Bulletin... WINTER 2007

The Pennsylvania Radiological Society

A Chapter of the American College of Radiology

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Please note the new WEBSITE ADDRESS

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MEMBERSHIP: All inquiries and requests for membership application to The Pennsylvania Radiological Society should be directed to the Executive Director, Robert P. Powell.

I. PRESIDENT'S MESSAGE — David S. Buck, MD

Pennsylvania Radiologists are entering their 91st year spearheaded by the organization that was started to allow them to gather in a common forum, the Pennsylvania Radiological Society. Unfortunately, not all of Pennsylvania's radiologists are members. I'm not sure why this is, and as long as I have been on the Board of Directors it has been a perennial question. There are two schools of thought I have heard: (1) The organization does not represent the interests of all radiologists, or (2) Since the Society has members who support it and since it already accomplishes goals that protect or strengthen my practice, it's not important for me or my group to bother spending [a little] money to belong.
I want to remind all of my colleagues across our state that it is important to protect our specialty while you practice. It is important to protect our specialty for the future. That is, unless you don't think the specialty is worth it.

Is Radiology bound to be broken into a hundred separate pieces, each piece unique to a body part? Well, standing at this point of the time-space continuum, you'd think it was a done deal. But, I think that Radiology is evolving like all of Medicine…as it always has. Our unique approach to diagnosing and treating patients has almost always put us in the wonderful position of having very few conflicts of interest: do what is best for the patient and call it as you see it. So, as we look at what the PA Radiological Society has done for all Pennsylvania Radiologists, it seems that there is little that it does that doesn't affect all of us. Each Radiologist, from Waynesburg to Scranton, from Erie to Philadelphia, is invited to get involved. You don't need to give up much, and you'll learn a lot more about your specialty. Email me or call our office and you'll soon be talking to some people glad to have you involved.

Our present project to be active with residents throughout the state continues. Philadelphia has seen much success in interacting with residents training there, thanks to Dr. Peter Arger's tireless efforts. We have also had meetings in the Central part of the state. Soon, I hope to see efforts come together in the Pittsburgh area to allow residents to interact with Society members and learn what organized Radiology is about. We may even talk a few of them into staying in Pennsylvania!

We continue to try to keep lines of communication open with insurers in Pennsylvania. Your input is vital so that we can identify trends and issues. We are well aware of how the insurers are pressuring Radiology practices, but this dance is a long one, and wallflowers don't win. If you noticed, for instance, that the Highmark/NIA guidelines changed from the ones originally proposed, I can assure you that we were in there giving honest, patient-centered advice on what the proper guidelines should entail. For the most part, that's what you see in the guidelines today.

Governmental relations just got real interesting in a hurry. Our lobbyists and I will need to have a long talk about where the changes in the Pennsylvania and US legislatures put us. However, we have been very active in Pennsylvania finding supporters for our positions and will continue to push for legislation that is good for patients, Radiologists, and Pennsylvania. I think that we'll just have to make some new friends! We may ask for your help in this regard, especially for new legislators whom you may know better than we do. Definitely stay tuned as this starts to sort out.

Finally, I look forward to once again taking the Society to a new meeting venue in October 2007. It has been a couple of decades since the Steel City has played host to an Annual Meeting, but that ends this year as I invite all Radiologists to join me in Pittsburgh for our annual meeting. One thing that won't change is our usual high-quality educational program chaired by our Past President and perennial program Chairman, Dr. Robert Pyatt. Last year's program included updates on the state of Radiology from the ACR, a discussion of teleradiology, a briefing from Roger Mecum from the Pennsylvania Medical Society, and an afternoon session devoted to CT and MRI in cardiac imaging with an excellent panel of national experts. If you missed that, I'm telling you, you missed some great lectures. All in one day. And all credits could be claimed as patient safety-related credits. That's what we call a home run.

Thanks to Bob Pyatt for his great leadership as President last year and to all of the Past Presidents who have helped teach me about the "other part" of Radiology. Thanks also to Mr. Robert Powell, your Executive Director, for his tireless behind-the-scenes work that makes our job easier. My friend, Dr. Tom Chang, will continue to be the Editor of our Bulletin, and you are all fortunate for that. Thanks Tom.

Have a safe and pleasant winter. And I look forward to meeting many of you soon.

II. EDITOR'S COLUMN — Thomas S. Chang, MD

At our Annual Meeting this fall, I once again experienced the camaraderie and collegiality that the Pennsylvania Radiological Society has fostered throughout its existence. These days, with all of us working harder than ever, sitting more and more in front of a workstation or computer monitor (just as I'm doing now), and probably interacting less and less with our colleagues outside our own practices, it's a breath of fresh air to attend the Annual Meeting and reconnect with friends from across the state, as well as meet some new faces attending for their first time.

We have a bunch of great people in our Society, all dedicated to the betterment of patient care through quality imaging. I emphasize the word *dedicated* because it sure has taken lots of dedication to deal with a shortage of radiologists in many parts of the state brought on by malpractice and reimbursement issues. With many of the dreaded "DRA" (Deficit Reduction Act) provisions taking effect this January, the end is unfortunately not yet in sight, but we continue to fight for what's best for patient care in imaging, namely quality and access.

But I digress. At the annual banquet, it was an inspiration to me, as it is every time I attend, to see so many of the former Presidents of the PRS attending and showing their support for the new President and for the younger generation. I agree with our Society's push to expose the residents in our state to what we as a society do and can offer them. We cannot survive in the long run without active involvement of our younger brethren.

For those of you who haven't been to one of our Annual Meetings or haven't been to one in a long time, you owe it to yourself to attend. Next year's meeting will be in Pittsburgh. So those of you in the western part of the state have no excuse for not attending on account of distance.

On a related note: At the meeting, I was re-elected to serve as the Editor of the *Bulletin* for another three years. I'm honored! I know it will again take a big chunk out of my already-hectic schedule, but I'm ready to take the plunge for another term.

As I look back on the first three years, a few items stand out in my mind. Our Society was awarded the ACR Chapter Recognition Award for Excellence in Communications in 2006. We also started a regular feature in every issue, the invaluable Coding Q&A column, which was very capably authored by Dr. Rich Duszak. Now that he has relocated out-of-state, he has handed the reins over to Dr. Eric Rubin, who continues the series with his first excellent article in this issue.

We are also proud to announce the unveiling of our new website:

www.paradsoc.org

We decided it was time for the Society to have a fresh new look online. You'll notice a more visually appealing interface. I would love to hear from all of you about what you'd like to see included on the web site. As a perk for groups that have 100% membership in our Society, we are hoping to provide a jobs listing section on the web site. But that's still in the developmental stage at this point.

Also in this issue: Dr. Buck's inaugural President's column; Dr. Pyatt's plans for the 2007 Annual Meeting CME program; Dr. Love's news about fellowship nominations and his reminder about the July 1, 2007 deadline for submission of nomination forms for ACR fellowship; Dr. Goldberg's recap of the latest in a series of PRS-sponsored informational meetings for the Resident and Fellow Section; and finally, Mr. Beautyman's and Mr. Alvstad's legal news highlights, including an item about a $366 million verdict in a peer review case and an article about the large surpluses carried by the various Blue Cross organizations in Pennsylvania.

I wish all of you a very Happy New Year! This winter has been unseasonably mild, which has caused some ski resorts to start praying or making sacrifices to the Snow Gods. But I have no doubt that real winter weather will soon arrive. My hope is that when that time comes, spring will be just around the corner, which will mean time for the annual ACR meeting in Washington, DC. Think Spring!

III. CODING Q & A — Eric Rubin, MD

I would like to thank Rich Duszak for offering to me the opportunity to be responsible for this segment of the PRS newsletter. I wish him good luck in his southward migration.

Spine CT Reformatting

"During trauma workups our surgeons often ask for focused image reconstructions of the thoracic and lumbar spine to be created from an initial CT of the chest, abdomen, and pelvis. How should we bill for these examinations?"

Since a dedicated study of the spine was not initially performed, it is not appropriate to bill for a spine CT acquisition of that body part. However, the images that are created utilize technical time on the part of both the technologists and the radiologist. Furthermore, there is equipment cost involved, such as utilization of a workstation or the scanner console to create the images. This was previously reviewed on pages 8 and 9 of the Spring 2006 issue of *Clinical Examples in Radiology*:

> *"With regard to physician professional services, if a full and complete spine interpretation is requested subsequently from reconstructed data (e.g., from the trauma series performed for an abdomen evaluation), it is appropriate to code for the additional professional services by reporting the appropriate 70000 series CT CPT spine code(s) appended by modifier 26.*

For technical services, there is staff work and expense involved in such services (e.g., the technologist has to reformat images, send to picture archiving communication system (PACS) or film, etc.) but not to the degree of a full and complete de novo *scan (i.e., no in-room tech time with patient, no data acquisition). Therefore, it is recommended that the technical component code reflecting the subsequent spine reconstruction be appended with modifier 52 to indicate that services were reduced."*

Thus, the global or technical CPT billing code for a thoracic spine CT from reconstructed images is 72128 with a -52 modifier and 72131 with a -52 modifier for lumbar spine CT from reconstructed images. The professional billing codes for a reconstructed thoracic spine CT from reconstructed images is 72128 with a -26 modifier and 72131 with a -26 modifier for lumbar spine CT from reconstructed images.

Note that as of January 1, 2006, it is no longer appropriate to bill for sagittal and coronal 2-dimensional reconstructions.

Reporting CT Abdomen and Pelvis

"During the reporting of CT of the abdomen and pelvis, is it necessary to specifically mention the pelvis as a separate component of my report?"

Although not specifically required by CMS for reimbursement of CT abdomen and pelvis for Medicare patients, private insurers may deny reimbursement for the pelvic portion of the CT if a specific mention of the pelvis or pelvic organs is not included in the report. Furthermore, it is a good idea to specifically report the abdominal organs separate from the pelvic organs in order to provide supporting documentation should any audits by your payers occur in the future. This will support the fact that two separate studies were performed and billed. Finally, documentation that both a CT of the abdomen and pelvis occurred through a description in your report will make the job of your coders easier and more accurate. For these reasons, the ACR recommends that a specific description of the pelvis occur during the reporting of a CT of the abdomen and pelvis.

IV. LEGAL NEWS HIGHLIGHTS — Michael J. Beautyman and Stephen Alvstad

Damages in Peer Review Case of $366 Million, Merely Because Department Chair Summarily Suspended Privileges Pending Investigation and Told Physician He Was Not Permitted to Consult an Attorney

The U.S. District Court for the Northern District of Texas recently ordered that a defendant Hospital and three of its physicians pay a physician-plaintiff over $366 million in damages, stemming from their mishandling of peer review proceedings.

The case, Poliner v. Texas Health Systems, involved a cardiologist, Dr. Poliner, who maintained privileges at Presbyterian Hospital Dallas ("PHD"). Between September 1997 and May 1998, several of Poliner's cath lab and echocardiography cases, including one which resulted in a patient's death, came under scrutiny and were submitted for review. While the cases were under review, Dr. Knochel, Chairman of PHD's Department of Internal Medicine, confronted Poliner and demanded that Poliner agree not to exercise his cath lab privileges while the four cases were being reviewed. Knochel further told Poliner that if he did not agree to this "abeyance," Poliner's privileges would be summarily suspended.

At the peer review stage, PHD's Medical Staff Hearing Committee issued a report approving of the abeyance, but restored Poliner's privileges. PHD's Board accepted these recommendations. Poliner appealed to PHD's Appellate Review Committee, which upheld the decision of the Medical Staff Hearing Committee. The Board in turn ratified the Appellate Review Committee.

Subsequently, in May of 2000, Poliner filed a Complaint in federal district court. The Complaint named PHD and Knochel as defendants, as well as Drs. Levin and Harper, director of the cath lab and Chief of Cardiology, respectively. Poliner's Complaint also named the individuals who sat on two of PHD's peer review boards that had reviewed his cases. Poliner alleged several causes of action in the Complaint: (1) state and federal (Sherman Act and Clayton Act) conspiracy claims; (2) breach of contractual (Hospital Bylaws) due process; (3) defamation; (4) tortious interference with business; (5) tortious interference with prospective advantage; (6) state Deceptive Trade Practices Act violations; (7) intentional infliction of emotional stress; and (8) equitable remedies (restraining order, injunction, and declaratory relief).

The court dismissed Poliner's conspiracy claims as to all defendants at the summary judgment stage, but dismissed the other counts of the Complaint only as to the individuals who served on PHD's review boards at this point. The latter defendants were protected by the immunity provisions contained in the Health Care Quality Improvement Act ("HCQIA") and a similar Texas statute, according to the court.

The court declined to grant summary judgment in favor of the hospital and Drs. Knochel, Levin, and Harper on the grounds of peer review immunity, however. In doing so, the court cited three significant requirements for such immunity: (1) that action be taken in furtherance of quality health care; (2) that a reasonable investigation be undertaken before taking action; (3) and that adequate notice and a hearing be provided. Because there was a factual issue as to whether the hospital, Knochel, Levin, and

Harper complied with these requirements before demanding that Poliner hold his privileges in abeyance, the court denied their motion for summary judgment. The matter thus proceeded to trial.

At the trial, the jury found in favor of Poliner on all his claims and awarded him $366,210,159.30 in compensatory and exemplary damages. The court focused on Dr. Knochel's conduct in upholding the verdict. It stated that at the time Knochel required Poliner to hold his privileges in abeyance, Knochel did not have enough information to determine that Poliner was a present danger to his patients. Indeed, Knochel conceded in testimony that "we didn't determine that Dr. Poliner was a present threat to his patients at that particular point. That is why we asked for an abeyance to investigate to see if he was in fact dangerous to his patients." The court also cited the fact that Knochel did not present Poliner with any alternative to the abeyance besides immediate suspension of his privileges. There was also evidence that Knochel advised Poliner that he was not allowed to contact an attorney. Under these circumstances, it was concluded that the defendants' actions were not taken with a reasonable belief that they furthered patient care, were not taken after making a reasonable effort to obtain the facts in the matter, and were not taken after adequate notice and a hearing, all of which are required for peer review immunity.

Blues Again Face Suit Over Surplus/New Life For Suit Against Blues

Moribund for 4 years, the case about how much is needed was revived by the state Supreme Court.

Independence Blue Cross is again facing a court challenge to its billion-dollar-plus surplus, which critics call excessive given the insurer's nonprofit status and the ever-increasing cost of health insurance.

A lawsuit filed five years ago by the owner of a Bensalem appliance store, who wants Independence Blue Cross to return part of the surplus to insurance buyers, appeared all but dead until a week ago.

Then, on Nov. 22, the Pennsylvania Supreme Court reversed a December 2002 Commonwealth Court decision dismissing the case.

The Supreme Court's order, accompanied by a 15-page opinion, sends back to lower courts the class-action suit and three similar ones, each against one of the state's four Blue Cross and Blue Shield health plans.

The cases have yet to address whether the surpluses are excessive. Independence Blue Cross, the region's largest health insurer, had a surplus of nearly $1.2 billion at last year's end, up from $689.6 million in 2001, when the lawsuit was filed. The Pennsylvania Insurance Department has determined for two years in a row that the surpluses are not excessive.

The proceedings instead have hinged on who gets to determine whether the Blues breached their obligations as nonprofits by keeping too much money in reserve and not using it to lower rates or help the uninsured.

The insurers have argued that the size of the surplus is a regulatory matter for the Insurance Department, which sets rates and approves the reserves that insurers must keep to cover costs in widespread emergencies.

That point of view was shared by Commonwealth Court when it dismissed the suits and by Supreme Court Justice J. Michael Eakin, who wrote a dissenting opinion in the case. The Insurance Department also agrees.

However, the State Supreme Court said the Commonwealth Court must determine whether the plaintiffs – health insurance policyholders – have standing to sue on two aspects of nonprofit law: the use of the surplus and the opening of the Blues' books to outside inspection.

Size of the Surpluses

The Pennsylvania Insurance Department has approved the 2005 surpluses of the state's four Blue Cross/Blue Shield health insurers. The following figures were compiled from line 31, total capital and surplus, of the 2005 year-end statements:

Hospital Service Assn. of N.E. Pa.	$409,958,094
Capital Blue Cross	$658,120,368
Independence Blue Cross	$1,186,958,463
Highmark Inc. (d/b/a Highmark Blue Shield)	$2,844,614,732

SOURCES: Pennsylvania Insurance Department, *The Philadelphia Inquirer*

American Employers Look Abroad for Employee Health Care

Overwhelmed by rising health care costs, self-insured American employers are entering into so-called medical tourism agreements, which allow their employees to receive health care abroad. Such care costs only a fraction of what it costs in the U.S. A heart valve replacement surgery, which would cost somewhere between $68,000 and $198,000 in the U.S., costs just $18,000 in India, for example. That $18,000 includes a 10-day hospital stay (compared to just three days if the patient were treated in the U.S.), round-the-clock nursing care, travel expenses for a companion, and eight-days of convalescing at a resort.

The savings are made possible by lower labor costs in those nations, with a growing perception that quality of care is not compromised. Accreditation for these foreign hospitals is typically provided by either the International Standards Organization or the Joint Commission International, an affiliate of JCAHO. Moreover, physicians at those facilities are frequently educated and have obtained board certification here in the U.S. Proponents of medical tourism also note that data suggest other nations have equally low, and indeed, lower, medical error rates than American physicians.

Medical tourism arrangements are not without their detractors. Skeptics foresee problems if the employers who use them begin to send employees to non-accredited facilities or to non-board certified physicians. Others believe that most patients would be unwilling to travel so great a distance. They note that patients are typically reluctant to travel to Centers of Excellence within the U.S. and thus believe that patients would be even less inclined to travel farther from home. Chuck Kelley, medical director at Outrigger Enterprises, Inc. in Honolulu explains that "[h]ealth care treatment is a very personal issue for Americans and when they are sick, they want to be close to their family and in the care of providers that they know and trust…," regardless of quality or cost.

V. FELLOWSHIP COMMITTEE REPORT — Michael B. Love, MD, FACR, Chairman

Newest Fellows

The degree of Fellowship in the American College of Radiology was conferred upon the following Pennsylvanians at the April 2006 meeting of the ACR:

- Joseph Ciotola, M.D.
- Thomas Chang, M.D.
- Anna Lev-Toaff, M.D.
- Diane Strollo, M.D.

Pending Nominees

The results of the ACR review of pending nominees has been received, and I am happy to report that the nominations of Indra Das, Ph.D., Richard Duszak, Jr., M.D., Keith Haidet, M.D., William Herring, M.D., Carolyn Meltzer, M.D., and Donald Mitchell, M.D. have been approved. All four will become Fellows in 2007.

Announcement of New Cycle for Submission of Fellowship Nomination Forms

The next cycle for consideration of new nominations has begun. Members are urged to review the qualifications for Fellowship approval; these vary with length of membership and are readily accessed from the ACR web site (www.acr.org) or our Society's web site (www.paradsoc.org). Anyone wishing to discuss his/her Fellowship potential should feel free to call me at any time at 215-829-6657. **All nomination materials must be prepared in complete compliance with the following procedures and should be sent directly to me, NOT TO THE ACR OR THE PENNSYLVANIA RADIOLOGICAL SOCIETY.** Failure to comply fully with the following procedures may result in delay in Fellowship consideration. The strict deadline for receipt of completed Fellowship nomination dossiers is July 1, 2007.

Procedures for Completing and Submitting Nomination Forms for Fellowship in the ACR

1. The Nomination Form MUST BE TYPED. Handwritten copies are not accepted by the ACR and will be returned to their source.

2. Only current Nomination Forms are acceptable. If a fellow candidate did not receive the form from a representative of the Pennsylvania Radiological Society (PRS), he/she should check with the PRS Office to make sure that he/she is using the current form. The phone number is 717-898-6006.

3. If a fellow candidate does not have a typewriter or would prefer to use his/her computer to complete the form, he/she may access the current version of the form, as follows: a) go to www.acr.org; b) click on the "Member Services" tab from the menu at the top; c) click on "ACR Fellowship Guide"; d) Click on Fellowship Nomination Form. You will need Acrobat Reader to access the form from the website. If you do not have Acrobat Reader, click on "PDF Format" instead of "Fellowship Nomination Form" and you will find downloading instructions. Once Acrobat Reader has been downloaded, click on "Fellowship Nomination Form." Once you complete the form on the computer, YOU MUST PRINT OUT THE COMPLETED FORM FOR SUBMISSION. You cannot submit an electronic version of the form to the PRS or ACR.

4. DO NOT USE "see attached CV" to complete any section of the form. If there is not enough room in a particular section, a separate sheet should be used.

5. Full addresses for both office and residence, along with phone numbers, fax numbers and e-mail address(es) are required.

6. A printed copy of your current curriculum vitae should be appended to the form.

7. An electronic version of your current curriculum vitae must be submitted. E-mail submissions of your curriculum vitae to lovem@pahosp.com are acceptable. Alternatively, a diskette or CD containing the curriculum vitae can be appended to the nomination form. The electronic version must be identical to the printed copy.

8. A minimum of two sponsors must sign and date the Nominating Form in the Endorsement Section. Sponsors must be fellows of the ACR in good standing. One of the sponsors must not be in practice with the candidate. If it is inconvenient for a sponsor to physically sign the form, it is acceptable to fax a copy of the endorsement page to the sponsor, who can then sign the faxed copy and return it by fax to the candidate.

9. Sponsors must also write a letter of recommendation to endorse the candidate. These may be sent to the candidate to append to the form or they may be sent independently to Dr. Love. Nominees may solicit more than the minimum two required letters.

10. Completed Nomination Forms with all necessary attachments must be submitted to: **Michael B. Love, MD, Chair, PRS Committee on Fellowship, 205 E. Fiedler Road, Ambler, PA 19002.**

11. The deadline for receipt of completed Nomination Forms is JULY 1st of each year. Candidates are urged to submit in advance of this date so that there is time to correct any errors or omissions prior to the deadline. DEADLINES ARE STRICT. FORMS RECEIVED AFTER THE DEADLINE WILL NOT BE CONSIDERED UNTIL THE FOLLOWING YEAR. FORMS WITH SIGNIFICANT ERRORS OR OMISSIONS WILL BE RETURNED TO THEIR SOURCE FOR REVISION.

To summarize, July 1, 2007, is the next strict deadline for receipt of all components of a completed nomination form. Those submitting nomination forms by that deadline will undergo both state and national review. If approved at each stage of the review process, the candidate can expect to become a Fellow at the ACR meeting in Spring 2009.

VI. COMMITTEE ON CONTINUING EDUCATION — Robert S. Pyatt, Jr., MD, FACR, Chair

2007 PRS Annual Meeting CME Program

The Annual Meeting in Pittsburgh is shaping up to be a superior educational event with many topics under consideration. It appears that the Radiation Oncologists will be sponsoring an afternoon program with topics and details in development. Local speakers from the Pittsburgh region are assisting. The morning program will include the usual topics, including an ACR update. Other topics being considered are:

1. Update on the State of Medicine in Pennsylvania by Roger Mecum, Pennsylvania Medical Society
2. Renal Failure and CIN (Contrast-Induced Nephropathy)
3. Pay-for-Performance Update
4. The Radiology Report Card
5. Malpractice risks discussion with data from the PIAA database. What are the top malpractice issues for PA radiologists?
6. Radiation exposure levels with multi-channel CT and methods to reduce radiation exposure
7. Pre-certification Panel comprised of Medical Directors from the major companies: NIA, MedSolutions, etc.
8. Discussion of the new American Board of Radiology re-design
9. Panel discussion of new radiologists who've decided to stay in PA and why
10. Update on the Western PA Teleradiology Network
11. Sexual Harassment in the Radiology Workplace

In the weeks ahead, we'll be reviewing these ideas. Please email me with your thoughts or new topic ideas. Thank you. Please reach me at: bob_pyatt@hotmail.com or 717-264-4169.

VII. RESIDENTS' REPORT — Michael F. Goldberg, MD, MPH

The field of radiology is experiencing tremendous change. Gone are the days in which radiologists were the exclusive purveyors of imaging. Instead, other specialties, lured by the possibility of increasing revenue, have entered into the world of imaging. And while this clearly affects the entire profession, residents and fellows know that these changes most acutely affect us, the future of the field. But the Resident and Fellow Section has chosen to view this challenge to our field as an opportunity for us to improve. To this end, we have organized activities to raise awareness of the issues facing our field and ways in which organized radiology is dealing with them.

The centerpiece of these efforts is a dinner meeting that will likely occur on a bi-annual basis. The purpose of these meetings is to allow residents to hear from a panel of experts on a variety of topics that are relevant to our group. The meetings also allow residents to gather in a social setting and meet their future colleagues.
Based on the overwhelming success and positive feedback from the first meeting last Spring, we held our second dinner meeting on November 16. Over 40 residents attended, with representation from each of the training programs in the Philadelphia metropolitan area. Speakers included Dr. R. Nick Bryan, Chairman of Radiology at the Hospital of the University of Pennsylvania; Dr. David Levin, past Chairman of Radiology at Thomas Jefferson University; and Dr. Richard Taxin, senior partner of the Department of Radiology at the Crozer Chester Medical Center. This distinguished panel discussed many issues including their visions for the future of radiology and strategies to deal with over-utilization. A second panel of speakers discussed the current state and future direction of radiology training. Panel members included Dr. Christopher Merritt, member of the American Board of Radiology; Dr. Wallace T. Miller, Jr., former residency director at the Hospital of the University of Pennsylvania; and Dr. William Herring, residency director at Albert Einstein Medical Center. Topics included recent changes to the radiology Residency Review Committee (RRC) requirements, possible changes to the ABR written and oral exams, and a possible move to placing greater emphasis on subspecialty/fellowship training.

As mentioned above, with the support of the PRS, we hope to continue these events in the future, as they serve an important role in raising awareness of the critical issues of our time. I also would also like to help organize similar events for training programs throughout the state and I invite anyone interested in this endeavor to contact me.

There is no doubt that the field of radiology faces challenges on many different fronts. Ignoring them is not an option. Rather, we should embrace them, as the process of competing with other fields and demonstrating our superior abilities will ultimately benefit each of us as radiologists, our field, and our patients. As George Patton once said, “Accept the challenges so that you may feel the exhilaration of victory.”

VIII. ANNOUNCEMENTS

August 2-5, 2007: 25th Annual Pittsburgh Breast Imaging Seminar to be held at the Pittsburgh Convention Center, with all events on one floor, Pittsburgh, PA. Featured speakers to include Gilda Cardenosa, M.D., Christopher Comstock, M.D., Laurie L. Fajardo, M.D., MBA, FACR, Stuart S. Kaplan, M.D., Louise Miller, RT, (R) (M), CRT, Dorothy McGrath, BHE, William Poller, M.D., FACR. Course Director: William R. Poller, M.D., FACR. For further information please call 412-359-4952, or e-mail Cheri Jackel at cjackel@wpahs.org, or visit www.aghcme.org.

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2006-2007

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