

From the President's Desk: What we learn from member surveys



R. Bruce Williams, MD

As a professional society, we want to know what our members need so we can provide services and programs to help them excel. We know that pathology practices are diverse because they have to be—science is never static. We also know that practice settings vary widely. In short, CAP members' interests and concerns are uncommonly diverse because our field is uncommonly diverse. There is no short list of ways to satisfy everyone because we will never be one size fits all. It's not a bad problem to have and it's nothing new, either; diversity and discovery are core to our identity—and one reason pathology is so foundational to medicine.

Michael B. Cohen, MD, professor and interim chair of the Wake Forest School of Medicine Department of Pathology, heads up the CAP Policy Roundtable, which develops evidence-based information to inform our policies. One roundtable project is the periodic CAP Practice Characteristics Survey. Dr. Cohen and his team work closely with the staff project director, David Gross, PhD, to construct and distribute the survey and to interpret the results, which provide critical guidance to frame CAP advocacy and plan member services.

Members and nonmembers were asked to complete the 2017 iteration, and 16 percent of those who responded were not CAP fellows. Nonmembers who take the time to complete this survey are future members in the making who are telling us what they're looking for. Their input is invaluable.

We had a great response from our female members. For the first time, nearly as many surveys (47 percent) were returned by female pathologists as by male pathologists (52 percent) (one percent did not provide information about gender). The proportion of female survey respondents was greater than the proportion of women in the general population of board-certified pathologists, which is 41 percent female and 59 percent male.

Survey respondents are from a diverse mixture of practice types, from pathologists in charge of blood centers across the United States to others who work exclusively in for-profit commercial laboratories. Far more pathologists now spend their days in public health departments (as well as the Centers for Disease Control and Prevention), mostly focusing on infectious diseases and sounding the alarm on dangerous biological pathogens and infectious agents. Some practice forensic pathology, their autopsies protecting the public health and their testimony enabling sound decisions in the criminal justice system, all while struggling to limit the human cost of opioid abuse in our country. And on and on.

Among those reporting that they spend most of their time in one type of setting, 69 percent are practicing in either an academic medical center or a nonacademic hospital. And the practice setting balance is changing, perhaps becoming more fluid. For the first time, more pathologists answering the survey who practice mostly in one kind of setting are spending their days in academic (36 percent) than in nonacademic hospitals and medical centers (33 percent).

This may suggest that notions about different realities in academic and nonacademic practice settings are out of date. Donald S. Karcher, MD, professor and chair of pathology at George Washington University Medical Center and chair of the CAP Council on Government and Professional Affairs, has been saying this for a while now. Academic pathologists have the same challenges, issues, concerns, and regulatory problems as every other pathologist, he says, and the CAP is here for all pathologists.

Dr. Karcher chaired the CAP ACO Network, which helped guide our responses to the early value-based strategies for health care reimbursement. Payment frameworks have since continued to proliferate and pathologist participation in ACOs has continued to increase. Twenty percent of respondents to the last Practice Characteristics Survey, in 2014, worked in settings that were either participating in an ACO or negotiating to do so. By 2017 that proportion had grown to 26 percent.

Data mining of survey results also revealed that pathologist income is less influenced by geography than many of us had thought. Respondents practicing in nonacademic hospitals and independent laboratories regardless of region reported higher average compensation than those in academic hospitals, and we see no geographic differences in average pathologist compensation once we control for practice setting. The metrics say, too, that pathology practices have not been significantly affected by the much-discussed boom in practice mergers. Since 2011, about 41 percent of respondents have worked in practices consisting of one to five full-time pathologists.

Responses from new-in-practice pathologists reflected concern about the American Board of Pathology Continuing Certification Program requirements. I hope they know that CAP Learning is a terrific resource for online education and the CAP annual meeting offers abundant on-site learning and networking opportunities. Members of the CAP Residents Forum will find informal advice on the job search and career planning from experts and peers when the forum convenes on the first day of CAP18, which will take place Oct. 20-24 in Chicago.

Finally, and just as I suspected, we are getting older. That reality will translate to leadership opportunities for younger colleagues as some of us head off to play golf or travel or whatever we're supposed to do next. For those prepared to step up, an immersion boot camp with other pathologists is a great way to develop leadership skills that will be useful every day. The application for the annual CAP Engaged Leadership Academy, planned for Nov. 30-Dec. 2 at the Doubletree Hotel in Rosemont, Ill., is posted on the CAP website. Those who attend develop an invaluable skill set in a compressed, tailored format. It fills fast.

My allocated space here filled fast again, too. I'd hoped to say more about how members benefit from free-to-member toolkits developed by the CAP Practice Management Committee, update everyone on accreditation and laboratory improvement, describe the hard work of our advocacy team, and more. We'll get to all of it. Stay tuned.
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Dr. Williams welcomes communication from CAP members. Write to him at president@cap.org.

A more complete (members only) report on the 2017 Practice Characteristics Survey is posted online at <https://capathology.org/PCS2017report>.