

# CAP House of Delegates (HOD) Spring 2013 Evaluation





## 1. Did you attend the CAP HOD Meeting held in Baltimore, MD on March 2, 2013?

		Response Percent	Response Count
Yes		58.6%	92
No (please tell us why below)		41.4%	65
		<b>answered question</b>	<b>157</b>
		<b>skipped question</b>	<b>0</b>



## 2. How many of the last six House of Delegates Meetings have you attended?

		Response Percent	Response Count
0		7.1%	11
1		16.0%	25
2		16.0%	25
3		16.7%	26
4		13.5%	21
5		16.7%	26
6		14.1%	22
		<b>answered question</b>	<b>156</b>
		<b>skipped question</b>	<b>1</b>

### 3. Did you attend USCAP 2013?

		Response Percent	Response Count
Yes		37.2%	58
No		62.8%	98
answered question			156
skipped question			1

### 4. Was this your first time attending a HOD meeting?

		Response Percent	Response Count
Yes		2.2%	2
No		97.8%	88
answered question			90
skipped question			67

### 5. Please rate the following statements as they relate to the format of the Spring 2013 HOD meeting.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Rating Average	Rating Count
The morning Joint Session with the HOD and Residents Forum met my needs as a delegate.	50.5% (46)	38.5% (35)	7.7% (7)	3.3% (3)	0.0% (0)	4.36	91
The late morning and afternoon HOD Sessions met my needs as a delegate.	51.6% (47)	44.0% (40)	2.2% (2)	2.2% (2)	0.0% (0)	4.45	91
answered question							91
skipped question							66

## 6. Overall, how satisfied were you with the CAP HOD Meeting?

	Very Satisfied	Satisfied	Somewhat Satisfied	Only Slightly Satisfied	Not at All Satisfied	Rating Average	Rating Count
	<b>52.2% (47)</b>	41.1% (37)	4.4% (4)	2.2% (2)	0.0% (0)	4.43	90
						<b>answered question</b>	<b>90</b>
						<b>skipped question</b>	<b>67</b>

## 7. To what extent did each of the following meeting segments meet your needs?

	Very Much So	For the Most Part	Somewhat	Only Slightly	Not at All	Rating Average	Rating Count
Update from the CAP President: Stanley J. Robboy, MD, FCAP	41.1% (37)	<b>47.8% (43)</b>	6.7% (6)	3.3% (3)	1.1% (1)	4.24	90
Update from the CAP CEO: Charles Roussel	<b>60.0% (54)</b>	35.6% (32)	3.3% (3)	1.1% (1)	0.0% (0)	4.54	90
State of the House: David A. Novis, MD, FCAP	<b>63.3% (57)</b>	33.3% (30)	2.2% (2)	1.1% (1)	0.0% (0)	4.59	90
State of the RF: Roseann Wu, MD	<b>45.6% (41)</b>	41.1% (37)	10.0% (9)	3.3% (3)	0.0% (0)	4.29	90
HOD Strategic Plan Review and Agenda: David A. Novis, MD, FCAP	<b>59.3% (54)</b>	36.3% (33)	3.3% (3)	1.1% (1)	0.0% (0)	4.54	91
Candidate Forum '13: Office of President Elect	<b>62.6% (57)</b>	28.6% (26)	6.6% (6)	2.2% (2)	0.0% (0)	4.52	91
Candidate Forum '13: Board of Governors	<b>64.4% (58)</b>	24.4% (22)	7.8% (7)	2.2% (2)	1.1% (1)	4.49	90
College Finances: Paul N. Valenstein, MD, FCAP	<b>74.7% (68)</b>	22.0% (20)	3.3% (3)	0.0% (0)	0.0% (0)	4.71	91
Advocacy Update: Richard C. Friedberg, MD, PhD, FCAP	<b>71.1% (64)</b>	24.4% (22)	4.4% (4)	0.0% (0)	0.0% (0)	4.67	90
ACO presentation: Donald S. Karcher, MD, FCAP	<b>64.0% (57)</b>	33.7% (30)	1.1% (1)	1.1% (1)	0.0% (0)	4.61	89
ACO Panel: Donald S. Karcher, MD, FCAP; John Harbour, MD, FCAP and Conrad Schuerch, MD, FCAP	<b>60.7% (54)</b>	31.5% (28)	6.7% (6)	1.1% (1)	0.0% (0)	4.52	89
Helping Your Practice Address Emerging Health Care Payment Systems: Gene N. Herbek, MD, FCAP	<b>50.6% (44)</b>	43.7% (38)	3.4% (3)	2.3% (2)	0.0% (0)	4.43	87
Next steps: David A. Novis, MD, FCAP	<b>45.5% (40)</b>	<b>45.5% (40)</b>	8.0% (7)	1.1% (1)	0.0% (0)	4.35	88

Networking receptions	<b>48.8%</b> <b>(40)</b>	34.1% (28)	13.4% (11)	2.4% (2)	1.2% (1)	4.27	82
<b>answered question</b>							<b>91</b>
<b>skipped question</b>							<b>66</b>

## 8. To what extent did each of the following speakers deliver the content effectively?

	<b>Very Much So</b>	<b>For the Most Part</b>	<b>Somewhat</b>	<b>Only Slightly</b>	<b>Not at All</b>	<b>Rating Average</b>	<b>Rating Count</b>
Update from the CAP President: Stanley J. Robboy, MD, FCAP	<b>52.2%</b> <b>(47)</b>	35.6% (32)	5.6% (5)	4.4% (4)	2.2% (2)	4.31	90
Update from the CAP CEO: Charles Roussel	<b>74.2%</b> <b>(66)</b>	20.2% (18)	5.6% (5)	0.0% (0)	0.0% (0)	4.69	89
State of the House: David A. Novis, MD, FCAP	<b>71.9%</b> <b>(64)</b>	24.7% (22)	3.4% (3)	0.0% (0)	0.0% (0)	4.69	89
State of the RF: Roseann Wu, MD	<b>53.3%</b> <b>(48)</b>	37.8% (34)	8.9% (8)	0.0% (0)	0.0% (0)	4.44	90
HOD Strategic Plan Review and Agenda: David A. Novis, MD, FCAP	<b>69.2%</b> <b>(63)</b>	27.5% (25)	3.3% (3)	0.0% (0)	0.0% (0)	4.66	91
College finances: Paul N. Valenstein, MD, FCAP	<b>78.0%</b> <b>(71)</b>	19.8% (18)	2.2% (2)	0.0% (0)	0.0% (0)	4.76	91
Advocacy Update: Richard C. Friedberg, MD, PhD, FCAP	<b>68.1%</b> <b>(62)</b>	25.3% (23)	5.5% (5)	1.1% (1)	0.0% (0)	4.60	91
ACO presentation: Donald S. Karcher, MD, FCAP	<b>68.5%</b> <b>(61)</b>	27.0% (24)	4.5% (4)	0.0% (0)	0.0% (0)	4.64	89
ACO Panelist: Donald S. Karcher, MD, FCAP	<b>66.3%</b> <b>(59)</b>	28.1% (25)	5.6% (5)	0.0% (0)	0.0% (0)	4.61	89
ACO Panelist: John Harbour, MD, FCAP	<b>55.7%</b> <b>(49)</b>	36.4% (32)	5.7% (5)	2.3% (2)	0.0% (0)	4.45	88
ACO Panelist: Conrad Schuerch, MD, FCAP	<b>55.7%</b> <b>(49)</b>	36.4% (32)	6.8% (6)	1.1% (1)	0.0% (0)	4.47	88
Helping Your Practice Address Emerging Health Care Payment Systems: Gene N. Herbek, MD, FCAP	<b>60.7%</b> <b>(54)</b>	33.7% (30)	4.5% (4)	1.1% (1)	0.0% (0)	4.54	89

Wrap up, Next steps: David A. Novis, MD, FCAP	<b>64.4% (56)</b>	29.9% (26)	4.6% (4)	1.1% (1)	0.0% (0)	4.57	87	
							<b>answered question</b>	<b>91</b>
							<b>skipped question</b>	<b>66</b>

**9. Please tell us the most valuable part of this HOD meeting.**

							<b>Response Count</b>	
							66	
							<b>answered question</b>	<b>66</b>
							<b>skipped question</b>	<b>91</b>

**10. Please list any ideas or suggestions for improving future HOD meetings.**

							<b>Response Count</b>	
							60	
							<b>answered question</b>	<b>60</b>
							<b>skipped question</b>	<b>97</b>

**11. Please provide any additional comments or ideas for future HOD meetings (including discussion topics).**

							<b>Response Count</b>	
							51	
							<b>answered question</b>	<b>51</b>
							<b>skipped question</b>	<b>106</b>



**Page 1, Q1. Did you attend the CAP HOD Meeting held in Baltimore, MD on March 2, 2013?**

1	money	Mar 13, 2013 10:57 PM
2	could not get vacation	Mar 13, 2013 10:55 PM
3	I was working and could not schedule vacation	Mar 13, 2013 1:11 PM
4	Im an alternate and dont get much vacation	Mar 13, 2013 12:25 PM
5	Conflict in schedule	Mar 13, 2013 10:58 AM
6	Required to cover service in the department	Mar 13, 2013 10:37 AM
7	Could not schedule time away.	Mar 13, 2013 9:44 AM
8	Schedule conflict	Mar 13, 2013 8:48 AM
9	Due to the Government Sequester all travel was stopped at my organization	Mar 13, 2013 8:48 AM
10	Didn't have the time free to go.	Mar 13, 2013 8:25 AM
11	Coverage at home institution	Mar 13, 2013 8:22 AM
12	I attended the ACGME meeting which was unfortunately at the same time.	Mar 13, 2013 8:13 AM
13	Conflict in schedule- usually can only make fall meeting	Mar 13, 2013 7:54 AM
14	2 person group,partner out due to surgery	Mar 13, 2013 7:53 AM
15	Schedule/call	Mar 13, 2013 7:50 AM
16	Solo practice site, unable to arrange coverage.	Mar 13, 2013 7:48 AM
17	Death in family.	Mar 12, 2013 9:12 AM
18	Have too many total committments and feel it is unnecessary to have two face to face HODs. Prefer one and second electronic. Unless attending USCAP the extra travel time and expense is difficult to justify.	Mar 12, 2013 8:46 AM
19	Had to work	Mar 12, 2013 5:57 AM
20	Far Distance Last meeting (Fall 2012) not productive	Mar 11, 2013 3:17 PM
21	scheduling conflict	Mar 11, 2013 11:39 AM
22	unable due to conflict with employment duties	Mar 11, 2013 11:31 AM
23	I was on call on that weekend for hospital services.	Mar 11, 2013 10:58 AM
24	-	Mar 11, 2013 10:40 AM
25	Could not get coverage for practice	Mar 11, 2013 10:34 AM
26	Working	Mar 11, 2013 10:28 AM



**Page 1, Q1. Did you attend the CAP HOD Meeting held in Baltimore, MD on March 2, 2013?**

27	Weather	Mar 11, 2013 10:22 AM
28	scheduling conflict	Mar 11, 2013 10:19 AM
29	I was only able to attend the meeting on Sunday. Could not make the HOD meeting.	Mar 11, 2013 10:13 AM
30	Several conflicts with other meetings	Mar 11, 2013 10:09 AM
31	Competing work priority	Mar 10, 2013 10:46 AM
32	Conflicted with schedule	Mar 9, 2013 2:09 PM
33	working	Mar 9, 2013 6:22 AM
34	Too expensive at this time.	Mar 8, 2013 7:38 PM
35	Unable to attend for medical reasons	Mar 8, 2013 3:42 PM
36	Insufficient time and finances	Mar 8, 2013 12:37 PM
37	was asked to attend as speaker but was coming back from another conference	Mar 8, 2013 9:44 AM
38	Could not attend, sent substitute	Mar 8, 2013 8:56 AM
39	NO vacation time left	Mar 8, 2013 8:36 AM
40	Death in family. I was registered.	Mar 8, 2013 8:17 AM
41	I did not go to the USCAP	Mar 8, 2013 7:45 AM
42	Had to cancel at last minute due to illness	Mar 8, 2013 7:33 AM
43	Other meeting conflicts	Mar 8, 2013 7:30 AM
44	Active Duty Military members had ALL conference trip funding removed.	Mar 8, 2013 7:22 AM
45	too busy	Mar 7, 2013 10:48 PM
46	Health issues	Mar 7, 2013 12:09 PM
47	could not take time off from my practice	Mar 7, 2013 8:49 AM
48	Coverage problems, plus a long trip for a short meeting. See you in Orlando.	Mar 7, 2013 8:38 AM
49	other plans I couldn't cancel	Mar 7, 2013 6:06 AM
50	did not attend USCAP	Mar 6, 2013 2:02 PM
51	Conflicting ADASP meeting.	Mar 6, 2013 1:08 PM
52	work related	Mar 6, 2013 12:50 PM
53	I can't get time off to attend more than one meeting a year	Mar 6, 2013 12:44 PM

**Page 1, Q1. Did you attend the CAP HOD Meeting held in Baltimore, MD on March 2, 2013?**

54	did not go to Baltimore because of time restraints	Mar 6, 2013 12:33 PM
55	Just delivered new baby.	Mar 6, 2013 10:47 AM
56	Could not get coverage	Mar 6, 2013 10:30 AM
57	Was not able to attend USCAP this year.	Mar 6, 2013 9:45 AM
58	Was unable to get time off work.	Mar 6, 2013 9:31 AM
59	My wife had made nonrefundable arrangements for our family to travel to Hawaii during our daughter's February break which conflicted with the CAP/USCAP meeting	Mar 6, 2013 9:21 AM
60	Conflict with schedule	Mar 6, 2013 9:20 AM
61	The agenda was non-productive. There is no reason to have candidates for office speak.	Mar 6, 2013 9:10 AM
62	Short staff, unable to coordinate coverage	Mar 6, 2013 9:08 AM
63	my flight was late that day, i got in very late saturday evening.	Mar 6, 2013 9:08 AM
64	New project implementations prevented me from being offsite	Mar 6, 2013 9:07 AM
65	no	Mar 6, 2013 9:02 AM



**Page 2, Q9. Please tell us the most valuable part of this HOD meeting.**

1	Best parts for me were updates from Charles Roussel, Paul Valenstein, and Richard Friedberg	Mar 13, 2013 8:27 AM
2	To see the organization working for the pathologists	Mar 13, 2013 8:08 AM
3	Ability to stay abreast of changes in the practice of Pathology	Mar 13, 2013 8:06 AM
4	Hearing about current issues and sharing ideas with colleagues from around the country	Mar 13, 2013 7:58 AM
5	Keeping up with what is going on with CAP	Mar 13, 2013 7:57 AM
6	updates	Mar 12, 2013 6:25 AM
7	Presentations and seeing familiar faces from past meetings. Networking and the reception with the residents was also very valuable.	Mar 11, 2013 9:09 PM
8	Q&A with the candidates	Mar 11, 2013 6:17 PM
9	ACO presentation	Mar 11, 2013 11:21 AM
10	Being there. If a crisis arose, we'd be there to help, & competently so.	Mar 11, 2013 11:06 AM
11	Advocacy update and networking receptions	Mar 11, 2013 10:45 AM
12	Helping Your Practice Address Emerging Health Care Payment Systems	Mar 11, 2013 10:35 AM
13	Learning more detail about ACOs.	Mar 11, 2013 10:32 AM
14	meeting with state colleagues	Mar 11, 2013 10:12 AM
15	Networking	Mar 11, 2013 10:11 AM
16	Question and answer sessions with the candidates	Mar 11, 2013 9:07 AM
17	Networking, getting information from the college on ACOs and it was great having the Q&A with CAP leadership candidates.	Mar 11, 2013 7:36 AM
18	Q&A sessions with the President-elect and the incoming Governors and the Advocacy Update.	Mar 9, 2013 11:09 PM
19	The College Finance Update and the ACO presentation and panel.	Mar 9, 2013 4:09 PM
20	The opportunity to be together sharing information and concerns	Mar 9, 2013 9:06 AM
21	Aco update and resident interactions	Mar 9, 2013 8:09 AM
22	Missed having break out sessions.	Mar 8, 2013 9:49 PM
23	talking with other delegates	Mar 8, 2013 8:09 PM
24	staying informed of cap activity	Mar 8, 2013 12:46 PM
25	Getting updates on key issues and meeting the candidates	Mar 8, 2013 11:09 AM

**Page 2, Q9. Please tell us the most valuable part of this HOD meeting.**

26	The ACO discussions.	Mar 8, 2013 9:07 AM
27	Networking and meeting people to discuss common practice issues	Mar 8, 2013 8:46 AM
28	networking with HOD and RF	Mar 8, 2013 8:40 AM
29	hallway and lunchtime conversations	Mar 8, 2013 8:06 AM
30	Paul Valenstein's presentation.	Mar 8, 2013 7:30 AM
31	Just being part of the planning for the future	Mar 8, 2013 7:25 AM
32	Information sharing and networking	Mar 8, 2013 7:24 AM
33	Networking. Updates on legislative and policy issues. Challenges facing pathologists.	Mar 7, 2013 9:44 AM
34	Enjoyed the roundtable brainstorming.	Mar 7, 2013 9:15 AM
35	I find the meeting invaluable because of hearing from Charles Roussel, updates from leadership, and for networking. The focused continuing presentations on ACOs are right on.	Mar 7, 2013 8:51 AM
36	ACOs--preparing for the future.	Mar 7, 2013 7:26 AM
37	Networking with the other delegates and the round table discussions at the end.	Mar 7, 2013 5:56 AM
38	Networking	Mar 6, 2013 5:34 PM
39	Good info and good view of candidates	Mar 6, 2013 4:03 PM
40	Sitting with state delegates; breakout sessions	Mar 6, 2013 2:33 PM
41	The BOG Q&A session and the advocacy update.	Mar 6, 2013 2:21 PM
42	The overall sense that the HOD has value and is working well with the rest of the College.	Mar 6, 2013 2:19 PM
43	Interacting with the leadership, delegates and residents. Am THRILLED with the bd of Governors and leadership candidates.	Mar 6, 2013 1:53 PM
44	Information about political activities and ACO's.	Mar 6, 2013 1:11 PM
45	Candidate discussions ACO discussion	Mar 6, 2013 11:59 AM
46	share concerns and possible solutions.	Mar 6, 2013 11:15 AM
47	I thought the wrap up would have a question and answer session, but we closed the meeting early.	Mar 6, 2013 11:02 AM
48	Q and A at candidate forum	Mar 6, 2013 10:55 AM
49	Update on ACO's	Mar 6, 2013 10:41 AM

**Page 2, Q9. Please tell us the most valuable part of this HOD meeting.**

50	The discussion about the ACO's. The seating with the State delegations was better than before. Mixing with the residents was also a great idea.	Mar 6, 2013 10:26 AM
51	the GORILLA	Mar 6, 2013 10:16 AM
52	I thought the Candidate Forum was especially interesting and and enlightening.	Mar 6, 2013 10:11 AM
53	Sharing of ACO experience	Mar 6, 2013 10:09 AM
54	Updates on ACOs and the practicalities of pathology today.	Mar 6, 2013 9:55 AM
55	The talks on ACOs	Mar 6, 2013 9:46 AM
56	Networking	Mar 6, 2013 9:43 AM
57	Networking	Mar 6, 2013 9:41 AM
58	ACO discussion	Mar 6, 2013 9:34 AM
59	information on promising practice pathways information on Advocacy information from the candidate forums	Mar 6, 2013 9:21 AM
60	Getting informed about current issues.	Mar 6, 2013 9:18 AM
61	Networking delegates from same area, preparation for value based health care	Mar 6, 2013 9:18 AM
62	The opportunity to hear from the BOG candidates.	Mar 6, 2013 9:11 AM
63	Networking with my fellow delegates. I especially appreciated the seating by states. It gave me a chance to meet the delegates from the adjacent state.	Mar 6, 2013 9:07 AM
64	Candidate Forums	Mar 6, 2013 9:06 AM
65	ACO roundtables very helpful Seating by states was great Networking	Mar 6, 2013 9:05 AM
66	Advocacy updates, networking, opportunities to hear from CAP leaders, learning about future opportunities and challenges within our profession.	Mar 6, 2013 9:03 AM



**Page 3, Q10. Please list any ideas or suggestions for improving future HOD meetings.**

1	more time for exchange of issues affecting various pathology practices.	Mar 13, 2013 10:59 PM
2	get younger people involved	Mar 13, 2013 10:57 PM
3	More online participation by e mails, focused surveys etc.	Mar 13, 2013 10:39 AM
4	Further consideration of military pathologists representing the CAP HOD	Mar 13, 2013 8:49 AM
5	None	Mar 13, 2013 8:25 AM
6	None. I think they have improved.	Mar 13, 2013 8:19 AM
7	Shorten Q/A for election candidates	Mar 13, 2013 8:15 AM
8	have the spring meeting in Chicago	Mar 13, 2013 8:05 AM
9	Very good as is!	Mar 13, 2013 7:58 AM
10	Consider remote web-based participation option.	Mar 13, 2013 7:50 AM
11	The condescension from experienced pathologists about new in practice an how they aren't ready for practice in the real world is discouraging for us and just shows us the Boomers don't get it, and have no idea what he concept of mentor ship is about. people need to address their issues without making such broad negative generalities and not proposing something hey are willing to do to address it. Residency cannot teach us everything	Mar 11, 2013 6:19 PM
12	in need of better means for receiving input from those of us with non-traditional pathology careers--what I've learned about CAP in general since rejoining, and that is equally applicable to HOD and HOD meetings, is that there is nothing really offered that is on point and helpful for those of us with non-traditional pathology career tracks, i.e. if I don't sign out cases or work in a lab (clinical or research) there's not really anything for me, and not really an opportunity to even identify or network with anyone else that may be at these meetings or CAP members who may be similarly situated. Granted, activities and meetings need to reflect what the majority of people are concerned about, but I feel that there's no real platform for those of us in the minority who aren't overly concerned with diagnostics, billing & reimbursements, or traditionally academic pathology issues.	Mar 11, 2013 11:47 AM
13	I think the topics have been very timely and appreciate the work and attention that has gone into the meeting.	Mar 11, 2013 11:43 AM
14	.1. Do not allow same state delegates to sit together in round table. It allows for a broader discussion. 2. Consider room shape and arrangement rather than square footage. Although we had a great table location, I would have been very frustrated with a table in the back.	Mar 11, 2013 10:49 AM
15	-	Mar 11, 2013 10:40 AM
16	Please include a virtual line so people, who could not physically attend the meeting, but would like to be a part of it, can do so.	Mar 11, 2013 10:36 AM
17	It's not all about ACO's. We don't need the general "rah, rah" kind of presentations. Robboy was a total waste of time.	Mar 11, 2013 10:32 AM



**Page 3, Q10. Please list any ideas or suggestions for improving future HOD meetings.**

18	I didn't attend	Mar 11, 2013 10:29 AM
19	at USCAP could limit meeting to half a day	Mar 11, 2013 10:14 AM
20	none	Mar 11, 2013 10:13 AM
21	I particularly enjoyed and benefited from past HOD meetings where there was a nationally recognized speaker for the luncheon session, like Sen. Bill Frist and David Gergen.	Mar 11, 2013 10:13 AM
22	I am never able to make the networking reception on the Friday evening before the meeting (working or traveling to meeting). Is it well attended? If not, would there be a better way to use the funds for earmarked for this event?	Mar 11, 2013 9:13 AM
23	More ACO information please.	Mar 11, 2013 7:40 AM
24	Keep the current format in which key officers are present at the meeting and are available for interactive questioning and discussion with all the delegates.	Mar 9, 2013 11:11 PM
25	I suggest having an open question and answer session with the President and Board of Governors in attendance	Mar 9, 2013 4:16 PM
26	Like the way they are run currently	Mar 9, 2013 2:13 PM
27	We need to move on to 'what to do' and 'how to do it'	Mar 9, 2013 9:07 AM
28	We need break out sessions.	Mar 8, 2013 9:50 PM
29	Reference committees	Mar 8, 2013 7:40 PM
30	Content and updates can be delivered ahead of the meeting in written and/or electronic form. It would be nice if there was significant discussion time set aside for the topics so that there is more give and take on the topics.	Mar 8, 2013 11:11 AM
31	More central location such as Chicago	Mar 8, 2013 8:58 AM
32	More time for round table discussion and follow up on that from the podium	Mar 8, 2013 8:48 AM
33	No suggestions.	Mar 8, 2013 8:18 AM
34	more space for reception; more space in room to move about; more time at lunch for conversation	Mar 8, 2013 8:07 AM
35	Mix the tables up instead of seating by state.	Mar 8, 2013 7:30 AM
36	Info on candidates to pre build questions so they can respond to them in an opening statement; in include info about them in agenda book.	Mar 8, 2013 7:26 AM
37	none	Mar 8, 2013 7:23 AM
38	I would like to see more opportunity to interact with delegates from other states at a roundtable discussion to see how they manage practices.	Mar 7, 2013 9:48 AM
39	A bit more room at networking reception would be good.	Mar 7, 2013 8:54 AM

**Page 3, Q10. Please list any ideas or suggestions for improving future HOD meetings.**

40	I don't think that examination of glass slides will be replaced completely by molecular pathology. In making the diagnosis of cancer, distinguishing sclerosing adenosis from invasive breast cancer, for example, it is hard for me to see how molecular path can do that. Or determining the adequacy of margins of apparent excision. But much of what we do to classify tumors, determine their chemotherapeutic sensitivity, etc. will be replaced by molecular methods. One of my more immediate fears relates to whole slide scanning and the commodization of pathology. Independent radiologists have been replaced in many parts of the country by large megpractice groups of radiologists. All of the scans and other studies are digital and can be sent easily to the lowest bidder. Pathology has been years behind that, thank the lord, but for how long? Will our diagnoses be made in India or China in the future? Or in meglabs, e.g., LabCorp, in this country?	Mar 7, 2013 7:41 AM
41	Increase the time for round table discussions. It allows those who have felt disenfranchised (less microphone time). To speak.	Mar 7, 2013 5:58 AM
42	Networking opportunities after meeting, i.e., dinner for those of us who may be traveling solo.	Mar 6, 2013 3:12 PM
43	This was the best meeting I have ever attended. Very important topics at the right time.	Mar 6, 2013 2:22 PM
44	Good location; talks were rather general in content, not much information our pathology group can use or help plan for the future.	Mar 6, 2013 1:14 PM
45	skype enabled	Mar 6, 2013 12:52 PM
46	Need to be relevant, short and interactive	Mar 6, 2013 12:36 PM
47	Plan solid taskforce to put pathologists as physicians in public mind (routine noise of going for tumor boards, showing how important pathologists is to hospital system has been going on for ever without any impact). For general public pathologists are not visible and not at table, so they are on the table (SAID SO MANY TIMES BY MANY, BUT ILL UNDERSTOOD BY ALL).	Mar 6, 2013 11:21 AM
48	Better organized interactive session; last exercise of the day was disorganized, instructions weren't clear, and many delegates had left making some groups too small to function. Perhaps interactive exercise would fare better earlier in the meeting.	Mar 6, 2013 9:59 AM
49	I didn't like having assigned seating with other delegates from my state. I see and talk to these delegates all the time. I prefer to discuss issues with other pathologists to get fresh ideas and new perspectives. I suggest choice in seating. Sit with your other state delegates if you desire, but free to sit with others if you prefer.	Mar 6, 2013 9:50 AM
50	Provide more clarity as to the true purpose of the HOD within the CAP. Campaign speeches and vague discussions about ACOs don't provide information to take back to our state societies.	Mar 6, 2013 9:42 AM
51	Time for state reps to meet	Mar 6, 2013 9:35 AM

**Page 3, Q10. Please list any ideas or suggestions for improving future HOD meetings.**

52	Any chance of having a virtual or electronic (i.e., webinar style or GoToMeeting style) attendance for future meetings? So those of us unable to travel because of work responsibilities could still 'attend'.	Mar 6, 2013 9:33 AM
53	The meetinjgs over the past several years have improved dramatically. They are more informative and functional then they have been in the past.	Mar 6, 2013 9:25 AM
54	the room used for the HOD sessions was challenging, the arrangement (long and narrow) made it a bit hard to hear and interact, the room was crowded - although it is good that so many attended	Mar 6, 2013 9:22 AM
55	At least periodically assign seating by state. That was useful since I am new.	Mar 6, 2013 9:19 AM
56	Really try to have an agenda that reflects the needs of the delegates.	Mar 6, 2013 9:11 AM
57	Efficient delivery of information with ample opportunity to tap peer experience and interact on major practice challenges, models to address best practices and adapt to changes, etc.	Mar 6, 2013 9:11 AM
58	Sitting with our state delegates was a great idea, I hope we get to continue this format. The logistics for our HOD meeting room was rather limiting, as most of the Texas (and western states) were at the VERY back of the room, and felt somewhat detached from what is being delivered on the podium. I think a different venue and room would help. It appeared like cocktail hour was rather crowded (for space) as well. These are minor points, I think the meeting went very well overall, and the interactive (Q&A) session with the candidates was informative.	Mar 6, 2013 9:09 AM
59	Why is there only one candidate for President?	Mar 6, 2013 9:06 AM
60	Better communication	Mar 6, 2013 9:04 AM



**Page 3, Q11. Please provide any additional comments or ideas for future HOD meetings (including discussion topics).**

1	invited speakers on legal issues affecting pathology	Mar 13, 2013 10:59 PM
2	increasing alignment with national scientific meetings	Mar 13, 2013 10:39 AM
3	Attended excellent USCAP bone pathology workshop directed by Michael J. Klein, M.D., Hospital for Special Surgery, NYC. He stated that 18% of resected hips do not have significant DJD; 10 % of resected knees do not have significant DJD. Resected joints are not examined at many hospitals (11% in one reference about 15 years ago).	Mar 13, 2013 8:31 AM
4	None	Mar 13, 2013 8:25 AM
5	Just try to hold the meetings on the weekend to allow attending the HOD portion without having to cover hospital service. Topic: fellowship slots in subspecialties. Are they filling/finishing. Neuropathology has had a shortage and although there was discussion regarding increasing numbers of slots being filled, I know not all fellows have completed the fellowship (2 years)	Mar 13, 2013 8:19 AM
6	Pathologist workforce is a very important emerging issue	Mar 13, 2013 7:58 AM
7	Consideration of small or solo practices.	Mar 11, 2013 1:35 PM
8	see #4 above	Mar 11, 2013 11:47 AM
9	Keeping the pathologist (relevant) front and center in the Hospital Team.	Mar 11, 2013 11:43 AM
10	Provide feedback to what is generated at roundtable discussions	Mar 11, 2013 10:49 AM
11	-	Mar 11, 2013 10:40 AM
12	How to better position pathology in the new health care delivery system.	Mar 11, 2013 10:36 AM
13	Great sessions. thank you.	Mar 11, 2013 10:35 AM
14	More info needed on emerging practice concepts.	Mar 11, 2013 10:33 AM
15	N/A	Mar 11, 2013 10:29 AM
16	CAP could organize webinars to be viewed at meetings of individual state HOD	Mar 11, 2013 10:14 AM
17	none	Mar 11, 2013 10:13 AM
18	How about a professional or "insider" opinion on what is going to happen to health care utilization when the Affordable Care Act is finally fully implemented. What will be the ramifications for anatomic and clinical path labs?	Mar 11, 2013 9:13 AM
19	It was interesting to be seated at tables by geographic representation. Brought together pathologists from groups in direct competition with each other (hostile environment for discussion) as well as pathologists from our more distant neighboring areas (more collaborative with similar practice challenges).	Mar 11, 2013 7:40 AM
20	Keep polling us to see what the top key issues are and arrange the meeting to cover those issues.	Mar 9, 2013 11:11 PM

**Page 3, Q11. Please provide any additional comments or ideas for future HOD meetings (including discussion topics).**

21	Helping state Societies improve their activities, improve communication and sharing of information between them and perhaps assist the smaller states in housing their web sites.	Mar 9, 2013 4:16 PM
22	1. Emerging practice models or alternative practice models. Think there are many non-hospital based pathologists who we don't hear much about. 2. Pathology groups joining in region(s). Examples in Mass. and Minn. How this works, what does it do for them (upsides/downsides).	Mar 9, 2013 2:13 PM
23	Workplace issues.	Mar 8, 2013 9:50 PM
24	CAP certification programs. Current structure of College with Councils, DC office, etc.	Mar 8, 2013 7:40 PM
25	ACO's, Molecular pathology especially proprietary testing	Mar 8, 2013 8:58 AM
26	Seek topics from different state HOD before the meeting and select top 10 of them for brief discussion at the meeting	Mar 8, 2013 8:48 AM
27	Mentoring and communication best practices in communicating with other College members in one's state.	Mar 8, 2013 8:07 AM
28	Really like that the delegated from the same state sit at the same table to network.	Mar 8, 2013 8:01 AM
29	Create one page "leave behind" info in both written and PDF formats for delegation chairs to share with their constituents.	Mar 8, 2013 7:26 AM
30	none	Mar 8, 2013 7:23 AM
31	Lead off speeches are important but could be a bit more brief. The content of the entire day is valuable. Would like to see more on how CAP is addressing changing trends in test reimbursement...e.g. molecular bill codes and technology evaluation by payers. I enjoyed learning about how CAP is financed and would like to see more discussion of how CAP is positioned for future success.	Mar 7, 2013 9:48 AM
32	I think it is very advantageous to have state delegations seated together. I think pairing the meeting with USCAP and with CAP annual is working very well. Thanks to all the HOD leadership for job well done.	Mar 7, 2013 8:54 AM
33	How to combat the view that pathology is a commodity. This involves transformation, helping hospital administration, our physician colleagues and the general public understand all that we do to make healthcare outcomes better for all. We are not just slide readers!	Mar 7, 2013 7:41 AM
34	We should continue to always have advocacy and financial "updates"	Mar 6, 2013 2:22 PM
35	Disappointing that the CAP yet does not understand where pathologists will play a role in ACO's	Mar 6, 2013 1:14 PM
36	ACO's impact on pathologist services.evolution of health care into a corporate model.	Mar 6, 2013 12:52 PM

**Page 3, Q11. Please provide any additional comments or ideas for future HOD meetings (including discussion topics).**

37	People will not attend unless they feel that there is a value to be gained and not a waste of time	Mar 6, 2013 12:36 PM
38	Create a section to brainstorm new ideas and follow them with continuity as progression into different phaseses on going basis.	Mar 6, 2013 11:21 AM
39	Thank you for a beautiful meeting.	Mar 6, 2013 11:03 AM
40	Telemedicine	Mar 6, 2013 10:42 AM
41	What is the outlook for small (2-5) member practices?	Mar 6, 2013 9:59 AM
42	More specific update on manpower supply and needs, threats to residency training positions in pathology, current level of training/competency (or lack thereof )in residents coming out today. CAP strategic planners feel we are facing the threat of inadequate numbers of pathologists in a few years; younger CAP members and current trainees feel this threat is exaggerated, clearly don't buy it, and are having trouble findings positions. Let's have a debate about this.	Mar 6, 2013 9:59 AM
43	Keep the spring meeting with USCAP. Although I never attend USCAP, it is very beneficial to have them together for those who do.	Mar 6, 2013 9:50 AM
44	real life examples and panel discussions of places/groups which are "transforming"	Mar 6, 2013 9:45 AM
45	Discuss ways to improve interaction with state path societies	Mar 6, 2013 9:42 AM
46	Career tracks for pathologists	Mar 6, 2013 9:35 AM
47	None.	Mar 6, 2013 9:33 AM
48	Student loan burdens of recent and current medical school graduates and steps the government can take to alleviate this.	Mar 6, 2013 9:12 AM
49	Specialist versus generalist demands. Similarities or common themes between different areas of pathology. Ways different specialty areas can assist or provide experience to all of pathology, eg LDTs, compliance, regulations, leadership, technologies, etc.	Mar 6, 2013 9:11 AM
50	ACO's, utilizing social media to promote pathology, effective communication skills (with colleagues / administration), negotiation skills, succession planning	Mar 6, 2013 9:09 AM
51	regulatory issues and compliances	Mar 6, 2013 9:04 AM