



COLLEGE of AMERICAN
PATHOLOGISTS

Fall 2015 House of Delegates Meeting

October 3, 2015
Nashville, Tennessee



HOD is Going Green in Twenty15

A **limited** number of printed agenda books will be available at the Fall '15 HOD meeting. Wireless Internet access will be available in the HOD meeting ballrooms for your convenience.

Please download the electronic Fall '15 HOD agenda to your smart device prior to the meeting – and **go green** with us in 2015.

Agenda Book Contents

SCHEDULE, AGENDAS, SPRING '15 HOD MEETING MINUTES

A. Schedule of Events Surrounding House of Delegates Meeting.....	4
B. Agenda for the Joint Session Meeting.....	5
C. Agenda for House of Delegates Meeting.....	6
D. Spring '15 HOD Meeting Minutes.....	7

MISSION, VISION, AND STRATEGIC INITIATIVES

A. HOD Mission, Vision, and Strategic Initiatives.....	12
B. Dashboard Metrics.....	13

REPORTS

CAP

A. Financial Report from CAP Secretary/Treasurer.....	19
B. Council on Accreditation.....	38
C. Council on Education.....	41
D. Council on Government and Professional Affairs.....	No report since Spring '15 HOD
E. Council on Membership and Professional Development.....	44
F. Council on Scientific Affairs.....	No report since Spring '15 HOD

HODSC Liaisons to Councils

A. Council on Accreditation.....	48
B. Council on Education.....	49
C. Council on Scientific Affairs.....	51

HOD Action Groups

A. Action Group on Communication Networks.....	52
B. Action Group on Rules III.....	54

PROPOSED AMENDMENTS TO THE HOD RULES

A. Proposed Amendments to Rules of the CAP House of Delegates.....	55
--	----

GATEWAY TO LEADERSHIP

A. 2016 House of Delegates Steering Committee Elections	
• Election Process Timeline.....	57
• Candidate Form.....	58

References

DELEGATE ISSUES

A. Delegate Chairs Issues.....	60
--------------------------------	----

REFERENCE DOCUMENTS & FORMS

A. HOD Roster.....	67
B. HOD Rules.....	95
C. HOD Apportionment.....	107
D. Key HOD Dates.....	109
E. Residents Forum Roster.....	110
F. Panelists Bios.....	117
G. CAP Value Based Business Center Overview.....	119
H. 2015 CAP Meritorious Awards.....	125
I. How to Update Your Member Contact Information.....	126
J. HOD Discussion Board Location on cap.org – Instructions and Guidelines for Posting.....	128
K. HOD Reimbursement Form.....	132



Meeting: House of Delegates

Date: October 2-3, 2015

Location: Gaylord Opryland Resort, 2800 Opryland Drive, Nashville, TN 37214
t: 615-889-1000 | **w:** <http://www.marriott.com/hotels/travel/bnago-gaylord-opryland-resort-and-convention-center/>

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Friday, October 2	Event	Location
6:00-7:30 PM	Welcome Reception	Delta Lobby A
Saturday, October 3		
7:00-8:00 AM	Breakfast	Delta Lobby A
8:00-9:30 AM	Joint HODRF Session	Delta Ballroom A
9:30-10:00 AM	Sign-in / Credentialing at HOD	Governors Ballroom A Foyer
10:00 AM-12:00 PM	House of Delegates	Governors Ballroom A
12:00-1:15 PM	Joint HODRF Lunch	Delta Ballroom A
1:30-4:00 PM	House of Delegates	Governors Ballroom A
4:00-5:00 PM	Networking Reception	Water's Edge



**House of Delegates and Residents Forum Fall '15 Joint Session
Saturday, October 3, 2015, Nashville, TN**

Time	Duration	Topic	Presenter
7:00-8:00 AM	1 hr	HOD and RF Joint Breakfast	
8:00-8:05 AM	5 min	Welcome and Introduction of CAP Officers, Governors, and Official Guests	Lauren Stuart, MD, MBA
8:05-8:10 AM	5 min	State of the Residents Forum	Lauren Stuart, MD, MBA
8:10-8:15 AM	5 min	State of the House of Delegates	James E. Richard, DO, FCAP
8:15-8:45 AM	30 min	CAP Business Meeting, Swearing In of New Board of Governors, and Award Presentations	Gene N. Herbek, MD, FCAP
8:45-8:50 AM	5 min	CAP Foundation Leadership Awards	Jennifer Laudadio, MD, FCAP
8:50-9:05 AM	15 min	CAP CEO Update	Charles Roussel
9:05-9:20 AM	15 min	CAP President Update	Gene N. Herbek, MD, FCAP
9:20-9:25 AM	5 min	Closing Remarks	James E. Richard, DO, FCAP



House of Delegates Fall '15 Meeting Agenda

Time	Duration	Topic	Moderator/Presenter	Page
9:30 AM	30 min	Sign-In and Credentialing		
10:00 AM	5 min	Welcome & Meeting Overview	Kathryn T. Knight, MD, FCAP James E. Richard, DO, FCAP	
10:05 AM	10 min	Strategic Overview	James E. Richard, DO, FCAP	
10:15 AM	20 min	HOD Liaisons to Councils and Action Group Updates	Martha R. Clarke, MD, FCAP Rodolfo Laucirica, MD, FCAP HODSC Members	
10:35 AM	15 min	Action Group on Rules Recommendation(s) Approve Proposed Amendments to Rules	Sang Wu, MD, FCAP James E. Richard, DO, FCAP	
10:50 AM	5 min	House of Delegates Steering Committee Elections <ul style="list-style-type: none"> • Call for Nominations • Nominating Committee • Election Process 	James E. Richard, DO, FCAP	
10:55 AM	30 min	CAP Answers to Delegate Questions: Advocacy Updates	Emily Green, MD, FCAP George Kwass, MD, FCAP	
11:25AM	30 min	Delegate Issues Open Q&A	Alfred Campbell, MD, FCAP	
11:55 AM	Break and pass to lunch			
12:00 PM	HOD/RF Joint Lunch – Sponsored by PathPAC (Guest Speaker TBD)			
12:00 PM		HOD and RF Lunch		
12:20 PM	5 min	Welcome & Opening Remarks	Kathryn T. Knight, MD, FCAP	
12:25 PM	5 min	PathPAC – Introduction of Dr. Coburn	Wayne Garrett, DO, FCAP	
12:30 PM	40 min	Guest Speaker -- Tom Coburn, MD, Former US Senator and US Representative		
1:10 PM	5 min	Closing Remarks	Lauren Stuart, MD, MBA	
1:15 PM	Break and pass to HOD meeting			
1:30 PM	1 hr, 30 min	It's All About the Value – A Panel Discussion on Volume to Value for Pathologists CAP Response	James E. Richard, DO, FCAP Richard Cooper, Esq. Frank Dookie, MBA Jeffrey Guy, MD Barry Portugal R. Bruce Williams, MD, PhD, FCAP	
3:00 PM	55 min	Roundtable Discussions	Kathryn T. Knight, MD, FCAP	
3:55 PM	5 min	Closing Remarks	James E. Richard, DO, FCAP	
4:00 PM	HOD/RF Reception			

Meeting: House of Delegates (HOD)
Date: March 21, 2015
Location: Westin Copley Place, Boston, Massachusetts

1. JOINT SESSION WITH THE CAP RESIDENTS FORUM (RF)

The House of Delegates met jointly with the Residents Forum to hear updates from the Speaker of the House James E. Richard, DO, FCAP; RF Chair Lauren N. Stuart, MD, MBA; CAP President Gene N. Herbek, MD, FCAP, and CAP Chief Executive Officer Charles Roussel.

2. HOUSE OF DELEGATES' MORNING SESSION

Welcome

The Speaker of the House and HOD Massachusetts Delegation Chair Michael Misialek, MD, FCAP, welcomed participants to Boston.

Dr. Richard explained that this meeting's agenda is a result of the HOD Steering Committee listening to delegates' concerns and preferences. It is created from delegates' comments at the Fall '14 HOD meeting and the post-meeting evaluation as well as through Delegate Issues Reports and HOD meeting topic surveys.

The Speaker introduced the House of Delegates Steering Committee and appointed Sergeant-at-Arms Rodolfo Laucirica, MD, FCAP, as the meeting timekeeper. Dr. Richard presented a review of the House of Delegates' mission and vision. The next four years will focus on sustaining the House and the value it provides to the College.

Fall '14 House of Delegates Meeting Minutes

The Fall '14 House of Delegates meeting minutes were approved.

Suspend Parliamentary Procedure

Seeing no other business that required voting by delegates during the meeting, parliamentary procedure was suspended.

Strategic Overview

The Board of Governors and Delegates evaluations of the HOD and the HODSC were reviewed with the Delegates. The scores show room for improvement. It was stated that complacency is the pathway to mediocrity and that none of those present should be complacent with the results of the surveys. The Delegates were charged with keeping the HODSC and the Speaker accountable for meeting their needs.

The five strategic initiatives that have been endorsed by the Board of Governors were reviewed:

- Get a Job – an essential function of value that enmeshes the HOD into the infrastructure of the College
- Market the HOD – a mechanism that weaves the HOD into the fiber of CAP councils and committees
- Strengthen Relationships Between Council Chairs and HOD – a strategy that is advanced by the HOD Liaison to Councils effort and the direct efforts of the Speaker and Vice Speaker.

- Elevate the Stature of House Leadership – a position that places the House in direct contact and working with the Board of Governors via the Council chair and vice chairs
- Create a Communication Network – a critical tool for the HOD to fully deliver on the charge as the voice of the membership

Action Group (AG) Updates

AG on Communication Networks

Charge: to take some of the lessons learned in North Carolina and reproduce the communication network in more states.

Keith Volmar, MD, FCAP, North Carolina delegate and AG on Communication Networks Chair, reported on his firsthand experience in establishing the North Carolina network. A pilot project was initiated in 2013 with the goal of establishing bidirectional email communication between the HOD and Fellow members in the state. The network is established and has accommodated conducting a survey of legislative priorities, sparking renewed interest in legislative issues. Most recently, it has allowed disseminated information on the recent Palmetto Local Coverage Determination (LCD) on immunostains.

States in 2015 Pilot: California, Florida, Massachusetts, Michigan, New York, Ohio, Texas

AG on CAP Laboratory Accreditation Program Advisory Group

Charge: to provide member feedback on checklist requirements, improvements to existing programs, products and services, ideas for new products and service, and future program strategies. Members should be conversant in CAP Cancer Protocols in order to give feedback to the LAP Advisory Group.

Martha R. Clarke, MD, FCAP, HOD Steering Committee Sergeant-at-Arms and HOD Liaison to the AG on LAP Accreditation Program Advisory Group, updated the House on recent activity and the value it has provided to this Advisory Group.

AG on Pathology Practice Guidances (PPGs)

Charge: to provide member feedback on the readability and applicability including accuracy, appropriateness and potential impact to patients and pathology practice on the Center Committee's new product: Pathology Practice Guidances

Emily Green, MD, FCAP, HOD Steering Committee Member-at-Large and HOD Liaison to the AG on PPGs, reported that the AG is responsible to review the Center Committee's PPGs as indicated in the Charge. It will also determine if broader feedback is required from the full House of Delegates that may result in a meaningful impact on the final PPG.

Dr. Green explained how PPGs are distinctly different from Evidence Based Guidelines.

AG on Rules III

Charge: To provide member feedback on the HOD Rules to determine what changes are needed to ensure that the Rules are current, accurately describe the functions of the HOD and its members, are fair and appropriate, and structure House activities to best advance the mission of the House.

Sang Wu, MD, FCAP, HOD Steering Committee Member-at-Large and HOD Liaison to the AG on Rules III, reported that the AG is asked to focus its review on HOD Steering Committee nominations and elections, apportionment, and how to bring open discussions to the House.

The Action Group intends to provide its recommendations to the HOD Steering Committee for the Fall '15 HOD Meeting.

Dr. Wu announced that the HOD Steering Committee call for nominations will open at the Fall '15 HOD meeting in Nashville and with elections to be held in 2016.

Board of Governors' Candidate Forums

Dr. Richard introduced the Candidate Forum and explained that it is a highly valued segment, based on the Spring '14 HOD post-meeting survey. This session provides question and answer opportunities for delegates to learn about the candidates for each Board position.

The segments were moderated by HODSC members. The ground rules were set and announced to candidates and delegates.

President-Elect – Emily Green, MD, FCAP – Moderator
R. Bruce Williams, MD, FCAP – Candidate

Secretary-Treasurer – Martha R. Clarke, MD, FCAP – Moderator
Richard R. Gomez, MD, FCAP – Candidate
George F. Kwass, MD, FCAP – Candidate
Gail H. Vance, MD, FCAP – Candidate

Governor – Alfred W. Campbell, MD, FCAP - Moderator
Edward P. Fody, MD, FCAP – Candidate
Gerald R. Hanson, MD, FCAP – Candidate
Richard H. Knierim, MD, FCAP – Candidate
Raouf E. Nakhleh, MD, FCAP – Candidate
Michael B. Prystowsky, MD, PhD – Candidate
Frank R. Rudy, MD, FCAP – Candidate

3. JOINT LUNCH WITH RF

George Kwass, MD, FCAP, Chair, Council on Government and Professional Affairs, provided an update on the College's Advocacy initiatives and fielded questions from the audience. Wayne Garrett, DO, FCAP, Chair, CAP Political Action Committee, provided information on the CAP's grassroots efforts.

4. HOUSE OF DELEGATES' AFTERNOON SESSION

Continuing the Test Utilization Conversation

This segment was introduced by covering delegate concerns about what the profession and CAP are doing, should be doing, or could be doing to address inappropriate ordering of anatomic pathology tests, specifically special stains, during the Fall '14 HOD meeting. Prior to the Spring '15 HOD meeting delegates were asked to rank topics they want addressed at this meeting and AP Test Utilization was ranked number one.

Kathryn T. Knight, MD, FCAP, HOD Vice Speaker, moderated a panel of three pathologists, each representing a different perspective, to speak to the issue. The panel members were:

- Bruce Quinn, MD, PhD, Senior Policy Advisor for Foley Hoag, a national health care policy consulting firm and board-certified pathologist

- Paul Valenstein, MD, FCAP, CAP Secretary-Treasurer and St Joseph Mercy Health Partners ACO President
- W. Stephen Black-Schaffer, MD, FCAP, CAP Council on Government and Professional Affairs Vice Chair, CAP Economic Affairs Committee Vice Chair, New England Regional Medicare Contractor Advisory Committee Co-Chair

Delegate Issues

The Delegate Issues segment of the HOD meeting covered issues that delegates identified as important to them. The HOD Steering Committee gathers these topics through delegate surveys, the Delegate Chair Issues Reports, on the HOD Discussion Board, and delegates' comments and opinions delivered directly to HODSC members.

The session is framed to focus on three themes for this meeting: Maintenance of Certification, Accountable Care Organizations, and State Pathology Societies. The HODSC invited Rebecca Johnson, MD, FCAP, American Board of Pathology CEO, CAP Board of Governors, Council Chairs and professional staff to respond to delegate questions from the floor.

The following topics were discussed and questions were asked by the people listed. The indented and bulleted names indicate the people who responded to questions or comments.

Maintenance of Certification

- Candice Black, DO, FCAP – Delegate Chair (New Hampshire)
Alfred W. Campbell, MD, FCAP – Delegate (South Carolina), HOD Secretary-Treasurer
Thomas J. Cooper, MD, FCAP – Delegate (California)
Mary E. Fowkes, MD, PhD, FCAP – Delegate (New York)
Jerad M. Gardner, MD, FCAP – Delegate (Arkansas)
Megha G. Joshi, MD, FCAP – Alternate Delegate (Massachusetts)
Daniel F.I. Kurtycz, MD, ASC, FCAP – Delegate (Wisconsin)
Vinod Shidham, MD, FCAP – Delegate (Michigan)
- Rebecca L. Johnson, MD, FCAP – Delegate (Florida), ABP CEO

Accountable Care Organizations

- Robert C. Babkowski, MD, FCAP – Delegate Chair (Connecticut)
Michael C. Dugan, MD, FCAP – Delegate (California)
J. Thomas Molina, MD, PhD, FCAP – Delegate (Texas)
- Donald S. Karcher, MD, FCAP – Delegate Chair (District of Columbia)

State Pathology Societies

- Jerad M. Gardner, MD, FCAP – Delegate (Arkansas)
Vinod Shidham, MD, FCAP – Delegate (Michigan)
Keith Volmar, MD, FCAP – Delegate (North Carolina)
- James E. Richard, DO, FCAP – CAP HOD Speaker
 - Paul Valenstein, MD, FCAP – CAP Secretary-Treasurer

ICD-10

- John Newby, MD – Delegate (Maryland)
- Doug Knapman, Senior Director, CAP Practice Management

Closing Remarks

Dr. Richard expressed that delegates' accomplishments are making a difference in the College and their voices are being heard. By speaking as a collective voice of CAP membership, they are advancing the House mission.

Delegates were strongly encouraged to remain active by completing HOD surveys and signing up for future HOD Action Groups. Delegates must continue communicating with their states' constituents, HOD Delegate Chairs, the HODSC, and their members of Congress to have their voices heard.

Delegates were asked to attend important upcoming CAP meetings: the 2015 CAP Policy Meeting May 4-6 in Washington, DC; Fall '15 House of Delegates Meeting October 3 in Nashville, TN; and to attend courses at CAP '15—THE Pathologists' Meeting™ October 4-7 in Nashville, TN.

DRAFT

CAP House of Delegates

Mission

Voice of the Membership

The House of Delegates (HOD) is the voice of the membership.

Vision

One College

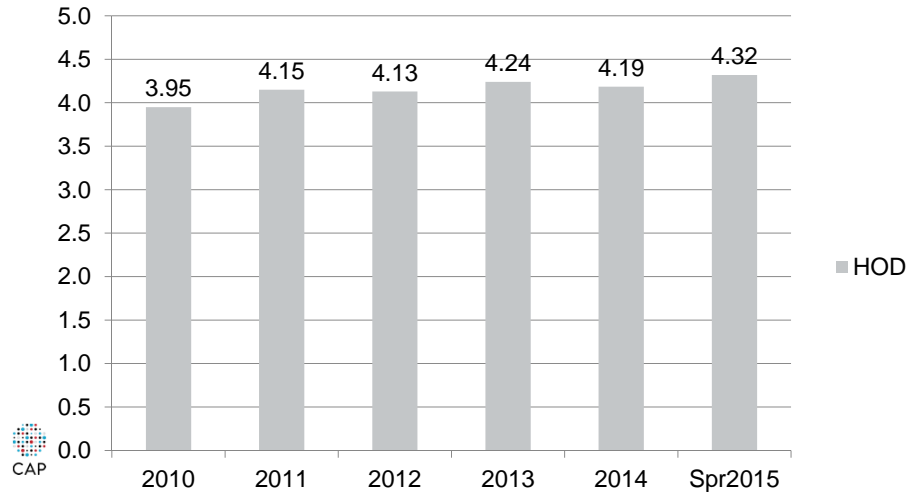
The HOD working in partnership with the BOG, Councils and Committees, each performing its prescribed task, to advance the strategy of the College and its members.

Strategic Initiatives

Strategic Initiative	Remarks
Get a Job	The HOD must provide a function that the CAP views as being essential to its operation—a function that won't get done unless the HOD does it. Such a dependency will integrate the HOD inexorably into the infrastructure of the CAP. We must determine what function best provides value to the CAP and meets our talents.
Market the HOD	In realizing our vision of One College, the HOD has in good faith embraced the College. The College must as a routine matter of business embrace the House. We need a mechanism that weaves the HOD into the fiber of the Councils and Committees as an asset that can be mobilized to advance their agendas, missions, and projects.
Strengthen Relationships between Council Chairs and the HOD	We need to strengthen the relationships between Council Chairs and the HOD in a manner that ensures that Delegates view Council Chairs as partners. We must define a way to improve the communications from the HOD to the Council Chairs and from the Council Chairs to the HOD.
Elevate the Stature of House Leadership	The CAP President speaks the voice of the membership to the house of medicine, and the House of Delegates speaks the voice of the CAP membership to the President. We must define and elevate the stature of our position.
Create a Communication Network	Delegates are accountable for communicating to their constituents and with CAP Leadership. We must develop a communication network that links Delegates to their constituents for the purposes of access, education, and mobilization.

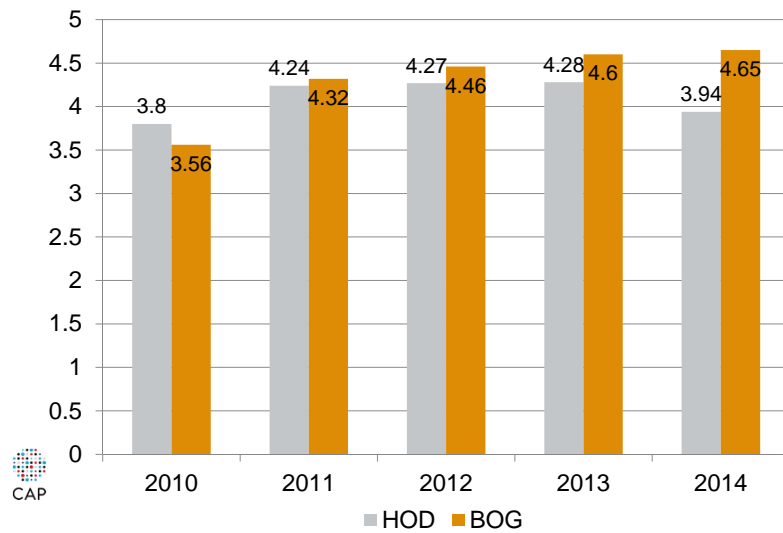
HOD Meeting Format

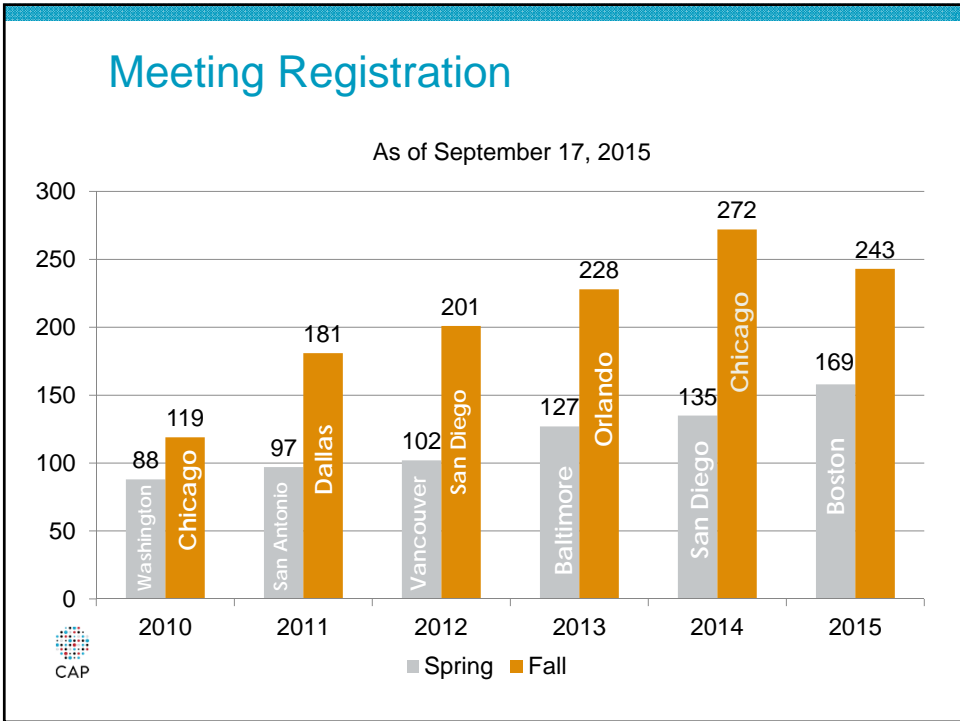
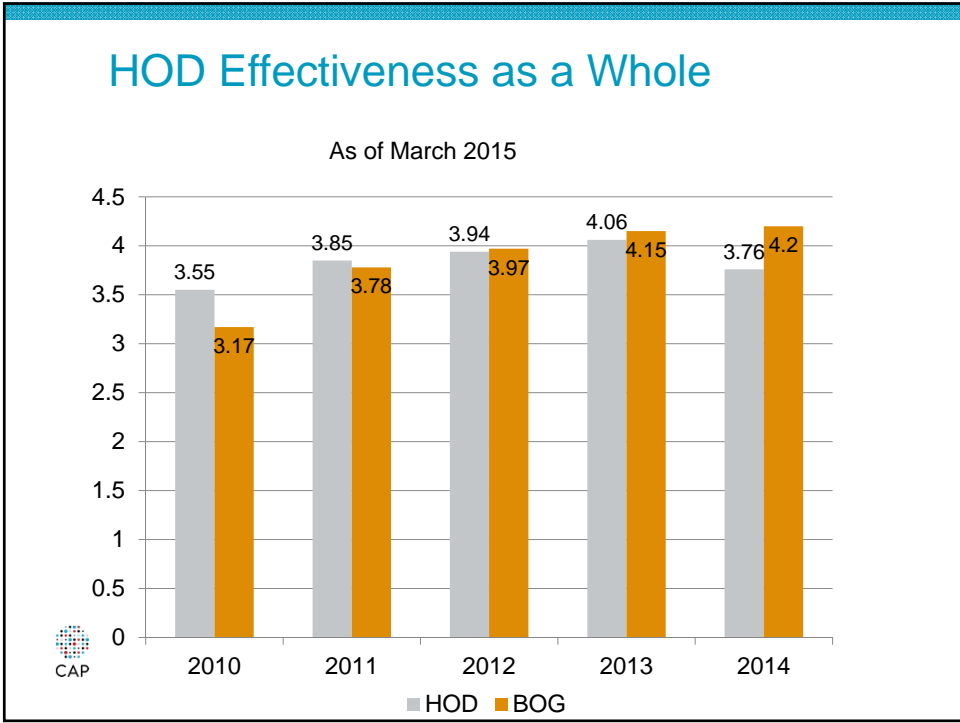
As of March 2015



HODSC Effectiveness

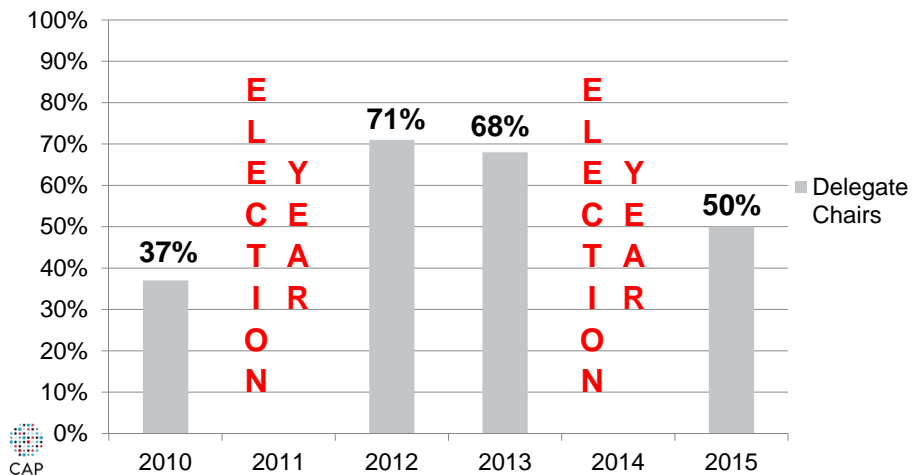
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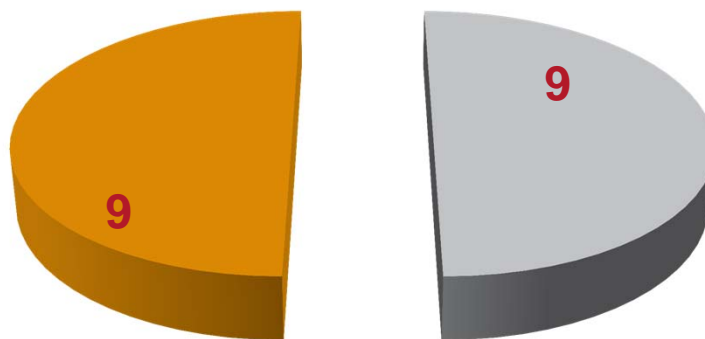
Delegate Chairs Submitting Issues Report

As of March 2015



From HOD Delegate to CAP President

9 of the last 18 CAP Presidents were House Delegates

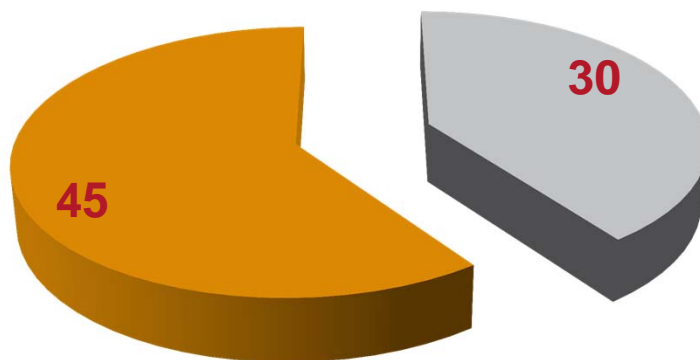


Legend: ■ Non HOD Members ■ HOD Members

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From HOD Delegate to Governor

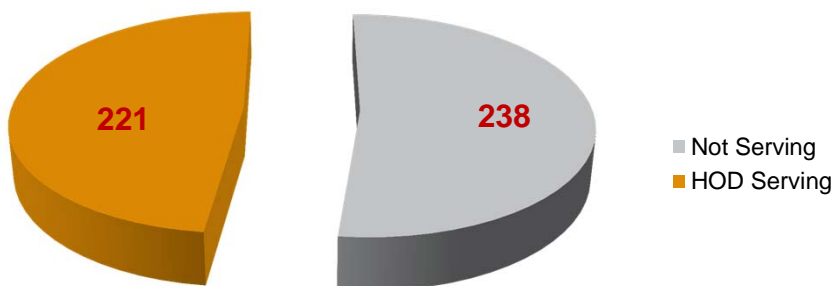
45 of the last 75 Governors were House Delegates

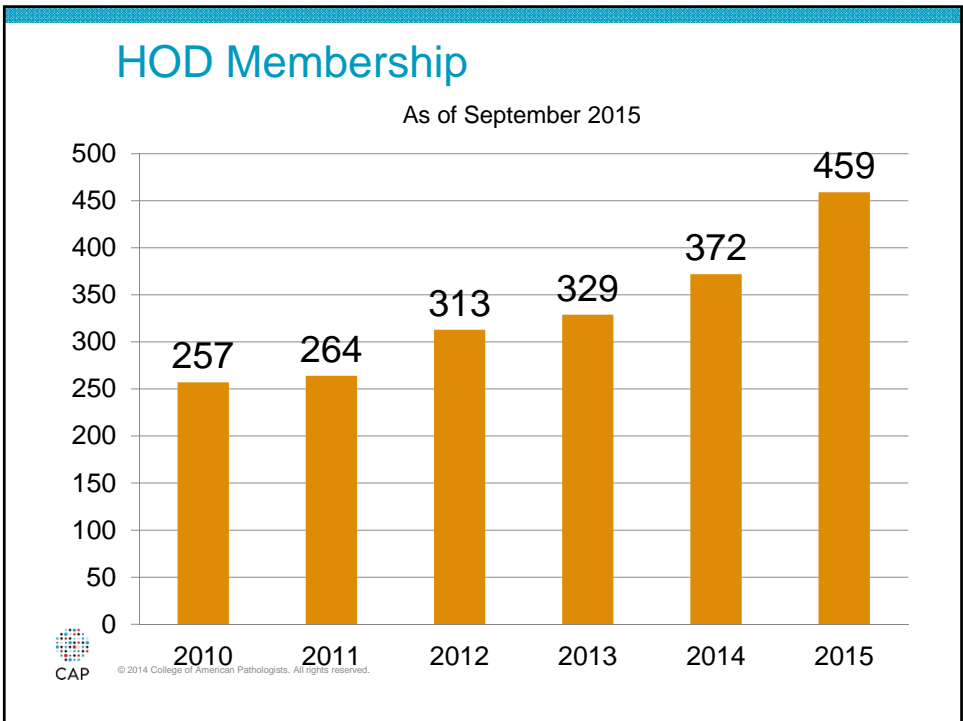
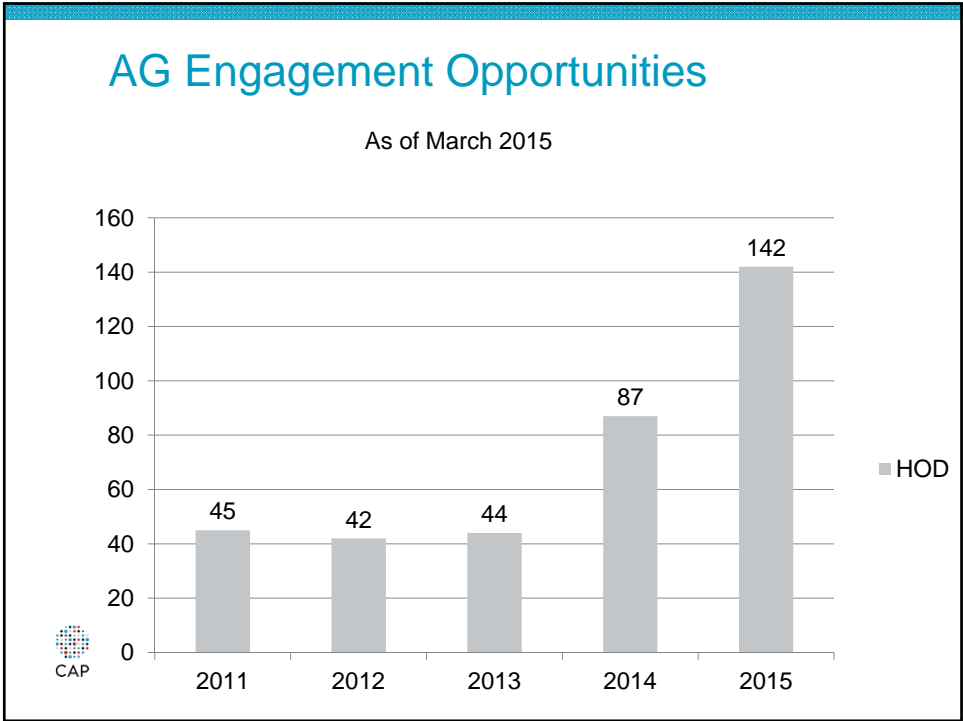


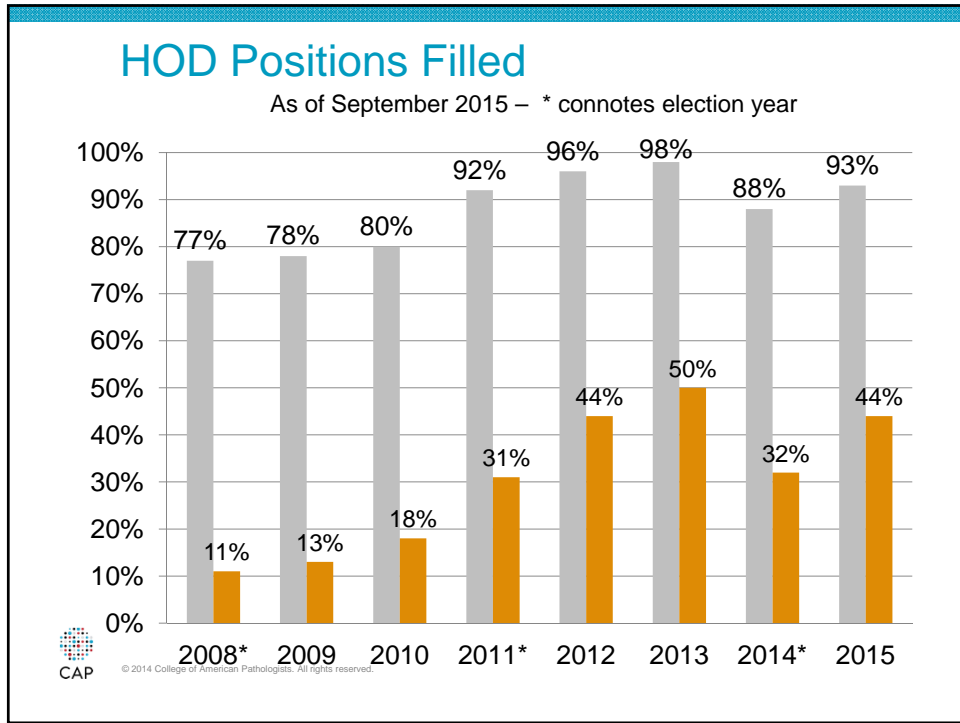
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HOD Delegates Serving on CAP Councils & Committees









Topic: Report of the Secretary Treasurer

Report no.

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

Stephen Myers
Chief Financial and Operating Officer

Date: August 26, 2015

The annual audit of the College of American Pathologists for the year ending December 31, 2014, and the comparable period in the prior year, was completed in March, 2015. Copies of the College of American Pathologists' audited financial statements, including the report of Ernst & Young, the College's independent auditors, for the years ended December 31, 2014 and 2013, are attached for information purposes.

The Board of Governors was recently updated on the mid-year results for 2015. As of June 30, 2015, the College had total assets of \$191.9 million and net assets (total assets minus total liabilities) of \$90.0 million. Total assets reflect a decrease of \$4.9 million over the prior year due primarily to a decrease in long-term investments which were used during the fourth quarter of 2014 to fund projects related to the technology infrastructure. Gross property and equipment increased from \$161.2 million to \$177.2 million. The majority of the increase reflects capitalized computer software as a result of the enterprise information technology (IT) system replacement project.

Total liabilities as of June 30, 2015 of \$101.8 million are greater than the comparable period in the prior year. A \$3.5 million increase in deferred revenue due to increased sales in Proficiency Testing (PT) and Laboratory Accreditation Program (LAP) was partially offset by decreases in other liability categories.

Year-to-date revenue of \$95.0 million exceeds the prior year by \$5.2 million and the budget by \$0.7 million. Growth in PT sales and an increase in LAP fees drive the revenue increase. The revenue for LAP fees and PT are favorable to budget by \$1.6 million while all other revenue sources combined are below budget. By way of reference, member dues revenue to date is \$1.6 million. The forecast is that total CAP revenue will be slightly favorable to budget for the full year in total. Expenses are favorable to budget by \$3.6 million and greater than the prior year by \$1.7 million. The favorable increase in revenue along with the decrease in expenses drives favorable Excess Revenue from Operations compared to budget.

The 2015 budget, as approved, included project spend to develop the LIP Strategy, implement portions of the IS strategy and fund further improvements in the IT platform. Currently project spend is slightly lower than the 2015 budget.

The 2015 budget called for revenue of \$184.3 million and a shortfall of revenues over expenditures of \$14.0 million, due primarily to the enterprise technology system capital investment. Cash flow is budgeted to be positive. The updated 2015 forecast indicates that we should achieve the budget.

The Finance Committee met in August to begin the 2016 Budget process. At the first meeting, the committee met with the Executive Operations Team to discuss the underlying strategies driving the development of the 2016 Budget. A preliminary 2016 budget will be presented to the Finance Committee in October. After this meeting, the Finance committee will recommend a target for the 2016 budget and present this to the Board at the November Board meeting.

FINANCIAL STATEMENTS

College of American Pathologists
Years Ended December 31, 2014 and 2013
With Report of Independent Auditors

Ernst & Young LLP



Building a better
working world

College of American Pathologists

Financial Statements

Years Ended December 31, 2014 and 2013

Contents

Report of Independent Auditors..... 1

Financial Statements

Balance Sheets 3

Statements of Activities 5

Statements of Cash Flows 6

Notes to Financial Statements..... 7



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Report of Independent Auditors

The Board of Governors
College of American Pathologists

We have audited the accompanying financial statements of the College of American Pathologists, which comprise the balance sheets as of December 31, 2014 and 2013, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the College of American Pathologists at December 31, 2014 and 2013, and the results of its operations and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

Ernst + Young LLP

March 6, 2015

College of American Pathologists

Balance Sheets
(Dollars in Thousands)

	December 31	
	2014	2013
Assets		
Current assets:		
Cash and cash equivalents	\$ 22,643	\$ 17,475
Accounts receivable, trade, net of allowance for doubtful accounts of \$223 and \$300 at December 31, 2014 and 2013, respectively	71,193	64,500
Other receivables	629	503
Inventory	257	305
Prepaid expenses	5,430	3,151
Short-term investments and related receivables	–	3,855
Total current assets	100,152	89,789
Investments	66,876	78,944
Note receivable from affiliate	175	175
Deferred compensation plan assets	3,828	3,710
Other long-term assets	–	49
Property and equipment:		
Land and land improvements	5,717	5,693
Buildings, improvements, and leasehold improvements	24,821	24,756
Furniture and equipment	14,102	13,839
Computer software	108,192	98,813
Projects in progress	17,280	9,509
	170,112	152,610
Less accumulated depreciation and amortization	108,388	95,561
	61,724	57,049
Total assets	\$ 232,755	\$ 229,716

	December 31	
	2014	2013
Liabilities and net assets		
Current liabilities:		
Accounts payable	\$ 11,765	\$ 6,016
Accrued salaries and employee benefits	12,693	14,843
Other accrued expenses	4,005	3,317
Current portion of note payable	612	576
Deferred revenue	104,845	98,163
Total current liabilities	<u>133,920</u>	122,915
Note payable, less current portion	6,690	7,302
Deposits	25	23
Deferred compensation plan liabilities	3,828	3,710
Total other liabilities	<u>10,543</u>	11,035
Net assets – unrestricted	88,292	95,766
Total liabilities and net assets	<u><u>\$ 232,755</u></u>	<u><u>\$ 229,716</u></u>

See accompanying notes.

College of American Pathologists

Statements of Activities
(Dollars in Thousands)

	Year Ended December 31	
	2014	2013
Revenues		
Laboratory improvement programs	\$ 127,752	\$ 122,477
Accreditation revenue	34,489	30,506
Terminology revenue	1,599	2,892
Periodical and published material revenue	5,155	4,849
Membership dues	3,428	3,389
Other	4,138	4,032
Total operating revenues	<u>176,561</u>	<u>168,145</u>
Expenses		
Cost of materials and on-site inspections	62,371	59,163
Personnel and employee benefits	76,491	75,060
Travel and meeting	10,006	10,586
Outside services	10,766	12,789
Depreciation and amortization	12,846	10,737
Office expense, rent, and maintenance	9,536	9,193
General and administrative	2,891	2,802
Miscellaneous	660	794
Total operating expenses	<u>185,567</u>	<u>181,124</u>
Loss from operations	(9,006)	(12,979)
Non-operating revenues (expenses)		
Interest and dividend income	3,012	1,825
Interest expense	(466)	(500)
(Loss) gains on investments, net	(1,014)	6,522
	<u>1,532</u>	<u>7,847</u>
Deficit of revenues over expenses	<u>(7,474)</u>	<u>(5,132)</u>
Decrease in net assets	(7,474)	(5,132)
Net assets at beginning of year	95,766	100,898
Net assets at end of year	<u>\$ 88,292</u>	<u>\$ 95,766</u>

See accompanying notes.

College of American Pathologists

Statements of Cash Flows
(Dollars in Thousands)

	Year Ended December 31	
	2014	2013
Operating activities		
Decrease in net assets	\$ (7,474)	\$ (5,132)
Adjustments to reconcile decrease in net assets to net cash provided by operating activities:		
Depreciation and amortization	12,846	10,737
Loss (gains) on investments, net	1,014	(6,522)
Changes in operating assets and liabilities:		
Accounts receivable, trade, net	(6,693)	(5,577)
Other receivables	(126)	420
Inventory	48	56
Prepaid expenses	(2,279)	(922)
Short-term investments and related receivables	3,855	7,337
Accounts payable	5,563	129
Deferred revenue	6,682	(1,488)
Accrued expenses and deposits	913	2,480
Net cash provided by operating activities	<u>14,349</u>	<u>1,518</u>
Investing activities		
Purchases of property and equipment, net	(19,689)	(11,084)
Proceeds from sales of investments	49,150	41,034
Purchases of investments	(38,066)	(36,003)
Net cash used in investing activities	<u>(8,605)</u>	<u>(6,053)</u>
Financing activities		
Payments on note payable	(576)	(497)
Increase (decrease) in cash and cash equivalents	5,168	(5,032)
Cash and cash equivalents at beginning of year	17,475	22,507
Cash and cash equivalents at end of year	<u>\$ 22,643</u>	<u>\$ 17,475</u>
Supplemental disclosure of cash flow information		
(Decrease) increase in accounts payable and accrued expenses and deposits to purchases of property and equipment	<u>\$ (2,187)</u>	<u>\$ 501</u>

See accompanying notes.

College of American Pathologists

Notes to Financial Statements

December 31, 2014

1. Summary of Significant Accounting Policies

Organization

The College of American Pathologists (the College) was established to foster the highest standards in education, research, and the practice of pathology; to advance the science of pathology and improve medical laboratory service to patients, physicians, hospitals, and the public; and to enhance the dignity, scientific competence, and efficient practice of the specialty of pathology for the service of the common good. The College provides services to its members and to hospital and clinical laboratories, substantially all of which are located in the United States.

The College is a not-for-profit professional organization exempt from federal income tax under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(6).

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Although estimates are considered to be fairly stated at the time that the estimates are made, actual results could differ.

Cash and Cash Equivalents

Cash and cash equivalents are financial instruments with original maturities of 90 days or less and consist of cash, investments in money market funds, and commercial paper, as well as amounts retained by certain investment managers upon liquidation of the account.

Accounts Receivable

The College evaluates the collectability of its accounts receivable based on the length of time the receivable is outstanding and the anticipated future uncollectible amounts based on historical experience. Accounts receivable are charged to the allowance for doubtful accounts when they are deemed uncollectible.

College of American Pathologists
Notes to Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Investments

Short-term investments consist of investments in mutual funds and are reported at fair value based upon quoted market prices. These readily liquid investments are held to meet short-term operating cash needs.

Long-term investments include investments in debt and equity securities with readily determinable fair values and are reported at fair value based upon quoted market prices.

Investments in alternative investment funds, structured as limited partnerships, limited liability companies, and investor companies, are accounted for on the equity basis for interests greater than 5% and on the cost basis for interests less than 5%.

Income earned on debt and equity securities is reflected in non-operating revenues. Changes in fair value and earnings on equity-method investments are recorded in gains (loss) on investments in non-operating revenues.

Fair Value of Financial Instruments

The carrying amounts reported in the balance sheets for all financial instruments, with the exception of alternative investments, approximate their fair values at December 31, 2014 and 2013.

Inventory

Inventory primarily comprises publications and test materials. Inventory is stated at the lower of cost or market.

Other Long-Term Assets

Other long-term assets consist of an investment in a joint partnership in which the College has a 50% ownership interest. The College's ownership interest is recorded under the equity method of accounting.

College of American Pathologists
Notes to Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

Property and Equipment

Property and equipment, including leasehold improvements, are stated at cost. Depreciation is provided using the straight-line method over the estimated useful lives of the related assets, ranging from 3 to 40 years. Leasehold improvements are amortized over the shorter of the related lease term or the estimated useful lives of the assets using the straight-line method. Costs related to the purchase and development of computer software for internal use are capitalized and amortized over the estimated useful life of the software (three to five years) using the straight-line method.

Costs associated with the development and installation of internal-use software are accounted for in accordance with Accounting Standards Codification Topic (ASC) 350-40, *Intangibles — Goodwill and Other — Internal-Use Software*. Accordingly, internal-use software costs are expensed or capitalized according to the provisions of ASC 350. Depreciation expense for internal-use software was \$11,457,000 and \$9,205,000 for the years ended December 31, 2014 and 2013, respectively.

Deferred Revenue and Revenue Recognition

The College recognizes revenue related to its laboratory improvement programs and membership dues upon shipment of the product or completion of services. The College invoices and collects cash in advance of the delivery of some products and services and accounts for the cash or receivable as deferred revenue. All shipping and handling costs billed to customers are included as operating revenues and all costs incurred by the College for shipping and handling are classified as cost of materials and on-site inspections in the statements of activities.

The College recognizes revenue for some products and services at the time of delivery, or in the case of accreditation services, on an annual basis when the service is performed.

The College performs support and consulting services under contracts for which it is paid on a time and material or a cost plus basis upon performance of services, which is recognized as terminology revenue in the statements of activities.

College of American Pathologists

Notes to Financial Statements (continued)

2. Related-Party Transactions

The College is related to the College of American Pathologists Foundation (the Foundation). The Foundation is a Section 501(c)(3) not-for-profit organization established to contribute to health and patient care by providing resources and leadership to ensure continuing excellence in the science, art, and practice of pathology. The College makes contributions to the Foundation to further the Foundation's purpose. Contributions to the Foundation totaled \$500,000 for each of the years ended December 31, 2014 and 2013. Net amounts due from the Foundation totaled \$169,000 and \$178,000 as of December 31, 2014 and 2013, respectively. The College provides management services to the Foundation that are not charged back to the Foundation. Dedicated foundation personnel are paid by the College and charged to the Foundation based on actual cost. Total salaries and benefits paid by the College and charged to the Foundation were \$642,000 and \$651,000 for the years ended December 31, 2014 and 2013, respectively. The College also charges the Foundation for other shared services, which totaled \$19,000 and \$16,000 for the years ended December 31, 2014 and 2013, respectively.

In response to the College's Board of Governors' action, the College entered into an agreement in 1997 to lend the Foundation up to \$150,000 in 1998 and \$100,000 in 1999. In December 2000, the College and the Foundation agreed to extend the agreement through December 31, 2010. The terms of the agreement stipulate repayment to the College in ten equal payments of \$25,000, payable each year by December 15, beginning in 2001 and ending in the year 2010. Approximately \$175,000 is reflected as a note receivable from affiliate at December 31, 2014 and 2013. The College's Board of Governors took action to allow the Foundation to defer payment on the \$175,000 loan balance at its May 2004 meeting. The deferment of the note and its collectability are evaluated annually by the College's Board of Governors. The note was deferred until December 15, 2016, and is thus reflected as a long-term asset as of December 31, 2014.

College of American Pathologists

Notes to Financial Statements (continued)

3. Investments

Investments consisted of the following at December 31 (in thousands):

	2014		2013	
	Carrying Value	Cost	Carrying Value	Cost
Common stocks	\$ 7,646	\$ 6,563	\$ 7,779	\$ 6,125
Corporate bonds	707	709	6,077	6,087
Mutual funds:				
U.S. equity	15,930	13,065	22,293	11,516
International equity	8,640	7,969	5,877	12,095
Fixed income	16,802	16,218	19,207	17,106
Alternative investments	17,151	17,151	17,711	17,711
	<u>\$ 66,876</u>	<u>\$ 61,675</u>	<u>\$ 78,944</u>	<u>\$ 70,640</u>

Short-term investments, consisting of investments in mutual funds, are excluded from the table above. Deferred compensation plan assets of \$3,828,000 and \$3,710,000 at December 31, 2014 and 2013, respectively, which are not included in the table above, are invested in marketable mutual funds.

Investment return is summarized as follows for the years ended December 31 (in thousands):

	2014	2013
Interest and dividend income	\$ 3,012	\$ 1,825
Realized gains on investments, net	2,070	2,003
Unrealized gains (loss) on investments, net	(3,084)	4,519
	<u>\$ 1,998</u>	<u>\$ 8,347</u>

The fair value of alternative investments based on estimates determined by the investment fund's management was \$25,125,000 and \$23,564,000 at December 31, 2014 and 2013, respectively.

College of American Pathologists

Notes to Financial Statements (continued)

3. Investments (continued)

Included in alternative investments are several private equity investments, which are long-term in nature and relatively illiquid. In general, the terms of the private equity investments commit the College to invest an agreed-upon amount of capital over a period of years as requested by the fund manager. The outstanding commitments under these agreements, which the College is obligated to fund upon request, totaled \$1,223,000 and \$1,459,000 at December 31, 2014 and 2013, respectively.

The following table summarizes the fair value of alternative investments that had unrealized losses and the length of time that the alternative investments have been in a continuous unrealized loss position (in thousands):

<u>Date</u>	<u>Less Than 12 Months</u>		<u>12 Months or Longer</u>	
	<u>Fair Value</u>	<u>Unrealized Losses</u>	<u>Fair Value</u>	<u>Unrealized Losses</u>
December 31, 2014	\$ –	\$ –	\$ –	\$ –
December 31, 2013	795,000	41,000	3,915,000	336,000

Fair value is defined in ASC 820, *Fair Value Measurement*, as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC 820-10, *Fair Value Measurement — Overall* —, establishes a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date.

The three levels are defined as follows:

- Level 1 – Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- Level 2 – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instruments.
- Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

College of American Pathologists

Notes to Financial Statements (continued)

3. Investments (continued)

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Fair value measurements for common stocks and mutual funds are considered Level 1 under the ASC 820-10-50-2 valuation hierarchy, are based on open market pricing, and are valued on a daily basis. The investments in corporate bonds are considered Level 2 investments and are valued by pricing services utilized by the College's investment managers in which quoted prices for similar instruments in active markets are used to determine fair value.

4. Employees' Retirement and Savings Plan

The College maintains a 401(k) plan for employees to defer a portion of their pay. For 2014 and 2013, the College matched the employees' 401(k) contribution, up to 4% of the employees' salary, and made an annual discretionary contribution of 6%. The employer contribution for the 401(k) match was approximately \$2,200,000 and \$2,100,000 for the years ended December 31, 2014 and 2013, respectively, and the discretionary contribution was approximately \$2,900,000 and \$2,700,000 for the years ended December 31, 2014 and 2013, respectively.

5. Leases and Other Commitments

The College leases certain office space, office equipment, and data processing equipment under operating leases. A ten-year lease for the Washington, D.C., office was negotiated during 2004; an amendment to the lease was put in place in 2006 and represents \$767,500 of future obligations as of December 31, 2014. In 2008, a new seven-year lease for additional office space near Northfield, Illinois, was negotiated; this lease represents \$352,000 of future obligations as of December 31, 2014. The first five years of both leases contain non-cancelable terms and do not include increases based on operating experience as they have not yet been determined. As of December 31, 2014, future minimum lease payments under all leases with initial or remaining non-cancelable lease terms in excess of one year are as follows (in thousands):

2015	\$	1,735
2016		804
2017		64
	\$	<u>2,603</u>

College of American Pathologists

Notes to Financial Statements (continued)

5. Leases and Other Commitments (continued)

Rental expense amounted to \$3,399,000 and \$3,211,000 for the years ended December 31, 2014 and 2013, respectively.

6. Note Payable

On January 30, 2004, the College entered into a loan agreement with a principal amount of \$12,000,000 bearing a fixed annual interest rate of 6.15%. The loan will be payable in monthly installments over 20 years and is secured by a mortgage on certain real estate owned by the College. The 20-year mortgage requires monthly payments (including interest) as follows (in thousands):

	<u>Principal</u>		<u>Interest</u>		<u>Total</u>
Year:					
2015	\$ 651	\$	393	\$	1,044
2016	692		352		1,044
2017	736		308		1,044
2018	782		262		1,044
Thereafter	3,829		521		4,350
	<u>\$ 6,690</u>	\$	<u>1,836</u>	\$	<u>8,526</u>

Interest paid amounted to \$469,000 and \$503,000 for the years ended December 31, 2014 and 2013, respectively.

7. Commitments

Supplier

The College has entered into agreements with several of its suppliers, which obligate the College to purchase a minimum amount of materials and supplies for use in various products and tests provided by the College during the current and future program years. These agreements expire at various times through 2015 and amount to approximately \$40,886,000.

College of American Pathologists

Notes to Financial Statements (continued)

8. Functional Expenses

The College provides proficiency testing, educational services, accreditation, inspection, and other related services to its members and to hospital and clinical laboratories. The operating expenses included in the accompanying statements of activities are primarily related to the following for the years ended December 31 (in thousands):

	<u>2014</u>	<u>2013</u>
Program services	\$ 160,573	\$ 160,130
General and administrative services	24,995	20,994
	<u>\$ 185,568</u>	<u>\$ 181,124</u>

9. Subsequent Events

The College evaluated events and transactions occurring subsequent to December 31, 2014, through March 6, 2015, the date of issuance of the accompanying financial statements. During this period, there were no subsequent events requiring recognition or disclosure in the financial statements.

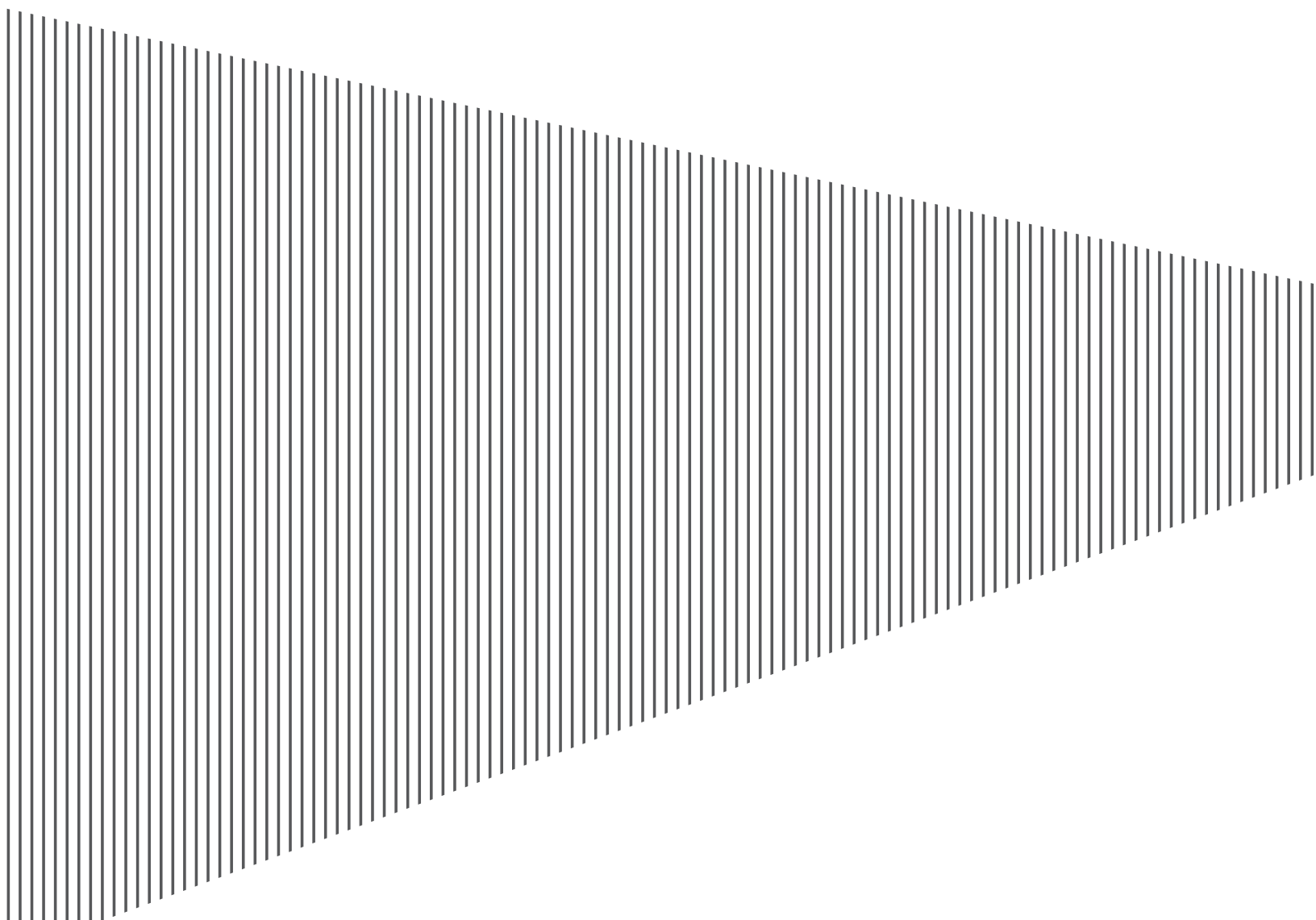
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Topic: Council on Accreditation Report

To: Board of Governors

From: Richard R. Gomez, MD, FCAP, Chair, Council on Accreditation
Denise Driscoll, Director, Accreditation and Regulatory Affairs

Date: June 26, 2015

1. COUNCIL PROGRESS ON LABORATORY IMPROVEMENT PROGRAMS (LIP) STRATEGY

OPEN Priorities – LIP Strategy		Three Strategic Actions
1.1.1	Retain and Grow Domestic LIP Revenue Profitably	Stabilize and Strengthen the Core
1.1.2	Expand Internationally	
1.2.1	Manage Cost of Goods Sold	
1.2.2	Manage Operating Expenses	
1.4.1	Increase Our Focus on Relationships with Key Customers	
1.4.2	Improve the Customer Experience (NPS)	
3.1.1	Evolve Current Product and Service Features, Function and Value to Increase Competitiveness	Innovate from the Core
3.1.2	Accelerate the Development of Complementary Offerings	Develop Delivery and Support Capabilities
3.2.1	Improve Process Efficiency and Effectiveness	
<i>Support Advancement of the Specialty</i>		



LIP Strategy Recent Accomplishments:

We continue to make strong progress within our initiatives. Recent updates include:

- Inspection Process Focus Areas – Prioritized and confirmed three inspection process improvement focus areas:
 - Market Awareness
 - Operational Improvement Opportunities
 - Inspector Consistency **G / O**
- Inspection Process Initiatives – Initiated or ongoing exploration of five project concepts under the inspection process improvement focus areas for development in 2015/2016:
 - Network Global Summation Expanded Pilot
 - Alternate Options for Inspection Reciprocity
 - Inspector feedback Mechanisms Improvement
 - Inspector Recognition Program Improvement
 - Market Awareness Campaigns **G / O**
- Section Checklist –Design phase in progress and on track for new reforecast date of 2/29/2016. **G / A / O**
- ONPAR (CAP Quality Compass) – Development on track for the new reforecast date of third quarter 2015. **G / A / O**

2. DISCUSSION TOPICS

Accreditation Committee (AC)

- The AC endorsed a proposal to place initial laboratories that have not commenced patient testing on Accreditation with Requirements instead of Preliminary Accreditation to facilitate oversight of such laboratories.

The AC will recommend edits to relevant policies and refer them back to the council for consideration. **G / O**

Biorepository Accreditation Program Committee (BAP)

- The BAP committee reviewed the tissue procurement survey. This survey is intended for directors of surgical pathology practices to capture information regarding their experiences with research tissue procurement.. **A**
- The committee discussed the possibility of expanding BAP to international biorepositories. **G**

Commission on Laboratory Accreditation (CLA)

- In response to the most recent CMS Validation Disparity Report, the CLA identified mitigation strategies with the goal to decrease the disparity rate. These strategies include:
 - Revisions to letters in the laboratory and inspector packets emphasizing the responsibilities of the laboratory director in the overall quality of the laboratory.
 - Educational offerings including a Fast Focus on Compliance regarding the identification of systemic issues found during inspections.
 - Publication of a CAP Today article on CMS validation inspections. **G / A**

Accreditation Education Committee (AEC)

- The AEC met with Inspection Process Committee to discuss the Fast Focus on Compliance module on Identifying Systemic Issues. Both committees recommended increasing the accessibility of modules

intended for inspectors by not placing them behind eLab Solutions, which requires an individual to log in. **G / O**

Checklist Committee (CLC)

- The CLC discussed inspection of molecular testing in the point of care environment. At issue is whether there are other applicable requirements in the Microbiology or Molecular Pathology checklists. The CLC determined use of the Point-of-Care-Testing Checklist is appropriate for those test systems that have a self-contained analyzer without a separate process for sample preparation and extraction. **A / O**

Continuous Compliance Committee (CCC)

The CCC developed a plan to educate laboratories regarding the 6 month CMS cease testing mandate.

Inspection Process Committee (IPC)

- The IPC discussed the minimum requirements to be a specialty inspector and will be making a recommendation to the CLA to standardize minimum experience criteria across the five specialties. This should simplify the application process and open up additional opportunities for qualified individuals to participate on inspections, which will address some shortfalls in specialty inspectors needed for some specialty areas. **G / O**

CAP15189 Committee

- CAP15189 published guidelines on Risk Management and Measurement Uncertainty to support new clauses in ISO 15189:2012. **A / O**

- CAP15189 staff has developed a cost of quality model that a laboratory can use with other quality tools for proactive budgeting. This will help a laboratory demonstrate its value to administration as part of the budget decision-making process. **G / A**



Topic: Council on Education Report

To: Board of Governors

From: Michael Prystowsky, MD, PhD, FCAP, Chair, Council on Education
Ann Neumann, PhD, Vice President, CAP Learning

Date: June 22, 2015

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

Theme 1: Sustain Growth & Improve Profitability

Goal 1.1 Grow Revenue

Subgoal 1.1.3 Sustain Other Sources of Revenue

AP3 Spring Workshop - Revenue Update

Registrations for the four spring AP3 workshops were consistently below projections. The team is identifying additional tactics to maximize fall registrations.

Theme 2: Advance the Specialty

Goal 2.2 Prepare Pathologists for Future Roles

Subgoal 2.2.2 Ensure Pathology Graduate Medical Education Meets the Needs of the New Models

PIER

The Pathology Informatics Essentials for Residents (PIER), developed in collaboration with APC and API, presents training topics, implementation strategies and resource options for PRODS and faculty to effectively provide

informatics training to their residents and meet ACGME informatics milestone requirements. An Alpha test of the program is currently underway to obtain feedback on PIER materials and understand program implementation experiences. Feedback is being gathered from several perspectives including PRODs, faculty, program chairs and residents. The Alpha test is scheduled to be completed in October 2015, with the feedback being used to support Release 2 of the program prior to the start of the 2016 academic year.

Test Utilization Course for Residents

This course is a collaborative project with the APC. It is a case-based, online course designed for residents to develop skill in: appropriate ordering practices, test interpretation, data analysis, and using consultative skills to guide clinicians in achieving better patient outcomes.

Goal 2.3 Strengthen the Practice of Pathology

**Subgoal - 2.3.1 Offer Market Driven Learning Opportunities that Maximize Competence
Pulmonary Pathology Learning Series Update**



The Pulmonary Pathology Learning Series prepares pathologists to lead the patient care discussion by incorporating practical tools and expert best practices, applying current pulmonary guidelines, and addressing key diagnostic issues. The full online learning series will be available within the next few weeks.

Title	CME/SAM Credits	Availability
New Approaches to Diagnosing Non-Neoplastic Lung Disease		
Approach to Fibrotic Lung Disease	1.25	Nov. 2014
Pathologist's Approach to Acute Lung Injury	1.25	April 2015
Understanding Diffuse Lung Disease: Imaging as a Bridge to Anatomy, Physiology, and Histology	1.50	July 2015
Cutting Edge Cytology Practices in Neoplastic Lung Disease		
Non-Small Cell Lung Cancer and Molecular Testing Guidelines	2.50	Sep. 2014
Subtyping Non-Small Cell Lung Cancer	1.25	Nov. 2014
Reporting for Neoplastic Pathology Biomarkers	1.25	June 2015

Excellence in Practice Award

The Laboratory Medical Director (LMD) AP³ was recently recognized by the Association for Talent Development (ATD) with an Excellence in Practice (EIP) Award. ATD's EIP awards are presented to organizations with proven practices that have delivered measurable business results in achieving organizational goals. ATD received 126 EIP submissions in the fall of 2014 from organizations around the world; thirteen organizations received awards. The CAP, along with other award recipients, was honored on May 18

at an awards ceremony held during ATD's International Conference & Exposition in Orlando, Florida.

CAP Learning Portfolio Overview

CAP continues to focus on supporting member learning needs by growing its portfolio of offerings. In 2015, a total of 296 CME activities are expected to be offered by CAP. This is 11% more offerings than were available in 2013 and represents a mix of live Annual Meeting courses, AP3 programs, online learning and other offerings related to LIP and LAP products. Consistent with the CAP learning strategy, a greater number of these learning needs align with topics identified among pathologist's highest priority learning needs than those topics that fall at the bottom of learning need priorities.

Advanced Practical Pathology Programs (AP³) Schedule

AP ³ Program	Date & Location
Laboratory Medical Director (LMD)	September 17–18 Chicago, IL
Multidisciplinary Breast Pathology (MBP)	September 19–20 Chicago, IL
Prostate Pathology	November 6–7 Dallas, TX
Ultrasound-Guided Fine Needle Aspiration (USFNA)	October 17–18 Englewood, NJ



Theme 3: Operate Effectively & Efficiently

Goal 3.1 Optimize Product Management Processes

**Subgoal - 3.1.1 Evolve Current Product and
Service Features, Functionality, and Value to
Increase Competitiveness**

Learning Management System Update

The new system went live on March 16, 2015. Key drivers for replacing the previous LMS were to:

- Improve accessibility of CAP learning content across multiple browsers and operating systems.
- Reducing the number of clicks to get to an education activity
- Provide an ability to browse through learning options without being logged into the cap.org site
- Integrate purchases into the overall CAP shopping site so that courses can be purchased with other CAP products.

All of these goals are being demonstrated. In the first 8 weeks since release, users have accessed the new LMS using PCs, MACs, and tablets using multiple browsers as well including Internet Explorer, Firefox, Safari and Chrome. Users can browse the new site without logging in to cap.org first. Finally, several learners have purchased multiple learning activities in one transaction, the most being 14 activities at one time.



Topic: Council on Membership and Professional Development August 2015 Report
To: Board of Governors
From: Bharati Suketu Jhaveri MD, FCAP, Chair, Council on Membership and Professional Development
 Maryrose Murphy, Vice President, Membership and Professional Development
Date: August 5, 2015

1. Council on Membership and Professional Development ACTIONS taken on August 1 & 2, 2015.

Action	Action Taken	Staff Responsible
<p>1. APPROVE the following recommendations on how the CAP will work with state pathology societies (SPSs) to support CAP members and influence public policy:</p> <ul style="list-style-type: none"> • Create market awareness of CAP’s federal and state advocacy activities • Share member information including email addresses between the CAP and SPSs to promote membership for both organizations • Add an OPEN goal to Theme 2 – Advance the Specialty – to support SPS membership growth and viability • Support SPS meetings with a CAP presence 	APPROVED	Maryrose Murphy Doug Knapman Marci Zerante
<p>2. APPROVE the edits of the <i>Use of Membership Lists</i> policy to allow sharing membership contact information in a reciprocal arrangement with State Pathology Societies</p>	APPROVED	Maryrose Murphy
<p>3. APPROVE the edits to the <i>Meeting Site Selection and Scheduling</i> policy to clarify the meeting restrictions around the CAP annual meeting site.</p>	APPROVED	Maryrose Murphy
<p>4. APPROVE the CAP annual meeting recommendations proposed by the Annual Meeting Ad-Hoc Committee (AMAC)</p>	APPROVED	Maryrose Murphy



<p>5. APPROVE a zero % increase in Fellow and International Fellow dues in 2016</p>	<p>APPROVED</p>	<p>Maryrose Murphy Doug Knapman</p>
<p>6. APPROVE increasing the Life Fellow dues from \$5770 in 2015 to \$6,000 in 2016.</p>	<p>APPROVED</p>	<p>Maryrose Murphy Doug Knapman</p>
<p>7. APPROVE the following Maintenance of Certification (MOC) recommendations to the Board of Governors:</p> <ul style="list-style-type: none"> • to actively support pathologists in meeting and managing maintenance of certification (MOC) compliance with information, resources and the CAP's relationship with the American Board of Pathology as the CAP's highest membership priority, • to set the MOC program as an essential member benefit that can drive recruitment and retention and to provide regular reports to the NIPC is requesting regular reports on the progress on its progress. 	<p>APPROVED</p>	<p>Maryrose Murphy Doug Knapman</p>
<p>8. APPROVE the addition of a Digital Strategy Liaison position to the Residents Forum Executive Committee structure beginning in 2016</p>	<p>APPROVED</p>	<p>Maryrose Murphy Doug Knapman</p>
<p>9. APPROVE the following, updated Practice Management Committee charge:</p> <ul style="list-style-type: none"> • to identify, understand, and address the challenges of pathologists and their practices • to provide strategies, resources, and education to assist pathologists in developing, improving and managing successful practices in the current and evolving environment • to engage member practices providing a pathway to connect them with the CAP's practice management resources 	<p>APPROVED</p>	<p>Maryrose Murphy Doug Knapman</p>



**2. COUNCIL/COMMITTEE PROGRESS ON
Organizational Performance & Expectation Narrative
(OPEN)**

Theme 1: Sustain Growth & Improve Profitability

1.1 Grow Revenue Profitably

1.1.3 Sustain Other Sources of Revenue

Membership Dues Revenue

Target - Achieve \$3.5M in Member Dues

- 2015 Q2 Member Dues = 93% of goal.
- Implemented an NEW online option for automatic renewal payment for member dues – will roll out this new feature for the 2016 dues cycle beginning Oct.1.

CAP '15 Revenue

Target – Achieve 90 exhibitors - 75 Exhibitors committed as of 7/11/15

Target – Achieve 1,250 Registrations - 340 registrants as of 7/11/15 (46 ahead of CAP '14 same # weeks out)

Theme 2: Advance the Specialty

2.1 Drive Member Loyalty

Membership Market Share 1-10 YIP

Target - Achieve increase in membership market share for the 1-10 years in practice demographic segment to 57% of market share at the end of Q3

As of Q2-2015: 1-10 YIP Market Share = 53% (3,300 members of potential 6,237)

Compared to Q3-2014: 55.5% Market Share (3,335 members of potential 6,008)

2.2 Prepare Pathologists for Future Roles

Engaged Leadership Academy

Target - 40 attendees in 2015 consistent with 2014.

As of July, 36 applications have been received.

Target – ELN Measurable Publicity value of \$150K
Publicity value of activities = \$178K as of June 2015

3. DISCUSSION TOPICS

- Conflicts of Interest and PRIDE Principles – Dr. Friedberg shared his experiences with using the CAP PRIDE Principles when interacting with other health care professionals – emphasizing that the practice of medicine is a “team sport.”
- CAP Update – Dr. Herbek reviewed highlights on relationships between the CAP and other organizations such as the ASCO, AHA, and the ABP.
- Value-Based Care Strategy – Reviewed recommendations on ways the College can build pathologists and practice awareness in the value-based care environment to enable pathologists and practices to leverage their skills, particularly in the areas of patient safety and quality improvement, and enhance patient, payer, value-based care organization and health community awareness of the pathologist’s value.
- Member-Staff partnerships – The Council engaged in an interactive exercise to identify best practices in member-staff partnerships to move the organization forward toward the Board approved CAP strategy and goals.
- CAP Advocacy Efforts - Dr. G. Kwass reviewed results of CAP’s efforts to maximize reimbursement during the past several years
- State Pathology Societies (SPS) – The Council discussed and reviewed the work of the SPS advisory group and their recommendations on how the CAP will work with State Pathology Societies (SPSs) to support CAP members and influence public policy.



- Member Messaging – Discussed the messaging developed by *RocketLawnc*’s *The CAP Member Message Testing Report* in an effort to develop stronger statements to reflect CAP value and engage current members and recruit new members.
- Engaged Leadership Academy (ELA) – Discussed ways to increase the number of applicants and also focus areas for evaluation
- CAP Meritorious Service Awards – the CAP Meritorious Service Awards Workgroup discussed their progress and proposed changes for 2016 including opening the awards process at CAP’15
- Practice Engagement – Reviewed CAP efforts regarding implementation of ICD-10 including CMS video and CAP webinar and screen flows.
- CAP ’15 and CAP ’16 Annual Meetings – Discussed inaugural events, CAP ’16 Exhibitor Prospectus and meeting registration.
- Fall 2015 HOD & RF Meetings - Reviewed topics, speakers, and registration.
- PathPAC Ambassador Program – Discussed opportunities for CAP members to support legislative and regulatory issues.
- Committee Member/Staff Job Descriptions – Agreed to provide input on the job descriptions for committee members and staff, currently under review and revision.
- Future Meetings – Reviewed plans and discussed efficient and economical ways for the council and its committees to meet and accomplish their goals.
- Residents Forum – Presented a comparison of the CAP and ASCP web pages for residents with suggestions for improvement and proposed a new position on the residents forum executive committee (RFEC) to focus on digital engagement.

To: CAP House of Delegates

HODSC Liaison: Martha R. Clarke, MD, FCAP, Sergeant-at-Arms

Council: Council on Accreditation

Date: August 19, 2015

Subject: Liaison Report on Action Group

Action Group or Project Charge	Action Group on Laboratory Accreditation Program Advisory Panel
Action Group or Project Description	There are no current projects for this Action Group. Dr. Clarke was invited by Dr. Gomez, Chair of the COA to attend the September 19 th COA meeting in Kansas city. Due to previous commitments, she will not be able to attend; however, another member of the Steering Committee may be able to attend.
Council Goal and OPEN Theme/Goal that the proposal supports	Council goal: OPEN goal: 2 Advance the Specialty 2.3 Strengthen the Practice of Pathology
House of Delegates Strategic Initiative supported by this project	<ul style="list-style-type: none"> Market the HOD Strengthen Relationships between Council Chairs and the HOD
How is this initiative's success determined or measured?	The input that the HOD Action Group provided was used by the Checklist Committee and the Commission on Laboratory Accreditation to confirm and/or make recommendations on a few proposed edits to checklist requirements related to synoptic reporting for the 2015 edition. The feedback was used to both confirm that proposed language was clear and understandable and guide further refinements before the checklist requirements went to their next phase of review with the Checklist User Groups.
What was the timeline? Is it completed?	This action group completed its assignment of reviewing and evaluating each named checklist standard.
What were the outcome(s)? What did this group/project achieve?	This action group completed its assignment of reviewing each named checklist standard and evaluating it for clear and understandable language, scientific/medical accuracy, best practice, application in the "real world," and ability for inspectors to evaluate compliance with the requirement. The action group gave feedback on whether a requirement to self-audit pathology reports is a reasonable requirement and whether the use of synoptic reporting should be an accreditation requirement.
What resources were used to complete this? Describe the criteria used for determining the HOD members that were involved in the activity?	HOD members that were involved in the activity were conversant in CAP Cancer Protocols.

To: CAP House of Delegates

HODSC Liaison: Rodolfo Laucirica, MD, FCAP, Sergeant-at-Arms

Council: Council on Education (COE)

Date: August 19, 2015

Subject: Liaison Report on COE Activities

Project Charge	Obtain deeper dive needs research for areas related to informatics, genomics and laboratory medical direction, including gathering feedback from the HOD through a survey and a focus group.
Project Description	<p>HOD members were surveyed as a part of the 2015 CAP Learning Needs Assessment. COE along with HOD leadership agreed that the HOD should provide assistance to the COE in completing some deeper dive research in support of the COE's strategic portfolio planning efforts.</p> <p>The purpose of this effort is to better understand both what pathologists need to learn and how they want to learn it, specifically in the areas of Informatics, Laboratory Medical Direction and Molecular/Genomics. Research was gathered from HOD members. The respondents were asked about willingness to participate in future focus groups or additional surveys in the specified areas.</p>
Council Goal and OPEN Theme/Goal that the proposal supports	<p>Council goal: Receive HOD's assistance ensuring CAP is providing the right learning options for our members.</p> <p>OPEN goal: 2 Advance the Specialty 2.2 Prepare Pathologists for Future Roles 2.2.1 Provide Tools, Education, and Resources</p>
House of Delegates Strategic Initiative supported by this project	Strengthen Relationships between Council Chairs and the HOD
How is this initiative's success determined or measured?	Input from HOD members through survey and adequate participation in focus group(s)
What was the timeline? Is it completed?	Virtual focus groups will provide further input and a final report/recommendation will be submitted for consideration to the COE in December.
What were the outcome(s)? What did this group/project achieve?	<p>A 40% response rate (174 out of 430) was received with the following results:</p> <ul style="list-style-type: none"> The majority of respondents (87%-97%) indicate the importance of obtaining additional education in each of the topic areas the COE is focused is either <i>Important</i>, <i>Very Important</i> or <i>Critically Important</i> 63% of the respondents indicated that they will be attending the HOD meeting preceding CAP '15

	<ul style="list-style-type: none"> 62% selected Yes when asked if they would be interested in participating in future focus groups or additional surveys on these topic areas <p>Members indicated their interest in participating in future focus groups or surveys.</p>
<p>What resources were used to complete this? Describe the criteria used for determining the HOD members that were involved in the activity?</p>	<p>All HOD members were invited to be involved in the activity.</p>

Submit this completed form to hod@cap.org.

To: CAP House of Delegates

HODSC Liaison: Alfred Campbell, MD, FCAP, Secretary

Council: Council on Scientific Affairs (CSA)

Date: July 27, 2015

Subject: Liaison Report on CSA Activities

The HOD Steering Committee Liaison to the Council on Scientific Affairs has met or is meeting with virtually all CSA Committee Chairs to introduce the House of Delegates as a collaborative entity, as well as the opportunity to work with CSA on projects that are mutually beneficial and mutually meet goals and strategies of the Council and HOD.

In addition, The CAP Pathology and Laboratory Quality Center (The Center) suggests that it will be ready to engage HOD members in a project in 2016. See the information below.

Project Charge	Engage the Pathology Practice Guidances (PPG) Action Group (AG) in a new capacity using CAP evidence-based guidelines (EBG).
Project Description	Options for engaging the Action Group may include inviting them to review scope/key questions, draft recommendations, final recommendations, and/or serving as an "independent review panel" based on a COI vetting and topic expertise. The Center encourages the reformation of the AG that generated ideas for consideration. This is an extremely helpful exercise in identifying new topics for identifying gaps in promotion of currently completed topics.
Council Goal and OPEN Theme/Goal that the proposal supports	Council goal: OPEN goal: 2 Advance the Specialty
House of Delegates Strategic Initiative supported by this project	Strengthen Relationships between Council Chairs and the HOD
How is this initiative's success determined or measured?	To be determined
What was the timeline? Is it completed?	To be determined
What were the outcome(s)? What did this group/project achieve?	To be determined
What resources were used to complete this? Describe the criteria used for determining the HOD members that were involved in the activity?	To be determined

Submit this completed form to hod@cap.org.



Topic: HOD Action Group on Communications Network

Chair: Keith Volmar, MD, FCAP

HOD Steering Committee Liaison: James E. Richard, DO, FCAP

Members: Mary E. Fowkes, MD, PhD, FCAP, New York Delegate
S. Robert Freedman, MD, FCAP, California Delegation Chair
Rodolfo Laucirica, MD, FCAP, Texas Delegation Chair
Antonio E. Martinez, MD, FCAP, Florida Delegation Chair
Michael Misialek, MD, FCAP, Massachusetts Delegation Chair
Tom Molina, MD, FCAP, Texas Delegate
Vaishali Pansare, MD, FCAP Michigan Delegate
Peter Sadow, MD, FCAP, Massachusetts Delegate
Rana Samuel, MD, FCAP, New York Delegation Chair
Vinod Shidham, MD, FCAP, Michigan Delegation Chair
Debra Zynger, MD, FCAP, Ohio Delegation Chair

Date: August 27, 2015

CHARGE

To assist the designated states in reproducing the North Carolina communication network, which is the original pilot prototype.

GOAL

Advance the agenda of the House, in the spirit of **One College**, and provide value to CAP Councils.

DESCRIPTION

Pilot studies are designed to establish bidirectional conduits linking the House of Delegates to our constituent CAP Fellow Members. The vision is to have Delegate Chairs responsible and accountable for transmitting information to their Delegates and have their Delegates responsible and accountable for transmitting information to CAP Fellows in their states.

STATES IN 2015 PILOT

Contact has been made with each HOD Delegation Chair in these states:

- a. California
- b. Florida
- c. Massachusetts
- d. Michigan
- e. New York
- f. Ohio
- g. Texas

PROGRESS TO DATE**California**

No progress to date. The project has been discussed with the State Society.

Florida

No progress to date.

Massachusetts

A master list of all pathologists licensed in MA has been constructed. Next, the list will be divided among the MA delegates and contacts will be made.

Michigan

Compilation of a master list of all State Society member and CAP member pathologists is currently underway.

New York

No progress to date.

Ohio

No progress to date. Concern raised that development of a CAP network may be in conflict with the State Society.

Texas

The Texas Society of Pathologists maintains a robust e-mail network of its members and the state seems to have a high proportion of CAP membership. The President of TSP is always a Delegate to the CAP House, so there should be no conflict in using the TSP network as a bi-directional conduit for CAP matters. As the network comes into use, attempts will be made to capture non-TSP and non-CAP pathologists in the state.



Topic: HOD Action Group on Rules III

Chair: Nicole D. Riddle, MD, FCAP

HOD Steering Committee Liaison: Sang Wu, MD, FCAP

Members: Sharon Bihlmeyer, MD, FCAP
Avneesh Gupta, MD, FCAP
Ronald N. Horowitz, MD, FCAP
Augusto F. Paulino, MD, FCAP
Amyn M. Rojiani, MD, FCAP

Assad J. Saad, MD, FCAP
Gene P. Siegal, MD, PhD, FCAP
Vidya Sriram, MD, FCAP
Susan M. Strate, MD, FCAP

Date: July 28, 2015

CHARGE

- To provide member feedback on the HOD Rules to determine what changes are needed to ensure that the Rules are current, accurately describe the functions of the HOD and its members, are fair and appropriate, and structure House activities to best advance the mission of the College.

DESCRIPTION

The Action Group is asked to focus its review on HOD Steering Committee nominations and elections, and how to bring open discussions to the House.

ACTION GROUP PROGRESS

- December 2014-May 2015 – The Action Group held four conference calls. The Action Group discussed enhancements to the nominations process, HODSC elections process, annual state apportionment, and open discussions during the House of Delegates meetings.
- June 2015 – The HOD Steering Committee considered the Action Group's recommendations.
- July 2015 – An HOD webinar was held on July 29 to inform HOD membership of the proposed changes and to garner feedback and a straw poll from participants during the session.
- August 2015 – Background information and the proposed Rules changes were posted on the HOD Collaboration Space in order to more fully inform the HOD Steering Committee on how to move this forward. Comments and feedback from HOD Delegates and Alternates were received through the HOD discussion board.
- October 2015 – House Delegates will vote on the proposed changes to the HOD Rules during the Fall 2015 HOD Meeting to:
 - Require that the Nominating Committee chair be appointed in the fourth quarter of the year prior to the election instead of the first quarter of the election year.
 - Eliminate the option to receive nominations for House of Delegates Steering Committee candidates from the floor.
 - Use electronic balloting prior to the Fall Meeting when elections have previously been done by paper ballot or acclamation.

Proposed Amendments to Rules of the CAP House of Delegates (HOD)

Article IV – Elections Section 1: Method of Election

Proposed change to require that the Nominating Committee chair be appointed in the fourth quarter of the year prior to the election instead of the first quarter of the election year

Original Text Redline/Strikeout	Proposed Text
(a) During the first fourth quarter in even-odd- numbered years, the Speaker shall appoint a Nominating Committee to serve until the Fall Meeting in the year in which at which time the Steering Committee elections will be held.	(a) During the fourth quarter in odd-numbered years, the Speaker shall appoint a Nominating Committee to serve until the Fall Meeting in the year in which the Steering Committee elections will be held.

Rationale for proposed change:

- Allows the Nominating Committee chair to promote the Steering Committee nominations and elections right after the Call for Nominations opens the year before elections.
- Allows for more and earlier informed communications to Delegates throughout the election year.
- Allows for greater transparency in the House of Delegates election process.

Proposed change to eliminate the option to receive nominations for House of Delegates Steering Committee candidates from the floor

Original Text Redline/Strikeout	Proposed Text
(c) The Delegates shall have the opportunity to nominate additional candidates from the floor at the Fall Meeting.	Delete entire section

Rationale for proposed change:

- Levels the field for all candidates, while still allowing for nomination by petition prior to the meeting.
- Aligns the House election process with the Board of Governors' election process.
- Accommodates for electronic balloting prior to the meeting, allowing all Delegates an opportunity to vote.

<p>Proposed update to use electronic balloting prior to the Fall Meeting when elections have previously been done by paper ballot or acclamation</p>	
<p>Proposed Additional Text – added as (c), (d), and (e)</p>	
<p>(c) Prior to the stated House of Delegates Meeting, Delegates shall elect its Steering Committee by such voting method as shall be determined by CAP Election Oversight Committee policy. The ballot may include a provision for write-in voting.</p> <p>(d) At least sixty (60) days before the stated House of Delegates Meeting, the HOD Nominating Committee shall provide to all Delegates a ballot listing all nominees. Members will be given thirty (30) days to cast their votes.</p> <p>(e) The results of the ballot shall be tabulated by an appropriate agency and reported to the chair of the HOD Nominating Committee who, in turn, will notify all candidates of the election results. Election results shall be announced at the Fall House of Delegates Meeting.</p>	
<p>Rationale for proposed change:</p> <ul style="list-style-type: none"> • Allows every delegate the opportunity to participate in the elections. • Aligns the House election process with the Board of Governors' election process. 	



2016 Steering Committee Elections Timeline

Timing	Deadline	Activity
Q3 2015	July 31, 2015	Socialize electronic elections recommendation via Webinar
Q3 2015	July-August 2015	Socialize electronic elections on HOD collaboration space, identify questions and concerns from HOD members
Q3 2015	August 2015	HODSC discussion – use the input/feedback from webinar and collaboration space discussions to inform HODSC’s next steps
Q3 2015		HODSC – bring Action Group on Rules’ recommended Rules changes to the HOD floor for discussion at Fall ’15 and vote for approval
Q4 2015	October 3, 2015 – HOD meeting	OPEN: Call for Candidates Announce Steering Committee Elections at HOD meeting
Q1 2016		Speaker appoints Nominating Committee <i>This will move up to Q4 if the Rules changes are approved during the Fall ’15 HOD meeting.</i>
Q4 2015 Q1 2016		Communications sent to House members with information on how to apply for Steering Committee positions
Q2 2016	April 1, 2016	House members apply by deadline for Steering Committee positions
Q2 2016		Nominating Committee reviews candidates and determines slate
120 days out	May 20, 2016	Nominating Committee reports its slate of candidates to the House
90 days out	June 21, 2016	Deadline for nomination by petition
0 days out	September 24, 2016	HODSC elections take place during the Fall HOD meeting. <i>There will be no nominations accepted from the House floor if the Rules changes are approved during the Fall ’15 HOD meeting.</i> <i>If Fall ’16 elections take place at meeting, members take office immediately.</i> <i>If Fall ’16 elections take place electronically prior to the meeting, members take office on the day of the Fall ’16 meeting.</i>

CAP House of Delegates Steering Committee Candidate Information Request Form

Name _____

Institution _____

Practice Manager's Name _____

Address _____

City _____

State _____

Zip _____

Daytime Telephone (include area code & extension) _____

Fax _____

E-Mail _____

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: _____

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.)

Over, please

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

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

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

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

Deadline for submission: April 1, 2016

Email or FAX completed form to Jan Glas,
jglas@cap.org or 847.832.8499

Fall 2014 House of Delegates – Delegate Questions

During the Fall '14 House of Delegates meeting, Delegates were asked to post their questions and discussion on the CAP House of Delegates' online collaboration space following the meeting. Those posts follow:

1. **ICD – 10** – no questions or replies
2. **Licensure of laboratory personnel** – no questions or replies
3. **Autopsy data and DRG reimbursement**
 - a. Reimbursement for Autopsies is an important (issue), and often forgotten area which should not be forgotten in CAP's advocacy efforts. – Posted by Martha R Clarke at September 17, 2014
 - b. Everyone in the pathology community agrees that autopsy is important and both the professional and technical efforts should be compensated appropriately. Although medicare claims that it covers autopsy as overhead payments to the hospital in part A, the amount is not specified, neither is it tied to the level of efforts or whether an autopsy is actually performed. As far as I know, there is no direct reimbursement from either governmental or private insurers. I wonder whether anyone in the college has successfully negotiated reimbursement for autopsy service from any insurers, what is the college's position, and whether there is any ongoing or planned effort by the college to obtain direct reimbursement. – Posted by Zhaohai Yang at September 22, 2014
 - c. *The following post is from Governor and Vice Chair of Council on Government and Professional Affairs, Emily Volk MD, FCAP.*

Certainly, as a pathologist, I value the insights that an autopsy can bring to the understanding of a patient's disease and the manner in which they died. Unfortunately, as the HOD member points out, this is a service that is not directly reimbursable by CMS as the service is rendered after a patient's demise, by necessity, of course. That being said, I believe that pathologists should be appropriately reimbursed for the work we do and the value we add. Our pathology group has been successful in securing reimbursement for autopsies performed on hospital patients that the hospital has requested for purposes of risk management or quality assurance. We also available to the families of the deceased hospital patients a private autopsy fee schedule that spans the range of services from single organ evaluation to complete autopsy to include examination of the brain and spinal cord. We find that on occasions families are willing to pay for this valuable service, even if the hospital team does not find the autopsy necessary for risk management or quality review purposes.

I hope you find this input helpful.

Sincerely,

Emily Volk, MD
Member, Board of Governors
Vice-Chairman, CAP Council on Government and Professional Affairs

4. Test Utilization – Over/Under/Mis-Utilization

- a. Comments articulated during the New Business segment of the fall House of Delegates meeting suggest that our members would like the College to develop and maintain practice guidelines on ordering special and immunohistochemical stains. Does the College plan to address this need? – Posted by David Alan Novis at September 16, 2014
- b. I am hoping that CAP and the House will appreciate that utilization recommendations from the College must be nuanced.

In a few circumstances there is strong scientific evidence that it is necessary to order a procedure (such as an immunoperoxidase stain) or strong scientific evidence that ordering the procedure is inappropriate. The risk/cost/benefit equation tilts overwhelmingly in one direction. In these circumstances, CAP might issue a guideline from the Center or incorporate the conclusion into a laboratory accreditation checklist. But most circumstances aren't this clear-cut.

In most cases, context is king. An immunoperoxidase study that might be indicated in an otherwise healthy 40 year old might not be appropriate in a 85 year old in hospice dying of metastatic disease. Medical judgment is required -- a weighing of benefits, costs, risks and values for a particular patient. In these circumstances, it is difficult for the College to weigh in, lest it interfere with local medical judgment. At best, the College might list factors a pathologist may wish to consider, or provide a repository of "guidelines" from submitters who have personal views, without making any suggestion that the College supports one or another submitted guideline.

I recognize that what concerns many members are laboratories that routinely perform special procedures regardless of clinical circumstances. There is a perception that this "overuse" is leading to a reduction of reimbursement by insurers. And well it may be. Even here, however, the situation is nuanced. What is the "correct" laboratory response when a gastroenterology group, considering costs and benefits and risk, determines that it wants special Helicobacter studies on all gastric biopsies? Is the laboratory violating some sort of laboratory standard by accommodating this request? Perhaps the issue is with the gastroenterology group and standards for gastroenterologists? Or perhaps the gastroenterology group's thinking is reasonable from a medical standpoint, even though it is costly. Perhaps a narrow-network insurer will exclude the gastroenterology group from its panel of providers on the basis of cost, but that neither the laboratory nor the gastroenterology community will consider the practice to be "wrong" from the perspective of patient risk and benefit.

The bottom line is that it is important to be careful with guidelines and standards. In a few cases, the scientific evidence is clear. But in most cases there is considerable subtlety. – Posted by Paul N. Valenstein at September 19, 2014

- c. Thank you Paul for your comments, insightful as they always are.

So what in life isn't nuanced?

Sure, context is king. And judgment is *always* required in decision making, medical or otherwise. But I am not seeing the leap from those considerations to assuming that the College would propose guidelines that interfere with local medical practice. I think House Delegates understand the requirement that guidelines be based on scientific evidence, that conclusions are not possible in situations where no evidence exists, and that recommendations incorporate caveats--as they always do--to allow for the uncertain, meandering paths traveled by diseases and cures.

But none of that exonerates the Board of Governors from addressing an account that our member constituents believe to be past due. You provide penetrating and difficult questions that your peers on the Board of Governors will need answer in deciding how they will respond. It is not the House's job to direct or second-guess the Board in that process, but rather to evaluate whether or not the outcome of that process meets their needs.

Good luck. - Posted by David Alan Novis at September 19, 2014

- d. As Chair of the Center Committee, I'd like to share that the Center partnered with the HOD in 2013 on an Action Group for Center Guideline Submission Ideas. Three of the 11 ideas submitted by the HOD Action Group were selected for the prioritization process. One of the ideas provided by the HOD, Utility and Cost-Effectiveness of *H.pylori* Immunostains vs Special Stains is currently in development and is among our first Pathology Practice Guidances (PPG). This PPG is targeted to be available for review during an open comment period in late Q4 of 2014. I encourage all interested House members to participate in the brief survey during the open comment period for this PPG. Additionally, we are working with a separate HOD Action Group to evaluate other PPGs in development.

I also serve as the Chair of the Test Utilization Workgroup which was launched in November 2012, by the Council on Scientific Affairs (CSA). The working group now comprises 13 pathologist members from throughout the United States with expertise in test utilization. The purpose of this workgroup is to explore best practices and develop recommendations regarding test utilization. The strategy behind this process is not only to educate clinical colleagues of unnecessary and medically unjustified tests, but to educate them in offering the right test at the right time for the right patient. The activities being developed in coordination with other committees will result in reduced hospital stay and eventually help reduce healthcare costs. I invite my fellow Committee and Council Chairs to share with delegates those initiatives that are underway at their institutions. - Posted by Elizabeth A. Wagar at September 24, 2014

- e. Liz, in my view it appears that you are addressing the need expressed by Delegates at the HOD meeting. Best of luck in your efforts. – Posted by Dave Novis at September 24, 2014
- f. I would like to thank Dr. Liz Wagar for her leadership in the area of test utilization, including anatomic pathology utilization of immunohistochemical stains, with the issue of *H. pylori* staining being among the first three PPG's the Center will publish.

The Council on Scientific Affairs is deeply involved in several areas concerning test Utilization. At the direction of the Council on Scientific Affairs, a test utilization work group was initiated in 2013 that, as she notes above, is comprised of 13 members with expertise in test utilization at their institutions. Dr. Wagar is the Chair of that group. This group created a preliminary needs assessment survey that was sent to 900 CAP fellows. Based on the feedback, the questionnaire is now being finalized to be sent to ALL proficiency testing laboratories. The data will help create a baseline for future investigations and recommendations to clinical laboratories, and would result in a publication in the Archives of Pathology and Laboratory Medicine.

Next, the Quality Practices Committee is in the process of examining how they can help elucidate current test utilization practices of our members. The committee plans to evaluate a process for our members to participate in this project and effectively use the data generated by it.

Additionally, CAP is collaborating with the Clinical and Laboratory Standards Institute (CLSI) on a joint publication on how to effectively develop and operate a test utilization committee. This report is expected to take about a year and a half to complete. For this collaboration, both CAP and CLSI will co-chair the committee with Dr Gary Procop being the co-chair for the College.

Our President, Dr. Gene Herbek is taking the lead on this issue and has scheduled a discussion of this issue at the next Board of Governors Executive Committee meeting.

Finally, I have put this issue on the agenda for the next CSA meeting, to be held in November. The CSA will review the above three initiatives and consider if there are other appropriate actions that could be taken in this area.

I appreciate the HOD bringing its concerns to the attention of the BOG and the various councils and committees involved with this issue. In addition to the projects already underway in this area, the College will continue to review this subject and others that are of importance to all of our members. – Posted by R. Bruce Williams, Chair CSA at September 24, 2014

g. Hello All,

I'm thankful for the chance to discuss this topic further and am a little saddened that more people are not here discussing it (especially given the urgency that some attendees of the house expressed).

I'm also very happy to see the H. Pylori work being done and look forward to the report. I know that there are more PPGs in the works (and hope to help in their development), and maybe these will help in numerous other situations.

All that being said, I think most over-utilization is done very consciously - either by those who want to make more money or those who are worried about litigation. I feel like neither of those approaches will be swayed by guidelines from the CAP and such guidelines would only serve as fodder for lawyers and/or CMS / Insurance companies.

As New-In-Practice pathologist I may use more immunos than my colleagues, but if you look at the actual numbers it's really just a small amount - i.e. in general NIP pathologists are not the problem. Also, in Academics IHC is more utilized than in private practice, so the perceived over-use of a NIP pathologist may be more in how we were trained rather than true over-usage (Ex. Spindle cell lesion in the GI tract....looks just like a Leiomyoma, but a very senior and fantastic pathologist taught me at UPenn to get an SMA just to make sure I'm not missing a GIST. So, I may get 1 stain where my senior peers would not. The difference is I won't get the whole panel on a case, just 1 confirmatory stain...and if that doesn't work out I'd move on from there.)

So ultimately, the job lays on the pathologist themselves to know what is proper and appropriate with a huge onus on the training programs to ensure that we know what is required, what is nice to have, and what is just academic endeavor.

If/When guidelines are made, I hope there are more conceptual rather than prescriptive, again to provide for pathologists in need, not lawyers / CMS with ammunition. - Posted by Nicole D Riddle at September 25. 2014

h. Thank you to all who have shared in this thread.

Expertise in utilization is perhaps our greatest talent with which we can demonstrate value to our clinical colleagues, healthcare administrators, policy-makers and the public. We have many stories to tell, as evidenced by an almost monthly article in CAP Today on another success (check out the current cover). Clearly a lot of work has been done.

However, as with any emerging concept, there is a spectrum of experience to draw upon. It is communication that serves to connect us all so that we can learn from each other. It is action that puts this innovation into effect.

The HOD represents an immense talent pool that spans all practice types. Let's use this space to constructively debate the issues and connect with each other and the Board. What do you need from the College? What do you want to tell the Board? Importantly, let's share our stories. - Posted by Michael John Misialek at September 25. 2014

i. I agree that our communication to the public on this matter needs to be nuanced. However, as this discussion is among colleagues I think it would be valuable to take the opportunity to be more frank.

Does pathology test over utilization exist? Yes.

Is it appropriate to order a special stain on every gastric case? It seems to me very unlikely that any study will demonstrate the cost effectiveness of this practice (except for the laboratory performing the stain).

Is it reasonable to consider guidelines regarding the use of special stains on routine biopsies. I think so.

I am curious to hear the reasoning behind the CAP's request to have Palmetto remove the article on the use special stains on gastric biopsies. I am also curious to hear the position of our own test utilization committee on this subject. - Posted by Emily Ann Green at September 25. 2014

- j. I trust our esteemed colleagues serving on the Center Committee and the CSA to approach this topic with the stepwise caution and thoughtful analysis characteristic of their work to date. The open comment period will further assure that nuances and differing perspectives are considered. I will look forward to the draft products with great interest and do my best to add whatever my own experience has taught me, because I believe that together we will do this better than any one of us could do alone. - Posted by Patricia A Gregg at September 25. 2014
- k. I am thrilled to see that this conversation thread is generating traction. Let me try to be both nuanced and frank.

I do not believe that the scientific method will help us with most practical utilization problems. Any definition of "appropriate" or "inappropriate" utilization involves a value statement, and science tries its best to steer clear of values. There are a few instances when the scientific evidence strongly suggests that some type of testing is "appropriate" or "inappropriate", which is to say that when we combine scientific facts with any reasonable value system the arrows all point in the same direction -- something is clearly good or is clearly bad.

Yet most of the utilization issues we are asked to consider fall between these two extremes. Different value systems lead to different conclusions. A well-meaning physician only concerned with a patient's health will come to a different conclusion from a well-meaning physician who also considers the patient's pocketbook and perhaps the pocketbooks of institutions and society.

Let me illustrate with a real example:

In my particular practice (16 pathologists), we consider cost as well as medical benefit and risk when deciding what to do, and would never order special stains for Helicobacter routinely on every gastric biopsy. We figure the cost to detect an additional case of H. pylori (compared to selective use of special stains) is about \$30,000 per extra case detected, which is too rich for us.

But I know a physician who considers herself to be pure a patient advocate – she only considers the patient's medical benefit and medical risks when making a decision. She doesn't consider charges or co-pays or societal cost. She doesn't believe that is her role. She has a different value system, and as a result, she drew a different conclusion about H. pylori staining with the same set of facts. She reasoned that there is almost no patient risk to performing a special stain routinely, and there is some incremental benefit. It is easy for me to say that this physician orders all these special stains because she wants to earn more money, but the fact of the matter is that she is salaried and derived no economic benefit from ordering these stains. She genuinely thought it was the right thing to do, given her view of the physician-patient relationship.

Without agreement about values, science can't tell us what to do – what represents “overutilization” or “underutilization”.

Still, there is much CAP can contribute in this area. I hope the CAP provides guidelines and standards when the evidence points in one direction under any reasonable value system.

For most issues, CAP can inform practices and members by providing information about observed or modeled outcomes of various testing strategies. This can be done without any agreement about values.

I am not sure I would want to live in a world where everyone had the same values. That would be a creepy place, although it would be easier to write guidelines in such a world. - Posted by Paul N. Valenstein at September 25. 2014

l. This is an excellent, and very much needed discussion. Elsewhere on the net, pathologists are forcefully (and at times, not very productively) expressing their opinions about these matters and it would be nice to bring as many (constructive) opinions as possible from the general membership to this discussion site. Unfortunately, it seems that the site is restricted to HOD and board members only. Is there anyway to open up specific discussion sites to the general membership in order to provide all of our colleagues an opportunity to participate? Thank you all for your hard work and great input. - Posted by Karim E Sirgi at September 25, 2014

m. It is possible to create best practice guidelines for surgical pathology. In the recent article from the International Society of Urologic Pathology consensus conference regarding immunohistochemistry use in prostate core biopsies, the following straightforward guidelines were given: "In the setting of obvious carcinoma or benign glands, there is no justification to do basal cell stains and AMACR. If there is a Gleason score of 3+4=7 or a higher-grade cancer on at least 1 part, the workup of other parts with an atypical focus suspicious for Gleason score 3+3=6 cancer is not recommended." (Am J Surg Pathol. 2014 Aug;38(8):e6-e19).

It is important to realize that other medical societies do have best practice guidelines. Here is a link from the American Urologic Association website with numerous clinical practice guidelines and best practice statements (<http://www.auanet.org/education/aua-guidelines.cfm>). These types of guidelines help ensure that patients receive adequate care and can be used by insurance payers to determine if the care given was standard of care.

In order to contain pathology healthcare costs and reign in overuse and abuse, we need to focus on high volume and/or high expense waste rather than rare instances that have been brought up on this blog such as ordering 1 immunostain more for a spindle cell lesion.

I would like the discussion to not only include the high volume low costs special stains and immunohistochemistry, but also to address high cost send out molecular tests such as Foundation One, Oncotype DX, Prolaris, Caris, Tissue of Origin, RedPath, etc. Many of these tests are in the \$3000-\$5000 range and at my institution there has been a dramatic increase in ordering. Of note, many of these tests are not FDA approved—there is little oversight regarding the claims made for these tests. The Evaluation of Genomics in Practice and Prevention (EGAPP) Working Group "found no evidence regarding the clinical utility of the MammaPrint and Quest H:I Ratio tests and inadequate evidence regarding Oncotype DX." ([Genet Med](#). 2009 Jan;11(1):66-73.). At CAP 2014, in the plenary addressing if we could afford to pay for molecular medicine it was disappointing that the response was a casual, sure, rather than a detailed discussion regarding the need for carefully evaluating expensive molecular tests that have the potential to do harm.

Some hospitals have "lab formularies" or "meaningful use" committees which evaluate the level of evidence for the use of these high cost send out tests which are performed on surgical pathology specimens. These committees investigate whether there are less expensive or better tests available. My hospital does not have this. Although there might not be evidence to order these tests and pathologists may not want to send out the tissue, some of us really have little choice. CAP could help educate us on the utility/lack of utility of these tests. The CAP website could present balanced and up to date information. The CAP could make formal evaluation of the clinical utility of send out tests performed on anatomic pathology specimens a requirement for AP lab accreditation beginning with a phase 0 deficiency. This way labs could slowly create the infrastructure needed to evaluate the tests.

Creating guidelines and educating pathologists on appropriate testing would allow pathologists to make a meaningful contribution to our clinical colleagues and our patients and would help control healthcare costs. This would be a truly transformation role. - Posted by Debra Lyn Zynger at October 05, 2014

n. Debra makes a number of good suggestions about how to manage utilization in pathology and laboratory medicine. Some interventions - such as the adoption of test formularies and on-line real-time feedback at the time of order entry - have significant potential to curb inappropriate utilization.

CAP is already involved in some of these areas, and could do much more if our organization can develop the right model to sustain these efforts. As the CAP Secretary-Treasurer, I have come to appreciate the hard work that is required to sustain College activities. Successful programs generally require a revenue model to cover some of their costs, rely on member-volunteers to keep costs down and to make sure the output is clinically relevant, and must provide some sort of non-economic compensation to members for contributing -- status, academic advancement, or the simple gratification of doing good work and making a difference. We should challenge ourselves to think about how to involve the College in the utilization management sphere in a sustainable way. The societal benefit from these activities can be substantial.

Let me turn our attention back to guidelines and standards. I have maintained in this space that most guidelines and standards contain embedded value statements that patients and large elements of society may not share. As such, their value in utilization management is limited. Guidelines and standards work best when scientific data, combined with any reasonable value system, points in one direction -- some intervention is clearly a "plus" or a "minus". But most situations are not clear cut.

Debra referenced guidelines developed by the American Urological Association (AUA). So let's turn to a guideline developed by the AUA on early detection of prostate cancer:

<http://www.auanet.org/education/guidelines/prostate-cancer-detection.cfm>

Anyone who thinks that the AUA is going to be promulgating shrill, biased guidelines is going to be utterly disappointed. This guideline is thoughtful and thorough.

I would encourage participants in this conversation thread to read this lengthy guideline and think about the values that underpin the recommendations. Try listing some of them, and asking yourself whether all patients, the medical community, and the most segments of society share these values.

I would also encourage readers to ask themselves what value the guideline is providing in areas where the authors acknowledge that the best course of action depends on an individual patient's values.

If you don't want to read the entire guideline, at least ask yourself these questions:

- i. The guideline about screening does not consider societal cost. The implicit value-statement made by this omission is that the role of physicians is to consider medical benefit and medical risk, but not to consider the cost to society. Do you share that view? If the guideline did consider societal cost, would you object?
- ii. For the age group 55 - 69, the guideline recommends "shared decision making" by patient and physician about prostate cancer screening. This recommendation follows from the recognition that the rational course of action in this age group hinges on a patient's values -- what an individual patient thinks about the potential 1 in 1,000 chance of having his life extended vs the morbidity that follows from a PSA-based screening program. For this age group, is this recommendation much of a guideline? Isn't shared decision-making the norm? What is being added, beyond the summarized data about benefits and risks?

I found the AUA guideline on early prostate cancer detection to be well done and to provide a wealth of information that can be useful to patients and physicians contemplating options. I hope the College continues to issue guidelines in areas where there is well-developed clinical data. But the AUA paper also underscores the limitations of guidelines as a utilization management tool.

The College, in my view, should not pin its utilization management efforts on guidelines. - Posted by Paul N. Valenstein at October 06. 2014

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Rules of the House of Delegates

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Outline Index To Contents

Rules of the House of Delegates

Revised March 2, 2013

Index Number	Page
Article I – Preamble	1
Article II - Membership	
Section 1: Requirement for membership and terms of office	1
(a) Composition of the House	1
(b) One-third of House members elected annually	1
(c) Three-year terms	1
(d) Speaker appoints to fill vacancies	1
Section 2: Apportionment	
(a) Annual census	1
(b) Apportionment formula	1
Section 3: Reapportionment.....	2
Section 4: Nominations	2
(a) Self-nomination.....	2
(b) State pathology society endorsement	2
(c) No self-nominated candidates or state pathology society in an area.....	2
(d) Federal services nominations.....	2
(e) Residents Forum nominations.....	2
Section 5: Nominations from other nations	2
Section 6: Voting for Delegates and Alternates	2
Section 7: Delegation Chairs.....	3
Article III - Officers and Steering Committee	
Section 1: Speaker	3
Section 2: Vice Speaker	3
Section 3: Secretary	3
Section 4: Sergeants-at-Arms	3
Section 5: Steering Committee	
(a) Composition	3
(b) Chair	3
(c) Duties and meetings	3
Section 6: Term of Office	4
Section 7: Succession	
(a) Succession formula	4
(b) Simultaneous vacancies in Speaker and Vice Speaker offices	4
(c) Simultaneous vacancies in all three officer positions	4

Article IV - Elections

Section 1: Method of Election

- (a) Nominating Committee appointed 4
- (b) (1) Composition of committee 4
- (2) Limits on Committee membership 4
- (3) Candidate selection 5
- (4) Concurrent candidacy in other elections 5
- (5) Candidate interviews and notification of selection 5
- (6) Nominations by petition 5
- (c) Nominations from the floor 5

Section 2: Installation

- (a) Speaker presents newly-elected to assembled house 5
- (b) When term of office begins 5
- (c) Special election—length of term 5

Section 3: Special Election 5

- (a) Speaker and Vice Speaker elections at next regular meeting 5
- (b) Vacancies occurring between regular meetings 6

Article V - Procedure of Meetings

Section 1: Meetings

- (a) When meetings are held; open/executive sessions 6
- (b) Speaker may call special meetings 6
- (c) House members may petition for special meeting 6
- (d) Special meeting call—purpose and agenda 6

Section 2: Registration

- (a) Delegates/Alternates must register before being seated 6
- (b) Alternates substituting for Delegates 6
- (c) Speaker can declare positions vacant and fill by appointment 6

Section 3: Order of business published; late business 7

Section 4: Quorum 7

Section 5: Vote—majority required; ballots; declaration of outcome 7

Section 6: Privileges of officers and governors of the College 7

Section 7: Disposition of action—House business taken to Board 7

Section 8: Rules of order

- (a) House guided by CAP Constitution, Bylaws, Rules of the House. 7
- (b) Other parliamentary authority 7

Article VI - Business of the House of Delegates

Section 1: Resolutions

- (a) Who may submit resolutions 7
- (b) How to submit resolutions 7
- (c) Deadline for resolutions; late resolutions 8

Section 2: Action Groups 8

Section 3: Other Action Groups 8

Article VII - Amendments (to Rules of the House)

Section 1: Necessary majority and advance notice 8

Section 2: Introduction and voting 8

Rules of the House of Delegates

Revised March 2, 2013

Article I - Preamble

The House of Delegates of the College of American Pathologists is to provide representation of the membership of the various states, other geographic areas and special groups. The House of Delegates shall act as a forum representing members of the College of American Pathologists. It shall serve as the voice of member pathologists to the Board of Governors, College Councils, Commissions, and Committees. The House of Delegates shall solicit issues from the membership through Delegation Chairs, provide a forum to deliberate the issues, and send reports on the issues (action items) to the Board of Governors, College Councils, Commissions, and Committees. It shall receive reports of the activities of the Board of Governors, College Councils, Commissions, Committees and Action Groups, including reports on issues (action items) sent to the above groups. The House will report to the Board of Governors, College Councils, Commissions, Committees and Action Groups the effectiveness of these activities in meeting member needs. The House may initiate its own business and assume such other responsibilities as may be assigned by provisions in the Bylaws.

Article II - Membership

Section I: Requirement for membership and terms of office

- (a) The House of Delegates shall be composed of Fellows of the College, elected or appointed, with an equal number of Delegates and Alternate Delegates.
- (b) The election of Delegates and Alternate Delegates shall be conducted every third year.
- (c) The terms of all Delegates and Alternate Delegates elected from any geographic area or appointed to a federal service delegation (Army, Navy, Air Force, Public Health Service and Veterans Affairs) shall be three years. Delegates or Alternate Delegates appointed to fill a vacant elective seat shall serve only the remaining portion of a term. Delegates and Alternates shall be eligible for re-election. Delegates and Alternates shall represent only their federal service or the geographic entity of their principal office. Upon removal of the Delegate's or Alternate's principal office to another state, district, territory, commonwealth or province, or separation from the federal service, the term shall be forfeited.
- (d) Upon vacancy due to death, retirement, resignation, move from the area represented or separation from active federal service, the Speaker shall appoint a successor fulfilling the above requirements to complete the term.

Section 2: Apportionment

- (a) The Chief Executive Officer will conduct an annual census on January 1, of the number of Fellows of the College of American Pathologists in each state, district, territory, commonwealth or province. The results of this census shall be certified to the Speaker and to the Secretary.
- (b) Each state, district, territory, commonwealth or province shall be represented by one Delegate and Alternate Delegate for each fifty fellows of the College or any fraction of that number. Each federal service shall be represented by one Delegate and Alternate Delegate. States,

districts, territories, commonwealths or provinces with more than one Delegate may divide themselves into geographic areas with each Delegate and Alternate elected to represent an area. Where there are a large number of College members in a designated area, it may be necessary to have more than one Delegate and Alternate to represent that area. The Delegate and Alternate must have their principal place of practice in the area which they represent.

Section 3: Reapportionment

Reapportionment of membership shall not deny to any Delegate or Alternate Delegate, elected or appointed to a term of office, the right to complete that term.

Section 4: Nominations

- (a) All Fellows of the College in good standing shall have the opportunity to nominate themselves for election as a Delegate.
- (b) A list of all self-nominated Fellows from each geographic area will be forwarded to the pathology society of the appropriate state, district, territory, commonwealth or province for their endorsement of the candidate(s). If a state, district, territory, commonwealth or province is represented by more than one organized pathology society, each society may submit their endorsement. These societies may nominate additional candidates for election as a Delegate. State society presidents may serve as ex officio members of their state society delegation, if not already a member of the delegation. Candidates nominated by these societies must be vetted for CAP Fellow status and must accept the nomination. Non- CAP member candidates will be requested to complete membership requirements of the College of American Pathologists. Upon completion of membership requirements, the candidate will be considered for election as a Delegate. Any society not responding by the published deadline may lose their opportunity to endorse candidates.
- (c) If there are no self-nominated candidates for a geographic area, and there is no properly organized or functioning pathology society in an area, the Speaker of the House shall directly nominate, or cause to be nominated, one or more Fellows of that geographic area.
- (d) The federal services shall be forwarded the names of any interested Fellows in their service and shall be invited to recommend candidates for appointment.
- (e) The Residents Forum shall be invited to nominate candidates for appointment of a Resident Delegate and Resident Alternate Delegate for a one-year term.

Section 5: Nominations from other nations

Fellows in other nations shall have the right to organize and to nominate Delegates and Alternate Delegates upon petition to the Board of Governors. When recognized, these national groups shall participate in elections and be entitled to proportional representation in a manner similar to states, districts, territories, commonwealths and provinces.

Section 6: Voting for Delegates and Alternate Delegates

Votes shall be cast by a secret ballot by Fellows practicing in a geographic area. After nominations have been made and the headquarters office properly informed of the endorsements by the societies, the headquarters office shall provide ballots to all Fellows eligible to vote no later than twenty-eight weeks prior to the CAP's Annual Meeting. Ballots should be returned to the headquarters office for tabulation of results within six weeks.

In accordance with the apportionment for each geographic area, those Delegates who receive the greatest amount of votes shall be the elected Delegates for that area. Those with next

greatest amount of votes shall fill the Alternate positions for that area. If there are more candidates than available positions, those candidates will be placed on a waiting list.

Section 7: Delegation Chairs

In any state, district, territory, commonwealth or province with more than one Delegate, a Delegation Chair shall be elected by vote of the members of the respective delegation. The respective delegation shall notify the national office of the College of the election results prior to the next Fall Meeting. The Chair of a Delegation will be responsible for seeing to the attendance of that Delegation and shall serve as the official contact between the Delegation and the College headquarters office.

Article III - Officers and Steering Committee

Section 1: Speaker

The principal officer of the House of Delegates shall be the Speaker who will preside at meetings, maintain order and decorum and appoint Committees/Action Groups of the House as set forth in these rules. The Speaker shall issue the official call for meetings. The Speaker, with the assistance of the Steering Committee, has the ultimate authority and responsibility for conducting House business in a thorough, effective and efficient manner. It is the responsibility of the Speaker, with the assistance of the Steering Committee, to insure that Issues (action items) are addressed by the House, reports sent to the Board of Governors, College Councils, Commissions and Committees and reports back are received and presented to the House in a timely manner. The Speaker shall update Delegates on business of the House on an ongoing basis, as appropriate. The Speaker shall have the right to vote only in the case of a tie.

Section 2: Vice Speaker

The Vice Speaker shall be an officer of the House and shall act as the principal officer of the House in the absence of the Speaker. The Vice Speaker shall assist in the duties of the Speaker, and shall have the responsibility of overseeing the Delegation Chairs.

Section 3: Secretary

The Secretary shall be an officer of the House, shall be responsible for all records of the House of Delegates and shall ensure that all pertinent business is accurately and promptly recorded.

Section 4: Sergeants-at-Arms

Two Sergeants-at-Arms shall be officers of the House and shall assist the Speaker in maintaining order and in seeking members for a vote if a quorum is not present. They will act as a credentials committee for the admission of Delegates or Alternate Delegates to the floor of the House.

Section 5: Steering Committee

- (a) A Steering Committee, composed of the officers of the House and two Delegates elected at large, shall act as an executive committee, conducting House business during the interval between House meetings.
- (b) The Speaker shall serve as Chair of this Committee.
- (c) The Steering Committee shall assist in preparing the agenda and in carrying out the activities of the House. It shall meet prior to each general meeting of the House and may meet at any time on the call of the Speaker.

Section 6: Term of Office

The Speaker, Vice Speaker, Secretary, the two Sergeants-at-Arms, and the two Members-at-Large of the Steering Committee shall be elected for a term of two years, in even numbered years, at the Fall Meeting of the House and in the manner provided for in these rules. Only duly-qualified Delegates may serve as officers and Steering Committee members. Members of the Steering Committee shall be eligible for re-election. The tenure of each office shall be no more than two (2) full terms. Appointment for election to a partial term of office shall not be a consideration of such tenure.

Section 7: Succession

- (a) If the Speaker dies, resigns, is removed from office or is otherwise unable to serve, the Vice Speaker shall assume the office, responsibilities, and duties of the Speaker and serve for the remainder of the unexpired term. If any other officer of the House dies, resigns, is removed from office or is otherwise unable to serve, a successor shall be appointed by the Speaker from the elected members of the Steering Committee to serve for the remainder of the unexpired term. Vacancies occurring in the position of Member-at-Large to the Steering Committee shall be filled by appointment by the Speaker for the duration of term.
- (b) If the offices of the Speaker and Vice Speaker are simultaneously vacant, the Secretary of the House shall assume the office, duties and responsibilities of the Speaker. At the next meeting of the House of Delegates, the unexpired terms of the Speaker and the Vice Speaker shall be filled by election or special election as appropriate.
- (c) In the event of the simultaneous vacancies of the offices of Speaker, Vice Speaker and Secretary, the President of the College of American Pathologists shall appoint a temporary presiding officer from the remaining members of the Steering Committee, to conduct the business of the House until such vacancies are filled by election or special election as appropriate.

Article IV - Elections

Section 1: Method of Election

- (a) During the first quarter in even-numbered years, the Speaker shall appoint a Nominating Committee to serve until the Fall Meeting at which time the Steering Committee elections will be held.
- (b)
 - (1) The nominating committee shall be composed of five (5) Delegates or Alternate Delegates who will consider candidates, as prescribed herein, for vacancies in the offices of the House and/or House Steering Committee positions.
 - (2) With the exception of the Nominating Committee Chair, Delegates and Alternate Delegates are eligible to serve on the Nominating Committee no more than once every three years. The Speaker of the House shall choose the House Nominating Committee Chair from the membership of the previous Nominating Committee. No one may serve as Chair on two successive Nominating Committees.
 - (3) The Nominating Committee may select eligible candidates as it deems necessary to ensure balanced representation of the House of Delegates. The geographic distribution, practice patterns, and sub-specialties of candidates should be taken into account. The Nominating Committee should strongly consider candidates who have actively participated in House functions and deliberations.
 - (4) Delegates not concurrently seeking election as officers or governors of the College are eligible for consideration by the House of Delegates Nominating Committee. A Delegate who seeks nomination to a House office shall waive all rights under Article V, Section 2,

Item B of the CAP Constitution to seek nomination, appointment, or election to the Board of Governors during the concurrent period of House nominations and elections.

- (5) The Nominating Committee may at its discretion interview candidates for any position. If it determines to interview any candidate for a position, it shall interview all candidates for that position. If the Committee determines to hold in-person interviews for a position, the College shall pay the reasonable expenses of each candidate for that position. The Nominating Committee will report its slate of candidates to the Speaker of the House, all members of the House, and the President of the College, 120 days prior to the Fall Meeting. The Chair of the Nominating Committee will notify candidates of its selection.
 - (6) Additional nominations for House office may be made by signed petition of at least twenty (20) Delegates or Alternates submitted to the Chief Executive Officer no later than ninety (90) days before the Fall Meeting of the House of Delegates. Candidates seeking nomination by petition shall be qualified as in Article IV, Section I (b) (4) above.
- (c) The Delegates shall have the opportunity to nominate additional candidates from the floor at the Fall Meeting.

Section 2: Installation

- (a) Upon the determination of the elected candidates for office, the Speaker shall present the newly-elected officers and Members-at-Large of the Steering Committee to the House.
- (b) The term of office of those elected shall begin at the time of adjournment of the Fall Meeting of the House.
- (c) In the event of a special election, the term of office of those elected will begin upon election and will continue until the next regularly scheduled election.

Section 3: Special Election

- (a) A special election to elect a Speaker and Vice Speaker shall be held at the next regularly scheduled House of Delegates meeting if both offices become simultaneously vacant and if no regularly prescribed election has been scheduled. The nominees for each office shall be named by the nominating committee, appointed in conformity with Article IV, Section 1.
- (b) Should such vacancies occur between regularly scheduled meetings of the House of Delegates, notification of such special election shall be in conformity with Article IV, Section 1. If such simultaneous vacancies occur within thirty (30) days of the next regularly scheduled House of Delegates meeting or during the House of Delegates meeting, the requirement for thirty (30) days advance notice by the nominating committee shall be waived provided the House is given the maximum notification practical.

Article V - Procedure of Meetings

Section I: Meetings

- (a) The House of Delegates shall meet in conjunction with the Stated Annual Meeting of the College of American Pathologists and may hold a second meeting during spring each year. Meetings of the House shall be open to all CAP members. However, the House may hold executive sessions.
- (b) The House of Delegates may be called for special meetings by the Speaker.

- (c) Upon petition of thirty members of the House, the Speaker shall notify the Board of Governors and shall call a special meeting of the House within a period of sixty days, said meeting to be held by interactive technology or in the same general area in which the headquarters office of the College of American Pathologists is located.
- (d) The purpose and agenda of such special meetings shall be submitted with the call.

Section 2: Registration

- (a) Before being seated at any session, each Delegate or Alternate shall present credentials and be recognized by the credentials Committee.
- (b) When a Delegate is unable to attend a specified session, an Alternate from the Delegation will substitute for that Delegate. Only duly elected Delegates or Alternates may be seated at any session of the House of Delegates unless the Chief Executive Officer of the College has been given due notice by the Chair of said delegation, of emergency substitution at that assembly, seven (7) days prior to the meeting. Only Fellows of the College are eligible for such emergency substitution. In the event that the Delegate or Alternate from the Residents Forum is not able to participate in a given meeting, the Residents Forum Executive Committee may designate an appropriate replacement from among the Junior Members in accordance with the above procedure.
- (c) If a Delegate's seat is not filled by either the Delegate or an Alternate for two consecutive meetings, the Speaker shall declare the position vacant and fill the vacancy by appointing a Fellow of the College under the provision of Article II. Section 1(d).

Section 3: Order of business

The official order of business of the House will be published in the Delegates' agenda book. The agenda book will be available to members of the House prior to the House meeting. The introduction of new business at the meeting will require a two-thirds majority vote.

Section 4: Quorum

Representation at the meeting by a majority of current delegations shall constitute a quorum.

Section 5: Vote

Unless otherwise specified in these rules, all questions proposed for consideration by members of the House of Delegates shall be determined by a majority of votes of those present and eligible to vote. Unless a matter is determined by ballot, a declaration by the presiding officer that an action item has been carried shall be sufficient evidence of the fact.

Section 6: Privileges of officers and governors of the College

Officers of the College, members of the Board of Governors and Past Presidents of the College shall have all privileges of the House but may not hold House office, vote or serve on committees.

Section 7: Disposition of action

All action items, and reports of the House of Delegates shall be presented by the Speaker to the Board of Governors at its next regular meeting. If a Speaker is unable to act, the Vice Speaker or Secretary shall carry out this duty.

Section 8: Rules of order

- (a) The House of Delegates shall be guided in its actions by the Constitution and Bylaws of the College of American Pathologists and these rules of the House of Delegates.
- (b) When not in conflict with these rules or the Constitution and Bylaws of the College, the standard for parliamentary procedure accepted by the College shall govern the conduct of the meetings of the House. The Speaker reserves the right to accept a motion to dismiss parliamentary procedure for meetings of the House.

Article VI - Business of the House of Delegates

Section 1: Action Items

- (a) Action Items may be submitted by any Delegate or member of the Board of Governors. It is the responsibility of the Delegation Chairs to solicit constituent member pathologists for issues (action items) prior to the Spring meeting of the House of Delegates. The manner in which this is accomplished is at the discretion of the Delegation Chair and may be done electronically or otherwise. The Speaker will solicit issues (action items) from each Delegation Chair prior to the Spring House meeting. The manner in which this is accomplished is at the discretion of the Speaker. These issues (action items) will be reviewed by the Speaker and the House Steering Committee, and compiled as part of the House agenda.
- (b) The Action Item must be in written form and must be in the hands of the Speaker or submitted to the Chief Executive Officer of the College not later than the published deadline three weeks prior to the House meeting.
- (c) The Steering Committee will review all action items submitted later than the published deadline to determine whether they shall be presented to the House. Late action items will be referred for consideration by the House only when they are:
 - 1. accepted by two-thirds consent, or
 - 2. of an urgent nature, or
 - 3. submitted by the Board of Governors, or
 - 4. submitted by the Residents Forum.

Section 2: Committees/Action Groups

The Speaker reserves the right to appoint HOD Committees/Action Groups as appropriate to address a specific issue of business. Committees/Action Groups are composed of Delegates selected by the Speaker to meet by teleconference between meetings or conduct open hearings on matters of business of the House.

Section 3: Other Committees/Action Groups

The Speaker may appoint such additional Committees/Action Groups as are needed from time to time to conduct the business of the House.

Section 4: Reports of Action Items

Reports of all action items of the House of Delegates are sent to the Board of Governors and to College Councils, Commissions and Committees as appropriate. The House of Delegates will receive a report back on all action items sent no later than the next meeting of the House. The House may request a report back at a finite time prior to the next House meeting, provided that the requested time is congruent with internal CAP scheduling.

Article VII - Amendments

Section 1:

During the first quarter following House office elections, these rules will be reviewed. These rules may be amended on the approval of two-thirds of the members of the House, provided that written notice of the proposed changes is given to Delegates at least thirty days prior to voting. Votes may be cast electronically or by other method as appropriate at the discretion of the Speaker.

House of Delegates 2015 Apportionment

	# of Delegate Seats	# of Alternate Seats	# of Delegates Appointed	# of Alternates Appointed	# of Delegate Vacancies	# of Alternate Vacancies	# of Wait Listed
Alabama	4	4	4	4	0	0	0
Alaska	1	1	1	1	0	0	0
Arizona	6	6	5	0	1	6	0
Arkansas	3	3	3	3	0	0	4
California	30	30	30	10	0	20	0
Colorado	5	5	5	1	0	4	0
Connecticut	5	5	4	0	1	5	0
Delaware	1	1	1	1	0	0	2
District of Columbia	1	1	1	1	0	0	0
Florida	20	20	20	13	0	7	0
Georgia	8	8	8	5	0	3	0
Guam	1	1	0	0	1	1	0
Hawaii	2	2	2	2	0	0	0
Idaho	1	1	1	0	0	1	0
Illinois	14	14	14	11	0	3	0
Indiana	6	6	6	1	0	5	0
Iowa	4	4	4	1	0	3	0
Kansas	3	3	3	2	0	1	0
Kentucky	4	4	3	0	1	4	0
Louisiana	5	5	3	1	2	4	0
Maine	2	2	2	1	0	1	0
Maryland	7	7	5	0	2	7	0
Massachusetts	10	10	10	9	0	1	0
Michigan	10	10	10	8	0	2	0
Minnesota	6	6	5	0	1	6	0
Mississippi	2	2	1	0	1	2	0
Missouri	7	7	7	5	0	2	0
Montana	1	1	1	1	0	0	0
Nebraska	3	3	3	3	0	0	0
Nevada	2	2	0	0	2	2	0
New Hampshire	2	2	2	1	0	1	0
New Jersey	8	8	8	2	0	6	0
New Mexico	3	3	2	0	1	3	0
New York	18	18	18	9	0	9	0
North Carolina	9	9	9	7	0	2	0
North Dakota	1	1	1	0	0	1	0
Ohio	12	12	12	8	0	4	0
Oklahoma	3	3	3	3	0	0	0
Oregon	4	4	4	0	0	4	0
Pennsylvania	15	15	14	0	1	15	0
Puerto Rico	2	2	2	0	0	2	0
Rhode Island	2	2	2	1	0	1	0
South Carolina	5	5	5	1	0	4	0
South Dakota	2	2	2	1	0	1	0
Tennessee	8	8	8	3	0	5	0
Texas	23	23	23	7	0	16	0
Utah	3	3	3	0	0	3	0
Vermont	2	2	2	2	0	0	0
Virgin Islands	1	1	0	0	1	1	0
Virginia	7	7	7	3	0	4	0
Washington	7	7	7	7	0	0	1
West Virginia	2	2	2	1	0	1	0
Wisconsin	6	6	6	2	0	4	0
Wyoming	1	1	1	0	0	1	0

House of Delegates 2015 Apportionment

	# of Delegate Seats	# of Alternate Seats	# of Delegates Appointed	# of Alternates Appointed	# of Delegate Vacancies	# of Alternate Vacancies	# of Wait Listed
Canada							
Alberta	1	1	1	1	0	0	1
British Columbia	1	1	0	0	1	1	0
Manitoba	1	1	1	0	0	1	0
New Brunswick	1	1	0	0	1	1	0
Newfoundland	1	1	1	0	0	1	0
Nova Scotia	1	1	1	0	0	1	0
Ontario	1	1	1	1	0	0	0
Prince Edward Island	1	1	0	0	1	1	0
Quebec	1	1	0	0	1	1	0
Saskatchewan	1	1	0	0	1	1	0
Other Delegations							
Residents Forum	1	1	1	1	0	0	0
US Army	1	1	1	0	0	1	0
US Veteran Affairs	1	1	0	0	1	1	0
US Navy	1	1	1	1	0	0	0
US Air Force	1	1	0	0	1	1	0
Total Seats	335	335	313	146	22	189	8
	DEL SEATS	ALT SEATS	ELS APPT	LTS APPT	PEN DELS	PEN ALTS	WAITLIST



Key House of Delegates Dates

2015	
Saturday, October 3	Fall '15 House of Delegates Meeting, Nashville
October 3	Open Call for HOD Steering Committee Candidates Communication to HOD members regarding Steering Committee nomination process and elections
Sunday- Wednesday, October 4-7	CAP '15 – THE Pathologists' Meeting, Nashville
2016	
March	Communication to HOD members regarding Steering Committee nomination process and elections
Saturday, March 12	Spring '16 House of Delegates Meeting, Seattle
Monday, April 1	Deadline: Nominations for HOD Steering Committee elections
Monday-Wednesday, May 2-4	CAP 2016 Policy Meeting, Washington, DC
Friday, May 20	Nominating Committee announces its slate for HOD Steering Committee
Tuesday, June 21	Deadline: Nominations by petition for HOD Steering Committee elections
Saturday, September 24	Fall '16 House of Delegates Meeting, Las Vegas HOD Steering Committee elections

Residents Forum Roster
August 31, 2015

First Name	Last Name	Credentials with FCAP	State	Email Address	Phone Number All	Committee Role Type
Syed	Abeid	MD		syed.abedi@medportal.ca	289-339-8154	Delegate
Shweta	Agarwal	MD,MBBS	OK	shweta-agarwal@ouhsc.edu	208-863-5892	Delegate
Diana	Agostini-Vulaj	DO	NY	dianaaagostini@gmail.com	732-672-8550	Delegate
Samer	Albahra	MD,BA	TX	Albahra@uthscsa.edu	9032360770	Delegate
Monica	Aldulescu	MD,DO	IL	Monica.Aldulescu@lumc.edu		Delegate
Deema	Alkapalan	MD	IA	deema-alkapalan@uiowa.edu		Delegate
Mary-Margaret	Allen	MD	TN	mary-margaret.l.allen@vanderbilt.edu	615-343-9125	Delegate
Maria	Alvi	MD	TX	maria.alvi@gmail.com	214-207-1167	Delegate
Thomas	Andrews	BS	MO	twah58@health.missouri.edu	217-653-6231	Medical Student Forum
Ronald	Araneta	MD	CT	ronald.araneta@hhchealth.org	860-545-2249	Delegate
Jordan	Arkin	MD	NY	joa9097@nyp.org	212-746-2832	Delegate
Zuhha	Ashraf		GA	zashraf@gmail.com	678-343-7794	Delegate
Zuhha	Ashraf					Primary Relationship
Joshua	Baalwa	MD	TX	Joshua.Baalwa@bcm.edu	713-798-5490	Delegate
Sabina	Babayeva	MD	NY	sabinanb@gmail.com	914-258-3829	Delegate
Raisa	Balbuena-Merle	MD	PR	raisa.balbuena@upr.edu	787-4209556	Delegate
Matthew	Ball	DO,MS	OH	matthew.ball@osumc.edu	800-293-5123	Delegate
Whitney	Banks	DO	VA	wbanks@gwu.edu	2029943391	Delegate
Tanner	Bartholow	MD	PA	bartholowt@upmc.edu	814-977-8288	Delegate
Natalia	Belova		FL	nb3832@gmail.com	732-509-3044	Medical Student Forum
Alexander	Berrebi	MD	MD	aberrebi@umm.edu	304-276-0651	Delegate
Ryan	Berry	MD	NM	RBerry@salud.unm.edu	5054012446	Delegate
Marianne	Beynon		TX	beynon@bcm.edu	3618152606	Delegate
Summer	Blount	MD,MT(ASCP)	CA	sblount@llu.edu	909-558-4000 x 44094	Delegate
Aleh	Bobr	MD	MN	bobr.aleh@mayo.edu	507-538-4260	Delegate
Brian	Bockelman	MD	PA	bcbrockelman@yahoo.com	330-501-6794	Delegate
Jesse	Bond	MD,BSc	NH	jesse.s.bond@hitchcock.org	603-650-5000	Delegate
Nora	Bowers		IL	nbowers@cap.org	847-832-7802	Staff
Ryanne	Brown	MD	CA	rbrown85@stanford.edu		Delegate
Yasmeen	Butt	MD	TX	yasmeen_m_butt@yahoo.com		Delegate
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Residents Forum Roster
August 31, 2015

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August 31, 2015

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August 31, 2015

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August 31, 2015

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August 31, 2015

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August 31, 2015

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Fall '15 HOD Meeting

Panelists' Bios

Richard S. Cooper, JD – Attorney, McDonald Hopkins

Richard S. Cooper, JD, is the manager of McDonald Hopkins' National Healthcare Practice Group and is co-chair of its Healthcare Restructuring Practice Group. Mr. Cooper served on the firm's Board of Directors from 1992-2012. He focuses his national practice in healthcare law, representing clients in transactional, restructuring, corporate, compliance, regulatory, licensure, reimbursement, contractual, strategic planning, and venture matters.

Frank Dookie, MBA – National Contracting, Humana Inc.

Frank Dookie is responsible for execution of Humana's laboratory strategy. He has over 25 years of diagnostics experience having worked for LabCorp, Pharmacia Diagnostics, and Humana.

He has a BA in Economics from Rutgers University and an MBA in Healthcare from University of Phoenix.

Jeffrey Guy, MD – Chief Medical Officer, TriStar Health System

Dr. Jeffrey Guy received his medical degree from Northeastern Ohio Universities College of Medicine and completed his residency in general surgery at Northeastern Ohio University College of Medicine, Akron General Medical Center in Akron, Ohio. He completed fellowships in trauma surgery research at Case Western Reserve University School of Medicine in Cleveland, surgical critical care and trauma surgery at University of North Carolina at Chapel Hill in Chapel Hill, N.C., and burn surgery at North Carolina Jaycee Burn Center at University of North Carolina at Chapel Hill. He also completed the Charles Fox Traveling Burn Fellowship with the American Burn Association. In 2009, Guy received a Masters of Management in Health Care from Vanderbilt's Owen Graduate School of Management.

As the Chief Medical Officer for TriStar Health, Dr. Guy supervises the implementation of initiatives and best practices that improve clinical outcomes and ensure patient safety for almost 126,000 patient admissions and over 640,000 emergency room visits annually. He is also responsible to the clinical engagement of over 5,300 physicians and 14,000 employees at 22 hospitals in three states.

Prior to joining TriStar Health, Dr. Guy was Chief Medical Director for the pediatric program at TriStar Centennial Women's & Children's Hospital and Director of the Regional Burn Center and acute operative services at Vanderbilt University Medical Center in Nashville. He also served as an associate professor of surgery, chief of the division of burn surgery, fellowship director of burn surgery, and course director of the critical illness immersion course at the Vanderbilt University School of Medicine.

In addition to his healthcare leadership roles, Dr. Guy has authored over sixty papers and book chapters. For his efforts in training military medical providers, Dr. Guy is the recipient of the U.S. Army's Commanders Award for Public Service and the Special Operations Medicine Service Award. He was also

the associate global medical director of a pre-hospital Trauma Life Support (PHTLS) which has trained over 500,000 civilian and military providers in 48 countries. Dr. Guy has also been involved in a variety of child advocacy projects and has been recognized by the State of Tennessee for the prevention and recognition of child abuse.

Dr. Guy's personal interests include writing, training for marathons, baseball and hockey. He and his wife, pediatric endocrinologist Deanna Aftab Guy, have five children.

Barry Portugal – Owner, Health Care Development Services, Inc.

Barry Portugal is President of Health Care Development Services, Inc., a strategic business planning management consulting firm. He has been in practice for more than thirty-four years representing hospitals, large healthcare systems, pathology groups, and businesses with interests in the health care industry.

Mr. Portugal has undergraduate and graduate degrees in business administration from the University of Illinois and the University of Pennsylvania respectively. He also attended Northwestern University School of Law.

His firm's special area of interest is group organizational dynamics, strategic planning, and business development for health systems and pathology groups. In this role, Mr. Portugal and his team have designed business plans which have achieved goals desired by client organizations.



cap

VALUE-BASED BUSINESS CENTER OVERVIEW

A new reality

Over the coming years, changes in health care could drastically affect pathologists' practices. Emerging technologies will require practices to expand in-house competencies. Consolidation will alter the competitive landscape. The transition from the traditional fee-for-service to value-based payment systems will reshape the way pathology practices have traditionally done business.

The health care industry is facing unprecedented change.

To assist CAP members in adapting to changing market forces while also preparing for the transition to emerging payment systems, the CAP has created the Value-Based Business Center.

What is the Value-Based Business Center?

The Value-Based Business Center is a set of toolkits that will assist your practice with increasing its success in the current health care landscape while preparing for emerging payment systems. The Business Center is the only resource of its kind, created specifically for pathology practices.

The Business Center is launching with a set of toolkits—Practice Self-Awareness, Practice Assessment, Market Awareness, Market Assessment, and Value Impact Analysis—that offer support throughout the adaptation process. Easy to use and implement, the Value-Based Business Center is available for free to all CAP members.

What will the Value-Based Business Center help my practice accomplish?

With the Value-Based Business Center, your practice can perform a variety of assessments and analyses that can improve its current situation while simultaneously preparing you for the ongoing emergence of value-based pricing systems.

While the shift from fee-for-service to value-based payment will eventually affect everyone in the industry, practices with the foresight to act fast will be in a position to capitalize on new opportunities. The Value-Based Business Center will help you:

- Identify your practice's strengths and opportunities for improvement.
- Uncover areas of untapped expertise within your practice, opening doors to new revenue sources.
- Identify the concerns, challenges, and opportunities facing your clients, helping you to assess the services your practice offers.
- Assess your practice's competencies, capabilities, and capacities, ensuring decisions can be made based on factual evidence.
- Allow you to conduct market research in a manner designed specifically for pathology practices.
- Guide your practice in planning and executing value-generating health care improvement projects.

Addressing the current health care market while preparing to implement new payment systems will be critical for every practice's continued success, and should be approached with a plan in place. The toolkits have been developed to help your practice address key elements of the transition.

The graphic below represents the Value-Based Business Center. While the toolkits may be completed individually, they will be most effective when used together.

Gather Data

- Awareness/Exploration
- Change Leader(s) Identified
- Assess Practice
- Assess Market



Practice Self-Awareness Toolkit



Market Assessment Toolkit



Practice Assessment Toolkit



Billing Assessment



Market Awareness Toolkit

*Business Dashboard

Make Decisions

- Select New Business Model(s)

*Decision Making Toolkit

*Collaboration and Leadership Toolkit

*Conflict Management Toolkit

Pursue Opportunities

- Build Evidence Base
- Negotiate Payment
- Implement
- Monitor and Improve



Value Impact Analysis Toolkit



Got Value Toolkit

ACPE Basic Negotiation Skills
Online Course

*Hiring Best Practices Toolkit

*Practice Mergers/Acquisitions Toolkit

*Applying Negotiation Principles
to Pathologists' Scenarios

*Various ACO/value-based
payment toolkits

*Proposed
future tools



Practice Self-Awareness Toolkit

The Practice Self-Awareness Toolkit utilizes surveying to help your practice gain insight into what your pathologists think about your practice and its future. This toolkit will assist your practice in developing and implementing a common vision and strategic direction.

The Practice Self-Awareness Toolkit will provide:

- Insight into how your pathologists view your practice and its future.
- Information necessary for developing a common vision, the first step in creating a sustainable strategic direction.



Practice Assessment Toolkit

The Practice Assessment Toolkit provides an objective review of your practice's medical skill sets, organizational capabilities, and capacities. By identifying strengths and opportunities for growth, your practice will be more competitive and able to capitalize on current and future conditions.

The Practice Assessment Toolkit will provide:

- An evaluation of your practice's medical competencies.
- A determination of your practice's organizational capabilities.
- An assessment of your practice's capacities regarding anatomic pathology services.



Market Awareness Toolkit

The Market Awareness Toolkit utilizes surveying to help your practice gain insight from clients. Survey questions address how your practice's services align with your clients' concerns, opportunities, areas for growth, etc.

The Market Awareness Toolkit will provide:

- Information regarding your clients and their opportunities, challenges, etc.
- Client-based opinions of your practice and its strengths and opportunities for growth.
- Information for identifying next steps, implementing practice improvements, and capitalizing on market opportunities.



Market Assessment Toolkit

The Market Assessment Toolkit will help your practice to better understand your market, uncover new opportunities, and develop a strategic plan to make the most of your findings.

The Market Assessment Toolkit will provide:

- An analysis of current market conditions.
- Visibility into the unmet needs/expectations of your market.
- Definitions for your practice's market(s) of interest.



Billing Assessment Toolkit

The Billing Assessment Toolkit is designed to help your practice navigate the complex processes involved in billing and collections, commonly referred to as the revenue cycle. Your practice can increase its revenue by either performing more services or by generating more cash from the services it currently provides.

The Billing Assessment Toolkit will provide:

- Key performance indicators to help identify problem(s) within the billing process
- An evaluation of payments and bad debt write-offs
- A process to calculate various revenue cycle metrics
- A method to evaluate your practice's charge capture
- Example letters to adapt to your practice for denial appeals



Value Impact Analysis Toolkit

The Value Impact Analysis Toolkit will provide your practice with a framework to identify health care improvement projects and to communicate the value contributed by your practice.

The Value Impact Analysis Toolkit will provide:

- Information necessary for planning health care improvement projects.
- Visibility into the costs and outcomes of your practice's activities.
- Analysis of your practice's impact on patient care and system resources.

Additional resources

In addition to the above toolkits, the Value-Based Business Center includes information to help your practice enhance its negotiation skills and better understand the opportunities for pathologists in value-based payment systems.

Will my practice be able to utilize all of the Value-Based Business Center's toolkits?

The Value-Based Business Center is scalable to all practice sizes. Whether you're a small practice serving a limited geographic area or a regional/national chain, the Business Center will provide the tools necessary for gathering the information you need to implement new payment systems. While some practices may choose to utilize the services of external service providers to assist them in the process, the toolkits can be completed utilizing only your practice's internal resources.

As with all of our products and services, the CAP will be offering a breadth of support to our members in this endeavor. Any questions will be addressed by the Business Center developers, ensuring you receive information from subject matter experts.

More to come

These toolkits are only the beginning of the Value-Based Business Center. The CAP is continuing to develop new resources that will assist CAP members and their practices with not only adapting to the changing health care industry, but identifying new opportunities for continued success. New toolkits, along with webinars, course work, online resources, and more will address the mission-critical aspects of operating pathology practices in a value-based environment.

A new day in health care

Moving forward, the ability to adapt to changing conditions will separate successful practices from those that will fall by the wayside. For savvy organizations, this new reality is not an obstacle. It's an opportunity. How you take advantage of it is up to you.

Learn more at cap.org/practicemanagement.

Gather Data
Make Decisions
Pursue Opportunities

Questions can be emailed to practicemanagement@cap.org or contact:

Doug Knapman
Director, Practice Management,
Membership & Professional Development
dknapma@cap.org
800-323-4040 ext. 7738 or 847-832-7738

Anthony Battistone
Senior Manager, Value Practices, Practice Management,
Membership & Professional Development
abattis@cap.org
800-323-4040 ext. 7548 or 847-832-7548

House of Delegates Members Honored with 2015 CAP Meritorious Service Awards

Donald S. Karcher, MD, FCAP

2015 CAP Pathologist of the Year Award

Stephen G. Ruby MD, MBA, FCAP

2015 CAP Distinguished Service Award

Michael J. Misialek MD, FCAP

2015 CAP Outstanding Communicator Award
established in honor of William L. Kuehn

Rajesh C. Dash, MD, FCAP

2015 CAP Pathology Advancement Award

Jerad M. Gardner, MD, FCAP

2015 CAP Resident Advocate Award

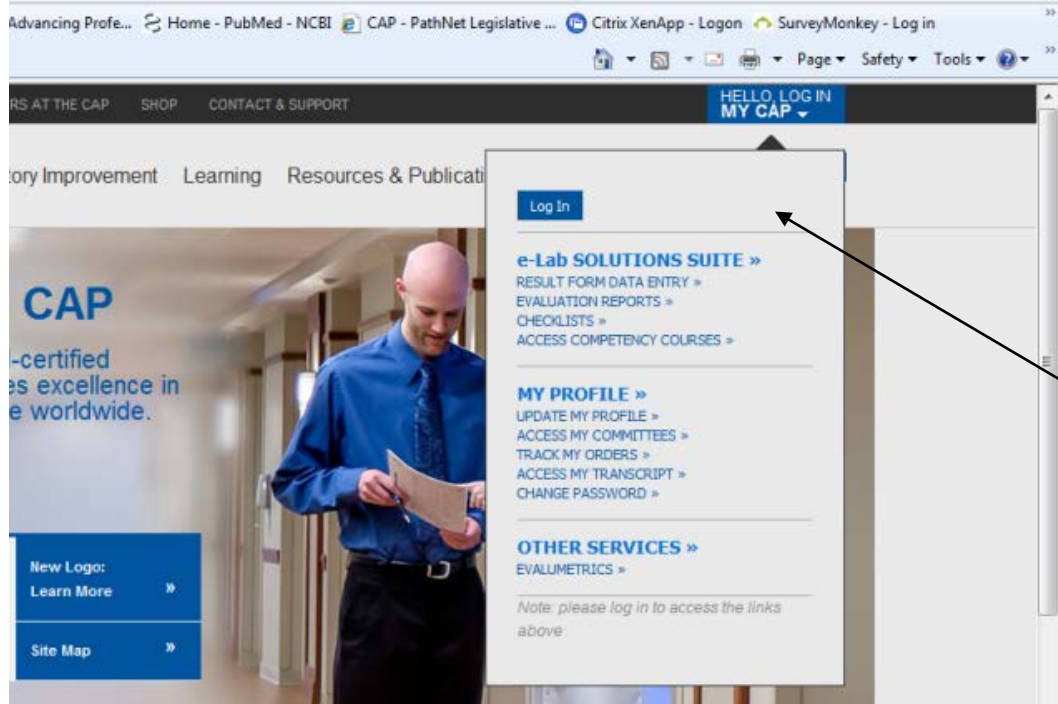
Ronald B. Lepoff, MD, FCAP

2015 CAP Lifetime Achievement Award

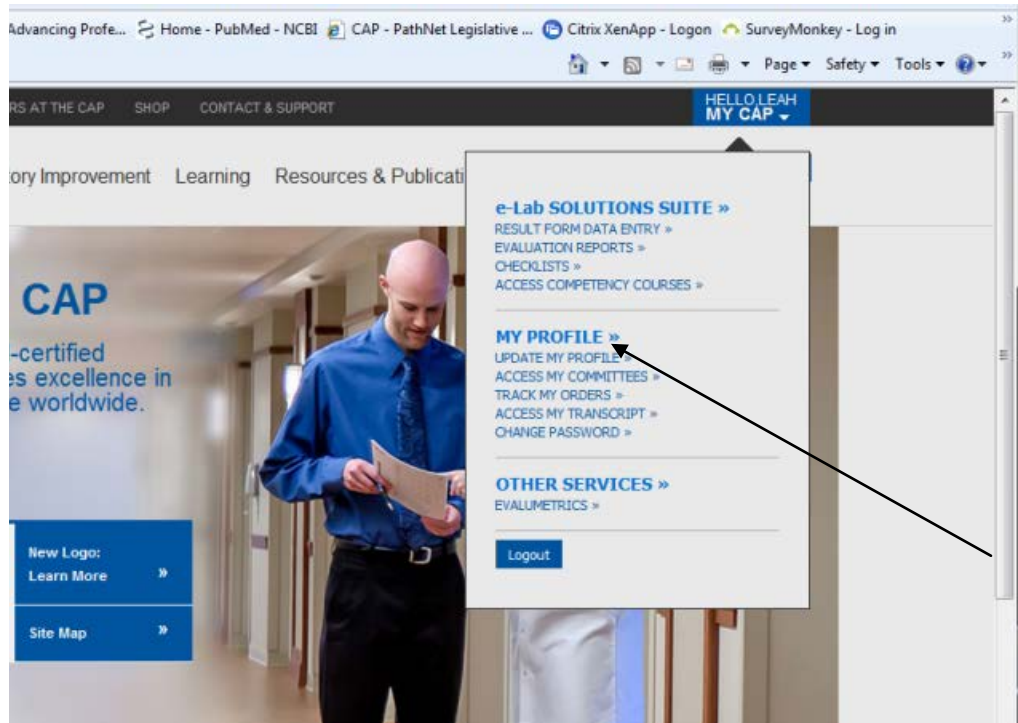
How to Update Your CAP Member Contact Information

Please update your member data online.

1. Log in at www.cap.org – (HELLO LOG IN MY CAP)



2. Select Update My Profile in MY CAP dropdown.



3. Choose Change Personal and Professional Details under Personal Details.

The screenshot shows a web browser window with the following elements:

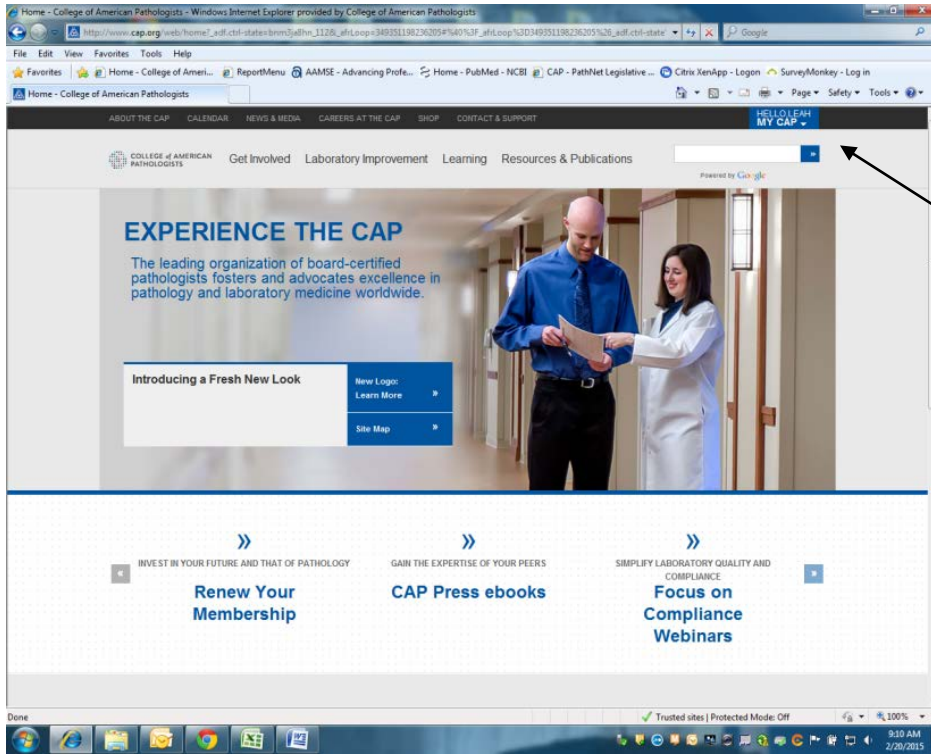
- Browser Menu:** File, Edit, View, Favorites, Tools, Help.
- Address Bar:** Home - College of Ameri..., ReportMenu, AAMSE - Advancing Profe..., Home - PubMed - NCBI, CAP - PathNet Legislative ...
- Page Title:** My Profile
- Navigation:** [Return to CAP Home](#)
- Profile Header:** CAP Personal ID# 8696796, PERSONAL INFORMATION (selected), BUSINESS / PROFESSIONAL, PREFERENCES.
- Left Sidebar:** [Basic Information](#), [Home Contact Details](#), [CAP Council and Committees](#).
- Main Content:** **Basic Information**, **Indicates required field*, [Apply to be a Member](#).

An arrow points from the 'Basic Information' link in the sidebar to the 'PERSONAL INFORMATION' tab in the header.

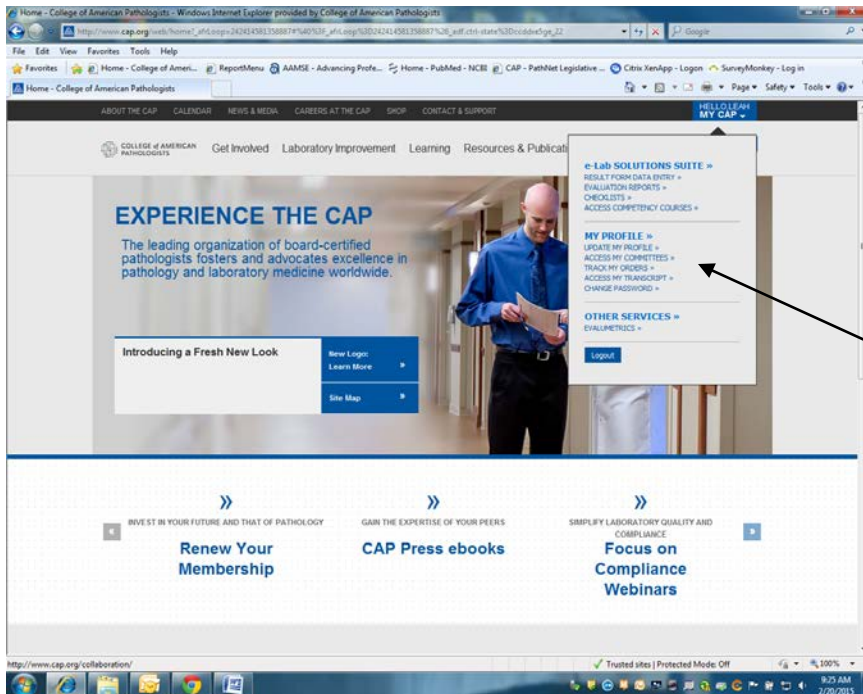
HOD Discussion Board Instructions and Guidelines

To Access the HOD Discussion Board follow the steps below:

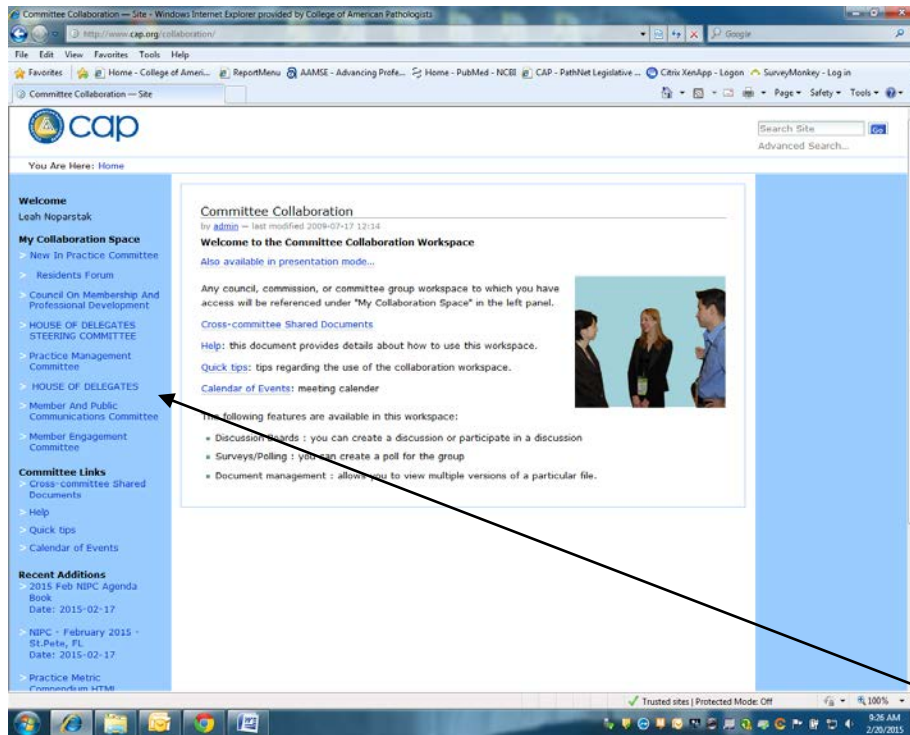
1. Go to <http://www.cap.org/collaboration/groups/HOD> and **log in**.



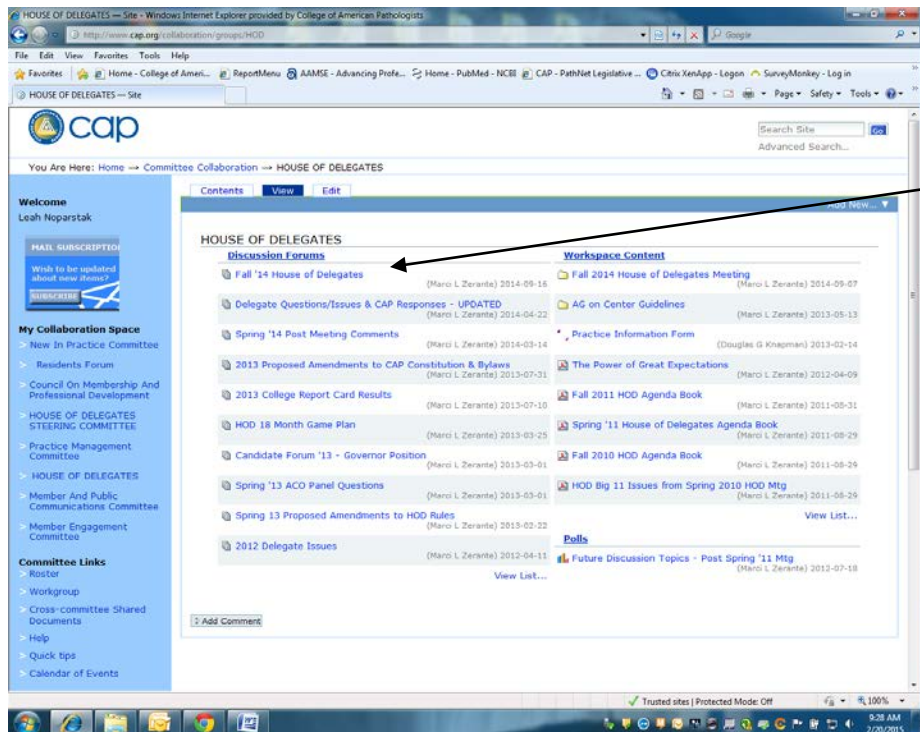
2. Save this site to your Favorites so you can easily access it again later.
3. Click on the drop down box on upper **right** hand corner and under My Profile – choose **Access my Committees**



4. Click the link for HOUSE OF DELEGATES on the **left** hand navigation pane.

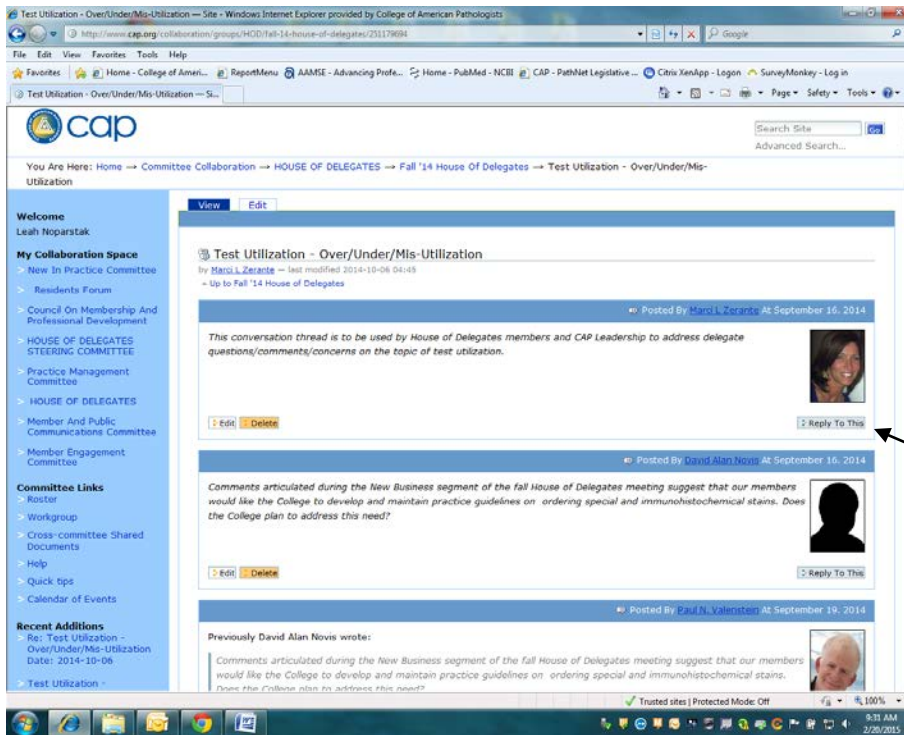


5. Click the “**Delegate Discussion: Potential Rules Changes**” Discussion Forum.

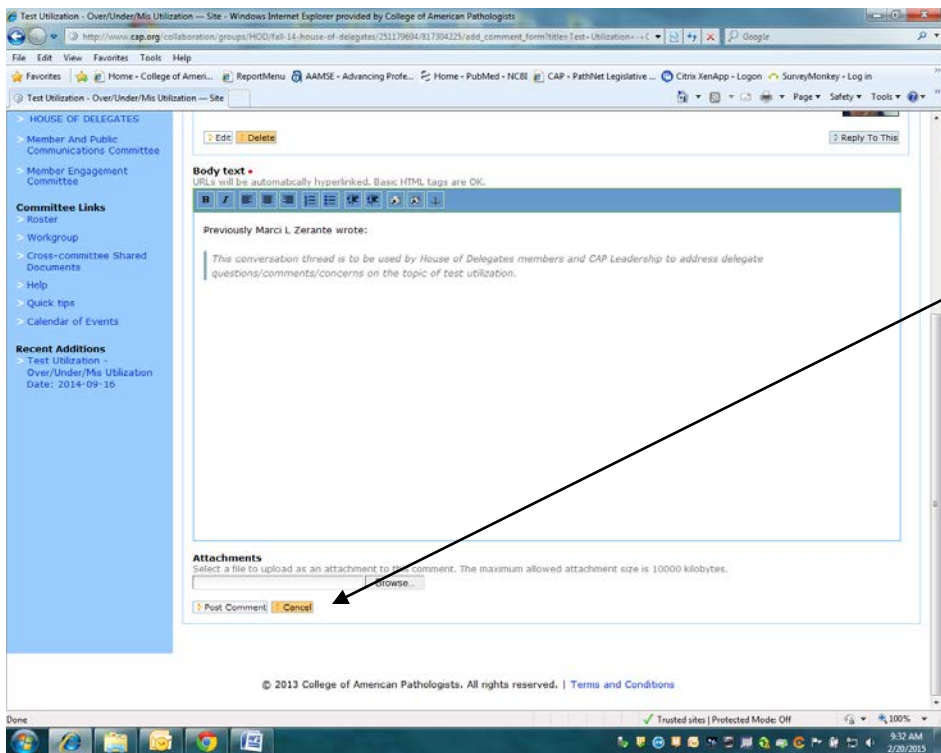


6. Start a New Conversation Thread in this forum. Or - click on the issue to open it to view the previous posts/responses.

7. Click the “REPLY TO THIS” button.

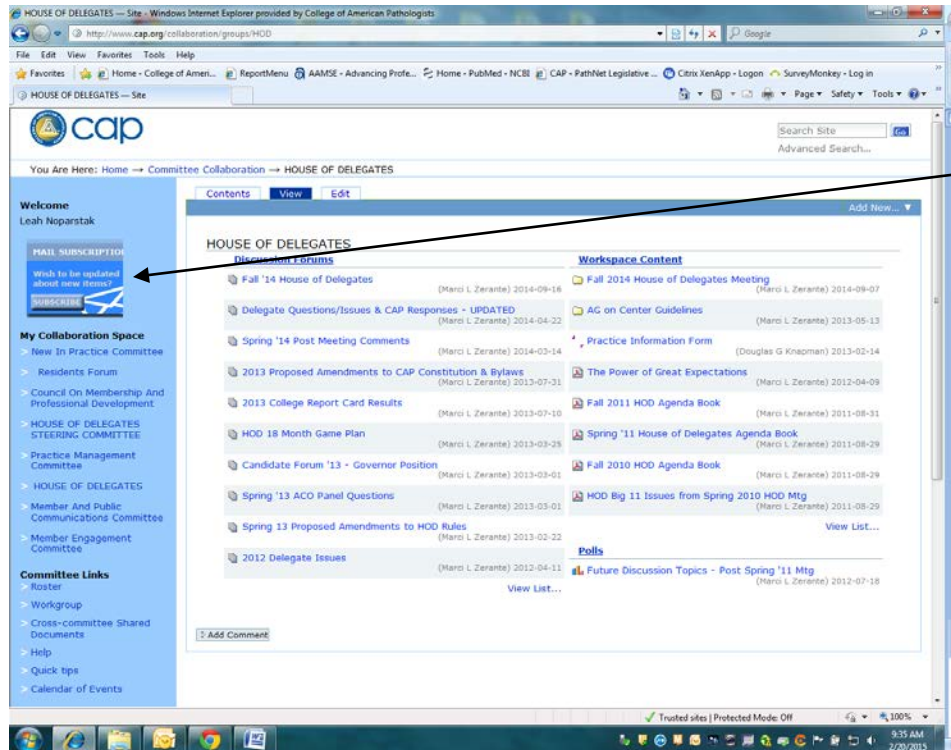


8. In the “BODY TEXT” box, type your response and then click the “POST COMMENT” button.



TO BE AUTOMATICALLY ALERTED WHEN A NEW COMMENT HAS BEEN POSTED

1. Once you are logged into the Collaboration Space, click the “**subscribe**” button in the MAIL SUBSCRIPTION box in the upper left hand navigation pane.



When posting your comments, please observe the following guidelines:

- Be clear and concise. If possible and appropriate, indicate upfront if you agree or disagree with the statement or issue to which you are responding. Avoid meaningless threads, one word (or short) nonsense posts, etc.
- Rudeness, profanity, insulting posts, personal attacks or purposeless inflammatory posts cannot be tolerated and will be removed.
- Please no advertising, spamming or trolling.
- Discussion of illegal activities such as antitrust violations is prohibited.
- While these guidelines cover most common situations, we cannot anticipate everything. In promoting the interests of all Delegates, there may be times when we must take actions to ensure that the HOD Forum is not disrupted or abused.
- We suggest that you never give out your log-in information to anyone. We are unable to prevent undesirable consequences that might arise should you disclose this information.

If you have any questions, please feel free to contact House Speaker, James E. Richard, DO, FCAP @ housespeaker@cap.org or CAP HOD Staff Jan Glas @ jglas@cap.org.

House of Delegates Member Expense Reimbursement Form

Please complete demographic and travel related information below.

Name			
Address			
City		State	Zip
Reason for Travel (Please be specific, e.g. list full committee name.) House of Delegates Meeting			
Date(s) of Travel 10/2 - 3/2015		Destination Nashville, TN	

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Dates m/d/yy	10/04/15					10/02/15	10/03/15	
Air/Rail								\$0.00
Hotel								\$0.00
Meals	/ / / / / / / /							
Breakfast (\$40)								\$0.00
Lunch (\$45)								\$0.00
Dinner (\$130)								\$0.00
Auto	/ / / / / / / /							
Personal Auto ¹ (Enter miles in line 30 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 ²								\$0.00
TOTAL	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
# of Miles								/ / / / / / / /

¹ Personal car allowance =

\$0.575

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

Total Expenses Incurred	\$0.00
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For Office Use Only: Account Combination	Total
01-70-7095-59040-000000-00000	

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. Receipt(s) must be submitted for expense amount claimed.

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

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



COLLEGE of AMERICAN
PATHOLOGISTS

Save the Dates!

2016 Policy Meeting

May 2-4, 2016
Washington, DC

Spring '16 House of Delegates Meeting

March 12, 2016
Seattle, WA

Fall '16 House of Delegates Meeting

September 24, 2016
Las Vegas, NV

CAP '16 – THE Pathologists' Meeting™

September 25-28, 2016
Las Vegas, NV