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Bulletin



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¹Kolbe, et. al., "Evaluation of Patient Tolerance and Small-Bowel Distention With a New Small-Bowel Distention Agent for Enterography," American Journal of Roentgenology 2016 206:5, 994-1002



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How do you avoid getting burned out at work?



Relieving the Burden

As physicians, we're all searching for strategies to thrive in a demanding environment.

We know that healthy physicians take the best care of their patients, provide a happy workplace environment, and can reduce costs while boosting value. But what happens when they burn out? Burnout — a work-related syndrome characterized by emotional exhaustion, depersonalization, and a sense of reduced personal accomplishment — inversely impacts quality of care, patient satisfaction, productivity, and access to care.¹ Although rates vary at different stages of physicians' careers, burnout is still higher among physicians as a whole when compared to the rest of the working population.² And some believe radiologists are particularly prone to its disruptive and far-reaching consequences. Burnout can lead to depression, substance abuse, and suicide. It is also linked to inappropriate workplace behavior, reduced productivity, absenteeism, and staff turnover.^{3,4}

In 2018, the ACR Commission on Human Resources asked about burnout for the first time in its annual workforce survey sent to radiology practice leaders ([read more at bit.ly/2018_WorkforceSurvey](https://bit.ly/2018_WorkforceSurvey)). The survey found that while 78 percent of radiologists, mid-level providers, and physicists reported burnout being a significant problem in their workplace, only 19 percent reported having mechanisms for assessing the condition. And only 21 percent said they had effective ways of addressing it.⁵

While a number of online resources offer personal wellness solutions, gaps exist in developing effective, actionable organizational strategies that can lead to sustained workplace improvements. To foster wellness in our imaging workplace, the August 2018 Intersociety Summer Conference focused on four themes that practices, departments, wellness committees, organizations, and societies can employ to frame their improvement efforts.

1. Measure and benchmark wellness and burnout.
2. Foster the development of high-functioning teams.
3. Develop and nurture effective leaders.
4. Amplify our voice at the organizational and national levels.¹

Recognizing the urgency of rising burnout, the Commission on Human Resources and the Commission on Publications and Lifelong Learning have created a program to provide data, resources, and strategies to promote radiologist well-being. This program — slated to launch at ACR 2019 — will include a well-being self-assessment, a toolkit of resources for recovery, and an educational

curriculum for work/life balance. The Mayo Clinic's Well-Being Index will be used to inform participants about their own level of well-being. Results will be anonymous and complimentary to all ACR members — including members-in-training and affiliated medical students — as a value-added resource. Aggregated and anonymized data on member wellness will be measured and shared to influence leaders of organizations to change systemic conditions that cause burnout among radiologists.

We know that burnout has been identified, defined, and assessed by many groups. Now, what we need are actual solutions. To best serve our patients and sustain an engaged workforce, now is the time for us to collectively and effectively confront this crisis. **B**

While a number of online resources offer personal wellness solutions, gaps exist in developing effective, actionable organizational strategies that can lead to sustained workplace improvements.

ENDNOTES

1. Kruskal JB, Shanafelt T, Eby P, et al. A Road Map to Foster Wellness and Engagement in Our Workplace — A Report of the 2018 Summer Intersociety Meeting. *J Am Coll Radiol*. Available at bit.ly/2018_IntersocMtg.
2. Shanafelt T, Boone S, Tan L, et al. Burnout and satisfaction with work-life balance among US physicians relative to the general US population. *Arch Intern Med*. 2012;172(18):1377–1385. Available at bit.ly/US_Burnout.
3. Nicola R, McNeeley MF, Bhargava P. Burnout in radiology. *Curr Probl Diagn Radiol*. 2015;44(5):389–390. Available at bit.ly/Radiology_Burnout.
4. Peckham C. *Medscape* radiology lifestyle report 2016: bias and burnout. Jan. 13, 2016. Available at bit.ly/Bias_Burnout.
5. Bender CE, Bansal S, Wolfman D, Parikh JR. 2018 ACR Commission on Human Resources Workforce Survey. *J Am Coll Radiol*. Available at bit.ly/2018_WorkforceSurvey.



The ACR Radiologist Well-Being Program is a resource comprised of a validated well-being self-assessment, a toolkit of resources for recovery, and an educational curriculum for strategies to promote improved well-being. Access the program at acr.org/Member-Resources/Well-Being.

Providing Breast Screening to Homeless Veterans

In January, Michelle L. Dorsey, MD, Chief of Radiology at the Phoenix Veterans Affairs (VA) Health System, participated in the Maricopa County StandDown — an annual event coordinated by the Arizona Housing Coalition's Veterans StandDown Alliance, which has served thousands of U.S. military veterans and their families experiencing homelessness in Arizona's capitol. More than 2,000 veterans were seen at the two-day event, including 204 women who were provided essentials such as food, undergarments, hygiene items, and clothing — which were

delivered in a private, women-only section. For the first time, screening mammography was offered to homeless women veterans on both days of the event, with transportation provided to the Phoenix VA Medical Center for imaging. Phoenix VA staff were also available onsite to provide education and counseling about the benefits of breast imaging.

According to Dorsey, the first VA physician recipient of the White House Leadership Fellowship, “With all the conflicting information about mammography, it’s vitally important that radiologists directly participate in educating their communities as well as connect women to essential breast care.”

For more information about the event, visit azhousingcoalition.org/avsa.



PHOTO CREDIT: GABRIEL FORSBERG

(Left to right) Michelle L. Dorsey, MD, Jennifer Nelson, LMSW, and Kristen Nordquist, LCSW, social workers with the Phoenix VA Healthcare System, are pictured at the Maricopa County StandDown — an annual event coordinated by the Arizona Housing Coalition's Veterans StandDown Alliance.

Apply for the WFPI's Pediatric Radiology Observership Program

The World Federation of Pediatric Imaging (WFPI), an alliance of global, regional, and national pediatric radiology organizations, is accepting applications for its William Shiels Memorial Pediatric Radiology Observership in Argentina and the Philippines. Shiels, who served for many years as chair of radiology at Nationwide Children's Hospital, lost his battle with pancreatic cancer in 2015. At the time of Shiels' passing, his colleagues at Nationwide Children's initiated a foundation in his memory. The first WFPI Shiels Foundation Observership took place in South Africa last year. The application deadlines for the Argentina and Philippines observership programs are May 8 and 15, 2019, respectively.

To apply, visit wfpweb.org.



(Left to right) Janet A. Akinmoladun, MD, is pictured with her mentor Jaishree Naidoo, MD, at Nelson Mandela Children's Hospital in Johannesburg. Akinmoladun was an observer during the inaugural WFPI Shiels Foundation Observership in South Africa last year.

We Want to Hear From You! Send Us Your Radiology Story

Do you have memories to share about your early days in radiology? We want to videotape your stories of mentors who made a difference for you, difficulties you overcame, and what kept radiology engaging for you during your long career. If you are attending ACR 2019 and interested in sharing your story, please send your name and contact information to info@acr.org and you will be contacted with more details!

Leadership Training for Radiology Residents

The Radiology Leadership Institute® (RLI) offers professional development and career training programs for radiology residents and residency programs seeking a specialized leadership training curriculum. Guided by self-paced learning, the 2019–2020 RLI Healthcare Economics Milestones Program, which takes place Sept. 1, 2019–March 31, 2020, will provide residency programs with an intensive educational option that instructs in healthcare economics topics — while also satisfying the ACGME systems-based practice competency requirement. Alternatively, the 2019–2020 RLI Leadership Essentials Program, which takes place Aug. 1, 2019–May 13, 2020, will provide individual trainees and resident cohorts with online instruction in the non-interpretive and foundational leadership skills that impact the day-to-day of early-career radiologists. To help residents gain access to a network of professional mentors, the 2019 RLI Leadership Summit, being held September 6–8, 2019, at Babson College in Wellesley, Mass., will also offer resident-focused sessions in areas such as quality improvement, patient-centered care, and AI.

For more information about RLI programming for residents and fellows, please visit acr.org/RLI.

New Study Compares Breast Screening Before and After the ACA

A new Harvey L. Neiman Health Policy Institute® study assessed changes in screening mammography cost sharing and utilization before and after the Affordable Care Act (ACA) and the revised U.S. Preventive Services Task Force (USPSTF) guidelines. The study compared mammography cost sharing between women without a history of breast cancer or mastectomy, aged 40 to 49 and 50 to 74. According to study authors, a substantial majority of commercially insured women had first-dollar coverage for mammography before the ACA. After the ACA, nearly all women had access to zero cost share mammography. Study authors attribute the lack of an increase in mammography use post-ACA to a USPSTF guideline change, the high proportion of women without cost sharing before the ACA, and the relatively low levels of cost sharing before the policy implementation.

To access the study in the *JACR*®, visit bit.ly/CostSharing_ACA.

Be a Test Item Writer for RadExam

The ACR is looking for new and experienced test item writers particularly in body imaging or fluoroscopy, (but all specialties are needed) to author RadExam questions for residents. Learning to write high-quality, psychometrically validated questions is challenging, hence training and educational resources are provided. The Association of Program Directors in Radiology and the ACR assign annual awards dependent on the number of questions written and up to 10 hours of CME can be received. Writers are also encouraged to include this peer-reviewed activity in their faculty portfolios.

To access the online interest form, visit bit.ly/RadExam_InterestForm.

No healthcare provider I know actually views patients as a packaged revenue opportunity, but the fee-for-service system has incentivized this warehousing behavior.

– Stacey Chang, MS, executive director of the University of Texas at Austin's Design Institute for Health, at bit.ly/NobodyWantsaWaitingRoom.

Here's What You Missed



The *Bulletin* website is home to a wealth of content not featured in print. You'll find extra articles and other updated multimedia content at acrbulletin.org.

Where Are All the Women?

Crystal L. Piper, MD, of Yale Radiology, discusses what's keeping women out of radiology and how improving gender diversity could change the field for the better at bit.ly/WhereAretheWomenRads.

Back to Business Basics

A resident recounts her experience developing and participating in her department's first business elective — during which she learned just how important business acumen is for leaders in radiology. Read more at bit.ly/BusinessofRad.

Giving Members a Voice

Colin M. Segovis, MD, PhD, past chair of the RFS Executive Committee, breaks down the ACR's resolution process and explains how members can use it to guide the College and the field at bit.ly/ACRResolution.

CALENDAR

May

- 2–3 CT Colonography, ACR Education Center, Reston, Va.
- 9–11 Abdominal Imaging, ACR Education Center, Reston, Va.
- 16–18 Emergency Radiology, ACR Education Center, Reston, Va.
- 18–22 2019 ACR Annual Meeting, Washington Marriott Wardman Park Hotel, Washington, D.C.

June

- 3–5 ACR-Dartmouth PET/CT, ACR Education Center, Reston, Va.
- 7–9 Coronary CT Angiography, ACR Education Center, Reston, Va.
- 8–12 Annual Meeting of the AMA House of Delegates, Hyatt Regency, Chicago
- 10–12 High-Resolution CT of the Chest, ACR Education Center, Reston, Va.
- 13–15 Breast Imaging Boot Camp With Tomosynthesis, ACR Education Center, Reston, Va.
- 17–19 Neuroradiology – Head and Neck, ACR Education Center, Reston, Va.
- 20–21 Prostate MR, ACR Education Center, Reston, Va.
- 28–30 Cardiac MR, ACR Education Center, Reston, Va.

July

- 12–14 Body and Pelvic MR, ACR Education Center, Reston, Va.
- 19–21 Musculoskeletal MR of Commonly Imaged Joints, ACR Education Center, Reston, Va.
- 29–Aug. 23 American Institute for Radiologic Pathology® Correlation Course, AFI Silver Theatre and Cultural Center, Silver Spring, Md.

The Times They Are a-Changin’

We must build an infrastructure and commit resources to respond to a fluid political climate.

In May 2016, I became chair of the ACR Commission on Economics, inheriting a group of dedicated volunteers. One message I communicated to our team at that time was that shifts in socioeconomic policy are not only inevitable, but also hard to predict. Therefore, we must build and maintain processes and infrastructure to respond. Three years later, it is worth reviewing where and how socioeconomic policy has changed and how our actions and direction have been affected.

Healthcare policy is crafted on multiple fronts. At the most basic level, Congress passes laws and the president endorses those laws and implements them through regulations and subregulations. Elected officials change. Those responsible for crafting certain laws may be different from those representatives charged with implementation. When policy goals differ between these two groups, unpredictable policy directions may follow. In this column, I discuss how healthcare policy has been affected by political changes at the highest levels of the federal government over the past three years.

The two most significant pieces of healthcare legislation over the past decade are the Patient Protection and Affordable Care Act (ACA) and MACRA, both of which were signed into law by a Democratic president. The ACA passed Congress largely along party lines — supported by the Democrats and opposed by the Republicans. MACRA was bipartisan and bicameral. In 2016, our focus was on the evolving regulations and implementation requirements of those laws. That year was also an election year. While the future control of Congress was uncertain, most experts predicted that the Democrats would maintain control of the White House. This control meant that the executive branch would continue to advance the ACA, or at least not allow actions that would stymie or reverse it. The same confidence in MACRA’s advancement was assumed.

The political landscape changed quickly in late 2016. A new Republican president was elected, and he spent his first two years with Republicans controlling both the Senate and the House. Over those two years, we saw significant slowing in ACA and MACRA implementation, compared with what would likely

have occurred under a Democratic president and Congress. For instance, the ACA individual insurance mandate, ACA-mandated insurance risk corridors, and the Independent Payment Advisory Board are now gone. MACRA — mandated for full implementation by 2019 and promising an aggressive timeline for alternative payment model development — has slowed considerably. This MACRA slowing is due to not only regulatory actions but also to the Bipartisan Budget Act of 2018 — the signature legislative achievement of the current administration. PAMA, which included the Appropriate Use Criteria mandate during the ordering of advanced diagnostic imaging, has also fallen behind its statutorily mandated timeline. In the case of PAMA, full implementation was originally required for 2017. That has now been delayed until 2021.

The slowing of these policies impacts our directions and actions. For instance, ACA, MACRA, and PAMA all require extensive interaction with CMS and other regulators regarding the necessary regulations for implementation. In addition, we must provide our members with education and tools for success. Those members, accordingly, must dedicate their own resources toward implementation. The required effort and monetary commitment can be significant, and the return on investment is uncertain against a backdrop where the laws and regulations can change overnight.

Things changed again in 2018. The midterm election saw the U.S. House of Representatives flip back to the Democrats. This makes it unlikely that a legislative reversal of the ACA will follow (although the judicial branch may rule the ACA unconstitutional). MACRA remains generally supported, since few policymakers wish to revisit the annual physician payment reductions brought about by the sustainable growth rate formula that MACRA replaced. You may recall that MACRA includes a five-year physician pay freeze from 2020 to 2025. During that freeze, operational expenses for physicians will continue to increase and it is possible there will be calls from the house of medicine for relief. Radiology will be part of those discussions.

Where does this leave us in 2019? A new election season has already started. Again, the control of Congress and the White House hang in the balance. This brings me back to my earlier point: changing political directions are hard to predict. We must build an infrastructure and commit resources in a manner that prepares us to respond to a fluid political climate. The Commission on Economics is continuing its commitment to do just that. **B**





The Road to Wellness

RADIOLOGISTS AND PRACTICE LEADERS ARE TAKING STEPS TO STAVE OFF BURNOUT AND FIND JOY IN THEIR WORK.

Physician wellness is recognized as a critical component of enhancing the quality of healthcare. An epidemic of symptoms related to stress and burnout among medical professionals, including radiologists, is threatening not only healthcare providers at a personal level but also the entire healthcare system. According to the 2019 *Medscape* National Physician Burnout and Depression Report, 45 percent of radiologists reported feeling burned out. Radiology was also found to be the 12th highest of the 29 specialties surveyed for burnout.¹ These statistics pose substantial threats to our patients, colleagues, institutions, and the profession. They are associated with high turnover, poor patient outcomes, errors and suicide risk.

However, wellness is not merely the absence of burnout or disease. Wellness is the active pursuit of physical, mental, and spiritual well-being. Wellness can be thought of in terms of emotional, financial, environmental, intellectual, social, occupational, physical, and spiritual dimensions. For an individual, each dimension is not equally weighted. Each person must seek their own unique harmony among the dimensions of wellness, which are always evolving. Therefore, we must strive to be respectful, understanding, and supportive of the needs of our colleagues to cultivate a culture of wellness.

Moving forward, we will need to consider how to mitigate burnout and improve overall well-being for the members of our profession. Institutional, regulatory, and economic factors may be beyond our control. However, with introspection, creativity, and an open mind, we can adapt the way we work and interact with patients and colleagues to help us change direction.

In this special issue of the *Bulletin*, we will hear personal stories of burnout and resilience. Lori Deitte, MD, FACR, and Lotte N. Dyrbye, MD, MHPE, will discuss strategies for addressing burnout at the individual, institutional, and national levels. Cheri L. Canon, MD, FACR, will share ideas for creating a culture of wellness in the workplace. Reed A. Omary, MD, will demonstrate how he incorporates exercise and nature into his daily work schedule.

We hope that this issue of the *Bulletin* will inspire you to make changes in your practice and personal life that will improve your well-being and that of your colleagues. **B**

By Rebecca L. Seidel, MD, assistant professor of radiology and imaging sciences at Emory University School of Medicine.

ENDNOTE

1. National Physician Burnout, Depression and Suicide Report 2019. *Medscape*. Accessed March 17, 2019. Available at bit.ly/Medscape_Burnout.



The Struggle to Keep Up

DAILY WORKLOAD IS AN ISSUE FOR RADIOLOGISTS – AT ANY STAGE OF THEIR CAREER.

Not only is medicine one of the most intellectually challenging careers, it includes an incredibly demanding workload. Not to mention increasing responsibilities and pressure at work can have a huge impact on mental health. You've likely heard the alarming statistic: approximately 300–400 physicians die by suicide each year in the United States. That means the suicide rate among physicians is more than double that of the general population.¹ “Every year we lose the equivalent of two medical school classes,” says Scott M. Truhlar, MD, MBA, MS, FACR, a radiologist at Radiologic Medical Services, P.C., in Coralville, Iowa.

The term *burnout*, coined by psychologist Herbert Freudenberger in 1974, is defined as the physical or mental collapse caused by overwork or stress. Radiologists, in particular, are experiencing increasing burnout at work, which is among the highest of any medical specialty.²

There is no single reason burnout is on the rise. Research cites inadequate staffing, prolonged stress, an inadequate sense of control, isolation from colleagues, and a lack of lifestyle balance as several of the relevant factors.³ But why are radiologists burning out now more than ever?

RISING PRODUCTIVITY DEMANDS

According to James Y. Chen, MD, a radiologist with the VA San Diego Healthcare System and University of California San Diego (UCSD) Health, the emphasis on ever-increasing relative value unit (RVU) targets has had downstream effects. The heightened speed of interpretation, decreased time for training residents and fellows, reduced research output, and diminished time for practice building (such as quality improvement projects and administrative committees) have all led to burnout among radiologists.⁴ “The rise in productivity demand has resulted in some practices requiring the use of specific work-output RVU targets as thresholds for compensation or hiring, without adequate regard for their effects on workers or potential limits to human task performance,” says Chen.

Claire E. Bender, MD, FACR, chair of the ACR Commission on Human Resources and professor emerita in the department of radiology at the Mayo Clinic in Rochester, Minn., agrees. “We’re being asked to do more with less,” says Bender. “In the electronic and regulatory environment, you may work more, and if your quality of work suffers, your relationships with colleagues also suffer as a result.”

While additional work responsibilities could be part of burnout, Truhlar points to a more nuanced issue. “The greater issue is meetings where your voice doesn’t matter, or other pointless duties,” he says. “The problem isn’t added roles like helping out colleagues. Those duties are ones that help us avoid depersonalization.”

Truhlar, who is on the board of directors for the Iowa Medical Society, has been looking at burnout across the state’s physicians.

“It exists for both those in academic and private practice, for residents, early and mid-career physicians, and seniors,” he says. “It’s a problem many people identify in themselves professionally.”

FINDING SOLUTIONS AT ALL LEVELS

Combating burnout goes beyond the individual level. According to Bender, “If you’re in a leadership role, it might be as simple as recognizing someone needs help.” She adds, “One of the problems most physicians have is the professional pride and fear of disclosure. But I think it has become less taboo to talk about.”

Chen, who serves on the UCSD School of Medicine’s Physicians’ Well-Being Committee, agrees. That’s why his committee launched its Healer Education Assessment and Referral program in 2009 — which helps spot people at risk of suicide and depression through self-assessment and offers access to counseling for UCSD medical students, residents, fellows, and faculty. Bender notes that her radiology department hosts sponsored luncheons as a safe place to discuss issues like burnout face-to-face with colleagues. “We have to open up forums at our institutions for authentic discussion about burnout and physician well-being,” she says.

According to Truhlar, private practices must also find solutions to burnout. “All of our partners are very aware that our practice is focused on a sustainable lifestyle and a long career,” Truhlar explains. “This means that radiologists work at a more sustainable pace than what is found in many practices nationally — because the practice has hired additional radiologists to avoid being understaffed.”

Chen believes that while solutions at each practice and department will vary based on needs, putting individual wellness first should never be considered a radical decision — it should be viewed as the only logical and necessary one. “Well-being committees are a good first step toward any significant improvement because they raise awareness,” says Chen. “But we need solutions to address the underlying problems and not just put a Band-Aid® on the symptoms.” **B**

By Nicole B. Racadag, MSJ, managing editor, *ACR Bulletin*, and Alyssa Martino, freelance writer, ACR Press

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4. Chen JY, and Leka FJ. Baseline Survey of the Neuroradiology Work Environment in the United States with Reported Trends in Clinical Work, Nonclinical Work, Perceptions of Trainees, and Burnout Metrics. *Am J Neuroradiol*. 2017; 38(7):1284-1291. Available at bit.ly/Burnout_Perceptions.



Before Burnout

EFFECTIVE RADIOLOGY LEADERS SHOULD SEEK OUT UNSPOKEN CONCERNS TO BOLSTER STAFF WELLNESS.

While definitions of wellness and burnout vary, most agree the absence of one drives the prevalence of the other. As rates of burnout among radiologists continue to rise, radiology leaders responsible for safeguarding the performance of their team and the care of their patients must be proactive.

“It’s important that the conversation is changing from burnout to wellness,” says Cheri L. Canon, MD, FACR, chair of radiology at the University of Alabama at Birmingham’s School of Medicine. “It’s fine to talk about the data and statistics around burnout, but you can only dwell on it for so long. Focusing on the wellness of radiologists is honestly the first step once you have recognized the problem.”

While there are unique qualifiers for physicians when compared to other members of the national workforce, the correlation between mental and physical wellness and overall job performance still applies. Studies show that 42 percent of employers offer some type of wellness program for employees — with 41 percent of employees willing to take a pay cut to work in a setting where their wellness is a consideration.¹

Drivers of burnout include emotional exhaustion, a diminished perception of personal achievement, and a disconnect between colleagues and patients. Radiologists may experience feelings that inhibit creative problem-solving and attention to quality care.²

REDEFINING RESILIENCY

When addressing wellness, it behooves radiology leaders to remove the stigma associated with asking for help. Encouraging staff to take care of themselves and inviting them to come forward when they need help is vital. This can be a challenge for physicians with an ingrained notion of resiliency.

“Radiologists are hard-working, committed, and passionate,” Canon says. “We feel obliged to bounce back from emotional challenges. There is increasing demand for productivity and a changing healthcare landscape. We are expected not only to handle those things, but to adapt while meeting the challenges and become stronger.”

“I think the term burnout incriminates the physician, as if he

or she is not resilient,” says an early-career radiologist practicing with a large radiology group in the Northwest (who wishes to remain anonymous). At a previous practice setting, she said she felt valued, productive, and had a strong sense of camaraderie with colleagues. In her current position, she feels accountable for quality and safety issues, but with no real authority to bring about change.

It can be difficult to fulfill daily responsibilities when it seems no one is listening to validate concerns. “Administrators sometimes gaslight physicians to make them feel they are wrong in raising quality or safety issues,” the anonymous imager says. In her previous work setting, she says there was clear and open conversation. “If there were any issues, everyone present in the room had a part in open communication,” she says.

TIMELY TALKS

While there is no way to guarantee that staff feel valued, comfortable speaking freely, or a sense of camaraderie with coworkers, managers can still take steps to ensure staff don't feel the opposite of these things, says Felix S. Chew, MD, FACR, section chief of musculoskeletal radiology at the University of Washington School of Medicine. “Let team members find their own meaning in their work, and thus satisfaction in their jobs.” Giving people pointless work to do or overriding their judgement puts them at risk of physical or emotional harm, Chew says.

Radiologists who are feeling stressed, unappreciated, or overwhelmed may begin to perform poorly on the job, Chew notes. Turnover may increase along with more early retirement. “An understaffed workforce then adds additional stress to those who remain,” he says. “It can all lead to a diminished patient experience.”

According to Canon, at the first sign of atypical behavior by a team member, you should ask if something is wrong. “Privately sit the person down in a comfortable environment as soon as possible and explain that you are asking out of concern for them as a person, not as their boss or the practice's leader,” she says.

As a leader, you won't be able to solve everyone's problems, Canon says. For instance, they may be struggling with the PACS or having trouble raising productivity. “But you can help by sending a positive message. Show them you're receptive when they come to you — be non-judgmental and listen to them,” she suggests.

This can only happen when someone is willing to come forward or if a manager or colleague spots a potential problem. “What you often see are radiologists acting differently or doing things they don't normally do,” Canon says. “What you see may be subtle, but potentially destructive.”

GROUP TRUST

Hesitation to speak with or place trust in practice leaders can spiral into an overwhelming sense of isolation. “We need to continually grow,” the anonymous radiologist says. “When we feel stuck and isolated, we fear retaliation, don't get to share experiences, and it hinders long-term growth.”

“Radiologists are hard-working, committed, and passionate — we feel obliged to bounce back from emotional challenges.”

— CHERI L. CANON, MD, FACR

A diminished state of wellness can damage family relationships, lead to increased drug and alcohol use, create feelings of exasperation in dealing with patients, and worsen physical health. Physicians who feel isolated may binge eat, sleep more, cancel plans, show up late for work, and express less enthusiasm for their job duties.³ One survey showed that nearly two-thirds of physicians identifying as suffering from depression and/or burnout have not sought professional help. Some report they have become accustomed to being overworked, exhausted, dissatisfied, or discontent.³

“If you develop a relationship of trust with your team, you have a better chance of finding out what's going on with them,” Canon says. With few exceptions, she says, people want to do a good job and want to produce for the team. “When they aren't doing that, there's a reason behind it,” she says. “And it could be something they don't even realize.”

REALITY BALANCE

As practice managers strive to listen to concerns and build trust, encouraging a realistic work-life balance should also be a systemic goal. Radiology leaders should expect staff to attend to their own well-being and dispel the notion that self-care and patient care exist at odds.⁴

“Asking your employees to become more resilient on their own is the same as blaming them for their own burnout,” Chew says. Radiology has great potential for long-term job satisfaction if leaders encourage opportunities for professional growth and achievement, he says.

Experts recommend the usual suspects for combatting burnout and bolstering wellness. Physical exercise, taking adequate (non-device) breaks from work, getting enough sleep, and eating well are all on the list. Being aware of how work responsibilities are affecting home life should also be on the radar. Time away from work altogether — vacation, volunteering, or spending time on interests outside of radiology — can do wonders for emotional and physical fatigue.⁵

“It's important to have interests and life outside of work,” the anonymous imager stresses. “When things get so heavy at work that they infringe on your personal life, problems begin.” Still, she says, you need to remind yourself regularly why you entered medicine: “Every image we read is a patient, and he or she deserves our best effort.”

Personal efforts by staff to better themselves can mitigate the

continued on page 21



Finding a Balance

RADIOLOGISTS WANT TO HAVE MORE TIME — AND MORE CONTROL OVER THEIR TIME.

When a radiologist (who wishes to remain anonymous) joined a small private practice where she was the only woman, she found she didn't have a workspace to make her own. Nor she did have any personal space. According to this radiologist, "Most of us who work in private practices sit in a different seat every day, by ourselves, and have no place that is our own — no place to put a coffee cup or a handbag or a picture of our kids."

Because of the work schedule of full-time practice, the isolated work environment, and the premium placed on productivity, there was little opportunity for this radiologist to build a community at work or outside of work. "With a different call night or shift schedule every week, I couldn't commit to take a class outside of work or volunteer to coach a child's team," she says. Within a few years, her practice eliminated the last remaining social events that had provided a sense of group cohesion, like the annual holiday party and retirement parties for departing colleagues.

The anonymous radiologist did her radiology residency in one part of the country and her fellowship in another part. On top of that, her fellowship area was physically separated from the rest of the hospital. "Aside from the other few fellows in my subspecialty, I didn't meet the larger radiology community or department at all," she says.

This radiologist's feelings of isolation and disconnection are

common in people who identify as being burned out. But many wonder — is this happening to these people individually, or are they describing the logical outcomes of existing in a flawed system? According to Richard B. Gunderman, MD, FACR, chancellor's professor of radiology at the Indiana University School of Medicine, "Some conceptualize burnout as a strictly individual problem, to be addressed by individuals, yet in many cases burnout results from widely shared systemic and cultural factors. For example, physicians are told to exercise, get more rest, and take all their time off, which does nothing to address factors at work — such as programs to increase productivity at the expense of quality, which cause burnout in the first place."

TAKING A STEP BACK

Mansi A. Saksena, MD, a radiologist at Massachusetts General Hospital (MGH), experienced burnout after entering full-time practice in 2011. Initially, Saksena was surprised to find that she was struggling — she wasn't sleeping, was anxious all the time, and was uncharacteristically irritable. She approached her chief at MGH, Constance D. Lehman, MD, PhD, FACR, and told her that she thought her current workload may have become untenable. Fortunately, Lehman was very supportive of Saksena taking a step back. "Instead of working a full 100 percent, I now work 60 percent,"



Saksena says. “I work 50 percent clinical and 10 percent research. I’m hugely happy. It was the best decision I’ve ever made.”

Having more time — and having control over her time — was what ultimately saved the anonymous radiologist as well. She quit her job and moved overseas for a brief period where she was exposed to a work schedule and culture that she found energizing and fulfilling. “People were super collaborative there,” she says. “You never felt like you were bothering someone by showing them a case. Part of it is the time pressure was less.” She adds, “In the U.S., you’re measured on how quickly you get the report out. So I found it to be a little more thoughtful, because it’s not driven so much by productivity.” Like Saksena, the anonymous imager found a part-time job as a radiologist that allowed her control over her schedule. The extra time enabled her to develop an approach to her career that she now calls her new theme in life: “Step outside of your building.”

With her flexible schedule and reduced hours, the anonymous radiologist was able to start attending conferences and meetings. “I went to the Radiology Leadership Institute® Summit, and it was the first radiology conference I’d attended where we actually talked to each other,” she says. “The whole point was to work in groups — not just to sit in a hall and have someone lecture to you.” That following year, she went to various conferences that felt rewarding, including the ACR Annual Meeting and several non-industry meetings. She was able to network and collaborate with people outside of medicine and engage in larger discussions about healthcare and radiology. “Even though the meetings were expensive and required a lot of travel — which wasn’t easy — it paid off,” she says. “I began to recognize some of the same people at various meetings and really started to feel that sense of community I’d been searching for.”

“We talk a lot about helping women reach leadership positions. I think one of the key pieces of being able to retain women in the workplace is to allow them flexible hours.”

— MANSI A. SAKSENA, MD

CHANGING THE CULTURE

The question remains — how can radiologists begin to change the systemic and cultural factors that contribute to burnout? According to the anonymous imager, the first thing the profession needs to do is reduce the stigma around it. “We need to change the way burnout is talked about,” she says. “Leadership often asks: ‘How can we make you more efficient?’ They should be asking: ‘How can we add more value? How can we play to people’s strengths. How can we be more interactive with each other?’ It’s about creating a place where you feel engaged and respected, where you are part of a team, and where you actually could take a break to go for a run or eat a meal with a colleague in the middle of the day.”

Primarily, though, it seems the crux of the issue is time. According to Saksena, radiologists want and need more time — to network outside of work, to build community, to spend with their families and friends on their breaks, and to explore other areas of the field that hold interest for them. “Allowing flexible and reduced hours for those who need or want it could be instrumental in changing the experiences of those who are burned out,” says Saksena. “We wonder why there aren’t more women in the workplace and we talk a lot about helping women reach leadership positions. I think one of the key pieces of being able to retain women in the workplace is to allow them flexible hours.”

According to Gunderman, “If you know a change needs to be made in your radiology department but you don’t know where to start, simply start by talking to one another. At my institution, it took months to realize that we needed to convene informal groups of people to discuss issues around burnout. It has dramatically enhanced our understanding of the problem and helped us better promote fulfillment in the work we do.”

By Cary Coryell, publications specialist, ACR Press



HOW DO YOU ACHIEVE WELL-BEING AT WORK?

The ACR wants to hear from you: tell us how you combat burnout, discuss what your institutions and practices are doing to help you manage stress, or share your personal story of resilience. Submit your testimonial, along with a photo and/or video, to acr.org/WeAreACR.



Controlling the Burn

THE ACR IS MAKING HEADWAY ON ENHANCING WELLNESS AMONG RADIOLOGY PROFESSIONALS.

Healthcare is changing. Many improvements have been made to streamline work, create better quality care, and lower costs in medicine. Initiatives around EHRs, public reporting and transparency, and patient portals all aim to achieve these goals. And while improvements like these are important to success in healthcare, they also change how medicine is delivered — and that, in turn, can have some collateral damage: professional burnout.

Burnout in practicing radiologists increased from 36 percent in 2013 to 49 percent in 2017, according to a task force report published by the Association of University Radiologists.¹ And those increases can cost the field of medicine. Burnout can contribute to an increase in medical errors, a decrease in productivity, and an overall decrease in morale, says Lori Deitte MD, FACR, chair of the ACR Commission on Publications and Lifelong Learning and professor of radiology at Vanderbilt University Medical Center.

FINDING THE CAUSE

Professional burnout can have many causes, but it is primarily caused by workload issues, says Lotte N. Dyrbye, MD, MHPE, an internist at the Mayo Clinic whose research focuses on the well-being of medical students, residents, and physicians. “Burnout is driven by factors such as high work load, lack of social support at work, and problems with work-life integration, but it is also due to things such as practice inefficiencies: how much time a physician has to spend entering information into an EHR or managing their inbox — as opposed to activities they find meaningful — has a huge impact on a physician’s wellness,” Dyrbye says. “It’s difficult for physicians to find meaning in their work when they’re spending two hours on clerical tasks for every one hour they spend on patient care.”

Adds Deitte, “Increased administrative burdens related to credentialing, licensing, certification, and other training requirements, coupled with increased workload, all add to burnout. These factors can result in little or no time for lunch or other breaks during the work day.” Burnout is often seen in physicians who feel they have little sense of autonomy. “As organizations merge, physicians who were leaders in private practice, who find themselves now employees, struggle with a sense of powerlessness and loss of flexibility, which significantly impacts their well-being,” says Dyrbye.

ADDRESSING BURNOUT AT ALL LEVELS

Many aspects of medicine affect burnout, but there are also aspects that can help combat the condition. Radiologists can fight burnout at three levels: individual, leader, and organization, says Dyrbye. Work at the individual level often includes things radiologists have heard before and should try to incorporate into their busy schedules. “Exercise, designating time for hobbies and other interests, and spending time with family and friends are important in combatting the work-life struggle that many physicians feel,” notes Deitte.

However, because burnout is often caused by workplace issues, focusing only on individual interventions may not truly address the problem. “When the emphasis is placed solely on individual strategies, there is an implication that burnout is caused by a weakness or lack of coping skills in the physician,” says Dyrbye. “That implies that the physician is in fact the problem, and the true issues never get addressed.”

ATTACKING FROM THE TOP

Physicians can also combat burnout at the leadership and organization levels. Empowering physicians to create meaning in their work is critical, says Deitte. “Studies have found that if an individual spends at least 20 percent of their time on a meaningful activity he or she is passionate about, that individual’s work satisfaction increases.”² For Deitte, part of this means spending time with patients, an interaction she is able to have when performing ultrasounds.

But what about radiologists who don’t manage their schedules? That’s an opportunity for leaders to get to know individual physicians, says Deitte. “Practice and department leaders need to learn what really motivates the people on their team and try to arrange the schedule so that people can spend time each week on that meaningful activity,” she says. “Often it works out because not everyone enjoys performing the same activities.”

Effective leaders who are liked by their colleagues also contribute to work satisfaction, says Dyrbye. “Physicians who rank their immediate supervisor highly in factors such as respectfulness, seeking others’

Practice and department leaders need to learn what really motivates the people on their team and try to arrange the schedule so that people can spend time each week on that meaningful activity.”

— LORI DEITTE MD, FACR


opinions, and encouraging their team to develop skills often report a higher job satisfaction,” she notes.

According to Dyrbye, practice leaders also have a responsibility in managing workload inefficiencies, such as advocating for adequate resources and working to optimize flexibility and autonomy through changes in policy — all of which can help decrease some of the frustrations that occur in the workplace.

IMPROVING THE SPECIALTY

Finally, there’s work to be done at the organizational level. For some, this means getting involved in professional societies such as the AMA and working with these organizations to change policy, says Dyrbye.

The ACR also has a role to play in fighting burnout. In its strategic plan, the ACR lists enhancing wellness among radiology professionals as a priority — and the organization is making headway on that goal. After being inspired at the 2018 Intersociety Meeting, the Commission on Human Resources and the Commission on Publications and Lifelong Learning formed a workgroup that created the Radiologist Well-Being Program — a resource comprised of a validated well-being self-assessment, a toolkit of resources for recovery, and an educational curriculum for strategies to promote improved well-being.

“The first step in combatting burnout is to recognize the early at-risk signs and have access to resources and strategies to improve well-being,” says Deitte. “The Radiologist Well-Being Program can help you do that.” 

By Meghan Edwards, freelance writer, ACR Press

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The ACR 2019 keynote address, which will be delivered by Lotte N. Dyrbye, MD, MHPE, will focus on burnout in radiology and provide actionable steps to prevent it. Register for ACR 2019 at acr.org/AnnualMeeting.

Reed A. Omary, MD, and Courtney M. Tomblinson, MD, have gone on multiple walking meetings together. Tomblinson says the approach puts people at ease and allows recruits to envision themselves in the place where they will be working.



Walk and Talk

VANDERBILT UNIVERSITY'S RADIOLOGY CHAIR CHAMPIONS WALKING MEETINGS FOR STRONGER CONNECTIONS AND INCREASED EXERCISE.

A lot has been said in recent years about the negative impact that sitting all day can have on the physical and mental health of workers who spend most of their time in front of a computer. Workers are encouraged to abandon their desks often to stretch their legs, rest their eyes, and clear their minds — and radiologists are no exception.

At Vanderbilt University, Reed A. Omary, MD, professor and chair of the department of radiology and radiological sciences, is championing a practice called walking meetings. The concept is simple: Instead of holding meetings in his office or a conference room, Omary often invites attendees to talk while they walk around the university's Nashville, Tenn., campus.

INSPIRED DISCUSSION

Omary held his first walking meeting on the spur of the moment about five years ago. It was a nice day, and when the person he was meeting with arrived, he suggested that they take a walk outside. The approach fostered such

a positive cognitive and physical experience that Omary started planning regular walking meetings whenever the weather was favorable, even asking guests to bring appropriate footwear for the occasion. "The more I did it, the more I realized the benefits over conventional meetings," says Omary.

As Omary made walking meetings part of his regular schedule, he came across the Latin phrase *solvitur ambulando* in a poem by Billy Collins. The phrase, which means "it is solved by walking," resonated with Omary, who realized that what he was doing wasn't unique or fanciful — its benefits are scientifically noted. In fact, studies show that walking increases creativity and ideation, which are critical to improving problem-solving and decision-making skills.¹ "The concept goes back to many ancient cultures, including the Greeks," Omary explains. "It's the notion of philosophers walking with their students, and some religious traditions incorporate it, too. It's a way of clearing the mind, getting some exercise, and engaging more fully with one another."

In this vein, many of Omary's walking meetings involve discussions about philosophical topics like how choosing challenges that pose a real risk of failure can lead to more fulfilling careers. "Your mind kind of wanders as you walk, and ideas pop into your head as you see things," he explains. "You think of solutions and concepts that might not occur to you otherwise, and you can talk through those ideas with people while you're walking."

POWERFUL EXPERIENCE

Omary especially likes to incorporate walking into meetings with visiting professors and other guests, when the weather is good. He also prefers walking meetings when talking with medical students about radiology and when recruiting fellows and faculty candidates to his department. "It offers a great opportunity to showcase our campus when we have visitors or are recruiting new hires," Omary says. "Over the past several years, *The Princeton Review* has ranked Vanderbilt anywhere from the No. 1 to the No. 3 most-beautiful campus in America, so we want to show it off."

A walking meeting was the approach Omary took when he interviewed Courtney M. Tomblinson, MD, for a fellowship position and again when he offered her a faculty position in the summer of 2018. "It's a stimulating exercise that allows you to take a breath of fresh air, both figuratively and literally, putting you at ease," Tomblinson says. "It gives you a chance to actually envision yourself in the place where you'll be working, not just in the reading room, but the location where you will be spending your time and your life."

BENEFITS AND CONDITIONS

In addition to allowing people to experience Vanderbilt, one of Omary's favorite things about walking meetings are the chance encounters that often occur. For instance, Tomblinson recalls that during her fellowship interview she and Omary ran into Lucy B. Spalluto, MD, director of Vanderbilt's Women in Radiology program. "When I returned to my residency program in Arizona, I got involved in the American Association for Women Radiologists, where Dr. Spalluto was on the board," Tomblinson explains. "The only reason I knew her was because Dr. Omary had introduced us during our walking meeting."

Another benefit is that walking meetings help reveal people's character. For example, Omary was impressed when the leaders of two different hospitals stopped to pick up litter from the ground. "It's really interesting to watch how somebody reacts when they see something that they didn't cause, but they take the time to fix it," Omary says. "Whether it's picking up trash or smiling at

"It's a way of clearing the mind, getting some exercise, and engaging more fully with one another."

— REED A. OMARY, MD



someone who's walking past, you see the way they interact with other people and their surroundings; you witness their body language. We aim to recruit people who treat others with respect. It can be difficult to assess this trait in a one-on-one meeting in a conference room."

While walking meetings have many advantages, they also have limitations. For instance, Omary doesn't hold walking meetings when the meeting involves a large group or inherently requires a formal approach. He also refrains from walking meetings when participants need to view a presentation or take notes, when the weather is bad, if the participant doesn't have comfortable footwear, or if the participant doesn't want to walk around campus or has a physical disability. "It's important to recognize that not everyone is physically able to walk and that some people just might not be up for it — and that's fine," Omary explains.

WORKSTATION BREAK

For radiologists who spend much of their time sitting at a workstation, though, walking meetings can provide a much-needed respite. Tomblinson says that at the end of each walking meeting she's had with Omary, she's felt reinvigorated. "They say that you're supposed to take breaks, and even just a 10-minute walk can really help you hit the reset button and reenergize you," Tomblinson says.

Whether radiologists plan walking meetings into their schedules or take serendipitous walking breaks, both approaches can offer an opportunity to get out of the reading room and be more visible and available to colleagues, referring physicians, and other care partners. "One of the great things about being in radiology is how we connect with others," Omary says. "We're really the hub of any healthcare system; everything runs through radiology. Walking meetings are a physical way of experiencing the critical position that we hold in patient care." **B**

By Jenny Jones, managing editor, Imaging 3.0®

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Radiologists are at an increased risk of being sedentary at work compared with other medical specialties. Prolonged sedentary time is also associated with increased rates of burnout and fatigue and decreased ability to concentrate. Learn more about how you can take steps to improve well-being at bit.ly/Taking_Steps.



Missed Opportunities

Can we decrease no shows in radiology using predictive models and personalized approaches?

The percentage of radiology patients who did not show up for their appointments may sound insignificant: between 2.26 and 3.36 percent, based on a 16-year study of outpatient imaging appointments.¹ However, when these patients miss an imaging appointment, the department loses money, time, and the ability to provide care, says Puneet Bhargava, MD, professor of radiology at the University of Washington in Seattle. Even though the overall percentage of no shows may seem relatively small, it's still worth analyzing the no-show problem across a healthcare system. And recent studies show predictive models and personalized intervention can help decrease these rates and connect patients with the care they need.

Evaluating the Challenge

Bhargava explains that because the percentage of no shows is relatively small, there has not been a lot of focus on how

to change that rate. However, the average doesn't reveal the whole picture, according to Bhargava. It's common to find a few modalities that have a much higher and alarming no-show rate, he says. He notes, "Screening studies such as mammography typically have higher no-show rates. Depending on the modality, this can be a much bigger problem in terms of uncaptured revenue. For instance, if you think of the expense of wasted radiotracers and the cost of PET-CT machines themselves, it can be a real issue to have those patients not show."

In another study, Bhargava was part of a team that explored the financial burden of no shows on imaging.² They concluded that at a typical academic medical center, the no shows for radiology could result in up to \$1 million in lost revenue per year. For some modalities, such as radiography, it is easy to add patients to fill in slots when patients don't show. But for certain areas like nuclear medicine, especially for PET-CT studies, there is likely less agility to fill last-minute open appointments — since tracers have to be ordered ahead of time and patient preparation is needed. And so, what results is uncaptured revenue when staff is being paid, equipment goes unused, but patients don't appear. However, Bhargava says there is a much more important loss. "You absolutely want to provide care to a patient who is missing," he adds. "You want to do everything in your power to make sure they show up and get the imaging they need."

Creating Predictive Models

Bhargava was part of a team that created a predictive model to assess which patients are most likely to not show up for their imaging appointments.¹ The model takes into account three different factors:

- Patient-related information, such as age, gender, income, and location
- Exam-related information, such as the type of exam, length of exam, and whether sedation is required
- Scheduling-related information, such as lead time, frequency of reminder, and format of reminder

The team found that those who were retired from work were much more likely to show up than those ages 35–50, who were more likely to have difficulty getting time off work or finding childcare. The less the lead time for scheduling an imaging appointment, the more likely they were to show up. No-shows rates were also lower when studies are performed after hours and over the weekend. Patients were also less likely to show up for screening — perhaps because it is seen as optional if you aren't already sick, according to Bhargava.

Dania Daye, MD, PhD, a radiology resident at Massachusetts General Hospital (MGH), was also part of a study of patient no shows in her department. Some of her team's findings included higher no-show rates among underrepresented minorities, Medicare and Medicaid patients, and non-English speakers.³ Daye says this research got the department thinking about how to limit these disparities and provide equal care to everyone. “We wanted to do something to target these specific populations,” she says.

Personalizing the Approach

So what specific steps can radiologists take to decrease no shows? Well, for starters, McKinley Glover IV, MD, MHS, a radiologist who has worked with Daye at MGH on the aforementioned research projects, actually suggests that radiologists stop calling them no shows altogether. “The term ‘no show’ implies that responsibility solely lies with the patient and does not account for the role radiology departments’ systems and processes may play in creating barriers to receiving care,” he says. “Instead, we recommend the term ‘missed care opportunity,’ because radiologists and staff should be thoughtful about making targeted patient-centered changes that may improve access and utilization of imaging services.”

Bhargava agrees. He emphasizes that each department should first try to assess its own specific areas of high no shows, as well as likely patient factors. According to Bhargava, practices should be able to pull information about missed appointments from their EHR to help pinpoint where the rates are highest, which should be low-hanging fruit. Consider prioritizing a phone call

“You absolutely want to provide care to a patient who is missing. You want to do everything in your power to make sure they show up and get the imaging they need.”

— Puneet Bhargava, MD

from a scheduler for costlier imaging tests or for those patients with a previous history of no-show behavior, says Bhargava. He adds that robocalls, text messages, and email reminders can be customized and can help identify early if a patient is not planning to attend their appointment so that their slot can be filled by another patient.

According to Bhargava, if a patient has missed several previous imaging appointments, you can also decide to double book or schedule them for off hours. “Each department needs to come up with their own way to handle patients who have consistently missed appointments in the past,” he says. “Speak to your administrators and develop a consistent and firm policy.”

Additionally, says Daye, make specific interventions based on what isn't working. Are you calling patients who work long hours and may not be able to pick up the phone? Try texting them instead. Many institutional systems also use automated e-mail reminders, so see if yours offers that option. Are you texting patients in their 80s, who may not be tech savvy? Pick up the phone and call them. “Optimize technology based on the individual,” Daye explains. This will take some additional time and resources, but Daye hopes these personalized approaches can help get patients to their appointments.

According to Bhargava, while radiology has made progress in understanding the impact of no shows and why they occur, there is more to be done. “The next step will be seeing how these new interventions work and tailoring them even more,” says Bhargava. “We need to make our approach as effective as possible so we can help the greatest number of patients. **B**”

By Alyssa Martino, freelance writer, ACR Press

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Find out how your practice can reduce the impact of same-day missed appointments in the *JACR*[®] at bit.ly/Rad_NoShows.

Credit Appropriate Imaging

R-SCAN™ drives quality improvement with PI-CME and new CDS registry.

ACR launched the Radiology Support, Communication, and Alignment Network (R-SCAN™) in 2015 to bring radiologists and referring clinicians together to streamline ordering, lower costs, and improve imaging appropriateness. As of April 1, 2019, practices conducting an R-SCAN quality improvement (QI) project can now earn 20 AMA PRA Category 1 Credits™ for Performance Improvement Continuing Medical Education (PI-CME).

“The cornerstone of R-SCAN is the collaboration between radiologists and referring physicians to make sure every patient receives the right imaging test at the right time,” says Max Wintermark, MD, chief of neuroradiology at Stanford University and clinical advisor to R-SCAN.

A PI-CME activity uses evidence-based performance measures and educational interventions to help clinicians improve outcomes in practice areas that directly impact patient care. Every accredited PI-CME activity includes three stages:

1. Learning about specific performance measures and areas for improvement
2. Implementing interventions to improve performance over a period of time
3. Re-evaluating processes using the same performance measures

The PI-CME offering is the latest in an array of benefits radiologists and referring providers realize from collaborating on an R-SCAN project.

Easy Access

ACR, earlier this year, stressed the value of R-SCAN during a CMS-hosted quality and safety meeting — presenting it as a model for professional associations and individual radiology groups to accelerate the shift toward value-based care. A new opportunity for reaching that goal is participation in the CDS R-SCAN Registry, recently added to the ACR National Radiology Data Registry (NRDR®) for facilities using CareSelect® Imaging. CareSelect is based on the ACR Appropriateness Criteria® and other guidelines to advise providers ordering imaging for patients.

The National Decision Support Company (NDSC) maintains the CareSelect database, which houses more than 3,000 clinical scenarios and 15,000 criteria. “An R-SCAN QI project can be completed using the CDS R-SCAN Registry data,” says Nancy Fredericks, R-SCAN

program director. “For radiologists and referrers who are affiliated with a facility using CareSelect, we can view their CDS NDSC data with an effective reporting tool to identify areas for improvement. It eliminates the need to do a manual case review,” she says.

PI-CME credit is available for completing an R-SCAN project whether participants use data from the CDS R-SCAN Registry or data entered into the R-SCAN portal.

MACRA-Ready

Participating in an R-SCAN project also allows radiologists and collaborating clinicians to meet the Merit-Based Incentive Payment System Improvement (MIPS) Improvement Activity (IA) requirements under MACRA. Radiologists and referring clinicians participating in MIPS earn seven medium-weight IA credits for completing an R-SCAN project ([learn more at bit.ly/RSCAN_Milestones](http://bit.ly/RSCAN_Milestones)). With MACRA’s payment structure tying radiologists’ reimbursement to their role in delivering better care at lower costs, programs like R-SCAN demonstrate how they bring value to patient care.

Since R-SCAN began, the combined efforts of radiologists and referrers have significantly improved the ordering of value-added exams. Their efforts have been supported by readily available educational materials, such as case reviews, articles, podcasts, and videos, on the most current evidence supporting appropriate imaging at the right time ([learn more at bit.ly/RSCAN_Facts](http://bit.ly/RSCAN_Facts)).

The majority of R-SCAN projects to date have involved imaging for suspected pulmonary embolism, low back pain, and inconsequential adnexal cysts. According to Fredericks, as of last fall, R-SCAN supported 158 registered projects implemented by 120 imaging practices and involving 10,000 clinicians. “It’s exciting to see the positive results of radiologists engaging with referring clinicians to improve imaging care across a wide variety of practice settings,” Fredericks says.

According to Wintermark, R-SCAN can help radiologists show the value they bring to patient care. “R-SCAN leverages tools that are going to become part of our routine clinical practice,” he says. “The program reinforces and enhances the role of stewards of appropriate imaging utilization that radiologists have held for many decades.” **B**

By Chad Hudnall, senior writer, ACR Press



Check out the accompanying issue of *Imaging 3.0® in Practice* for case studies about specific R-SCAN™ projects.

BEFORE BURNOUT

continued from page 11

effects of an unhealthy work culture. Communication skills training, mindfulness programs, and small group activities to avoid isolation are practical examples. Finding meaningful work in professional duties is integral to general wellness. And research shows that physicians who spend less than 20 percent of their time on meaningful activities at work have higher rates of burnout.⁶

It is up to radiology leaders to engage their team and learn what motivates each of them — and to take what they learn into account when assigning work. Organizational leadership drives the wellness of staff, and top-down attitudes and practice habits are seen and felt by all staff, Canon says.

Telling stressed out radiologists to exercise, practice mindfulness, or spend more time with their friends and family is not bad advice. “But as Stanford Medicine’s Tait D. Shanafelt, MD, has pointed out before, ‘you can’t yoga your way out of burnout,’” Canon

cautions. It is up to leadership to empower their teams to achieve a sensible balance. “You should empathize with their issues,” she says, “while being frank, transparent, and offering solutions when you can.” **B**

By Chad Hudnall, senior writer, ACR Press

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Canada – Vancouver Radiologists, P.C., has an opportunity for fellowship-trained radiologist in MSK, with strong general radiology skills. A proficiency in mammography is desired. The position will function between two physician-owned imaging centers and a local hospital and will involve some rotational call and weekend days. This is a partnership-track position.

Contact: Send cover letters and CVs to HR@vanrad.com.

Connecticut – Danbury Radiological Associates is seeking a fellowship-trained breast imager. The responsibilities include breast imaging and general radiology, while covering a busy multidisciplinary breast center and multiple offices. This position is part of a premier subspecialized group practice in the southwest Connecticut/northern New York area and offers a very competitive salary and benefits.

Contact: Email CVs to ToniAnn Marchione at dratoniann@comcast.net or call 203-748-0834.

Massachusetts – Cambridge Health Alliance (CHA), a community-based academic healthcare system, is seeking a full-time, board-certified IR to join its growing department of

12 physicians. The position consists of 50 percent general radiology. CHA is an Equal Opportunity Employer.

Contact: Email CVs to makelley@challiance.org or visit www.CHAproviders.org to apply.

New Jersey – St. Mary’s General Hospital is seeking a board certified/eligible general radiologist for its acute care community hospital one weekend per month. This opportunity may lead to a full-time employment offer. The typical case load involves 100 on Saturdays and 60 on Sundays, with a combination of plain films, ultrasounds, CT scans, and the rare need for MRI or nuclear medicine.

Contact: Email CVs to susan.rubinoff@gmail.com.

New York – Richmond Hill Radiology is seeking a board certified part-time radiologist for its offices in Flushing and Richmond Hill, located in Queens, New York. This position involves interpreting X-rays, sonograms, doppler, CT scans, MRI scans, mammograms, and DEXA scans. Experience in thyroid and breast biopsy is a plus. With increased volume and expansion, full-time employment may be possible.

Contact: Email CVs to MD718NYC@aol.com.

West Virginia – West Virginia University School of Medicine is seeking a board certified/eligible fellowship-trained abdominal radiologist. The hospital is a 700-bed, level 1 trauma, academic medical center, using FUJI PACS digital imaging and Epic/Powerscribe. Morgantown, W.Va., is a small metro area with excellent schools, cultural diversity, beautiful homes, strong economy, and abundant recreational activities.

Contact: Email CVs to Pam Furbee, senior physician recruiter, at furbeep@wvumedicine.org.

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To contact a member of the *ACR Bulletin* staff, email bulletin@acr.org.

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How do you avoid getting burned out at work?



“The best way to combat burnout is to prioritize human connection and community. Fostering trusting relationships with our patients, consulting physicians, and radiologist colleagues keeps us engaged in empathy and altruism. Additionally, emphasizing interpersonal relationships promotes high-performing teams, professional satisfaction, and strengthens our mission of achieving excellence in patient care.”

— Kimberly M. Beavers, MD, radiology resident at AdventHealth Orlando

“The first step is to create awareness about wellness; the second step is to implement. Always adjust your seats, monitors, and lights before starting your day. Replenish yourself by exercising, watching your favorite TV show, going on a dinner date, or even browsing through your favorite photos on your phone. Finally, keep your world from feeling small by filling your heart with gratitude.”

— Syam P. Reddy, MD, breast and body imager at Radiology Partners and clinical chairman at the University of Chicago Medicine and Ingalls Health System



“Discover what is fulfilling to you at work and do more of that. This means saying no sometimes, but then jumping forward to contribute and grow with other opportunities. See the big picture when faced with a huge workload. For me, it is patient stories and having the privilege to teach and influence a future generation of radiologists.”

— Jenny K. Hoang, MD, associate professor of radiology and radiation oncology at Duke University

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