

# From the President's Desk: The year that wouldn't end

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December 2020—As we reach the end of December, I am taking a look back at this year and wondering: *How long* was 2020 anyway? My calendar says 12 months, but if you're like me, 2020 seems like it has already had about 24 in it and I'm still counting. I've even taken to using "2020" as an expletive.

When I think of the key themes of the past year, most are quite negative. The pandemic, virtual meetings, and extremely challenging legislation just to name a few. In the spirit of hoping the worst is behind us—and to remind ourselves how much we worked to make the best of a bad situation—let's take a quick tour of the major difficulties we faced in 2020.

We may as well start with COVID-19. It has challenged our labs and our community in ways we did not expect and for which we were not prepared. As I write this column, the pandemic is once again getting worse in the United States. The pressure to deliver reliable, accurate results in a short time frame has been unbelievable. Critically needed reagents, instruments, and other supplies have been scarce, and the need for testing is increasing. Pathologists were hit hard personally, with many labs forced to lay off or furlough staff members as the volume of anatomic work and routine studies greatly decreased. Many laboratory scientists and the pathologists responsible for them who were fortunate enough to keep their full-time jobs have reported high rates of burnout.



Dr. Godbey

With that said, I am proud of how our membership has responded and is responding to the pandemic. We have adapted, become creative, and answered the call. We stood up to relentless pressure to insist on the use of reliable tests when less accurate assays were more accessible or politically appealing. The value of pathologists and the laboratories we direct is now much better appreciated, and it should be.

The CAP made a tremendous effort to improve our situation during the pandemic, opening up access to dozens of online CME and SAM courses at no cost to members. The CAP went to bat with regulators and legislators, enabling remote sign-out, delaying CAP inspections, and ensuring that pathologists and

the labs we direct were eligible for financial support programs. Proficiency testing programs were quickly made available. Protocols were written. [www.cap.org](http://www.cap.org) was updated on a regular basis.

Related to COVID-19 is another theme of 2020: virtual meetings. While I enjoy getting to listen to top-notch presentations from the comfort of my own home, these remote events lose so much of what makes meetings special—whether that’s the annual CAP meeting or a weekly staff gathering at the lab. Education for our residents is simply not as helpful in an online format, and remote tumor boards are no match for in-person events. Virtual events have filled an important void, but I eagerly await the return to regular meetings and the serendipitous encounters, informative give-and-take, and collaborative work they entail.

Having said this, the feedback I am receiving on CAP20 is overwhelmingly positive. Just before writing this, I went to the CAP20 site and took a course. It increased my knowledge and I will receive 1.25 hours of CME. Thank you to the CAP members and staff who worked so hard to make this happen. We pulled something off that we have never done before and made it a success. I must say, though, I hope we don’t ever have to have a totally virtual annual meeting again.

Another gut-punch this year came in the form of threatened cuts to pathology service payments by the Centers for Medicare and Medicaid Services. The planned cut for pathology is an average of nine percent, with a 12.5 percent cut for the 88305-26. Triggered by a budget neutrality requirement that mandates the offset of increased payment for other health care services, this cut would be crippling for our field and the many other medical areas it would affect. It will take an act of Congress to waive the budget neutrality requirement and prevent much of the cut. That’s why the CAP has coordinated with more than 50 other groups and has spent months lobbying Congress on our behalf. The rule must be changed by Jan. 1, 2021, or the proposed cuts will take effect.

This is an access-to-care issue. A number of hospitals are already in trouble because of financial strains from COVID-19. Many of these hospitals serve economically disadvantaged patients, rural areas, and minorities. If specialists can no longer afford to staff these hospitals, then the services they provide, and on which these hospitals depend financially, will not take place. They will be forced to close. These closures will disproportionately affect the most vulnerable of our patients. This decision will come down to the wire, and I hope every day that sanity will prevail.

And in one last hurrah, 2020 has delivered a devastating hurricane season. As I write this, my staff and I are hunkered down waiting for Tropical Storm Eta to pass by and hoping it does not hinder our ability to care for patients in southeast Georgia and northern Florida.

We have lost much in 2020—patients, colleagues, family, and friends. I cannot wait to put this year behind me, and I suspect all CAP members feel much the same. Still, I have never been more proud to be a physician and a pathologist than I am now. We stepped up and delivered.

As this year finally comes to a close, I wish you and your family a safe and healthy holiday season. May 2021 be kinder to us all.□

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