



**AMERICAN
SOCIETY FOR
MICROBIOLOGY**

CPHM Retreat

March 16, 2021

3:00 PM – 5:00 PM

COMS Retreat Digital Meeting

Participants: April Abbott, Esther Babady, Stefano Bertuzzi, Matthew Binnicker, Michelle Bogdanovich, Susan Butler-Wu (co-chair), Karissa Culbreath, Christopher Doern, Omai Garner, Amanda Harrington (co-chair), Nicole Jackson, Amy Leber, Kara Levinsion, Diana Librizzi, Peggy McNult, Melissa Miller, Catherine Ort-Mabry, John Osiecki, Christine Rousseau, Marie-Claire Rowlinson, Linoj Samuel, Allen Segal, Trish Simner, Jonathan Stevens-Garcia, Mary Lee Watts and Christina Wojewoda.

Background: Every four years, two of ASM’s scientific communities meet to discuss strategic priorities for the next four years. The first CPHM retreat was in 2017 and this second retreat will focus on three topics: visibility of the lab and advocacy for the science and profession. Each topic will be discussed during a two-hour virtual meeting led by Amanda Harrington, ASM’s COMS CPHM Community Leader, and Susan Butler-Wu, ASM’s Division C Councilor. The first discussion focused on raising the visibility of the lab. The other two topics will be discussed in the coming months with other CPHM leaders and members.

Retreat’s Mission: Lay the groundwork for strategic initiatives for how to advance and promote the practice of clinical and public health microbiology.

Retreat’s Goal: Outline a four-year framework of strategic initiatives and priorities for clinical and public health microbiology. Coming out of the retreat, staff will use the information gathered to craft a plan for activities for consideration by the community leaders.

Retreat Topic: Visibility of the Lab

Consistent CPHM messages are “no one knows what the lab does,” “there’s no understanding of the labs contribution to patient testing/public health,” and “the lab isn’t where you give blood.” CPHM members want to raise the visibility of the lab to the healthcare team, c-suite, federal representatives and the public. Visibility is a tool, a gateway. In order to affect change visibility must be paired with action toward an achievable outcome. How can ASM support its members in raising visibility and what do they want that outcome to be?

Call to Order: The meeting was called at 3:02 PM with a welcome and introductions.

Stefano Bertuzzi, ASM CEO, provided opening remarks and asked the group to think about the future of CPHM, identify the biggest roadblocks in the development of the field and envision what would happen if those roadblocks were removed, as well as what can ASM do to make this happen.

Dr. Bertuzzi said at the 2017 CPHM Retreat three issues were identified—advocacy, communication and workforce—and provided an update on each. The most significant outcome was reorganization of key CPHM subcommittees into the CPHM Committee.

- **Advocacy.** The ASM Board of Directors approved restructuring of the Public and Scientific Affairs Committee and made investments that led to the hiring of Allen Segal and Mary Lee Watts. ASM is now at the table with the White House and other federal organizations, as well as working with sister societies when opportunities arise.
- **Communication.** A monthly CPHM newsletter was launched, there were more than 1,500 media mentions in major news outlets like *NY Times* and CNN during the pandemic and a dedicated website on COVID-19 and resources was created. The Communications staff is interacting daily with members and the public.
- **Workforce.** There are structural shortages and a need for a rapid surge of clinical and public health microbiologists. He mentioned the *NY Times* op-ed written by Robin Patel and him that made a specific proposal to buttress workforce needs. ASM is in active negotiations to launch a new microbiology certificate program that will provide individuals with a baccalaureate degree an opportunity to enter the clinical microbiology workforce.

In his remarks, Dr. Bertuzzi asked the group to reflect on the importance of what we committed to at the 2017 CPHM retreat and how the field has been transformed.

Drs. Harrington and Butler-Wu asked the group in advance to reflect on the profession's visibility. A series of questions were disseminated and discussed at the retreat. There was not enough time to discuss every question so all were asked to submit their responses post-meeting. These responses are italicized to indicate that it was not specifically discussed at the retreat.

-What are the CPHM visibility goals?

- Recognition as a healthcare provider/a member of the healthcare team
- An understanding that we have clinical and infectious disease training to read and interpret the tests we develop.
- Ability to put notes in patient's files (i.e. legally document recommendations and interventions)
- State licensure to make us recognized as part of the healthcare team, for funding, and representation throughout the healthcare continuum
- National recognition leading to local change at the individual hospitals
- Clinical microbiologists are a gold standard of care for all hospitals
- Studies on laboratory stewardship to capture data on how often we are consulted and how we impact patient care.

-Define success. What is different in four years?

- There is a person like me in every hospital.
- Maintaining the status gained with COVID exposure and continuing it for Sepsis, HIV, STIs, etc. 'a seat at the table'
- A lab consortium is formed (i.e. a more formal structure to partner with other professional societies).
- Generate visibility from state/federal for long lasting impact that we be recognized in the same light as nurses.
- Consult documentation/billing
- Recognition as a healthcare provider

- A doctoral-level clinical microbiology director in every mid-level-to-large hospital, is considered an essential member of the medical team, and who receives formal consults for which notes are put into the chart - because we are recognized as key, essential AND required healthcare professionals
- National recognition of ABMM certification
- All hospitals must have a laboratory stewardship program (similar to what is required for antimicrobial stewardship)
- Address the long-term viability of our profession
- National Standard for Best Practice in Laboratory Program; designation as a center of excellence
- Determine how many labs are out there and how many have directors
- Data capturing on impact of clinical microbiologists (saves)
- Develop a standard talking points sheet
- Leverage industry's influence on government and approach to messaging and marketing about our 'stories'
- *Obtain healthcare provider status for clinical microbiologists by both CMS and Joint Commission*

-Who needs to know about the diagnostic lab?

- CMS
- Joint Commission
- Federal and state policy makers
- *Private and public insurers*

-What should they know? What is the message?

- Understanding the distinction that CPHM Lab Directors are a dedicated group of professionals, not just scientists who happen to work in clinical and public health laboratories
- *The value that CPHM Lab Directors bring to individual patients and the physicians who rely on their expertise*
- *CPHM Lab Directors are necessary to provide the highest quality clinical care.*
- *CPHM Lab Directors provide the most appropriate testing, interpreting test results and ensuring quality results that guide treatment.*
- *Laboratories and laboratorians make your life better. From figuring out what is making you sick to figuring out what food/water/environmental contaminant can make many people sick, microbiologists improve people's health and life.*
- *CM lab directly impacts patient care, it's just not as obvious because we're not patient-facing. From diagnosis to treatment to length of hospital stay, the work done in the CM lab influences every individual needing care.*
- *Work w/them on the following issues: health disparities, healthcare delivery cost and efficiency, future pandemic preparedness. By engaging us as a partners in policy development, we offer solutions, not previously considered and a unique perspective that can help to create sustainable change.*

-How is the diagnostic lab unique?

- *Laboratories and laboratorians make your life better. From figuring out what is making you sick to figuring out what food/water/environmental contaminant can make many people sick, microbiologists improve people's health and life.*
- *Clinical microbiology lab directors are one of a few groups, even among laboratorians, that do not have a 'dedicated home' (i.e. professional organization solely representing this specific group)*

-What makes it different from the lab?

- *We should not dissociate from the lab. We weaken our position and potential partners in advocacy.*
- *We need to make an argument for clinical microbiologists and not against other sections of the lab.*
- *Clearer distinction between profession of diagnostic microbiology directors rather than as researchers/scientists in diagnostic space*

Next Steps

Ms. McNult said ASM staff will review the discussion and formulate a plan for how to raise CPHM visibility.

Closing items and actions for ASM:

- Data collection and determination of most influential criteria for example, patient outcomes, mortality rates, and number of labs.

Adjourn

The meeting adjourned at: 5:00 PM.