Bulletin... SPRING 2009

The Pennsylvania Radiological Society

A Chapter of the American College of Radiology

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PRESIDENT'S MESSAGE

Irving Ehrlich, MD, FACR
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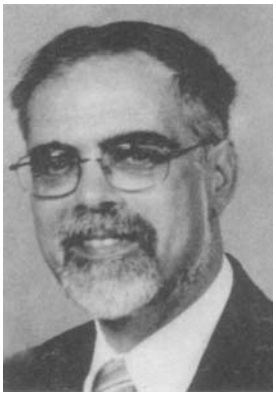

Recently, Bob Powell, our executive director said to me that this late fall / early winter season has been one of the quietest, in terms of activity related to radiology, that he can remember. He said that he had all ten fingers and ten toes crossed in hopes of its staying that way. I seconded that desire. In truth, it would appear that this is the quiet before the storm.

In his January address to the joint session of Congress, our new President outlined his major targets for change. The primary goal as he stated it was to change the direction of the economy from recession to the good old American prosperity of the past. All the news outlets had questioned whether his speech would energize the people and turn things around. Unfortunately, the truth reigned supreme and for the last seven weeks (I'm writing this during the first week of March), nothing has been further from the truth. The economy remains in the tank without a bottom in site. Moreover, the word "depression" has begun to creep into conversations with both the uninformed, as well as the informed. Of course, the people who are using that term have been most careful to qualify it by saying that it probably won't be like the "Great" Depression of 1929.

One of President Obama's other areas for change was, of course, health care. He gave no specifics during his speech, but the glove was tossed out there for all to see. A recent editorial in my local newspaper, *The Reading Eagle*, addressed the issue with the following headline: "U.S. takes first step toward limiting medical treatment." In the editorial the writer explained that Congress had placed a provision into the recently passed stimulus bill that establishes The National Coordinator of Health Information Technology. The way it was explained by the President, this was just going to be an extension of the ongoing movement toward electronic medical records, which would improve health care delivery. The editorial writer, however, sees it as a means of monitoring and controlling doctors' and hospitals' decision-making – thus leading towards a system that might restrict treatment/access based on cost. The implication of this is, in his mind, a system similar to Great Britain's in which treatments are denied based on bureaucratic statistics. The example was given in the editorial of C. Everett Koop, if he had lived in England, being denied life-saving surgery because he was too old.

"A provision [in] the recently passed stimulus bill… establishes The National Coordinator of Health Information Technology, … a means of monitoring and controlling doctors' and hospitals' decision-making."

At least the editorial writer came out against that position. It remains to be seen what will happen. With that in mind, I'd like to remind everyone that the ACR annual meeting is coming up in May. There are several excellent educational programs available for those of you who aren't attending for political purposes. For those of us who are going for the purpose of visiting our elected officials, it will, indeed, be interesting. Rich Taxin has agreed to take the lead on the Capital Hill visits and I applaud him.

Dr. Breckinridge to be Honored Radiologist

On a happier note, I am pleased to announce that **Jack Breckenridge** is going to be our Honored Radiologist at the upcoming Fall meeting of the Society to be held in Philadelphia over Halloween weekend. **David Levin** will give the lecture in honor of Jack at the Saturday night banquet. I hope that attendance is as good as, if not greater than, our most successful meeting this past Fall. **Bob Pyatt** is once again putting together a terrific educational program for Saturday's meeting. Save the date now and plan to attend.

EDITOR'S COLUMN

Thomas S. Chang, MD, FACR
Weinstein Imaging Associates
Pittsburgh, PA

As I realize that Miranda, my 10th grader, is on the verge of looking at colleges (yikes!) and before long, will actually be leaving for college, I can't believe how quickly time has flown since I started working as a radiologist eighteen years ago. Having kids certainly makes the time pass by very quickly. But so does keeping busy in a line of work I truly enjoy.

Radiologists' Job Satisfaction

Two years ago, Hanna Zafar (from the University of Pennsylvania) reported in *Radiology* that 93% of radiologists in 2003 were somewhat or very satisfied with our jobs. This was higher than the 80% satisfaction rate among doctors in other specialties. On the downside, satisfaction levels among radiologists had significantly decreased from 1995 to 2003. The main reasons for this decline were related to medicolegal, workload, and reimbursement issues, all of which have been and still are especially relevant to us in Pennsylvania.

Even though I work harder now than I did in the '90s (we used to go out of the hospital for lunch frequently back then), even though the threat of medicolegal or reimbursement problems always looms in the back recesses of my mind, and even though we radiologists in Pennsylvania probably have it tougher than in some other states, I wouldn't have it any other way.

Ever since I moved to Philadelphia to do my internship and residency and then to Pittsburgh to do my fellowship and ultimately to work as a radiologist, Pennsylvania has been my home. It's the place where I chose to set down roots. Pennsylvania is a comfortable place with nice people and appreciative patients, notwithstanding the observation by the political strategist, James Carville, that Pennsylvania is politically Philadelphia and Pittsburgh with Alabama in between.

"Satisfaction levels among radiologists had significantly decreased from 1995 to 2003. The main reasons for this decline were related to medicolegal, workload, and reimbursement issues."

I've been very fortunate to have been hired to work with outstanding colleagues and technologists at Magee-Women's Hospital in Pittsburgh, the University of Pittsburgh and (Fogel &) Weinstein Imaging Associates. Sometimes Fate works that way. Maybe I wouldn't have been as satisfied with my professional career if those two jobs hadn't worked out or maybe I'd be living in another state by now. I've always loved New England ever since my college days.

But here I am. And here we all are…

Whether we're here to be close to family or friends or, like me, stayed here following training, we made the decision to be Pennsylvania radiologists. It's a shame that more of the recent trainees haven't made the same decision in recent years and have, instead, been allured by the allegedly greener grass on the other side of the fence. But sure as the sun rises in the east (this reminds me of the song from "Beauty and the Beast"), the pendulum will swing back and more of our trainees will choose to set down their roots here as well.

Retaining Pennsylvania's Residents and Fellows

What can we do to nudge the pendulum back a little quicker? We need to keep the residents and fellows in our state connected with our community. Thanks for **Peter Arger** and now **Eric Faerber** for serving as liaisons for the Residents and Fellows Section. We need to keep pressure on the state government and third-party payors to address our concerns about malpractice insurance and reimbursement rates. You should read **Elaine Lewis**'s article in this issue about the disappointing news concerning the Mcare assessments. One of the most effective ways to influence the government and insurers is to contribute to our PAC and to the ACR's PAC. It really is true that if we aren't at the table to have our say, we

will quickly find ourselves on the menu and on the chopping block.

When I started this column, I had no idea where I was headed, but it seems that what's on my radiology mind these days are economics and politics. I must say that during this economic downturn, it sure is good to be in healthcare. Although people may put off some of their elective testing, they still get sick and get cancers. Come to think of it, I'll have to encourage Miranda to think about medical school and radiology.

Who Wants to Be a Millionaire… Or How About an Unpaid Editor?

After six years as your Editor, I will be stepping down this fall to make way for someone with new ideas and a new voice. If anyone is interested in the position, please contact our Executive Director, Bob Powell (see page 1 for his contact info) to be considered for nomination. The Editor has the vital function of communicating with our members through the *Bulletin* and is part of the all-important Executive Committee. Although I took on the job with trepidation, I was guided through the potential minefield by my superb predecessor, **Mary Scanlon**, and had a truly enjoyable experience. Also, keep in mind that if you're hoping to become a Fellow of the ACR (FACR) someday, being Editor goes a long way toward that goal.

I will see many of you at the ACR meeting in Washington, DC, in early May. Enjoy your Spring! I can't wait to hit some golf and tennis balls.

MCARE: HISTORY AND UPDATE

Elaine Lewis, MD
West Reading Radiology Associates
Reading, PA

As you are all aware, the past year brought no resolution to the issue of Mcare assessment relief. Due to the legislative impasse, there was no abatement for the Mcare portion of physician's liability insurance costs for 2008.

Each physician in Pennsylvania is required to have $1 million in liability coverage. The physician purchases $500,000 from private insurers. The Mcare fund is a state-run program to cover the balance ($500,000) of the liability coverage. In 2004, a $0.25/pack cigarette tax was instituted to fund the Health Care Provider Retention (HCPR) account. This tax amounts to approximately $15 million/month.

The account is administered by the Secretary of the Budget. The intent of the tax was to fund the Mcare abatement program. Each physician, depending on the specialty, was given an abatement of 50 or 100 % of their Mcare assessment for the years 2003 to 2007. However, not all of the money from the HCPR account has been applied toward the abatement.

Phase-Out of Mcare to Begin in 2010

The current law provides for a phase-out of Mcare, at which time, physicians will need to purchase a greater amount of the required $1 million liability coverage from private insurers. The first step of the phase-out is scheduled for 2010, at which time physicians will be required to purchase $750,000 of private liability coverage. The second step occurs in 2013, at which time the entire $1 million will be purchased from private insurers. At this time, Mcare provides no further coverage for settlements. The current estimate of the increase in private liability coverage costs for Step 1 is 18-30%. Step 2 will also increase the private liability premium, but to a lesser extent.

"The current law provides for a phase-out of Mcare, at which time, physicians will need to purchase a greater amount of the required $1 million liability coverage from private insurers."

Since Mcare operates on a "pay as you go" basis, the annual assessments are used to cover only payments claimed for the assessment year. When Mcare is phased out, future liabilities will not be funded; this is termed the unfunded liability. (The current estimate of the unfunded liability is $1.8 billion, or approximately $80,000 per physician.) Therefore, the Mcare assessment will not decrease immediately, but there will be a lag period during which physicians will be assessed for later settlements. During this time, even though physicians will still be paying assessments, they will no longer have Mcare coverage. During the steps to phase-out Mcare, some physicians will be paying more for liability coverage than if they bought the entire $1 million in coverage on the private market.

Lawsuits Regarding Mcare

Where do we stand today? At the time of the writing of this article, the Pennsylvania Medical Society had filed two lawsuits against the Rendell administration regarding:

1. the percentage amount of the 2009 assessment
2. the administration's failure to appropriately transfer collected cigarette tax monies from the HCPR account to Mcare to adequately fund the abatement program.

The governor has since agreed that it was unfair for young doctors to pay "for the malpractice insurance of the doctors that came before them." Governor Rendell has proposed a plan to pay off Mcare's unfunded liability while expanding health care

coverage for the uninsured. The PMS is analyzing the proposal and will continue working with the administration toward a resolution.

2008 ANNUAL MEETING DRAFT PROGRAM

Robert S. Pyatt, Jr., MD, FACR
Chair, Committee on Continuing Education
Chambersburg Hospital
Chambersburg, PA

This year's Annual Meeting is being developed as the dynamic topics emerge from across the U.S. and from our membership. Here is the first draft of this year's topics:

Morning Program

8:00 – 8:30 AM	ACR Speaker, Chair of the Board of Chancellors, or President: "Hot Topics Facing Radiologists and Radiation Oncologists Across the Nation"
8:30 – 9:15 AM	Rich Duszak, MD, FACR: "Economic Issues Facing Radiologists and Radiation Oncologists: Part 1"
9:15 – 9:45 AM	ACR Invited Government Relations Speaker: "The Status of Healthcare Reform with Radiology and Radiation Oncology"
9:45 – 10:00 AM	Coffee Break
10:00 – 10:30 AM	ACR Invited Speaker: "ACR National Quality Data Registries: GRID, NRDR, NMD, NOPR, and More – the Key to our Future"
10:30 – 11:15 AM	Lillian Stern, MD. "Breast-Specific Gamma Imaging / Molecular Breast Imaging"
11:15 – 11:45 AM	PA Patient Safety Authority Speaker: "Patient Safety and Radiology Errors in Pennsylvania"
11:45 – 11:55 AM	Q & A for the Morning Sessions
11:55 AM – noon	PRS Annual Business Meeting
Noon – 1:00 PM	**LUNCH**

Afternoon Program

1:00 – 1:45 PM	Frank Lexa, MD, MBA. "Marketing Your Practice"
1:45 – 2:30 PM	Rich Duszak, MD, FACR. "Economic Issues Facing Radiologists and Radiation Oncologists: Part 2"
2:30 – 2:45 PM	Coffee Break
2:45 – 3:30 PM	Frank Lexa, MD, MBA. "Practice Performance Improvement"
3:30 – 4:15 PM	Panel Discussion: "Top Issues Facing Radiology Residents in Pittsburgh, Philadelphia, and Central Pennsylvania"

Evening Program

7:00 – 7:30 PM	Honored Radiologist Lecture

QUALITY AND PATIENT SAFETY COMMITTEE REPORT

Robert S. Pyatt, Jr., MD, FACR, Chair
Chambersburg Hospital
Chambersburg, PA

[Ed. note: Dr. Pyatt asked that we print the following letter from the National Quality Forum about the *Safe Practices for Better Healthcare* initiative.]

"The Safe Practices offer clear tools for those who provide, purchase, and use healthcare to ensure that harm is reduced and care is safe. While improvements have been made in patient safety, they must spread farther and faster. We cannot afford - in lives or dollars - to provide care that is unsafe. Every patient deserves safe, high-quality healthcare, every time they receive care." - Janet Corrigan, NQF president and CEO

Dear Member of the NQF Health Professionals Council:

To help healthcare professionals provide the safest care possible, the National Quality Forum has released an update to *Safe Practices for Better Healthcare.*

The 2009 Update presents 34 practices that are demonstrated to be effective in reducing the occurrence of adverse healthcare events. This revised set of practices has been updated with current evidence and expanded implementation approaches, and it provides additional measures for assessing the implementation of the practices.

The Safe Practices have also been harmonized with other safety initiatives such as those by the Agency for Healthcare Research and Quality, Centers for Medicare & Medicaid Services, the Institute for Healthcare Improvement, The Leapfrog Group, and The Joint Commission.

Sample of Practices in the 2009 update:

Safe Practice #8: Care of Caregiver: Following serious unintentional harm due to systems failures and error due to human performance failure, the caregivers (clinical providers, staff, and administrators) involved should receive timely and systematic care: treatment that is just, respect, compassion, supportive medical care, and the opportunity to fully participate in event investigation and risk identification and mitigation activities that will prevent future events.

Safe Practices #24: Multi-drug Resistant Organism Prevention: Implement a systematic MDRO eradication program built upon the fundamental elements of infection control, an evidence-based approach, assurance of the hospital staff and independent practitioner readiness and a re-engineered identification and care process for those patients with or at risk for MDRO infections.

Safe Practices #34: Pediatric Imaging: When CT imaging studies are undertaken on children, "Child-size" techniques should be used to reduce unnecessary exposure to ionizing radiation.

Systematic, universal implementation of these practices can lead to appreciable and sustainable improvements in healthcare safety.

To support healthcare systems in adopting Safe Practices NQF is co-hosting a monthly webinar series with the Texas Medical Institute of Technology that will begin in April and continue throughout the year. The webinars will provide Safe Practices implementation strategies and commentary from experts in the field. Each webinar will address specific Safe Practices to guide the healthcare industry in more rapid adoption of safety practices.

To help support the implementation of Safe Practices you can:

- Pass this email on to your organization's newsletter or journal.
- Write an article about safety and safe practices for your organization's newsletter or journal.
- Encourage your colleagues and members of your organization to participate in the upcoming monthly Safe Practices webinars.
- Encourage members of your organization to adopt Safe Practices.

A full list of practices, the 2009 Safe Practices for Better Healthcare report and additional materials are available at: http://www.qualityforum.org/safe_practices/

If the editor or writer of your organization's publication has questions about Safe Practices they can contact media relations specialist Stacy Fiedler at sfiedler@ qualityforum.org. For general questions about Safe Practices, contact info@qualityforum.org.

Sincerely,

Lisa Hines
Health Professionals Council Liaison
National Quality Forum

Physician Quality Reporting Initiative and Quality Databases

With the release of the Medicare Physician Fee Schedule rule on October 31, 2008, CMS announced performance measures that will be included in the Physician Quality Reporting Initiative (PQRI) in 2009.

Although eight new measures were developed in late 2007 for diagnostic radiology, only two of these are included in PQRI 2009. The two new measures included are "Inappropriate Use of BIRADS 3" and "Recording of Fluoroscopy Time for Procedures Using Fluoroscopy." This brings the total count of measures potentially reportable by diagnostic radiologists to four; two measures related to stroke imaging have been included in PQRI since 2007. Additionally, there are seven measures that may be reported by interventional radiologists (no new measures for 2009), six for radiation oncologists (three new ones), and one nuclear medicine measure – the first one nuclear medicine physicians can report.

The eight radiology measures that were developed collaboratively through the AMA Physician Consortium for Performance Improvement (PCPI) and the ACR were reviewed by the National Quality Forum (NQF) in mid-2008. Of the eight measures, only four have now been approved by the NQF. One of the eight radiology measures is actually an expanded revision of the Stroke Carotid Imaging measure included in the PQRI since 2007. This measure was revised to include all patient populations, not just those with stroke. This revision was endorsed by the NQF and is included by CMS as the Carotid Imaging measure in 2009.

The Nuclear Medicine measure that is being used by CMS for 2009 is "Correlation of Existing Imaging Studies for all Patients Undergoing Bone Scintigraphy." The Radiation Oncology measures are "Plan of Care for Pain," "Pain Intensity Quantified," and "Tissue Dose Constraints." Guidance for use of the CPT II codes for measure reporting can be found in the ACR September/October *Radiology Coding Source.* For measure specifications, including the Carotid Imaging specifications and additional information such as measure toolkits, see the CMS website at: http://www.cms.hhs.gov/PQRI/. Also visit the ACR website for updates on PQRI and other Quality and Patient Safety updates: www.acr.org.

Other issues being addressed on Quality and Patient Safety at the ACR website include: The Radiologist Assistant; ACR Appropriateness Criteria; Contrast Media Manual; MR Safety; Radiation Oncology Series; NRDR/GRID/PRED and other data registries; P4P Initiatives, and IR for Radiology and Neuroradiology (white papers).

At a recent meeting of the National Quality Forum, it was noted that over 38 Data Registries now exist for meeting CMS quality requirements by various medical specialty societies. The ACR is very actively developing these quality databases. The concept of "quality databases" was proposed over ten years ago in a PA Radiology Society resolution to the Annual Meeting, by Dr. Gill Taylor-Tyree (formerly at Gettysburg) and myself. The ACR has now developed the NRDR (National Radiologic Data Repository), NOPR (National Oncologic PET Registry), GRID (General Radiology Information Database), and the NMD (National Mammography Database).

These databases allow compliance with current and upcoming CMS quality measures, as well as other quality measures, allowing your practice to measure and compare your performance and patient outcomes. The NMD may be the foremost and leading radiology quality database, as many of these measures are already required by the MQSA.

Are you ready for more quality measures? They are coming. **Join GRID, NRDR and the NMD now, through the ACR website, or by calling the ACR at 1-800-ACR-LINE.** These will be presented in much greater detail by Laura Coombs, Director of the Data Registries, at the Annual Meeting at the Ritz-Carlton in Philadelphia, October 31st.

GUESS WHO'S COMING TO DINNER?

Richard N. Taxin, MD, FACR
Southeast Radiology Ltd
Upland, PA

There is an old adage, perhaps overused, that if you don't know what is on the menu, you're the dinner! There seems little doubt that we in radiology are being viewed by Congress and the Executive Branch as the tasty morsels in their medical cost-cutting scenario – their appetizer, main course, and dessert all rolled into one. This may leave our patients and us with a terminal case of indigestion.

We have a choice. We can sit passively on the plate awaiting the carver… or we can take action. My recommendation: If you are not already involved with RADPAC (Radiology Political Action Committee), what are you waiting for? It's not hard to contribute. You can contribute either individually or through your practice.

"We in radiology are being viewed … as the tasty morsels in their medical cost-cutting scenario – their appetizer."

It is easy to help secure your future. Just go to www.radpac.org and follow the instructions. Still having problems? E-mail Heather Kaiser at HKaiser@acr.org. She'll be glad to help. Your contribution may be the best investment you've made all year.

NUCLEAR MEDICINE COMMITTEE

Randall S. Winn, MD, FACR
West Reading Radiology Associates
Reading, PA

The Nuclear Medicine Committee of the Pennsylvania Radiological Society is looking for a few good men and women. Men and women who enjoy practicing in the field of nuclear medicine. Who want to see their imaging specialty grow and thrive and reach its full potential. Who want to be a leader in their professional community. Who want to be around other leaders in medicine.

If you think this is you, please contact Randall S. Winn, MD, at 610-988-8401 or winnr@readinghospital.org.

RESIDENTS AND FELLOWS SECTION

Ceylan Z. Cankurtaran, MD
Resident, University of Pittsburgh Medical Center

PRS Dinner for Residents and Fellows in Pittsburgh

On February 25, 2009, 37 Pittsburgh residents and fellows enjoyed a dinner sponsored by the Pennsylvania Radiological Society and held at Lidia's Loft. Pittsburgh currently has two training programs. The number of programs has decreased, while the programs have gotten larger as a result of program mergers.

With the aim of bringing back the tradition of exposing residents and fellows training in different programs to the

socioeconomic aspects of Radiology, Dr. **Paul Kiproff**, Chairman of the Department of Diagnostic Radiology at West Penn Allegheny Health System; Dr. **Marcela Böhm-Vélez**, Chief of Weinstein Imaging Associates and former president of PRS; and Dr. **Jules Sumkin**, Interim Chair of the Department of Radiology at UPMC, volunteered to be the guest speakers on the subject, "Radiologist Recruitment: Perspectives from Academia and Private Practice."

The dinner was organized by Dr. **Eric Faerber**, PRS's advisor to the Residents and Fellows Section, and Dr. **Ceylan Z. Cankurtaran**, Radiology resident representative for Pittsburgh.

Drs. Ceylan Cankurtaran, Jules Sumkin, Marcel Böhm-Vélez , Paul Kiproff, and Eric Faerber at the PRS dinner for Pittsburgh residents and fellows.

(Photo courtesy of Ceylan Cankurtanran, M.D.)

Pittsburgh residents and fellows listen attentively at a PRS-sponsored seminar on "Radiologist Recruitment."

(Photo courtesy of Ceylan Cankurtanran, M.D.)

ANNOUNCEMENTS

Breast Imaging Fellowship

Available starting July 1, 2009, for one year or six months. This position is funded. If a mixed one-year Fellowship is desired, time can be spent on body/cardiac imaging. The Fellow will join dedicated breast imagers who enjoy state-of-the-art breast imaging equipment that includes five full-field digital units, two stereo tables, multiple ultrasound units, and two MRI units. The imagers work closely with dedicated breast surgeons. Multiple biopsy devices are utilized. There is dedicated time with surgery and pathology. To receive further information, please call William R. Poller, MD, FACR, Allegheny General Hospital, 320 East North Avenue, Pittsburgh, PA 15212-4772. Telephone: 412-359-8366, FAX: 412-359-6263, Pager: 412-359-8220 ID 4544, E-mail: wpoller@wpahs.org.

Breast Imaging Seminar

August 6-9, 2009: 27th Annual Pittsburgh Breast Imaging Seminar to be held at the David L. Lawrence Convention Center, with all events on one floor, Pittsburgh, PA. The seminar includes a special day-long Stereotactic Biopsy session for physicians and technologists. Featured speakers to include Gilda Cardenosa, MD, Christopher Comstock MD, Terri-Ann Gizienski, MD, Steven Harms, MD, FACR, Mark Helvie, MD, FACR, William Poller, MD, FACR., Vicky Velasquez, MD. Course Director: William R. Poller, MD, FACR. For further information please call 412-359-4952 or e-mail Cheri Jackel at cjackel@wpahs.org.

Are YOU on the Map?

Radiology groups that have 100% membership in the Society get to have a flag placed on the state map on our web site, www.paradsoc.org, as well as an entry on our list of Member Groups. This is one of the benefits of full membership. Although groups in various parts of the state are represented on the map, there is a conspicuous lack of participation from our brethren in the northwest part of the state. If you know any of the radiologists there, please encourage them to join.