Bulletin... Summer 2011

The Pennsylvania Radiological Society

A Chapter of the American College of Radiology

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PRESIDENT'S MESSAGE

Eric N. Faerber, MD, FACR
St. Christopher's Hospital for Children
Philadelphia, PA

By the time you read this, the 96th annual meeting of the PRS will soon be taking place in Philadelphia. We had a record attendance last year, and look forward to increasing our attendance even more this year! Once again Bob Pyatt MD, FACR, the program chair, has planned a superb program. The theme of the presentations will be "Strategic Issues Confronting Your Practice." The opening speaker will be Arl Van Moore MD, FACR, a previous ACR president and chairman of the Board of Chancellors of the ACR, addressing us on "Strategic Radiology." There is a wide array of very practical topics in the program. The attending-resident panel on the hot topics facing radiology residents in Pennsylvania will again be included. The lunch time topic will be a unique presentation on amyloid imaging in Alzheimer's disease.

The honored radiologist this year will be Peter H. Arger MD, FACR. He is a renowned radiologist with widely recognized expertise in ultrasound who has spearheaded radiology resident education in Pennsylvania. The honored lecturer will be distinguished radiologist, Beverly G. Coleman MD, FACR, a dynamic force in the PRS, PRRS, and ACR. She will address us on "Radiology Under Fire."

We continue to be in the midst of an era of fiscal and political change, both nationally and internationally. It is incumbent on members to support RADPAC. Our profession needs to have its voice heard in Capitol Hill through a bipartisan political action committee that supports members of Congress and candidates running for Congress. We cannot afford to let others determine the political fate of our profession.

When negotiations began on the Budget Control Act of 2011 (Debt Ceiling Agreement), there was a provision calling for $800 million in cuts to imaging. As a result of the diligent work by RADPAC and the ACR, the proposed cuts were removed from the initial round of cuts agreed to in the final bill. Imaging cuts in future negotiations remain, however, a very real possibility. Contributions to RADPAC from every radiologist in Pennsylvania would have an absolutely enormous impact.

I wish to thank Executive Director Robert Powell and Phyllis Smith for their invaluable assistance this year- they are pillars of our society. My sincere thanks to all the members of the PRS Executive Committee and Board for their continued commitment and enthusiasm. Special thanks to Anne Dunne MD for her excellent editorship of the PRS Bulletin.

It has been a great honor and privilege for me to serve as your president of this great society. This past year has flown by all too quickly for me. You, the members of the PRS, are the life blood of the society, perpetuating its success and advancement for the years to come. I extend best wishes to Mary Scanlon MD, FACR, incoming president, for a very successful and rewarding year.

EDITOR'S COLUMN

Anne P. Dunne, MD
Geisinger Medical Center
Danville PA

As in past years, the **NRMP-National Resident Matching Program**, or "the Match" occurred in mid March. Unlike recent past years, the results were less than stellar for diagnostic radiology residencies. This was the largest Match in NRMP history but diagnostic radiology is no longer among the most competitive residencies. However, radiation oncology is.

Of the 37 diagnostic radiology residency programs which include internship, 7 programs did not completely fill. Of the 164 programs that do not include an internship, 17 programs did not completely fill. There were 33 open positions in this category. Of these 15 were in the Northeast with 4 in Pennsylvania. The Northeast had the highest number of unfilled slots. While it is likely that most if not all of these positions were filled in the post-Match scramble, this downturn is concerning.

At the **annual meeting of the Association of University Radiologists** (AUR) in Boston May 12-15, it was stated that radiology residency is no longer among the top tier of residency programs chosen by United States medical students. It is conjectured that this is due to caution regarding the national Health Care Plan. Jobs for radiologists are no longer as plentiful or easy to come by as in recent past years. Private groups are doing less hiring. Once less popular fellowships such as breast imaging and interventional radiology are becoming more competitive. As occurred in the 1990's, word spreads quickly among medical students. This may account for the dip in radiology's popularity and attractiveness in this year's Match. Time will tell if this was a one year aberration or the start of a trend.

The Plenary Keynote Session at the AUR meeting was on "Health Care Reform and the Future of Radiology Education: Challenges and Strategies". Speakers were Drs. Thrall, Patti, Dunnick, McNeill and Chertoff. Clearly, there are issues regarding the balancing of clinical work, teaching and research in the face of decreasing reimbursements especially for specialists. It is stated that radiology education must be longitudinal throughout medical school to develop clinicians knowledgeable of the services in imaging and to interest students in the field of radiology.

In thinking about the future, the numbers don't add up. The huge population of baby-boomers (78 million) is aging and will require medical care. The younger generations are less populated. There is a boon in the opening of new medical schools (25) but a cap on residency positions. The number of resident slots in the country has not changed in 16 years. The further diminution of duty hours will affect care and coverage. The Association of American Medical Colleges (AAMC) predicts a 125,000 shortage of physicians by 2025. Currently, one third of physicians are over 55. Teaching hospitals usually have the complex cases but there may be little or no educational allowance to pay for education at these hospitals. It is estimated that there will be 32 million new low income health insurance beneficiaries and these patients will primarily go to academic centers. I've been hearing recently that some radiology residency programs are not being allowed to fill vacant slots in their program because of monetary constraints at their institution. Lastly, in the near future, there will be constraints on taking international medical school graduates into training programs. In summary, there will be many patients. Who is going to take care of them? How are providers going to be trained?

Despite the uncertainties and ruminations, there are still people who focus on what is important and lasting:
*__Congratulations to William Herring, M.D., FACR__ at Albert Einstein Medical Center (AEMC) in Philadelphia, PA. At the AUR meeting, Dr. Herring was awarded the Association of Program Directors in Radiology (APDR) Achievement Award. This is presented to an individual who has made a significant contribution to the advancement of education in radiology or service to the APDR. Dr. Herring has contributed to both. He has been program director of the radiology residency program at AEMC since 1979. As the creator of the valuable educational website www.learningradiology.com, Dr. Herring is truly "Dr. Learning Radiology".

***Congratulations to Philip Orens, D.O**, director of the radiology residency program at the University of Pittsburgh, and the residents there. They were awarded the prize for the most interesting cases submitted this past year to the American Institute for Radiologic Pathology (AIRP; formerly AFIP).

And there are those who have gone before us and paved the way. Many thanks to them for their contributions to the PRS and radiology:
*Best wishes and a happy retirement to **Joseph H. Rosen, M.D., FACR**. Dr. Rosen worked for many years in the Philadelphia area and was past Chair of the Department of Radiology at Geisinger Medical Center in Danville, PA.

*Best wishes and a happy retirement to **Richard D. Weiss, M.D**., Emeritus Senior Attending Radiologist at Abington Memorial Hospital in Abington, PA.

*Best wishes and a happy retirement to **Franklin J. Rothermel, MD** who retired after over 30 years of service at Geisinger Medical Center.

Some highlights of the **2011 ACR meeting** in Washington, D.C., May 14-18:
*Congratulations to the 2011 **new ACR Fellows** from Pennsylvania:

Thomas Mack Dykes, MD; Hummelstown, PA
James M. Galvin, DSc; Philadelphia, PA
Judith M. Joyce, MD; Pittsburgh, PA

*The **Resident and Fellow Section** (RFS) had robust attendance with 240 trainees, many of whom contributed to RADPAC.

*At the 2nd annual **poster session** of the RFS, there were 54 exhibits and 7 were from the University of Pennsylvania: Congratulations to all our Pennsylvania authors!

1. "Reducing Resident Discrepancies On-Call Using Focused Missed Case Conferences" by AL Akhtar, HC Kang, S Krishnan, DL Nathan, MH Scanlon and JN Itri

2. "Improving Radiology Workflow and Patient Safety by Reducing Unnecessary 'STAT' Examinations On-Call" by SC Chadalavada, MH Scanlon and JN Itri.

3. "Developing Pre-Procedural Checklists to Reduce Fluoroscopy Time and Improve Team Performance" by MJ DeLeo III, JN Itri, A Ruutianen and MH Scanlon.

4. "Optimizing Doses for Common Chest CT Exams Using Radiance" by TS Cook, W Kim, E Barbosa, WW Boonn and W Gefter.

5. "Reducing the Impact of Fatigue on Resident Major Discrepancies by Shortening Overnight Call Shift Length" by JN Itri, AT Ruutianen and MH Scanlon.

***This poster won the award in the Quality and Safety Category**.

6. "Implementation of an Automated Procedure Log to Track Complication Rate and Diagnostic Yield for Imaging-Guided Diagnostic Procedures" by A Harsha, JN Itri, L Jones, S Hilton and HM Zafar.

7. "Identifying Benchmarks for Discrepancy Rates in Preliminary Interpretations Provided by Radiology Trainees at an Academic Institution" by AT Ruutianen, MH Scanlon and JN Itri.

***This was accepted for publication in the JACR**.

*Cathleen A. Woomert, MD, FACR, Eric M. Rubin, MD and Jason N. Itri, MD, PhD were members of Reference Committee II.

*Resident and Fellow attendees at the ACR meeting from Pennsylvania:

Jason N. Itri, MD, PhD from University of Pennsylvania

Melany Atkins, MD from University of Pittsburgh

Michael Jubang, MD, David Abbott, MD, Narayana S. Mamillapalli, MD from Geisinger.

The PRS/ACR sponsored Drs. Itri, Atkins and Jubang to attend the ACR meeting.

*A hot topic was MU: **meaningful use** for radiologists presented by Keith J. Dreyer, DO, PhD, Vice Chair of Radiology Informatics at Massachusetts General Hospital, Boston. More on this topic in the next PRS Bulletin. In the meantime, check out this website:
radiologyMU.org
OLD SAYING: "No margin, no mission".
NEW SAYING: "No outcomes, no incomes".

2011 PRS Annual Meeting Program

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

"Strategic Radiology"
Arl Van Moore, MD, FACR, President, Charlotte Radiology

"ACR National Radiology Data Registry: Improving Practice Quality & Patient Safety Through Performance Measurement & Benchmarking"
Mythreyi Chatfield, PhD, Director of Data Registries, ACR

"Dictating for Dollars: Tips & Myths About Radiology Reporting"
Richard Duszak, MD, FACR, Mid South Imaging & Therapeutics

"Hot Topics/Issues Facing Radiology Residents in Pennsylvania"
Eric Faerber MD, FACR, Professor, Pediatrics Dept. Radiology, Drexel University College of Medicine

"Medical Imaging & Utilization Management; Nature Abhors a Vacuum"
Richard Duszak, MD, FACR, Mid South Imaging & Therapeutics

"Review the Role of Amyloid in Alzheimer's Disease, the Usefulness of Amyloid Imaging in Alzheimer's Disease Research, and Update on any Public Regulatory Issues Relating to Florbetepir"
(NO CME FOR LECTURE)
Mark Mintu, Chief Medical Officer, Avid Radiopharmaceuticals Inc.

"RBM's Who We Are, What We Are, Where We Are Going"
(NO CME FOR LECTURE)
Donald Ryan, CEO, CareCore

"The Changing Relationship between Hospitals and Radiologists."
Cynthia S. Sherry, MD, Chair, Department of Radiology, Texas Health Dallas

"The Future of Teleradiology in the Radiology Infrastructure/Delivery System"
Mike Boylan, Senior Vice President, Chief Commercial Officer, Virtual Radiologic Corp.

"Prognostications on Politics and the next 10 years in Diagnostic Imaging"
Timothy Farrell, MD, FACR, Peninsula Radiology Associates Ltd.

Honoring - *Peter H. Arger, MD, FACR*
Honored Lecturer: Beverly G. Coleman, MD, FACR

"Radiology Under Fire"

RADPAC's Update

Ted Burnes
Director, RADPAC & Political Education
American College of Radiology Association
Washington, D.C.

As of April 1, RADPAC has received contributions from 61 ACRA members in PA for a total of $9,078. In 2010, 146 ACRA members in PA gave a total of $58,112 to RADPAC.

Already in 2011, the following practices in PA have 100% RADPAC contribution participation: Lancaster Radiology Associates, Radiology Associates of Main Line (NEW), Southeast Radiology, Ltd, and
West Reading Radiology Associates.

In 2010, the following practices in PA had 100% RADPAC contribution participation: Chambersburg Imaging Associates, Diagnostic Imaging, Inc., Lancaster Radiology Associates, Ltd., Southeast Radiology, Ltd., Weinstein Imaging Associates and West Reading Radiology Associates.

Of the 2 Senators and 19 House Members of Congress in Pennsylvania, 1 Senator and 11 House Members sit on committees of jurisdiction that directly impact radiology, including:

Sen. Bob Casey (Health, Education, Labor & Pensions)
Rep. Chaka Fattah (Appropriations)
Rep. Mike Kelly (Education & Workforce)
Rep. G.T. Thompson (Education & Workforce)
Rep. Jim Gerlach (Ways & Means)
Rep. Lou Barletta (Education & Workforce)
Rep. Allyson Schwartz (Budget)
Rep. Mike Doyle (Energy & Commerce)
Rep. Charlie Dent (Appropriations)
Rep. Joe Pitts (Energy & Commerce, Health Subcommittee Chair)
Rep. Tim Murphy (Energy & Commerce)
Rep. Todd Platts (Education & Workforce)

RADPAC is working to educate the above list of Members of Congress in PA on issues such as closing the in-office loophole with self-referral, fighting additional cuts to radiology reimbursement – both with technical and professional component, accreditation standards and radiation safety.

PRS RESIDENT CONTRIBUTION

Alexis Smith, DO; PGY 4
Penn State Milton S. Hershey Medical Center

A New Point of View

In March of this year, I had the opportunity to work in the ACR Government Relations Department (GRD) as a JT Rutherford Fellow. The American College of Radiology offers several fellowship experiences which are open to radiology residents and fellows. Each fellowship is an opportunity for the resident or fellow to get a behind the scenes look at what the ACR does on a daily basis. Applications are accepted annually and one or more candidates from across the country are chosen every year. The various fellowships that the ACR offers are listed below:

E. Stephen Amis, Jr., M.D. Fellowship in Quality and Safety
J.T. Rutherford Government Relations Fellowship
James M. Moorefield, M.D. Fellowship in Economics & Health Policy
Valerie P. Jackson, MD Education Fellowship
American College of Radiology Fellowship in Health Services Research

For more information, go to **http://rfs.acr.org/#/Fellowships**

I learned about the ACR fellowships a few years ago when Ted Burnes from the GRD spoke at a Pennsylvania Radiological Society meeting I attended. Ted was asked to give the audience an update on current legislation and political races that could impact radiologists. At the end of the hour, he stressed that the ACR is only as strong as its members and with only 8% of practicing radiologists contributing to RADPAC (the political action committee for the ACR), there was much to be desired. I remember thinking that eight percent just isn't going to cut it if radiology is going to survive as a specialty. After his talk, a mutual acquaintance introduced us, and Ted mentioned that doing a fellowship is a great way to get involved with the ACR. Well, that was all I needed to hear. Having been active in many organizations in the past and now motivated to help my profession, I decided that it was time to do more than just read films. I logged onto the ACR website, downloaded the application, and got to work. When I received the acceptance letter in the mail, I was so excited to finally get involved. I could not wait to get a taste of the politics of radiology.

When I arrived at the Government Relations office in March of this year, I began a whirlwind tour of the Capitol, ACR style. I spent the week attending Congressional hearings, fundraising events for Congressmen and internal ACR meetings about current legislative issues important to radiology. It was an eye opening experience. While we are reviewing images in the reading room everyday, they are fending off attacks on all sides. The government wants to cut Medicare reimbursements, other specialties want to self refer to their own in-house imaging equipment and, to top it off, there is the ever present threat of malpractice litigation. It's a jungle out there, and we are very fortunate that we have the ACR on our side. I don't want to scare you…too much. I mean, it's not as bleak as it sounds; however I do want you to realize how important the GRD is to the long term survival of our specialty.

Another noteworthy part of my Rutherford experience was getting to know the GRD staff. Many people think that lobbyists are "bad" people. Truthfully, before my experience as a fellow, I thought of lobbyists as those guys in the back room of a smoky bar making shady deals. Honestly, it's nothing like that at all. Every cause known to man has a group of lobbyists

in DC including every specialty in medicine. I found the GRD lobbyists to be caring and passionate people who truly believe in the radiology profession. Their knowledge and ability to speak about the issues and legislation affecting radiologists often made me forget that they were not radiologists themselves. I enjoyed my time with them so much that by the end of the week, I found myself wishing that I didn't have to leave.

My Rutherford fellowship was a one of a kind educational experience. Having the opportunity to shadow the GRD lobbyists helped me realize how important both the GRD and ACR are to radiologists. Radiology has become the target for cost savings in healthcare to many politicians in DC. This affects not just radiologists, but also hospitals, radiology support staff and, most of all, patients. We need to support our profession with funding as well as involvement in the ACR and RADPAC. Otherwise, we risk our very existence as a specialty. I hope future residents and fellows from Pennsylvania will apply for this wonderful opportunity to see radiology from a different point of view.

"You never really understand a person until you consider things from his point of view... Until you climb inside of his skin and walk around in it" (Atticus Finch in "To Kill a Mockingbird" by Harper Lee).

2011 ACR CAPITOL HILL DAY SUMMARY

Keith Haidet, MD, FACR
Treasurer, Pennsylvania Radiological Society

The Capitol Hill Day portion of the 88th Annual Meeting and Chapter Leadership Conference of the American College of Radiology was held May 18, 2011 and was well attended. Pennsylvania was represented by PRS members Richard Taxin (Delegation Chair), Irving Erlich, Randy Wynn, Eric Rubin, and Keith Haidet; Residents Michael Jubang and David (Rex) Abbott, and Robert Still, Business Manager Lancaster Radiology Associates and President, Radiology Business Managers Association. Members of our delegation met with Legislative Directors for Congressmen Joseph Pitts (16th District), Patrick Meehan (7th District), Todd Platts (19th District), Jason Altmire (4th District), James Gerlach (6th District), Thomas Marino (10th District), and Senators Robert Casey and Patrick Toomey.

Our conversations with the Staff of our Representatives and Senators addressed the recent Medicare Payment Advisory Commission (MedPAC) recommendation to Centers for Medicare and Medicaid Services (CMS) to apply multiple procedure payment reduction (MPPR) to the professional component of diagnostic imaging services.

In April 2011, MedPAC took the unprecedented step of unanimously approving a recommendation to apply a MPPR to the professional component (PC) of diagnostic imaging services without substantial input from the imaging community. By this step, MedPAC, an appointed committee chaired by Glenn Hackbarth, a lawyer, circumvented the standard route of the American Medical Association's Relative Value Update Committee (RUC) multispecialty physician guidance for physician reimbursement decisions.

MedPAC appeared to have lifted their recommendation from a 2009 Government Accountability Office (GAO) report that proposed expanding MPPR to the PC. This report mischaracterized potential MPPR savings based on duplication of preservice and postservice work for an imaging study. This less intense work was equated with image interpretation (intraservice work), dramatically overstating the potential savings on imaging payments. It also did not address overutilization of imaging by self referral, a major factor that continues to drive imaging payments. MedPAC, by its recommendation, chose not to verify or analyze the flawed GAO data, indicating a basic lack of understanding of the valuation of physician work in the Medicare Physician Fee Schedule.

This flawed recommendation is now being considered by CMS with a comment period that runs through the end of August. The ACR has encouraged every Radiologist to submit a comment to CMS concerning this policy recommendation. CMS must understand that the PC for imaging services represents the interpreting Radiologist's time and effort for each individual exam. For multiple studies in the same session or day, or contiguous body parts, the number of images for interpretation is additive with no measurable economy of scale. Each individual set of images must be interpreted and dictated separately, with a report to the referring physician.

Payments for advanced imaging services have been the focus of payment reduction through both legislation and regulation for several years. Further payment reduction makes it difficult for Radiology practices to run an office or free standing imaging center, as practice costs continue to increase. Unfortunately, patient access to timely, non-emergent imaging services in a friendly outpatient setting will diminish in the future if the MedPAC recommendation is accepted by CMS.

It is important for Pennsylvania Radiologists to be involved in the political process to help prevent the implementation of flawed approaches to payment reduction at both the state and national levels. Consider a contribution to both RADPAC (ACR's PAC) and PA RADPAC (PRS's PAC) to help support our continued education of our elected and appointed officials on rational and fair payment for imaging services.

PENNSYLVANIA RADIATION PROTECTION ADVISORY COMMITTEE

Joseph G. Och, MS
PRS Representative to PRPAC
Medical Health Physics
Geisinger Medical Center
Danville, PA

Re: Pennsylvania House Bill 1559 – Medical Physicists Law

The bill to require licensure for clinically practicing medical physicists has been introduced in the Pennsylvania legislature. The Pennsylvania State Medical Physicist Licensing Committee (the Committee) is requesting that **all members of the Pennsylvania Radiologic Society call their legislator to encourage him or her to sign on to HB 1559 as a co-sponsor**. Although the bill only addresses licensure of medical

physicists, it is important that all members of PRS support passage of this legislation.

Currently the bill is in the process of 'Sunrise Evaluation' by the Pennsylvania Department of State. This process is required for any group requesting regulation by that Department.

Representatives of the Committee, Joseph Och, of Geisinger Health System, Eric Gingold, of Thomas Jefferson University Hospital, and Shawn McNeeley, of Princeton Radiology Associates, met with members of the Department of State (DOS) on June 22, 2011. The purpose was to discuss aspects of the bill and explain the profession of Medical Physics. The DOS staff was impressed by the wide-ranging duties and responsibilities of medical physicists, and had many questions about radiation, particularly regarding recent newspaper articles about computed tomography (CT) scanning and brachytherapy.

As part of the American Association of Physicists in Medicine's, (AAPM) effort to ensure that the practice of clinical medical physics is performed by appropriately trained and credentialed individuals, AAPM has had discussions with both the American College of Radiology (ACR) and the American Society for Radiation Oncology (ASTRO). These discussions resulted in letters of support from both organizations. ACR stated: "the American College of Radiology is pleased to support medical physics licensure in order to improve the quality of radiation oncology and medical imaging care in the United States." ASTRO stated: "ASTRO fully supports your position that anyone practicing clinical medical physics should be appropriately credentialed and ultimately licensed to practice." We are very pleased with the support of both organizations on this important initiative for AAPM.

It is hoped that further action on the bill will be taken before the end of the year. If you have any questions concerning this critical bill, please contact Joseph Och at jgoch@geisinger.edu or Eric Gingold at eric.gingold@jefferson.edu .

Final Rule on the 2011 Hospital Outpatient Prospective Payment System

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

Continued from last bulletin.

RTI Cost Compression Study

Medicare finalized their policy of establishing standard cost centers for CT scanning, MRI scans, and cardiac catheterization in the 2011 inpatient prospective payment system (IPPS) final rule (75 FR 50080). Therefore they also finalized this effort for the hospital outpatient prospective system. This policy requires hospitals that furnish these services and maintain distinct departments or accounts in their internal accounting systems for CT, MRs and cardiac caths and to report the costs and charges under the new cost centers on the revised Medicare cost report form CMS 2552-10 for cost report periods beginning on or after May 1, 2010. Medicare established these standard cost centers because they believe that they should collect cost and charge data for these areas, and use the data to assess the resulting CCRs specific to CT scanning and MRI services as a possible means of eliminating aggregation bias for these and other radiology services in the IPPS and the HOPPS.

The ACR submitted extensive comments and analysis of the RTI cost compression study, which is the basis on how the CT and MR cost centers were developed. The ACR is very concerned that flawed hospital cost data and allocation will severely flaw the cost-to-charge ratios generated from this effort and have a devastating effect on the HOPPS payment rates for CT and MR, and thus because of DRA, on the technical component payments in the hospital setting.

Medicare acknowledges that the decision to finalize their proposal regarding cost centers for these services is only the first step to a longer process during which they will continue to consider public comment. CMS says that they understand the commenters' statements regarding the challenges and difficulties in appropriately reporting the cost and charge data accurately for these standard cost centers. CMS clarifies that the application of these standard cost centers will apply only for those hospitals who maintain distinct departments or accounts in their internal accounting systems for CT scanning, MRI or cardiac catheterization. CMS notes that hospitals have been responsible for properly reporting the cost of the equipment and facilities that are necessary to furnish services for the many years since the inception of the Medicare program and that the creation of cost centers for CT, MRI, and cardiac rehabilitation does not alter the fundamental principles of cost reporting to which hospitals have been and remain bound and for which they should follow the instructions in the Medicare Provider Reimbursement Manual.

CMS also noted that there is typically a 3-year lag between the availability of the cost report data that they use to calculate the relative weights both under the IPPS and the HOPPS and a given fiscal or calendar year, and therefore the data from the standard cost centers for CT scans, MRI, and cardiac catheterization respectively, should they be finalized, would not be available for possible use in calculating the relative weights earlier than 3 years after Form CMS-2552-10 becomes available. At that time, CMS will analyze the data and determine if it is appropriate to use the data to create distinct CCRs from these cost centers for use in the relative weights for the respective payment systems. CMS is trying to reassure the commenters that there is no need for immediate concern regarding possible negative payment impacts on MRI and CT scans under the IPPS and the HOPPS. CMS says they will first thoroughly analyze and run impacts on the data and provide the public with the opportunity to comment, as usual, before distinct CCRs for MRI and CT scans would be finalized for use in the calculation of the relative weights.

Announcement

Group Discount Reminder:

In accordance with the Board of Directors discussion at their May 17, 2002 meeting, ***groups of nine or more members are eligible for a group billing discount of ten percent***. This equates to $27.50 per member provided all full-time group members are members of the PRS and payment for dues renewal is on one group check. If you wish more information regarding group discounts contact the society offices 570-501-9665 or email psmith3@ptd.net.

Fund Raiser:

RADPAC and Lancaster Radiology Associates of Lancaster, PA are hosting a fundraiser on September 6, 2011 in support of U.S. Representative Joe Pitts. Contact Robert Still at 717.394.9223 or bstill@mrigroup.com.

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2010-2011

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