resources Committee* (4 yrs.): Member. Participated in the development of management curriculum
- *Quality Practices Committee* (6 years): Member. Created new products (Q-PROBES and Q-TRACKS) for benchmarking quality indicators. Published 6 manuscripts related to these studies.
- *LAP Inspection Process Committee* (1 year): Member. Reviewed and improved the LAP inspection process, required after CMS review of the LAP program
- *Standards Committee* (4 years): Member. Participated in CLSI standards review and updates regarding ISO and other standards development
- *Microbiology Resource Committee* (4 years): Member. Developed PT surveys and other educational exercise products for clinical microbiology labs. Published on behalf of the committee the lab bioterrorism practices exercise experience of over 1300 labs.

## College of American Pathologists

- *Nominating Committee* (1 year): Member. Selected nominees for House of Delegates officers and Governor positions.
- *House of Delegates* (6 years): Member. Represented the California delegation.
- *LAP Team Leader*. Performed multiple inspections of multiple types over the past 15 years. As a laboratory director of both small and large laboratories, I have led inspections of all types of labs (big and small) in all parts of the United States on an annual basis. I also have performed an international inspection as an inspector in India.
- Presentations at CAP annual meetings (7 or more years)

### **Experience in Other Organizations:**

#### **Education**

*ASCP*. I was the Chair of the ASCP Annual Meeting and Weekends of Pathology Committee (6 years). This was the primary committee for developing and programming the ASCP Annual Meeting and the Weekends of Pathology programs (3 times/year). During my tenure, we transcended from relatively unchanged focused anatomic pathology CME activities to a broad range of CP and AP programs. We included programming to emphasize the PEPFAR ASCP funding and global activities; ultimately becoming a global meeting with my final meeting in 2011 with WASPaM. I also introduced new MOC programs and by the end of my tenure was providing 140 SAMs at the ASCP Annual Meeting.

*American Board of Pathology*. I am a member of two committees for the American Board of Pathology, the Microbiology committee and the Management Committee (4 years and 1 year, respectively). As part of this committee, we review in detail the educational content appropriate for our profession and decide appropriate categorizations and updates. We also provide advice to the American Board of Pathology regarding each of these specialties and develop board questions based on complexity (AP, CP, AP/CP, Specialty, MOC).

*Management Training*. I wrote the textbook, "Laboratory Administration for Pathologists" (CAP Press, 2011) which has become the standard text for residency training of management and is used by program directors for that purpose. It is valuable to practicing pathologists requiring updates on this topic.

#### **Quality**

*Centers for Disease Control and Prevention (CDC)*. I participated in the IQLM initiative and was a member of the CDC committee for identifying quality benchmarks in laboratory medicine. Through this route, I made important connections with CDC representatives.

*National Institute of Standards (NIST)*. Also, I trained and participated as an Inspector for the Baldrige Quality Award given by NIST for the U.S. government. This experience provided an excellent overview of quality, some of which is now appearing in new healthcare regulations.

*Clinical Laboratory Standards Institute (CLSI)*. I have served on several CLSI (formerly NCCLS) committees and am an author on two CLIS documents. One subcommittee examined ways to standardize molecular RNA controls. Another subcommittee published the standards for labeling lab specimens.

## College of American Pathologists

### **What is the strongest contribution you could make/have made to the Board?**

I bring robust pathology-based scientific expertise associated with impressive leadership experience to the Board of Governors. I am *the Chair of the Department of Laboratory Medicine at University of Texas MD Anderson Cancer Center, Houston, TX*. Previously, I was the *Laboratory Director for all of UCLA Clinical Laboratories, Los Angeles, CA*. I retained NIH funding for research for 12 years. I have led large and small labs in both academics and in private practice.

### **What do you think the CAP should accomplish in the next three to five years?**

- *Stabilize CAP product lines* in order to assure financial stability and support our mission. The LIP Strategy will require much effort in its implementation phase than what we experience in developing the strategy itself. Marketing will be key to this effort.
- *Build our grass roots* as part of advocacy and government affairs. CAP has made significant progress with the Policy Roundtable. Our members need strong advocacy and grass roots to create strength.
- *Build our credibility*, with key alliances outside of the College, and especially seek alliances that reach into patient outcomes (e.g. ASCO) and educating the pathology professional work force (e.g. APC). This also provides credibility to insurers and the federal government. The Center has been one type of alliance-building tool but others should be considered.
- *External IT development*. We need to determine how to incorporate IT fellowship training in the College, create impact in clinical practice (e.g. lab utilization modules), and determine the roles of burgeoning EHRs in our world.
- *Infrastructure*. Two accomplishments to consider are: 1) fulfill our efforts towards robust infrastructure service IT, and 2) build bridges between CAP organizational silos.

### **What is it going to take to accomplish this?**

1. Use marketing tools effectively to stabilize the product line. This will require an informed and forward-looking board. Also, we must assess with good metrics our success.
2. Utilize CAP future and current alliances to provide a public presence for pathologists and enhance credibility.
3. Government affairs and advocacy should determine metrics and measure advocacy success. CAP needs to effectively communicate issues and encourage individual and local participation.
4. CAP should engage in the development of IT professionals from our profession to determine best fits or for that matter new approaches that currently do not fit our current concept of the College.
5. Develop CAP internal IT infrastructure to stabilize and provide comprehensive services and build bridges in the College and across Councils (both staff and member bridges).

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# 2014 House of Delegates & Steering Committee Elections

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## BACKGROUND

2014 is an election year for House of Delegates and House of Delegates Steering Committee positions.

2014 House of Delegates Steering Committee Elections  
HODSC elections kick off March 1, 2014 with a Call to Action from the House Speaker. This section includes the elections timeline.

The Candidate Form can be found in the Forms section of this Agenda Book.

## 2014 House of Delegates Elections

Following are election statistics compared to the last HOD elections in 2011:

	<b>2014</b>	<b>2011</b>
House of Delegates Membership entering into elections	365	258
Number of current HOD members running for election	233	177
Number of new candidates running for election	48	35
Total candidates running for election	281	212

## CONTENTS OF THIS SECTION:

- 2014 HODSC Elections Timeline
- 2014 HOD Elections Timeline

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# House of Delegates Voice of the Membership

## 2014 Steering Committee Elections Timeline

Timing	Deadline	Activity
Q1	January	Speaker appoints Nominating Committee
Q1	March	Communication sent to House members with information on how to apply to Steering Committee
Q2	April - May	House members apply to Steering Committee
Q2	May	Nominating Committee reviews candidates and determines slate
120 days out	May 9, 2014	Nominating Committee reports its slate of candidates to the House
90 days out	June 7, 2014	Deadline for nomination by petition
0 days out	September 6, 2014	House Meeting
0 days out	September 6, 2014	Election of Steering Committee members Members take office immediately following elections

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# House of Delegates Voice of the Membership

## 2014 Delegate Elections Timeline

Deadline	Action
October 2013	Call for Candidates
November 15 <sup>th</sup> , 2013	Submission forms Deadline
December 1, 2013	Candidate Slates sent to State Societies for endorsement
January 17, 2014	Deadline for State Societies to endorse candidates
February 24, 2014	Voting opens
April 7, 2014	Voting closes
May 30, 2014	Election results announced
June 27, 2014	Delegate Chair election results due from each delegation

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# Forms

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Items found in this section are also available on the HOD Topic Center.

Visit us at...

[cap.org/hod](http://cap.org/hod)

## CONTENTS OF THIS SECTION

- HOD Reimbursement Form
- 2014 Candidate Information Form

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# HOD Reimbursement

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## 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 SECTION:

- Member reimbursement 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>House of Delegates Meeting</i>		
Date(s) of Travel	Destination	

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Dates m/d/yy								
Air/Rail								\$0.00
Hotel								\$0.00
<b>Meals</b>								
Breakfast (\$30)								\$0.00
Lunch (\$35)								\$0.00
Dinner (\$115)								\$0.00
<b>Auto</b>								
Personal Auto <sup>1</sup> (Enter miles in line 29 below)	\$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								\$0.00
<b>TOTAL</b>	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
# of Miles								

<sup>1</sup> Personal car allowance (per mile) = \$0.50

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

Total Expenses Incurred	\$0.00
<b>Net Amount Reimbursable</b>	

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 \_\_\_\_\_

I wish to donate my reimbursement to the CAP Foundation. (please initial on the line to the right)

\_\_\_\_\_

For Office Use Only:	Approved	Date
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Please return form and receipts via fax to Marci Zerante at 847-832-8656.

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# CAP House of Delegates Steering Committee Candidate Information Request Form

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Name

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Institution

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Practice Manager's Name

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Address

---

City

State

Zip

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Daytime Telephone (include area code & extension)

Fax

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E-Mail

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**1. What position are you seeking for the 2014 – 2016 Steering Committee?**

- Speaker\*                                   Secretary                                   Member-at-Large  
 Vice Speaker\*                               Sergeant-at-Arms

*\*The positions of Speaker and Vice Speaker are ex-officio members of the CAP Board of Governors, and, as such, carry with them considerable time commitments. Candidates should be aware that this will include time away from the office.*

**2. What is your primary practice type?**

- Hospital laboratory                           Industrial company                           Other: \_\_\_\_\_  
 Government service                           Academic  
 Private laboratory

**3. Are you a member of the State Pathology Society?**

- Yes     No

**4. Are you a member of your State Medical Society?**

- Yes     No

**5. Do you have any special interest, talents, or abilities (other than the practice of pathology) that would make you a valuable contributor to the House of Delegates?**

- Communications                                   Management                                   Quality assurance  
 Computers     Negotiating skills                                   Speaking ability  
 Education     Political action                                   Other: \_\_\_\_\_  
 Fiscal     Public relations

Comments:

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**6. Please describe your positions in and contributions to the CAP House of Delegates (e.g., previous Steering Committee positions held, Action Group involvement, etc.)**

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7. Please describe your positions in and contributions to the College of American Pathologists (e.g., committee memberships, LAP inspections, etc.).

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8. Please describe your positions in and contributions to your state pathology and/or medical society (e.g., offices held, committee memberships, etc.).

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9. Why do you want to be a member of the House of Delegates Steering Committee?

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10. If you are elected, what do you hope to accomplish?

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## 2015 College of American Pathologists (CAP) Member/ Non-Member Engagement Application

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Name \_\_\_\_\_

---

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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Telephone \_\_\_\_\_ Fax \_\_\_\_\_

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Email address \_\_\_\_\_

CAP Member?       No       Yes      CAP Member Number \_\_\_\_\_

**INSTRUCTIONS:** CAP member and non-member pathologists and/or laboratory professionals interested in immediate and future volunteer service on a CAP committee, project team, member survey panel, etc., should submit a completed 2015 CAP Member/Non-Member Engagement Application along with a current curriculum vitae (CV) to CAP staff, Barbara J. Barrett, via email [bbarret@cap.org](mailto:bbarret@cap.org). If you are unsure of your ability to meet volunteer obligations, please refrain from applying for service until your professional and personal schedules will allow you to fully participate. For detailed information about various CAP committees, please visit the *Committees & Leadership* Landing Page on the CAP Web site.

Pathology residents, taking their board certification examination in 2014, may use this application to apply for committee service. All other pathology residents should use the CAP Junior Member Committee Application to apply for a resident position on a CAP committee.

**From the following choices, please check (√) no more than seven (7) committees/project teams/etc. that you may be interested in serving on.**

### **Council on Membership and Professional Development**

- Committee on Professional and Community Engagement
- Member Engagement Committee
- New In Practice Committee
- Practice Management Committee

### **Council on Government and Professional Affairs**

- CAP Political Action Committee (PathPAC)
- Economic Affairs Committee
- Federal and State Affairs Committee

## 2015 CAP MEMBER/NON-MEMBER ENGAGEMENT APPLICATION

### Council on Scientific Affairs

- |   |  |
|---|--|
| <input type="checkbox"/> Autopsy Committee  | <input type="checkbox"/> Histocompatibility/Identity Testing Committee |
| <input type="checkbox"/> Cancer Committee   | <input type="checkbox"/> Histotechnology Committee                     |
| <input type="checkbox"/> Cancer Biomarker Reporting Committee                         | <input type="checkbox"/> Immunohistochemistry Committee                |
| <input type="checkbox"/> CAP/ACMG Biochemical & Molecular Genetics Resource Committee | <input type="checkbox"/> Instrumentation Committee                     |
| <input type="checkbox"/> CAP/ACMG Cytogenetics Resource Committee                     | <input type="checkbox"/> Microbiology Resource Committee               |
| <input type="checkbox"/> Chemistry Resource Committee                                 | <input type="checkbox"/> Molecular Oncology Committee                  |
| <input type="checkbox"/> Coagulation Resource Committee                               | <input type="checkbox"/> Neuropathology Committee                      |
| <input type="checkbox"/> Cytopathology Committee                                      | <input type="checkbox"/> Point of Care Testing Committee               |
| <input type="checkbox"/> Diagnostic Immunology Resource Committee                     | <input type="checkbox"/> Quality Practices Committee                   |
| <input type="checkbox"/> Forensic Pathology Committee                                 | <input type="checkbox"/> Reproductive Medicine Committee               |
| <input type="checkbox"/> Hematology/Clinical Microscopy Resource Committee            | <input type="checkbox"/> Standards Committee                           |
|   | <input type="checkbox"/> Surgical Pathology Committee                  |
|   | <input type="checkbox"/> Toxicology Resource Committee                 |
|   | <input type="checkbox"/> Transfusion Medicine Resource Committee       |

### Council on Accreditation

- Accreditation Committee
- Accreditation Education Committee
- Biorepository Accreditation Program Committee
- CAP15189 Committee
- Checklists Committee
- Complaints and Investigations Committee
- Commission on Laboratory Accreditation
- Continuous Compliance Committee
- Inspection Process Committee

### Council on Education

- Clinical Pathology Education Committee
- Curriculum Committee
- Graduate Medical Education Committee
- Publications Committee

### OTHER COMMITTEES/PROJECT TEAMS/OPPORTUNITIES

- Diagnostic Intelligence and Health Information Technology (DIHIT) Committee
- Education Project Teams to develop educational programs
- Pathology Electronic Reporting (PERT) Committee
- Personalized Health Care Committee
- Project Team to develop, review, and/or pilot test pathology practice tools
- I am interested in volunteering for a CAP opportunity other than those specifically indicated above.

## 2015 CAP MEMBER/NON-MEMBER ENGAGEMENT APPLICATION

1. Your primary practice is located at [(√) check only one]

- |   |  |
|---|--|
| <input type="checkbox"/> Academic Center with an ACGME pathology residency program<br><input type="checkbox"/> Blood Center<br><input type="checkbox"/> Commercial Laboratory<br><input type="checkbox"/> Core Laboratory for Multiple Hospitals<br><input type="checkbox"/> Forensic Lab/Autopsy Center<br><input type="checkbox"/> Hospital/Medical Center<br><input type="checkbox"/> Industry | <input type="checkbox"/> Military/Government Agency<br><input type="checkbox"/> Physician Office Laboratory<br><input type="checkbox"/> Private Laboratory<br><input type="checkbox"/> Research Laboratory<br><input type="checkbox"/> Stand Alone Laboratory<br><input type="checkbox"/> Other _____<br><hr/> |
|---|--|

2. What is your primary position?

- |  |  |
|--|--|
| <input type="checkbox"/> Administrative Director<br><input type="checkbox"/> Laboratory Manager<br><input type="checkbox"/> Medical Director<br><input type="checkbox"/> Medical Technologist<br><input type="checkbox"/> Non-Director Pathologist<br><input type="checkbox"/> Pathology practice manager<br><input type="checkbox"/> PhD Clinical Scientist | <input type="checkbox"/> POC Coordinator<br><input type="checkbox"/> Quality Manager<br><input type="checkbox"/> Supervisor<br><input type="checkbox"/> Other _____<br><hr/> |
|--|--|

3. Including yourself, list the number of pathologists in your practice? \_\_\_\_\_

4. What year did you start practicing pathology following formal training? \_\_\_\_\_

5. What market type does your pathology practice serve? [(√) check only one]

- |   |   |
|---|---|
| <input type="checkbox"/> Large Metropolitan Area<br><input type="checkbox"/> Rural<br><input type="checkbox"/> Suburban | <input type="checkbox"/> Small Metropolitan Area<br><input type="checkbox"/> Other _____<br><hr/> |
|---|---|

6. From the following list, please check (√) any subspecialty areas that are of interest to you.

- |  |  |
|--|--|
| <input type="checkbox"/> Blood Banking/Transfusion Medicine<br><input type="checkbox"/> Biochemical Genetics<br><input type="checkbox"/> Bone and Soft Tissue Pathology<br><input type="checkbox"/> Breast Pathology<br><input type="checkbox"/> Cardiovascular Pathology<br><input type="checkbox"/> Chemical Pathology<br><input type="checkbox"/> Cytogenetics<br><input type="checkbox"/> Cytopathology<br><input type="checkbox"/> Dermatopathology<br><input type="checkbox"/> Forensic Pathology<br><input type="checkbox"/> Gastrointestinal Pathology (GI)<br><input type="checkbox"/> Genitourinary Pathology<br><input type="checkbox"/> Gynecologic Pathology<br><input type="checkbox"/> Head and Neck Pathology<br><input type="checkbox"/> Histocompatibility<br><input type="checkbox"/> Hematopathology<br><input type="checkbox"/> Liver Pathology | <input type="checkbox"/> Medical Microbiology<br><input type="checkbox"/> Molecular Genetic Pathology<br><input type="checkbox"/> Molecular Pathology<br><input type="checkbox"/> Neuropathology<br><input type="checkbox"/> Oncologic Pathology<br><input type="checkbox"/> Orthopedic Pathology<br><input type="checkbox"/> Pediatric Pathology<br><input type="checkbox"/> Pharmacogenomics<br><input type="checkbox"/> Pulmonary Pathology<br><input type="checkbox"/> Renal Pathology<br><input type="checkbox"/> Reproductive Medicine<br><input type="checkbox"/> Surgical Pathology<br><input type="checkbox"/> Transplant Pathology<br><input type="checkbox"/> Urologic Pathology<br><input type="checkbox"/> Other _____<br><hr/> |
|--|--|

## 2015 CAP MEMBER/NON-MEMBER ENGAGEMENT APPLICATION

7. Do you have any special interests or expertise beyond the practice of pathology? If yes, then please check (√) all that apply from the list below.

- Accountable Care Organizations (ACOs)
- Advocacy
- Communications
- Continuous Quality Improvement (CQI)
- Education
- Finance
- Humanitarian/philanthropic activities
- Information Technology
- Marketing
- Management

Languages: Fluent in a language other than American English

- Parliamentary Procedure
- Political action
- Public health
- Public relations/speaking
- Quality assurance
- Other: \_\_\_\_\_

8. From the list below, please indicate other CAP initiatives/activities that you currently or previously participated in. Check (√) all that apply.

- Author (book, journal article, newsletter, etc.)
- Committee, Council, and/or Working Group Chair/Member
- Education Speaker
- Engaged Leadership Academy
- Engaged Leadership Network

- House of Delegates/Residents Forum
- LAP Inspector and/or team member  
# of Inspections Performed \_\_\_\_\_
- Member Survey Panels
- PathNet
- Other: \_\_\_\_\_

9. Have you previously submitted a CAP Member/Non-Member Engagement Application?

No     Yes    If yes, indicate the year you submitted an application \_\_\_\_\_

10. Why are you interested in serving on a CAP committee/project team, etc?

11. What relevant expertise or abilities will you bring to enhance the work of these CAP committees/workgroups/teams, etc?



## 2015 CAP MEMBER/NON-MEMBER ENGAGEMENT APPLICATION

12. Describe any other community or professional activities that you feel would enhance your contribution to these CAP committees/workgroups/teams, etc.

Please send (via email), your completed application (pages 1-5) and curriculum vitae to

*Barbara J. Barrett, MPA, CAE, MT(ASCP)*  
*Membership Division Coordination Manager*  
*College of American Pathologists*  
*325 Waukegan Road*  
*Northfield, IL 60093*  
*Email: [bbarret@cap.org](mailto:bbarret@cap.org)*

Incomplete applications will not be considered. All submitted materials become the property of the CAP and will not be returned.

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Name (electronic signature is acceptable)

Date

Thank you for your interest in serving on a CAP committee/workgroup/team/etc.

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## Save the date for these CAP Events!

CAP Policy Conference  
May 5 – 7, 2014  
Fairmont Washington, DC  
Washington, DC

CAP '14  
September 6, 2014  
THE Pathologists' Meeting  
Chicago, IL