Bulletin... Spring 2013

The Pennsylvania Radiological Society

A Chapter of the American College of Radiology

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PRESIDENT'S MESSAGE

Elaine Lewis, MD, FACR
Reading, PA

Many of us have heard the outcome of the fiscal cliff negotiations with respect to taxes. This e-mail is to update you on the outcome with respect to radiology reimbursements and is a short version of the ACR Statement. The Fiscal Cliff Legislation allows for a one-year Sustainable Growth Rate (SGR) "Doc fix" which will be paid in part by increasing the technical component (TC) equipment utilization threshold for advanced imaging modalities from the current 75% to 90% beginning January 2014. In 2010, the ACR had been successful in reducing the CMS proposed utilization rate from 95% to 75%, but in spite of efforts by both the ACR and the Access to Medical Imaging Coalition, we were unsuccessful in blocking this increase in the current political environment.

Previous H.R. 3269/S.2347, the Diagnostic Imaging Services Access Protection Act (bills addressing the Multiple Procedure Payment Reduction) were not included in the final legislative package. These bills would need to be re-introduced in the new legislative session, as they do not carry-over in a new Congress. Currently, rather than re-introducing these bills, the approach will be to try to get similar language inserted into the debt ceiling negotiations. There is some concern that CMS will attempt to increase the 25% MPPR to 50%. I will keep you updated with any future information. Hopefully, I will have more positive news at that time.

RESIDENTS & FELLOWS SECTION

Eric N. Faerber, MD, FACR
Philadelphia, PA

The PRS, Philadelphia Roentgen Ray Society and Pittsburgh Roentgen Society continue to maintain a high level of interest and support for residents and fellows in Pennsylvania, offering continued informative lectures and Board Reviews for residents and fellows.

PRRS/PRS Board review in Philadelphia March 31, 2012
11 attending radiologists from Philadelphia & Delaware served as examiners. This was a great success with large attendance, organized by Beverly Hershey, M.D.
This year's review will take place on April 7, 2013 in Philadelphia.

The Pittsburgh Roentgen Society has been active with numerous resident lectures, and Board Reviews for residents.

19th Annual Pediatric Radiology Course
This was held at St. Christopher's Hospital, February 25-26, 2012. The two-day course consisted of comprehensive lectures for one day, followed by "hot seat" session. The 20th annual course will be held on March 9-10, 2013.

2013 Intersociety Summer Conference
Chara Rydzak, M.D. from Hospital of University of Pennsylvania has been nominated as PRS candidate for

resident representation at the 2013 Intersociety Summer Conference Meeting.

PRS Resident and Attending Panel

The third annual panel discussion "*Hot topics/issues facing radiology residents in Pennsylvania"* was included in the program of the 97th annual meeting of the PRS held in Philadelphia on September 8, 2012.

The panel was moderated by Eric Faerber, M.D., FACR. The speakers were: Prasad Shankar, M.D. and Philip Orons, D.O. representing Western Pennsylvania. Romeo Laroya II and Anne Dunne, M.D. representing Central, Pennsylvania. Raphael Yoo, M.D. and Robert Koenigsberg, D.O. FACR representing Eastern Pennsylvania.

The session was very informative and interactive, with a large amount of audience participation. We thank Robert Pyatt, M.D FACR, program director, for including the panel session once again into the PRS Annual Meeting.

Annual Residents and Fellows Dinner Symposium

The annual dinner symposium for residents and fellows was held in Philadelphia on October 11, 2012. 50 residents attended. The topic was *"How to maximize your Radiology Residency"*

Speakers: Rajan Agarwal, M.D.
Michael Love, M.D. FACR
Levon Nazarian, M.D.

PRS resident representatives to 2013 ACR meeting.

Three residents Raphael Yoo, M.D.. Satre Stuelke, M.D. and Julia Koo, M.D. will be attending the ACR Annual Meeting and Chapter Leadership Conference in Washington, DC May 4-8, 2013.

A FOCUS ON PEER REVIEW

Jim Sinicki, MBA, RT(R)(T)
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Peer Review is an integral part of quality review in medicine. This process of self-regulation enhances a physician's level of confidence, builds rapport with their colleagues, and most importantly, ensures that they continue to provide high quality care for their patients. This initiative also provides healthcare facilities the assurance that quality care is provided at their locations. In the absence of clear regulatory direction from governing bodies in radiation oncology, there has been substantial variation in peer review and error reporting across the discipline. These differences are due in part to rapid changes in technology and changes in Centers for Medicare and Medicaid (CMS) rules. Thankfully, technological improvements have facilitated novel models of peer reviews which were previously unavailable or prohibitively expensive.

In most instances, peer review in Radiation Oncology is held in conjunction with other processes, such as chart rounds or tumor boards. While this is a reasonable combination, the time spent by all attendees may not be necessary or the most efficient. In the case of chart rounds, there are often members from the entire spectrum of the treatment team present. In most cases, physicists and dosimetrists have already reviewed the plan with the physician and radiation therapists (RT) and nurses (RN) are not in need of the in-depth review of the plans. The RT's may be more concerned about what structures to look for when imaging and RN's would be more concerned about the patient's current status and possible side effects incurred. The other idea of not having more than the respective physicians involved is the ability of the radiation oncologists to be more candid when discussing cases. This may also help keep the concentration focused more on the prescribed treatment and plan.

Obviously, during peer review, it is important to have both the reviewed and reviewer present, but this may not always be possible. In some cases, it is possible to connect the colleagues electronically via web format or within an integrated treatment planning system. In the case that physicians are not available during the same time, it is imperative for the reviewing physician to have access to the patient's file to determine the factors relied upon to make each treatment decision. This may include relevant patient history, such as the stage of disease, associated therapies, and past treatment areas. The peer reviewer will also need adequate access to the treatment plan, including the prescription, technique used, dose constraints, structure contouring, treatment fields used, and other important dosimetric information. Optimally, the review would be held with both physicians present or available electronically or via phone.

The goal should be to review all patients prior to the initiation of treatment. In the case that all plans are unable to be reviewed, it is commonplace for physicians to select those cases that are more difficult or those that they would like another opinion on. In either scenario, all cases should be provided so that this selection may occur or if the opportunity arises to review more plans. The select cases should be compiled and signed off to note that this review has occurred. For continuous quality improvement (CQI) measures, this data should be tabulated in terms of

how many cases were reviewed out of how many patients were actually treated. The results can be provided to accreditation or regulatory agencies to prove a standard of quality is met or can be used to track administratively ensuring physicians meet a certain level of adherence to quality initiatives.

While peer review is inherent in some processes such as following clinical pathways or directives, it is important to include plan review within this practice for radiation oncologists. The separation of this process from others provides a forum during which physicians can concentrate on the planning aspect of the treatment course and allows them to build a relationship that provides them with an ongoing second set of eyes. In the end, patients greatly benefit from this collaboration. In the future, this practice could be enhanced further by procedure observation in regards to brachytherapy or image approval. While this is more invasive to physician practice, the benefit could prevent procedural errors from occurring. Implementing an efficient, consistent peer review can only serve to improve quality of care, reduce errors and also serves as physician-driven initiatives acceptable to regulatory bodies. The time has come for the Radiation Oncology community to set standards by taking the lead in the interest of our patients.

AAPM and ITS INITIATIVES

M. Saiful Huq, PhD, FAAMP, FInstP
University of Pittsburgh Cancer Institute
Pittsburgh, PA

The American Association of Physicists in Medicine (AAPM) is a society of medical physicists that is comprised of over 8000 members (about 6000 full members) from 21 countries. It is a scientific, educational and professional organization. Its mission is to advance the science, education and professional practice of medical physics. To accomplish this mission, AAPM has set various goals. These include: promoting the highest quality of medical physics service for patients, encouraging research and development to advance the discipline, disseminating scientific and technical information in the discipline, fostering the education and professional development of medical physicists, supporting the medical physics education of physicians and other medical professionals, promoting guidance for the practice of medical physics and governing and managing the Association in an effective, efficient, and fiscally responsible manner.

AAPM is governed by a Board of Directors, an executive committee (EXCOM), four councils (Administrative, Education, Professional, and Science council), and editorial boards of two journals. The EXCOM, the councils and the editorial boards all report to the Board of Directors. The EXCOM provides general supervision of the business of AAPM and provides guidance to the council chairs and vice-chairs. The four councils accomplish their tasks through the activities of various volunteer-driven committees, sub-committees, workgroups and task groups that are structured within each council in a given hierarchy.

AAPM has invested its resources in many initiatives. For example, a strategic planning initiative has been undertaken to accomplish the goals outlined above. In collaboration with ASTRO, it has begun the process of developing a national error registry for Radiation Oncology and the creation of a database to track significant events and near misses. This will allow participating institutions to share and receive information on patient safety issues. AAPM has an agreement with the FDA Center for Devices and Radiological Health under which it will provide expertise to the Center's staff when they are investigating a medical device or procedure. To provide regulators and accrediting bodies with practical guidelines, it has accelerated development of Medical Physics Practice Guidelines. To deal with technology assessment across all disciplines it has created the infrastructure of a Technology Assessment Committee. This committee has various working groups dealing with computer-aided diagnosis, the standardization of CT nomenclature and protocols, the development of model quality assurance programs, and the assessment of technologies for image-guided interventions. In collaboration with RSNA it has secured and committed funding for six imaging physics residency fellowships. Programs where these fellowships will be awarded will need to complete a timely CAMPEP accreditation. It is organizing the 3rd CT dose summit on March 15-16, 2013 in Phoenix, Arizona. The focus of this summit will remain on demonstration of how scan acquisition and image reconstruction parameters should be selected and managed to improve image quality and reduce radiation dose. In addition, it is planning a summer school on June 16-20, 2013 in Colorado Springs on patient safety in radiation therapy. Many of these initiatives are proactive response to the media reporting of radiation overdose that happened at a hospital in New York.

Over 20% of AAPM members volunteer their time and effort for AAPM activities. It is this volunteer effort of

the members that contributes to the success of AAPM in accomplishing its mission.

HARRISBURG UPDATE

Kline Associates
Harrisburg, PA

Pennsylvania's 197th legislative session has just begun work in Harrisburg. Following the 2012 general election, the balance of power still favors the Republicans in both chambers - 109 to 93 in the House and 27 to 23 in the Senate. 23 is the largest number the Democrats have had in the upper chamber in many years. This gain is substantial since it will only take a few votes either way to decide a particular issue.

The Governor's annual budget address is scheduled to occur the first week in February. We expect school district funding and a push by the Governor to privatize the state's liquor store system to be front and center. Another major topic will be transportation funding. Pennsylvania is home to one of the largest and oldest transportation infrastructures in the nation. A recent survey published by AAA in central Pennsylvania found that 86% of surveyed members believe the state's bridges and highways are in need of repair. 44% said they would be willing to pay an extra $2.50 a week to fund the repair. Look for revenue proposals to come out of the Legislative Transportation Committees.

The Commonwealth's row offices are, for the first time, all held by Democrats. Treasurer Rob McCord was re-elected for another term. Auditor General and former House member Eugene DePasquale replaces term-limited Jack Wagner as the state's top fiscal watch dog. Finally, Attorney General Kathleen Kane has already begun working on her campaign promise to investigate Governor Corbett's handling of the Jerry Sandusky investigation when he (Corbett) was Attorney General.

This investigation has already proven to be more than a nuisance to the Governor. Several members in the legislature, predominantly House Democrats, have criticized Corbett's handling of the case claiming that it took too long and suggesting that the delays may have been to allow Corbett to be elected Governor before any news of the scandal broke to the public. Just prior to the end of the last legislative session, House Democrats pushed a measure asking the Justice Department to investigate then-AG Corbett's handling of the case. Once Ms. Kane was elected in November, the push from the House Democrats subsided with the thought that Kane would hold true on her campaign promise. This issue has the potential to completely dominate any and all legislative efforts during 2013.

Specific pieces of legislation that we expect to work on for the PA Radiological Society during this two-year session include preserving the role of physician-led medical staffs at hospitals and a streamlined licensing process, breast density notification and insurance payments and patient test results notifications. Tort reform and addressing the unfunded liability in Mcare will also be in play.

House Consumer Affairs Chairman Robert Godshall (R – Montgomery County) has re-introduced his proposal to create a Medical Professional Liability Court in Pennsylvania. The court would have original jurisdiction of all civil malpractice claims against healthcare professionals. A professional Court Qualifications Commission would be established and the 18 member court would consist of elected judges serving three geographic regions of the Commonwealth. This legislation has been introduced in the past and we see it as a slow mover but interesting nonetheless.

One issue that will have a major impact on the Pennsylvania budget will be the implementation of the Healthcare Exchange called for in the federal Affordable Care Act (aka Obamacare). Governor Tom Corbett has chosen to not create a healthcare exchange in Pennsylvania at this time. He suggested that PA take a 'wait and see' approach. The potential problem with this approach will be how the federal government will dole out Medicare and Medicaid funding – both of which are heavily used in Pennsylvania. This is new territory for the entire country and it will be a topic of debate and discussion for many years until it is fully implemented or amended.

In Washington, the results of the recent "fiscal cliff" saga have had a mixed bag of results for radiology. Though lawmakers managed to avoid the cliff, the one-year Sustainable Growth Rate (SGR) fix is partially funded by an increase in the imaging equipment utilization threshold. The American Taxpayer Relief Act of 2012 prevents a 27 percent Medicare physician payment cut for one year. The deal increases the technical component equipment utilization threshold for advanced imaging modalities from the current 75 percent to 90 percent beginning January 2014. Meanwhile, The American College of Radiology's Government Relations Office is working to gather support for the Diagnostic Imaging Services Access

Protection Act which was introduced in the U.S. Senate (S. 2347). This bill would stop the Centers for Medicare and Medicaid Services (CMS) from implementing a significant reduction in the professional services component of certain radiological procedures.

If you have any questions or comments concerning this legislative update, please feel free to contact our office for more information. Kline Associates is pleased to continue its advocacy on behalf of the Pennsylvania Radiological Society in Harrisburg.

SCREENING FOR BREAST CANCER

William R. Poller, MD, FACR
Pittsburgh, PA

To screen or not to screen is not the question these days. When to screen and to use what modality is the question.

There are two articles that I would like you to read after this brief column. Interestingly enough, they both appear in the *New England Journal of Medicine*. There are some messages in both to mull over. There is "more to life than death as an endpoint." *NEJM* September 13, 2012. The screening controversy completely ignores this statement. Death is used as an endpoint in the literature to judge how we "do." The consequence of late diagnosis of breast cancer is not to be taken lightly. One of the most important items is the monetary cost for screening according to the United States Preventative Service Task Force.

The other issues, in the lay press as well as some esteemed journals, are the anxiety of recalls and false positive studies. As breast imagers know, these are issues, but they are over-rated and not well understood by other than breast imaging physicians.

Our American College of Radiology and the majority of the major organizations have not changed their screening guidelines.

The second major issue to consider is Screening Breast Ultrasound. I would say that this now has almost overtaken the mammography screening issues. Because of the Connecticut landmark legislation, mandating that all receiving screening mammograms be told of their breast density in writing, four other states have passed similar legislation. Connecticut went one step further also mandating that insurers in the state pay for this "screening study." No other state so far reimburses for a screening breast ultrasound.

You can be assured that the Breast Committee from our State Radiology Society is closely monitoring events in the Pennsylvania State Legislature where a bill similar to other states is under consideration. Stay tuned for further details.

Our vendor partners certainly have not let this opportunity go unnoticed. There are several ultrasound units now FDA approved that address the screening ultrasound issue.

As of this article going to press there still is no code for a pure screening ultrasound study of the breast. Therefore, the patient should pay the appropriate cost for the study. This would be a global charge for you to determine, with negotiating the professional and technical fees if appropriate. Stay tuned for further updates!!

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Pamela Hartzband, M.D., & Jerome Groopman, M.D.
N Engl J Med 2012; 367:987-989September 13, 2012DOI: 10.1056/NEJMp1207052

Effect of Three Decades of Screening Mammography on Breast-Cancer Incidence
Archie Bleyer, M.D., & H. Gilbert Welch, M.D., M.P.H.
N Engl J Med 2012; 367:1998-2005November 22, 2012DOI: 10.1056/NEJMoa1206809

2013 PRS Annual Meeting Educational Program

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

Pa Radiological Society Annual Meeting, 27 – 29 September, 2013
Hyatt Bellevue, Philadelphia, PA
CME Program

8:00 a.m.
Opening Remarks: Elaine Lewis, MD, FACR; President, PA Radiological Society
Speaker Introduction: Robert S. Pyatt, Jr., MD, FACR, Program Chair

"**Hot topics affecting Radiologists and Radiation Oncologists across the US**", Zeke Silva, MD, Vice Chair, ACR Economics Commission

8:30 a.m. -9:15 am. **Cultivating Great Leaders**, by Richard Gunderman, MD, PhD, FACR

9:15 – 10:00 a.m. **Reinventing Radiology: A Vision for the Next Decade**, by Richard Duszak, MD, FACR,
CEO, Harvey L. Neiman Health policy Institute, ACR

10 – 10:15 a.m. Coffee Break

10:15 – 11:00 a.m. **Trends in Teleradiology: A Report from the ACR Task Force on Teleradiology Practice**, Zeke Silva, MD

11 – 11:**45 Re-Engineering Radiology in an Electronic and Flattened World: The Radiologist as Value,** Innovator by Paul Chang, MD

11:45 – 12:00 **PA Radiological Society Business Meeting**

12:00 – 1:00 Luncheon to include brief presentation on the **Radiology Advocacy Network(RAN)** by Rajan Agarwal, MD

1:00 – 1:45 **Evolving Payment Models in Radiology: The Complex Transition from Volume to Value**, Richard Duszak, MD, FACR

1:45 – 2:30 Speaker/Topic to be announced

2:30 – 2:45 Coffee Break

2:45 – 3:30 **Hot Topics Facing Radiology Residents and Fellows**, moderator Eric Faerber, MD, FACR

3:30 – 4:15 pm Topic to be announced

4:15 End

RADPAC

Ted Burnes
Director of RADPAC & Political Educations

RADPAC was able to reach the goals set forth by the RADPAC Board as shown below.

	2012	**Goal**	**+/-**
Hard Money Contributions	$1,343,538	$1,250,000	+$93,538
Hard Money Contributors	3,025	3,000	+25
Total Hard Money Contributions 2011-2012	$2,797,566	$2,500,000	+$295,816

RADPAC had 14% participation from the ACRA membership and also raised over **$99,710** from **334** contributors in soft money contributions. This puts the total money raised for 2012 at **$1,441,498**.

RADPAC's Other Accomplishments:

● RADPAC had **413** online contributors in 2012 surpassing the 2011 record of **375**.

● RADPAC had **76** group practices with 100% contribution participation in 2012, including **12** that were new practices. ***Pennsylvania had 7 practices with 100% group participation for RADPAC: Chambersburg Imaging Associates, Diagnostic Imaging, Inc., Lancaster Radiology Associates, Ltd., Radiology Associates of the Main Line, Southeast Radiology, Ltd., Weinstein Imaging Associates and West Reading Radiology Associates.***

● RADPAC had **16** states that reached 20% contribution participation in 2012: Rhode Island, Alaska, Idaho, Puerto Rico, Montana, Wyoming, North Carolina, Iowa, Minnesota, Tennessee, Arkansas, Indiana, Texas, South Dakota, Mississippi and Utah. ***Pennsylvania had 19% of its membership contribute to RADPAC in large part to the tireless efforts of Dr. Mary Scanlon.***

● RADPAC had **511** new contributors this year to RADPAC and **162** Members in Training contributors to RADPAC.

● RADPAC's contributions to Members of Congress and political committees ranked 3rd out of more than 135 health professional PACs only behind Orthopaedic Surgeons and the Dentists. In total, RADPAC contributed more than **$1,163,000** in 2012.

● RADPAC hosted more than **25** fundraising events in Washington, D.C. for Members of Congress and organized **16** fundraisers for Members of Congress throughout the country.

● In 2012, RADPAC organized **16** site visits with Members of Congress touring radiology practices throughout the country. RADPAC also arranged a Member of Congress to speak at **4** radiology society chapter meetings ***including Congressman Jim Gerlach speaking at the Pennsylvania Radiology Society meeting.***

Legislative/Regulatory Update

On February 6 and 7, four radiologists, from various parts of the country, traveled to Washington, DC to conduct Capitol Hill visits with targeted members of the House and Senate as part of the "Stand Up for Radiology" program. Drs. Linda Reilman, MD, Ross Golding, MD, Peter Peer, MD, and Bruce Burton, MD, traveled from Ohio, Nevada, Michigan, and Kentucky, respectively, to meet with such important federal elected officials and/or their staff including House Speaker John Boehner (R-OH), Senate Majority Leader Harry Reid (D-NV), House Ways and Means Committee Chairman Dave Camp (R-MI), and Senate Minority Leader Mitch

McConnell (R-KY). The "Stand Up for Radiology" program also coincides with the continuing risk of further cuts to imaging reimbursement stemming from the upcoming deadlines surrounding the implementation of the federal "sequester", or steep, mandatory, across-the-board spending cuts initiated by Congress through the passage of the Budget Control Act in August 2011. These face-to-face visits with key federal elected officials provided ACR with a unique opportunity to reiterate the importance of Senators and Representatives supporting the forthcoming reintroduction of legislation to block the further implementation of the 25 percent professional component multiple procedure payment reduction (PC MPPR), specifically the Diagnostic Imaging Services Access Protection Act.

The "Stand Up for Radiology" program continues during the week of February 24 when radiologists from Montana, New York, and Maryland travel to Washington, DC for visits with other key federal elected officials, including Senate Finance Committee Chairman Max Baucus (D-MT), Senator Charles Schumer (D-NY), and Senator Ben Cardin (D-MD).

ACR Sends Letter to Key Members of Congress About Continued Imaging Cuts

ACR Board of Chancellors Chair Paul H. Ellenbogen, MD, FACR, recently sent a letter to the chairs and ranking members of the Senate Finance Committee, House Ways and Means Committee, and House Energy and Commerce Committee, decrying use of diagnostic imaging cuts to defray costs of a delay in the flawed Sustainable Growth Rate (SGR) contained in the American Taxpayer Relief Act of 2012.

The letter pointed out that imaging reimbursement has been cut 12 times since 2006. It also warned of adverse effects on patient care resulting from these reductions, including a significant regulatory cut to (non-contrast) lower and upper extremity MRI reimbursement in the 2013 Medicare Physician Fee Schedule.

ACR Chair Ellenbogen expressed opposition to further imaging cuts and urged lawmakers to adopt a quality-based imaging utilization and management policy that would mandate use of appropriateness criteria in the ordering of advanced imaging studies.

http://www.acr.org/~/media/ACR/Documents/PDF/News/ACR%20Letter%20to%20Senate%20Regulatory%20Cuts%20020613.pdf

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