

Clinical and Public Health Microbiology Retreat
ASM Headquarters, Washington, DC
May 25-26, 2017

Attendees: Susan Sharp (ASM President), Peggy Cotter (ASM President-Elect), Timothy Donohue (ASM Secretary), Marylynn Yates (ASM Treasurer), Stefano Bertuzzi (ASM CEO), Joseph Campos, Karen Carroll, David Craft, Peter Gilligan, Amanda Harrington, Beth Marlowe, Alex McAdam, Melissa Miller, Barbara Robinson-Dunn, Marie-Claire Rowlinson, Linoj Samuel, Kristen St. George, Richard Thomson, Jr., Peggy McNult (ASM Staff), Connie Herndon (ASM Staff), Kimberly Walker (ASM Staff), Christina Burmeister (ASM Staff), Nicole Jackson (ASM Staff) and Alexis Rose (ASM Staff).

Background: Each year, ASM leadership will meet with members from two of the scientific tracks¹ to discuss at a strategic level where the field is going and how ASM can capture the opportunities and fend off threats. Since there are eight tracks, ASM will be able to meet with each track every four years for strategic planning and evaluation follow-up. The Clinical and Public Health Microbiology (CPHM) track was the first leadership group to meet and the Ecology and Evolutionary Sciences track will meet later this year.

In preparation for the retreat, a survey was disseminated to Divisional Group I members and posted to the Div C, Div Y and ClinMicroNet listservs to ensure members participated in the discussion and their needs were heard. The survey was sent to approximately 4,500 members and the response rate was 12%. The survey data was circulated with the agenda and used to frame the retreat discussion.

The ASM Officers and leaders in Clinical and Public Health Microbiology participated in a day-and-a-half meeting to identify strategic initiatives for how to advance and promote Clinical and Public Health Microbiology and to come to consensus on a four-year framework for how to accomplish these initiatives. The retreat was kicked off with a keynote talk presented by Ephraim Tsalik, Duke University School of Medicine, to stimulate thinking and initiate the strategic discussion.

Definition of Retreat Success: The participants were asked to respond to the question, “The retreat will be a success if we...”

“...stop the Div C chatter and plan in a measured positive way that engages members and meets their needs.”

“...eliminate the confusion among members about which committee does what, what they are doing and who to contact.”

“...develop the next generation of practitioners and ASM leaders.”

“...develop a plan that reflects the shared interest of clinical microbiology and public health.”

¹ Organized around the Microbe meeting tracks.

“...reorganize our efforts within ASM to effectively meet our needs. Members need to know who to contact to get information and make requests.”

“...reorganize our efforts within ASM so we can respond more quickly and members know all that we are doing.”

“...communicate what we have done, where we are going and how long it will take.”

“...advocate more.”

“...engage the next generation in the profession.”

“...meet the needs of the bench technologists.”

“...are keeping up with the science.”

“...address the issue that clinical microbiologists are not first class citizens.”

“...effectively communicate what ASM is doing.”

“...promote clinical microbiology publically and politically.”

Dr. Sharp gave a presentation about ASM’s new governance structure, membership, finances and the Microbe meeting. Discussion ensued about the planning of the 2017 Microbe meeting and how leaders were selected for the planning of future Microbe meetings. Since the Microbe meeting was raised throughout the retreat, Ms. McNult offered to arrange a meeting during the 2017 Microbe meeting with Meetings and CPHM Leadership to discuss. Dr. Sharp agreed that this was an immediate goal that could be handled quickly and a not a four-year strategic initiative.

Reactions to Survey Data: Dr. Sharp opened the discussion with the issues she noted in the survey: workforce shortage, training/retraining of staff, reduced reimbursement, antimicrobial resistance, and culture-independent diagnostic tests. Participants were asked to share their survey observations...

“...pleased that ASM journals, books and meetings are highly valued.”

“...concerned that a large percentage of survey respondents were over 50 years of age. We need to attract and engage younger members.”

“...surprised by the number of ASM products that members did not know about.”

“...only 48% of the respondent think volunteer activities are important. Where is the next generation of leadership going to come from?”

Three employees—Brandon Ellis, MT (ASCP) laboratory supervisor, Renee Harris, MT (ASCP), laboratory supervisor, and Amelia Maters, MT (ASCP), MS, laboratory administrator—from Karen Carroll’s laboratory at Johns Hopkins joined the retreat by telephone to share their

reaction to the survey. The Hopkins team shared that the following survey data points resonated with them:

- Majority of respondents were near retirement which is relatable to their lab
- Workforce shortage and lack of skills were worrisome
- Advocacy is needed, need recognition of field and higher salaries
- Decreased reimbursement is a real issue
- Outreach to students is imperative
- Need competent staff. 70% of the diagnoses come from the lab

The Hopkins team shared that the following survey data point surprised them:

- Antimicrobial resistance was noted as the number one laboratory threat in the survey whereas for Johns Hopkins it is the workforce shortage and the loss of the classically trained microbiologist.

The Hopkins team did not think anything was missing from the survey but stated the following salient points:

- Need to increase advocacy and get younger people into the profession
- Should promote the profession to high school STEM programs
- A public awareness campaign is needed about the profession; the laboratory is vital to patient care.

Dr. Sharp remarked that the Johns Hopkins' team had similar responses to the survey data as ASM Leadership.

Dr. Cotter shared that she did not know about the clinical microbiology profession until she got a job as a bench tech. She stated that there is a lack of information and mentoring available to students. She suggested working with ASMCUE to ensure educators share information about the profession with their students, as well as having ASM members who are recent college graduates give presentations at high schools about the profession.

Dr. Campos asked the Johns Hopkins team how many of their colleagues were ASM members? They responded that very few were members, many do not know what ASM has to offer, and they associate ASM with the Microbe meeting. They shared that most are ASCP members since they hold ASCP certification and ASCLS members since it is promoted in college because it encompasses the entire clinical laboratory.

The retreat participants were then broken into working groups to identify and prioritize strategic initiatives. A summary of each group's discussion follows:

Group 1 (Peggy Cotter, David Craft, Beth Marlowe and Linoj Samuel): Advocacy was the priority for this group followed by workforce/mentoring. Advocacy fell into two categories—policy and the profession. The group stated that ASM needs to more aggressively

advocate for the profession. Specifically, for policy “We need to be at the table when the discussion is occurring and not after the decision has been made. We need to have increased involvement in reimbursement; we need to be going to FDA and Capitol Hill. We must be proactive rather than reactive.” For the profession, “We must advocate for the role of the clinical microbiologist. We need to commit resources to show our value and work to ensure clinical microbiologists are overseeing the clinical laboratory. We must also encourage increased involvement of bench technologists through mentoring and advocate for increased pay.” Specific suggestions to accomplish the priorities were:

- Need dedicated professional staff for this level of advocacy. Hire one or two appropriately qualified individuals to support PPC within one year.
- Clarify the role of various committees: PPC, PAC and Lab Practices.

Group 2 (Tim Donohue, Peter Gilligan, Barbara Robinson-Dunn and Marie-Claire Rowlinson):

This group’s priorities were outreach and communication. Specifically, “members need to be aware of what is going on at ASM and how to be involved. We need to reach beyond our CPHM track and engage with the other COMS tracks so together we can make the world a better place. We need to break down the silos and take advantage of COMS. We also need to attract and engage young people. “

Group 3 (Amanda Harrington, Alex McAdam, Kirsten St. George and Richard Thomson): The priorities for this group were workforce, advocacy and the ASM structure. “We need to encourage people in the workforce and conduct needs assessment at all levels of the profession so ASM can support everyone. We must advocate to the agencies and the general public. ASM is designed to meet the needs of the lab directors; there needs to be more offerings for bench techs. Bench techs need a role and a voice within the ASM structure.”

Discussion ensued among the larger group and it was suggested that MicroNow be used as a platform for networking during outbreaks and to identify individuals who may want to participate in research projects.

Group 4 (Joe Campos, Karen Carroll, Melissa Miller and Marylynn Yates): The priorities identified by Group 4 were communication, advocacy and a global meeting. “Members are happy with the science but not with communication. It is very fragmented and it is not easy to find out all that ASM has to offer. It needs to be distilled so members are aware of ASM activities; many members still do not understand the new governance structure. The perception is nothing is happening because members do not know where to find the information. It was suggested MicroNow be used to advocate for microbiology. Resources are needed for effective advocacy especially for the workforce.”

Dr. Campos suggested ASM have meetings outside of the U.S. since 54% of its membership is international. He recommended holding a meeting on Diagnostics in Southeast Asia which is a desperate need.

The participants then summarized the four groups' priorities: advocacy, communication/outreach and workforce, training/retraining and mentoring. The participants then broke into working groups to define the success metrics for each priority and a four-year timeline.

Advocacy Working Group

Two advocacy needs were identified—advocacy for the science and the profession.

Advocacy for the science. ASM must examine and streamline the committees' that are involved in advocacy. Staff support is needed so ASM's responses are written by staff, not volunteers. Other organizations have this level of staff support; we need staff to draft the content. It is challenging to rely on volunteers since they do not always have time and these responses need to be faster.

Advocacy for the profession. ASM must advocate that clinical microbiologists direct the clinical laboratories and be involved in all issues that impact the field (*e.g.*, who can bill? voice of new technology/initiatives—NGS, POC, stewardship).

There must be an annual assessment of progress by TBD oversight body.

Year 1. Examine all committees, streamline the structure and clarify roles to reduce the confusion caused by multiple committees with advocacy roles. All committees that advocate should be in one governance unit. Define a reorganization plan and write staff job descriptions to include that staff will write all testimony, opinions, and position papers for volunteer review.

Year 2. Hire staff: PhD clinical microbiologists who can draft all content and initiate, organize and coordinate committees' efforts.

Year 3. Committees identify and react to science and professional issues.

Year 4. Analyze progress to date and recalibrate as needed to ensure maximum impact. "How can ASM work better? ASM should be one of the leaders in advocacy and not chasing AMP or IDSA." By the end of year 4, ASM is the leader in advocacy and administrators understand the value of the clinical microbiology laboratory.

Dr. Campos said four years was too long and Dr. Thomson shared that it was not a four-year plan but more four phases to achieve the objective. Dr. Gilligan stated that the current structure of the three committees—CLP, PAC and PPC—is disjointed and confusing to all; a reorganization of these committees is needed. Dr. Marlowe said not to underestimate the gaps and hurdles associated with this objective. "We cannot be reactive; it will take time to develop the correct plan," she stated. Dr. Miller agreed and said that "We should not stand alone, collaboration is powerful but we are not the leader in issues that we should be. It is more than

writing letters, it is also being on Capitol Hill. IDSA goes to Congress much more often than we do. To get there, we need a strong volunteer/staff base first.” Dr. Bertuzzi agreed and said “if we think about how policy works now, we will not get there. We need to activate the stakeholders who are the ones to carry the message to the policy makers.”

Communications/Outreach Working Group

Communication was defined as inward, with members, and outward, to non-clinical members and other organizations. Year 1 focuses on inward and years 2-4 focuses on outward.

Year 1. Improve communication to Divisional Group I. Success is members will understand new governance structure and how to be involved/influence.

Communication suggestions included a weekly, color newsletter that is visually appealing and not all text. It should be posted to the website and it could include interviews, hot topics and updates from Capitol Hill. Dr. Sharp recommended it be modeled after GenomeWeb.com and Dr. Campos stated the AACC newsletter is also a good model. Success would be defined by website traffic.

Year 2. Broaden communication with other ASM tracks and outside of ASM (*e.g.*, chemistry, bioinformatics).

Year 3. Outreach on career opportunities at all levels.

Year 4. Improved website, communication and interdisciplinary interactions.

This plan stimulated many suggestions—

- Add a button to the asm.org homepage that says “ask your question here”
- Put a box on asm.org homepage that says “clinical microbiology” which lead the visitor to a clinical portal
- Include branch updates in the newsletter
- Need to develop better outreach to branches, universities and STEM programs
- Create a clinical microbiology you tube channel
- Outward communication is imperative. “Hit the CEOs and administrators”
- Invite political officials to our laboratory to learn about the importance of laboratory testing and its impact on patient care. Dr. Carroll will be hosting such a visit in the near future.
- Make content on website more discoverable. The current methodology is not intuitive.
- Make the website more user-centric vs. ASM-centric

Dr. Bertuzzi shared that the Communications/Marketing team is reworking asm.org to make it more user-centric. He said there should be a partnership created between the staff team and clinical leadership so leadership can advise on what content should be posted and where.

Workforce, Training/Retraining and Mentoring Working Group

The goal of this initiative is to develop alternative training pathways for medical technologists to infuse the workforce.

Year 1. Identify and advertise the programs that have existing alternative training pathways for medical technologists. Post ASM-developed videos to their sites to show the excitement of the profession, as well as the ASM website. Collect data from training sites that have these programs in place on what has been successful to help develop a 'road map' for other sites. Identify a master's student in health administration for a year 2 project.

Year 2. Collect data and develop a partnership with content developers. Work with a master's student to collect data on the impact of the loss of a technologist (retraining, downtime, loss of productivity and knowledge, etc.). Develop an alternative training curriculum and/or partner with a vendor that already has existing content. Advocate to hospital to pay cost up front if trainee successfully completes training and stays a certain period of time.

Year 3. Present data from master's student point of view to support the validity of the alternative approach to training medical technologists (e.g., it costs X dollars to lose a tech, but only X to train one on your own). ASM will help to implement the training and will advocate for them.

Year 4. Assess staff shortages and evaluate ASM's efforts to infuse workforce with alternative training pathways.

Dr. Sharp stated that the next step in moving these strategic initiatives forward is to share them with COMS on May 31, 2017. COMS will vet the suggestions and they will determine which should be acted upon. If there are budget implications, COMS will submit a funding request to the Board of Directors. Dr. Sharp will share the retreat outcomes at the upcoming Division C business meeting. She concluded the retreat by thanking all for their time and suggestions for conceptualizing the CPHM strategic initiatives for the next four years.

Post-retreat note: Drs. Karen Carroll (Division C Chair), David Craft (Division C Past-Chair), Peter Gilligan (Professional Practice Committee Chair), Barbara Robinson-Dunn (Divisional Group I Representative), and Richard Thomson, Jr (Division C Incoming Chair) met with ASM Microbe Program Committee Leadership, ASM Meetings Leadership and ASM Staff—Drs. Robin Patel (Microbe Program Co-Chair), David Hooper (Meetings Board Chair), David Aronoff (Microbe Program Co-Vice-Chair), David Relman (Microbe Program Co-Vice-Chair), Romney Humphries (2018 CPHM Track Leader), Susie Sharp (ASM President), and Mss. Kirsten Olean (Director of Meetings, ASM), Erin Dalder-Alpher (Program Manager, ASM Microbe) and Peggy McNult (Director, ASM Professional Practice Committee) at the 2017 Microbe meeting to discuss track leadership appointments and who is planning the 2018 CPHM track.

The planning meeting for the 2018 Microbe meeting will be held in August 2017 in Atlanta. Submission of suggestions for proposals (as well-developed as possible, being mindful of diversity, and trying to avoid speakers who spoke in 2017) are strongly encouraged. A call for abstract reviewers will be issued by Kirsten Olean's staff via the listservs; volunteerism is encouraged.

The goal of the Program Committee is to plan the scientific content of the meeting. The Program Committee Chairs select the track leaders. Romney Humphries is the 2018 and 2019 CPHM Track leader. The following will work with her on the CPHM track to plan the CPHM scientific content for the 2018 and 2019 Microbe meetings: Carmen Charlton, Robert Tibbetts, Karissa Culbreath, Colleen Kraft and Lixia Liu.

Discussion ensued about the morning plenary sessions and that some of the 2017 topics were not of interest to the clinical microbiology community. ASM Microbe Program Committee leadership indicated that they were aware of this and that in the future, they will work to ensure that either the topics are broad enough to be of interest to all or additional programming will be added to meet the audience's interest. Dr. Craft asked if the exhibit hall could be opened earlier in the day to allow more time for poster and exhibit viewing. Kirsten Olean indicated that the exhibit hours would be reviewed post-meeting.

ASM Microbe Program Committee leadership is still finessing bringing the two meetings - ASM General Meeting and ICAAC - together and the planning process will continue to improve. ASM Microbe Program Committee leadership wrapped up the discussion by thanking everyone for their feedback and encouraging submission of feedback.