After the introduction of the CAP officers, governors and official guests, James E. Richard, D.O., gave a brief State of the House of Delegates address. He noted that the CAP will be implementing a pathology quality registry with access to quality reporting tools launching in 2017. CAP has a website called yourpathologist.org to assist in communicating the importance of our profession to provide quality laboratory results and an accurate diagnosis.

Elizabeth Rinehart, M.D. gave the State of the Residents Forum. Some new ideas includes a PIER program (pathology informatics essential for residents) and ‘lab hacks’ for residents entering the workplace.

Richard Friedberg, M.D., the current CAP President, gave an update on the State of the CAP overall including some of the data from the Annual Report. Encouragement for attending to the CAP17 meeting, October 8-11 in Washington D.C. was given as well.

The interim CEO, Stephen Myers, discussed the revenue streams of the CAP with the largest source of income coming from Proficiency Testing (PT) and the Laboratory Accreditation Program (LAP). A large amount of money has been invested in updating the electronic infrastructure of the CAP and thus, the website. This large capital layout was necessary secondary to years of neglect in staying up to date at the CAP. As in prior years, audited financial statements will be presented to the Finance Committee at their March meeting and at the May Board meeting. The House of Delegates will receive the audited financial statements at the annual meeting.

The meeting continued with a Presidential debate with questions taken primarily from audience members. The President-Elect Candidates are Patrick E. Godbey, MD, FCAP and Gail H. Vance, MD, FCAP. Later a forum was held with a question and answer period by the Governor Candidates: Timothy Craig Allen, MD, FCAP, Rajesh C. Dash, MD, FCAP, Jennifer L. Hunt, MD, Med, FCAP, Jonathan Louis Myles, MD, FCAP. While the Board of Governors has four openings and four candidates running, I can confidently say all candidates seemed well qualified albeit all are of an academic background.

An Advocacy & PathPAC Update was given by Patrick E. Godbey, MD, FCAP. He touched on the impending obstacles to getting our voice heard in our states and at the national
level and the great importance to pathologists in getting involved. PathPAC and PathNET are essential to ensuring our profession is not forgotten or sidelined when discussions of cuts in reimbursement or regulations come to the table. Some issues touched on include Local Coverage Determinations, an issue that we here in Iowa are now familiar with as well. The CAP would like to introduce a Bill to make LCDs more transparent, fair and evidence based. The CMS Merit-Based Incentive Payment System (MIPS) was discussed. Dr. Godbey strongly encouraged all pathologists to get involved in PathPAC and PathNET.

Council Roundtable discussions were productive with many ideas presented for consideration:

• Proposed ‘New in Practice’ committee; there is a marked drop off rate in CAP membership to those new in practice. Reasons for this dropout rate considered included time commitment, new family responsibilities, travel and limited support by pathology groups for member participation.

• A call to identify gaps in the evidence based guidelines.

• Proposal to have a billing code for archival retrieval of pathology materials

• Accreditation training to include active senior/junior training system; emeritus team leaders or trainers

• Duration of Committee appointment s are too long and need greater turn over

A breakfast meeting to discuss State Pathology Societies was held on Sunday with some very good ideas on how to increase participation and overall membership.

• Starts in residency: have current state members make contact with residents in person or give a talk about the important issues facing pathology as a profession.

• Keep and share contact information of residents from state to state as they relocate

• Possibly merge adjacent state meetings to defray costs and increase attendance

• CAP can assist in finding speakers for State meetings

• CAP can assist in finding vendors (billing companies, Pharmaceutical companies, laboratory supply companies) to supplement the cost of the meetings

• Consider having a speaker from the American Board of pathology to attract greater resident participation/MOC participants

• CAP board of governors are a source of speakers as well
• Clinical specialists from AACC and AABB

• Think about graduated dues if three of more paths from a group join the State society

• Poll academic institutions and residents as to what they would like to hear about from their State society

• Support residents by allowing poster presentations at meetings with a possible cash prize for the most interesting poster

• Ask residents to be on the State Board

• Program directors or even all residency program staff are honorary or automatic members of the State society

• Consider dual or complimentary meetings with other medical societies in your state (Iowa Medial Society, Polk County Medical Society, Iowa Association of Medical Examiners)

**Upcoming events:**

CAP Policy Meeting, April 24-26\textsuperscript{th}, Washington DC

CAP HOD meeting, October 7\textsuperscript{th} at National Harbor, Maryland