House of Delegates Residents Forum
Joint Meeting
House of Delegates Residents Forum

Joint Meeting

Saturday, February 26, 2011
Dr. Bauer’s presentation is available in audio cast format.

You will find it on cap.org. Select the Committees & Leadership tab, then click the House of Delegates link.
House of Delegates Residents Forum
Joint Meeting
Charles Roussel
CAP CEO
Mr. Roussel’s presentation is available in audio cast format.

You will find it on cap.org. Select the Committees & Leadership tab, then click the House of Delegates link.
House of Delegates Residents Forum

Joint Meeting

David A. Novis, MD, FCAP
Speaker, House of Delegates
Integrate the House into the workings of the College
Strategy: Be the Customer

- Convey Needs
- Monitor Effectiveness
- Provide Feedback
Tactics

- **Infrastructure**
  - Revise Rules
  - Job Descriptions
  - Develop Leadership

- **Communication**
  - Electronic loop
  - Delegate driven agenda

- **Action, Involvement**
  - State Societies
  - Emerging Practices
Residents: Our Future Leaders

For the House
- Energetic perspective
- Engage Future Delegates

For the College
- CAP Membership
- State Society
- Advocacy

For the Members
- Network
- Education

For the Residents
- Network
- Experience the other side of the curtain

A first step—
Networking Cocktail Reception
State of the Residents Forum

Jerad M. Gardner, MD, FCAP

Chair, Residents Forum

Fellow, Soft Tissue Pathology, Emory
We’re Growing - Increased RF Participation

Residents Forum representation significantly increased for CAP ‘10 meeting.

• **Increase in Number of Programs Involvement at RF**
  - 103 programs - CAP ‘10
  - 72 programs - CAP ‘09

• **Increase in New Programs at RF**
  - 10 New Programs at CAP ’10 that hadn’t participated since CAP ‘08
We’re Anticipating CAP’11 - Repeat CAP’10 Residents Lounge

• Thank You!
• First-ever Residents Lounge
• Special Greeters
• Comfortable Meeting Place
• Food and Beverages
• Residents LOVED it!
We’re Energetic - RF Action Group Topics

• Training Program Issues + Graduated Responsibilities
• External Rotations
• Autopsy Requirements
• Board Prep Resources

These all tie in to the:

• Pathology Wiki
The goal of this page is to provide a comprehensive list of all pathology fellowship programs and pathology residency programs in the USA. Follow the link to the institution page to see a list of pathology fellowship programs offered by that institution. For examples of how program information can be organized, see The Methodist Hospital (Houston) Program or University of Chicago Program.

List of Anatomic Pathology (AP) Fellowship Programs by Subspecialty

- Bone and Soft Tissue Pathology Fellowship Directory
- Breast Pathology Fellowship Directory
- Cytopathology Fellowship Directory
- Dermatopathology Fellowship Directory
- Forensic Pathology Fellowship Directory
- Gastrointestinal (GI) Pathology Fellowship Directory
- Genitourinary (GU) Pathology Fellowship Directory
- Gynecologic (Gyn) Pathology Fellowship Directory
- Head and Neck Pathology Fellowship Directory
- Hematopathology Fellowship Directory
- Neuropathology Fellowship Directory
- Ophthalmic Pathology Fellowship Directory
- Pediatric Pathology Fellowship Directory
Pathology Resident Wiki

- **Complete directory of residency and fellowship programs**
  - Anyone can edit/update info
- **How to get involved**
  - List of opportunities for residents
- **Immunostain data and pictures**
CD34 expression in epithelioid hemangioendothelioma of liver.

Contents

1 Synonyms
2 Antibodies
3 Technical Info
4 Staining Pattern
5 Expression in Normal Tissues
6 Expression in Neoplastic Entities
   6.1 Benign
   6.2 Intermediate/Uncertain Malignant Potential
   6.3 Malignant
7 Expression in Non-Neoplastic Entities
8 Practical Uses / Panels
9 Pertinent Negatives
10 Common Pitfalls
11 References
Pathology Resident Wiki

- **Complete directory of residency and fellowship programs**
  - Anyone can edit/update info
- **How to get involved**
  - List of opportunities for residents
- **Immunostain data and pictures**
- **Constantly growing and improving**
We’re Responsive - Subspecialty Fellowships

• Finding fellowships is high priority

• Fellowship Match Update during Residents Forum from APC Graduate Medical Education Committee Chair

• Investigating potential Fellowship Fair for CAP ’11
We’re Engaged – Two Cool Things We’re Doing During the Residents Forum Meeting Today

Transformation Program Office

- Emerging Roles and Services Breakout Session
- Residents will become involved in giving their input into future roles.

State Pathology Societies Panel and Q&A

- Discuss the importance of becoming active
- Highlight emerging key issues
- 6 panelists - current and past state path leaders
We’re Eager to “Pick” Your Brain

See You at Lunch

• Blue – House
• Orange – RF

See You at the Closing Reception

• Special Networking Opportunity

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One Request for the House of Delegates...

- Please come to the networking reception and introduce yourselves to residents.
Flying machines which do not fly

“the flying machine that will really fly might be evolved by the combined and continuous efforts of mathematicians and mechanicians in from one million to ten million years”

October 9, 1903

Diary of Orville Wright:

“We began assembly today.”
In 2010, we began assembly to transform the specialty.
Transformation: Progress Update

- **Key fundamentals in place**
- **Growing alignment and engagement**
- **Expanding body of knowledge**
- **Taking action in the marketplace**
Key Fundamentals in Place

- Center
- Institute
- Policy Roundtable
- Personalized Health Care Committee
- DIHIT/Informatics
- Strategic Alliance Management
Case for Change
2010 Completed Stage I

• Launched four module teams
• Conducted in-depth survey of over 1,000 members
• Sought non-pathologist points of view through 100+ stakeholder interviews and focus groups
• Developed initial models of supply and demand for pathologists and taxonomies for pathology services and practice models
• Presented Case for Change 1.0 at the CAP’10 Transformation Plenary
• Began to engage with other pathology societies
Case for Change
2011 Stage II Objectives

- Build scenario planning model for economic analysis of the Pathology industry
- Define a set of likely future state scenarios
- Lay ground work to help pathologists take action:
  - Use pilots to test the viability of priority scenarios
  - Define roadmaps to priority scenarios
  - Identify pathologist champions for scenarios
- Perform gap analysis and develop implementation plans for high priority, high-value service areas
- Continue to engage allied pathology organizations
Transformation: Progress Update

- Key fundamentals in place
- **Growing alignment and engagement**
- Expanding body of knowledge
- Taking action in the marketplace
Growing Alignment

- Aligned staff structure to support CAP’s goals
- Integrated communications effort to increase awareness of pathologists as key members of patient care teams and essential for coordinated care
  - Enhance public/patient awareness
  - Build visibility among clinical colleagues, hospital administration and payors
  - Strengthen and support advocacy efforts
Growing Engagement

- Building on a strong base of Member support
- Over 70 members and 30 staff involved in the Case for Change modules
- Consistent involvement of BOG, TPOSC, and other committees and groups
- Forging new ground with other pathology groups, government and policy influencers
- Reaching out through state societies, grand rounds
Transformation: Progress Update

- Key fundamentals in place
- Growing alignment and engagement
- Expanding body of knowledge
- Taking action in the marketplace
Expanding body of knowledge

- Deeper understanding of workforce supply and demand
- Greater understanding of future roles and services
- More detailed view of impact and opportunity created by market forces
- More active engagement with industry and technology providers
Transformation: Progress Update

- Key fundamentals in place
- Growing alignment and engagement
- Expanding body of knowledge
- Taking action in the marketplace
Taking Action in the Marketplace

• Launching pilot projects
• Defining roles and roadmaps
• Creating new tools and education programs
• Identifying venues to advance pathologists’ agenda in key practice areas
  o IVM
  o EMR
  o Biomedical informatics
  o Genomic interpretation and clinical application
cap.org/transformation
House of Delegates Residents Forum

Joint Meeting

John Scott
Vice President, Advocacy
Objectives

• Provide a status report on the federal regulatory rule
• Outline some of the key regulatory issues.
• Update the House on what the College is doing to prepare its members for ACOs
Federal Regulatory Update

- Federal Rule Expected late soon; NPRM now being reviewed by OMB;
- Rule will establish federal ground rules for ACOs under Medicare.
- Presumed existing integrated models will be able to qualify as Medicare ACOs.
- Presumed Medicare approved ACOs will extend the model and contract with private payers for commercial patients.
Statutory Requirements for ACOs

• Accountable for quality, cost and overall care of assigned Medicare beneficiaries

• Primary care and other professionals sufficient to serve at least 5,000 Medicare beneficiaries

• Formal legal structure to receive and distribute shared savings

• Leadership and management structure that includes clinical and administrative systems

• Defined processes to promote evidence-based medicine and patient engagement; report on quality and cost; and coordinate care
What forms of organizations could become ACOs?

Statute provides:

- Physicians and other professionals in group practices
- Physicians and other professionals in networks of practices
- Partnerships or joint venture arrangements between hospitals and physicians/professionals
- Hospitals employing physicians and/or professionals
- Other forms designated by Secretary
Delivery Systems that Could Become ACOs

- Integrated Delivery Systems
- Multispecialty Group Practices
- Physician Hospital Organizations
- Independent Practice Associations
Five Major Legal Barriers to ACO Formation

- Federal Antitrust Laws
- State Corporate Practice Laws
- Federal Anti-kickback Statute
- Federal Stark (self-referral) Statute
- Federal Civil Monetary Penalties Law
- Secretary has authority to waive anti-kickback, Stark and Civil and Monetary Penalties law.
ACO Pilots Underway

- Brookings-Dartmouth ACO Collaborative
  - Virginia based Carilion Clinic
  - Norton Health System in Louisville
  - Tucson Medical Center in Arizona

- Premier ACO Implementation Collaborative

- Premier ACO Readiness Collaborative
  - 70 Hospitals and 5,000 physicians in 15 states have signed up for one of the two collaboratives
Premier ACO Implementation Collaborative
Premier ACO Readiness Collaboration
State Activism: Massachusetts

- Expand transitional payment methodologies through pilot programs - implement new methodologies by 2014; reduce fee for service by 2015
  - Global payments
  - Partial Global Payments
  - Care Management Payments
  - Bundled Payments
  - Shared Savings
  - Pay for Performance
  - Quality Measures
What is the Method of Payment?

Tier 1
Financial Risk: Low
Mode of Payment: Fee for service

Tier 2
Financial Risk: Moderate
Mode of Payment: Fee for service, partial capitation, some bundled payments

Tier 3
Financial Risk: High
Mode of Payment: Full or partial capitation and extensive bundled payments

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How Will Savings Be Shared?

- ACOs must meet specified quality standards to be eligible for percentage share (tbd) of any savings.
- If actual per capita expenditures of their assigned beneficiaries are a sufficient percentage below their specified benchmark amount, ACO would share in savings.
How will Quality Be Measured?

Priority Areas:

• Care Effectiveness
• Population Health
• Patient Safety
• Patient Engagement
• Overuse/Efficiency
Health IT Infrastructure Enables Measures

**Basic Phase**
Claims Based Measures

- ACOs have access to medical, pharmacy, and laboratory claims from payers

**Intermediate Phase**
Limited Clinical and Survey Measures

- ACOs use specific clinical data (lab results) and limited survey use.

**Advanced Phase**
Comprehensive Patient Focused Measures

- ACOs use electronic health records, registries and patient-centered data
What is CAP Doing to Prepare Members?

Launched CAP ACO Network

• 20 Total Sites - includes 10 Premier Sites

Initial Survey - State of Play

• 11 Sites - ACOs forming
• 8 Members involved in ACO planning
• 1 Member on ACO Leadership Team
ACO Network: Next Steps

- Expand the Network as more ACOs form
- Conduct Regular Quarterly Calls
- Establish Periodic E-Communication
- Establish Dedicated Web Page
- Conduct Webinars
- Provide Key Regulatory Developments
- Provide Guidance on ACO Formation
Key Topic Areas for Guidance

- Governance Models
- Payment Models & Incentives
- Distribution of Shared Savings
- HIT - Data Exchange
- Performance Measurement
- Legal Issues for ACOs
How Can You Help

- If ACOs begin to form in your local market:
  - Notify CAP
  - Engage, begin to position pathology in the ACO discussion and your practice in the leadership of ACOs
  - Join the CAP ACO Network
House of Delegates Residents Forum

Joint Meeting

Michael Talbert, MD, FCAP
Chair, Graduate Medical Education Committee
APC GMEC/CAP GMEC Workgroup
Job Market Survey Results
Survey Overview and Sample

- An APC/CAP working group conducted the survey to assess the current job market for newly trained pathologists.
- 4,025 newly trained pathologists in practice less than 3 years received the survey.
- 905 pathologists (22%) responded to the survey.
  - 508 respondents had not actively searched for a job as a pathologist since July 1, 2008 and were screened out.
• Results were split into pathologists who searched for a job in the past year (July 1, 2009 to June, 2010) and those who searched for a job in the previous year (between July 1, 2008 and June 30, 2009).

• Results were also split into pathologists who were looking for their first position after training and those who did not indicate this was their first position.
221 survey respondents indicated the position sought was their first position since residency/fellowship training.

The following results describe the job market for these first time job seekers only.

- 145 first time job seekers looked for a job since July 1, 2009.
- 76 first time job seekers looked for a job between July 1, 2008 and June 30, 2009.
Respondent Profile – First Time Job Seekers

- Most respondents (92%) attended an AP/CP residency training program.
  - 6% were from AP only programs
  - 2% were from CP only programs

- 62% of respondents completed one fellowship.
  - 33% completed two or more fellowships
  - 5% did not complete a fellowship
Most respondents attended a U.S. allopathic medical school.
Hematopathology and Cytopathology were the most common ACGME accredited fellowships.

<table>
<thead>
<tr>
<th>Fellowship</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hematopathology</td>
<td>57</td>
<td>43%</td>
</tr>
<tr>
<td>Cytopathology</td>
<td>49</td>
<td>30%</td>
</tr>
<tr>
<td>Dermatopathology</td>
<td>18</td>
<td>14%</td>
</tr>
<tr>
<td>Blood Banking/Transfusion Medicine</td>
<td>13</td>
<td>10%</td>
</tr>
<tr>
<td>Molecular Genetic Pathology</td>
<td>12</td>
<td>9%</td>
</tr>
<tr>
<td>Pediatric Pathology</td>
<td>11</td>
<td>8%</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>12%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>162</strong></td>
<td></td>
</tr>
</tbody>
</table>
Respondent Profile – First Time Job Seekers continued

- Surgical/oncologic and general surgical pathology were the most common non ACGME accredited fellowships.

<table>
<thead>
<tr>
<th>Pathology</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgical/Oncologic Pathology</td>
<td>44</td>
<td>45%</td>
</tr>
<tr>
<td>General Surgical Pathology</td>
<td>19</td>
<td>20%</td>
</tr>
<tr>
<td>Gastrointestinal Pathology</td>
<td>18</td>
<td>19%</td>
</tr>
<tr>
<td>Gynecologic Pathology</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>Genitourinary Pathology</td>
<td>5</td>
<td>5%</td>
</tr>
<tr>
<td>Breast Pathology</td>
<td>3</td>
<td>3%</td>
</tr>
<tr>
<td>Other</td>
<td>19</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>97</strong></td>
<td></td>
</tr>
</tbody>
</table>
The job market for first time job seekers appears to be comparable across years.

- Applied to multiple positions: Past Year (86%), Previous Year (80%)
- Invited to at least one interview: Past Year (100%), Previous Year (100%)
- Received at least one job offer: Past Year (100%), Previous Year (100%)
- Received multiple job offers: Past Year (44%), Previous Year (42%)
- Accepted position: Past Year (100%), Previous Year (100%)
Since July 1, 2009
n=145

- Difficult: 40%
- Not Difficult: 60%

July 1, 2008 to June 30, 2009
n=76

- Difficult: 30%
- Not Difficult: 70%

Average difficulty ratings for the past and previous years were 2.95 and 3.30, respectively, on a 5-point scale.
International Graduates Seeking Their First Position Reported Significantly More Difficulty

Average difficulty ratings for international and U.S. medical school graduates were 3.76 and 3.01, respectively.
Perceived Difficulty in Finding a First Position Appears to be Due to Availability of Jobs

<table>
<thead>
<tr>
<th>Overall, why do you believe it was difficult to find a position? (Select all that apply)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Too limited in my geographic preference</td>
<td>35%</td>
</tr>
<tr>
<td><strong>Too few jobs available</strong></td>
<td><strong>94%</strong></td>
</tr>
<tr>
<td>Mismatch between training and job requirements</td>
<td>15%</td>
</tr>
<tr>
<td>Inadequate training/experience</td>
<td>11%</td>
</tr>
<tr>
<td>Not yet Board Certified</td>
<td>10%</td>
</tr>
<tr>
<td>Other</td>
<td>35%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>71%</strong></td>
</tr>
</tbody>
</table>
First time job seekers appear satisfied with the positions accepted.

Overall Satisfaction With the Position Accepted

<table>
<thead>
<tr>
<th>Satisfaction Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Satisfied</td>
<td>47%</td>
</tr>
<tr>
<td>Satisfied</td>
<td>38%</td>
</tr>
<tr>
<td>Neutral</td>
<td>8%</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>4%</td>
</tr>
<tr>
<td>Very Dissatisfied</td>
<td>1%</td>
</tr>
</tbody>
</table>

1Respondent satisfaction did not differ across years and is comparable to the overall survey results.
First time job seekers accepted similar types of positions across the two time periods.

<table>
<thead>
<tr>
<th>General type of position</th>
<th>Past Year</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Academic</td>
<td>32%</td>
<td>33%</td>
</tr>
<tr>
<td>Government</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Pharmaceutical</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Commercial Lab</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td>Employed by hospital</td>
<td>6%</td>
<td>9%</td>
</tr>
<tr>
<td>Private practice</td>
<td>47%</td>
<td>45%</td>
</tr>
<tr>
<td>Employed by non-pathologist physician medical group</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Other</td>
<td>4%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>145</strong></td>
<td><strong>76</strong></td>
</tr>
</tbody>
</table>
Types of Positions Accepted Continued

- First time job seekers accepted more single specialty positions and fewer CP only positions in the past year compared to the previous year.
If you described the position that you accepted as being Single Specialty, please indicate the specialty. | Percentage
---|---
Hematopathology | 17%
Dermatopathology | 12%
Blood Banking/Transfusion Medicine | 10%
Gastrointestinal Pathology | 10%
Forensic Pathology | 9%
Surgical/Oncologic Pathology | 7%
Pediatric Pathology | 9%
Cytopathology | 5%
Types of Positions Accepted Continued

- Positions accepted by first time job seekers remain similar with regards to full or part-time status and partnership track.
Starting Salary for First Time Job Seekers

- Overall, no clear pattern emerged with regard to starting salary for positions accepted.
The starting salary for academic positions is substantially less than for non-academic positions.
The number of fellowships completed does not appear to be related to starting salary.
The specialties with the highest starting salaries appear to be:

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Percent Reporting a Starting Salary of $200,000 or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dermatopathology</td>
<td>56%</td>
</tr>
<tr>
<td>Hematopathology</td>
<td>42%</td>
</tr>
<tr>
<td>Gastrointestinal Pathology</td>
<td>33%</td>
</tr>
</tbody>
</table>
Results Summary

• Overall, it seems more difficult to find a job but all first-time job seekers who responded were able to find a position.

• The job market for first-time job seekers is stable.
  - Across years, 100% of first-time job seekers received at least one job offer.

• Among respondents, the most recent year’s first-job-seekers rated their difficulty in finding a position higher than those in the prior year.
Results Summary continued

• Overall satisfaction with the positions accepted was good with 85% of first time job seekers reporting being Satisfied or Very Satisfied with their new positions.

• First time job seekers accepted more single specialty and fewer CP only positions compared to the prior year.

• No clear trend emerged with regards to starting salaries across the two time periods.

• Academic positions had lower starting salaries on average.
Questions?
House of Delegates Residents Forum

Joint Meeting

Sally Weintraub – Director, Human Resources
Stanley J. Robboy, MD, FCAP – CAP President-Elect
Module 1

Supply and demand models
(Stage 1 completed)

Will there be enough pathologists?
Supply model, Stage 1

Current Pool  (+)  Workforce Additions
               Residents
               Fellowships
               Immigration

(-)  Workforce Separation
      Retirement
      Mortality
      Emigration
      Profession Change

(=)  Future Pool

Active Pathologists FTEs
Findings, Stage 1

- 2010 Workforce (18,549 FTE)
- Short-term net addition
- Retirement cliff approaching

Average Annual Net Additions

<table>
<thead>
<tr>
<th>Year</th>
<th>Net Additions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010-2013</td>
<td>73</td>
</tr>
<tr>
<td>2014-2018</td>
<td>-233</td>
</tr>
<tr>
<td>2019-2023</td>
<td>-267</td>
</tr>
<tr>
<td>2024-2030</td>
<td>-124</td>
</tr>
</tbody>
</table>
Demand Model, Stage 1

• High impact, high probability factors
  - Increasing population
  - Aging consumer base
  - Health care reform
2011 Objectives, Stage 2

Build in deeper and greater complexity, shifting to scenario planning tools

What happens if . . .
Supply Model, Stage 2

- Further define pathologist pool by activities & time spent
  - Subspecialties
  - Practice setting
  - Services
  - Roles
  - Volume
Demand Model, Stage 2

- Model impact of:
  - Other market forces
  - New roles and services
  - New technologies

- Integrate with Modules 2-4
Value of the Modeling Tool

Information for actionable steps

How do we position ourselves for success?
Prepare for the Future

• Active decisions today

• Opportunities present
  o High demand for services
  o Critical new technologies
  o Emergence of genomic medicine
  o Bioinformatics

• Practice and professional planning

• Education life-long
House of Delegates Residents Forum

Joint Meeting

C. Leilani Valdes, MD, FCAP
What’s NewsPath®?

- Proven CAP publication since 1980s
- Critical updates written by pathologists for clinicians
- Short, monthly articles and podcasts
- Hot topics in pathology and laboratory medicine
  - CAP Guidelines and POET Reports
  - High-Risk HPV and Cervical Cancer – January is Cervical Cancer Awareness Month
Who is on iTunes this month? You!

CAP Junior Member author of HPV article and podcast
• Nicole D. Riddle, MD

CAP Fellow member who presents the HPV podcast
• David L. Gang, MD, FCAP
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- **YOU** share articles
- Clinicians learn from articles
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   - Subscribe to RSS feed
   - Email newspath@cap.org to write an article
   - Email five residents iTunes podcast link

2. Fellow Members
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   - Tell clinicians about NewsPath
   - Subscribe to RSS feed
   - Offer to serve as a scientific mentor

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