President’s Message

Lately, with so much attention focused on recent arrivals in the DC area, you may not have noticed that one powerhouse has moved away. It’s true: on December 12th, the APC quietly relocated its national headquarters away from the leafy DC suburb of Bethesda, Maryland, to the banking capital of Wilmington, Delaware. The 110-mile move to the northeast of the nation’s capital, into this riverside city on the outskirts of Philadelphia, was completed in just a few days. APC Executive Director Priscilla Markwood, CAE, and her staff have settled into their new suite in the Community Service Building (CSB) at 100 West 10th Street, a building that also houses the headquarters of the American Society of Cytopathology. In addition to being bigger, sunnier, and more efficiently arranged than APC’s previous digs in the FASEB building, the new space was leased at substantially lower cost. All of that, combined with significantly easier commuting and parking access for APC personnel, greatly outweighed any advantages of the Bethesda address, particularly in an era when almost all of APC’s business is conducted electronically or by phone.

While acknowledging its lack of “grand aesthetics,” Ms. Markwood is enthusiastic about the new headquarters location, pointing out that the CSB “has a mission of serving non-profits in Delaware, so it provides a workplace for us that generates camaraderie with many small non-profits who are doing a lot with a little, like APC does. CSB offers great infrastructure at truly non-profit rates, so APC now has more space and better services at lower cost, which gives us more resources to use on increasing membership value.”

APC’s agenda hasn’t missed a beat while headquarters were relocating. Planning for this summer’s national meeting (July 25-28, at the beautiful OMNI Shoreham Hotel in Washington, DC) continues apace, thanks to outstanding work by the organizing committee under the leadership of APC President-Elect Barbara Ducatman, MD (West Virginia University), as summarized in her report on page 6. Early registrations are running well ahead of expectations, and we’re delighted again to have the support of generous partners and exhibitors, which this year include the American Association of Pathologists’ Assistants, the American Society for Clinical Pathology, the College of American Pathologists, Corista, the Intersociety Council for Pathology Information, McKesson, Mopec, and Vachette Pathology. In addition to its thematic focus on Pathology’s role in population-based healthcare, this year’s gathering marks the 50th anniversary of the APC’s very first meeting, which was held in Washington, DC, in 1967. We’ll celebrate this momentous occasion with an optional gala dinner and dance (Continued on page 2)
President’s Message (continued)

(Continued from page 1)

reception on Thursday evening, July 27th.

We’re also launching the Society of ’67—the brainchild of Councilor-at-Large Peter Kragel, MD (East Carolina University)—a new honorary philanthropic society that offers APC members and others the opportunity to invest directly in academic Pathology and the missions of the APC. Further information and a link to donate can be found at www.apcprods.org/societyof67.

Get ready to join us, too, for the next installment of APC’s Leaders Learning webinar series, at 1:00 pm ET (10:00 am PT) on Friday, March 17th, for insights on how to promote intergenerational understanding in the workplace, featuring Lydia Howell, MD (University of California, Davis).

Finally, due to popular demand, we are excited to again be offering the Pathology Leadership Academy (PLA), a unique leadership-development opportunity that’s tailored specifically to rising academic stars in APC member departments. Like last year’s PLA, it will be held immediately prior to the summer meeting (July 24th, also at the OMNI Shoreham), and the $1,000 registration fee entitles participants to a half-day symposium featuring cogent leadership topics, outstanding speakers, and networking opportunities, concluding in a capstone dinner at Ruth’s Chris Steakhouse. Details can be found at www.apcprods.org/pla. This is a unique training opportunity for your most promising faculty, who will be leading academic Pathology for the next 50 years!

Sincerely,

Tris Parslow, MD, PhD
APC President

Academic Pathology Report
By James Crawford, MD, PhD, Editor-in-Chief

APC’s open-access journal Academic Pathology had a solid year, as shown by the following statistics:

<table>
<thead>
<tr>
<th>Year</th>
<th>Submissions</th>
<th>Acceptances</th>
<th>Rejections</th>
<th>Under Revision</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>44</td>
<td>19</td>
<td>25</td>
<td>---</td>
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<tr>
<td>2016</td>
<td>28</td>
<td>22</td>
<td>4</td>
<td>2*</td>
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* at year’s end

The reduced number of submissions and higher acceptance rate in 2016 reflect better “tuning” of submissions to the scope of the journal, often involving author communication with the Editor-in-Chief prior to manuscript submission to verify article scope, and to discuss the criteria by which in-scope manuscripts can be considered “original reports.” Regardless of whether or not there has been prior discussion with the Editor-in-Chief, submitted manuscripts undergo rigorous peer-review, under the watchful eye of one of the Associate Editors.

Inspection of the 41 manuscripts published in the first two years reveals the following. First, educational scholarship is the strongest theme (UME, GME, and even K-12), with 14 education-themed papers published in 2015 and 8 such papers in 2016. Other themes include: career management and mentorship; career development and advancement; quality and organizational management; faculty compensation and work effort benchmarking; and even retirement. One experimental Pathology paper has been published, and one population health paper. Overall, the published manuscripts validate the premise for establishing this journal, which was that there was an unmet need in the field of academic Pathology—in the realm of educational scholarship in our specialty, and as opportunity for scholarship in organizational strategy and department management.

The published articles are of high quality, making unique contributions to the published literature—many with potential value beyond the field of Pathology and Laboratory Medicine. The website usage for Academic Pathology shows that in 2016, full text downloads of journal articles numbered 15,997—averaging out to 400 full-text downloads per published article!

A very important milestone was reached in mid-November 2016, which was cumulative publication of 30 “original reports.” This is the threshold for submitting the application for PubMed Central indexing, which was done immediately. In mid-February, Academic Pathology passed the scientific evaluation phase of the National Library of Medicine’s (NLM) approval process for indexing in PubMed Central. The second phase is technical evaluation; with a publisher as experienced as

(Continued on page 5)
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Academic Pathology Report (continued)

By John Tomaszewski, MD – Committee Chair

Academic Pathology Report (continued)

(Continued from page 2)

SAGE, that is fait accompli. Should the journal be recognized for indexing, it will be retrospective, and all articles published since the start of the journal will be back-indexed.

For 2017, a number of initiatives are underway:
- Thematic issues: having demonstrated that the "scope" of the journal is valid, thematic clusters of articles will be solicited, up-to-and-including selection of guest editors.
- The abstracts selected for presentation (platform and/or poster) for the APC 2017 Annual Meeting will be published. Of course, follow-through through manuscripts will be encouraged.
- "Pull through" of other manuscript possibilities from the APC annual meetings will continue.
- The journal is also moving towards hosting educational resources, such as curriculum content, competencies, and other resources.

A specific enhancement of the journal in 2017 is publication of the Pathology Competencies for Medical Education (PCME) and accompanying educational cases; this content is geared for undergraduate medical education. For more on the PCME, see the UME Committee report on page 13.

Most importantly, we hope that the journal indexing will herald the arrival of Academic Pathology as a maturing member of the family of journals for our specialty. We believe that this journal is well positioned to serve a unique role for publishing scholarship emanating from the academic Pathology community. The strength of the journal is ultimately in the "original reports" that we publish. We hope that all of you encourage your departmental faculty and trainees to use this journal to submit original scholarship on innovative work that you likely are already doing.

I am available for any consultations on prospective manuscript submissions, or for other ideas about journal trajectory. Thank you for your support of Academic Pathology.

Advocacy Committee Report

APC's Advocacy Committee (APCAC) meets monthly by conference call to discuss and respond to the rapidly evolving issues facing Pathology and Laboratory Medicine in the domains of business, regulation, and compliance. APCAC recognizes that advocacy issues evolve throughout the year and it seeks to quickly adjust to the environment. We especially welcome input on newly evolving advocacy developments from all APC members. APCAC has identified the issues listed below as some of the advocacy priorities for 2017.

- MACRA, MIPS & PAMA: Maximizing Academic Pathology's Reporting Ability and Payment in Evolving Models
- Local Coverage Determination: Exerting CMS Authority in Oversight of MACs
- Commercial Laboratory Outsourcing Agreements: Consolidation of Academic Labs
- GME Funding by CMS and Potential Threat of IMG Defunding
- NIH Funding, MD/PhD and PhD Workforce Development, and Preservation of Scientific Standards

Updates on a few of these are given below.

MACRA, MIPS & PAMA: Maximizing Academic Pathology's Reporting Ability and Payment in Evolving Models

The Medicare Access and CHIP Reauthorization Act (MACRA) of 2015 repealed the sustainable growth act. Under MACRA, physicians choose between two "pay for performance" models. The more advanced model is the alternative payment model (APM), which is for physicians participating in patient-centered medical homes, accountable care organizations, and Medicare shared-savings programs. The less advanced model is the Merit-Based Incentive Payment System (MIPS). MIPS will assign physicians, including pathologists, an annual financial incentive or penalty, based on compliance with MIPS.

MACRA began January 1, 2017. The College of American Pathologists (CAP) estimates that the MIPS program will have a $1.5 billion overall impact on the Pathology specialty beginning in 2019. MACRA quality metrics are designed for patient-facing specialties and do not fit well with the practice of Pathol-

(Continued on page 6)
Annual Meeting Preview
By Barbara Ducatman, MD, APC President-Elect

This year is a big year for the APC, as we celebrate our 50th anniversary Jubilee Meeting. In honor of this historic occasion, we will meet in Washington, DC, the site of APC's first meeting. This year's meeting theme is Pathology's Role in Population Health. The program has been put together with the active participation of many of our members; I especially wish to thank the Steering Committee, including Drs. James Crawford, Alan Ducatman, Stephen Galli, Fred Gorstein, Peter Jensen, Donald Karcher, Michael Laposata, Debra Leonard, Tris Parslow, Deborah Powell, Fred Sanfilippo, Brian Smith, and John Tomaszewski. We will start off this year's meeting with a primer with input from the Advocacy Committee, entitled "Getting Credit for What We Do in Population Health," on Tuesday afternoon. The session will feature talks on health economics, diagnostic errors, informatics, and benchmarking success; Lucinda Maine, PhD, RPh (American Association of Colleges of Pharmacy), will discuss lessons learned as pharmacists became key team members.

The format of remaining sessions will be somewhat different from past meetings in that platform speakers for the Chairs’ program were chosen by peer review of submitted abstracts. All accepted abstracts will also be presented as posters to facilitate our members learning from each other. On Wednesday morning, a number of speakers will discuss their successes in improving health services during the practice session. In addition, there will be a brief talk by John Carreyrou (The Wall Street Journal), who will receive this year’s Friends of Pathology Award. The keynote speaker for the education session on Wednesday afternoon will be Susan Skochelak, MD, MPH (American Medical Association), in addition to other speakers selected from the abstract review.

On Thursday, Hannah Valentine, MD, MRCP (National Institutes of Health), will deliver the Patricia Thomas Lecture in Diversity and Inclusion. Joe Selby, MD, MPH (Patient-Centered Outcomes Research Institute), will serve as the keynote speaker for the research session along with a few panelists. After the Chairs’ business lunch, we will have several discussion groups, and then there will be free time to socialize. Don’t miss the 50th Anniversary Gala reception, dinner, and dancing on Thursday night!

On Friday, we will hear about the Project Santa Fe from Douglas Clark, MD (University of New Mexico), Richard Zarbo, MD, DMD (Henry Ford Health System), and Myra Wilkerson, MD (Geisinger Medical Labs); followed by meetings of APC’s Chair Committees and the Steering Committee to begin planning for 2018, before the meeting adjourns. We hope to see all of you this July in Washington, DC!

Advocacy Committee Report (continued)

(Continued from page 5)

ogy and Laboratory Medicine. For most physicians, 50% of MIPS performance will be related to quality and will replace PQRS; 25% will relate to advancing care information and will replace EHR meaningful use; 15% will be clinical practice improvement; and 10% will be linked to resource use (replaces value-based payment modifiers).

Pathologists will not face reporting requirements for advancing care information and resource use, and these categories will be redistributed. The Centers for Medicare & Medicaid Services (CMS) has stated it will allow pathologists to use CAP's eight quality reporting measures for 2017. For clinical practice improvement, CAP has recommended activities such as population management, physician practice patient safety assessment, and hospital antimicrobial susceptibility reports be considered for Pathology. MACRA also allows specialties to create models for their own Physician Focused Payment Models. CAP assessed the feasibility of developing a Pathology-focused model to submit to CMS for review, but was not able to identify a generally applicable model for pathologists per se; two other groups of physicians (surgeons and gastroenterologists) have, however, proposed broad risk-taking models which would incorporate some Pathology services, to which CAP has responded with concerns and suggestions.

The 0.5% annual update to the physician fee schedule will stop in 2019. Under MIPS, pathologists may earn as much as an additional 4% from Medicare in 2019—but only if they

(Continued on page 7)
Advocacy Committee Report (continued)

(Continued from page 6)

participate in MIPS and report certain performance data. Conversely, failure to participate in MIPS during 2017 will be seen by Medicare as noncompliance, and Medicare will deduct 4% from a pathologist’s total Medicare payments, beginning in 2019. By 2022 the maximum annual incentive will increase to 9%. There is also a penalty risk for non-compliance of the same magnitude. In addition, inflation will impact the calculations beginning in 2019.

Protecting Access to Medicare Act of 2014 (PAMA)

Section 216 of PAMA, which adds Section 1834A to the Social Security Act, seeks to reform reimbursement rate setting under Medicare’s Clinical Laboratory Fee Schedule (CLFS). Laboratories will be required to report to CMS the payment rates paid by each private payer for tests during the previous year. PAMA requires Medicare CLFS payments to be the weighted median of private payer payments. There are five areas of this law which will be of interest to APC members: (1) reporting of private payer rates and volumes, (2) Medicare payment rate development, (3) coding, (4) coverage, and (5) steps involved in the overall implementation of the new law.

Under the final rule, laboratories, including physician office laboratories, are required to report private payor rate and volume data if they (1) have more than $12,500 in Medicare revenues from laboratory services on the CLFS, (2) receive more than 50% of their Medicare revenues from laboratory and physician services during a data collection period, (3) bill Medicare Part B under their own National Provider Identifier (NPI), and (4) are certified under CLIA.

Both Clinical Diagnostic Laboratory Tests (CDLTs) and Advanced Diagnostic Laboratory Tests (ADLTs) must be reported. PAMA ADLTs are defined as analysis of RNA, DNA, or proteins combined with a unique algorithm. Under PAMA, the initial payment rate for ADLTs is set at the actual list charge until private payer rates are established. CMS will use G-codes to meet PAMA’s requirement of unique codes for FDA-cleared or -approved ADLTs and CDLTs. The interplay of data collection and reporting, price calculation, and CLFS payment will determine the eventual structure of PAMA. PAMA gives CMS authority to consolidate claims processing and/or coverage policies for laboratory tests to between one and four Medicare Administrative Contractors. The cumulative reduction in the CLFS by 2023 is anticipated to be a maximum of 55%.

The data reporting period is now open. Private payor data are due to CMS by March 31, 2017. CMS will post the new Medicare CLFS rates (based on weighted median private payor rates) in November 2017, which will become effective on January 1, 2018. Details on reporting can be found at MLN Matters® Number: SE1619, published by CMS.

Local Coverage Determination: Exerting CMS Authority in Oversight of MACs

CMS uses Medicare Administrative Contractors (MACs), which are private insurers, to process Medicare claims within specified geographic areas. MACs may choose to implement local coverage determinations (LCDs) for services that are not under national coverage determinations (NCDs). NCDs and LCDs are not arrived at by equivalent processes. Reimbursement decisions for new tests, such as modern molecular testing, are often impacted by LCDs. Decisions about what services are covered under LCDs are made at the level of the MAC by the Contractor Medical Director, and according to Medicare’s rules are supposed to be developed with the advice of the Contractor Advisory Committee (CAC), which includes state Pathology society representation, but the extent to which CAC advice is either solicited or responded to when proffered is highly variable from MAC to MAC. HR5721, Local Coverage Determination Clarification Act of 2016, is a proposed bill which would amend title XVIII (Medicare) of the Social Security Act to revise the process by which MACs issue and reconsider LCDs. This bill seeks to clarify CMS’s role in oversight of local coverage determinations by MACs, so as to provide a meaningful mechanism for appeal of technically or substantively defective LCDs.

Commercial Laboratory Outsourcing Agreements: Consolidation of Academic Labs

Increasing global financial pressures are occurring in the clinical laboratory industry. As a result, lab consolidation activities are evident. One form of consolidation is the management of hospital based labs by commercial entities. This change in the environment may have significant implications for the community of academic laboratories. APCAC is conducting a confidential survey of APC members regarding their experience with commercial laboratory consolidations.
Graduate Medical Education Committee Report

By Karen L Kaul, MD, PhD – Committee Chair

The Graduate Medical Education Committee (GMEC) has had conference calls to discuss ongoing activities related to residency and fellowship training. Updates on some of these ACGME-related activities include:

A letter from APC/PRODS-initiated petition to the ACGME, requesting that PhD clinical faculty be counted as core faculty for residency and fellowship programs, has made some progress. This would ensure that clinical PhD faculty would be recognized, their CVs would be uploaded to the ACGME WebAds system, their scholarly activity would be recorded, and that they would be included in the annual ACGME faculty surveys. Since PhD faculty make up approximately a quarter of our teaching faculty in many programs, their input and data is important in the assessment of our teaching programs. The June ACGME Council of RRC chairs voiced broad support, and the issue will move forward for further discussion at the upcoming ACGME Board meeting.

The ACGME Pathology RRC will be adding 2 members to its roster. Both of the current nominating bodies, the AMA and the ABP, have approved that these new nominations come from APC/PRODS. Final approval by the ACGME Board is pending. Our mechanism of selection/appointment will need to be determined in the near future, and the new members of the RRC are expected to begin in 2018.

A number of issues related to professionalism have been discussed—in particular, the need for tools to facilitate teaching professionalism in residency programs. A plan for partnering with PRODS to develop such tools, or a curriculum along the lines of PIER or TRIG, is being developed. The Committee would like to thank Ron Domen, MD (Penn State), for joining us and volunteering to lead these efforts. Volunteers interested in participation are welcome!

Research Committee Report

By Daniel Remick, MD – Committee Chair

Jeffrey Golden, MD (Chair of Pathology at Brigham and Women’s Hospital and Ramzi Cotran Professor of Pathology at Harvard Medical School), has been elected Vice Chair of the Research Committee. Dr. Golden has been an active member of the Research Committee since becoming the Chair at Brigham and Women’s, and we look forward to continuing to work with him.

The Department of Health and Human Services released the updated version of the Common Rule in January. The common rule, which provides for protection of human research subjects, is so named because 19 federal agencies follow the directives. There were several changes proposed to the common rule in 2011. After receiving input from multiple professional organizations, including the APC, there were only minor modifications made to the final version of the common rule. An example of a proposed change that was not adopted involves the use of human tissue for research purposes. The proposed change, directly related to Pathology, was the requirement to increase the regulation of biospecimens. It was proposed that a nonidentified biospecimen should be considered a human subject, since newer technologies using publically available databases could potentially identify individuals. If this proposed change had been adopted, investigators would be required to obtain informed consent from the donor before using a biospecimen for research. To be more specific, if you wanted to conduct a study with a new antibody, prior to launching the immunohistochemistry project, it would have been necessary to obtain informed consent from each person. This requirement would have been in place even if the tissues were deidentified. Significant problems would have been created for many Pathology projects that use archived human tissue. The final version of the Common Rule does not include considering human biospecimens to be individuals, although a review of technologies will be done every four years to determine if such a change would be warranted.

There are positive aspects for many of the changes, including greater transparency in consent forms. There will also be a requirement that a single institutional review board approve multi-institutional studies, although exceptions will be allowed. The changes will go into effect in January 2018. It should be noted that APC worked closely with the American Socie-

(Continued on page 11)
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Lab Management University (LMU) is a self-paced certificate program that improves competency in laboratory management, with customizable options for all skill levels, with more than 13,000 participants worldwide. This includes 30 courses from LMU Fundamentals, included with RISE PLUS 2017. Lab Management University courses now meet levels 1, 2 and 3 for many of the ACGME Milestones.

RISE FIRST, launched in 2014, is the new early evaluation exam created for incoming residents just starting their first year of residency. Order now for 2017!

The University of Pathology Informatics (UPI), is a new self-paced online certificate program leveraging case-based learning to develop critical knowledge of informatics concepts. With UPI, participants learn how informatics can be leveraged to increase quality, specimen throughput, and patient safety while controlling costs in the laboratory.

Visit the ASCP Booth at APC 2017 or visit www.ascp.org to learn more about these and other valuable programs.
Leadership Development & Diversity Committee Report
By Lydia Howell, MD – Committee Chair

The Pathology Leadership Academy is coming back for 2017, following rave reviews when launched at the APC Annual Meeting last year! The PLA will take place on Monday, July 24th, one day prior to the 60th Annual Meeting, in the same location (the OMNI Shoreham Hotel in Washington, DC). Fantastic speakers “headlining” the program include Kevin Grigsby, MSW, DSW, AAMC Senior Director of Organizational Leadership, who will speak on leadership styles; David Roth, MD, PhD, certified StrengthFinders coach and Chair at University of Pennsylvania, who will speak on “Finding Your Strengths as a Leader”; and Catherine Morrison, JD, a nationally-known expert on negotiation, and a workshop leader for the AAMC’s Council of Deans and other health care leaders, who will lead an interactive workshop on negotiation. Panel discussions and meals with Chairs and former Chairs make this program especially unique. More information can be found at www.apcprods.org/pla.

The Chairs’ Bootcamp, for new and existing Chairs, will take place on Tuesday morning, July 25th; this is a great opportunity to learn from your colleagues’ experiences. Chairs will lead panel discussions on “Trials and Tribulations of New Chairs” (Drs. Laposata, Leonard, and Huang), “Finance Applications” (Drs. Crawford and Zander), “Unique Leadership Challenges in the Research Mission” (Dr. Remick), and “Balancing and Optimizing Faculty Assignments” (Drs. DeYoung and Golden). Our bootcamp will conclude with a welcome lunch for new Chairs with a panel discussion led by Senior Fellows who are also former deans—existing Chairs are welcome to join us, too. We encourage new Chairs to enhance their Bootcamp experience by registering for the Pathology Leadership Academy as well.

Our 2017 Patricia Thomas Lecture in Diversity and Inclusion will be delivered by Hannah Valantine, MD, the NIH’s first Chief Officer for Scientific Diversity. Be sure to join us at the Annual Meeting on Thursday morning, when Dr. Valantine will share her leadership vision and strategy to diversify the biomedical research workforce, expand recruitment and retention, and promote inclusiveness and equity throughout the biomedical research enterprise. Dr. Valantine is a past recipient of the NIH Director’s Pathfinder Award for Diversity in the Scientific Workforce, and has a proven record on implementing diversity initiatives in academic medicine. She joined the NIH in 2014; previously she was Senior Associate Dean for Diversity and Leadership at Stanford School of Medicine, and Professor of Cardiovascular Medicine.

Our second pilot class of the Diversity and Inclusion Leadership Program will conclude their program and receive their certificates at the Awards Luncheon at the Annual Meeting—join us in celebrating DILP fellows Gissou Azabdaftari, MD (Roswell Park Cancer Institute), and Diana Cardona, MD (Duke University). The LD&D Committee is evaluating the first years of this program, and considering how to add to or change the program requirements. The conference call sessions have been excellent, and there is interest in expanding participation via a broader webinar series so that more APC members can benefit.

Research Committee Report (continued)

(Continued from page 8)


Lastly, the physician scientist (PS) pathway was recently approved by the American Board of Pathology. With the availability of this pathway for pathologists in training, it will be important to answer (1) how a successful PS career is defined, (2) if the pathway is successful in fostering the careers for PS, and (3) how we develop training programs to ensure appropriate preparation of the physician scientists of the future. A working group of the Research Committee has been formed to begin to address these issues. Current members of this working group include Daniel Remick, MD (Boston University), who will serve as the chair; Jeffrey Golden, MD (Brigham and Women’s Hospital); Brian Smith, MD (Yale University); and Robinna Lorenz, MD, PhD (U. of Alabama at Birmingham). Additional members will be recruited as we begin discussion on these important issues.
Undergraduate Medical Education Committee Report

By Michael Prystowsky, MD, PhD – Committee Chair

The focus of APC's Undergraduate Medical Education Committee (UMEC) continues to be the Pathology Competencies for Medical Education (PCME). Management of the PCME has transitioned to UMEDS Council Chair-Elect, Barbara Knollmann-Ritschel, MD (Uniformed Services University of the Health Sciences). In past years, APC has maintained a website for the PCME, in addition to a parallel wiki site. The wiki site, maintained by Donald Regula, MD (Stanford University), was the location for educational learning case submissions for the PCME. However, this process was rather cumbersome with dual posting. All of the PCME content has been downloaded from the wiki site, and the edits between the two sites have been combined into one document. This was a tremendous effort and we are grateful for the hours of work Jen Norman, MEd (APC), put in to create the composite document. The editorial group of the PCME is now in the final stages of reviewing and updating this document, which will be sent to the UMEDS Council for approval.

Parallel to this effort, APC staff and SAGE Publishing (the publisher of APC's journal, Academic Pathology) continue working towards publishing the PCME and affiliated educational cases. Because Academic Pathology is an open-access journal, the cases will be globally accessible, and case authors will have published, citable credit for their valuable contributions to this important educational initiative. We are in the final stages of the first test manuscripts (case subjects: lead poisoning, cystic fibrosis) moving through the journal's editorial and production workflow, and authors of educational cases posted on the wiki website have been invited to modify their cases according to the revised guidelines and submit these to Academic Pathology for review.

APC is planning a webinar (date TBA) in our Leaders Learning Series to walk APC and UMEDS members through the PCME, and provide instructions on how to submit educational cases for publication. Please look for the re-introduction of the updated PCME and cases in the coming months, in APC's very own Academic Pathology!

Senior Fellows Ad Hoc Committee Report

By Fred Sanfilippo, MD, PhD – Committee Chair

This fall, the Senior Fellows (SFs) continued to be active in many areas providing service to APC. Several SFs, including Drs. Stan Cohen, Ralph Green, Fred Gorstein, Jay McDonald, and Fred Sanfilippo, participated in regional Pathology Chairs’ meetings. In particular, presentations involving SFs were made at the Northeast and West/Midwest meetings based on the SF discussion group from APC 2016 and recent publication on transitioning from the Chair.

Several SFs have been involved in the planning process for the APC 2017 Annual Meeting, which will be focused on the role of Pathology in Population Health. Dr. Deborah Powell will lead the education work group, with keynote speaker Susan Skochelak; Dr. Sanfilippo will lead the research work group, with keynote speaker Joe Selby (for more, see the Annual Meeting Preview on page 6).

Drs. David Bailey and Fred Sanfilippo are leading the Life After the Pathology Chair 2 project that is focused on "Lessons Learned." The initial project has been published in Academic Pathology. The process for engaging participation from all SFs will be similar to the previous project, with three workgroups led by Drs. Fred Gorstein, Mary Lipscomb, and David Wilkinson. An accompanying discussion group proposal was submitted and accepted for APC 2017.

Mary Lipscomb, MD, has led the work on updating and modifying the Senior Fellow consult listings on the APC website to make it easier for Chairs to identify appropriate advisors. As at last year’s annual meeting, personal consults with SFs will be made available to Chairs, PLA participants, and others through a sign-up process online and at the meeting. Phone consultations may also be made for later dates. The SF

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Practice & Management Committee Report
By Robert Mrak, PhD – Committee Chair

Barbara Ducatman, MD (West Virginia University), former Chair of APC’s P&M Committee and current APC President-Elect, has published a manuscript analyzing data from last year’s annual APC survey of Pathology department salaries and workloads. This manuscript was still in press at the time of our last newsletter’s release; it has since been published in Academic Pathology. The article is available at journals.sagepub.com/doi/full/10.1177/2374289516666832.

At time of press, the Committee is currently collecting responses to this year’s survey. This year’s survey is very similar to last year’s, with only a few small changes. In particular, a few questions were deleted that were not deemed useful, and new questions were added regarding practitioners’ time in academic rank, and faculty time commitments to multidisciplinary conferences. The former question is designed to help assess salary step increases within rank; the latter questions are designed to help capture and assess faculty effort in this area.

A major change in this year’s survey is not a change in questions but a change in focus. While last year’s survey provided good data for general surgical pathologists and cytopathologists, data were rather limited for subspecialty practitioners. Consequently, this year’s survey was accompanied by a request to focus, if possible, on pathologists with single-subspecialty practices. Examples include Breast Pathology, Dermatopathology, Ear-Nose-and-Throat Pathology, Gastrointestinal Pathology, Genitourinary Pathology, Hematopathology/Hematology, Neuropathology, Pediatric Pathology, and Renal Pathology. Our hope is to generate robust data regarding wRVUs, salary, time commitments, etc. for such subspecialists.

A second effort on the part of the Committee is to gather information on the ongoing trend toward outsourcing of academic hospital laboratory services, or joint ventures of such laboratories with private laboratories. To this end, we distributed a preliminary survey to Chairs of Pathology departments, inquiring about experience in this area and willingness to share these experiences with us. We are now following up with in-depth telephone interviews with those who responded positively. We plan to summarize our findings in a white paper that will describe (anonymously) different models along with the financial, educational, and professional outcomes of these models. ◊

Senior Fellows Report (continued)

(Continued from page 12)

consul list can be accessed at www.apcprod.org/senior-fellows-contact (member login required).

Drs. Fred Gorstein and Ron Weinstein are leading the speakers’ bureau project, and are planning to send out a survey to all SFs to enhance the current listing of topics online.

The Senior Fellows have been very active in the development and implementation of the Society of ‘67. To date, seven SFs have contributed to the Society, and Dr. Fred Sanfilippo has been appointed to the interim board. The Society is intended to raise funds to support education and research activities of trainees and medical students interested in Pathology.

Several SFs are active in the planning and programs for the Pathology Leadership Academy (PLA) and Chairs’ bootcamp, both of which will be held prior to this year’s APC Annual Meeting. Drs. David Bailey, Max Buja, Debbie Powell, and Fred Sanfilippo will be participating in a luncheon session at the PLA. Drs. Bob Folberg, Debbie Powell, Fred Sanfilippo, and Mark Tykocinski will lead a session at the bootcamp on

interacting with senior leadership from their experience as past and current deans.

With the significant value of the Senior Fellows well-established, and with the recommendation of the APC Council, solicitation of new members will be a priority initiative over the coming months. In addition, plans for transitioning from an ad hoc committee to a permanent APC committee will be considered. ◊
PRODS News
By Charles Timmons, MD, PhD – PRODS Council Chair

Over the past six months, the PRODS email list ("e-list") has upheld its vital role as the main line of communication among Pathology residency directors across the nation. A number of hot topics drew strong commentary, among them the PRODS concern about the transfer of summative Milestone data on trainees by the ACGME from a trainee’s residency program to the trainee’s fellowship program. This discussion prompted a letter on the issue to program directors from Laura Edgar, EdD, CAE (ACGME Chief Executive Director for Milestones), and Eric Holmboe, MD (ACGME Senior Vice President), and will be carried forward at our spring meeting with Dr. Edgar as a guest speaker.

The ACGME’s proposed revisions to the common program requirements, which include significant changes to the requirements relating to duty hours of residents, such as elimination of the requirement for 8-10 hours between duty shifts and the inclusion of service work at home in the 80-hour/week cap, proved to be significantly less controversial. With the opening of the residency recruiting season, the e-list conversation shifted to concern about numbers of medical students choosing Pathology as a specialty and whether it was permissible within NRMP rules to tell an applicant that they are ranked to match. (It is, if they truly are.) And the perennial topic of residents withdrawing from fellowship commitments and the desirability of a fellowship match received further attention and concern.

Mary Furlong, MD (Georgetown University), PRODS Council Secretary-Elect, represented PRODS at the meeting of the Organization of Program Director Associations (OPDA), and Wesley Naritoku, MD, PhD (University of Southern California), PRODS Council Immediate Past Chair, represented PRODS at the ACGME’s Milestone Summit. We appreciate their doing so. Dr. Naritoku, who chaired the ACGME working group that constructed the first iteration of the Pathology Milestones, is also collaborating with PRODS and ACGME leadership on a follow-up survey on the Milestones, which will soon go out to Pathology residency directors.

PRODS leadership also worked with the Graduate Medical Education Committee of the ACGME on bringing before the ACGME a request that clinical PhDs be able to be considered core faculty in our training programs, which will soon be sent to the ACGME Board of Directors for consideration. PRODS members have also served on APC’s Autopsy Working Group, whose goal is the improvement of autopsy training in residency, and have been appointed to newly configured task forces of the APC on development of a curriculum in professionalism, and of the American Board of Pathology (ABP) on exploration of how the ABP can incorporate entrustable professional activities (EPAs) in its requirements and assessments of competency for certification.

Most recently, our attention has been focused on the changes in immigration policy proceeding from the new administration.

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The PIER Curriculum: Release 2 and Counting
By Donald Karcher, MD – APC Immediate Past President

PIER (Pathology Informatics Essentials for Residents) continues to move forward. Developed as a joint venture by the APC, College of American Pathologists (CAP), and Association for Pathology Informatics (API), the PIER curriculum provides a framework and a variety of tools to help Pathology residency programs teach residents the basics of Pathology Informatics. PIER Release 2 was made available in July of 2016, and includes improvements in many aspects of the curriculum. A review of the PIER curriculum was published in Academic Pathology and simultaneously published in Archives of Pathology and Laboratory Medicine and Journal of Pathology Informatics. Over the two and a half years since its first release, a growing number of programs have started using PIER. To ensure that the PIER curriculum is implemented effectively and stays up to date, a new PIER Oversight Group was recently formed. Led by Scott Anderson, MD (University of Vermont), with additional members and staff from APC, CAP, and the Pathology Informatics community, the new group has been busy sponsoring instructional webinars for program directors and organizing a variety of oversight activities. To learn more about PIER and access PIER materials, please go to www.apcprods.org/PIER. ◊
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– Course participant
PRODS News (continued)

(Continued from page 14)

and their effect on our applicants, our trainees, our specialty, and our entire profession. As Chair of PRODS, I joined the APC Council in signing AAMC’s letter to the President expressing our concern over the new policy.

Of course, a major focus of the PRODS leadership has been planning for the spring and summer meetings. The spring PRODS meeting will be held on Monday, March 6th, in conjunction with the USCAP meeting in San Antonio, TX. As always, it will include lunch and an opportunity to network with other program directors. Additionally, this year’s program will include an opportunity to discuss Milestones with Dr. Laura Edgar (ACGME); a panel discussion on fellowship issues; a presentation and discussion of social media with Jerad Gardner, MD (University of Arkansas for Medical Sciences); and updates from David Kaminsky, MD (USCAP), Rebecca Johnson, MD (ABP), and Richard Haspel, MD, PhD (Harvard/Beth Israel Deaconess) of the Training Residents in Genomics (TRIG) working group.

This summer’s PRODS meeting, which will be from Tuesday, July 25th, to Friday, July 28th, in Washington, DC, will feature our annual bootcamp for new program directors, along with a series of plenary sessions that will include updates from the ABP, the ACGME and its Pathology Review Committee, the NRMP, the ASCP Resident In Service Examination (RISE) Committee, the TRIG Working Group, the PIER/Informatics Working Group, and APC’s Graduate Medical Education Committee, Autopsy Working Group, and Fellowship Directors Ad Hoc Committee. PRODS will also have the opportunity to attend many of the Chairs’ sessions, which this year will focus on Pathology’s role in Population Health. I hope to see as many of you as possible in San Antonio this spring, and in DC this summer! 

PDAS News
By Martin Lawlor – PDAS Council Chair

The APC Council’s winter meeting was outstanding this year, and program planning for our 50th Annual Meeting in Washington, DC, is well underway. Our 2017 Annual Meeting will be held at the OMNI Shoreham Hotel, July 25th-28th, where we will return to the city in which the very first APC meeting was held (back in 1967).

In addition to joining the Chairs and other APC Sections for plenary sessions, the PDAS-specific summer program will have a variety of exciting and informational topics: a panel discussion on the challenges and successes of implementing a new LIS, and presentations on successful financial management of an academic Pathology practice, best practices to provide admin support for research faculty, and admin support over multiple departments. Discussion group topics include mentoring young faculty, and Part A negotiations.

On Friday morning, PDAS will once again hold a “hot topics” session, which will close out our 2017 meeting.

I would like to thank everyone on the Council for taking the time to nominate and vote on this year’s 2017 Distinguished Service Award in Pathology Department Administration. We are pleased to announce that John Baci (Boston Children’s Hospital), a former PDAS Council Chair, has been selected as this year’s awardee—congratulations, John! There will be an awards luncheon held at the summer meeting on Wednesday, July 26th.

I’d like to thank everyone on the PDAS Council for all of their hard work and great ideas: Kelley Suskie (University of Arkansas for Medical Sciences), Beth Hansell (Medical University of South Carolina), Robert Challenger (University of Pennsylvania), Gary Brown (University of Colorado), Kristen Kolb (Baystate Medical Center), Susan Evers (University of North Carolina), Judy Elleson (Washington University in St. Louis), and Kai Wang (University of California San Francisco).

We hope you will be able to attend this year’s meeting and help us celebrate the 50th Anniversary of the APC. We look forward to seeing you in July for networking opportunities, an informative meeting, and a wonderful gala celebration!
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UMEDS News
By Moshe Sadofsky, MD, PhD – UMEDS Council Chair

UMEDS is a dynamic community, and dynamism occasionally tips into frenzy. Such is the case for your UMEDS Chair, who is facing the upcoming deadline to have the summer meeting agenda and abstracts compiled in the next few weeks. We should all be looking forward to the meeting in Washington, DC, this coming July. I can already tell that the program is going to be valuable for our membership. The course director’s workshop will be an occasion to share deep insights and experience teaching in medical school with your peers. Plenaries are scheduled to explore the challenge of teaching Pathology in an integrated setting, and the use of Entrustable Professional Activities (EPAs). New this year is a session devoted to hands-on tools for teaching, such as making short videos and writing board-style exam questions. These are taught by our own membership to each other. What could be more useful? Make sure to register soon!

The APC Council’s winter meeting took place in January. There was a blast of winter storm that shut down air transportation along the East Coast, and I was “forced” to wait two extra days in Florida before returning to New York. This is a sacrifice that is the price of the title!

The Council discussed several issues of interest to our section:

- Should, and how should, our organization encourage MD/PhD students and other research-scientist trainees? A disproportionate percentage of these students enter Pathology.
- How can the APC, and UMEDS, reach out to curriculum leaders at new medical schools? Is there interest in acquiring a better understanding of how the new schools are teaching Pathology and connecting them to the resources of UMEDS.
- Should we also reach out to educators at medical schools who may not be pathologists, but are active in the integrated curricula at their school? These folk may benefit from our community as well.

Finally, the APC is a terrific place to bridge our concerns as educators with the multiple concerns of our Chairs. What can APC Council do for us as UMEDS faculty? I mentioned Chair support for teaching effort, protected time, meeting travel, publication, and promotion support. Please use the UMEDS email list (“e-list”), or email me privately (Moshe.Sadofsky@Einstein.YU.edu), to help UMEDS Council make important issues visible so that the APC can help us in our mission.

I remind UMEDS of the special place the journal Academic Pathology holds for us. This online-only, open-access journal is the official publication of the APC. One of our own, UMEDS Council Chair-Elect Barbara Knollmann-Ritschel, MD (Uniformed Services University of the Health Sciences), serves as an Associate Editor for Academic Pathology. The journal welcomes member submissions and is assembling a special issue around the UMEDS/UME Committee project, the Pathology Competencies for Medical Education (PCME). This provides a forum for all of us to publish, and get academic credit for, our work as educators. For further details on the PCME initiative, see the UME Committee Report on page 13.

GMEAS News
By Amy Motta – GMEAS Council Chair

The GMEAS Council has been hard at work planning the program for the APC Annual Meeting in Washington, DC, this July. Some of the topics on the GMEAS program include: Common Program Requirements; Resident Duty Hour section changes taking effect July 1, 2017; immigration and visa issues in GME; practical approaches to resident well-being; tips for fellowship recruiting; and a professional development talk on building a coordinator portfolio. For APC 2017, we are thrilled to host returning speaker Erin Schwantner (ACGME Pathology RRC), as well as new speaker Patrick Fritz (ERAS).

The GMEAS Council is wicked excited to offer a New Program Coordinator Bootcamp on Wednesday morning. This bootcamp is designed for GMEAS members who are new (or fairly new) to Pathology GME programs; however, all are welcome. The bootcamp will introduce coordinators to the basics of recruiting, managing an ACGME-accredited program, and resident board eligibility. New coordinators will receive the knowledge and tools needed to become effective coordinators and assets to their programs.

GMEAS members will have plenty (Continued on page 20)
GMEAS News (continued)

(Continued from page 19)

Members are invited to attend Thursday’s gala dinner (celebrating the 50th Anniversary of APC’s annual meetings), as well as Wednesday’s special coordinators’ reception (sponsored by CAP).

The program coordinator mentorship project is pleased to announce that topic-specific mentoring is now available to GMEAS members. Program coordinators can complete a survey to make themselves available for questions on topics they feel knowledgeable on, and coordinators can access the database to find coordinators who have experience on a particular topic they can contact for help. The mentor database is filterable by topic, type of GME program, and by resident management system. The GMEAS Council is indebted to Jen Norman (APC) for her work in getting the mentorship program off the ground.

In addition, the APC has created a Dropbox resource folder for GMEAS members. Examples of policies, procedures, and curricula are being uploaded as they are shared through the GMEAS email list (“e-list”). Tools specifically for new coordinators, like the GMEAS acronym list and the GMEAS timeline, are also in the Dropbox.

There are two Member-at-Large seats open on the 2017-2018 GMEAS Council. If you are thinking of running, or would like to nominate someone, please contact Betsy McDonald, GMEAS Nominating Committee Chair (Betsy.McDonald@UTSouthwestern.edu), or Amy Motta, GMEAS Council Chair (Amy.L.Motta@Hitchcock.org).

Please join us in Washington, DC, this July. It’s a great opportunity to learn best practices, boost your career, reconnect with old friends and meet new ones.

My wish for all program coordinators this spring: May your quota be filled on Match Day, and may all your new residents get their paperwork in on time. ◊

The GMEAS mentor list and sign-up form are online at www.apcprods.org/gmeas-mentors.

Executive Office Report: Changes in APC Staff

By Jen Norman, MEd – Manager of Member Services & Education

As Dr. Parslow stated in his President’s Message (pp.1-2), the APC office recently moved from Bethesda, MD, to Wilmington, DE. Along with the move, APC has also added to and restructured its Executive Office staff. After several months supporting the Association as a two-person staff, Priscilla and Jen were more than happy to welcome two new employees in December! With the addition of Mel Limson’s full-time support and Amy Carter’s part-time support, the APC office has almost doubled its staff resources.

Mel joins us as our new Director of Programs & Development; two growing APC initiatives, the Society of ’67 and the Leaders Learning webinar series, feature prominently in his new purview. Does Mel’s name ring a bell? Some of our members may know him from his previous position at the Association for Molecular Pathology (AMP).

Amy, our new Office Assistant, provides valuable support to APC. She handles day-to-day administrative tasks, answers some member requests, and aids staff with projects as needed. Members are now most likely to hear Amy’s voice when calling the APC office.

Of course, plus ça change, plus c'est la même chose. Jen Norman is still the main contact for all membership inquiries and member resources, and still serves as APC’s resident “techie.” Priscilla Markwood continues as Executive Director, leveraging her experience and expertise to keep APC running smoothly. ◊