

From the President's Desk: Our study of member services and support

R. Bruce Williams, MD

March 2019—We launched the CAP member services and support strategy two years ago, setting out to figure out which benefits were most valued by the greatest number of members, identify places where we could find better ways to direct or maintain them, and see where we could be falling short. To keep everyone connected and everything on track, we created a coordinating group whose members had access to a fine staff and thoughtfully curated findings from years of member surveys and market research. Our own surveys showed how the interests and needs of our members overlapped. The market provided context.



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Inevitably, digging deep turned into digging deeper, but in January we met our self-imposed deadline for handoff from the planning group to the CAP councils and committees. It's a work in progress, and this is my status report. We wanted to consolidate operations in ways that would discourage duplication and encourage communication. We also wanted to find ways to ensure that any changes we made would be made with our members' interests and commitments in mind. We could make some assumptions about member preferences on the basis of traditional metrics—years in training or practice, subspecialty, practice setting, and so forth—but demographics alone would not suffice. And some of what we hoped to measure proved largely intangible.

The planning group looked at every product or service we now provide. They asked what needs it met, how widely it was used, how well it satisfied those who used it, and what unique value it contributed in the marketplace. This would cover our tangible member benefits.

Some of the most popular options are provided via live and online learning events and practice management support tools. These include discounted and member-only access to CAP publications (periodicals, books, cancer protocols, laboratory accreditation checklists, resource guides, practice management toolkits), live and online learning (self-assessment modules, the CAP annual meeting, Advanced Practical Pathology Programs [AP3s], laboratory medical direction workshops).

CAP members know the value of medical citizenship. Our advocacy team in Washington, DC, and the many members who work with them can speak with authority to policy proposals on matters such as laboratory-developed tests and Medicare's local coverage determination process. They also develop useful tools, such as the

Pathologists Quality Registry, which now offers 28 quality reporting measures. The PQR features a dashboard with which pathologists can track quality metrics that are used for practice improvement and to determine eligibility for Medicare payment bonuses. CAP members enroll in the PQR at a discounted rate.

Another continuing priority is fostering interest in our specialty and onboarding new-in-practice members. The New in Practice Committee posts abundant practical career advice on the website that is useful to them and informative for those of us who want to stay in touch with the challenges that new-in-practice members face. A graduated dues structure supports junior and new-in-practice members and there is no fee to join the CAP medical student forum.

We learn from one another through the CAP, and much of what we learn begins with something proposed or launched by members at the grassroots. CAP Surveys, for example, started with a small group of Pennsylvania pathologists who were determined to put an end to inconsistent results from their respective clinical laboratories. Laboratory accreditation had similarly organic beginnings. These are all reasons to strengthen ties to our state pathology societies, and we're working on that.

Pathologists who are introduced to advocacy at the grassroots and expand their scope as active participants in their local and state pathology societies are some of the most effective advocates for our specialty. We also benefit greatly from the guidance of our lobbyists, whether via "Statline" and other online updates that CAP advocacy provides, or by attending the annual Policy Meeting in Washington, DC (April 29–May 1). Policy Meeting participants grow highly transferable competencies in just a few days; some even discover an unexpected talent for negotiation.

There are fees to attend our biggest event, the annual meeting, but there is no price tag to cover the learning and fellowship that the experience generates. Our members do pay for CAP Surveys and laboratory accreditation, but the cancer protocols and checklists are texts for self-directed learning that justify those costs many times over. Any CAP member can download the CAP test-ordering modules too, and use them to educate colleagues and hospital administrators about the proper use of commonly ordered tests. These assets may seem to come out of the blue, but they do not; our members develop them for the advancement of our specialty.

Pathologists join the CAP, as well as their local and state pathology societies, to take care of business and to take care of one another. So, yes, I encourage my colleagues to be a part of some CAP activities because I think they should want to and because it will make them better all-around medical citizens. As a CAP member you have the opportunity to become a grassroots advocate through PathNET and contribute to PathPAC. If you don't see the value of supporting both, then you're just not paying attention.

There is also no minimum contribution to the CAP Foundation, which funded scholarships for 10 medical students to attend the CAP annual meeting this year and funds travel grants for residents to grow their skills in medical informatics and translational diagnostics. The foundation's flagship program—See, Test & Treat—is one of the best humanitarian projects around. Contributing to the foundation is not an obligation; it's an opportunity.

So that's where we are on the member services and support project. This is your College and everything we do is undertaken for our members and in concert with the CAP mission—to foster and advocate for excellence in the practice of pathology and medicine worldwide. I hope you will write to me at the email address below with any feedback you might like to offer. We will continue to invest your dues dollars in products and services that will provide the greatest good for the greatest number. The intangible benefits will continue to be unique. And by the way, March 31 is the annual drop date for those who have not yet renewed their CAP membership. I hope that's on your calendar.

Dr. Williams welcomes communication from CAP members. Write to him at president@cap.org.