

The Pennsylvania Radiological Society

A Chapter of the American College of Radiology

www.paradsoc.org



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Remember, the **Bulletin** is available to members online at
<http://www.paradsoc.org/>

MESSAGE FROM THE PRESIDENT:

The passage of Act 112 by the General Assembly of the Commonwealth of Pennsylvania that went into effect in December of 2018 is raising many questions among the radiologists in the state of Pennsylvania. The Act is known as the Patient Test Result Information Act. The act involves the notification of “significant” patient test results to be sent directly to a patient or the patient’s designee. Act 112 not only affects the radiologists in the state of Pennsylvania, but other physicians providing “diagnostic imaging services” such as cardiologists, OB/Gyn physicians, and vascular surgeons. The words and phrases chosen by the legislators in the definition of Act 112 have resulted in some controversy and challenges.

The Pennsylvania Radiological Society, radiologists across the state, and other physicians have been meeting with The Hospital and Health System Association of Pennsylvania to attempt to ensure the Department of Health provides greater clarity on the implementation of Act 112. This discussion includes what is defined as a diagnostic imaging service and what is considered a significant abnormality. These two questions are integral to understanding what must trigger a letter of notification to a patient. Representatives from different health systems across the state are presenting how they are handling the patient notification process. This is a complex issue, requiring an intricate solution within the various electronic medical records, that must be worked out.

Another major issue where many radiologists across the state are finding themselves spending a great amount of time working with their IT team is the implementation of the Clinical Decision Support (CDS) for the ordering of imaging studies. The application of CDS is intended to highlight whether an imaging study is more or less appropriate for a working clinical diagnosis for the ordering clinician at the moment the imaging study is ordered. The process requires the education of our staff and colleagues during the development and rollout and will continue to provide education and feedback to ordering clinicians, hopefully reducing the number of less appropriate imaging studies.

These are just a couple of reasons that as radiologists we are finding ourselves spending more time with our hospital administrators who are relying on our expertise in imaging. Continue to focus on patient care as the challenges can seem insurmountable but the reward of better care for our patients is greater.

Michael Spearman, MD, FACR
Pittsburgh

EDITOR'S NOTE

The Spring 2019 issue of the Bulletin will provide a legislative update on an important legislative spring session. In addition, this issue brings you a RADPAC update, and an ACR2019 preview. Dr Hardy has continued the economics forum with his latest “economic musings”. Finally, our active Resident and Fellow section highlights recent activities from the RLI and the Pennsylvania Roentgen Ray Society.

I hope you enjoy this Spring issue of the PRS Bulletin. Please feel free to contact me with any concerns. I continue to welcome your ideas and suggestions for future topics.

Joshua G. Tice, MD
West Reading

Legislative Updates

Legislative Affairs Early 2018

The 2019-2020 legislative session has begun. As reported in earlier correspondence the Democrats have gained seats in both chambers but not enough to take the majority. In the Senate, Republicans hold a 29-21 majority. In the House, the numbers are 110-91 in favor of the GOP with two vacancies.

Access to leadership and committees that affect Radiology continues to be good. For example, the new Majority Leader in the House is Representative Bryan Cutler (R-Lancaster). A former x-ray tech, Cutler has been a friend to our Society and he now runs the agenda on the House floor.

In the Senate, we will be working with Health & Human Services Chair Senator Michele Brooks (R-Crawford/Erie/Warren). This is Brooks' first committee chair. She has a lot of local government experience. We will draw on that when advocating issues. Also, on that committee is newly minted Senator Judy Ward (R-Blair). Ward served in the House until 2018. Ward is a registered nurse and friend to PRS. This will be helpful to have another friend on this committee. Senator Bob Mensch (R-Bucks/Montgomery) is another ally of the Society and serves on this committee. Finally, Senator Judy Schwank (D-Berks) serves on the committee with the Democrats. PRS has established good working rapport with the senator and her staff.

The senate Banking and Insurance Committee has some members that are definite allies to Radiology. Senator Tom Killion (R-Delaware) has always supported our efforts. Senator Mario Scavello (R-Monroe/Northampton) has a good understanding of the issues along with Senator Ward (mentioned before)

PRS is working to move a bill that will mandate insurance pay for additional screening by MRI and/or ultrasound for women with dense breast tissue when ordered. Our relationship with the PA Breast Cancer Coalition will help in this work. Senator Bob Mensch has championed this legislation in the past and we expect him to reintroduce it soon.

Balance billing and associated insurance/reimbursement matters will all be part of the new session. Recently, John and Josh Tice met with Senator Schwank (D-Berks) regarding this issue. Senator Schwank plans to introduce the bill soon. PRS will continue to work with her staff on this important issue.

House Bill 1884, introduced by Representative Marguerite Quinn, has become law as Act 112, "The Patient Test Results Information Act". An advisory letter sent to all PRS members from the Legislative Committee can be reviewed at the end of the Bulletin. The Department of Health has granted a one-year delay in the issuing of sanctions for noncompliance with the act to educate hospitals, providers, and other stakeholders about the legislation and how to comply with it, as recommended to the Department's Director, Rachel Levine MD, in a joint letter from the Pennsylvania Medical Society and the Hospital Association of Pennsylvania (HAP). Keith Haidet and John Kline met with Lori Gutierrez, Executive Policy Specialist for the Department of Health in charge of implementation of the bill, to discuss issues with bill implementation and give the perspective of the PA Radiological Society in December prior to the Act becoming law. PRS also reached out to the PA Patient Safety Authority and Cathy Reynolds, the Regional Patient Safety Liaison, regarding their work in the area of diagnostic errors and will continue to facilitate dialogue between PSA and DOH as implementation of Act 112 moves forward. HAP has created a working group under the direction of Kate Routledge, HAP Compliance Support Director, composed of physicians, government relations members and hospital representatives to continue to discuss issues surrounding implementation of Act 112 and advise DOH. Mike Spearman is representing PRS on the committee.

PRS Legislative Committee has also encouraged members to write to Karla Shultz, Counsel for the Civil Procedural Rules Committee of the PA Supreme Court, opposing a proposed change in the rules governing appropriate venue in medical malpractice cases in PA. The proposed change would allow a malpractice suit to be filed in any county where a defendant may be served, the cause of action occurred, the venue is authorized by law, any part of the property which is related to the action is located, or a transaction or occurrence that caused the action took place. The change would revert the current positive changes to court guidelines to the days when PA malpractice lawsuits could be moved to any county where juries were known to support plaintiffs with large awards. The number of inappropriate plaintiff malpractice awards and excessive plaintiff verdicts in PA has been steadily decreasing over the past several years due to the positive restrictions in the malpractice venue guidelines by the Supreme Court. Reversing these positive changes will increase the number of inappropriate suits and excessive verdicts, eventually increasing the cost of malpractice insurance in PA, making it less favorable to practice in PA. A sample letter drafted by the Legislative Committee for PRS members to send to the Civil Procedural Rules Committee is included at the end of the Bulletin for your review. Deadline for letter submission was February 22.

The month of March is near and that means ACR RADPAC March Madness campaign! Please contribute to RADPAC as soon as the campaign is announced. Last year, our members contributed in greater numbers than any other state in the nation, winning the campaign. We can do it again this year, if we all pull together and contribute! Consider making your yearly RADPAC contribution during the month of March this year and in future years.

John Kline
Executive Director
Pennsylvania Radiological Society

Keith Haidet, MD, FACR
President, Chair Committee on
Legislative Affairs

***Pennsylvania Medical Society:
Specialty Leadership Cabinet***

As members of the legislative committee, Dr. Terry York and I continue to split the duties of representing PRS at the Specialty Leadership Cabinet (SLC). I attended the most recent session on February 5, 2019 at which time several few key issues were discussed, and a regulatory update was provided.

Regulatory Update:

Draft Regulations:

DOH submitted a draft proposal to the Governor with final proposals to follow, likely over the summer. Several expected areas of change and/or clarification include interactions between health systems and subsidiary hospitals, overflow/capacity issues, identification regulations, and medical staff make-up.

Compounding:

Pharmacy board to ensure that new regulations apply to pharmacies and pharmacists, providing for an in-office exclusion.

Naturopathic Registration Regulations:

Naturopathic regulations were developed to facilitate registration without defining a scope of practice.

Legislative Issues:

The proposed medical malpractice venue rule change dominated the legislative discussion. The current rule requires the suit to be brought in the county of action. However, the proposed change would allow for the suit to be brought in the county (1) where the cause of action arose, (2) where a transaction or occurrence took place out of which the cause of action arose, (3) where the venue is authorized by law, (4) where the property or part of the property which is subject to action. This change will allow claimants to shop for verdict friendly venues in which to file suit and return Pennsylvania to the medical malpractice crisis of the early 2000's. If you want to learn more about this vital issues please see [PAMEDs venue rule change](#) resource page.

Joshua G. Tice, MD
West Reading

RADPAC

2018 was a tough year for RADPAC – hitting an 8-year low in terms of overall money brought in (\$1,204,480 /down \$42 K) and # of contributors (3,008 / down by 127).

Pennsylvania had mixed results. The good news is we had 13 more contributors. 16% of our members contributed, getting us a little closer to the all elusive goal of 20%. The bad news is we brought in less money (7k less).

<u>2018:</u>	<u>2017:</u>
# of contributors: 176	# of contributors: 163
% of members: 16%	% of members: 15%
\$ Raised: \$46,814.32	\$ Raised: \$53,936.52

Through a spectrum of activities, from direct campaign contributions and independent expenditures, to imaging policy discussions at fund raisers, to hands on education of Members of Congress at radiologists' practice sites, **RADPAC provides the venue for our specialty to directly and effectively educate and promote our important issues to legislators.** It is those Members of Congress who create the legislation and policies so vital to the continued well-being of our patients and to the success and preservation of our specialty.

We must put aside polarizing partisan politics and give. These are more than tumultuous times in Washington and more than ever we need to effectively educate our legislators ,25% of which are new.

Start giving during **March Madness** -RADPAC's Annual Chapter Challenge Campaign, where residents, fellows, and attendings compete to have their state win \$500. We won our division last year. Let's do it again this year especially in this **20th Anniversary year of our PAC.**

The campaign starts March 1st and ends March 31st. **Each contributor in the month of March will earn 1 point for their state chapter.** States will compete against other states in their division (same divisions used for the ACR Chapter Awards).

No contribution amount is too small to count in the Campaign. ***Radiologists who sign up for RADPAC's new 20/20 Campaign (\$20/month from March through December of 2019) will earn their chapter 2 points!*** The 20/20 Campaign is to commemorate RADPAC's 20th Anniversary.

Not only have your voice heard through RADPAC, but have your voice heard loud and clear in person by joining the Pennsylvania state delegation on **Capitol Hill Day Wednesday May 22th.** When registering for the ACR meeting select Capitol Hill Day option. Additionally, please drop me an email (mary.scanlon@uphs.upenn.edu) as I will be coordinating the day.

Respectfully submitted,

**Mary H. Scanlon, MD FACR
Philadelphia**

PS: Look forward to scheduling my visit with my Representative ...this is Mary Scanlon for Mary Scanlon

ACR Updates

Council Steering Committee (CSC) January 2019 Meeting Summary

Sunset Policy Review

The CSC finalized its' annual sunset policy review for the May 2019 meeting. A recommendation to sunset, renew, or renew as amended was made for each of the 24 policies, which were up for the 10-year review cycle. The CSC carefully deliberated each policy with an attempt to consider all points of view, which might be expected from the Council, before making each recommendation. Any of these policies can be extracted at the annual meeting for further discussion. The CSC recommendations, including any amendments, will be released March 2019 along with all resolutions for consideration at the May 2019 Council meeting.

Conflict of Interest (COI)

Over the last year, the Board of Chancellors (BOC) and CSC approved a new conflict of interest (COI) policy, which applies to those groups, but not the Council (which has previously approved its own COI policy). There was discussion concerning how to practically implement this policy as it currently exists to the Council. Concerns regarding exact definitions of multiple terms in the policy and the specifics regarding implementation of an adjudication process were discussed. The CSC recommended to defer rolling out this policy to the Council for further consideration pending a clearer definition of exact requirements and consequences of not adhering to the policy. The CSC agrees it was crucial to define and implement a COI policy for the BOC and CSC, particularly in light of recent resignations at some highly regarded institutions, which have made national news. The CSC would like to see this topic discussed by the Council, either via the Open Microphone Session or via a Resolution to be brought forward in the future to the Council.

Membership Mailings for Outside Entities

The CSC discussed whether member contact information should be provided to outside entities. It was decided that this should be an individual member decision with an option to opt-in for mailings from organizations other than the ACR.

Resolutions

Four new resolutions have been submitted to the CSC for consideration for co-sponsorship. Following minor edits to a few of the resolutions, the CSC voted to support the following resolution topics pending discussion at the BOC meeting.

1. Abusive Head Trauma
2. FACR Eligibility Bylaws Change
3. Burnout
4. IR Credentialing Core Privileges
5. Task Force on Corporatization

These resolutions, in their final version, will also be released with the meeting materials for the May ACR meeting.

Annual Meeting Workgroup Update

Members: Amy Kotsenas, MD, FACR (Chair); Mark Alson, MD, FACR; Sonia Gupta, MD; Kevin Smith, MD, FACR; Aradhana Venkatesan, MD.

An update since the fall meeting report was provided by Dr. Kotsenas. As requested by the council, additional CME sessions will be offered to attendees, which will not conflict with governance sessions. The council also expressed a desire to be engaged in the determination of topics for the Open Microphone Session. Multiple potential topics for this session were discussed by the CSC. Potential topics will be presented to the Council prior to the meeting on the Engage platform to solicit Council input. There will be less time for the introduction of the topic(s), thus maximizing the time for Council discussion. The format will be less formalized to promote a free-flowing and open discussion.

Non-Physician Provider Work Group

The Speaker, Dr. Timothy Swan, MD, FACR, will be forming a new work group on non-physician providers and asked for members of the CSC to submit their names if interested in serving. The work group will be chaired by Dr. Timothy Crummy, MD.

Elaine Lewis, MD, FACR
ACR, Council Steering Committee
Reading

ACR 2018: Preview

The ACR Annual Meeting will again be held at the Washington Marriott Wardman Park Hotel in Washington, DC from May 18-22. All ACR members and guests are welcome to attend.

The ACR Annual Meeting will feature the activities of the ACR Council along with programming designed to support the needs of Council members, Chapter leaders, the RFS and YPS. Saturday features a Lung Cancer Screening session, Future Practice Management Session, and the YPS meeting. Sunday will include council activities and a keynote address. Monday will start with an Emergency Radiology Session, followed by council activities and the ever-informative Economics Forum. Tuesday includes a Military Radiology session, a diversity forum, and a legislative update. The meeting will culminate with Capitol Hill Day on Wednesday.

For registration information please visit www.acr.org/Lifelong-Learning-and-CME/Meetings-and-Course-Calendar/ACR-Annual-Meeting#Overview.

Joshua G. Tice, MD
West Reading

Economic Forum

Radiologists would be wise to view recent federal economic regulatory changes within the context of potential opportunities and threats within our industry.

[One requirement is that hospitals publish their charge-masters. This is a largely symbolic first step towards Secretary Verma's goal of "empowering patients". It is symbolic because in practice very few patients will be able to use the transparency to calculate their costs under their high deductible health plans. It will be interesting to see if hospitals see this change as an opportunity to provide common sense pricing to undercut their rivals who chose to hold on to the opaque status quo.](#)

[Another change comes from a bipartisan effort to eliminate surprise medical billing.](#) The issue of surprise billing is another effort to empower patients economically in their medical care. While hospitals tend not to

directly engage in surprise billing, [out-of-network independent physician contractors, such as Envision Healthcare, do.](#)

It should not be surprising that Envision, a private equity physician group owned by KKR, is the antagonist of the surprise-billing story. [The attractiveness of physician groups to private and publicly traded corporations is likely due to the perception of their powerful ability to set prices as a result of the steep demand curve for healthcare, and corporate consolidation occurring in the marketplace limiting competition.](#)

Private equity companies are notorious for the financial leverage they place on their acquisitions. They often take on too much debt in order to leverage their return on equity and earnings. [For example, as in the case of Toys-R-Us which was owned by KKR. In this example the debt payments overwhelmed declining revenues and the company was left bankrupt.](#)

KKR's recent acquisition of Envision ended public disclosure of their financial statements so we have little insight into whether KKR is employing Toys-R-Us type leverage tactics with Envision. [However, MEDNAX's interest expense is up 3.8x between 2015-2018 while net income is down \\$112,020,000 over the same time period.](#) If Envision is experiencing similar market forces as MEDNAX, both companies may be facing challenging operating environments in the future; particularly if patients become increasingly financially empowered and our federal government is able to shift pricing power away from these organizations.

It is important to remember that physician salaries are the largest expense for these companies, but in an era of physician and radiologist shortages the labor market is likely to be another threat to their solvency. If these companies cannot offer attractive salaries, they will be unable to service the contracts they own. These companies may become squeezed between declining or flat revenue, and interest and labor costs.

While drawing parallels between the toy and medical industries may seem obtuse, we need to keep in mind that fundamental economic forces are ubiquitous. If companies lose the ability to price physician services above their debt and labor costs, they may quickly become insolvent. In an era of increasing physician employer consolidation into shareholder companies, we need to be aware of potential fallout for our specialty and patients.

Seth M. Hardy, MD MBA FACR

<https://healthyinnovation.co>

Lititz

RESIDENT AND FELLOW SECTION:

RLI Leadership Essentials

The Leadership Essentials webinar series is a new 2018-2019 offering from the ACR Radiology Leadership Institute aimed at residents, fellows, and early-career attendings looking to get more involved with leadership activities. The course covers a range of both fundamental business and healthcare leadership topics. The series is conducted in a flipped classroom format with pre-recorded lectures followed by a live question and answer session with the course directors and the topic lecturer. The question and answer sessions always begin with a recap of the topic, stressing

several key take-away points, followed by opening the forum for course participants to ask questions either directly or by text to the course directors.

Most lectures hit an appropriate mix of high-level overview, while also providing specific, radiology focused examples. I found Dr. Gregory Nicola's session on negotiations particularly valuable, both in its immediate applicability as well as long-term importance. The recorded webinar covered the absolute basics of how to approach a negotiation in every-day life and then built on itself to discuss complex aspects of contract negotiation. The question session was similarly valuable, providing more specifics about when and how to use lawyers as well as how to approach negotiating job contracts.

Overall, I think the course is quite good, and I recommend it to anyone looking for more leadership training. The breadth of topics, mix of overview and supporting specifics, and suggested resources for further study provide a good set of foundational skills to build upon in the future.

Nicholas Naro, MD
PGY-3, UPMC

Philadelphia Roentgen Ray Society

Artificial Intelligence

Not unlike the invention of the World Wide Web in the 1990s, for better or worse, Artificial Intelligence is here. The reality of its cultural pervasiveness was on full display during the commercial breaks of this year's Super Bowl and from potato chips to home security, AI is clearly a technology that is going to change the way humans live and interact with the world. In keeping with the excitement of AI, The Pennsylvania Roentgen Ray Society hosted a much-anticipated event this past year surrounding the emergence of this polarizing technology and its potential impact within the field of radiology.

The event began with a thought-provoking keynote speech by Dr. Paras Lakhani, from Jefferson University Hospital, on the "Strengths and Limitations of Deep Learning in Medical Imaging". Dr. Lakhani took the audience on a tour through the foundation of AI science, presenting some of the more inspiring clinical applications. Some early adopters are already beginning to experience the strength of the technology in their daily work flow, utilizing AI software to leverage the burden of pulmonary nodule identification and helping to triage an ever-growing list of STAT examinations. The potential for AI in radiology is exciting and in a few narrow applications, there are true benefits for the radiologist, clinician, and patient alike. However, Dr. Lakhani cautioned us on the immaturity of the technology and our limited understanding of the "computational black box", exposing some potential clinical pitfalls brought by the limitations of the science. For example, a seemingly accurate algorithm in detecting pulmonary edema on radiographs might actually be making superfluous correlations between the presence or absence of a pacemaker rather than purely recognizing the pathology itself. Like most emerging technologies, there appears to be a double edge to this advancing sword.

Dr. Lakhani's speech was followed by an engaging session moderated by Dr. Ryan Lee of Einstein Healthcare Network on "Machine Learning and the Future of Radiology". The session included a mix of local leaders in our field and emerging experts in the application of Artificial Intelligence including; Dr. Mitch Schnall, chairman of Penn Radiology, Dr. Devang Gor, chairman of Lehigh Valley Health Network, Dr. Paras Lakhani, assistant professor at Jefferson University Hospitals and Dr. Ajay Kohli, radiology resident physician at Drexel University College of Medicine. This provided the audience with a diverse a perspective on the future of AI which spanned academia, private practice and radiology training programs.

The panelists shared optimism for the potential of AI; however, remained concerned about how AI might alter the role of the radiologist in the future. This sense of cautious optimism was mirrored in a recent poll by the Pew Research Center, which canvassed experts in technology, policy, and business. The poll found that 63% of respondents believed people will be better off in 10 years because of AI, while 37% remained concerned that the opposite might be true. This dichotomy is largely predicated on the spectrum of potential outcomes for AI, ranging from it serving a more supportive role (in-line with our current use of speech recognition software) to the more provocative idea that AI might entirely replace humans in the workforce.

Regardless of the hypothetical outcome, one stance our panelists seemed to agree upon is radiologist should fully embrace the emerging technology in order to better understand its strengths and shortcomings as a diagnostic tool. The truth is, we may not fully recognize whether AI is our "friend or foe" until it is too late and perhaps the best advice might be taken from the famous quote "keep your friends close, and your enemies closer". With our adoption of AI as an essential partner in improving healthcare delivery, we may be able to eliminate the unsettling fear of the technology passing us by in the dark. Additionally, with the development of an expertise in AI, the radiologist could be aptly positioned to take on an essential role in shaping its utilization not just within radiology but throughout the field of medicine in general.

Brett W. Cerniglia, MD, MPH
PGY-5, Einstein Healthcare Network

Philadelphia Roentgen Ray Society Highlights

The [Philadelphia Roentgen Ray Society](#) launched its first Virtual Meeting on February 5th, 2019. This exciting new outlet allowed society members to attend the meeting remotely from their computers and smart devices. During the meeting, speaker Matthew D. Cham, MD discussed the pitfalls of cardiothoracic radiology and ways to mitigate them. Melissa M. Chen, MD highlighted the pivotal role radiologists can play in transitioning modern health care to patient centered care. The society aims to create more collaborative and participatory opportunities for our colleagues in Western and Central Pennsylvania though the virtual platform. It is certainly a transition into the 21st century for PRRS.

Previously, PRRS topped off the year on an exciting note. During the November meeting, keynote speaker Dr. David Levin gave an honorary oration for the 2018 RSNA President, Dr. Vijay Rao. Dr. Adam Flanders discussed Artificial Intelligence in Radiology, including its potential and risks. Resident Trivia was reintroduced this year as an exciting opportunity for junior faculty members to

engage and present to both their peers and trainees. Trivia winners received prizes as well as local recognition! The September meeting was highlighted by Dr. Paras Lakhani, who walked us through the history of deep learning, the many applications within medical imaging, and the role radiologists should take in shaping its use in the future. Overall, it has been a great series of lectures given by outstanding Philadelphia faculty members.

PRRS is looking forward to our next meeting at the College of Physicians in Philadelphia on March 12, 2019. The Blue-Ribbon speaker, Dr. Haresh Naringrekar from Thomas Jefferson University, will be giving a talk entitled “Contrast enhanced ultrasound with focus on liver lesions: MR is not always better”. The Keynote Speaker, Dr. Greg Nicola, will discuss the “Economics of Artificial Intelligence Applications”. Dr. Nicola is the Chair of the ACR Economics Committee on MACRA and the Vice Chair of Hackensack Radiology Group. Case Trivia will be led by Dr. Joyce Li from Einstein Health.

Coming up in May, PRRS will host the annual College Bowl and present the Outstanding Educator Award. The College Bowl is a PRRS tradition where two teams strive head-to-head to see who has superior diagnostic skills on extreme radiology cases. The winner of the Outstanding Educator award will also be announced. The Outstanding Educator award is given every year to a superlative member of the Philadelphia faculty who leaves a meaningful impact on junior faculty and trainees.

All are welcome, and we look forward to seeing you at our next meeting!

Jonathan Friedman, MD
PGY-3, Drexel University, College of Medicine

Legislative Reference Material

Pennsylvania Radiological Society Review of Act 112 of 2018 (formally House Bill 1884)

Dear PRS member,

This is a review of the subject Act by the PA Radiological Society’s Legislative Affairs Committee. It is important that your health systems contact the PA Department of Health directly with questions of implementation or any other questions that might arise.

Act 112, The Patient Test Result Information Act, passed at the end of the 2017-2018 legislative session, provides for notification of patient test results to be sent directly to a patient or patient’s designee.

Tests that are exempted from the requirement include:

- Routine obstetrical ultrasounds
- Diagnostic imaging services performed on an inpatient or an emergency room patient
- Diagnostic radiographs

When an entity (health system or medical office) judges that a significant abnormality exists (abnormality that would cause a reasonably prudent person to seek additional or follow-up medical care within 3 months), the entity shall directly notify the patient or patient's designee that the entity has completed a review of the test and sent the results to the health care practitioner who ordered the test.

The notification shall include the name of the ordering practitioner, the date of the test, and the date the results were sent to the ordering practitioner. The notification shall also state that complete results of the test have been sent to the health care practitioner who ordered the test and that further discussion of the test with their practitioner is warranted and would be beneficial. The notification shall also state that the patient should contact their health care practitioner to discuss the results and provide contact information of the diagnostic entity necessary for the patient to receive a full report from the diagnostic entity. This notice shall be sent no later than 20 days after the diagnostic entity has sent the results to the ordering health care practitioner.

Notices that comply with this act can be sent:

- By mail through USPS
- Electronically via email
- Posted to the patient's medical record from an electronic patient portal (EMR)
- By fax
- Provided directly to the patient at the time of service if the patient signs acknowledgement of receipt of the results

The diagnostic entity can provide the patient with the complete diagnostic report and/or the conclusion but is not required to provide the patient with this information by this act.

The Department of Health shall enforce this act by

- Compliance reviews as part of their accreditation inspections
- Establishing a complaint procedure – available on their website
- Investigate complaints as needed

The requirements of this act shall take effect 60 days from October 24, 2018.

Legislative Committee, PA Radiological Society
Keith Haidet MD FACR Chair
John Kline, Executive Director

Sample Letter Opposing Malpractice Venue Rules Changes in PA

Karla M. Shultz, Counsel
Civil Procedural Rules Committee
Supreme Court of Pennsylvania
Pennsylvania Judicial Center
P.O. Box 62635
Harrisburg, PA 17106-2635
Fax: (717) 231-9526
civilrules@pacourts.us

Dear Ms. Shultz:

I am writing to you concerning the following proposed rule change in rules governing appropriate venue in medical professional liability actions. The new proposed change would expand the possible venues where a medical liability action can be initiated by allowing a suit to be filed in any county where:

- A defendant may be served,
- The cause of action occurred,
- A transaction or occurrence took place out of which the cause of action arose,
- Venue is authorized by law, or
- The property or a part of the property, which is the subject matter of the action, is located provided that equitable relief is sought with respect to the property.

By allowing venue in counties with little to no relation to the underlying cause of action, claimants could shop for verdict friendly venues in which to file their suits. This was the case before the current rule's adoption, and the result was a greater number of unnecessary malpractice suits and exorbitant verdicts out of line with the rest of the country. The result of these behaviors was higher malpractice premiums for physicians, excessive in specialties with high exposure to malpractice suits compared to neighboring states.

Pennsylvania is not a state with caps on malpractice awards for damages. Pennsylvania is already considered a state where a physician is exposed to a higher risk of an inappropriate malpractice lawsuit. The current venue restrictions have greatly improved the malpractice climate in Pennsylvania for physicians. Relaxing these restrictions would send Pennsylvania back to the previous era when PA was considered a poor state to practice medicine because of the negative malpractice climate. This would have significant negative impact on the ability of physician practices and health systems to attract qualified and talented physicians to practice in PA and have negative impact on the retention of talented fellows and residents to practice in PA.

As a practicing physician and member of the Pennsylvania Radiological Society I urge the committee not to adopt the proposed rules changes because of the adverse consequences to physician practice and physician manpower in PA.

Respectfully,