

PRS Fall 2021 Bulletin Rough Draft

# **Bulletin**

## **Fall, 2021\***

### *The Pennsylvania Radiological Society*

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*A Chapter of the American College of Radiology*

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### EDITOR'S NOTE:

Thank you to all our contributors to this edition of the Bulletin!

These include our incoming President **Dr. Eric Rubin**, whose **President's Message** outlining some of his goals for the coming year you can read below.

Next is an article by **Dr. Jenny Bencardino** Chief of our own Women and Diversity section and co-authored by **Essai Hernandez**, medical student at Eastern Virginia School of Medicine and one of our honored guest speakers at this year's Fall meeting, **Dr. Michelle Johnson**. This article serves as an introduction to the **PIER mentoring program**, started by Dr. Johnson, designed to encourage medical students of historically under-represented groups to consider careers in diagnostic radiology, Interventional radiology and radiation oncology. One of the goals of the PRS for this year is to increase the number of Faculty mentors in this vital program throughout the Commonwealth.

Thank you to **Dr. Kelly Biggs** for his article discussing a group with which he has been involved, called Imaging4Change. This is another opportunity for those interested to become involved in rewarding charity work.

At the Fall Board meeting we voted to initiate the new **Legacy Foundation of the PRS**. As a means of introduction, please read the **Q and A session** outlining basic information about the Fund. This will be the first but not the last communication about this exciting new development! Thank you to committee members **Dr. Terry York and Todd Hertzberg** for their help with this article.

In **Member News**, you will read about the extraordinary career accomplishments of **Dr. Thomas Chang**, one of our two Gold Medallion Recipients.

You will also read about the amazing career of **Dr. Harvey Nissenbaum**, our other Gold Medallion Recipient. As most of you know, Dr. Nissenbaum passed away last year from a brain tumor. His posthumous reward was given to his wife Sylvia.

Special Thank You to the authors of the Biographies of **Drs. Chang and Nissenbaum** and of our incoming President **Dr. Eric Rubin** that first appeared in the Program Materials for the Fall Meeting. These were adapted, within only minor revisions for this edition.

Finally, **Dr Keith Haidet** and our tireless Executive Director, **John Kline** will let you know about significant developments with regard to a number of bills that are active in the State Legislature that directly affect our practices.

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## Your new President 2021-2022

Dr. Eric Rubin, FACR



Eric Rubin, MD, FACR

Dr. Eric Rubin received a B.A from University of Pennsylvania in 1994. He attended medical school at the Robert Wood Johnson School of Medicine (New Brunswick, NJ). He completed his internship at Crozer-Chester Medical Center, followed by a Diagnostic Radiology Residency at Thomas Jefferson University Hospital (Philadelphia, PA) and an Abdominal Imaging Fellowship at Beth Israel-Deaconess Medical Center (Boston, MA).

Dr. Rubin is a partner in Southeast Radiology, serving patients throughout Delaware County. He serves as Director of the CT Division for the entire Crozer Health system. He is also Associate Chair of Radiology at Delaware County Memorial Hospital. He currently serves on several multi-disciplinary committees for Crozer Health, including the Stroke Committee and Lung Cancer Committee.

As a long-time member of The Pennsylvania Radiological Society (2004), he has proudly served multiple terms as a Councilor representing Pennsylvania at annual meetings of The American College of Radiology (ACR).

In addition to his tremendous contributions at the State level thus far, Dr. Rubin has spent many years working for the ACR at the national level. He has been a long-time member of the ACR Economics Commission, becoming one of a select group of national experts on CPT coding and has testified before the AMA CPT Editorial Panel on behalf of the American College of Radiology and the American Roentgen Ray Society. He gave one of the talks for the Economics Committee session to the ACR at the Annual Meeting in 2019. He currently serves as the CPT advisor for the American Roentgen Ray Society to the American Medical Association CPT Editorial Panel.

He has served as a member of the ACR's Council Steering Committee. Last year, he was elected to the ACR's Board of Chancellors, as Chair of the Human Resources Commission.

For his many contributions to organized radiology at the State and National level, he was appointed Fellow of the ACR in Spring of 2020.

Dr. Rubin would prefer that you address him as 'Eric' and not as 'Dr. Rubin'. This is a consistent request that he makes of anyone with whom he works.

He lives in Media, PA with his wife Aimee, 3 children – Andrew (19), William (17), Natalie (13) – and their dog, Louie.

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**PRESIDENT'S MESSAGE**  
**Dr. ERIC RUBIN, FACR**

As a long-time member of The Pennsylvania Radiological Society, I have had the privilege to observe prior presidents as they outlined goals and achieved those goals. Most recently, Terry York, under challenging circumstances placed upon him by the COVID-19 pandemic, established the PRS Legacy Fund. This Fund will serve as a self-sufficient means of funding for our society for years to come. Our members and, by extension, our patients will be the beneficiaries of this Fund. We thank both Dr. York and the other members of the Legacy Fund Committee for the many hours they spent in meetings, discussions, and planning sessions to allow this project to come to fruition.

I now have the honor and challenge to step into the shoes of those who came before me. As your president for 2021-2022 I hope to both build upon the work of Dr. York and use this opportunity to continue to move us forward.

In July 2021, The American College of Radiology announced the establishment of The ACRA Scope of Practice Fund. The stated goals of the Fund include "safeguard(ing) patients and patient access to radiologist expertise by fighting state and federal non-physician SOP [Scope of Practice] expansion legislation" and "to proactively educate lawmakers and counter future scope threats to patient safety." My first request of John Kline, our Executive Director, was to collaborate with me to apply to the ACR for a grant from this Fund to apply to legislative issues regarding Scope of Practice in our state. Our application was submitted in late October 2021; our request was granted in Mid-November 2021. We were 1 of only 4 state societies to receive this grant.

Several facts specific to our situation in Pennsylvania that we emphasized in our application contributed to our being awarded the grant. First, we noted that Pennsylvania has a full-time legislature. This is different from many other states, where the legislative body only convenes intermittently. The result is that bills can move through our state legislature rapidly. This requires constant vigilance by both our advocacy team and by the PRS as a whole. Second, the Fall 2022 PA state elections will place seats for the governorship, half of the state Senate, and the entirety of the state House of Representatives up for grabs. Finally, the COVID pandemic has loosened scope of practice rules in many states across the country, potentially allowing non-physicians to interpret X-rays. This is a significant risk in Pennsylvania. As medical professionals, it is incumbent on us to ensure that we appropriately monitor legislative activity on scope of practice and provide our guidance to ensure that patients receive the highest level of care in our state.

PRS requested \$18,750 in grant funds from The American College of Radiology. This represents 75% of the anticipated cost for services to be provided to Quantum Communications, a Harrisburg advocacy and communications firm. Our goal will be to partner with Quantum in order to educate Pennsylvanians about the role that radiologist physicians play in their care. Social media platforms will be used, and a targeted approach will be taken to ensure that citizens of specific districts will receive our messaging. Those citizens, in turn, will also be asked to engage with their state legislators to ensure that the importance of radiologist-led care is best for patients. Furthermore, special attention will be given to concerns of women over 35 and senior citizens. This approach will ultimately allow us, The Pennsylvania Radiological Society, to sharpen its message and, ultimately, influence the legislative process by expanding the spectrum of people who advocate on our behalf.

The receipt of The ACRA Scope of Practice Fund grant is only the first step in our intended goals for the coming year. We want to expand our ability to communicate. While the hiring of Quantum Communication will target Pennsylvanians in general, we have additional plans to speak with and listen to our PRS members. Stay tuned for my next column as I provide further details.

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### **Peer to PIER: Diversity and Mentoring in Radiology**

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### **Peer to PIER: Diversity and Mentoring in Radiology**

Jenny T. Bencardino, Esai Hernandez, Michele Johnson

## **Introduction**

The coronavirus pandemic, with its increasing demands on healthcare organizations and the growing staffing shortage in radiology, has exacerbated the need to raise awareness among medical school students about the amazing range of professional growth and possibilities that a career in diagnostic imaging, interventional radiology and radiation oncology can provide.

Pipeline programs are used as effective tools in the process of exposing a population group to a specialty medical field. The ACR Commission for Women and Diversity started the Pipeline Initiative for the Enrichment of Radiology (PIER) program in 2017. The goal of PIER is to offer first-year medical students the opportunity to explore the field of radiology and radiation oncology early on their educational journey, with particular emphasis in eliciting interest among underrepresented minorities (URMs) and women.

This article compiles information gathered from my own experience as a PIER preceptor and from my interactions with Dr. Michele Johnson, Program Chair for the ACR PIER program. It also contains material gathered during Dr. Johnson's "Changing Face of Mentoring" presentation and "Excellence, Respect and Responsibility in Radiology: Challenging Barriers" plenary lecture at the 2021 annual meetings of the Pennsylvania Radiological Society (PRS) and the Radiological Society of North America (RSNA), respectively. We also include data presented by Dr. Iris Gibbs in her 2021 RSNA Plenary lecture: "Addressing the Continued Exclusion of Black Physicians in the US Radiation Oncology Workforce".

### **Diversity in Radiology: Barriers, Incentives and Strengths**

Lack of diversity in radiology and radiation oncology has been well documented [1]. According to the 2020 US census, Blacks and Hispanics comprise 12.4% and 18.7% of the American population, respectively [2]. In contrast, only 6.8% of medical school graduates are

Black and only 7.4% are Hispanic. Lack of racial and ethnic representation is also noted during post graduate medical training. Among the entire ACGME trainees in 2017, only 5.5% of residents identified as Black and 7.8% as Hispanic. Racial underrepresentation turns even worse among practicing radiologists: only 2.1% are Black and 4.3% are Hispanic [3]. In radiation oncology, the exclusion has been described as asphyxiating by Gibbs et al [1]. In 2016, Black people represented 5.6%, 6.5%, 5.6%, and 3.2% of US medical graduates, ERAS applicants, GME trainees, and faculty, respectively. Within radiation oncology, Black doctors represent 5.4%, 3.2%, and 1.5% of ERAS applicants, GME residents, and faculty, respectively [1].

In a recently published report, Bennet et al counted radiology as the only top specialty that shows a significant increase in the proportion of Black trainees during their 10 year-study period [4]. The proportion of Black trainees in Radiology increased from 2.25% to 3.63% (odds ratio, 1.04; 99.75% CI, 1.02-1.07). This serves as a ray of hope for all of us involved in DEI efforts in Radiology!

However, even with those gains, modeling indicates that “it could take radiology 77 years to reach levels of Black representation comparable to that of the US population” as per Dr. Bennet’s research [4]. These gaps begin with socioeconomic barriers, intrinsic racism and intergenerational trauma, which make it harder for people of color to consider higher education, let alone medical school and post graduate training in radiology. The main incentive to diversify radiology is the ethical call to alleviate health care disparities in our communities.

The situation is similarly dire when it comes to gender equity, inclusion and representation in Radiology. The American Association of Women Radiologists (AAWR), founded in 1981, and the ACR Committee for Women, established in 2013, both were born with the main purpose of increasing the presence and visibility of women in the radiological field. Despite all efforts, fewer than one-quarter of practicing radiologists in the U.S. – indeed, only 21 percent - are women. The pipeline of women medical students pursuing a career in radiology appears to be the main limiting factor rather than bias against women in the resident selection process. A study including 4117 applications in one residency training program for a time span of 16 years revealed that only 24% of the applicants were women, yet they made up 30% of the applicants called to interview and 38% of those ranked in the top 25% [5]. At the national level, numbers are quite similar. Although 46% of medical students are women, only 27% of residents are female. If we go further down the educational road, interventional radiology exhibits the lowest representation during fellowship and practice: 16.2% and 9.2%, respectively [6].

A recent study demonstrated that mentors and sponsors have great impact in the advancement of women in medicine [7]. Regretfully, only 14% of women have leadership roles in academic radiology and only 15% attain the rank of full professors; that is one half less as compared to men (35%). The disparity is noted all throughout the academic ladder: associate professors (F:M 17%:27%) and assistant professors (F:M 67%:35%). This lack of representation of women at the top limits the availability of female mentors, sponsors and champions for women trainees and junior faculty. Institutional change is required to level the field for women in radiology by incorporating policies that ensure appropriate representation, inclusion and diversity in the composition of leadership teams [8]. Gender bias, whether overt or implicit, is in part responsible for the leadership disparities in radiology. Fair and conscientious advocacy by supportive men leaders, the He-For-She movement, has the ability to increase the representation of women in our field as a way to combat these biases. Recently, movement has been noticed in the right direction with

several women radiologists occupying high ranking positions in leadership, among them: Dr. Jacqueline A. Bello, Vice Chair of the ACR Board of Chancellors; Dr. Beverly G. Coleman, President of the American College of Radiology –ACR–; Dr. Carolyn C Meltzer, RSNA Liaison for Science; Dr. Vijay M. Rao, RSNA Chair of the R&E Foundation Board; Dr. Ruth Carlos, Editor-in-Chief of JACR, and Dr. Christine O. (Cooky) Menias, new Editor of RadioGraphics, among others.

### **Mentoring in Radiology: The ACR PIER Scholar Experience**

In a recent study, PIER scholar Esai Hernandez reported results from a survey designed to assess the student’s experience in the pipeline program [9]. Of the 25 former PIER interns surveyed fifteen completed the survey. When rating the PIER program, 87% (13/15) of respondents rated the program “excellent” and 13% (2/15) respondents rated the program “very good”. More than 90% (14/15) of respondents indicated that their experience during PIER provided them with exposure to radiology and radiation oncology that they would have difficulty obtaining elsewhere [10].

Esai participated in the ACR PIER program in the summer of 2020. Given our common ethnicity and cultural background, we were matched as a mentorship team with the goal of preparing an ACR Case in Point submission for digital publication and for oral presentation at the National Medical Association Virtual 2020 Meeting. As a PIER scholar, Esai rated this interaction as the highpoint of his internship. He is not alone. All of the 2017-2019 cohort “Strongly Agree” that in-person time with a mentor was vital to their experience, and more than half of respondents “Strongly Agree” that the best part of their participation in the PIER program was access to a mentor [8]. Having a mentor was important in preparing and presenting the ACR Case in Point and receiving guidance throughout the PIER program. For the 2020 cohort, all survey respondents “Agree” (38%) or “Strongly Agree” (63%) that the PIER program was essential in their development as a medical student. Overall, 9 in 10 respondents indicated that they have applied or plan to apply for Diagnostic (69%) or Interventional (31%) radiology residency [8].

Lastly, the most enduring aspect of creating a mentorship team is that the student-mentor relationship continues beyond PIER. Mentorship opens up many opportunities for the student [8]. Under-represented minority mentors as well as ally mentors serve as important role models for under-represented minority medical students interested in radiology and radiation oncology.

### **References**

1. Deville C Jr, Cruickshank I Jr, Chapman CH, Hwang WT, Wyse R, Ahmed AA, Winkfield KM, Thomas CR Jr, Gibbs IC. I Can't Breathe: The Continued Disproportionate Exclusion of Black Physicians in the United States Radiation Oncology Workforce. *Int J Radiat Oncol Biol Phys*. 2020 Nov 15;108(4):856-863. doi: 10.1016/j.ijrobp.2020.07.015. Epub 2020 Jul 12. PMID: 32668279; PMCID: PMC7354371.
2. <https://www.census.gov/library/visualizations/interactive/race-and-ethnicity-in-the-united-state-2010-and-2020-census.html>
3. Bluth EI, Bansal S, Bender CE. The 2017 ACR Commission on Human Resources Workforce Survey. *J Am Coll Radiol* 2017;14(12):1613–1619

4. Bennett CL, Yiadom MYA., Baker O, et al. Examining Parity among Black and Hispanic Resident Physicians. J Gen Intern Med 36, 1722–1725 (2021).  
<https://doi.org/10.1007/s11606-021-06650-7>
5. Hewett I, Lewis M, Collins H, Gordon L. Gender Bias in Diagnostic Radiology Resident Selection, does it Exist? Academic Radiology 2016;23(1):101–107
6. Wang M, Laguna B, Koethe Y, Lehrman E, Kumar V, Kohi MP. Bridging the Gender Gap in the Society of IR: A Benchmark Study. J Vasc Interv Radiol. 2019 Apr;30(4):584-588.e2. doi: 10.1016/j.jvir.2018.09.007. Epub 2019 Feb 27. PMID: 30824306.  
<https://doi.org/10.1016/j.jvir.2018.09.007>
7. Patel AK, Fielding J, Macura KJ, Applegate KE, Zackula R, Arleo EK. Women's Leadership in the ACR, 2001-2015. J Am Coll Radiol 2017;14(6):830-837
8. Bredella MA, Chung CB. Diversity and perception of equity and respect in the Society of Skeletal Radiology (SSR). Skeletal Radiol. 2021 Sep 3:1–6. doi: 10.1007/s00256-021-03901-w. Epub ahead of print. PMID: 34477922; PMCID: PMC8413112.  
<https://doi.org/10.1007/s00256-021-03901-w>
9. Hernandez E et al. Student perspective of Pipeline Programs, an essential tool in diversifying Radiology. J Am Coll Radiol 2022;19:205-207
10. Dmytriw AA, Mok PA, Gorelik N, Kavanaugh J, Brown p. Radiology in the Undergraduate Medical Curriculum: Too Little, Too Late? Med Sci Educ 2015;25(3):223–227.

**NOTE: For anyone wishing to serve as a MENTOR in the PIER PROGRAM, please use the link provided.**

<https://www.acr.org/Member-Resources/Medical-Student/Medical-Educator-Hub/PIER-Internship>

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## Imaging4Change by Kelly W. Biggs, MD

It can be difficult for a radiologist to give back. Our specialty requires high-end technology, which often is not available in underserved parts of the world.

Enter Dr. Stephen Zivin, Director of Body Imaging at Northwest Community Hospital in Arlington Heights, Illinois. Steve runs Imaging4Change, a non-profit organization of radiologists and other imaging professionals that provides remote imaging coverage for Bernard Mevs Hospital in Port-au-Prince, Haiti. Steve first began on-site work in Haiti in 2012, in the wake of the devastating magnitude 7.0 earthquake of 2010 that claimed some 200,000 lives and destroyed much of the country's medical infrastructure. Steve's colleague Dr. Bill Crenshaw led the effort to acquire a donated CT scanner for the hospital in 2014. Local radiologists had no training in CT, so Steve built a cadre of some 30-40 US volunteers.

I joined the team in 2019, despite some reservations. We are, after all, in a rather busy profession. More reads? Fortunately, the ask wasn't onerous: one daily shift a month. Volunteers may choose body CT's (typically about 6), neuro CT's (about 12), or both. Studies are expected to be read by the end of the day, and reports are anonymous. For me, this was a particularly enriching experience. As a radiologist in rural central Pennsylvania, I spend my days performing breast biopsies, diagnosing pneumonia, and picking up an occasional meniscus tear. Two of my early cases upon logging in to Bernard Mevs were a 10 cm GIST tumor in a 60-year-old man and multiple gunshot wounds, including a carotid artery penetration in a 40-year-old man. The diversity and severity of pathology are frankly not something we see out here in Appalachia.

Having run this program for almost a decade, Steve has countless examples of how the program has made a difference. Bernard Mevs is the only trauma center in the country. One of his patients suffered severe head trauma from an MVA and was driven 12 miles to the hospital, over the mountains in a flatbed truck. From his work station in Illinois, Steve diagnosed an epidural hematoma. It was promptly evacuated, and the patient survived. "Quite often we make a big difference just by diagnosing cancer versus no cancer," says Steve. "Pathology is quite limited at Bernard Mevs. They rely on us to tell them whether a belly is full of ascites, a fibroid uterus, hydronephrosis, or cancer."

Imaging4Change needs volunteers. Board certification is required, but there is no requirement for malpractice insurance. According to Steve, physicians are protected by law when providing volunteer services, and there has never been a malpractice case involving Imaging4Change. Residents are welcome so long as they have an attending physician to look over the cases, and several residents are already in the pool. The Medweb PACS requires Internet Explorer and a PC (not a Mac) to run.

If you are able, please consider joining the group by contacting Steve at [stephenzivin@yahoo.com](mailto:stephenzivin@yahoo.com).

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## Introducing the Pennsylvania Radiological Society Legacy Fund

FUND COMMITTEE: Drs. Terry York, Todd Hertzberg, Elaine Lewis, Julie Gubernick, Mary Scanlon and Kenneth Kurtz

The new **PRS Legacy Fund** is the culmination of over a year of planning by the Fund Committee, with multiple meetings to formulate Foundation goals, choose a Fund administrator and decide on initial investments, among many other decisions. A tremendous amount of time and effort by the above-listed members was required to create the fund. We are now proud to present it to you.

This will be the first of a number of communications about the Fund.

By way of introduction, we thought it might be helpful to address some basic questions PRS members might have via a Q and A session with some of the committee members.

**1) Why start a Fund? What does this allow the PRS to do that we couldn't previously. Or, what does it make easier?**

Your annual dues for the PRS primarily fund yearly operating costs for the society, which include our Fall meeting and our annual attendance at the ACR Annual Meeting in Washington, DC. The Fund will provide us with additional money to be earmarked for other educational and charitable projects the PRS would like to support. These will be outlined in more detail below.

Also, in recent years, due to strong market performance of our investments and diminished operating costs (due to virtual meetings imposed by the pandemic), our capital budget has grown. The fund allows us to protect a significant portion of the capital budget from potential liabilities.

**2) What, in general, is the mission of the PRS Legacy Fund?**

The PRS Legacy Fund will supply funds to be used to promote general radiology education and to provide community outreach within the Commonwealth of Pennsylvania regarding radiology matters.

This fits within the broader mission of the PA Medical Society Foundation, which is as follows:

“The Foundation of the Pennsylvania Medical Society provides programs and services for individual physicians and others that improve the well-being of Pennsylvanians and sustain the future of medicine.”

It also fits within the broader mission of the PRS. The mission statement of the Pennsylvania Radiologic Society is:

“The purposes of the Society are those of the College: advancing the science of Radiology, improving radiologic service, safety, and care for the patient, studying the socioeconomic aspects of the practice of Radiology, and encouraging improved and continuing education for radiologists and allied professional fields.”

**3) What are some specific examples of how money from the Fund might be used?**

One example would be to provide funding for Pennsylvania Radiology Residents to attend the ACR Annual Meeting in DC, with the hope of some becoming future leaders at the State or National levels. Another example would be to provide funding for Radiology Residents to attend one of the ACR's Radiology Leadership Institute courses. A third example would be to provide funding for CME courses required by all radiologists—such as the courses required by the Commonwealth for medical license renewal, such as those on abusive pediatric trauma reporting and on responsible opioid medication prescription.

In the future, with growth the of Fund, it is possible this money may be able to allay some of the annual operating costs of currently covered by your dues, allowing us keep them from rising.

**4) Who runs the PRS Legacy Fund? What is their experience?**

The Legacy committee has chosen the Foundation of the Pennsylvania Medical Society (PMS) to run the Fund. The PMS has long term experience running similar funds for other medical organizations and has an excellent track record with investments.

**5) How much of my dues go towards this Fund?**

We made an initial contribution to the Fund with money that made through investments and with surplus money saved over the past two years by having virtual meetings.

Going forward, your dues will all be used for operating expenses only.

**6) How can I contribute to the PRS Legacy Fund? Can I earmark money for specific Fund projects? Is my contribution tax deductible?**

Log on to: [www.foundationpamedsoc.org](http://www.foundationpamedsoc.org)

Click the big green DONATE button at the top right. Click on Fund and select the PA Radiological Society Legacy Fund (see image below)

Contributions are tax deductible. They can be made in memory of or in honor of an individual of your choice and can be earmarked for specific Fund projects.

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## ***MEMBER NEWS!***

Congratulations to this year's Gold Medallion Recipients:

Dr. Thomas Chang

Dr. Harvey Nissenbaum (deceased—posthumously awarded)

## DR. THOMAS CHANG—2021 Gold Medallion Recipient



Dr. Thomas Chang received his Bachelor's degree in Chemical Engineering from M.I.T. in 1981 and his M.D. from Washington University (St. Louis) in 1985. He completed a radiology residency at Thomas Jefferson University Hospital in Philadelphia and a body imaging fellowship at Western Pennsylvania Hospital in Pittsburgh. He became a Fellow of the American College of Radiology (ACR) in 2006.

For nine years, he specialized in women's imaging at Magee-Women's Hospital (part of the University of Pittsburgh Medical Center), briefly serving as Interim Medical Director. During that time, he was honored as "Teacher of the Year" by the radiology residents. Since 2000, he has been with Weinstein Imaging Associates, an independent, multi-office practice in Pittsburgh, dedicated to breast imaging, ultrasound, and bone densitometry. He has been included on Pittsburgh Magazine's list of "Pittsburgh's Best Doctors" numerous times.

Dr. Chang is a manuscript reviewer for the American Journal of Roentgenology and Ultrasound Quarterly, and was a film reviewer for the Mammography Accreditation Program of the ACR for 19 years. He has served as president of the Pittsburgh Roentgen Society and the Mammographers' Society of Pittsburgh.

Within the Pennsylvania Radiological Society, his positions have included President, chair of the Bylaws and Technology Committees, Editor, and Councilor. He spearheaded the development of the Society's first website in 2003, then designed a new website in 2012 that permitted the Society, for the first time, to offer online membership renewals, meeting registrations, and payments, as well as integrated mass email capability. During his tenure as Editor, he oversaw the transition from paper to digital versions of the Bulletin.

He greatly appreciates the loving support and encouragement of his wife Joan, Professor of Applied Developmental Psychology (retired) at the University of Pittsburgh and now a

volunteer with the Audubon Society, Pittsburgh Ballet Theater, and their local library; his parents Yong and Theresa; and his children Miranda (Northwestern/Kellogg MBA, digital marketing specialist at Merck) and Erica (4<sup>th</sup>-year veterinary student at UC Davis).

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Dr. Harvey Nissenbaum, our other Gold Medallion recipient was first profiled in our previous Fall, 2020 Edition.

#### HONORED RADIOLOGIST

Harvey L. Nisenbaum, 77, of Wynnewood, a leading radiologist in Philadelphia for more than four decades, died Thursday, Oct. 8, 2020 of complications from glioblastoma in Penn Hospice at Rittenhouse.

Born in Boston, he graduated from Boston Latin School, Tufts University School of Engineering, and Tufts Medical School. He completed a surgical internship at Mount Sinai Hospital in New York and a residency in diagnostic radiology at Montefiore Medical Center in the Bronx.

He was commissioned a lieutenant commander in the U.S. Navy and served as the director of ultrasound at the former Naval Regional Medical Center in Philadelphia from 1974 to 1976.

Dr. Nisenbaum joined the faculty of Albert Einstein Medical Center in Philadelphia, where he served from 1976 through 1993. He was head of the Ultrasound Section and acting chairman of Einstein's Department of Radiology; and president of the medical center's staff.

He joined the Department of Radiology at the University of Pennsylvania Perelman School of Medicine in 1993 and was chairman of the Department of Medical Imaging at Penn Presbyterian Medical Center from 2001 to 2018.

"He had the longest tenure of [any chairman] since the hospital joined the University of Pennsylvania Health System in 1995," Penn Presbyterian posted online. "Under his leadership, the department introduced tremendous scientific advances in medical imaging into clinical practice, and greatly expanded its contribution to the hospital's mission."

Dr. Nisenbaum's passion was to bring ultrasound to underserved countries through his volunteer work with the World Federation for Ultrasound in Medicine and Biology. He took a yearlong sabbatical after leaving Penn Presbyterian to continue that work, and then retired from Penn's Department of Radiology in 2019 as chairman emeritus.

Dr. Nisenbaum received many accolades. Earlier this year, he was recognized with the Peter H. Arger, M.D. Excellence in Medical Student Education Award from the American Institute of Ultrasound in Medicine. Penn's Department of Radiology also created the Harvey Nisenbaum Award for Medical Imaging Research at Penn Presbyterian. The award is aimed at stimulating interest in research. It will be awarded for the first time in 2021. "Over my career, it has been a privilege to watch many of our trainees become our colleagues, and innovators in their own right," said Dr. Nisenbaum, in acknowledging the award. "It is always a pleasure to read a new, interesting study only to see that the author is someone you had a hand in training."

Dr. Nisenbaum believed professional societies played an important role in advancing the field of radiology. He was a member of 15 medical and professional societies and served on 140 committees. He was president of the World Federation for Ultrasound in Medicine and Biology, the American Institute of Ultrasound in Medicine, the Pennsylvania Radiological Society, and the Greater Delaware Valley Ultrasound Society. As a researcher, Dr. Nisenbaum wrote more than 100 papers, abstracts, and book chapters. He was an investigator on 11 grants and lectured at 50 national and international meetings. He held editorial positions on six radiology journals. He was instrumental in incorporating ultrasound into medical school curricula.

He is survived by his wife of 45 years, Sylvia Tymowczak Nisenbaum; a son, Eric Nisenbaum, also a physician; and eight nieces and nephews.

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## **NEW EXECUTIVE BOARD**

Based on the recommendations from the Nomination Committee and voted in at the meeting, the current Executive Board is as follows:

President: **Dr. Eric Rubin**  
President-Elect: **Dr. Eric Walker**  
First Vice-President: **Dr. Joshua Tice**  
Second Vice-President: **Dr. Kenneth Kurz**  
Secretary: **Dr. Kelly Biggs**  
Treasurer: **Dr. Kwami Armah**  
Editor: **Dr. Jonathan Morgan**  
Senior Councilor: **Dr. Ryan Lee**

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**CONGRATULATIONS to the following doctors, who were approved for ACR Fellowship induction from Pennsylvania.**

**Dr. Paul Kiprof**

Dr. Avram Pollock  
Dr. Jonathan Morgan

They will receive official induction into the Fellowship at the ACR Spring Meeting Convocation in April 2022.

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## Legislative Report September 2021

Keith Haidet, MD, FACR

John Kline, Executive Director, PRS

1. **House Bill 1280** - Introduced by Representative Barry Jozwiak (R, Berks)  
The bill amends Act 112, The Patient Care Results Act with the following improvements:
  - a. Removes the vague term "significant abnormality" and definition
  - b. Provides for a general written statement by a diagnostic imaging service to a patient that the service is providing a report to their health care practitioner who ordered the test. The specific wording of the statement is:

"The complete results of your test or tests will be sent to the health care practitioner who ordered the test or tests. If you are not contacted by the ordering practitioner within 21 days or you are not able to access your test results on your electronic health record, it is recommended that you contact your health care practitioner to discuss your results."

The bill has passed the House Health Committee and is currently in the House Rules Committee, under second consideration, awaiting House vote to pass.

To enable passage through the House Health Committee, all the initial proposed amendments, including those submitted by us, were stripped from the bill. We plan to reintroduce our amendments when the bill is up for consideration by the Senate Health and Human Services Committee. The Chair is Michele Brooks (R Crawford, Erie, Mercer, Warren). John and Keith met with Joan Bradbury, Executive Director of the Committee, to review our amendments.

These include the following :

- a. 1. Adding Fetal MRI to the obstetrical ultrasound exemption
- b. 2. Expanding exemptions for mammography to all breast cancer studies.

The wording is: "all breast imaging including, but not limited to

mammography, tomography, breast ultrasound, breast MRI, breast scintigraphy, contrast enhanced mammography, and breast angiography."

c. **House Bill 1440** - Introduced by representative David Millard (R Columbia). This bill provides for the licensure of medical imaging and radiation therapy professionals under the State Board of Medicine. The specialty areas that would be licensed include technologists performing fluoroscopy, radiography, nuclear medicine, ultrasound, MRI, CT, radiation therapy, and radiologist assistants. The Board would establish scope of practice, set requirements for licensure and renewal of licenses, determine proper training, and develop standards to improve medical imaging and radiation therapy training. An advisory committee comprised of medical imaging professionals from the various imaging modalities plus a Radiologist or Radiation Therapist will assist the Board in development of regulations.

The current bill is a significant improvement over previous submitted legislation. It has a good chance of passing or moving far through the legislative process. John and Keith have met with representatives of ARRT (American Registry of Radiation Technologists) and PSRT (Pennsylvania Society of Radiologic Technologists) concerning the bill language. We have made two minor additions:

- a. A radiologist assistant scope of practice shall be consistent with the Radiologist Assistant Practice Standards published by the American Society of Radiologic, in conjunction with applicable ACR Practice Parameters and Technical Standards, published on the effective date of this section. An individual licensed as a radiologist assistant may not interpret images, make diagnoses or prescribe medications or therapies.
- b. An applicant for a fluoroscopy operator license shall be a physician assistant or nurse practitioner licensed in this Commonwealth who meets certain specific requirements.

The PRS has written a letter in support of this bill and is set to testify for the bill to the House Professional Licensure Committee on October 6.

2. **Surprise Balance Billing (HB 1862 in session 2019-2020)** - please see PA Med Society informational attachment regarding federal legislation. There has been no movement on this issue in the current legislative session.

3. **Telemedicine - SB 857**. This bill defines the practice of telemedicine. It also establishes guidelines for telemedicine services and provides for insurance reimbursement for these services. Although it passed both the Senate and House in 2020, the bill was vetoed by Governor Wolf because it included a provision that banned telemedicine from applying to medications on the FDA's Risk Evaluation and

Mitigation Strategy (REMS) list. That list includes an early-term abortion medication, mifepristone. Medications on the list have been banned nationally from telemedicine prescription as these medications have risks requiring special certification, monitoring, registry participation, follow-up or other safe use conditions.

House Bill 1573 covering this issue has been introduced by Representative Day (R Lehigh, Berks) and referred to the House Insurance Committee for consideration in the current legislative session.

**4. Independent practice of nurse practitioners - SB 25** introduced by Senator Bartolotta (R Beaver, Greene, Washington) addresses nurse practitioner licensing and scope of practice. It has passed the Senate Consumer Protection and Professional Licensure Committee. The bill is under first consideration by the Senate Rules Committee (full Senate).

See HAP publication attachment regarding HAP position on this issue.

5. PRS (with support of PA RADPAC) has attended reelection fundraisers for Representative Jozwiak (R Berks) (sponsor of Act 112 amendment legislation), Representative Cutler (R Lancaster) (PA House Speaker), and Representative Mehaffie (R Dauphin) (Professional Licensure Committee) this year.

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SUPPLEMENT\_\_MAP OF SCOPE OF PRACTICE ALLOWED BY VARIOUS STATES FOR NURSE PRACTITIONERS.



**Green states = Full Practice.** State practice and licensure laws permit all NPs to evaluate patients; diagnose, order and interpret diagnostic tests; and initiate and manage treatments, including prescribing medications and controlled substances, under the exclusive licensure authority of the state board of nursing. This is the model recommended by the National Academy of Medicine, formerly called the Institute of Medicine, and the National Council of State Boards of Nursing.

**Yellow states = Reduced Practice.** State practice and licensure laws reduce the ability of NPs to engage in at least one element of NP practice. State law requires a career- long regulated collaborative agreement with another health provider in order for the NP to provide patient care, or it limits the setting of one or more elements of NP practice.

**Red states = Restricted Practice.** State practice and licensure laws restrict the ability of NPs to engage in at least one element of NP practice. State law requires career- long supervision, delegation or team management by another health provider in order for the NP to provide patient care.

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THE **ACR 2022 ANNUAL MEETING** WILL TAKE PLACE at **THE WASHINGTON HILTON**, located at 1919 Connecticut Ave NW, Washington DC. FROM SATURDAY, Apr 23, 2022 – WEDNESDAY Apr 27, 2022.

Check your emails and Member Engage for announcements regarding registration and hotel reservations.