

Bulletin

Fall 2019

The Pennsylvania Radiological Society



A Chapter of the American College of Radiology

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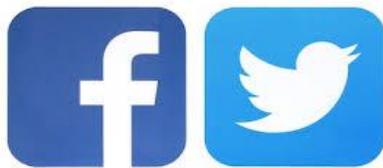
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Editor's Note:

Hi all! I would like to thank the PRS Board for appointing me to fill the position of Editor of the Bulletin. I want to thank Josh Tice, your previous Editor, for the incredible amount of time and effort he has put in to keep you updated. Under his helm, the Bulletin has been a polished, professional, and politically informative. I also want to thank Josh for all the support and guidance he's given me to help ease me into this new position.

I wish to thank all those who contributed articles to this Edition, including Drs. Bencardino, Mittl, Miner and Martin-Carrerras.

I hope to provide you with interesting, fun and useful news about our organization. I also hope to inspire some future members to join us in this spirited, committed group. We are doing great things for organized radiology in the state. Be a part of it!

Jon Morgan
Newtown Square, PA

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President's Letter
Dr. Cathy Woomert

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Fairmont Hotel, Pittsburgh, PA.
September 28, 2019

The Pennsylvania Radiological Society was established in 1916, making it one of the oldest radiological societies in the US. The society represents radiologists, radiation oncologists and radiation physicists.

Mission Statement:

Advance the science of radiology.

Improve radiology services to patients and the medical community.

Encourage CME for radiologists.

Establish and maintain high medical and ethical standards in the practice of Radiology.

Over the years, the Society has successfully committed to its mission.

The society has also been dedicated to resident education and their involvement in organized medicine at the state and national levels. The PRS has supported resident and fellow attendance at the annual ACR meeting in DC., semi-annual state meetings as well as attendance at the ACR RLI meetings. The residents have taken trips to Harrisburg with John Kline to meet our state representatives. Past President Dr. Haidet and John Kline have visited all of the diagnostic radiology residencies in the state of Pennsylvania.

Under Dr. Spearman's leadership, along with the hard work of past presidents, committees and their chairs, the society has achieved multiple recent accomplishments.

The continued growth of the use of social media.

Increase in the number of PA radiologists applying for and receiving their ACR Fellowship.

2019 ACR Chapter award in Quality & Safety.

2019 March Madness RADPAC award

I hope to continue the success of the PA chapter in receiving ACR Chapter awards, support the work of the newly formed Committee on Diversity and in a prospective move, create a Committee on Physician Well-being.

My major goal is to begin the process of creation of a PRS Foundation or Educational Fund, which would allow us to continue to grow support for the education of radiologists, fellows, and residents.

I would like to finish with an aphorism attributed to Hippocrates, 400 B.C.

Life is short, the Art long, Opportunity fleeting, Experience treacherous, Judgement difficult.

I wonder how many physicians in this room hear these words and feel they can relate over two thousand years later. We practice in a world of genetic manipulation, molecular research, surgical techniques, robotics, artificial intelligence, advanced imaging and remote communication that Hippocrates never experienced, yet he spoke a truth to which we, the practicing physicians of 2019 can still relate.

Member News!

NEXT MEETING—May 16-19th, at the ACR Meeting in Washington, D.C.

First, effective as of the September, 2019 meeting, you have a new Executive Board.

The PRS Executive Board for the coming year is as follows:

President: Cathy Woomert, M.D. FACR

President-Elect: Terry York, D.O. FACR

First Vice-President: Eric M Rubin, M.D.

Second Vice-President: Eric A Walker, M.D., M.H.A., FACR

Secretary: Sanjeev Katyal, M.D. FACR

Treasurer: Kwasi O. Armah, M.D., M.B.A., M.P.H., FACR

Editor: Jonathan A. Morgan, M.D.

Immediate Past President: Michael Spearman, M.D.

ACR Appointments

Drs. **Eric Rubin** (First Vice President) and **Elaine Lewis** (Past PRS President) continue to serve as your representatives on the **ACR Council Steering Committee**.

Dr. **Ryan Lee** is the new **Chair of the ACR Quality and Safety Committee**, a committee previously chaired by our own Dr. **Bob Pyatt**. **The Quality and Safety Committee, was awarded** This year, 2019, the PRS received the ACR Chapter Quality & Safety Award under his chairmanship.

Dr. **Jenny Bencardino** has joined the PRS and will be chairing our newly created **Committee for Women and Diversity**

Dr. **Teresa Martin-Carreras**, of our Residents/Fellows section was awarded **the ACR Rutherford-Lavanty Fellowship in Government Relations for 2019-2020**. She was also recently appointed to the **RADPAC Board of Directors**

GROUP AWARDS

This year, 2019, the PRS received the **ACR Chapter Quality & Safety Award** under the chairmanship of Dr. **Bob Pyatt**.

INDIVIDUAL AWARDS

Dr. **Bob Pyatt** was received our top award, the **Annual Oration Award**, at our September 2019 meeting.

Imagine 3D: The Power of Diversity, Inclusion and Representation

By Jenny Bencardino MD

Chair, PRS Committee for Women and Diversity

Celebrate September: PRS Annual Meeting AND Women in Medicine Month!

In this Fall edition, the PRS bulletin is launching a new column: “Imagine 3D”. In this space, we will highlight actions and policies committed to improving Diversity, Inclusiveness and Representation. These initiatives rest upon the American College of Radiology (ACR) three pillars: advocacy and awareness, professional development support and institutional performance improvement. We call on our readership to get involved and submit contributions centered on their advocacy work addressing the topics outlined in Table 1.

Table 1. Three Pillars of the Commission for Women and Diversity

<i>Advocacy and Awareness</i>	<i>Professional Support Development</i>	<i>Institutional Performance Improvement</i>
Raise awareness about the status of women and URM	Increase visibility of talented and gifted women and URM	Develop diverse leaders who mandate cultural competency
Develop metrics for monitoring progress on professional diversity	Offer leadership positions to accomplished women and URM	Require diverse search committees for new hires
Develop benchmarks for assessing performance on diversity	Develop incentive programs to attract minorities to radiology	Implement practices to reduce conscious and unconscious biases
Implement a reward system to highlight success	Improve recruitment and retention of women and URM	Verify equal pay for equal work; transparent salary reviews

I have a dream that one day all radiologists will be equal.

In 2013, the ACR established the Commission for Women and Diversity as a response to the pervasive lack of diversity in the radiological professions. Despite having achieved equal representation in the medical school student body, fewer than one quarter of practicing radiologists in the U.S. – indeed, only 21 percent, are women. There are two main contributing factors to low recruitment of women medical students in radiology: 1) Lack of exposure, and 2) Lack of representation at the top.

- 1) Lack of exposure: A large proportion of medical students rated the amount of radiology education in their educational curriculum as either inadequate (70%) or very inadequate (22%)¹. Only 18% of respondents had dedicated rotations through Diagnostic Radiology. Exposure to radiology during medical school translates into higher rates of residency

applications. Women medical students who lack exposure to radiology end up visualizing radiologists as specialists who spend all their time hiding in a dark reading room, the so called “Dungeon Myth”. That is far from true! For more than two decades, the routine incorporation of ultrasound and interventional procedures in the daily lives of practicing radiologists has created plenty of opportunity for interaction with patients, technologists, nursing and support staff. Even among dedicated diagnostic radiologist, current advocacy work is directed to make radiology more patient centric by the creation of Diagnostic Consultation Clinics². The goal is to increase both patient and physician satisfaction by getting radiologists involved in communicating examination results.

- 2) Lack of representation at the top: The advancement of women in medicine is largely dependent on the impact that mentors, sponsors and champions have in their careers. Sadly, 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%). This disparity is noted throughout the academic ladder with 67% of women radiologists staying at the rank of Assistant Professors, approximately half more as compared to men (35%). Restricted availability of women radiology leaders, #RadLeaders, limits female-led -#SheForShe- mentoring and sponsorship. These gender disparities in medicine and radiology are largely dependent on individual, structural and institutional bias, whether overt or implicit. Implementation of practices to reduce conscious and implicit bias is a great metric to assess institutional performance in the diversity realm. Little knew Emma Watson that her #HeForShe campaign launched in 2014 would become the war cry of a world-wide movement led by supportive men leaders and advocated committed to bring about change by joining women in achieving equal rights and opportunities for all regardless of gender and sexual orientation.

Recently, movement has been noticed in the right direction with several women radiologists occupying high ranking positions in leadership, among them: Dr. Geraldine McGinty, Chair of the American College of Radiology –ACR³; Dr. Vijay Rao, President of the Radiological Society of North America –RSNA-; Dr. Christine Menias, new Editor of RadioGraphics and Dr. Ruth Carlos, new Editor-in-Chief of JACR⁴.

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2. Mark D. Mangano, Susan E. Bennett, Andrew J. Gunn, Dushyant V. Sahani, and Garry Choy. Creating a Patient-Centered Radiology Practice Through the Establishment of a Diagnostic Radiology Consultation Clinic. *American Journal of Roentgenology* 2015;205:95-99.

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BREAST CANCER SCREENING TOOLKIT

DR. KELLY BIGGS

In September 2019, the ACR released the Breast Cancer Screening Toolkit, a free collection of educational materials directed to both patients and clinicians. The Toolkit is part of a campaign to promote ACR screening guidelines. It specifically addresses the differences between ACR guidelines and those of the US Preventive Services Task Force, as well as of other institutions.

Brochures, Decision Guides, Videos, and a Lecture are available at:

<https://www.acr.org/Clinical-Resources/Breast-Imaging-Resources/Mammography-CME-Toolkit>

Free CME is also available at this site, regardless of ACR membership. The CME is particularly targeted to primary care clinicians. Also available at the AMA Ed Hub, this course has been well received by general practitioners.

Please consider using this toolkit at your institution. Screening mammography has come under attack in recent years. Radiologists must actively advocate for ACR guidelines to prevent loss of coverage for all age groups proven to benefit from screening.

Some potential uses:

Brochures and decision guides can be mailed to patients with appointment reminders or results letters. They can be posted on social media, distributed at health fairs, and placed in waiting rooms.

The lecture can be used at resident conferences and public events.

The free CME link can be sent to medical staff and other targeted clinicians.

Videos can be posted on social media or displayed in waiting areas.

The evidence in the toolkit can be used to counter institutional endorsement of the US Preventive Services Task Force Guidelines.

Breast Cancer Awareness month is over, but this is a year-round issue. Please contact me if you need assistance.

Kelly W. Biggs, MD
ACR/SBI Screening Leadership Group

September 2019 Pennsylvania Radiologic Society Meeting Program

Attendees this year were treated to an awesome set of talks, courtesy of our Education Committee, chaired by Dr. Beverly Hershey, with assistance from committee member Dr. Dillenia Rosica.

Here's some brief highlights of what you may have missed and **won't miss next year!**

Dr. Frank Lexa gave two talks: 1) "Back to the Future: Impact of Federal Government on US Radiology 2019" on broad political and macroeconomic trends affecting the practice of radiology and 2) "Measure to Measure" on how radiologists need to show measured value for the many things we do besides interpreting imaging studies.

Dr. Beverly Coleman, representing the ACR Board of Chancellors, gave a talk titled "ACR: the Strategic Path Forward" highlighting the direction of many of the ACR's current initiatives. She highlighted the large number of leadership positions in the ACR occupied by members of the PRS(!). She also spoke about her past experience in medicine and radiology as a woman and as an African-American and how, over the past few decades, great strides have been made towards ensuring equal opportunities for all, but noting that we all still have much work to do to in this regard.

Dr. Michael Recht, Chair of the Department of Radiology at NYU gave a talk titled "Artificial Intelligence, Analytics and Informatics: The Future is Now" where he gave some examples of how NYU is currently using advanced computer techniques to allow radiologists and referring physicians to simultaneously view imaging studies, allowing both radiologists and referring doctors to point to findings on imaging studies to simulate an in person consult. He also showed how NYU is using informatics to help improve diagnostic quality, for example with automated feedback sent to radiologists when pathology results become available on studies they have read. He showed how NYU has begun to use AI in a novel way, to help create better MRI imaging algorithms that can produce identical quality images at much faster rates.

Dr. Ryan Lee gave a talk titled “Clinical Decision Support” provided an up-to-date information session on all we need to know to start implanting new systems as per the new CMS guidelines. He also provided some of the macroeconomic rationale for this program and argued that this will be good for radiologists beyond the economic incentives from CMS. He gave examples of how use of decision support for referring doctors has a potential for improving patient care.

Rebecca Spangler, ACR Director of Congressional Affairs offered an update on what’s going on in Congress as it relates to radiology.

Dr. Sonia Gupta, previous PRS member gave a talk titled “New Power Dynamics in Radiology” introducing us to the concepts of “New Power” and “Old Power” as defined by the best selling book on this topic. She discussed how each of these very different approaches to structural organizations and corporate culture can help practices address varied specific challenges.

Dr. Michael Farwell, from the Departments of Radiology, Nuclear Medicine and Clinical Molecular Imaging at HUP gave a talk titled “Immunotherapy: Imaging Findings and Treatment Effects” explaining how a number of the different immunotherapy agents work and some of the many challenges they pose for those of us trying to interpret imaging studies in patients who have been treated with them.

The Resident’s Panel, moderated by our Resident/Fellow Committee Chair, Dr. Mary Scanlon include brief talks from:

Matthew Capodarco, MD

Radiology Resident, Penn State Hershey Medical Center **Imaging Overutilization in the ED**

Jamaal Benjamin, MD

Radiology Resident, University of Pennsylvania

Integrating Research into Clinical Practice

Kimberly Rongo, MD

Radiology Resident, University of Pittsburgh

Radiology Threats vs. Opportunity

Ryan Cobb, MD

Radiology Resident, Temple University

IR Residency and the Future of IR Practice

David J. Laszakovits, MBA, Director of External Relations, American Board of Radiology, gave a brief update on the ABR current MOC exam and many steps being made by the ABR to improve it.

Dr. Greg Mittl, Diagnostic Radiology Resident, Univ. of PA, gave a talk about his research project on ACT 112 titled “Ensuring Patient Follow-up of Significant Abnormalities Under PA Act 112” His summary will appear later in this edition of the Bulletin.

Dr. Richard Duszak, a former active board member of the PRS and founding CEO of the Neiman Health Policy Institute gave the KEYNOTE ADDRESS for Dr. Pyatt’s Honored Radiologist Award. His talk was titled “General Radiologist...or Staff Sergeant.” He discussed some of the diverging perceptions of both the importance of and abilities of the general radiologist by academic radiologists. He addressed misperceptions of general radiologists by patients. He showed evidence that, although a high percentage of radiologists are subspecialty trained, our current practice patterns are that of general radiologists and that general radiologists are vital to providing care for underserved areas of the U.S.

All of the above talks, of course, provided much more information than I was able to summarize but for any who could not attend, I hope to give you a sense of the kind of program provided each fall. Please consider attending the next FALL MEETING, in KING OF PRUSSIA, PA in September, 2020.

(summaries by Dr. Jonathan Morgan).

Patient Understanding of Abnormal Imaging Findings under Pennsylvania Act 112

Dr. Greg Mittl

Radiology Resident

Hospital of the University of Pennsylvania

Pennsylvania Act 112 of 2018 requires diagnostic imaging facilities to directly notify patients in writing for test results warranting follow-up medical care within three months. The law specifies the precise patient notification wording, which is written at a 12th-grade reading level. Concern has been raised by the PRS and other imaging stakeholders across the state of Pennsylvania that patients will have difficulty understanding this 12-grade reading level notification and this misunderstanding will contribute to patient anxiety.

To test this theory, a group of researchers at the University of Pennsylvania surveyed United States adult volunteers using the Amazon Turk crowdsourcing internet marketplace. Respondents randomly reviewed standard text or image-rich versions of the notification, written at either 12th or a 6th-grade reading level. They were then tested on their comprehension of the notification. Among 903 survey respondents, 62% were female, 55% had

a Bachelor's degree or higher, and 27% identified as health care professionals. 86% of survey respondents understood the subject of the notification (i.e. radiology results) and 77% understood the appropriate next steps (i.e. to call their referring provider to discuss the results). However, 47% of respondents misinterpreted the results, with 23% believing their imaging results were normal and 24% unsure whether the results were normal or abnormal. 79% of survey respondents reported feeling worried as a result of the notification. These results suggest that the notification required under PA Act 112, even when made more patient-friendly through the use of graphics or with the information re-written at a lower reading level, is unclear to many patients and contributes to increased patient anxiety.

SCIENTIFIC EXHIBITS AWARD WINNERS from PRS Fall Meeting 2019

Exhibit Committee:

Kwasi O. Armah, MD, MBA, MPH, FACR,

Chair Diane C. Strollo, MD, FACR

Ellen K. Tabor, MD

Brent Wagner, MD

1st place: Imaging of Gastroenteropancreatic Neuroendocrine Tumors in High Risk Patients: Correlating Non-invasive Imaging and Endoscopic Ultrasound Author(s): Pwint P. Khine, DO; Nhien Tong, MD; Lori Mankowski Gettle, MD; John M Levenick, MD; Kathryn L. McGillen, MD

Institution(s): Penn State Health, University of Wisconsin School of Medicine and Public Health- Department of Radiology

2nd place: The Effect of Radiology Rotation Timing on Medical Student Clinical Education and Clinical Knowledge Exam Performance

Author(s): *Stephen Chang, MS-IV; Jeanne Jagiello, MS-IV; Steven Wolfe, DO; Matthew Hartman, MD*

Institution(s): Allegheny Health Network

3rd place: Evaluating the Impact of User Interface Changes on Time Spent Searching for Prior Exams and Interpreting Studies

Author(s): Eric Walker, MD, MHA CIIP; Bryce Lowrey, MD' Jonelle Petscavage- Thomas, MD MPH

Institution(s): Penn State Health, Milton S Hershey Medical Center

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BULLET(in) POINTS

Summary of Legislative Affairs Report submitted by **Dr. Keith Haidet and John Kline.**

(Note, for anyone who wishes to read the full Legislative Report, we will post it separately on the website)

1. ACT 112

As you know, this law is now in effect but, due to the vague language in the bill, significant questions remain. Although not the only questions, the two biggest ones are:

1. What defines the “significant abnormalities” for which we need to notify patients?
2. What defines “diagnostic Imaging services”

What the PRS is DOING

Immediate Past President Dr. Mike Spearman and Board Member Dr. Ken Kurtz met with the Hospital Association of Pennsylvania (HAP) and created a list of questions for the Department of Health to obtain more precise answers to these questions and to other questions many of us have in our attempts to meet these new requirements.

Drs. Spearman and Kurtz will be trying to convene a meeting of multiple radiology practices across the state to create a state-wide UNIFORM STANDARD for how radiologists act to comply with ACT 112.

2. Attending Radiologist Supervision of Residents Doing Fluoroscopy

Department of Environment Protection (a.k.a.DEF) NOW regulates that supervising physicians must be in the fluoroscopy room when residents perform fluoroscopy studies. This is based on the DEF interpretation of the Graduate Medical Education ACGME requirements.

What the PRS is DOING

We at the PRS feel this interpretation is narrow and unwarranted and are therefore fighting this legislation.

3. Insurance payment for MRI Screening for women with dense breasts.

This bill is legislation requiring insurance companies to pay for MRI Breast Cancer Screening studies for women with dense breasts.

Background: Recent data has proven the value of short MRI Breast Cancer Screening studies detecting clinically significant cancers women with high breast density (category D) for whom mammography and tomography have relatively limited sensitivity.

As you know, Pennsylvania law requires a statement of limitations of traditional mammography for patients with high breast density.

There is scientific support for Screening Breast MRI to detect early cancers in patients with very dense breasts in place of mammography; however, there is still no national organization that has made Screening Breast MRI a requirement.

Right now, many insurance companies are REFUSING TO PAY for these studies.

Proposed bill REQUIRES insurance companies to cover screening Breast MRI for patients with breast density classes C and D.

What the PRS is DOING

Drs. Marcella Bohn-Velez, Wendi Berg, Keith Haidet and Eric Rubin of the PRS have all assisted in the draft of a bill to ensure payment by insurance companies for screening MRI for women with high breast density. This bill has been fast-tracked to be reviewed by the Senate Insurance and Banking Committee, but we expect this to be a difficult fight. Stay tuned. For more details see LEGISLATIVE REPORT SECTION

4. SURPRISE BALANCE BILLING

New PA House Bill. Sets the payment rate for out-of-network services that are not optional (a.k.a. "surprise" bills) at the MEDIAN-In-NETWORK rate. The median for the in-network rate is derived from rates across the state. Those providing the out-of-network services can get an "independent" third-party opinion to confirm exactly what the median-in-network rate is.

Problems with the current bill:

- 1) Insurers paying lower rates will drive the MEDIAN rates down.
- 2) Nothing in the bill to stop insurers from DROPPING physicians whose bills are above the MEDIAN

What PRS is DOING

An alternative to MEDIAN-IN-NETWORK rates being worked up by a MULTI-SPECIALTY committee within the PENNSYLVANIA MEDICAL SOCIETY called the Provider Coalition for Patient Access. Josh Tice is on this committee representing Radiology. ER physicians, pathologists, and Anesthesiologists all are part of this committee.

5. RADIOLOGY TECHNOLOGIST LICENSURE

Currently, there is no PA State licensing for both diagnostic radiology technologists and radiation therapy technologists (!).

Oversight of the radiology technologists is under the Department of Health (DOH) and, in general, there are strict training requirements.

Outpatient imaging center regulations are under the Department of Environmental Protection (DEP). The DEP regulations have an exception to the training regulations allowing any medical professional to oversee x-rays with only an 8-hour weekend training course!

Bill sponsored by Radiology Technology Societies. PRS is in a support position.

Initial proposals suggested creating a NEW state licensure board with its own board of examiners. This bill failed to pass within the House Professional Licensure Committee due to the high expense of creating a new board.

What the PRS is DOING

PRS has recommended, instead, that diagnostic and therapeutic Radiology Technologist Licensure be added under the existing State Board of Medicine, which we think will be much more likely to pass.

6. CLINICAL DECISION SUPPORT (CDS)

(adapted from Dr. Ryan Lee's talk, with supplementary links to ACR and CMS websites)

New CMS payment incentives to push imaging centers towards using computerized radiology order sets that incorporate some form of Appropriate Use Criteria (such as the ACR Appropriateness Criteria) to help decrease medically unnecessary studies.

Part of the Protecting Access to Medicare (PAMA) legislation H.R. 4302. Start Date January 2020. Education year. Penalties start Jan 2021.

Components of CDS legislation.

- 1) Establish Appropriate Use Criteria (AUC) such as the ACR Appropriateness Criteria.
- 2) Install software to apply these criteria to radiology order sets.

These new incentives apply only to OUTPATIENT Advanced imaging, including CT and MRI, SPECT and other NUCLEAR MEDICINE studies. NOT X-ray or ultrasound.

It does NOT apply to INPATIENT imaging.

It does NOT apply to ER patients with LIFE THREATENING CONDITIONS.

NEW REQUIREMENTS FOR RADIOLOGY REPORT, i. e. what will need to be documented in our reports so that we obtain whatever reimbursement benefits are provided for compliance.

- 1) Cite the appropriate use criteria (AUC) ordering software used (!).
- 2) Whether or not the guidelines were followed.
- 3) NPI of ordering physician.

FOR MORE INFORMATION, go to the ACR website URL below, which has an educational TOOLKIT for

<https://www.acr.org/Clinical-Resources/Clinical-Decision-Support>

This next link is to a brochure from CMS about the program

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/AUCDiagnosticImaging-909377.pdf>

RESIDENTS/FELLOWS SECTION

This year the PRS has sponsored 4 trainees to attend the ACR's Radiology Leadership Institute (RLI) Summit. Drs. Jamaal Benjamin (HUP), Lane Miner (Penn State) , David Kerner (Bryn

Mawr) and Teresa Martin-Carreras (HUP) were chosen by Dr. McGinty (from an applicant pool of 13)

Here are some reflections from two of the attendees:

Radiology Leadership Institute

Dr. Lane Miner

Penn State Hershey

I was fortunate to be accepted for a scholarship from the Pennsylvania Radiological Society to attend the September 2019 Radiology Leadership Institute summit at Babson College in Wellesley Massachusetts. Attendings and residents at my [residency? Fellowship?] program who have attended in the past told me what a great experience it was and encouraged me to apply for the scholarship.

When I found out I was accepted, I was surprised and excited but I was not sure what to expect. Some people have described it as a 2.5-day business school crash course for radiologists. We were given excellent pre-summit reading assignments to prepare us for discussions we would have during the different lectures.

When I arrived at Babson College, I was pleasantly surprised by how friendly all the attendants were. It was common for people to introduce themselves in the hall, during meals or in meetings. I met many radiologists in private practice and academics, along with residents and fellows from across the country. Many of the people I met were private practice group leaders, national leaders or academic leaders.

The schedule was packed with interesting and applicable topics. Each faculty speaker was an excellent presenter. There were multiple break-out sessions where we would discuss different scenarios or principles in small groups and then share them with the larger group. Some of the topics covered during the summit included: resilience, dealing with bundle payments, personal branding, and team decision making. There was also an evening geared towards residents, fellows and junior attendings covering topics such as: how to evaluate first job offers, artificial intelligence, population health, quality & safety, and Just Culture (add a sentence explaining what this is).

I can't say enough good things about the food. Seriously, their chef was amazing! There was a good variety at every meal, it looked good *and* tasted good.

The best part was the opportunity to meet so many incredible people, to interact with them and learn from them. I can't think of another opportunity to meet so many leaders in radiology in an intimate setting like that.

Again, I am very grateful for this opportunity I had to attend the RLI summit. Thanks for helping to make it happen Pennsylvania Radiological Society!

Radiology Leadership Institute

Dr. Teresa Martin-Carreras

Hospital of the University of Pennsylvania

This past summer, I was honored to be one of the recipients of a scholarship from the Pennsylvania Radiological Society to attend the 2019 Radiology Leadership Institute (RLI) Leadership Summit, a two-and-a-half-day leadership training program in radiology held on September 6-8, 2019 at Babson College in Wellesley, Massachusetts. The Summit program was designed in close collaboration with business school experts, and it combines business theories with radiology, within the context of our continually evolving health care ecosystem.

Attendees participated in small and large group sessions in which we addressed relevant topics such as personal and organizational resilience, allocating bundled payments, personal branding, and team-decision making. Case study group activities allowed us to take the abstract business principles we were learning and apply them to our own specific work experiences. Additional topics discussed included how to critically evaluate job offer letters, and how to appraise profit and loss statements.

One of my favorite events in the Summit, the Resident and Young Physician Leadership Program, was a new addition based on prior trainee feedback. The event was held on the second evening of the Summit, and it featured relevant and timely topics for the audience such as how best to navigate a first job offer, artificial intelligence concepts and applications, population health, and enhancing quality, safety and patient-centered care for our patients and practices.

As I look back on the many lessons learned at the 2019 RLI Leadership Summit, I would highly encourage radiologists at all stages in their careers to attend. The tools learned alongside radiology and business colleagues will not only build on your skillset and network, but they will allow you to better understand the inner-workings of your department or practice, and ultimately contribute to its success and to improve patient care.