The year 2000 has concluded and the time has come to prepare for the new millennium. The past few years have been eventful and some retrospection may provide a glimpse into what the next few years will hold for the specialty of pathology. The fact that the environment in which we work will change is indubitable. New technology over the past few decades has enabled our country to extend the average life span resulting in an enlarging elderly population. We must now conceive how to use our technology to more efficiently care for this population. Our smaller generation will have to somehow manage to care for the much larger (and soon-to-be-retiring) “baby boomer” population.

How will these changes in our environment impact our profession? As became clear over the past decade, we will be forced to perform more tests more efficiently under pressure from steadily decreasing reimbursement. In addition, as highlighted with last year’s Institute of Medicine’s report on medical errors, such efficiency must not be introduced at the expense of patient care. If anything, additional resources must be utilized to decrease the incidence of medical errors. The next question logically follows: how do we accomplish this?

I believe that in large part the answer for all of medicine can be found within what forms the critical core of our specialty: information management. We must be able to capture, analyze, and use greater amounts of information to streamline the way we practice medicine. Both the amount and variety of medical information is growing. This information can provide invaluable feedback and guidance. Such “evidence-based” decision-making is not new and appears intuitively straightforward. However, the sheer magnitude of information being generated today can quickly become overwhelming. To successfully deal with this, the appropriate foundation must be established, methodologies rigorously designed, and the right tools employed for data capture, modeling, and analysis. We, as pathologists, generate the most varied and largest proportion of medical data. This will only increase as the field of molecular pathology explodes. Pathologists are, therefore, the logical choice to manage the electronic medical record. This is a great challenge but an equally great opportunity to define our specialty as the one that generates the information managers for the entire field of medicine. If we do not seize this opportunity, others certainly will. The CAP’s own SNOMED® (www.snomed.org) is making tremendous strides in the right direction in providing some of the fundamental tools necessary for data management.

The CAP Residents Forum (RF) has also focused this past year with issues that reflect the changes in our specialty. The number of medical students entering pathology is decreasing as evidenced by last year’s match. We are employing computer technology such as list servers and Web-based surveys to more efficiently communicate with our membership to help resolve critical issues such as this. The CAP World Wide Web Editorial Board has developed a new revamped Residents Forum page, which promises to enhance the online experience for both residents and medical students. We need to keep the quality of the applicant pool entering pathology high, and we need your help to do it! If you have thoughts or suggestions, I urge you to attend the upcoming RF meeting or communicate online with me (dash0002@mc.duke.edu) or CAP staff (iglas@cap.org).

Speaking of the next RF meeting, it will be held the morning of March 3 in Atlanta, Georgia, immediately preceding the US and Canadian Academy of Pathology meeting. It is not too late to submit resolutions to bring forth issues important to you, your program, or our specialty. Also, please note that our elections will be held during the next session. Although the deadline for formal applications has past, if you are enthusiastic and confident about contributing by serving on the Executive Committee you can still be placed on the ballot. See Election News on page 2.

Our meeting will be followed by educational courses to include a primer on coding and how to get paid presented by Kevin Dole, MD, and a fantastic tutorial on cancer reporting and the CAP Cancer Protocols presented by Carolyn Compton, MD, PhD, and Elizabeth Hammond, MD. This is a great way to improve your skill set in information management! See you all there!
Important Hotel Information for RF Attendees

Attendees staying Friday/Saturday, March 3-4, 2001:

Please contact the Hyatt Regency Atlanta directly at 404-577-1234 and identify yourself as attending the College of American Pathologists (CAP) meeting to receive the special rate of $159 single occupancy or $169 double occupancy.

Attendees extending their stay to attend the USCAP meeting:

Please contact the Atlanta Marriott Marquis directly at 404-521-0000 and identify yourself as attending the USCAP meeting to receive the special rate of $182 single occupancy or $192 double occupancy.

If you fail to arrive for your guaranteed room on the confirmed date, you will be billed for one night’s room charge and forfeit your reservation. If you have changes or cancellations, please notify the hotel at least 72 hours in advance of your arrival dates to avoid a cancellation penalty.

Election News

Slate Remains Open for Executive Slots

Elections for the RF Executive Committee will be held during the RF meeting on March 3. Nominees for chair, vice-chair, secretary, and alternates to the AMA Resident and Fellow Section and CAP House of Delegates will be presented by the Nominating Committee.

According to the RF bylaws, any CAP junior member in good standing who has not been nominated by the Nominating Committee may run for any available position by submitting to the RF Secretary at least 30 days prior to the Spring Meeting a petition containing the signatures of at least 15 CAP junior members in good standing.

Petitions must be received on or before February 5, 2001. For more information, contact Ms. Glas at 800-323-4040 ext. 7499.

Capitol Briefings

Legislation Restores $35 Billion in Provider Funding

“The Refinement” legislation that became law in December improves Medicare’s screening Pap test benefit and allows certain laboratories to continue billing Medicare directly for the technical components of hospital pathology services, despite a ban on such billings that started January 1.

The $35 billion package, which restores provider funding cut by the Balanced Budget Act of 1997 (BBA), also provides relief to major teaching hospitals. The law holds Medicare’s indirect medical education (IME) payment rate at 6.5 percent in 2001 and 2002, a provision that will bring teaching hospitals $700 million in federal funding the BBA would have cut through reduced IME rates.

The improved Pap test benefit, for which the College fought vigorously last year, will require Medicare to cover screening Pap tests and pelvic examinations every two years, compared with the current coverage of once every three years for most women in the program. The improved benefit begins July 1, 2001. The College applauded the change, but said it will still pursue an annual Pap test benefit.

The technical component (TC) provision, known as the “TC grandfather,” applies to hospitals that had arrangements in place as of July 22, 1999, to receive technical component services from independent laboratories that received payment directly from Medicare carriers. The grandfather will last for two years and allow laboratories servicing those hospitals to continue billing Medicare directly for TC payments. A policy change January 1 bans direct TC billings to Medicare by independent laboratories not providing services to hospitals covered by the grandfather provision. Those laboratories must bill hospitals instead of Medicare.

The College sought the grandfather provision, arguing that the January 1 TC billing ban would harm hospitals, particularly small facilities in rural areas that typically rely on independent laboratories for TC services. Congress did add a condition to the TC grandfather: The General Accounting Office must study access to TC services vis-à-vis the billing ban and report its findings to Congress by April 2002. Congress will then decide whether to extend the grandfather beyond two years.

Spring Schedule

Saturday, March 3

6:00 am New RF Delegate and Alternate Orientation
6:30 am RF Registration and Continental Breakfast
7:00-10:00 am Business Meeting
10:00 am House of Delegates—Session 1
Noon RF and House of Delegates Luncheon
1:00 pm House of Delegates—Session 2
1:30-3:00 pm Educational Course—Reporting on Cancer Specimens: A Self-Help Guide for Improving Quality and Simplifying Practice
3:30-5:00 pm Educational Course—Billing and Coding for Your Pathology Practice
5:30-7:00 pm CAP-sponsored Reception
7:00-10:00 pm CAP Companion Society Meeting