

From the President's Desk: How we tell our story, 11/14

Gene N. Herbek, MD

November 2014—We do what we do because we know it's important, we find it engaging, and we like to keep things interesting. We are committed to our work and precise by nature. So we spend hours with one patient's specimens. We build systems-based safety nets to protect quality. We investigate, verify, document. We juggle a bit of everything and work with everyone. No wonder no one knows what we do.



Dr. Herbek

Our patients may not have heard much about the new test that has framed their treatment plan or the molecular tools we employ to monitor their progress. It's there in the record, but from the patient's perspective, it all runs under the radar. Some patients do not know that pathologists are physicians. They may not know that another medical doctor oversees their testing, makes a diagnosis, and may monitor their treatment. Yet I am sure most would take comfort in knowing we attend so closely to their care.

Our low profile can also affect relationships with colleagues, though to a lesser degree. Sometimes other specialists need advice; at other times they need a sounding board. Pathologists offer both, but not all treating physicians are comfortable asking us. We need to encourage them, stressing that they cannot possibly know all there is to know about every test or be aware of all the ways results can inform medical management. They need to know we are there for them.

Our colleagues should also know we have transferable organizational skills. A well-run laboratory exemplifies quality-focused, efficiency-oriented teamwork. We have that down to a science. Our laboratory improvement programs reflect a sophisticated grasp of systems-based thinking, which—as Jennifer L. Hunt, MD, MEd, professor and chair, Department of Pathology and Laboratory Medicine, University of Arkansas for Medical Sciences, likes to say—is the engine that drives change. By sharing what we have learned in the laboratory, we can contribute useful insights to big-picture planning in our practice settings—and to health care policy development moving forward.

With all of this in mind, the CAP Board of Governors decided two years ago to focus on how we tell our story. We

surveyed members, customers, and colleagues about what to communicate and where to begin. Hundreds of you completed surveys and responded to requests for input on how to improve the CAP website. Not surprisingly, your input revealed a need to communicate more effectively with patients, peers, and others in the health care system.

What we learned directed two big steps, one nested in the other. First, we took the website down to the bones and rebuilt it. Our redesigned website will launch soon, and improvements will continue to roll out in the months thereafter. Second, we began serious work to streamline and strengthen our messaging. Our “reinvigorated brand” will debut on Jan. 5, 2015 when we introduce a new CAP logo.

We have always had a content-rich website. Now the site is structured also for ease of use and access that is fast, convenient, and secure. Our internal search function is powered by Google. The website is compatible with most recent browsers and multiple devices (though not every application within the site is compatible and not every pending enhancement will be).

Improved website security makes it possible to access multiple areas without reentering credentials. In the next year, we will see simplified user permissions for e-Lab Solutions and other online functions that will modernize the interface and reduce security tasks that laboratory site administrators manage. Further updates to streamline e-Lab Solutions include a single entry point for proficiency testing, accreditation, and competency assessment.

A new Learning Management System, which will be up and running early next year, will feature more intuitive navigation and will support multiple browsers and operating systems. Online ordering for CAP proficiency testing programs is also in the works for 2015, along with a new performance analytic tool featuring both PT and accreditation metrics.

The new CAP website is part of a larger effort to tell our story more effectively so that patients and partners will better understand what and where we contribute. Continuing improvements to the website will underscore our commitment to clarity, functionality, and ease of use in our digital communications. Greater focus on messaging will boost our influence as individuals in our practice settings and as an advocacy organization in the policymaking environment.

The new CAP logo will signal an end to our time under the radar. But this is about more than a higher profile or a first-class website. This is about enabling a vision for a strong future for our specialty. With every step, we heighten our ability to learn, connect, and lead.

[hr]

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