

## From the President's Desk: Family matters, 12/17



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**December 2017**—Most of us look forward to the holidays. We are excited about renewing old connections or making new ones, getting together with family and friends, having special meals, attending comforting services, gathering together to exchange gifts or just talk. We look forward to the comforts of predictability. The corny Dad jokes that must be retold. Family stories, those true and nearly true, are relived together and, for the younger members of the family, may be heard for the first time. Familiar, treasured television shows are seen for the umpteenth time. Beautiful lights, shows, pageants, and parades dazzle all, young and old.

Not every holiday will be one long group hug, but each is an opportunity for a connection. Most of the time, when we do disagree, it's not because we don't understand one another; sometimes it's because we *do* understand one another! It may take a conscious effort to keep the peace, but if that means taking an interest in what matters to others and an interest in the person, we are the winners in the long run. Forcing ourselves to consider how others think shines a light on our own filters.

In his presentation at CAP17, Abraham Verghese, MD, MACP, talked about how the electronic medical record can disrupt the physician-patient connection. Clinicians are spending more time on keyboards than talking with patients, he says, and that contributes mightily to physician burnout. He's right, of course, and while there is only so much that pathologists can do about it, we have been able to do something significant about it with synoptic reporting.

In my practice, we take a step toward keeping the personal connection between physicians by having a pathologist in the operating suite when specimens are excised for frozen section examination. Instead of sending tissue to the frozen section room outside the OR, or to the laboratory via courier, we examine it in the OR suite where our frozen section room is located within the red line. We walk into the OR to pick up the frozen personally, getting a chance to talk to the surgeon about the pertinent history, look at the radiographs on the screen, and look at the surgical site. We do the frozen and then return to the OR to discuss our findings with the surgeons face to face and respond to questions they may have. I think this is why we get along so well with our surgeons; knowing one another and working closely together makes everything easier. Also, communication with our surgical partners is uncomplicated because we are part of their day-to-day work. Functioning from reality-based assumptions saves time.

This is not to suggest that all we need to find common ground is to spend time on the other person's turf (although that's not a bad idea). Good data are often the kindling required to get a conversation started. The CAP recently

introduced two resources to support its members' interests in good data: the Pathologists Quality Registry and the CAP Test Ordering Program.

The CAP Pathologists Quality Registry, approved in May by the Centers for Medicare and Medicaid Services as a Qualified Clinical Data Registry (QCDR), was launched at CAP17. The registry is powered by FIGmd, the leading provider of clinical data registries. It is the first—and so far the only—CMS-approved QCDR to include unique pathology-specific measures. The new registry greatly simplifies compliance with the CMS Merit-based Incentive Payment System (MIPS) and maximizes participants' potential Medicare bonuses. It also facilitates reporting of quality improvement activities under the MIPS and creates quarterly benchmarks for in-house quality improvement assessments pertaining to all patients, Medicare and not.

The CAP Test Ordering Program is a complimentary members-only resource compiled by CAP fellows that provides information about commonly misapplied laboratory tests. The first four modules concern dyspnea and congestive heart failure, acute cardiac injury, hepatitis C virus, and folate levels. Each features information on test selection, ordering, and interpretation. Clinician handouts are included, as are self-tests and impact analyses that address economic benefits. The modules are designed to encourage systemwide application and discussion with clinician colleagues and hospital administrators.

There are a lot of ways to meet our need for connection provided that we acknowledge it. Reliable infrastructure tools like the Pathologists Quality Registry give us the necessary data to support appropriate Medicare reimbursement. The CAP Test Ordering Program supports our arguments for the wise use of laboratory resources. We need only explain what the data show in ways that those affected will find relatable. I think it's worth the trouble.

Speaking of connection, I had a good conversation during the AMA House of Delegates meeting with Mark Synovec, MD, a CAP delegate who is also the AMA Pathology Section Council chair. Mark had been working with American Society of Clinical Oncology delegates on a resolution regarding Medicare reimbursement. ASCO is professional extended family; we work closely on many things. Yet as they talked, Mark realized that their day-to-day realities were sufficiently different to create different worldviews. They worked it out, of course, but he had an interesting takeaway. If disparate perspectives complicate efforts to work together when we agree, why are we surprised when special effort is required to get our point across on more contentious issues? Why wouldn't it be more complicated when we negotiate with other professionals? That doesn't mean we should assume they cannot understand our point of view or that we cannot understand theirs. We can do better than that, and it's worth the trouble to try. One way to start is to see things through their eyes, whether in the OR or at the AMA.

My resolutions for the new year include a promise to do my best to see that the CAP gives its members the kinds of support required to sustain the best possible patient care and the sense of purpose, pride, and connection we all need to find in our work. Happy New Year to you and yours.

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*Dr. Williams welcomes communication from CAP members. Write to him at*