

## The Pennsylvania Radiological Society

A Chapter of the American College of Radiology

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### 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](mailto:rpowell@ptd.net)

[www.paradsoc.org](http://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: [tscjiv@verizon.net](mailto:tscjiv@verizon.net)

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### PRESIDENT'S MESSAGE

Irving Ehrlich, MD, FACR  
Reading, PA

[Ed. note: This is the inaugural address given by Dr. Ehrlich upon his installation as the new President at our recent Annual Meeting in Philadelphia.]

When I started thinking about what I wanted to say at this event this past summer, my initial reaction was to delay the entire process. That was easy enough to do given the fact that my group was and continues to be down one FTE. The other rationalization was that there was an ongoing "real presidential" campaign going on. What could I possibly prepare at that time which would be relevant today without knowing who would be the winner of that election? As it turned out, my rationalization for not preparing this speech then was quite inspirational, given the turn of events.

The day after last week's election, one of my colleagues, who happens to be here tonight, suggested that our group change the venue for the annual holiday season party – that's what we call the Christmas party – from the planned Italian bistro/restaurant to a somewhat downplayed McDonalds. Perhaps he was trying to get the department in the mood for "Change." I took the suggestion in the spirit in which it was made, particularly since I had already signed the contract for the event. But the thought did occur to me and probably to others that the promise of "change" doesn't necessarily imply for the good or for the bad. People tend to hope that "change" will be good, particularly if things are

already bad. That's the optimistic point of view. For us pessimists, "change" just means learning to cope with a new set of rules.

That's what I've done for the past thirty years as a practicing radiologist. I started out as a salaried radiologist at an academic institution in Philadelphia. That didn't last long for several reasons, not the least of which was the fact that my good friend and fellow chief resident had taken a job out in the real world that was netting him twice the income that I was making after a single year away from residency and working less than I to boot. When I got a job offer at a community hospital not far from where I lived, I thought the change would be good. I never worked at that hospital though. It seems that the administration thought that a change in the radiology department would be good before I ever started working there.



Incoming President Irving Ehrlich, M.D., FACR (right) thanks outgoing President Richard Taxin, M.D., FACR for his year of service to the Society

However, I must have made a good impression on the person whose job I was supposed to slip into. He offered me a job,

instead. Of course, there was the need to change locations. I moved to Reading and have been there since. I'm not at the Mecca – that's what we call Reading Hospital – which is still the largest single community hospital in Pennsylvania and getting bigger as we speak. Instead I've been at an average-sized place called St. Joseph Medical Center.

When I first started there, the four of us were paid by the hospital on a point system. For those of you who aren't familiar with the concept, it really was very much like the Resource-Based Relative Value Scale, affectionately known as the RBRVS system, on which Medicare reimbursements are currently based. That means that we were paid 1 unit for a chest x-ray, 2 units for a lumbar spine and so on and so forth, with a unit having a dollar amount defined by our contract with the hospital. The boss, Joe Winston, was happy with the arrangement and so was I. I had to be, since back then there was an oversupply of radiologists and five years to partnership was the norm. My how things change!

Well, for those of you who remember your high school physics, entropy is always active. So, things must change. In the mid 80s, that meant the government said that hospitals couldn't keep doing those kinds of deals with the four horsemen known as radiologists, anesthesiologists, pathologists, and ER docs. They had to throw us out on our own. Joe wasn't happy about the change. But I was. It meant that I got to set up our own billing office – including buying a building, computer equipment, software, and more hardware – and, oh yes, hire staff. But it also meant that I got to play with all of that stuff. Joe got happier as it became obvious that the new set of rules wasn't so bad after all.

Of course, with the good always comes the bad. This time, as the high-tech in radiology took hold and we started to do more CTs and ultrasounds and the incomes went up, some of our more aggressive colleagues, otherwise known as cardiologists, started to wonder how they could do more of what we were doing. It took them a little while, but they managed to find a way.

As an aside, somewhere back in the early 90s, Medicare decided that we docs should have some sort of forum to give feedback to the bureaucrats about what was going on in the real world. I guess that that was how I really ended up giving this long-winded dissertation about stuff that everyone already knows. I was asked by Gordon Perlmutter to be the PRS's representative to the precursor of the modern Carrier Advisory Committee. In the old days, each state had its own committee and I have been your representative since its inception. The meetings used to be quarterly, but now they're down to three times a year. There are representatives from all of the specialty societies, as well as the major consumer groups and some other government agencies. The committee's purpose was and continues to be an advisor to the Medicare carrier medical director in regards to what procedures should be covered by Medicare and for what diagnosis groups. Active participation and good relations with the medical director mean good things for us, such as the fact that Pennsylvania

Medicare covers some procedures that other states don't and for a broader range of indications.

But getting back to "change." Sometime in the late 90s to early 2000s the oversupply of radiologists turned into a shortage. Training programs started cutting back, which aggravated the shortage. Then, more of us started retiring earlier – whether because we had overfunded our pensions or the stock market was too good to us or simply because there were lots of us who were old enough to get out of the rat race. It didn't really matter and in Pennsylvania it was worse because of the malpractice crisis that Ed Rendell doesn't think exists or the level of reimbursements that makes it much more lucrative for newly minted radiologists to go elsewhere for their first job. That elsewhere could now be in Australia, Switzerland, or Israel among other places. Wherever it is, it wasn't in Pennsylvania for most of them. You really had to want to be in Pennsylvania to stay here. There were some who stayed here – those who had family or other ties to a particular place. But there was a shortage and the laws of supply and demand pertain to radiologists just as they do to anything else. When my group was looking for a new person a few years ago, I wasn't sure how we could compete with the offers that I was getting from out in the Midwest. But we got lucky because someone wanted to come to Reading.

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***“We all believe that by being part of the organization of radiology, we can direct the rule-makers – to some degree – and let them know what we feel is best for the patient, who is our true customer.”***

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Now it seems things have really changed. I'm not even talking about Obama yet. The stock market crashed, as if you haven't all heard about it! People's pension funds are in the toilet. Just last week, one of the women in the office was bemoaning the fact that her pension fund had lost \$2,000 since June. I didn't feel all that sorry for her considering what my stock portfolio has done. Nor did I feel sorry for her since she hadn't contributed anything to the fund in the first place. We had funded her pension entirely because the government said that we had to do it in order to fund the radiologists' pensions. What I did feel sorry about was her belief that the new President – not me – could single-handedly change everything into something better. I had the feeling that she meant "better for her" – not necessarily "better for everyone."

The pension bust may lead to a good change for those of us looking to hire new radiologists. It seems that one of my other partners who thought that he was going to retire next year is now rethinking that change. People who have retired may now feel that maybe they should go back to work until things pick up again. Hopefully, there aren't too many of those people for all of our sakes. In any event, there might be a positive change in the availability of radiologists in Pennsylvania because of the current economic climate. But that's just my pessimistic optimistic point-of-view.

The real question is what change will come after January 20, 2009. Something has to happen. Even I don't like paying \$1,800 per month for a health insurance plan per family with a \$2,500 deductible and a 20% copay. Last week, as I interviewed an applicant for the medical staff at St. Joe's in my capacity as chairman of the credentials committee, I enjoyed an inward chuckle. The guy was an ED doc who was born in India, graduated from medical school in India, worked as a family practitioner in England for a while, and then applied to the Royal Military Academy, which is their equivalent of West Point. He then served in the Royal Brigade for five years in Iraq, among other places. When I asked him if he did that as a doctor, he said "no." He was a soldier and carried a big gun and enjoyed using it. He was young and adventurous. When his tour was up, he went back to England and did a residency in internal medicine and then sat for his membership in the Royal Academy. He then joined the National Health Service and worked as a family practitioner. When the committee questioned him about his feelings concerning the British system, he said that he thought it was "great." I asked him about the income caps and he said, "no, there weren't any for the generalists." There were however, disincentives for working too hard. It seems that if you go over 2500 patients in your practice, they don't pay you as much. That's supposed to incentivize you to get an associate rather than try to overwork yourself at the expense of your patients. Sounds like a good idea – maybe! But what about the specialists? "Oh, that's a different story," he said. They're on salary as consultants. That's not as good. But all in all, he liked the system. So, then I asked him the obvious – why did he leave? It seems that he likes our system better.

And there's the rub. What changes are coming? Do any of us know? For that matter, do we think that anyone out there knows? Or are we going to go through another stock market-like ride related to our professional lives? When president-elect Obama walked out on stage in Chicago around midnight on Election Day, the ABC correspondent George Stephanopolous commented that his entrance was the most subdued that he had ever seen. Obama had an almost fearful look; perhaps he didn't believe that he had really won the race. Or maybe, he was afraid that he actually had. In any event, he recovered and gave a very inspirational speech coming back to his "change" theme.

The eternal pessimist says, "of course, change is coming." For the optimistic pessimist, the "of course" should be moderated by the statement that we can still play by the rules and do well, as long as we have a seat at the table that makes the rules – and that is why you're all here tonight. We all believe that by being part of the organization of radiology, we can direct the rule-makers – to some degree – and let them know what we feel is best for the patient, who is our true customer. Those people down in Washington have come to know our faces when we visit them every May with our bright red, white, and blue ACR badges and every once in a while, they do consider what we tell them. It's our job to keep them listening, even with the "change" providing background music. Who knows it could be playing "Joy To The World."

Finally, let me remind you that the Pennsylvania Radiological Society is here to help you if you need it. Feel free to contact me or the society's executive director, Bob Powell, whenever you have a question or issue that you need help with. And Bob has asked me to remind you that the year of facial hair has returned! With that said, I thank you all for coming out to this most successful meeting and hope that you have all enjoyed it.

## EDITOR'S COLUMN

**Thomas S. Chang, MD, FACR**  
**Pittsburgh, PA**

Because this is the last year of my second term as Editor, I don't have much more time to remind everyone of the useful resources available on our web site ([www.paradsoc.org](http://www.paradsoc.org), user name: members, password: Members06).

### Web-based radiology resources

In this issue of the *Bulletin*, Jason Itri, a Radiology resident at Penn, presents a fabulous list of great Radiology web sites. Those sites have been incorporated into the Links page of our web site. Anytime you need an answer to a Radiology question or need to see images of certain conditions, you should be able to find what you're looking for via our Links page. I've also included a nice site that lists most Radiology CME courses. Best of all, the courses are searchable by topic, keyword, location, date, or activity. If you haven't had a chance to use that site, I think you will be impressed when you try it.

### Get "On the Map" at [www.paradsoc.org](http://www.paradsoc.org)

You will notice that our web site has a map of Pennsylvania that shows the locations of what we call Member Groups, groups in which all radiologists are members of our society. This is one small way to express our appreciation to those groups that support what our society does and stands for.

If your group already has 100% participation in our society and should be placed on the map, please provide the information below to our Executive Director, Bob Powell. His contact information is shown on page 1. Additionally, if you would like to be included on the map and want to get non-members in your group to become members, an application for membership is also available on our web site. In case you're unaware, one of the perks of 100% membership (for medium and large groups) is a 10% discount in your annual dues if we're able to send you a single invoice for the entire group and if your group pays with a single check.

Name of Group: \_\_\_\_\_

Address (only 1 address): \_\_\_\_\_

Telephone (only 1): \_\_\_\_\_

Web Site: \_\_\_\_\_

## Go green

I know many of you would rather read your issues of the *Bulletin* online, rather than on paper. The issues are available in the Members Only section of our web site shortly before the print version comes out. Choosing to forgo the print version is not only better for the environment, but also helps us save money on printing and mailing costs. If you would like us to send you an email reminder whenever issues become available online and stop sending you the print version, please provide the following information to Bob Powell:

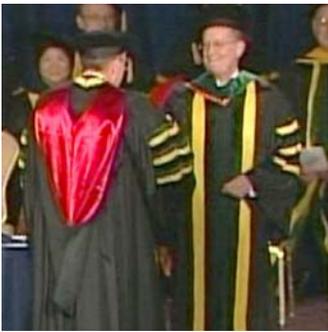
Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

We thank you for “going green.”

## Congratulations to our 2008 Fellows

As I reported in the Summer 2008 issue, we had four new Fellows of the American College of Radiology at the Annual Meeting in Washington, D.C. Here are photos commemorating their accomplishment.



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

## In this issue

Also in this issue is Irving Ehrlich’s inaugural address when he became President a couple of months ago. In step with Obama’s message of change, he talks about change in the world of Radiology. The always-prolific Bob Pyatt reports on the record-breaking Annual Meeting we had in

Philadelphia and on the activities of the Quality and Patient Safety Committee. He also reiterates the importance of RADPAC to every radiologist in the U.S. and encourages everyone to support this organization that is critical to our livelihoods.

## WEB-BASED RESOURCES FOR RADIOLOGISTS

Jason N. Itri, MD  
Radiology Resident, University of Pennsylvania

In a time generally referred to as the Information Age, many are finding that perhaps we have transitioned into a different time – the Internet Age. Those of us who remember the world before the Internet have vague memories of dusty, towering library shelves burrowed deep underground like catacombs, rewarding us only periodically during our searches for tomes of knowledge. And once found, we were forced to shoulder the heavy load to the nearest copier, hoping that the Xerox gods would not curse us with another confounding paper jam. Times have changed, and a brief survey of my resident class revealed that less than half had been to a library since medical school. If someone were to ask me how to get to the library, I could do nothing more than shrug my shoulders in ignorance. With the Internet becoming widely available at home, in the hospital, and even wirelessly on handheld devices, we now have 24-hour access to probably the greatest international repository of information at virtually no cost, provided we know where to look.

The focus of this brief article will be web-based resources for radiologists, and I will attempt to provide an overview of the different resources available to both residents and practicing radiologists. Web-based resources fall into several categories including general reference sites, radiology teaching file sites, radiology curriculum sites, technique-based resource sites, and metalink sites. As the volume of imaging studies continues to skyrocket and we are expected to perform and interpret studies faster and more accurately, we need resources that are readily accessible, easy to navigate, and reliable. I believe the web-based resources detailed below meet these criteria and should serve as a first step on your search for information.

## General references sites

**STATdx** is a radiology-specific reference site that offers real-time diagnostic decision support for residents and radiologists. There is a searchable database of articles that provide comprehensive overviews of numerous disease processes. Each article has a diagnosis section that provides an overview of key facts and reviews imaging findings, differential diagnosis, pathology, clinical issues, and selected references. There is a selected image gallery that shows representative images from different patients that can be sorted by typical/variant appearance, anatomy, or modality. The expert differential diagnosis feature allows you to select three separate diagnoses

for side-by-side comparison, or it will list common and uncommon diagnoses for a particular finding, such as small bowel dilation. A paid subscription is required for full access to STATdx, although you can tour the site for free.

Many hospitals and medical schools provide subscriptions to **Up To Date**, which is a comprehensive medicine reference site authored and edited by physicians and updated regularly to provide the most current information. The articles are based on peer-reviewed journals with the goal of providing practical, detailed, and evidence-based recommendations. There is a 'patient-level' information section for patients and their family members. If your institution does not have a subscription to Up To Date, another great medical reference site is **eMedicine**. Each article is segmented into sections that review the pathophysiology, epidemiology, clinical presentation, differential diagnosis, workup, treatment and medications, and follow-up. Many articles also feature diagrams, representative radiographic images, histology, and various other media files.

### Radiology teaching file sites

A Google search for radiology teaching files brings up over 7 million hits, and among these hits are several excellent sites for both residents and practicing radiologists, listed in no particular order. The **ACR's Case in Point** has an archive of several hundred cases that can be displayed as either knowns or unknowns. With a free subscription, the ACR will even send you a teaching case notification by e-mail every morning. **MedPix** is an on-line medical imaging database that features over 10,000 peer-reviewed teaching cases, viewable in unknown format. **Learning Radiology** is a site designed more for medical students and junior residents, with several hundred teaching files, tutorials, lectures, and the ability to subscribe to periodic Podcasts covering a variety of topics. **MyPACS** is a free site that boasts over 18,000 teaching cases submitted by users worldwide. This is one of the few sites that not only allow you to view teaching files as knowns or unknowns, but also create them directly from your hospital-based PACS or home computer. There are several featured collections and all public cases are indexed by the RSNA MIRC query service. ACR's Case in Point and MedPix offer CME credit for completing teaching files.

### Radiology curriculum sites

The radiology subspecialty sites described below provide web-based curriculums that combine didactic-type lecture material and multi-media imaging files into a tutorial format. The **Cleveland Clinic Pediatric Radiology** site is perhaps one of the best subspecialty sites available, providing a comprehensive curriculum with modules spanning a broad range of topics. Features such as mouse-over graphics, pre- and post-tests, and references for additional reading enhance the learning experience. The **Norwich Image Interpretation Course** consists of eleven modules designed to review normal musculoskeletal anatomy, common fractures, fracture classifications, risk

factors, and associated injuries. Each module has an associated self-test section to review the material and concepts covered in the module. **Lieberman's eRadiology** is a site that offers interactive tutorials designed to teach medical students and radiology residents radiologic imaging with ten curricula that cover multiple topics. There is also a compendium of images that demonstrate classic radiologic findings, a learning lab with over 450 mini seminar presentations, and an MRI atlas of the abdomen.

### Technique-based resource sites

**CTisus** is a site that offers a comprehensive review of CT techniques and protocols with learning modules that review the principles of multidetector CT, coronary CT angiography, and CT/PET. There are multiple links to teaching files, lectures, and member-submitted cases that make this site a valuable resource for CT education. And if you subscribe to the CTisus Vodcast/Podcast feature, you will have access to over 100 video and audio Podcasts. **e-MRI** offers numerous imaging physics and technique courses that focus on basic NMR physics and advanced MR techniques. Modules include cardiac MRI, perfusion imaging, diffusion-weighted MRI, diffusion tensor imaging, functional MRI, MR spectroscopy, and 3T high-field MRI.

### Metalink sites

Metalink sites provide access to a large number of resources to help broaden your search for information. The **RSNA** website serves as a portal to educational, professional, and research-related resources that is impressive in both scope and quality. There is a customizable feature called **myRSNA** that allows you to rearrange the website through widgets to display only the information that is relevant to you. The website hosts forums on various aspects of radiology and provides on-line access to RSNA News and the RSNA-sponsored journals. There are comprehensive educational and research-related resources, in addition to a career connection service. **Aunt Minnie** is another of the more commonly known metalink sites that provides not only educational and reference resources such as on-line symposia, teaching files, and practice guideline, but hosts a dizzying array of features, including a career center, marketplace for books and equipment, forums for medical students, residents and physicians, radiology news, and a buyer's guide reviewing over 4000 products from more than 1600 vendors.

In summary, there is an incredible wealth of information and resources available on the Internet. This article was intended to provide a brief review of the different types of resources available, and I hope you find it helpful. Please visit the Links section of the PRS website for a more comprehensive list of excellent websites that provide resources for radiologists.

### Sites highlighted in this article

#### General reference sites

<https://my.statdx.com/>

<http://www.uptodate.com/home/index.html>

<http://emedicine.medscape.com/>

### Radiology teaching files sites

<http://caseinpoint.acr.org/>  
[http://rad.usuhs.mil/medpix/medpix\\_home.html](http://rad.usuhs.mil/medpix/medpix_home.html)  
<http://www.learningradiology.com/>  
<http://www.mypacs.net/>

### Radiology curriculum sites

<https://www.cchs.net/pediatricradiology/>  
<http://imageinterpretation.co.uk/>  
<http://eradiology.bidmc.harvard.edu/>

### Technique-based resource sites

<http://www.ctisus.com/>  
<http://www.e-mri.org/>

### Metalink sites

<http://www.rsna.org/>  
<http://www.auntminnie.com/index.asp?sec=def>

## 2008 ANNUAL MEETING: A RECORD BREAKING SUCCESS!

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

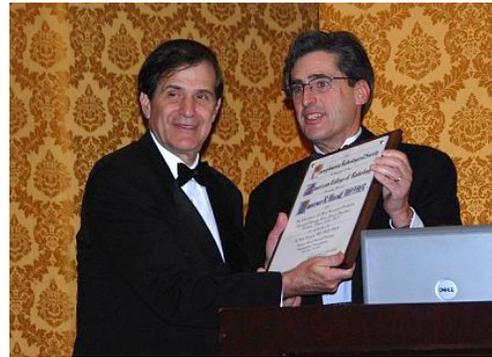
This year's Annual Meeting, held Nov. 14-16 at the Ritz Carlton Hotel in Philadelphia, was a record-breaking success, with a room-maximum crowd of 110 attendees. This is more than twice the attendance rate when we used to hold our meetings at the Hotel Hershey. The Annual Oration and Dinner for the Honored Radiologist (**R. Nick Bryan, MD, PhD**, Chair at the Hospital of the University of Pennsylvania) also had a record crowd of 150.



2007-08 President Richard Taxin, M.D., FACR (right) presents a plaque of gratitude to the Honored Radiologist R. Nick Bryan, M.D., Ph.D., FACR

The evening's events also witnessed the passing of the Presidential gavel from Richard Taxin, MD, FACR to Irving Ehrlich, MD, FACR. The educational event was packed with outstanding speakers covering the latest "hot" topics in

imaging, such as Commoditization, Issues facing the American Board of Radiology, The Changing Relationships between Hospitals and Radiologists, The State of Medicine in Pennsylvania, and How to Deal with Contrast Emergencies. The afternoon was highlighted with further well-known national faculty, Drs. Larry Muroff and Frank Lexa, covering strategic issues confronting radiology practices. Attendees reported very high levels ("best ever") of satisfaction with this year's program.



2007-08 President Richard Taxin, M.D., FACR (right) thanks the Honored Lecturer, Lawrence Muroff, M.D., FACR

Next year's program will also be in Philadelphia, again at the Ritz Carlton, Oct. 30-Nov. 1, 2009. **Here are some topics suggested for the 2009 program:** update on commoditization; radiation oncology topics; ABR update; marketing (by Dr. Lexa); integrated employment models/becoming a hospital employee; salary trends; National Quality Forum; radiation exposure & CT dose reduction/ patient safety; corporate takeover of radiology groups; CT colonography; healthcare reform update with the new President/Congress; Radiology Report of the Future/ structured reports (with Curt Langlotz from HUP); practice efficiencies and use of radiology assistants (RAs); panel discussion on generational issues within radiology practices; breast imaging new technologies: BSGI/MBI, tomosynthesis, elastography, CT; new indications for PET/CT; utilization management; ACR data registries such as GRID, mammography, etc.; the future of the small or rural practice; the aging PA radiologist workforce and future trends/ solutions and recruiting challenges; ways to do joint ventures.

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*Attendees reported very high levels ("best ever") of satisfaction with this year's program.*

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As part of the Annual Meeting, we will always have the leadoff speaker be from the ACR, covering the "latest and hottest issues facing radiologists and radiation oncologists across the U.S." In 2009, there will be an effort to get more handouts available, and also to place the programs on the PRS web site ([www.paradsoc.org](http://www.paradsoc.org)).

If you have any ideas for the 2009 program, please let me know: [bob\\_pyatt@hotmail.com](mailto:bob_pyatt@hotmail.com)

## QUALITY AND PATIENT SAFETY COMMITTEE REPORT

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

With the release of the Medicare Physician Fee Schedule rule on October 31, 2008, CMS (Center for Medicare and Medicaid Services) 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. These two new measures are "Inappropriate Use of BI-RADS 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 were previously included in PQRI. 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 for nuclear medicine – the first ever for nuclear medicine physicians.

In mid-2008, the National Quality Forum (NQF) reviewed the eight radiology measures that were developed collaboratively with the AMA Physician Consortium for Performance Improvement (PCPI) and the ACR. Of the eight measures, only four have now been approved by the NQF. One of these 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, which 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 September/October ACR *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 web site for updates on PQRI and other Quality and Patient Safety updates ([www.acr.org](http://www.acr.org)).

Other issues being addressed on Quality and Patient Safety at the ACR web site 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).

## RADPAC: IMPORTANT TO YOU AND YOUR PRACTICE

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

In 2008 RADPAC attended more than 400 fund raising events for Members of Congress in Washington, D.C., and throughout the country. At these events RADPAC educates Members of Congress about issues important to the radiology profession, such as Medicare reimbursement and the over-utilization of imaging by non-radiologists. **With RADPAC's help, the ACR scored a major legislative victory this year with passage of House bill H.R. 6331, the Medicare Improvements for Patients and Providers Act of 2008. This bill not only replaced a scheduled 10.6% cut to Medicare reimbursement with an increase until 2010, it also included imaging-specific provisions, such as mandatory accreditation for providers of advanced diagnostic services and an appropriateness criteria demonstration project.**

### Importance of RADPAC participation

Radiologists must realize that the future of their profession lies in the hands of decision-makers in Congress. The more the radiology community *invests* in RADPAC, the *louder* the political voice for the radiology profession becomes on Capitol Hill. In Pennsylvania, there were 93 contributors, or about 10% of the state's ACR members. These radiologists contributed \$39,940 dollars in hard money, for an average contribution of \$429. Nationally, 1,896 radiologists contributed, or about 10% of the ACR members, for an average contribution of \$417. One of the easiest ways to contribute to RADPAC is with a deduction from each paycheck, such as \$10, \$15, or \$20. At the end of a year, this accumulated contribution can be significant for a group practice. In our practice, each radiologist receives this designated money and writes a personal check to RADPAC (corporate checks are not permissible). Collectively, this can be a multi-thousand dollar painless contribution from each practice. For more information, please contact Ted Burnes, Director, RADPAC & Political Education, via email ([tburnes@acr.org](mailto:tburnes@acr.org)) or go to the web site ([www.radpac.org](http://www.radpac.org)). If I can help, please contact me at [bob\\_pyatt@hotmail.com](mailto:bob_pyatt@hotmail.com).

## ANNOUNCEMENTS

**August 6-9, 2009:** 27<sup>th</sup> Annual Pittsburgh Breast Imaging Seminar to be held at the David L. Lawrence Convention Center, with all events on one floor, Pittsburgh, PA. 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, William Poller, MD, FACR. Course Director: William R. Poller, MD, FACR. For further information please call 412-359-4952 or e-mail Cheri Jackel at [cjackel@wpahs.org](mailto:cjackel@wpahs.org).