

The Pennsylvania Radiological Society

A Chapter of the American College of Radiology

Executive Director

Robert P. Powell
101 West Broad Street, Suite 614
Hazleton, PA 18201
Phone: 570.501.9665
Fax: 570.450.0863
E-Mail: rpowell@ptd.net

www.paradsoc.org

User Name: members
Password: Members06

Editor

Thomas S. Chang, M.D., FACR
Weinstein Imaging Associates
5850 Center Avenue
Pittsburgh, PA 15206
Phone: 412.441.1161
Fax: 412.441.9880
E-Mail: tschiv@verizon.net

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PRESIDENT'S MESSAGE

Richard N. Taxis, MD, FACR
Upland, PA

As I write this column it is a beautiful day in June. Knowing that this is my last column as PRS President I am sitting here like Janus, the mythological god with two heads, one looking backwards, one looking forwards. I look back to the PRS meeting in May, which preceded the ACR meeting. Our PRS meeting was a good one – much of the time focusing on what your PRS representatives might be able to do about the threats facing radiology in Pennsylvania, as well as in the rest of the nation. Also high on our agenda was pushing RADPEER throughout the Commonwealth and having more practices sign up for the “Image Gently” campaign.

Next in my rear-view mirror is the ACR meeting, where the main bone of contention centered around the new proclamation of the ABR and how it will affect radiology practices, both academic and private, throughout the country. My personal view is that there may be significant unforeseen consequences, depending upon the economic environment. Related to this was a quite vocal debate: will the “generalist” soon be as extinct as the dodo or will the death notice prove to be premature. Et tu, “specialist”? Stay tuned.

Like Janus I am also looking forward to the PRS Fall Meeting, co-sponsored by the Philadelphia Roentgen Ray

Society, at the Ritz-Carlton in Philadelphia. Bob Pyatt has done a great job as program chair. One couldn't ask for a better line-up of speakers – Larry Muroff, Jim Thrall, Jim Borgstede, Roger Mecum, Ted Burnes, Frank Lexa, Larry Needleman, and possibly Senator Arlen Specter. The topics will be relevant to you and your practice. And the meeting is free! The only word of warning is that we anticipate a large turnout. Seating is limited. Sign up early.

The evening dinner will feature the inauguration of Irv Ehrlich as President and honor Nick Bryan, with Larry Muroff as guest speaker. Mike Bleshman and I might even have a few choice words to say about Nick.

According to that source of sources – Wikipedia – one myth regarding Janus was that “when Romulus and his men kidnapped the Sabine women, Janus caused a volcanic hot spring to erupt, resulting in the would-be attackers being burned alive.” If it were only so easy for radiologists to fend off their enemies. Even the president of the PRS doesn't have that kind of power.

EDITOR'S COLUMN

Thomas S. Chang, MD, FACR
Pittsburgh, PA

As Chairman of the Internet Committee, I need all the help I can get to make our Society's web site as valuable a resource for all radiologists in Pennsylvania as possible. We on the

committee have bounced around lots of ideas to achieve our goals, but there's so much more that we could be doing. The possibilities for web site content and design are endless. I am elated to hear that Ceylan Cankurtaran, one of our resident representatives from Pittsburgh, will be creating a web site for the Residents and Fellows Section (RFS) of the PRS (see her article later in this issue). As the future of our profession, they have much at stake and their voices need to be heard. Once the RFS web site is established, I look forward to integrating their site with ours to show the importance we place on our colleagues-to-be.

The Board of Directors felt that the web site would be an excellent means of providing benefits to our members and of promoting membership in the Society. Toward that end, we decided to change the web site in the following ways:

Map of Member Group Locations

To reward those practices whose radiologists all belong to the PRS, we now have a preliminary map showing the locations of these 100%-participating member groups. The map is undoubtedly missing many of the qualifying practices in the state, because we had not been collecting practice information in the past and it's tough to identify these practices with incomplete data.

This is where your assistance comes in. If your practice qualifies to get a pin on the map or if the details about your practice on the map are incorrect, please forward, as soon as possible, the following information to our Executive Director (his email address is on our web site):

- Group or practice name
- Main address
- Phone number
- Web site, if applicable
- Names of all radiologists in the group

Job Listings

Another perk for the 100%-participating groups is our new capability to post jobs offered by these members groups on our web site. We currently list jobs in our Announcements section of the *Bulletin*, but having these jobs listed on the web site adds extra exposure, especially to our Internet-savvy young radiologists in residency and fellowship training.

We are encouraging all groups to pay the membership dues for all their radiologists as a way to boost their participation rate to 100%. You should be aware that, as an added bonus, medium and large groups that choose to receive a single invoice for the entire group and to pay with a single check receive a 10% discount on their dues. Not a bad deal!

Articles on the Web Site

Select articles from the *Bulletin* will start appearing on our web site. This will give non-members a taste of what they're missing. If any of you can think of an article or two that you feel would be appropriate to post on the public side of our site, please let me know.

Templates

Two examples of structured reporting were featured in our last issue. There is movement afoot to have more and more of our reports created as structure reports, which means templates will become increasingly important. We would like to continue posting report templates for use by our members.

Now, onto other news:

FACR!

At the ACR meeting, four of our Board members were recognized for their dedicated service to our profession by being named as Fellows of the American College of Radiology. This is quite an honor. I was happy to see that Pennsylvania was well-represented in this regard. The four honorees from the Pennsylvania chapter were:

- R. Nick Bryan, M.D., Ph.D., FACR
- Matthew S. Pollack, M.D., FACR
- Randall S. Winn, M.D., FACR
- Cathleen A. Woomert, M.D., FACR

If you're interested in following in their footsteps, I suggest that you get involved in your local radiology society and eventually in the Pennsylvania Radiological Society. For most individuals, it's very difficult to become a Fellow prior to 15 years of ACR membership. Those moderately active in leadership positions or research should be able to do it in less than 20 years.

As Rich Taxin reports, the PRS Annual Meeting in November is expected to be well-attended, probably with record-high attendance. You should have received your meeting brochure by now. Please register and book a hotel room sooner than later, since we are anticipating some unfortunate people to be locked out. I can't wait to try one or two suggestions from Rich's and Beverly Coleman's list of delectable Philly restaurants. But I'll always have a soft spot in my heart for the Victor Café, the South Philly Italian restaurant featuring servers who sing opera and where I proposed to my wife-to-be.

Have a great summer!

SENIOR COUNCILOR'S REPORT

Elaine R. Lewis MD
Reading, PA

At the 2008 ACR Annual Meeting and Chapter Leadership Conference held on May 18-21, 2008, the Pennsylvania Radiological Society was represented by 15 Councilors. The resolutions under consideration were divided into four Reference Committee sections. A list of the resolutions can be found on the ACR web site (www.acr.org).

For Reference Committee I, Resolutions 1d, 2, and 6 were amended and then adopted. The rest of the resolutions were adopted as written.

For Reference Committee II, Resolutions 11 to 15 were amended and then adopted. Resolution 16 (ACR Policy on Applying Uniform Credentialing Criteria to Grant Privileges for Image-Guided Interventional Procedures Performed by Multiple Specialties) was not adopted. The remainder of the resolutions were adopted as written.

For Reference Committee III, please refer to Dr. Dash's report below.

For Reference Committee IV, the Committee recommended adoption of Resolutions 27, 28a-28f, 31, 34, 35, 36, 37, 41, and 42. The Council extracted resolutions 28f, 29, 39, and 41. After discussion, all of these resolutions were adopted with a few amendments to Resolutions 39 and 41. For resolution 41, line 31 was amended to "a committee including the Chairman of the Board of Chancellors, the Speaker, and the Vice Speaker," instead of "the sole discretion of the Speaker." The Reference Committee recommended Resolution 40 (Optimal Delivery of Radiology Services) for referral, and the Council voted to refer this resolution. Resolutions 29, 30, 32, 33, 38, and 39 were adopted as amended by the Reference Committee.

There was considerable discussion concerning a change to Article VIII of the ACR Bylaws, which would permit ACR-ARRS Collaboration (Resolution 28f). This portion of the Bylaws determines the membership of the Board of Chancellors. Under the Bylaws change suggested, the Board of Chancellors would not exceed 31 voting members (previously 27) with a minimum of 5 (previously 1) chancellors from the ARRS. There was concern that the Council had not been given the minimum time notification of the recommended Bylaws change prior to being asked to vote. While the minimum time notification had been met, it was not in the original materials sent to the Council. Although the Council expressed reservations to this change, the resolution passed. This amendment to the Bylaws will only become effective if there is a signed memorandum of understanding between the ACR and the ARRS.

REFERENCE COMMITTEE III REPORT

**Nilima Dash, M.D., FACR
Pittsburgh, PA**

Reference Committee III had a total of ten resolutions (Resolution Nos. 17-26), which encompassed body imaging, breast imaging, and neuroradiology.

Resolution No. 17, Ten-Year Extension of Policy: Abdominal Radiologic Examinations of Women of Childbearing Age and Potential, states that termination of pregnancy is rarely justified on the basis of radiation exposure from a radiologic examination. **Resolution Nos. 18, 19, 20, and 22** were written in collaboration with different societies. The remaining resolutions were **Resolution No. 21**, ACR Practice Guideline for the Performance of Magnetic Resonance Imaging (MRI) of the

Brain, **Resolution No. 23**, ACR Practice Guideline for the Performance of Pediatric and Adult Thoracic Computed Tomography (CT), **Resolution No. 24**, ACR Practice Guideline for the Performance of Screening and Diagnostic Mammography, **Resolution No. 25**, ACR Practice Guideline for the Performance of Contrast-Enhanced Magnetic Resonance Imaging (MRI) of the Breast, and **Resolution No. 26**, ACR Practice Guideline for Imaging Pregnant or Potentially Pregnant Adolescents and Women with Ionizing Radiation. **Resolution Nos. 23 and 24**, were changed to reflect advanced technology and indications. The guideline on mammography was developed to replace three existing guidelines on screening mammography, diagnostic mammography, and whole-breast digital mammography. This unified guideline on mammography will certainly benefit the readers since they will no longer have to read three separate documents. The most noteworthy change was with **Resolution No. 26**, ACR Practice Guideline for Imaging Pregnant or Potentially Pregnant Adolescents and Women with Ionizing Radiation, which was a long overdue revision. This guideline is quite detailed, including the effect of varying radiation doses at different weeks of conception. It also includes samples of a consent form, a pre-examination pregnancy determination form, and a policy, if one wants to adopt it. This will be a good reference for any radiologist seeking information regarding imaging of pregnant or potentially pregnant female patients.

None of Reference Committee III's resolutions was controversial. All of the resolutions passed with no more than minor editorial changes.

RESIDENTS AND FELLOWS SECTION REPORTS

[Editor's note: The following two reports are from two of the three residents who joined the Pennsylvania delegation at the recent ACR meeting in Washington, DC.]

On the other end of the phone line, Dr. Eric Faerber announced to me that as the resident representative for Pittsburgh, I would soon be going to the 2008 Annual Meeting and Chapter Leaders Conference. At that time, the meeting was more than a month away. I knew it would be a big, important meeting, and probably fun... However, I had only a vague idea about what to expect and what I had to do there. I imagined it would be a real-time introduction to the ACR and a chance to get to see and hopefully contribute to the activities of my peers, which I followed on the Internet. The ACR and the ACR-RFS (Residents and Fellows Section), to my idle eye, existed in virtual reality. In anticipation of meeting celebrities, I enthusiastically made my Capitol Hill visit appointment, with the romantic imagery that the five-day immersion in DC would transform a legislation-illiterate like myself into a budding health lobbyist.

So what actually happened? I will happily tell you that my expectations were met beyond what I had imagined. The meeting, to my eyes, was a grand gathering of minds from

different generations, backgrounds, and institutions, working together to improve the future of our precious profession. The names I saw or heard in journals, articles, and news came to embodiment and, lucky me, I got to interact with them in person. This meant so much to a junior trainee like myself who started to crawl before learning to walk, as I got to see what running is like. In a supportive environment like this, with so many positive contributors and distinguished achievers to look up to, whilst holding hands with peers in the same boat, “growing up to be an adult” will be fun and rewarding.

A very interesting aspect of this meeting was that everybody could find their own microniche in a larger environment of hundreds of colleagues.

As a resident, I was humbled to see the visionary initiatives and tremendous efforts of the RFS to advocate for a better future for our generation and was proud of the level of representation my peers had achieved as a result of their intelligent and hard work. The intense two-day RFS meeting gave me a great deal of insight into issues regarding Radiology training and the future of Radiology. Discussions created ideas. Ideas and hard facts were questioned, justly and knowledgably direction by those who had gotten their hands the dirtiest. First things first, but we are all still young; so I cannot proceed without saying that the social aspect of the RFS meeting was a lot of fun!

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As a resident representative of the Pennsylvania chapter, I was gently walked through the process of political activism. I did meet the celebrities, but more importantly, I met them for a purpose, which would have been impossible for me to grasp without my close interaction with the senior members of our chapter.

As a budding woman radiologist, it was inspiring to interact with female colleagues from different walks and levels of this career and to see the embodiment of the American Association for Women Radiologists.

So what next, beyond the fun and inspiration? From a resident’s standpoint, I feel this is a time to form strong ties amongst us. It is important, first of all, to organize locally. For this purpose, we need to establish a Residents and Fellows Section for every state chapter. Radiologists-in-training should all be informed and welcome to register as members of each chapter’s RFS on the very first day of their career and have easy access to key contacts and information regarding chapter activities and local health legislation. Regular updates should be provided to residents and fellows by visible and approachable chapter representatives in the form of local meetings and newsletters in an effort to engage fresh minds. At this time, I am pleased to announce that efforts are under way to establish a website for the

Pennsylvania chapter’s RFS as a first step. An awareness event for residents and fellows in Pittsburgh will also be held in the near future.

Ceylan Zeynep Cankurtaran, M.D.
University of Pittsburgh Medical Center
Pittsburgh, PA

On the threshold of my final year of residency, I left for the AMCLC in Washington preoccupied with Boards and fellowship. I returned to Philadelphia with a perspective beyond “recalls” and Aunt Minnie. The AMCLC exposed me to an entirely new curriculum, composed of critical questions and equally difficult answers: When I complete fellowship, what will radiology practices look like? How will radiologists get paid appropriately for what we do and maintain quality patient care in the middle of a healthcare fiscal crisis? What is the ACR doing to address these issues? What should individual radiologists be doing to address these issues?

Speakers such as Frank Lexa, MD, Richard Gunderman, MD, Eliot Segal, MD, and Peter Carmel, MD (a neurosurgeon and member of the AMA Board of Trustees), to name but a few, elucidated the fiscal challenges, emerging practice/business paradigms, and the “facelessness” of most radiologists. In the Residents and Fellows section, we further discussed these issues in round-table discussions.

Fellow residents, members, councilors, and leaders of the College enumerated invaluable ways that the ACR and RADPAC help to manage these issues on behalf of current and future radiologists. They discussed proposing an *Imaging Utilization Reform* in the next Medicare Bill. They heralded recent RADPAC victories, including CMS’ reversed decision to limit coverage for cardiac CTA. In addition, they introduced the new “Face of Radiology” campaign to educate the public on what radiologists are and do.

Perhaps more importantly, they catalogued the ways that individual radiologists and practices should be addressing these issues. Specifically, they emphasized maintaining “Value Added,” the quality that on-site radiologists bring to their institutions, such as patient triage, oversight of technologists, and quality control of images. They recommended that each radiologist introduce him/herself to five patients a day. They stressed upholding our role as informatics specialists. Similarly, they encouraged graduates to inquire first how a practice supports the activities of the ACR, rather than jumping to questions about salary, vacation, and Nighthawk.

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Upon my return from the AMCLC meeting, I couldn’t wait to tell my fellow residents of my new perspective. They listened

intently, and after further discussion, we developed residency-specific goals. We will encourage every resident to contribute annually what he/she can to RADPAC. We plan to hold yearly or bi-annual "PAC" journal clubs, in which we will review articles involving important socioeconomic and political issues for radiologists. On most rotations, we will strive to initiate five patient-interactions per day. When available, we will utilize "Face of Radiology" materials in the waiting areas. In addition, we hope to broaden our curriculum on informatics.

Although I have returned to the rigors and routine of residency and the Boards, I hold on tightly to the principles and energy that I drew from the AMCLC. It was an empowering experience that I will never forget.

Marion Brody, M.D.
Albert Einstein Medical Center
Philadelphia, PA

**TO PAY OR NOT TO PAY FOR
PERFORMANCE**

**Eric Rubin, MD
Upland, PA**

By now you have all received your CMS bonus payment for strict adherence to the 2007 Pay-for-Performance measures. As previously discussed in this column, these measures pertained to CT and MRI for acute stroke symptoms and CTA/MRA/Ultrasound for carotid evaluation.

Now the newest measures are on their way to an imaging center near you. These are described by CMS as "Test Measures." As opposed to the previous measures that provided for up to a 1.5% reimbursement bonus for appropriate reporting, there will be no additional reimbursement for reporting of these current measures. These measures have been established for tracking purposes only and are to be reported using specific CPT Category II codes. For Medicare Part B patients, they are to be reported with the specific CPT Category I codes. The reporting period is to begin July 1, 2008, (this period will have begun by the time you read this article) and is scheduled to end on September 30, 2008.

Our government is facing the monumental task of taming medical costs. It is highly unlikely that a continuing policy of "bonus" reimbursements can continue.

Eleven test measures have been established. Two apply to radiology.

It is "anticipated" that measure T144: *Radiology: Computed Tomography (CT) Radiation Dose Reduction* will be reported for all CT studies. CPT II 6040F can be reported

whenever an appropriate radiation dose reduction device or manual technique for dose reduction is utilized. This includes the use of automated exposure control (AEC) or ALARA. If these techniques are not used then CPT II 6040F should be reported in conjunction with reporting modifier 8P.

It is "anticipated" that measure T145: *Radiology: Exposure Time Reported for Procedures Using Fluoroscopy* will be reported each time a fluoroscopy study is performed on an inpatient or outpatient. CPT II 6045F should be reported when the radiation exposure or exposure time is reported in a radiology report. I would assume that this includes any fluoroscopy guidance report that is submitted by another physician. If not reported then CPT II 6045F should be used in conjunction with reporting modifier 8P.

These measures are perfectly reasonable and extremely timely given the recent attention that has fallen upon radiation exposure and links to cancer. The "Image Gently" campaign undertaken by The American College of Radiology takes direct aim at such radiation exposure.

So what's the problem?

According to an official statement on these measures by CMS, "There will be no financial incentive payment associated with the reporting of these test measures." Not a big deal. We're happy to help. Anything that we can do in the name of patient safety.

I, however, am a skeptical guy. Sometime in the future (probably the near future), I suspect that the word "TEST" will be removed from this statement. Reporting of these measures will be mandatory and there will be no incentive associated with such reporting measures. Our government is facing the monumental task of taming medical costs. It is highly unlikely that a continuing policy of "bonus" reimbursements can continue. However, I suspect that the concept of government monitored quality improvement is being introduced to physicians under the guise of increased reimbursement during a period of "cost control." These ideas are at odds with each other and, therefore, cannot continue indefinitely. Cost control will be the dominating theme. These "test" measures are likely the soft landing for "No Pay" for performance.

Toto, I don't think we're in Kansas anymore.

**BEV AND RICH'S "NIGHT ON THE TOWN"
RESTAURANT SUGGESTIONS**

**Beverly G. Coleman, M.D., FACR
Richard N. Taxin, M.D., FACR**

This year we have decided to forgo the Friday night PRS meeting cocktail party to allow everyone to make their own plans for a delightful culinary experience in Philly. The beautiful Ritz-Carlton is on the Avenue of the Arts, which is a great location in easy walking distance to an overwhelming number of restaurants. The lists below are our sampling of

favorites only a brief walk or a short cab ride away. Remember that the nearby restaurants may fill up early because that evening the Philadelphia Orchestra is performing at the Kimmel Center (a Beethoven and Wagner program) and the Opera Company of Philadelphia is presenting Rossini's "An Italian Girl in Algiers" at the Academy of Music. These Philly landmarks are very close to the Ritz; so make your reservations early!

Philadelphia is awash in terrific restaurants with something to fit everyone's taste. (In addition, there is a new restaurant opening at the Ritz-Carlton, for which there are high expectations – "10 Arts.") These lists are merely to serve as a useful guide – not to start an argument among Philadelphia foodies. If you have a great meal, let us know. If you have a bad meal, they must have changed chefs. Also, please feel free to utilize the services of the Ritz concierge.

*Philadelphia is awash in terrific restaurants
with something to fit everyone's taste.*

Restaurants within easy walking distance:

Bliss (215-731-1100) – Contemporary American with some Asian and European influences.

Capital Grille (215-545-9588) – Great steaks in a lively, but noisy setting. People come in suits. Good, but pricey wine list. Try the Kona rubbed sirloin.

McCormick and Schmick (215-568-6888) – Very good, predominantly seafood chain. Not too expensive. If you want quiet, try upstairs.

Mercato – No reservations. Excellent, contemporary American/Italian BYO. Hip, but not overly so. Cash only.

Matyson (215-564-2925) – Somewhat upscale with outstanding seasonal menu. Great chef. BYO.

Nineteen (215-893-12340) – Beautiful room atop the Park Hyatt at the Bellevue. Seafood, with raw bar featured in the center.

Restaurants within a short cab ride:

Osteria (215-763-0920) – Rated #1 by Philadelphia Magazine. Hip, noisy, fun contemporary Italian restaurant. Highly rated pizza. Top chef Marc Vetri. Tough reservation.

Buddakhan (215-574-9440) – Asian with small plates brought out at different times. Great food. Seems like every patron is in black.

Ralph's (215-627-6011) – Old time South Philly Italian. Known for its mussels and veal dishes. Nothing fancy.

Tre Scalen (215-551-3870) – Excellent Italian food, especially the pasta. Family run BYO.

The Fountain Restaurant at the Four Seasons (215-963-1500) – Remains a very special first-class restaurant. Best for a special occasion. Outstanding décor, service, and food. Expensive.

Django (215-922-7151) – Long considered the best BYO with an eclectic menu. Recent change of ownership, but still quite good. Easier for reservations than it used to be.

If you can't get into any of these due to the Friday night crowds, you may try Estia, Rouge, Barclay Prime, Prime Rib, Roys, Alma de Cuba, Vetri, and on and on. Do go out and enjoy yourselves! Bon Appétit!

ANNOUNCEMENTS

Pittsburgh Breast Imaging Seminar

**** August 7-10, 2008:** 26th Annual Pittsburgh Breast Imaging Seminar to be held at the David L. Lawrence Convention Center, with all events on one floor, Pittsburgh, PA. New this year: special day-long Stereotactic Biopsy session for physicians and technologists on Friday, August 8, held at Allegheny General Hospital. Featured speakers to include Robyn L. Birdwell, M.D., FACR; Stamatia V. Destounis, M.D.; Beth DuPree, M.D., FACS; Elsie Levin, M.D., FACR; Michael N. Linver, M.D., FACR; Jay R. Parikh, M.D., FRCP; Edward A. Sickles, M.D., FACR; Margarita Zuley, M.D., and 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

Breast Imaging Fellowship (Funded)

The Department of Human Oncology at Allegheny General Hospital has a Breast Imaging Fellowship position available February 1, 2009, OR July 1, 2009. Enjoy the comforts of a 10,000 square foot breast center that is fully digital. In addition, there are two stereotactic units, state-of-the-art ultrasound units, the hand-held Mammotome, the Intact biopsy device, MRI, and CAD. Twenty-four thousand (24,000) total breast imaging studies are performed yearly. Research opportunities are also available, either with the NSABP (National Surgical Adjuvant Breast Project) or the ACRIN (American College of Radiology Imaging Network) trials associated with breast imaging. There is direct interaction with dedicated breast surgeons who are associated with the NSABP.

For further information, please contact and send a resume and two letters of reference to William R. Poller, M.D., FACR, Allegheny Cancer Center, 5th Floor, Allegheny General Hospital, 320 East North Avenue, Pittsburgh, PA 15212-4772. Telephone: 412-359-8366, FAX: 412-359-8685, Pager: 412-359-8220 ID 4544, E-mail: wpoller@wpahs.org.