

The Pennsylvania Radiological Society

A Chapter of the American College of Radiology

www.paradsoc.org



Executive Director:

John P. Kline
214 State St
Harrisburg, PA 17101
Phone: 717-695-4751
Email: jkline@paradsoc.org

Editor:

Joshua G. Tice, MD
West Reading Radiology Associates
301 S. 7th Ave, Suite #135
West Reading, PA 19611
Email: joshua.tice@readinghealth.org

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

MESSAGE FROM THE PRESIDENT:

Politics... No matter what your political leaning, I think that we can all agree that with this last election cycle, Americans are more civically engaged than ever before. Millions of Americans now know exactly who their state and federal representatives are, know how to contact and call them, and know what to say to them to be effective. I know that these newly developed skills will help to promote our mission and I would like to use this winter issue of the PRS bulletin to concentrate on the status of legislative affairs affecting radiology in the state of Pennsylvania and nationally.

We are so fortunate in the State of Pennsylvania, that our executive director, John Kline, is also a full-time lobbyist who knows the ins and outs of Harrisburg and the legislative process. Now that the election cycle is over, meetings have begun between our society members and key representatives in Pennsylvania, including a meeting in the past few weeks with the Chair of the Senate Health and Welfare committee. John Kline has also arranged 2 mentoring days for small groups of residents in Pennsylvania to introduce them to the legislative process in Harrisburg.

In addition to what we have planned in our own state, the ACR Annual meeting is rapidly approaching. This meeting will be held at the Marriott Wardman Park hotel in Washington, D.C. May 21-25, 2017. The ACR annual meeting is preceded by the Resident and Fellow section meeting (May 20-21). Residents and Fellows who attend this meeting will learn about how our political action committee is working to support legislation to improve the practice of radiology and learn how they

can best help advocate for our profession at local, state and national levels. We should all encourage our residents to attend. Wednesday May 24 is Capitol Hill Day, where members of our delegation will meet with congressional representatives and senators to allow the voice of radiology to be heard in Washington.

On Saturday evening May 20, we will host our annual fellowship dinner, where we will honor a record number of 7 new fellows. I hope those of you who attend the ACR meeting this spring will join me in honoring our new fellows: Frank J Lexa, MD, MBA; Drew Avedis Torigian, MD, MA; Eric Alfred Walker, MD; Erin Simon Schwartz, MD; Christiane M Hakim, MD; Claudia J Kasales, MD; and Anthony J Scuderi, MD.

This year my focus in Pennsylvania is communication. We have held 2 very successful meetings of our new Communications and Member Engagement Committee, co-chaired by Josh Tice, MD and Sonia Gupta, MD. We have a new Facebook page, <https://www.facebook.com/groups/211790602586294/>, which I would encourage all PRS members to join, and even post when appropriate. We are in the process of setting up a PRS Twitter account, so we can more easily send communications through this medium. We will be holding a brief tutorial session at our May board meeting to help our board members feel more comfortable communicating via social media. Those of you who are not attending and would like a quick primer on social media, the ACR has a link with suggestions on how to join the conversation on Twitter, Facebook, LinkedIn, and Instagram and I think you will find this link very useful <https://www.acr.org/About-Us/Media-Center/ACR-Social-Media>. Please feel free to reach out to myself, the chairmen of this committee, or the executive office with any suggestions you may have to improve your experience with the Pennsylvania Radiological Society.

We are well into the planning of our fall meeting which will be held Saturday September 9, 2017 at the Hyatt at the Bellevue in Philadelphia. Please mark your calendars, as the agenda outlined by Beverly Hershey, M.D., will be nothing less than outstanding and educational and you will not want to miss it. I hope you are all enjoying our unexpectedly warm winter, and I hope you find this bulletin interesting and informative. I look forward to seeing you all in Washington this spring or Philadelphia in the fall!

Julie A. Gubernick, MD, FACR
Philadelphia

EDITOR'S NOTE

It's RADPAC March Madness – time to support our political action committees (RADPAC and PA-RADPAC)! In this era of change, our PACs continue to work to ensure the continued success of our specialty. In this edition, we will attempt to update you on some of the past successes and ongoing legislative efforts championed by RADPAC and PA-RADPAC. John Kline and Dr. Keith Haidet provide a legislative primer and update for Pennsylvania, Dr. Mary Scanlon updates you on RADPAC, and you can read an update from PAMEDs Specialty Leadership Cabinet.

In addition, I am hoping to start a new regular section for the Bulletin focused on economic issues. Dr. Seth Hardy graciously agreed to contribute the inaugural article, on the interplay of interest rates and hospital debt. I hope this new section will challenge and inform you.

The resident section of PRS continues to be active. Dr. Farouk Dako outlines his experience on an international radiology mission and Dr. Akash Patel provides highlights from the Annual PRS Resident and Fellow Dinner.

As the Bulletin continues to evolve, I welcome your ideas and suggestions for future topics. Enjoy the Spring issue of the PRS Bulletin and please consider giving to RADPAC and PA-RADPAC.

Joshua G. Tice, MD
West Reading

Legislative Updates

PA Radiological Society Legislative Primer and PA-RADPAC News

General

We decided that a primer was needed regarding the Pennsylvania legislature, who's who, who we deal with in Harrisburg and why certain legislative committees are more important to radiology than others. This article is not meant to be a civics lesson, rather an explanation of the principles, people and practices of the PRS' legislative effort. In your busy schedule, you rely on the Society to look out for your interests in the legislative arena. This is very important to us and we take the task most seriously. Therefore, a number of explanations and names are included in this article.

Legislative Overview

The 2017-2018 Legislative Session began in January. The first part of the session is dominated by the state budget. The Governor has given his Budget Address and Appropriation Hearings are being held by the Senate and House Appropriation Committees to review funding for all the executive branch agencies. Governor Wolf has 2 more years left in his term. This is the first time in many years that any party has a veto proof Senate (34-16 Republican majority). This probably explains why the Governor is more willing to compromise on issues important to him than during his first 2 years in office. The House has a 122-81 Republican majority.

Committee leadership changes are common at the beginning of a legislative session and these changes have occurred in Harrisburg. There are three committees in the Senate and the same three committees in the House which manage legislative issues which are important to the Pennsylvania Radiological Society. While all committees can have an impact on all citizens' affairs, PRS's focuses on issues specific to our specialty. The three important Senate Committees are Public Health and Welfare, Banking and Insurance, and Consumer Protection and Professional Licensure.

The House equivalent committees are Health, Insurance, and Professional Licensure. The leaders of these key committees and their executive directors are the individuals who are making decisions on the bills most important to us. The following is a brief outline of the committees and the current leadership/staff:

Senate Public Health and Welfare

This committee makes decisions regarding medical practice and statutory rules for healthcare. Decisions are typically implemented by the Department of Health. Senator Lisa Baker (R-Luzerne, Wyoming, Wayne, Pike, Susquehanna) is the new majority chair along with the Committee Executive Director – Mike Cortez. We had a meeting with Mr. Cortez recently to introduce Dr. Haidet and discuss legislative priorities. Issues range from telemedicine licensure to balance billing. We have an open door into this office and look forward to working with the senator.

The Minority Chair of the committee is Senator Judy Schwank (D-Berks). Drs. Elaine Lewis and Josh Tice (constituents of the senator) along with John Kline met her and her staff recently to provide PRS's position on balance billing and various other issues.

House Health Committee

Majority Chairman Matthew Baker (R-Tioga) and Executive Director Whitney Krosse continue to serve. We have met with Whitney several times in the past regarding patient test notification legislation as well as other matters. The Minority Chair of the committee is Representative Flo Fabrizio (D-Erie). Access to both of these offices is good for PRS.

Senate Banking and Insurance Committee

This committee makes decisions regarding medical insurance and reimbursement, and statutory rules for insurance matters – decisions implemented by State Insurance Commission. The current majority chair is Senator Donald White (R-Indiana, Armstrong, Butler) while the new minority chair is Senator Sharif Street (D-Philadelphia).

We have attended and continue to attend these committee hearings. We have also testified in front of this committee regarding insurance funding for additional testing in women with dense breasts.

Other Committees affecting radiology

House Insurance Committee – Majority Chair Tina Pickett (R); Minority chair – Tony DeLuca (D)

Senate Consumer Protection and Professional Licensure Committee – makes decisions regarding scope of practice, as determined by your medical license – decisions implemented by Professional Licensure Division of the Department of State. Majority Chair – Robert Tomlinson (R) and; Minority Chair - Lisa Boscola (D)

House Professional Licensure Committee – Majority Chair Mark Mustio (R); Minority Chair Harry Readshaw (D)

The House and Senate Leadership are also important to us when bills come out of committee for discussion on the House and Senate floors. The current House and Senate Leaders are:

Lieutenant Governor – Mike Stack (D) is President of the Senate (can cast a tie breaking vote) and manages policy development for the Governor’s office.

Speaker of the House – Mike Turzai (R)
Senate Majority Leader – Jake Corman (R)
Senate Minority Leader – Jay Costa (D)
Senate Majority Whip – John Goldner (R)
Senate Minority Whip – Anthony Williams (D)
House Majority Leader – Dave Reed (R)
House Minority Leader – Frank Dermody (D)
House Majority Whip – Bryan Cutler (R)
House Minority Whip – Mike Hanna (D)

Current Legislative Issues for this session

HB 347 (Deluca) - Self Referral Bill. Would prevent self referring by physicians who have a financial interest in a recommended specialty or facility.

Telemedicine Licensure Bill (Quinn). Would require Pennsylvania licensing requirements be met for physicians treating patients when the physician is physically located outside the state.

Insurance coverage for Adjunctive Tests (MRI/US) for Women with Dense Breasts (Senator Mensch)

Balance Billing – This bill is about to be introduced by Senator Judy Schwank (Berks). PRS is working with a PAMED balanced billing working group to further address this issue.

Legislative Day Program for Residents

This program was started a few years ago by PRS leadership. It is intended to give participating residents a first-hand look at PRS’s work in Harrisburg. This year the program will occur on 2 separate days – March 21 and 28. Two interested residents will be chosen for each day. The format will include attendance at a key committee meeting; a personal meeting with a committee chair or leader; House or Senate chamber session experience; and a behind the scenes Capitol tour. John Kline will be the guide for the day.

PA-RADPAC

Our total contributions for 2016 totaled \$3375 with contributions from 28 members (about 3% of our total membership). The average member contribution was \$100. The total contributions to the ACR RADPAC for 2016 was about \$57,000 by approximately 15% of our total membership. Average RADPAC contribution was \$350.

Our PA-RADPAC plan for 2017 will be different than our past plan for legislative contributions. Instead of contributing similar donations to leaders on both sides of the aisle at

House and Senate leadership level for various causes, we are planning to target legislators who support our specific initiatives. We realize that supporting specific leaders and committee chairs who support our agenda and who use PRS as a resource when crafting legislation is very important. We have been meeting with several legislators and aides at the start of this session to develop champions for our issues and position the PRS as the primary resource for any question regarding medical imaging. The contributions we make to legislators are preferably from our members who are friends or constituents of the legislators. We are planning to give contributions at special events sponsored or planned for these legislators. Our goal is to know the key legislators on a level where they trust us, feel comfortable with us, seek our input when any medical imaging question arises, and advocate for our positions in caucus. To encourage membership involvement in the legislative process, we believe that continual education of our members on the PA Legislative process, key committees, key committee leadership, and current legislative issues affecting the practice of Radiology in PA is essential. We also believe, at the federal level, that targeted lobbying of key Representatives from our state who sit on key committees, and education of our members about the Federal legislative process has a greater impact in advancing our ACR initiatives in Washington. At the Federal level, the same principles of educating our members on the legislative process and targeted lobbying of Representatives from our state who sit on key committees apply.

John Kline
Executive Director
Pennsylvania Radiological Society

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

RADPAC Update

RADPAC wants to thank all its contributors for supporting the future of radiology through their generous contributions. RADPAC overall enjoyed a great year in 2016! We remain the third largest healthcare provider PAC. For the 6th straight year, RADPAC raised more than \$1.3 million from more than 3,000 contributors. Pennsylvania however had a drop off in contributors, only getting to 15% with 162 donors. On the bright side those who gave were more generous than in the past, as we were only \$900 less than the amount raised the year before.

The spectrum of **RADPAC 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, **provides the ability 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.

For 2017, Pennsylvania's RADPAC goal is to get back to 20% contribution rate. We need those 162 folks plus at least 54 more to generously donate. We can and must do it. These are tumultuous times in Washington and more than ever we need to effectively educate our legislators. Start giving during **March Madness.**

<http://www.radpac.org/News-and-Impact/RADPAC-March-Madness>.

RADPAC is gearing up for the 5th Annual March Madness RADPAC Campaign to coincide with the widely popular March Madness College Basketball Tournament. The tournament will once again run for the month of March and each state will compete in their brackets for the chance to win a \$500 contribution from RADPAC.

Rules for March Madness can be found at <http://www.radpac.org/News-and-Impact/RADPAC-March-Madness>.

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 24th**. 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.

Mary H. Scanlon, MD FACR
Philadelphia

Pennsylvania Medical Society Specialty Leadership Cabinet – January 31, 2017

As members of the legislative committee, Dr. Terry York and I are splitting the duties of representing PRS at the Specialty Leadership Cabinet (SLC) this year. I attended the most recent session on January 31, 2017, in Harrisburg, and hope to quickly update you on a few of the key issues currently being discussed at the Cabinet.

ABIM and MOC:

Pennsylvania Medical Society (PAMED) has taken the lead in challenging the American Board of Internal Medicine (ABIM), concerning financial management, transparency, and the requirements of Maintenance of Certification (MOC). In fact, PAMED issued a statement of no confidence in the Board of Directors of the ABIM in 2016. The statement of no confidence is PAMED's response to a perceived failure of the ABIM Board to demonstrate understanding of the messages conveyed by individual physicians, PAMED, and the AMA. PAMED has also asked other state and national organizations to join them in the statement of no confidence. The following organizations have signed on: South Carolina Medical Association, Medical Society of Delaware, Medical Society of the District of Columbia, Medical Society of the State of New York, Montana Medical Association, and the Association of American Physicians and Surgeons. PAMED has asked PRS to join them and elevate the issue to our national organization, ACR. The legislative committee has discussed the issue, will discuss it further with ACR, and will likely refer it to our full board in the Spring prior to taking any action.

Network Adequacy and Balance Billing:

I had the opportunity to coordinate with representatives from the PA College of Emergency Physicians, PA Society of Anesthesia, and PA Association of Pathologists to update the Cabinet on

potential legislation regarding Out-of-Network Physician Payment, so called “Balance Billing.” Our four “hospital based” practices often have a greater stake in this issue; however, the legislation has the potential to affect all physicians across the state and nationally. In the last few years, many states have taken this issue to the legislature and passed multiple and varied laws that define network adequacy as well as out-of-network billing. Last year, “Balance Billing” legislation was introduced in PA; however, it was not passed. It will be re-introduced as the legislative calendar matures this year. With the help of ACR and our colleagues from Emergency Medicine, Anesthesia, and Pathology, we will continue to advocate for our patients, attempting to shift the focus from “surprise bill” to network adequacy and maintain a fair private insurance market.

Access to Women’s Healthcare:

In reaction to the Repeal and Replace process and the stated intention to nationally defund planned parenthood, the PA Chapter of ACOG constructed a carefully worded statement supporting “Access to Women’s Healthcare.” The SLC unanimously supported the statement.

Sterile Compounding Regulations:

Draft regulation revisions for the state were released and raised concerns for many of our colleagues due to increased requirements, which could limit many office-based procedures (allergy testing, patch testing, buffering lidocaine, etc.). The final regulations are pending; however, more action may be required

Joshua G. Tice, MD
West Reading

Economic Forum

Beware of Rising Interest Rates

Interest rates are the most important economic influence on our economy; they reflect the value of money. Entities with excess money become lenders. Borrowers, such as hospitals or larger healthcare systems, exchange money from lenders based on this interest rate. During times of normal interest rates these rates include a significant premium based on the creditworthiness of the borrower, which is known as the risk premium.

In the past decade, we have seen record low interest rates as central banks have used monetary policy to stimulate their economies. Most recently, and for the first time in history, some central

banks have been using negative interest rates with the hopes of stimulating supply of money and economic activity.¹

In low interest rate environments, there are significant economic risks including:²

- Hurting pensioners who are dependent on interest from savings
- Encouraging speculative activities as there is cheap access to money
- Indiscriminate lending by insurance companies, pensioners, and institutional investors who need income (aka “reach for yield”) and ignore risk premium
- Increased assumption of debt by hospitals, firms, and governments

The last three items are important as we consider the economic health of the hospitals or radiology departments in which many of us work.

In an article on the debt crisis rolling from the real estate industry into other markets, *The Economist* notes, “there is plenty of evidence to suggest that rapid debt build-ups are the hallmarks of periods of indiscriminate lending that eventually end in tears.”³ Should interest rates start to rise, rates of risky loans are likely to increase disproportionately as lenders become more discriminating thereby adding higher risk premiums on top of the already higher interest rates. Hospitals with debts that must be refinanced in the next few years may find themselves in a difficult position.

Furthermore, increasing government regulation, uncertainty with the Accountable Care Act, or decreasing revenue from MACRA add to any pain of future interest rate increases as these additional burdens reduce operating revenue. Warren Buffet encapsulates this difficult dynamic when he states, “When the tide goes out you can tell who’s been skinny dipping.” The tide is already receding in our rural hospitals were 700 may be at risk for closing.⁴

On a national scale, in a uniquely American Shakespearean tragedy, one of our largest for profit hospital networks swallowed “a poison pill” as they struggle to refinance \$2.2B in long-term debt due in 2018.⁵ As Community Health Systems struggles to roll their debt forward, they plan on

¹ Bankers v mattresses. The Economist; November 28, 2015. <http://www.economist.com/news/finance-and-economics/21679231-central-banks-are-still-testing-limits-how-low-interest-rates-can-go-bankers> accessed November 30, 2015.

² Kliesen KL, Low Interest Rates Have Benefits... and Costs. Federal Reserve Bank of St. Louis. <https://www.stlouisfed.org/publications/inside-the-vault/spring-2011/low-interest-rates-have-benefits-and-costs> accessed November 18, 2015.

³ Pulled Back In. The Economist; November 14, 2015. <http://www.economist.com/news/briefing/21678215-world-entering-third-stage-rolling-debt-crisis-time-centred-emerging> accessed November 16, 2015.

⁴ Already troubled, rural hospital brace for effects of Obamacare repeal. CNN.com <http://www.cnn.com/2017/01/17/health/rural-hospitals-aca-repeal-partner/> accessed February 22, 2017.

⁵ Community Health Systems Adopts Poison Pill. Wall Street Journal <https://www.wsj.com/articles/community-health-systems-adopts-poison-pill-1475532170> accessed February 22, 2017.

selling up to 25 hospitals⁶ two of which have been in Easton and Sharon, Pennsylvania this past February.⁷

Case in Point

A medium-sized medical center in rural New England opened a new hospital in November of 2013, with the help of a \$280m bond offering. At the time of the initial sale, these bonds received a middle-to-low investment grade rating from Fitch and Moody's. The new hospital is aesthetically beautiful with a light-filled, spacious entrance, glass, tile, wood panels and a pagoda garden, featuring a waterfall and fountain. The floor plan is efficient, there are new computers and scanners, and the building is efficient to heat and cool. Yet, the annual cost to service this debt is approximately \$20 million per year.⁸

Does \$20 million per year buy you an improved business? Certainly, the new building is a huge marketing asset. Yet does it help with management, cash flow, accounting, or organizational strategies? Probably not, most of these functions could be performed in a trailer with a dial-up modem.

Does \$20 million per year buy you improved financial stability? The short-term trend for this institution is not good. In FY15 the hospital lost \$24 million from operations. In 2016 they just broke even.

Does \$20 million per year buy improved quality? Apparently not, the length of stay at this hospital has increased 11% over the past 4 years from 4.8 to 5.4 days.⁹

This hospital's bond rating from Moody's has dipped two steps below the "junk" threshold. Fitch has a negative outlook on the debt, which signals to investors that further downgrades are possible. When this hospital needs to roll their debt forward they may have to do so at higher rates, further compromising their cash flow and long term sustainability.

Takeaways

Radiology and Radiation Oncology are perhaps the most capital-intensive specialties in medicine. We are dependent on continuous investment in expensive equipment and IT infrastructure. Some debt is normal and can even be healthy. However, too much debt can be an unsustainable burden. The low interest rate environment of the past decade may have created scenarios where our hospitals or healthcare systems have taken on too much debt, risking their ability to deliver medicine into the future. As rates rise (or the proverbial tide recedes), a skinny-dipping hospital administration is likely to expose itself. In the current environment of diminishing reimbursement

⁶ CHS Stock Rallies After Chain Meets Guidance, Says It Will Sell a Total of 25 Hospitals, Modernhealthcare.com <http://www.modernhealthcare.com/article/20170220/NEWS/170229996> accessed February 22, 2017.

⁷ CHS to Sell 8 Hospitals to Steward Health Care. Beckershospitalreview.com <http://www.beckershospitalreview.com/hospital-transactions-and-valuation/chs-to-sell-8-hospitals-to-steward-health-care.html> accessed February 22, 2017.

⁸ MaineGeneral Health and Subsidiaries Annual Report <http://emma.msrb.org/EP876101-EP678461-EP1080081.pdf> accessed November 30, 2015.

⁹ MaineGeneral Health Annual Financial Information for Period Ended June 30, 2016 <http://emma.msrb.org/ER999130-ER781677-ER1182905.pdf> accessed February 22, 2017.

and increasing regulation, the number of exposed administrators would be an especially gruesome event.

Ultimately, the choice of spending money on debt payments vs. patient care is tricky. From the perspective of a community and physician, there are significant risks to working in a highly-indebted hospital. Finding a conservative, well-capitalized hospital in which to work is increasingly difficult.

A basic understanding of the financial and economic forces affecting our hospitals is essential as we plan and manage our careers. We need to be aware of our institution's amount of debt, bond ratings (if they exist), and interest rate trends to appreciate the relative security and stability of our home institutions. A large amount of debt, or a low credit rating, may be a concern to a young physician choosing a future employer. Working at a veterans' hospital may be attractive to physicians as the owner is the same organization that prints money. Thus, the parent organization of the Veterans Health Administration retains a nearly perfect credit rating.

Seth M. Hardy, MD MBA
<https://healthyinnovation.co>
Lititz

Quality and Patient Safety Committee Report

The **PRS Quality and Patient Safety Committee** is pleased to report that we are a part of the **Pennsylvania Patient Safety Authority Task Force** evaluating errors which occur between the Emergency Departments and Radiology Departments, state-wide.

Robert S. Pyatt, Jr., MD, FACR, Chambersburg (Chair, PRS Quality & Patient Safety Committee & ACR Board of Chancellors Designee) as well as **Michael Bruno, MD, FACR, Hershey** (Chair, Emergency Radiology Committee, ACR & Emergency Radiology Program Director, Penn State, Hershey) will be among others actively participating in this Special Event on March 30 in Harrisburg, PA. It is anticipated that results of this Pennsylvania Task Force will be reported in multiple communications channels, including the PRS Bulletin & website, the ACR Quality & Patient Safety Commission, and other ACR outlets. This Task Force hopes to identify ways to reduce Errors which occur between the Emergency Room and Diagnostic Imaging departments throughout the Commonwealth. It is further hoped that published articles and other methods will expand the benefit of this program to Emergency Rooms and Imaging Departments across the nation.

Crossroads 2017, The ACR Annual Meeting, May 20-25, 2017, has a strong **Quality and Patient Safety** track planned. Please be sure to have the **Radiology Quality Officer (RQO)** for your

practice attend these sessions. There is a great deal of dynamic change occurring in Quality in the healthcare systems. In addition, critical details for MIPS and other Quality Improvement Programs of the ACR will be presented at this conference. Be sure that your **RQO** is in attendance. Further, the **Annual ACR Quality Conference will be October 13-14, 2017 in Boston, MA**. See the ACR website(www.acr.org) for registration information. Will your **RQO** attend this meeting?

Bob Pyatt, MD, FACR
Chair, General, Small, Emergency, and/or Rural Practice Commission
Board of Chancellors, ACR
Chambersburg

Communications and Member Engagement Committee

Committee Update

We are excited to share the formation of the Communications and Member Engagement Committee started at the PRS meeting in October 2016. Over the past few months we have tried to increase visibility of the PRS through social media. We have formed a new Facebook Group to facilitate communication among the membership including attendings and trainees. The Facebook Group is a Public Group with 47 members currently. We hope to expand and gain more membership of our group by reaching out to the residents and fellows in Pennsylvania. Through our group we have been able to share pictures and events relevant to our membership. We are excited with the activity. We hope it can help increase communication between meetings as well as increase awareness for the PRS. If you haven't already joined, please join today!

The committee has decided to further expand our social media presence on Twitter. We are in the planning stages for release of a PRS Twitter account and we hope you will join the conversation!

If you have any suggestions to improve your interaction with the Society, please feel free to contact us.

Sonia Gupta, MD
Philadelphia

Tweet, Tweet (Part II)

Three years ago, I wrote a column for our society bulletin describing reasons why, as a radiologist, you should become more active on social media. Multiple times since then, I have witnessed the value of this involvement.

Those of you who attended the Moreton Lecture at the 2016 ACR Annual Meeting remember Andy DeLao, a dynamic speaker, who explained why we, radiologists, should step out of the

darkness and into the light. If you aren't active on Twitter, you probably don't know that he is also @cancergeek, an intelligent, vocal, passionate patient advocate whose followers number in the tens of thousands. The Q&A that followed Mr. DeLao's presentation featured another historic event: the first time a patient (Donna Adams) had ever spoken on the ACR council floor. Ms. Adams is a patient advocate member of the ACR's Council on Patient- and Family-Centered Care, chaired by Dr. Jim Rawson (@Jim_Rawson_MD).

If, about 6 weeks later, you happened to be at the annual meeting of the Society for Imaging Informatics in Medicine, you were privileged to witness another first: Ms. Laura Janisse (@laurajansise), a mom of twins, describing the challenges and anxiety she and her family experienced when one of her young sons needed an MRI with sedation.

Just last week, I was honored to serve as a small group facilitator at a workshop held at ACR headquarters in Reston, VA. The two-day Patient-Centered Outcomes Research Institute sponsored event organized by Dr. Ruth Carlos (@ruthcarlosmd) brought together patients, patient advocates, physicians, scientists, and statisticians to develop best practices for involving patients at every stage of the clinical trials process: concept development, implementation, data analysis, and dissemination. I learned firsthand that patients diagnosed with cancer and other chronic illnesses seek out fellow patients on social media for support, advice, and more. Many of the patient advocates who participated in the workshop were themselves cancer survivors and graduates of not one, but multiple, clinical trials.

Remember when you were a medical student? It was one thing to read about a disease in a textbook, another to hear a lecture about it, and something entirely different to meet a patient with the disease. Those of us who are non-procedural radiologists don't often interact with patients. Social media offers the ideal opportunity to connect with patients and open the lines of communication.

Tessa S. Cook, MD PhD
@asset25
Philadelphia

RESIDENT AND FELLOW SECTION:

International Medical (Radiology) Mission

Embarking on an international medical mission was no easy task, but worth every second. A Temple University team consisting of a co-resident, an interventional radiology attending, an US technologist and I visited Lagos, Nigeria on September 18th, 2016 to conduct a week long ultrasound workshop including ultrasound guided interventional procedures at the Lagos University Teaching Hospital (LUTH). During the mission we also performed a radiology readiness assessment using a survey instrument created by RAD-AID. For most of the group, not only was it their first international medical mission, but also their first time on the continent of Africa. This did not prove to be a liability as whatever we lacked in experience, we made up for in enthusiasm, preparation, teamwork and humility.

The months leading up to the trip required a lot of leg work including obtaining visas, vaccinations, flights and hotel. As the Nigerian in the group, I played the role of organizing in-country transportation, setting expectations, providing counsel on cultural appropriateness and assuring safety of the team. These processes were not without hurdles; however, our good working relationship helped us overcome them and maintain a positive attitude. Once in Nigeria, we stayed in the airport hotel which had amenities not significantly different from what we were used to over in the US. We exercised at the hotel gym together and sat down pool side for dinner during which time we reviewed plans for day 1. This was a recurring sequence of events during our time in Nigeria.

On arrival to the Lagos University Teaching Hospital (LUTH), we immediately engaged our counterparts. We participated in their multidisciplinary morning conference and gave our opinion on each case. We rolled out the ultrasound workshop and continued to make modifications to it based on the feedback we received from their residents. As the workshop progressed, we noticed their comfort level with performing US guided IR procedure significantly increase. On the last day of the workshop, we observed their chief resident perform the department's first US guided thoracentesis on a patient. Outside of the workshop, chemistry between both groups grew as well. In addition to the department providing us daily lunch, a few residents volunteered to take care of our transportation, even taking us out for entertainment and tourism. By the end of the trip, we had made new friends and colleagues.

During a post-trip brainstorming session, the Nigeria team shared plans to develop and initiate an ultrasound point of care curriculum for other departments in the hospital that can benefit from the use of this modality. We saw this as an opportunity for collaboration and are planning on sending a team to Nigeria in June, 2017 to help with the process.

Participants:

David Pryluck, MD (Interventional Radiologist)
Scott McLafferty, DO (Radiology Resident)
Farouk Dako, MD MPH (Radiology Resident)
Jon Faszczyk (Ultrasound Technologist)

Farouk Dako, MD MPH
Radiology Resident
Temple University

Annual PRS Resident and Fellow Dinner Symposium

This year's annual PRS Resident and Fellow Dinner Symposium was a big hit! Held at the wonderful La Buca restaurant in the Washington Square district of Philadelphia, attendance was at its highest in recent years! Over 50 residents and fellows from programs across the region were in attendance.

A delicious four course meal was complemented by a very educational discussion led by attorney Michael J. Mentzel, partner at White and Williams, LLP. In an interactive format, Mr. Mentzel reviewed common pitfalls physicians should be aware of when reviewing their employment agreements. A taste of the key points covered were as follows:

- “If your employment agreement with a one year term permits your employer to terminate you without cause on ninety days notice – you have a ninety day employment agreement.”
- “Beware of claw-backs on sign on and relocation bonuses – especially when coupled with no cause termination provisions.”
- “Be sure your employer provides malpractice tail coverage on termination.”
- “Restrictive covenants are enforceable and can severely curtail your future employment opportunities – negotiate duration and geographic limitations.”

The discussion was followed by a vibrant question and answer session and topped off with a delicious dessert sampling.

Comments from attendees were as follows:

- “The information I took away from the discussion will be invaluable in helping me avoid some basic pitfalls.”
- “I found the meeting to be fascinating. I feel like physicians in general are poorly equipped to manage contract negotiations. There is a paucity of business-centric education in our curriculum, both in medical school and residency.”

Michael Mentzel’s virtual business card can be found at:

<http://www.whiteandwilliams.com/lawyers-MikeMentzel.html>

Akash Patel, MD

Eastern PA PRS Resident Representative

PGY-4, Diagnostic Radiology Resident, Hospital of the University of Pennsylvania

Pennsylvania RFS Faculty Liaison Update

Once again PRS is sending our RFS Leadership (Drs. Patel, Oligane, White and Kagali) to the PRS Board meeting (May 20th) and to the ACR meeting in Washington May 21 -24 to include Capitol Hill Day. I would like to encourage all training programs or passionate program directors themselves to additionally fund other residents to attend the weekend ACR RFS Annual Program. Registration is free. You need just spot them a room or two to pile into at either the Washington Marriott or the adjacent Omni Shoreham.

PRS is funding tuition and travel for two trainees (rising R4 or rising fellow) to attend 2017 **RLI Leadership Summit** this fall!

Lead the Evolution of Health Care

9/7/17 -9/10/17

Babson Executive Conference Center Wellesley, MA

Interested trainees should submit an application at ...

<https://radiologyleaders.wufoo.com/forms/pennsylvania-radiological-society/>.

Application Deadline is June 21st, 2017. Lucky recipients will be notified by July 5th, 2017

Call for applications will be sent to all Program Directors as well as to the Pennsylvania RFS Leadership for distribution to their members.

Residents, this is an amazing opportunity. Think past the Core and onto your future as leaders of your discipline. PRS is behind you all the way!

Mary H. Scanlon, MD FACR

Philadelphia

Annual Noninterpretive Skills Review

The Annual noninterpretive skills ABR core exam review for trainees sponsored by the PRS and PRRS will be held in Philadelphia on Saturday March 25, 2017 including presentations on general quality improvement, research, periprocedural care, contrast reactions and management, imaging in pregnancy, MRI safety and contrast, professionalism and ethics, patient safety and the ever-popular nuclear medicine review. The planning committee is pleased to welcome back our faculty who have been participating in this program since its inception in 2014. Many thanks to our sponsors and volunteer faculty for making this event possible.

Beverly Hershey, MD

Philadelphia

GENERAL, SMALL, EMERGENCY, AND/OR RURAL PRACTICE (GSR) COMMISSION REPORT

Pennsylvania is a state with many small and rural practices. Some demographic databases rank Pennsylvania as the most populous states with also one of the highest number of small and rural practices.

The GSER Commission is an ACR Commission to serve the needs of this group, as well as the Emergency Radiology community, regardless of hospital size. Even if you are in a large Radiology practice, covering a small or rural practice, then you have a link with the GSER Commission.

For many small and rural practices, compliance with MACRA/MIPS has become a task so significant, that some practices have given up. They are merging, becoming hospital employees, or closing.

CMS has approved funding for the Quality Participation Program (QPP) to provide support for small and/or rural practices to participate in MACRA/MIPS. It is hoped that the assistance from CMS, in the hotlink below, may help these practices survive, and have solutions for MIPS/MACRA. This information may be of Critical Value to some small & rural practices in our Pennsylvania state chapter.

<https://www.acr.org/News-Publications/News/News-Articles/2017/Economics/20170223-CMS-Funds-QPP-Tech-Help-for-Small-Medical-Practices>

Bob Pyatt, MD, FACR
Chair, General, Small, Emergency, and/or Rural Practice Commission
Board of Chancellors, ACR
Chambersburg

ANNUAL MEETING

Program Update

The PRRS education committee is planning a full day of CME at the fall annual meeting. We are pleased to welcome back Richard Duszak, MD, FACR to update the society on current topics in health policy and practice, David Levin, MD, FACR on the need for price transparency, and Michael Bruno, MD, FACR on patient safety. A new addition to our program is Dr. Elliott Fishman, MD, FACR, who will reprise his RSNA 2016 talk regarding use of the internet and social media in patient centered radiology. Mary Scanlon, MD, FACR will again lead a panel in another informative presentation for the society on hot topics affecting today's trainees.

Beverly Hershey, MD
Philadelphia

Scientific exhibits:

Applications should be submitted along with your electronic exhibit. All electronic exhibits must be submitted by Friday, August 18th, 2017. Submissions received after this date will not be accepted for the annual meeting.

All exhibits will be considered regardless of whether they have been previously shown at other meetings. A maximum of up to 12 slides is recommended. All exhibits will be posted on the PRS member's website. Acceptance of your exhibit will not preclude it from being exhibited elsewhere or submitted for publication.

Electronically Submit Application To:

Rickhesvar Mahraj, M.D.

Chair Annual Meeting Exhibits Sub-Committee

Tel: 717-531-5599 ~ Fax: 717-531-5596

E-mail: rmahraj@pennstatehealth.psu.edu