

The Pennsylvania Radiological Society



A Chapter of the American College of Radiology

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PRESIDENT'S MESSAGE

Mary H. Scanlon, MD, FACR
University of Pennsylvania
Philadelphia, PA

Very busy nine months.....

PRS Directors, Commissions and Committees

All commissions and committees were updated. Members were notified of their appointment /reappointment. My sincere thanks for all the hours these committees and their chairs have devoted these last months in service to our organization, especially:

1. Breast Imaging Committee and Marcela Böhm-Vélez, MD, FACR: Called into action last September and has been very busy providing input into Senator Mensch's two breast density screening bills (*SB 1332– SB 1333*).

2. Program Committee for Annual Meeting and Robert S. Pyatt, Jr., MD, FACR: Planned another fabulous program for our 97th Annual meeting at the Rittenhouse Hotel on September 8th 2012. Honoree will be my mentor Bernard J. Ostrum, MD, FACR with Howard B. Fleishon, MD, MMM, FACR doing the tribute. Don't miss it!

3. Internet committee and Thomas S. Chang, MD, FACR: Top priority was a complete membership electronic data base and the ability to easily send out blast e-mails. Dr Chang's group has researched and implemented just such a system. Log on to our website and check it out. You now have the ability to pay dues and register for meetings on-line.

4. Committee on Resident Affairs and Resident Seminars and Eric N. Faerber, MD, FACR: In addition to highly successful resident dinners planned by Dr. Faerber, PRS co-sponsored Hot Seat Board Reviews with both the Philadelphia and Pittsburgh Roentgen Ray Societies and for central region.

Many thanks to the local organizers –David P. Mayer, MD, MS, FACR (Eastern region), Donald Flemming, MD (central region) and Michael Spearman, MD (Western region).

5. Committee on Membership and Richard Kennedy, MD, FACR: In support of the committee's initiative to expand Pittsburgh membership, I visited the University of Pittsburgh and their Chairman Kyongtae Bae, MD, PhD to discuss ways to further their participation in organized radiology.

6. Publications Committee and Anne P. Dunne, MD: three wonderful bulletins with expanded features!

7. Ad Hoc Planning committee for 100th Annual Meeting and Matthew S. Pollack, MD, FACR: Recommends an expanded 4 day meeting in Pennsylvania with resort to be determined possibly Nemaquin Woodlands Resort in Farmington, PA. Program Committee and Recreation Committee member Samir Shah, MD, is actively involved.

8. Councilors and Alternate Councilors to the ACR : Thank you all for attending the annual meeting and spending your precious free time representing Pennsylvania . Special thanks to Linda Kloss, DO, for being this year's senior councilor and organizing the whole thing.

ACR Dose Index Registry (DIR)

Talking points developed in conjunction with ACR. Letter to entire PRS membership sent out last fall. Thank you to Julie A.Gubernick, MD, Robert S. Pyatt, Jr., MD, FACR, David P. Mayer, MD, MS, FACR, Eric Rubin, MD, and Terry York, DO for personally contacting groups around the state. We have gone from 8 sites to 42 with ACR reporting 400 total around the country. More work needs to be done and I am now asking each member to go back to their facilities and address the barriers preventing their administration from joining.

Pennsylvania Medical Society

Actively collaborating with PMS via the Speciality Leadership Cabinet. We are well represented by Elaine R. Lewis, MD,

FACR on that cabinet and by Cathleen A. Woomert, MD, FACR as a trustee. I attended their cabinet meeting in Harrisburg on February 7th and a member of their board will be attending our fall Executive committee meeting. We plan to further discuss the changes which are happening in Radiology and the medical society as a whole and find platforms where we can work together.

RAN –Radiology Advocacy Network

We have moved forward in making Pennsylvania the 4th pilot state, after NC, MN and WA, to set up a RAN. The purpose of the RAN is to create an improved grassroots network throughout our state. The first step has already been taken by identifying Rajan Agarwal, MD, MBA as our "state advocate". Raj will be the liaison between the ACR's Government Relations office and "practice advocates" and "resident advocates" at the larger practices and all the training programs in our state. We are in the process of setting up a sophisticated phone/e-mail tree with these various practices and training programs. When there is a "Call to Action" on a legislative (or regulatory) issue, the state advocate will blast the information to practice advocates. They, in turn, can spur their fellow radiologists and trainees (and supporting staff) to participate by calling their Congressional Representatives, writing letters, etc. This model has already proven very effective in the first three pilot states.

Goals for the closing months include:

1. Full Implementation of RAN
2. Get more groups to join the DIR
3. Start application process for ACR Chapter Recognition Awards—we want a clean sweep in 2013 to include receiving the first ever Quality and Safety Award
4. Start strategic planning for 2013 PRS recommendations to ACR committees. If you are interested in any particular committee, let us know now.

In closing

I wish to thank the Klines for the fantastic job they do as our society's lobbyists. They represent us very well in Harrisburg and are among the very best at what they do.

And finally I wish to thank our Executive Director Robert Powell and Phyllis Smith for their invaluable assistance and for putting up with all my requests. They make this job easy.

EDITOR'S COLUMN

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

Congratulations to the new ACR Fellows from Pennsylvania who were inducted into the College at the 89th Annual Meeting of the ACR Chapter Leadership Conference in Washington, D.C., April 21-25:

- ***Robert M. Basarab, MD, FACR**; Lancaster General Hospital, Lancaster, PA
- ***Michael A. Bruno, MD, FACR**; Penn State Hershey Medical Center, Hershey, PA
- ***Dwight E. Heron, MD, FACR**; UPMC Cancer Center, Pittsburgh, PA
- ***Thomas A. Kavic, MD, FACR**; Brighton Radiology Associates, Sewickley, PA

Thanks to **Linda Kloss, DO**, who served as our senior councilor at the ACR meeting.

PRS members had a presence on the ACR Reference Committees at the ACR meeting:

- ***David P. Mayer, MD, MS, FACR** was on Reference Committee I
- ***Cathleen A. Woomert, MD, FACR** chaired Reference Committee II
- ***Richard N. Taxin, MD, FACR** was on Reference Committee III

To promote education and involvement of radiology trainees in organized medicine, the **ACR and PRS sponsored 3 Pennsylvania radiology residents to attend the ACR meeting:**

- ***Alexis Smith, DO**; Penn State Hershey Medical Center, Hershey, PA
- ***Gregory Vorona, MD**; West Penn Allegheny Health System, Pittsburgh, PA
- ***Frank Groshek, MD**; Temple University Hospital, Phil., PA

Pennsylvania Radiology Residents were contributors to the ACR Poster Section:

*"RADIANCE Scorecard for Dose Monitoring and Monthly Reporting"
Hospital of the University of Pennsylvania, Philadelphia, PA
Tessa S. Cook, MD, PhD; Woojin Kim, MD and William W. Boonn, MD

*"Utility of Teleconference Communications in Academic Radiology"

Geisinger Medical Center, Danville, PA
Romeo Laroya, MD, Fozail Alvi, MD and Peter Bolos, MD, MPH

Important Dates:

- *Deadline for hotel reservation for September PRS meeting: August 7, 2012
- *Deadline for submission of abstracts for September PRS meeting: August 20, 2012
- *Deadline for registration for September PRS meeting: August 24, 2012
- *PRS meeting at Rittenhouse Hotel, Philadelphia: September 7-9, 2012
- *ACR 90th Annual Meeting; Washington, D.C.; May 4-8, 2013

Check out the new PRS website by Dr. Chang et al. It is phenomenal! Make sure to log in and create your password and update your contact information. Just follow the directions. It is easy. It is also very easy to use the

membership directory to communicate with other PRS members by e-mail.

Check out the program for the September PRS meeting. Dr. Pyatt has out done himself.

The topics and speakers are fantastic and cutting edge! It is a very exciting program.

2012 PRS Annual Meeting Educational Program

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

8:00 a.m. ***"It Is NOT All About the Money"***

Paul H Ellenbogen MD, FACR

8:30 a.m. ***"Embedding Quality and Patient Safety Training in the Radiology Residency"***

Jason Itri MD

9:15 a.m. ***"Building a Culture of Quality and Safety in Radiology"***

Kimberly E. Applegate, MD, MS, FACR

10:15 a.m. ***"Challenges and Opportunities in Radiology Reimbursement and Medicare Payment Policy"***

Geraldine B. McGinty, MD, MBA

11:00 a.m. ***"New Radiology Practice Models That May Be in Your Future – Hospital Employment, Group Mergers, Corporate Buyouts, Buyouts by Insurance Carriers, Bundling and ACOs"***

David Levin, MD, FACR

12:00 p.m. ***"Update from Capitol Hill"***

The Honorable James Gerlach

1:00 p.m. ***"The Role of Pennsylvania Carriers and Providers in the Character of Today's RBMs?"***

Thomas Dehn MD, FACR

1:45 p.m. ***"Mergers and Acquisitions"***

Howard Fleishon MD, FACR

2:45 p.m. ***"Hot Topics/ Issues Facing Radiology Residents in Pennsylvania"***

Eric Faerber MD, FACR

3:30 p.m. ***"How the 2012 Elections Will Impact Healthcare"***

Ted Burnes

7:00 p.m. Honoring - ***Bernard J. Ostrum, M.D., FACR***

Honored Lecturer: ***Howard Fleishon, MD, FACR***

"Grassroots Advocacy and the Pennsylvania Radiological Society"

WHY ALL RADIOLOGISTS SHOULD ROUTINELY CONTRIBUTE TO RADIOLOGY PAC's & MAINTAIN ACR & PRS MEMBERSHIP

David P. Mayer, MD, MS, FACR
Mercy Health Systems
Darby, PA

William "Willie" Sutton (June 30, 1901 - November 2, 1980) was a prolific U.S. bank robber. He is famously — but apocryphally — supposed to have answered reporter, Mitch Ohnstad, who asked why he robbed banks, by saying, "because that's where the money is." The supposed quote formed the basis of Sutton's law.

What is a Political Action Committee (PAC) per Federal Election Commission?

The term "political action committee" (PAC) refers to two distinct types of political committees registered with the FEC: separate segregated funds (SSFs) and non-connected committees. SSFs are political committees established and administered by corporations, labor unions, membership organizations or trade associations. These committees can only solicit contributions from individuals associated with connected or sponsoring organizations.

"We must all hang together, or assuredly we shall all hang separately"- BENJAMIN FRANKLIN.

When you are deciding where to spend or invest your hard earned income, please consider the following facts:

1. RADPAC, the ACR associated Political Action Committee (PAC), exists to provide bipartisan support for political candidates who will consider the positions held by Radiologists. Latest data has some fascinating information. In the House of Representatives, a body made up of 435 members, 162 or 37% are lawyers. In the Senate, with 100 members, 54 or 54% are lawyers. Physicians make up 3% of the House and 2% of the Senate.
2. RADPAC also reports in their latest data that our Trial Lawyer colleagues had a total of more than 5 million dollars for political action purposes versus the AMA, which had a little more than \$2.5 million. Those figures are closer than many of us would have expected. However, the Trial lawyers spent in excess of \$4 million of their funds this past reporting year and the AMA spent a little more than \$400,000. By the way, the AMA does not support the Radiologists' position against self-referral. While the interest of the majority of AMA members does coincide with Radiology on many issues, there is a

serious divergence when it comes to self-referral.

3. Among all medical specialties, the Radiologists were 3rd behind the Anesthesiologists and Orthopedic Surgeons in contributing to their representative PACs. The Anesthesiologists and Orthopedic Surgeons 2009 receipts were EACH a little more than 1.6 million versus the Radiologists whose receipts were a little over \$1 million. Our ER colleagues collected just \$6,000 less than Radiology. Our Orthopedic Surgical Colleagues “surprisingly” increased their contributions by almost a half a million dollars from 2007 to 2009 and Radiology by a little more than \$200,000.
4. Among Radiologists, the ACR RADPAC contributions by state vary quite significantly. Pennsylvania Radiologists’ contributions were meager, as only 16% contributed in 2011 for a total of ~\$63,000. Sadly, among large population states, the only one with a higher percentage is Texas at a paltry 20%. Indiana and North Carolina Radiologists contributed at the rate of 24 and 27% respectively. Our New Jersey and New York colleagues must have been very hard pressed because they managed only 7 and 6% contribution rates, respectively. In Delaware, the Radiologists must have been so busy that only 3% had the time to contribute to the PAC that helps get candidates elected who will listen to our perspectives on self referral and reimbursement.
5. Medscape’s 2011 Radiology Compensation Report showed that 82% would go into Radiology again and only 7% would try something else. (11% were confused about that choice.) About 45% of Radiologists had no change in salary and a noticeably higher percentage of the remainder of Radiologists salaries **went down** versus increased. The median income for male Radiologists was \$360,000 and for female Radiologists \$320,000.

How does the apocryphal “Sutton’s Law” apply to Radiologists? Obviously, our Trial Lawyer, Orthopedic and Anesthesia colleagues understand the connection. Very simply, House of Representative members are re-elected every 2 years and are constantly in need of political donations to get elected or to stay in office. One third of our Senators stand for election ever 2 years, so there is also a very keen interest in the Senate for continuous contributions as well.

It may be surprising to some Radiologists, but a contribution to a re-election campaign does create the opportunity for “face time” where an organization’s positions can be heard above the background “noise.” It is also a reasonable supposition that a larger contribution is given more credence than a smaller one.

If there ever was a time for **every** practicing Radiologist to seize the opportunity to contribute to the ACR RADPAC, this would be the time, with the upcoming crucial 2012 elections arriving after just a few more months following the endless campaigning, spinning of half truths and outright negativity.

Note: Dr. Mayer’s article is reprinted in its entirety from the last issue of the PRS Bulletin where it appeared with an editorial error. The editor’s apology is extended to Dr. Mayer and the readership.

Leadership From the Trenches

**Lawrence R. Muroff, MD, FACR
CEO & President of Imaging Consultants, Inc.
Clinical Professor of Radiology, University of South
Florida College of Medicine
and University of Florida College of Medicine**

Dr. Pyatt recommends this article from the ACR’s Radiology Leadership Institute:

These are turbulent times for Radiology and radiologists. Reimbursement is declining, turf wars are escalating, and radiologists are losing their hospital contracts in record numbers. Hospital administrators are making greater demands for subspecialty expertise, longer hours of onsite coverage, the development of meaningful quality assurance/quality improvement (QA/QI) programs, and radiologists who partner in the initiatives of the hospital and are willing to align their goals with those of the health care system. The specialty is facing the threats of non-traditional competition, commoditization, alternative payment models, and pressures to shift from an independent contractor status with hospitals to an employment arrangement.

To date, the responses from radiologists faced with these challenges have been varied. Some groups have proactively planned to cope with these problems. For these practices, awareness and preparation most often equate to a successful resolution. Unfortunately, the large majority of radiology groups, when faced with practice-threatening issues, are ill-prepared to cope. These radiologists feel overwhelmed, embarrassed, and without the necessary knowledge to act in a manner that would optimize the chances for success.

Most often, the problems that challenge practice leaders have come from within. The existing practice governance structure does not permit group leaders to make appropriate decisions efficiently; if decisions are reached at all, it is too often after the window of opportunity for effective action has closed. Far too frequently, the shareholders in a practice put their

individual self-interests above the interests of the group. Most destructive to a practice are the radiologists who refuse to unite behind the actions and decisions of the practice members but instead complain about those decisions and actions to referring physicians and hospital administrators.

On a daily basis group leaders are faced with a multitude of issues- the problematic partner/associate whose behavior jeopardizes the hospital contract or demoralizes the other radiologists, the group member whose skill sets have eroded, the impaired radiologist, the sexual predator, and the shareholder or associate who forgets that Radiology is a service specialty.

Too many practices fail to do effective strategic planning; even fewer groups do scenario planning. These types of exercises would enable groups to confront problems before these issues become manifest (or successfully solve them once they are apparent). Most groups do not have a business plan that would outline goals for the coming year, designate responsibilities to specific individuals, and establish timeframes for the completion of these group-mandated tasks.

To be successful in developing a strategic plan, widespread input and buy-in is fundamental. All participants must understand the premise and processes involved in the plan.

How can radiologists deal with these issues in an appropriate manner? We are, after all, physicians. Nobody prepared us to confront these “non-clinical” issues, and for most of us, our training did not adequately prepare us for the possibility that we would have to learn non-clinical skills. Shouldn’t being a good radiologist be enough to insure tenure at our hospitals? Shouldn’t being a good radiologist protect us against predatory competitors? Actually, being a good radiologist is a given. Our patients, the referring physicians, and the hospital administration expect us to be good, but being a good radiologist is not sufficient. It is what else we do and what else we know that differentiates us from the large majority of our colleagues.

Fortunately, the ACR has taken steps to make it possible for radiologists to obtain the leadership skills that are required to navigate the turbulent times that we face. The Radiology Leadership Institute (RLI) has developed a curriculum that is designed to arm radiologists with the non-clinical skills that are needed to confront and solve the problems that practice leaders encounter on a daily basis “in the trenches”. This curriculum is based on a common body of knowledge (CBK) that is reflective of the information that radiologists need to be

effective participants of their practices, valuable partners of their hospitals, and contributing members of their communities. The major national Radiology organizations and the American Board of Radiology have all recognized the value of non-clinical skill sets. For individual radiologists, the question no longer can be, “Should I make the effort and devote the time to learning these non-clinical skills”? Rather, the question must be, “How soon can I acquire these skills which are essential to the survival of both my practice and my specialty?”

CALL FOR SCIENTIFIC EXHIBITS

Rickhesvar Mahraj, M.D., FRCP, FRCR
Chairman, Scientific Exhibits Committee

Subject: CALL FOR SCIENTIFIC EXHIBITS (Application Enclosed)

The Ninety-Seventh Meeting of the Pennsylvania Radiological Society will be held September 7 - 8, 2012 at the Rittenhouse Hotel in Philadelphia, 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.

Please complete the application form enclosed with this mailing. If additional forms are needed, please feel free to duplicate them and distribute them to your colleagues. Additional forms may also be obtained from the office of the Executive Director, Robert Powell.

Completed applications should be sent to me as soon as possible, but no later than August 20, 2012.

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PENNSYLVANIA RADIOLOGICAL SOCIETY

— APPLICATION TO PRESENT A SCIENTIFIC EXHIBIT —

(Deadline for application: August 20, 2012)

97th Annual Meeting

**Rittenhouse Hotel ~ Philadelphia, Pennsylvania
September 7-8th, 2012**

Exhibits Committee: Rickhesvar Mahraj, M.D., FRCP, FRCR, Chairperson

TITLE OF EXHIBIT: (attach abstract of 300 words or less with application)

AUTHORS (underline principal author): _____

INSTITUTION (if any): _____

MAILING ADDRESS OF PRINCIPAL AUTHOR: _____

TEL. #: _____

FAX #: _____

EMAIL : _____

EXHIBIT CATEGORY: _____ Scientific _____ Review _____ PA Radiological Society Only

Where has this exhibit been shown previously? _____

All exhibits should be mounted on flat vertical panels of 3' x 4' or 4' x 6'. Illuminated exhibits will not be accepted. Table-top space and easels will be provided. If self-contained exhibit, please supply diagram and indicate:

- a. Size of exhibit: _____
- b. Are sound and/or moving devices included? _____ YES _____ NO
- c. Will explanatory printed material be distributed? _____ YES _____ NO
- d. Additional information: _____

Exhibits must be installed between 12:00 noon and 5:00 p.m. on Friday.
Exhibits must be removed between 2:00 p.m. and 4:00 p.m. on Saturday.
Exhibitors are responsible for transportation, installing and dismantling exhibits.
Members of the Exhibit Committee will be available to assist exhibitors.
Further information will be supplied with the notice of acceptance.

Signature of Applicant: _____
Date: _____

Return Application To:
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Penn State Hershey Medical Center
Department of Radiology H066
500 University Drive, P.O. Box 850
Hershey, PA 17033-0850
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