

From the President's Desk: It's our teammates who matter most

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September 2013—Cross-country runners train for terrain and endurance. Downhill routes require biomechanical adaptations because the runners must anticipate and adjust for sudden rocks in the road or lack of traction. While there is time to plan around threats on an uphill route, threats to safety or stability in a downhill race may manifest too late for avoidance strategies. Agility matters.

When I took the oath of office as your president, I expected an uphill slope—two years of pressing forward against gravity's tug. That has been true for the most part, but there have also been a downhill runner's moments of forward tumble, when it's been all about our collective ability to hold on to and sustain that forward motion. Fortunately, this has been a team endeavor.



I'm always learning in this job. Even in what I'd rather not know, there's something useful to be found. Sometimes I've had to manage disappointment, as when the Centers for Medicare and Medicaid Services released its 2014 Medicare fee schedule proposing a new round of cuts to pathologist and pathology practice reimbursement. Sometimes I am able to relish the moment, as during the CAP/American Society for Colposcopy and Cervical Pathology-sponsored Lower Anogenital Squamous Terminology Standardization Project for HPV-associated lesions. Sometimes I celebrate my faith in our country's institutions, as when the U.S. Supreme Court justices unanimously agreed that the patents held by Myriad Genetics on the *BRCA1* and *BRCA2* genes were invalid. (CAP was a co-plaintiff in the case.)

One of our priorities has been to maintain a robust advocacy effort to protect patient safety and build health care delivery systems that provide efficient, effective, and accessible care. As the Policy Roundtable develops solid evidence to support our positions and the CAP Coordinated Care Center enables pathologists to take on leadership roles in their accountable care organizations, our advocacy grows ever more effective.

As I write this, the Medicare physician fee schedule ruling is out for public comment. Please remember that all of medicine is experiencing the same downward pressure on compensation and this story never ends. For more than 10 years, the College successfully advocated for the technical component grandfather provision that benefited so many patients in rural and underserved areas. Our Economic Affairs Committee and the AMA RVS Update Committee labored long and hard to preserve equitable reimbursement. Their presentation of the data was thorough, clear, and immaculate. We will continue to educate our legislators and regulators.

Forty years ago, I was junior faculty at the Massachusetts General Hospital and immersed in building the first computerized system to track anatomic pathology specimens when I learned that the CAP was developing a more comprehensive version of its Systematized Nomenclature of Pathology that would be suited to worldwide use. Generous volunteers whose collective intellectual horsepower was extremely intimidating were doing the work, which culminated in SNOMED, the Systematized Nomenclature of Medicine. In a manner characteristic of the CAP, they welcomed me as an equal and have mentored me for years.

That was my first exposure to the potent combination of insight, generosity, and entrepreneurship that drives us forward. Whether it is a group of pathologists on a Laboratory Accreditation Program inspection, a team of member

experts building the latest learning portal offering in pharmacogenomics, or a small group assembling for a hands-on AP³ on fine-needle aspiration, the College has a firm grasp of priorities and an unerring ability to execute. Uphill or downhill, we identify the best next steps and take them together.

We have enjoyed more tightly stitched integration with our academic partners during my tenure, which gives me great satisfaction. The Association of Pathology Chairs is a richly talented and generous group. Working with the APC to persuade the American Board of Pathology to secure permission from the Association of American Medical Colleges for a subspecialty in informatics (to be administered in conjunction with the American Board of Preventive Medicine) was a singularly gratifying experience. Informatics will drive progress in genomics, among other things. The first board exam is Oct. 7; I hope many of our members will pursue that credential.

Our time together has been enlightening, gratifying, and often inspiring. I know that you, our members and readers, will give the same unwavering support to Gene Herbek, MD, when he becomes CAP president at CAP '13 and takes over this space every month. As a committee member, Board member, and secretary-treasurer, Dr. Herbek has been wise and energetic as required. As a leader of the CAP Foundation See, Test, and Treat program, and as founder of the Gene and Jean Herbek Humanitarian Award, he has enabled breast and cervical cancer screening for countless underserved women. Please give him your unswerving support. This is my last column. I leave you with this thought.

Our roots run deep in both partnership and mentorship; in an era of such rapid scientific progress, the two often run in parallel. When we join with other pathologists in service of patient safety and well-being, our effectiveness grows geometrically. They say that the power of collaboration can be expressed as two plus two equals five. It has been my experience, however, that within the College, that equation fails to reflect our collective energy. Working with and for you, I have seen time and again that sometimes two plus two equals six. Within the College, the sum greatly exceeds the individual parts.

Agility counts on the downhill run, but it is our teammates who matter most.

It has been an honor to represent you and our specialty. Thank you.□

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