ANNUAL REPORT: July 1, 2011-June 30-2012
An Update on ASM’s Clinical Activities

Introduction
ASM established the Professional Practice Committee (PPC) in 2011 as a Standing Committee of the Council Policy Committee, ASM’s Executive Leadership Board. The PPC’s mission is to oversee ASM’s professional activities, provide a mechanism for coordinated communication with members and ASM leadership, and advocate for the professional needs of practitioners. The PPC oversees the American College of Microbiology, Clinical Microbiology Mentoring, the Clinical Microbiology Portal, Evidence-based Practice Guidelines, and Practical Guidance for Clinical Microbiology.

Since it is one of PPC’s responsibilities to coordinate communication, I have asked for an update from ASM’s volunteer leaders who oversee ASM’s myriad of clinical offerings. Their summaries are below, as well as their names and emails. I encourage you to contact them with your questions and suggestions so ASM can continue to work to meet your professional needs.

Peter H. Gilligan, Ph.D., D(ABMM), PPC Chair, gilliganncphd@gmail.com

American College of Microbiology (ACM)
The ACM oversees ASM’s certification and accreditation activities. This has been a busy and important year for all certification and accreditation activities, consequences of which will shape the professions for years to come. Collectively, there were important discussions this year that impact all or many of the College’s activities:

- The American Board of Medical Microbiology (ABMM) conducted a job analysis survey, as has been done periodically over the years, to ensure that the Board’s examination is reflective of the current duties and responsibilities of a clinical microbiology laboratory director. Two hundred certified ABMM Diplomates completed the survey. Their collective responses are being used to update the examination. This will ensure that the examination is consistent with the current practice of medical microbiology.

  Beginning in 2013, the examination will be administered during the month of October. Notification of these changes and an outline of examination topics have been posted to the ABMM application website, www.microbiologycert.org. New practice questions will be posted in October 2012. The ABMM has also collected salary data using a survey of Diplomates. This information will be circulated and published when completed.

- The American Board of Medical Laboratory Immunology (ABMLI) continues the on-going challenge of cost neutrality (breaking even). Fewer face-to-face meetings and participation with other immunology organizations are being used or investigated to achieve budget neutrality. Board leadership has been challenged with the task of justifying the need for annual examinations.

- The National Registry of Certified Microbiologists (NRCM) is developing an effective advertising vehicle for the various certification examinations it offers. It will highlight personal statements
underscoring the value of certification with photographs and short biographies which have been shown to be a persuasive and compelling testament for certification. This advertising approach is being considered for use to popularize the ABMM and ABMLI examinations.

The Committee on Postgraduate Educational Programs (CPEP) completed revision of its “Operational Procedures”. Although no significant changes occurred, a proposal to extend the reaccreditation period from seven to ten years was not accepted at this time. This represented a cost-saving step that the program directors did not think was necessary.

Richard B. Thomson, Jr., Ph.D., D(ABMM), ACM Dean, RThomson@northshore.org

Clinical Microbiology Mentoring Committee (CMMC)
The CMMC has been exploring ways ASM can help all levels of current or prospective clinical microbiologists with their career development. At the 2012 General Meeting, CMMC participated in multiple scheduled mentoring events including the Careers Forum, Mentoring Breakfast, and Student Lounge. In addition, mentoring sessions were organized in the Clinical Microbiology Lounge during which time those seeking career advice were able to meet one-on-one with a practicing director or supervisor-level clinical microbiologist. Forthcoming plans for the CMMC include: developing a “find a clinical microbiologist mentor” feature on an ASM web portal; preparation of mentoring packets for others who wish to mentor; and expanding on tips for how students can prepare for a career in clinical microbiology.

Janet Hindler, MCLS, MT(ASCP), CMMC Chair, jhindler@ucla.edu

Clinical Microbiology Portal, http://clinmicro.asm.org
The monthly Hot Topics forum was launched in February 2012 and a new topic has been presented each month. The number of subscribers to the Hot Topics has grown from 200 at inception to over 600 to date. The number of Portal visits to the site has continually increased from January through June of 2012, currently at about the same number of monthly visits as the ASM’s Publications site. A volunteer position has been added as the featured content administrator to ensure up-to-date and timely "headlines" for visitors to see on the landing page of the Portal.

J. Michael Miller, Ph.D., D(ABMM), CM Portal Chair, jmm8@comcast.net

Clinical Microbiology Reviews (CMR)
Irving Nachamkin from the University of Pennsylvania retired as Editor-in-Chief after ten years of service. He recruited and transitioned a new Editor-in-Chief, Jo-Anne Young from the University of Minnesota, whose term began on July 1, 2012. Several editors also retired after years of outstanding service to CMR including Bruce Hanna from NYU (ten years), Joe Domachowskes from SUNY-Syracuse (ten years), and Angie Caliendo from Emory University (five years). Several new editors were recruited to work with Dr. Young: Helen Fernandez, UMDNJ-New Jersey Medical School; Marie Landry, Yale University School of Medicine; and Alex McAdam, Boston Children’s Hospital.

CMR’s impact factor increased to 16.129 in 2011 and ranked second of 112 journals in microbiology (ISI Journal Citations Report). The journal’s leadership also worked with the Professional Practice Committee
to develop a program to potentially publish future issues of Cumitechs (now called Practical Guidance for Clinical Microbiology), as well as Clinical Microbiology Practice Guidelines as special articles in CMR.

Irving Nachamkin, Ph.D., D(ABMM), Former CMR Editor-in-Chief, Irving.Nachamkin@uphs.upenn.edu

Committee on Laboratory Practice (CLP)

- The CLP, in coordination with the Pan American Society for Clinical Virology (PASCV), submitted comments to the Food and Drug Administration (FDA) on the June 1, 2011 Federal Register Notice of Draft Guidance entitled “Commercially Distributed In Vitro Diagnostic Products Labeled for Research Use Only or Investigational Use Only: Frequently Asked Questions”.

- CLP member Melissa Miller provided comments to the FDA Microbiology Devices Panel of the Medical Devices Advisory Committee regarding the reclassification of molecular diagnostics for the rapid detection of Mycobacterium tuberculosis. We strongly supported the reclassification of molecular diagnostic devices for the detection of M. tuberculosis (MTB) from PMA approval to 510(K) clearance.

- The committee provided comments to the CDC on “Recommendations for the Laboratory Detection of Chlamydia trachomatis and Neisseria gonorrhoeae”.

- Eileen Burd and Alice Weissfeld are working with CLSI and participating in the update of EP-19 which will focus on Laboratory Developed Tests (LDTs).

- New committee member Audrey Schuetz is the committee liaison to IDSA and is currently working on Antibiotic Stewardship.

Susan Sharp, Ph.D., D(ABMM), CLP Chair, Susan.E.Sharp@kp.org

Continuing Medical Education (CME)

It was decided that CMEs would not be offered at asm2012 and alternatively, ASM was approved to award P.A.C.E. continuing education credits. For the General Meetings held in 2008-2011, approximately 400 M.D.s registered for the meeting and only 75 claimed CME certificates. Based on these relatively low numbers, ASM agreed that the cost per CME certificate was significant and concern was also expressed regarding the additional paperwork requirements for CME compliance. ASM currently contracts with a CME provider for ICAAC and this group was asked to provide a quote for accrediting 13 hours of education at asm2013. The estimated fee is $20,000. The Meetings Board and the Professional Practice Committee are working together and trying to resolve these issues; they will be presenting their recommendations to the Finance Committee on September 29th.

Ellen Jo Baron, Ph.D., D(ABMM), Divisional Group I Chair, ejbaron@stanford.edu

Division C

At the Division C (Clinical Microbiology) business meeting, updates were presented by a number of speakers including David Hooper, M.D., President of ASM. Of particular interest was the Update on Clinical Microbiology Initiatives by ASM (Hooper), as well as the Clinical Microbiology Portal (C. Doern for M. Miller) and new enhancements coming for the Journal of Clinical Microbiology (G. Doern). Two
issues of concern to many Division members were the change from CME credit to P.A.C.E. credit and having the General Meeting Program Committee handle all decisions on workshops. Division members were encouraged to make their continuing education needs known on the survey that would be sent to all attendees after the meeting.

Barbara Robinson-Dunn, Ph.D., D(ABMM), Past-Chair, Division C, brobinson-dunn@beaumont.edu

Evidence-based Practice Guidelines (EBPG)

EBPGs are developed by adhering to systematic review methods that are transparent, objective and rigorous. They provide evidence-based information to healthcare stakeholders, about the effectiveness of quality improvement practices. ASM embarked on development of EBPGs in 2011 and was simultaneously approached by CDC and asked to partner with them on development.

ASM and CDC are researching, "What practices are effective at increasing timeliness for providing targeted therapy for those patients who are admitted for or are found to have bloodstream infections (e.g., positive blood cultures to) to improve clinical outcomes (LOS, antibiotic costs, morbidity, mortality)?"

We have also embarked on the development of a second guideline that will analyze, “Does optimizing the collection, preservation and transport of urine for microbiological culture improve the diagnosis and management of patients with urinary tract infection?" It is anticipated that both guidelines will be published in the first half of 2013. The long term goal is to publish two new guidelines annually.

Alice Weissfeld, Ph.D., D(ABMM), EBPG Chair, alice@microbiologyspecialists.com

Journal of Clinical Microbiology (JCM)

2011-2012 has been a good year for JCM. From July 2011 through June 2012, 2,661 manuscripts were submitted to JCM for consideration; of these, 32% were published. The 2011 JCM impact factor, released in June 2012, remained steady at 4.15, and indicates that JCM remains the foremost journal in the discipline of clinical microbiology worldwide.

The Mini-review, Commentary, and Point-Counterpoint features contributed substantially to the appeal of JCM. The new Photo Quiz feature also has been popular with readers. In addition, in 2012, a feature appeared for the first time in which brief biographies of individuals who have made seminal contributions to the field of clinical microbiology are published quarterly.

In September 2011, JCM became the first of the ASM journals to publish a special supplement issue. The free supplement (http://jcm.asm.org/content/49/9_Supplement) presented the proceedings of “Camp Clín Micro,” a closed symposium in clinical microbiology that was held in Houston in February 2011. This supplement has been a great success. On average, articles in the supplement were accessed almost four times more frequently than articles in the regular September issue. Finally, we have good news for authors: JCM turnaround times have improved substantially since adoption of the eJournal Press peer review system in July 2011. Authors now receive decisions on their submitted manuscripts within about 31 days on average, an improvement of almost 50% over 2010.

Gary V. Doern, Ph.D., D(ABMM), JCM Editor-in-Chief, gdoern@nc.rr.com
Professional Affairs Committee (PAC)

- Ongoing contributions to processes affecting CPT code development through membership on the Pathology Coding Caucus.
- Ongoing contributions to processes affecting reimbursement for clinical laboratory services through recommendations made on appropriate fee schedule amounts and placement.
- Ongoing collaboration through the Coordinating Committee on the Clinical Laboratory Workforce (CCCLW) to raise awareness of the negative consequences of the clinical laboratory workforce shortage and share ideas about approaches to solve the problem.
- Ongoing review of impending regulatory changes and legislative agendas that are likely to affect clinical laboratories. Of note in 2012 were comments made regarding proposed changes to the “Common Rule” that could impact specimen availability for clinical research and clinical laboratory verification and validation.

We are also closely following potential effects of health care reform and the 2010 PPACA through participation on the Clinical Laboratory Coalition.

Vickie Baselski, Ph.D., D(ABMM), PAC Chair, vbaselski@uthsc.edu

PAC-CLP Shared Projects

- Sentinel Laboratory Protocols are currently being revised and expected by the close of 2012.
- ASM/APHL/CDC are drafting best practice guidelines for Campylobacter diagnosis, also expected for the close of 2012.
- ASM joined with the Clinical Laboratory Coalition (CLC), a group of laboratory and health care organizations, representing America’s community, regional, and national laboratories and asked key members of Congress to oppose any cuts to the Medicare Part B Clinical Laboratory Fee Schedule as they worked to address physician pay cuts.

Practical Guidance for Clinical Microbiology (PGCM)

PGCM has replaced ASM’s published series, Cumitechs. PGCMs will be published in a peer-reviewed journal which will increase their distribution and utility. A survey was sent in early September to all members of Divisional Group I to help determine the topic publication schedule. One PGCM is already underway, Laboratory Diagnosis of Bacterial Diarrhea; it is anticipated that it will be published in 2013.

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