

From the President's Desk: Transformational practice—2 in spotlight

Stanley J. Robboy, MD

February 2013—A National Football League playoff game was on the ceiling monitor in the airport lounge where I was trying to work on this column, and the announcer was talking about how well they were moving the ball. My first reaction was that he sounded awfully excited for a guy with only one ball to move. Maybe he should come to work at the CAP and see what real excitement is.

The CAP does have a lot of balls in the air, maybe sometimes too many, but that is a terrific problem to have, especially when we are experiencing so many breakthroughs in science and technology related to our specialty and when changes in the greater practice environment hold so much promise. It is good to be busy with what engages us.

Granted, all of us are challenged at times as we juggle all those balls while moving in several directions at once. And the CAP staff and committee members do sometimes have to scramble to track what all the players are doing, because a big part of our job is to keep everyone informed and keep pushing ourselves forward. I like the way it all works, and it works because we aim for consensus and then try to keep everyone on the same game plan.



Dr. Robboy

The key to communication is to keep everyone interested, and the CAP seeks to involve its members in as many ways and at as many levels as possible. We sponsor Peer2Peer meetings in which pathologists can sit down informally to talk about what they are grappling with and the solutions they are considering. We provide some of the most cutting-edge education available to pathologists, including an annual meeting that features not only outstanding didactics but related programming to further the national conversation, encourage members to network, celebrate the progress being made in the science of pathology, and provide opportunities to practice our ball-handling skills. Our advocacy team in Washington, DC, publishes and posts useful information at www.cap.org/advocacy and sponsors an excellent annual policy meeting (to be held in Washington May 6-8) that every pathologist should attend periodically. (My hope is that every midsize to large department will have one to two members attend each year.)

The College commissions research on emerging pathology practice models, such as that conducted last year by G2 Intelligence and summarized in a document that we are calling Promising Practice Pathways. (Members can download it at www.yourpathyourchoice.org; I highly recommend it.) In addition to formal research, we reach out to individual members to learn about the creative maneuvers they are engaged in, all with an eye to keeping all those balls in the air. (Our new eBook, which introduces some of those members and tells their stories, *New Paths ... New Choices: Pathology in an Era of Advancing Science and Disruptive Health Economics*, will be available for download this spring.)

I would like to highlight this month two innovative pathologists who can pivot with the best of them. To my way of thinking, there is no better way to demonstrate the satisfactions of a transformational practice than to let our members speak for themselves.

Susan D. Rollins, MD, who opened the Outpatient Cytopathology Center in Johnson City, Tenn., in 1991, is among

three CAP members who were founding faculty for the CAP Ultrasound-Guided Fine-Needle Aspiration advanced practical pathology program. She and her partner, Janet F. Stastny, DO, conduct some 2,400 FNAs annually. When possible, Dr. Rollins and Dr. Stastny share preliminary findings with their patients, inviting them to view their slides through a two-headed microscope in their offices (yes, patients are keenly interested in their findings and learning about them from their pathologist). Dr. Rollins attributes the great satisfaction she takes in her work to a series of mentors, including John Abele, MD, of Sacramento, Calif., who had one of the first outpatient cytopathology practices. When she was a resident, Dr. Rollins called out of the blue to ask if she could visit his practice. It was Dr. Abele, she says, who insisted that despite a 3.5-year waiting list, she should further her studies by training under Torsten Lowhagen, MD, at Karolinska Hospital in Stockholm, Sweden. Dr. Lowhagen taught her to be what he called a clinical cytopathologist, enjoying patient contact and integrating in her reports what she learned from the history and physical examination so that her diagnoses “were not made in a vacuum.”

Elizabeth A. Wagar, MD, professor and chair of the Department of Pathology and Laboratory Medicine, Division of Pathology and Laboratory Medicine, MD Anderson Cancer Center, sees herself as a problem solver. “I walk around a lot,” she told me. “These are people who are very sick. I like to talk with patients and make sure we’re doing a good job taking care of them. I give them my card and discuss what works for them.” Dr. Wagar rounds at least monthly in phlebotomy (125 phlebotomists perform as many as 1,000 draws daily). She takes care of her surgeons, too, by finding a way to shorten turnaround times while providing complete results rapidly so that patients needn’t have unnecessary waits for their procedures. Her Human Leukocyte Antigen (HLA) laboratory recently instituted a new form of integrated reporting of all blood units for stem cell transplantation coming from inside or outside the laboratory. Rather than attempt integrated reporting for the entire laboratory, she says, they took a “small bite” that motivates everyone more effectively than big projects that don’t work. The department has found that as a result of Dr. Wagar’s involvement in patient care, the transfusion medicine and HLA teams work more closely with the stem cell transplantation group; the clinicians even ask them to order the relevant tests. Her whole group is now being complimented for its patient care efforts.

Stories like these always encourage me. I hope you will share their ideas, and your own, with colleagues in other specialties, members of your laboratory staff, and me. This kind of thinking is one of the best ways to move the ball. □

Dr. Robboy welcomes communication from CAP members. Send your letters to him at president@cap.org.