

## The Pennsylvania Radiological Society

### A Chapter of the American College of Radiology

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Remember, the **Bulletin** is available on the Internet at the following home page: <http://www.paradsoc.org/>

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#### PRESIDENT'S MESSAGE

**Melvin Deutsch, MD, FACR**  
University of Pittsburgh  
Pittsburgh, PA

Now that the Obama health plan has been passed into law, it is still very important that physicians stay involved politically. Whether you supported or opposed the Health Care Bill, you should still communicate with your congressman in Washington, D.C. and at least express your opinion concerning his or her vote. Also, we should let our elected representatives know what we like and don't like about the Bill and make suggestions for future legislation to address problems. One obvious point is the lack of any substantive approach to tort reform.

At the upcoming ACR meeting in Washington, D.C., some of us will have the opportunity to speak directly to our representatives. However, we should all try to meet with them when they are in-state. Of course, donations to RADPAC and to individual representatives increase our influence.

Also be sure to vote! As they say in Chicago: "Vote early and often".

#### EDITOR'S COLUMN

**Anne P. Dunne, MD**  
Geisinger Medical Center  
Danville PA

I attended the 58<sup>th</sup> annual meeting of the Association of University Radiologists (AUR) March 23-26 in San Diego. I thought it might be worthwhile and interesting to highlight some of the themes and emphases of this meeting. These are some of the influences on trainees which may have impact on the future practice of radiology.

With sponsorship of the Radiological Society of North America, the following groups met:

SCARD - Society of Chairs of Academic Radiology Departments

APDR - Association of Program Directors in Radiology

A3CR2 - American Alliance of Academic Chief Residents in Radiology

ACER - Alliance of Clinical-Educators in Radiology

AMSER - Alliance of Medical Student Educators in Radiology

RAHSR - Radiology Alliance for Health Services Research

RRA - Radiology Research Alliance

SNM - Society of Nuclear Medicine

APCR - Association of Program Coordinators in Radiology

In addition, there were representatives of the ABR, ACR, ACGME and AFIP.

There was much discussion on re-structuring radiology residency programs to align with the new timing of the American Board of Radiology examinations. The first group of residents to be affected starts radiology residency in July 2010. Their core examination will be at the end of the 3<sup>rd</sup> year of radiology residency (2013). This will be a computer-based examination. The last oral boards will be in 2013 for 4<sup>th</sup> year residents finishing under the old system. The certifying examination under the new system is also a computer-based exam and will be given 15 months after completion of the residency starting in 2015. There will be an article in an upcoming issue of JACR describing one institution's approach to re-structuring their residency program and resident rotations. In general, there was emphasis on education over service.

Keynote speeches focused on issues of professionalism, quality, safety and the characteristics of the multiple

generations in the workforce. Due to extended longevity of the population and recent economic downturns, there is an unprecedented mixing of four generations in the work place: the Silent Generation, the Baby-Boomers, Generation X and Generation Y. It is important for the generations to understand each other and communicate well. I encourage you to read on this topic. It is fascinating.

Hmm. It's getting late and I'm tired. How will I finish this Editor's Column?

If I was from the Silent Generation, I would just finish the damn thing and not complain.

If I was from the Boomer Generation (which I am), I'd stay up all night in a quiet room and get it done and tell everyone it took me 7 hours and I got only 3 hours of sleep.

If I was from Gen X, I might just skip the Editor's Column this issue.

If I was from Gen Y, I'd work on the column while watching TV, talking to a friend on my cell phone, text messaging, snacking and listening to music.

The invited speaker for the Lucy Squire Lecture was Robert Mankoff, cartoon editor at The New Yorker magazine. He spoke on "Humor in Teaching and the Teaching of Humor". He is involved in humor research at the University of Michigan.

**KUDOS to University of Pittsburgh!** They received the award from AFIP for the most number of interesting cases brought to AFIP this academic year by radiology residents.

Speaking of AFIP—It will continue but under the sponsorship of the ACR, not the military, starting January 2011. There will be a name change and a local move to larger quarters about 10 minutes north of its current location (from Walter Reed to Bethesda).

There is continuing study of resident duty hours by the ACGME and IOM (Institute of Medicine). The final draft resolution is scheduled to debut in September 2010 and implementation will be in July 2011. It is expected that the new rules will be more stringent than currently with a cost of \$1.7 billion to implement. In the future, there may be similar regulations for faculty.

The keynote address was by Lawrence G. Smith, MD, CMO of North Shore- Long Island Jewish Health System (NS-LIJHS) and now Dean of a new medical school-Hofstra University School of Medicine in conjunction with NS-LIJHS. While his talk was on "Medical Professionalism and the Generation Gap", he mentioned some very interesting historical facts about medical schools in the United States. Before World War II, most medical students were from wealthy families. However, following the war and with the GI Bill, there was a glut of qualified applicants and not enough medical schools or enough slots in existing medical schools to accommodate them. This was particularly tight between 1953 and 1963. In response, between 1960 and 1970, 45 new medical schools opened. However, between 1978 and 2001, there have been no additional medical schools and the population has grown by 35% in that interval. We are now, once again, entering a time of medical

school growth with 20 schools scheduled to open in the near future; e.g. the new medical school in Northeast Pennsylvania and the school at Hofstra in New York.

In the United States, medical students with the most choice (the best and brightest) are choosing specialties that enhance financial gain and lifestyle (dermatology, radiation oncology, diagnostic radiology, orthopedic surgery, plastic surgery and ENT). If students go into internal medicine, they do a fellowship in a specialty. One generation ago, medical school graduates overwhelmingly selected general internal medicine and general surgery. In countries where all doctors are paid the same salary, these differences do not occur.

Lastly, St. Vincent's Medical Center in New York City (part of the New York Medical College consortium) is closing its residency and fellowship programs in June 2010.

Clearly, this is a time of change. I end with a quote from the AUR meeting: "Success is the ability to go from failure to failure without losing enthusiasm"—Winston Churchill.

With this issue, we start profiles of PRS officers. The purpose is two-fold: #1: to highlight an individual to the membership and show how she or he became involved in the PRS/ACR and what they enjoy about working in the society and #2: to detail the role the individual plays in service to the society and the membership. Dr. Ellen Tabor is the first officer to be so profiled (see below). While she prefers to work behind the scenes, she graciously consented to be interviewed for this profile and I thank her greatly for her time and spirit. Her profile is also timely, since she will be the senior councilor of the PRS at the ACR meeting this May in Washington, D.C.

### **PRS Profile: Ellen K. Tabor, M.D.**

**Senior Councilor of PRS  
West Penn Hospital  
Pittsburgh, PA**

Dr. Tabor has been a member of the ACR for 23 years. She credits former colleagues for introducing her to ACR/PRS activities. Dr. Marcela Bohm-Velez pointed her in the direction of the PRS Scientific Exhibits Committee for the annual meeting in 1994. The next year, Dr. Tabor became vice Chair of this committee and then chair until 2002. She has also been on the PRS Committee on Continuing Education and the Program Committee. Dr. Ellen Mendelson suggested she become a mammography reviewer for the ACR and Dr. Tabor has been involved in this since 1995. Dr. Tabor thanks Dr. Harvey Neiman for the time to work on these endeavors when she was first starting out.

In addition to the above activities, Dr. Tabor serves on multiple committees of the American Society of Head and Neck Radiology: membership committee, nominating committee, international committee and website committee. She is secretary of the Pittsburgh Roentgen Society. She has served

as an alternate councilor and councilor for the PRS and is on the Executive Committee and Board of Directors of the PRS.

Dr. Tabor relates that she was amazed at the organization and structure of the American College of Radiology at the first ACR meeting she attended in Washington, D.C. She enjoys the process and work of advancing the profession of radiology. She likes to witness and be involved in improvements in patient care and radiology practice. She is glad to give back for all that the PRS/ACR has done for her, both personally and for the radiology community as a whole.

Dr. Tabor received a Bachelor of Science degree in chemistry from the Virginia Polytechnic Institute and State University in Blacksburg, VA. She received her medical degree from West Virginia School of Medicine in Morgantown, WV. She did radiology residency at the University of Pittsburgh where she was chief resident. Dr. Tabor is currently a Clinical Assistant Professor at Temple University. Her most loved hobby is international travel and Dr. Tabor has visited approximately 45 countries to date.

Dr. Melvin Deustch, president of the PRS, appointed Dr. Tabor to the leadership position of senior councilor. Dr. Tabor will run the Pennsylvania caucus and be the PRS go-to person at the ACR meeting this May in Washington, D.C. Her responsibilities include ensuring that there is proper representation of the PRS at the meeting. Each state is allowed 1 councilor per 100 members. Dr. Tabor is currently lining up the councilors and alternate councilors for the meeting. She will assign each councilor a portion of the resolutions, standards and draft guidelines that are up for review based on his/her areas of expertise. These will be reviewed on-line prior to the meeting and then discussed at a pre-meeting of the PRS and then at the ACR meeting where they will be voted upon. The resolutions are divided into 4 major groups and Dr. Tabor will select a leader for each group. She and these 4 reps will submit a full report at the October PRS meeting which will be printed in the PRS Bulletin.

Dr. Tabor encourages others to become involved in the PRS and ACR. She states it is never too early to participate-even residents should. She recommends finding an active member in your geographic area and letting her or him know of your interest. If you do not know someone in your area, contact Robert Powell, executive director of the PRS.

**Legislative Update March 2010**  
**Elaine R. Lewis, MD**  
**Reading Hospital & Medical Center**  
**Reading, PA**

At the February 2010 Specialty Leadership Cabinet meeting of the PMS, representatives from each specialty were asked

to discuss the most significant challenge their medical specialty will face in the next year. There were a few common themes among the specialties including decreasing reimbursement and becoming employees of hospitals or other large medical groups. Many practices, faced with increasing costs and the inability to meet those costs, have been bought by hospitals with the physicians and staff becoming employees.

As with any trend, there are both positive and negative consequences. The positive position is that when employed by a hospital, a physician is relieved of the responsibility of running a practice, with the hospital now taking care of billing, insurance, and employee issues. Also, there is the growing concept that these physician employee models allow physicians to work more closely and coordinate patient care with resulting decreasing medical costs. Many of our colleagues are already a part of this health care delivery model. The negative aspect, as perceived by many of the sub-specialty practices, including many in radiology, is the loss of autonomy and issues of reimbursement. There is concern among the radiology community that with teleradiology, it has become easier for hospitals to replace an existing radiology group, decreasing the leverage the group has to negotiate contracts with the hospitals. Radiologists have become increasingly aware of the need to provide outstanding service to both hospitals and referring clinicians as one method of addressing this issue.

Within the state legislature, the self referral House Bill 1405 is in the House, Health and Human Services Committee. Elements of the bill have been drafted into HB 247 - Certificate of Need. The PMS opposes the bill and has voiced its concerns to the House Insurance Committee Chairman Deluca. With input from the PRS, the bill has been rewritten to mirror language in a current law in Maryland. Originally, the rewritten bill was to be discussed at a meeting of the committee in March; however the discussion was postponed due to the passage of the federal health care reform package. The state bill will be reconsidered after determining the impact of the federal legislation. Meanwhile, no action has been taken on the third bill of interest to the PRS, House Bill 1358 - Patient Test Result Information. Both the PRS and the PMS continue to oppose this bill.

**2010 PRS Annual Meeting Educational Program**  
**Robert S. Pyatt, Jr., MD, FACR**  
**Chair, Committee on Continuing Education**  
**Chambersburg Imaging Associates**  
**Chambersburg, PA**

The educational program will be on Saturday, October 9, in Pittsburgh. While final details of the program are still coming together, here is a draft of the day's events:

**8:00 Welcoming Remarks, Melvin Deutsch, MD, FACR, President**

**8:00 Introduction, Robert S. Pyatt, Jr., MD, FACR, Program Chair**

8:00 “National Issues Facing Radiologists and Radiation Oncologists”, ACR Speaker TBA

8:45 “Radiation Terrorism”, Dr. Joel Greenburg, UPMC

**9:30 – 9:45 Coffee break & Visit Vendor displays**

9:45 “Nighthawks and Other Teleradiology Ventures – Good or Bad for Radiology?”  
David Levin, MD, FACR

10:30 “Utilization Management in Radiology: Controversies and Strategies”  
Vijay Rao, MD, FACR

11:15 – 11:45 Panel Discussions of Morning Issues

**11:45 Morning Session Ends. Annual PRS Business Meeting begins**

**12:00 - 1:00 Lunch**

**1:00** Panel Discussion: Moderator: Eric Faerber, MD, FACR  
“Hot Topics/Issues Facing Radiology Residents and Fellows in Pennsylvania”

1:45 “Turf Battles in Radiology – Strategies and Tactics for Winning: Part I”  
David Levin, MD, FACR and Vijay Rao, MD, FACR

**2:30 – 2:45 Coffee Break**

2:45 – 3:30 “Turf Battles in Radiology-Strategies and Tactics for Winning: Part II”  
David Levin, MD, FACR and Vijay Rao, MD, FACR

3:30 – 4:15 Topic to be Determined. Several ideas under discussion.

4:15 – 4:45 Panel Discussions of Afternoon Topics

**4:45 Adjournment**

**Evening Honored Radiologist Program: Guest Speaker Not Yet Announced.**

**CME Total Hours: 7.5 hours (3.5 in Morning; 3.5 in Afternoon; 0.5 in Evening)**

## QUALITY AND PATIENT SAFETY COMMITTEE REPORT

**Robert S. Pyatt, Jr., MD, FACR, Chair**  
**Chambersburg Imaging Associates**  
**Chambersburg, PA**

Here are PQI projects from the ACR website that can be used for MOC.

**Another is the CTC- CT Colonography Registry.**

### PQI Projects

Practice Quality Improvement (PQI) is one of four components of the American Board of Radiology’s Maintenance of Certification (MOC) process. All radiologists who require MOC must have selected a project by the beginning of 2008 that is relevant to their practice, is achievable in a practice setting, produces measurable results that are suitable for repeated measurements, and is able to effect quality improvement.

The three programs listed below have been qualified by the American Board of Radiology in meeting the criteria for PQI toward the purpose of fulfilling requirements in the ABR’s MOC program.

### R-O PEER™

R-O PEER™ offers radiation oncologists the opportunity to fulfill Part IV, Evaluation of Performance in Practice for Maintenance of Certification (MOC), for the American Board of Radiology (ABR) through the Radiation Oncology Practice Accreditation Program.

Following the survey, a final report will be issued to each participating radiation oncologist. If any corrective action measures are identified, the final report will request additional documentation that demonstrates that these have been appropriately addressed. When this documentation is submitted and reviewed, a certification of satisfactory completion of the PQI project will be issued.

If your facility is applying for accreditation, the information and application are included with the documents for radiation oncology accreditation. You may download these and submit with your facility’s accreditation application documents.

For Additional Information Contact the ACR Radiation Oncology Practice Accreditation Program office in Reston, Virginia at 800-770-0145 or [rad-onc-accred@acr.org](mailto:rad-onc-accred@acr.org).

### IV Contrast Extravasation (ICE)

The Society of Uroradiology and American College of Radiology together have developed an online PQI project that meets requirements for the Practice Quality Improvement (PQI) component of the American Board of Radiology’s Maintenance of Certification (MOC) process.

The project is titled ICE -- Intravenous Iodinated Contrast Extravasation during Computerized Tomography. Radiologists may participate in the project individually or as part of a group. For more information and registration, visit ICE (<https://nrdr.acr.org/portal/ICE/Main/page.aspx>).

If you have any questions concerning this PQI project please contact Dr. Tom Dykes at 717-531-7948 or [tdykes@hmc.psu.edu](mailto:tdykes@hmc.psu.edu). Registration assistance and technical questions should be directed to Lu Meyer of the ACR at 800-227-5463, ext. 4958 or [lmeyer@acr.org](mailto:lmeyer@acr.org)

## **Summary of Imaging Related Provisions in Health Care Reform Law**

**Robert S. Pyatt, Jr., MD, FACR  
Chambersburg Imaging Associates  
Chambersburg, PA**

**Dr. Pyatt directs our attention to this informative article from the ACR website.**

The U.S. House of Representatives passed the underlying health care reform bill on Sunday and the President signed that bill into law on Tuesday March 23. On March 25, the Senate and House passed additional health care reform legislation to amend several parts of the newly signed law under the process known as budget reconciliation. The President will sign that bill into law in the coming days.

There are several imaging related provisions contained in the recently enacted health care reform bills affecting ACR members. A broad summary of these issues are provided below. There are many hidden and layered provisions included in the new law, and The College will share its analysis as they are unearthed in this 2700 page public law.

### **Increase in the Medicare Utilization Assumption Rate**

The utilization assumption rate is used to help determine the technical portion of reimbursement in a non-hospital setting. Starting in 2011, the rate will be increased from the current (2010) level of 62.5 percent to 75 percent for equipment costing \$1 million or more (MR & CT) as determined by CMS. Radiation Therapy services are excluded. This provision trumps the CMS rule requiring the rate to increase to 90 percent in 2013. ACR was able to successfully lobby against a last minute congressional effort to raise the rate to 90 percent starting in 2011.

### **Increase in Contiguous Body Part Discount Rate**

The contiguous body parts discount, currently at 25 percent, will be raised to 50 percent in 2011.

### **Self-Referral Disclosure**

A patient disclosure provision will require self-referring physicians to inform their patients in writing that the physician/facility will benefit financially from the imaging procedure. The law will also require the physician/facility to provide a list of additional imaging facilities from which the patient may receive their imaging services. Although ACR is frustrated by Congress' continued unwillingness to tackle this issue by closing the in-office ancillary services loophole, the College is pleased that Congress has taken a first, albeit small, step to confront this growing problem.

ACR will continue to work with Congress to demonstrate the need for stricter self-referral guidelines.

### **Appropriateness Criteria Study**

The new law creates a "Center for Medicare and Medicaid Innovation" (CMI). Essentially, CMI will explore various models to address poor clinical outcomes or potentially avoidable expenditures. At the direction of ACR, one of the models specifically suggested in the statute for CMI study involves linking payments to physicians who order advanced diagnostic imaging services to their adherence to and use of appropriateness criteria for the ordering of such services.

### **Exclusion of USPSTF Mammography Screening Guidelines as Basis for Coverage Decisions**

As a direct result of intense ACR lobbying efforts, the new law specifically prohibits all insurers from denying coverage for breast cancer screening exams based on the recommendations made by the US Preventative Services Task Force.

### **DXA Reimbursement Adjustment**

The DXA provision requires Medicare to reimburse DXA and VFA during 2010 and 2011 at no less than 70 percent of the 2006 rates. This means that DXA will be reimbursed at approximately \$98 and VFA at \$27. These new rates will go into effect as soon as the president signs the bill and are retroactive to January 1, 2010.

### **Sustainable Growth Rate**

There was no repeal or "permanent fix" of Medicare's Sustainable Growth Rate (SGR) formula contained in the new law. However, under separate legislation, the current extension of the 2009 SGR rates expires April 5. Lawmakers are in the process of extending the April 5 deadline until April 30. Another bill extending the 2009 payment rate deadline until September 30 will be considered when Congress returns from its two week spring recess. A permanent fix, now costing close to \$300 billion, still eludes lawmakers.

## **The Faceless Radiologist**

**John H. Feist, MD, FACR  
Pittsburgh, PA**

In this digital age, radiologists have become ever more impersonal, especially to patients. Rarely do referring physicians give explicit credit to us for making the imaging diagnosis and recommendations. Even our personal contacts with referring physicians have decreased. It is vital that patients recognize the radiologists' identity and role in Medicine.

Throughout my career, I have made it a habit to enter the radiology waiting room frequently, usually to talk to patients about the findings on their examinations and the report to their physician. I often did this when STAT readings were

requested, or in the case of very ill inpatients. This always required some tact and bedside manner, but was always welcomed by the patients (and families), and I never received a complaint from referring physicians. This left no question in patients' minds that it was the radiologist who made the imaging diagnosis, whether positive, doubtful, or negative, but always explicitly left the management decision up to their physician. The message also was never lost on the other patients in the waiting room.

There is no substitute for such direct identification of the radiologist. I have no doubt that the effort to be real to our patients, and to train our residents accordingly by example, is critical to the future of our specialty.

### **RADPAC Legislative Update**

**Robert S. Pyatt, Jr., MD, FACR**  
**Chambersburg Imaging Associates**  
**Chambersburg, PA**

**March 21, 2010** – House passes the Senate healthcare reform bill by a vote of 219-212 (216 votes were needed for passage). There were 34 House Democrats who voted “Nay” and no Republicans voted in support of the reform bill. The House also passed a reconciliation package of “changes” to be made to the passed Senate bill by a vote of 220-211. There were 33 Democrats who voted “Nay” and no Republicans voted in support of the reconciliation package. The reconciliation package included a utilization rate assumption increase to 75% - which results in a significant cut to the technical component reimbursement on imaging by equipment priced at \$1 million or more in outpatient imaging setting. The Senate bill without reconciliation would have the utilization rate assumption set at 65%.

**March 9, 2010** – Introduction of Safeguarding Access to Preventative Services Act of 2010 – House bill H.R. 4794. This bill prohibits the use of any recommendation of the Preventive Services Task Force (or any successor task force) to deny or restrict coverage of an item or service under a Federal health care program, a group health plan, or a health insurance issuer, and for other purposes. For more information about this bill, click on the following link:  
<http://thomas.loc.gov/cgi-bin/bdquery/z?d111:HR04794:@@L&summ2=m&>

**Feb. 26, 2010** - At a House Energy and Commerce Health Subcommittee hearing titled Medical Radiation: An Overview of the Issues, E. Stephen Amis, MD, FACR, chair of the ACR Task Force on Radiation Dose in Medicine, urged Congress to require accreditation of all facilities which bill Medicare for advanced medical imaging and radiation oncology services, including those in hospitals, to reduce the likelihood of adverse patient events and help assure a baseline quality of care nationwide.

### **Virtual Colonoscopy Legislation**

The ACR's Government Relations office is in active discussions with many key Members of Congress in the House about introducing a piece of legislation that would require Medicare to cover virtual colonoscopy (CTC). More details to follow soon.

### **RADPAC BOARD**

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Scott Truhlar, M.D.

### **RADPAC 2010 Statistics**

Contributions raised in 2010 as of 3/3/2010:

Hard money contributions: \$217,938.67 (\$253,668 in 2009)  
Soft money contributions: \$ 10,451.28 (\$ 23,001 in 2009)  
Total contributions: \$228,389.95 (\$276,669 in 2009)

Total number of contributors in 2010 as of 3/3/2010:

Hard money contributors: 612 (742 in 2009)  
Soft money contributors: 84 (86 in 2009)

So far for 2010 RADPAC has already contributed \$104,000 to federal candidates and has attended 39 fundraising events. This means that RADPAC has contributed over \$1 million so far this 2009-2010 election cycle with a total contributed of \$1,037,500.

### **Top Three States of 2010 as of March 3, 2010**

Top Three States with most Top Three States with the highest RADPAC contributors % of RADPAC contributors  
STATE ACRa Members RADPAC Contributors 2010  
North Carolina 792 111  
Texas 1484 103  
Pennsylvania 1051 40

STATE ACRa Members RADPAC Contributors 2010 PERCENT 2010  
North Carolina 792 111 14%  
South Carolina 286 26 9%  
Puerto Rico 91 7 8%

RADPAC has the most up to date state by state comparison chart on its website. If you want to see where your state ranks and compare your state with other states click the link below:  
[http://www.acr.org/SecondaryMainMenuCategories/GR\\_Econ/FeaturedCategories/RADPAC/2010stateranking.aspx](http://www.acr.org/SecondaryMainMenuCategories/GR_Econ/FeaturedCategories/RADPAC/2010stateranking.aspx)

## **RADPAC In The News**

Below is a link to an interesting article that was recently published in USA Today about political fundraising and contributions in the healthcare community and to see where RADPAC ranks:

[http://www.usatoday.com/news/health/2010-02-16health-care\\_N.htm](http://www.usatoday.com/news/health/2010-02-16health-care_N.htm)

**Another Radiologist Running for Congress** Radiologist George Flinn, M.D. is running for the Congressional seat currently held by Congressman John Tanner (TN-8) who is retiring. To learn more about Dr. Flinn's campaign visit his website: <http://www.georgeflinn.com/>

## **2010 RADPAC Gala**

RADPAC is pleased to announce that Congressman Bruce Braley of Iowa will be the CARE Award recipient at this year's RADPAC Gala held May 18 during the ACR AMCLC. If you would like to RSVP for the gala mark your meeting registration form or email Heather Kaiser at [hkaiser@acr.org](mailto:hkaiser@acr.org)

## **STATE PROFILE – Texas**

### **Dr. Thomas Fletcher – Austin Radiological Associates**

Q: As a RADPAC Board member you have gotten your entire practice to contribute to RADPAC each year. For 2010 RADPAC received \$82,000 from 82 radiologists at your practice. What advice would you give a practice to motivate them to get to the 100% participation level?

A: The reason to contribute to RADPAC is self-evident. Our survival as a robust, independently functioning professional medical specialty requires political engagement. The reality of politics in America today requires that politicians spend large sums of money to campaign and win elections. We need the attention of the politicians to listen to our issues and they need our PAC money.

Q: How did you bring up the concept of RADPAC participation to your group?

A: A useful way to achieve 100% participation from the group is to bring up the issue as a scheduled topic for consideration at the annual board meeting when officers are elected. This timing assures maximum participation of the partnership and elevates the topic to the top echelon of issues germane to the practice.

## **Outstanding Group Practice Hard Money Contributors - 2010 (as of March 12, 2010)**

Arkansas

Radiology Associates of Dothan, P.C.

New York

DRA Imaging, P.C.

California

X-Ray Medical Group

Connecticut

Danbury Radiology

North Carolina

Catawba Radiology Associates Eastern Radiologists, Inc.

Mecklenburg Radiology Associates

District of Columbia

Center Radiology

Drs. Groover, Christie and Merritt Associates (DC & MD)

Pennsylvania

Southeast Radiology, Ltd.

South Carolina

Florence Radiological Associates, P.A.

Florida

Bay Radiology Associates

New Jersey

Hackensack Radiology Group

Texas

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FACEBOOK PAGE

<http://www.facebook.com/home.php#/profile.php?id=1086441181>

## **RADPAC Board Member Profile**

### **Dr. Jennifer Nathan – Georgetown University Medical Center, Washington, DC**

Q: Why is RADPAC important to residents?

A: The important questions to ask residents are: do you want to have a voice in regards to health care reform affecting radiology? Do you care about self-referral? Is Medicare reimbursement important to you? Is patient safety important to you? I think most, if not all residents would respond yes to all of these questions. RADPAC is a highly effective means to provide a competitive edge for political and economical matters affecting the future of radiology, and should be important to all radiologists. Legislators frequently make drastic, critical decisions often with a limited amount of information. It is therefore of paramount importance to have a vehicle to both educate and advocate for the future of radiology. RADPAC does just that. It works through establishing relationships with key members of Congress, educates them on the essential issues, and strongly advocates

for radiologists via the political process to keep our concerns at the forefront. The question should not be is RADPAC important to me as a resident, but rather how can I get more involved in RADPAC?

Q: What are some of the ways that a resident can become a political advocate for the ACR and in particular RADPAC?

A: As a current radiologist in training I can understand why many residents may feel that their time is limited. Between taking calls, preparing for board examinations, and studying to increase one's knowledge base, many people may feel that they have no time left for much else. However, being politically active, and serving as an advocate for the ACR/RADPAC is not that time consuming. There are many ways a resident can be active with the political process.

1) Learn about the legislative issues, and pass this information along to your fellow residents. The ACR's webpage found at [www.acr.org](http://www.acr.org), provides a comprehensive up-to date list of the crucial legislative issues/bills.

2) Get involved with your state's radiology chapter. All states have a chapter, which frequently provide meetings that will educate you about the legislative issues on both a state and national level.

3) Attend the annual ACR meeting in May. At the annual meeting there are multiple speakers throughout the course of the conference that will educate you about many of the legislative concerns of radiologists. On the final day of the meeting you will have the opportunity to meet with your Members of Congress to discuss your concerns.

4) Contact your legislator's local office. Let them know that you are a constituent and are concerned about a specific bill or possible legislative action.

5) Organize a facility visit with your Member of Congress. The visit will give you the opportunity to educate the legislator about what a radiologist is, and how our field and patients would be adversely affected by certain legislation. RADPAC can help you set this-up.

6) You can go Facebook and become a "friend" on RADPAC's page which gives you updates on what RADPAC is doing.

Q: What are some of the obstacles that you see being a resident on the RADPAC Board and trying to promote RADPAC?

A: One of the most difficult obstacles that I have encountered as a RADPAC resident board member is that I can educate residents about what RADPAC is, how vital it is, and how it works, but cannot specifically ask a resident to contribute to RADPAC. While residents are members of the ACR, because they are not dues-paying members the Federal Election Commission does not permit RADPAC to solicit residents.

## **Philadelphia Roentgen Ray Society Update:**

**Harvey Nissenbaum, MD & Mindy Horrow MD**

### **Honorees**

**Richard N. Taxin, MD, FACR**  
**President, Philadelphia Roentgen Ray Society**  
**Crozer Chester Medical Center**  
**Upland, PA**



I am pleased to announce that the Philadelphia Roentgen Ray Society presented Harvey L. Nissenbaum, MD, FACR, FAIUM, FSRU on March 4, 2010 as its Annual Oration Honoree. In Harvey's honor, Barry B. Goldberg, MD gave an informative and prescient oration entitled "Ultrasound: A Look into the Future".

The Philadelphia Roentgen Ray Society could hardly have a more deserving honoree. Though a native Bostonian, Harvey has surely found a home here in Philadelphia and Pennsylvania. Through the years he has been a tireless advocate for Philadelphia radiology, Pennsylvania radiologists, and diagnostic ultrasound throughout the nation. He has shown his leadership skills by being a doer, one who sets goals and achieves them. Whether as President of the Philadelphia Roentgen Ray Society, President of the Pennsylvania Radiological Society, or President of the AIUM, Harvey has been the standard for all who have succeeded him or will follow in his footsteps. His fund raising skills for the society are unsurpassed and he is personally responsible for seeing that the PRRS is indeed on solid financial footing. I was glad that I was able to present Harvey with this honor.



On May 6, 2010 our annual College Bowl will be held. After this educational and fun competition, I will have the distinct privilege of presenting the Mary S. Fisher Outstanding Educator Award to Mindy Horrow, MD, FACR, FSRU, a dedicated teacher of medical students, residents, and fellows at Albert Einstein Medical Center. In the words of Debra Copit, MD, Mindy is "an outstanding physician, mentor, and teacher...one whose knowledge, skills, and ability to transmit information in a way that simplified the most complicated of cases" is outstanding. This is a most deserving honor for Mindy.

# ***MARK YOUR CALENDAR***

## **The 95<sup>th</sup> Annual Meeting The Pennsylvania Radiological Society**

To be held at the

### **Omni William Penn Pittsburgh, Pennsylvania**

October 8<sup>th</sup>, 2010 – Executive & Board of Directors Meetings

October 9<sup>th</sup>, 2010 - CME Program 8:00 a.m. till 5:00 p.m.

Meeting to be held in Pittsburgh with a President's Reception October 9<sup>th</sup> at 6:00 p.m. hosted by Melvin Deutsch M.D., FACR, President of the Pennsylvania Radiological Society.

To make your room reservations, please call the Omni William Penn directly at (800) 843-6664 and specify that you are attending the Pennsylvania Radiological Society Annual Meeting.

**REMINDER**

## **CALL FOR SCIENTIFIC EXHIBITS**

The Ninety-Fifth Meeting of the Pennsylvania Radiological Society will be held October 8 - 9, 2010 at the Omni William Penn Hotel in Pittsburgh, Pennsylvania.

Scientific exhibits are a most important part of the Annual Meeting's educational program. All members of the Pennsylvania Radiological Society are invited to submit applications. Exhibits presented elsewhere are eligible for consideration, along with new exhibits and, by the same token, participation in the Pennsylvania Radiological Society Annual Meeting does not preclude acceptance of your exhibit at other national and subspecialty meetings. Presenting at this meeting is an ideal way to satisfy the residency requirement for research presentations. Please encourage your residents to participate. Contact the society office at [psmith3@ptd.net](mailto:psmith3@ptd.net) for application.

## EXECUTIVE OFFICERS 2009-2010

|                                 |  |  |
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