



American College
of Radiology™

JULY 2023 | VOL. 78 | NO. 7

Bulletin

ACR
2023

SPECIAL REPORT



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A New Era

This ACR 2023 special issue marks the **final print** edition of the *ACR Bulletin*. Enjoy the quality content in **digital format** by visiting acr.org/bulletin for articles, columns, podcasts and other coverage of the latest trends and news in radiology.

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QUESTIONS? COMMENTS?

Contact us at bulletin@acr.org.

OUR MISSION: The *ACR Bulletin* supports the American College of Radiology's Core Purpose by covering topics relevant to the practice of radiology and by connecting the College with members, the wider specialty, and others. By empowering members to advance the practice, science, and professions of radiological care, the *Bulletin* aims to support high-quality patient-centered healthcare.

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Photographic coverage of the ACR 2023 Annual Meeting by:
Max Taylor and Javad Nikpour, David Hathcox Photography,



**American College
of Radiology™**



Jacqueline A. Bello, MD, FACR



Focused. Forward. Together.

As we celebrate our centennial year, we are excited to have a brand that represents the College’s vision.

Bulletin GOING GREEN

The ACR, like many organizations, is working toward building a sustainable future. To “go green,” reduce our carbon footprint and optimize the use of ACR’s resources, after this July 2023 issue the ACR *Bulletin* will publish news and multimedia content, including a podcast, in digital format only. Visit acr.org/bulletin to browse the latest articles.

The wave of excitement continues from our centennial celebration at ACR 2023, the College’s annual meeting in Washington, D.C. This year’s meeting was especially eventful as we commemorated 100 years of advances and achievements of the ACR with colleagues, family and friends in radiology. We kicked off the meeting with a Centennial Gala, where more than 850 of us celebrated our rich history and the promise of an exciting future (see photos on page 13).

It is only fitting that as we marked our Centennial milestone, we also unveiled the College’s new brand. The ACR has grown to more than 40,000 members, and today the College is attracting more and more young physicians and physicists drawn to our profession by emerging technological advances that include rapid-paced evolution of AI use cases.

These dynamics served as the catalyst for our new logo that is bold, inclusive and forward-focused. Our brand refresh captures the College’s position as a champion for radiology and radiologists, emphasizing that the ACR will continue to have a significant impact on every member’s future and the ability to care for our patients.

We also unveiled a new tagline: “Focused. Forward. Together.” These words tie into the ACR’s new strategic plan — “Empowering the Radiologist of the Future” — that will increase member engagement and value, improving radiologic care and strengthening healthcare for all (read the strategic plan at acr.org/strategic-plan).

Launching a new brand is no small feat. I extend immense gratitude to our new ACR President William T. Herrington, MD, FACR, immediate past chair of the ACR Commission on Membership and Communications, and Neil U. Lall, MD, chair of the ACR Brand Refresh Committee, who expertly steered us through this herculean effort. I would also like to acknowledge and thank ACR CEO William T. Thorwarth Jr., MD,

FACR, and all the ACR leadership and staff who have worked tirelessly over the past 18 months to bring this new branding to life (read more about the process in an interview with Dr. Lall on page 14).

The team introduced the new brand at ACR 2023 with pins, notebooks, hats and even a scarf that I wore during my BOC chair report. The new ACR logo items will be available at our online store soon so you can proudly sport the new look at your workplace or wherever your travels take you.

As I noted in my report to the Council, the first year of my term as BOC “anything but bored” chair has been quite an experience. The College is involved in many important initiatives, which include implementation of the new strategic plan, mitigating planned Medicare reimbursement cuts (our ever-favorite Olympic sport), working with numerous partners in legal battles to ensure fair and accurate implementation of the No Surprises Act, pushing for Lung Cancer Screening Day to become recognized annually in November, engaging stakeholders on radiology’s role in promoting environmental sustainability, educating our members on new technology, supporting states addressing scope-of-practice issues ... and the list goes on. There is still much work to do ... together.

It was wonderful to get together in Washington to compare notes and gear up for whatever is to come in the next year — and the next century.

As the College embarks on our second 100 years, we’re focused on our members and our role in continuing to advance our profession while delivering the highest quality of patient-centered healthcare. Together, we will ensure that radiologists remain integral to the future of patient-centered care that is safe, equitable, effective, efficient and timely. Ultimately, we believe that the ACR’s success will be measured by yours! **B**



ACR CEO William T. Thorwarth Announces Retirement

After serving for 10 years as CEO of the ACR, William T. Thorwarth, MD, FACR, has announced his plans to retire effective June 30, 2024. Thorwarth has worked with the ACR staff to grow the College membership to 42,000 and get the organization certified as one of America's Great Places to Work®.

Thorwarth was instrumental in the ACR's navigation of the COVID-19 pandemic. Under his watch, the College developed programs to help practices safely operate during the pandemic, survive the economic impact of COVID-19, resume operations following the shutdown of non-urgent care and take part in research to prepare for future pandemics.

Before taking the reigns as CEO in 2014, Thorwarth served as acting president, chair of the Economics Commission and a member of the BOC. He received an ACR Gold Medal in 2010. The William T. Thorwarth Jr., MD, Award was named after him and honors ACR members and staff who demonstrate excellence in the fields of economics and health policy.

The *Bulletin* staff thanks "Bill T." for his dedication to the College and his help with many past issues.

Read the full press release at bit.ly/Thorwarth-Announcement.



Neiman Health Policy Institute Recognized for Cancer Equity Atlas

The Harvey L. Neiman Health Policy Institute® (NHPI) announced it has been selected as part of the Amazon Web Services (AWS) Health Equity Initiative, a \$40 million, three-year commitment supporting multiple organizations that are developing solutions to advance health equity. The NHPI is creating the Cancer Equity Atlas (CEA) to identify high-opportunity targets for policies and programs to achieve equitable health outcomes in underserved populations. Expected to launch in 2024, the CEA will be a graphical, interactive tool used for generating insights across integrated healthcare and community data.

Read the story at bit.ly/Cancer-equity-atlas. Learn more about the AWS Health Equity Initiative at bit.ly/AWS-initiative.

Thyroid Protocol Changes for Young Children

At the urging of the ACR and others, the FDA will now recommend thyroid monitoring only for high-risk children who receive intravascular iodine-containing contrast media for CT or other endovascular procedures. Those who qualify: children age 3 and younger who were born prematurely, had very low weight at birth or have underlying medical conditions affecting thyroid function. The FDA had previously adopted advisory labeling that was not patient-tailored and may have led to unwarranted testing, expense and parent anxiety.

"The FDA's recent action allows us to proactively protect the at-risk children, while allowing those unlikely to benefit from the prior well-intended action to avoid unnecessary care, travel, expense and concern," says Jonathan R. Dillman, MD, MSc, FACR, chair of the ACR Pediatric Quality and Safety Committee and a member of the ACR Committee on Drugs and Contrast Media and the ACR Commission on Pediatric Radiology.

For details, review the ACR statement at bit.ly/FDA_action.



New RLI Podcast Episode: Leading With Empathy

A new episode of the Radiology Leadership Institute® (RLI) podcast features host Geoffrey D. Rubin, MD, MBA, FACR, speaking with James A. Brink, MD, FACR, past chair of the ACR BOC and past president of the ACR, radiologist-in-chief at Massachusetts General Hospital and chair of radiology at Brigham and Women's Hospital. Brink has been an influence in the radiology community for years, serving as current president of the International Society for Strategic Studies in Radiology and an honorary member of numerous international societies.

In the episode, Brink credits his mother for his understanding that emotional intelligence is fundamental to strong leadership. Throughout his career, he has skillfully blended this with his engineering background to successfully lead many important and impactful initiatives, including a 24/7 coverage program with emergency radiologists. His career has seen him continuously lead with empathy, respect and selflessness.

Listen to the episode at bit.ly/RLI_Brink_Pod.



The ACR remains committed to empowering our influential, inclusive and innovative radiology community of today and tomorrow.

NEIL U. LALL, MD



ACRF Global Humanitarian Award Application Open

The Global Humanitarian Award (GHA) recognizes outstanding individuals, organizations and programs working to improve access to and equitable delivery of quality radiological services to areas of need throughout the world. The World Health Organization estimates that half of the world's population lacks access to radiological services.

Deserving applicants will be awarded at the 2024 ACR Annual Meeting in Washington, D.C. Awards are given in three categories: individuals, organizations (including nonprofit and industry groups) and non-radiologists (including medical physicists, RTs, ultrasonographers and other radiological personnel).

Apply at bit.ly/Global-Humanitarian. The application deadline is Aug. 31, 2023. Questions? Contact Meredith Amos at mamos@acr.org.



David H. Epstein, MD, FACR, was presented with a Global Humanitarian Award at ACR 2022 by Dana H. Smetherman, MD, MPH, MBA, FACR.

NEWS FROM THE JACR

Updated Guidelines Outline Breast Screening for High-Risk Women

New ACR breast cancer screening guidelines, published in the *JACR*[®], now call for all women — particularly Black and Ashkenazi Jewish women — to have risk assessment by age 25 to determine whether screening earlier than age 40 is needed. ACR continues to recommend annual screening starting at age 40 for women of average risk, but earlier and more intensive screening for high-risk patients.

Other notable updates highlighted in the paper:

- Women with genetics-based increased risk (including BRCA1 carriers), those with a calculated lifetime risk of 20% or more and those exposed to chest radiation at a young age are recommended to have MRI surveillance starting at age 25 to 30. These women should start annual mammography at age 25 to 40, depending on type of risk.
- Women diagnosed with breast cancer prior to age 50 or with personal history of breast cancer and dense breasts should have annual supplemental breast MRI.
- High-risk women who desire supplemental screening — but cannot undergo MRI screening — should consider contrast-enhanced mammography.

“The latest scientific evidence continues to point to earlier assessment as well as augmented and earlier-than-age-40 screening of many women — particularly Black women and other minority women,” says Debra L. Monticciolo, MD, FACR, primary author of the new guidelines and division chief of breast imaging at Massachusetts General Hospital. “These evidence-based updates should spur more-informed doctor-patient conversations and help providers save more lives.”

Read the full guidelines in the *JACR* at bit.ly/JACR_guidance.

Lung Screening Rates Are Worst Among Commercially Insured

A new study from the Harvey L. Neiman Health Policy Institute[®] found that only 1.8% of eligible Americans with commercial insurance received lung cancer screening (LCS). Published in the *JACR*, the research determined rates were higher but still extremely low for those with Original Medicare (3.4%) and Medicare Advantage (4.6%). The study found the lowest screening rates among females (1.55% to 4.02%), people ages 75–77 (0.63% to 2.87%) and those residing in rural areas (1.88% to 3.56%) and in the West (1.16% to 3.65%).

Lung cancer is the leading cause of cancer mortality in the U.S., and LDCT screening is covered with no out-of-pocket costs for all insured, eligible patients — those who are age 50–80 and have a 20 pack-year smoking history. According to guidelines for 2017, the year examined in the study, patients were eligible for LCDT scans if they were age 55–77 and had a 30 pack-year smoking history.

“Lung cancer is deadly if not caught early, so it is concerning that at-risk Americans are not getting the screening needed for early detection,” says author Robert A. Smith, PhD, senior vice president of early cancer detection science at the American Cancer Society. Cost has been eliminated as a barrier for insured patients, he noted, “so it is important to understand more about who is and isn't getting the recommended LDCT.”

Read the full study in the *JACR* at bit.ly/LCS_JACR.

Focusing on Economics

The ACR 2023 Economics Forum explored hot-button issues in imaging.

The annual ACR Economics Forum tackled myriad challenges facing radiology in the ever-evolving landscape of U.S. healthcare, with presenters offering solutions and calls to action.

The forum kicked off with the annual presentation of the William T. Thorwarth Jr., MD, Award for excellence in economics and health policy. This year's honoree was Ezequiel "Zeke" Silva III, MD, FACR, of San Antonio, Texas. Silva is an icon of radiology economics and well deserving of the highest honor offered by the ACR Commission on Economics (see page 8).

The forum was presented in a panel discussion format, with the first panel tackling issues such as medical necessity, Medicare structure and dysfunctional U.S. healthcare laws. Sammy Chu, MD, FACR, chair of the ACR CAC Network, explained how Medicare is divided into jurisdictions, each of which is assigned to Medicare Administrative Contractors (MACs). These contractors have some freedom to determine the medical necessity of services provided to Medicare beneficiaries. Recent changes to the MAC process have led to marginalization of stakeholder input, which the ACR has fought against by forming multispecialty collaboratives.

ACR Secretary-Treasurer Dana H. Smetherman, MD, MPH, MBA, FACR, discussed what it takes to qualify as a screening study in the Medicare Physician Fee Schedule (MPFS) and reminded the audience that state statutes and regulations do not have authority over federally regulated insurance programs.

ACR Committee on MACRA Chair Lauren P. Nicola, MD, FACR, summarized the dysfunctional Medicare Access and CHIP Reauthorization Act of 2015, which implemented the Merit-Based Incentive Payment System, a deeply flawed pay-for-performance system woven into Medicare fee-for-service. The program ties clinician reimbursement to performance on a set of measures in the domains of quality and efficiency. She highlighted the program's most glaring flaw of unfair measure options among medical specialties, leading to differential payments based on measure availability and not performance.

Richard E. Heller, MD, MBA, FACR, wrapped up the first panel expounding on the numerous lawsuits and regulator overreaches experienced thus far around the No Surprises Act. He highlighted the inaccessibility of arbitrators granted authority to handle payment disputes between providers and payers, as well as the opaque calculations behind the Qualified Payment Amount (QPA),

a key reimbursement benchmark.

The second panel focused on radiology payments and disruptors. Andrew K. Moriarity, MD, skillfully explained the MPFS reimbursement formula, including the Conversion Factor, and explored the difficulties of using such a formula in a budget-neutral system. He pointed out that physician payments have received no significant correction for inflation in 22 years.

His discussion set the stage for ACR Hill Day. Held at the end of ACR 2023, the event gathered members to visit Capitol Hill and lobby Congress to support H.R. 2474: Strengthening Medicare for Patients and Providers Act, a bill that would update the Conversion Factor according to a healthcare surrogate index for inflation, the Medicare Economic Index (MEI).

Michael S. Booker, MD, MBA, followed with a second call to action, asking members to be on the lookout for a vital survey on practice expense administered by the AMA (see sidebar). He educated attendees on how Medicare practice expense is constructed of both direct and indirect inputs.

While direct expenses (such as supplies, equipment and clinical labor) are allocated for each service, indirect expenses (such as rent and salaries for non-clinical office staff) are allocated across all services. These indirect expenses have not been updated for more than 15 years. Significant redistribution of dollars between clinicians can occur if Medicare accepts the survey results.

Switching gears to radiology disruptors, Melissa L. Chen, MD, struck back at critics regarding the lack of reimbursement for AI applications. Radiologists want to use this technology to improve patient care, Chen explained, but we are pleading with vendors to make more useful algorithms instead of duplicating work already underway. This was sage advice as she also explained how achieving a Current Procedural Terminology code — a vital piece for obtaining reimbursement in the MPFS — necessitates offering a new service not currently described by other services in the fee schedule. Chen also warned that budget neutrality has stymied innovation, creating another barrier to encouraging this vital technology.

Kurt A. Schoppe, MD, wrapped up the forum with discussion on non-physician providers and a recent Medicare ruling that permanently allows these providers to monitor contrast injection in physician offices, but not in independent diagnostic testing facilities, subject to state laws and regulations. The ACR had supported this position.

The forum showcased the amazing work the ACR staff, supported by volunteers, performs daily on behalf of the College's membership. Many thanks to the staff and volunteers for all their hard work! **B**



PARTICIPATE IN THE SURVEY

The AMA is conducting a survey to collect updated information on practice costs for physicians. The survey is expected to launch in July. Look for more information on the ACR website in the coming weeks.

Centennial Celebration

In five days packed full of activities, the College acknowledged a century of excellence and set the scene for the next 100 years of accomplishments.

The College celebrated its 100th anniversary during ACR 2023, featuring all the business of the Annual Meeting, large doses of hope and promise from presenters and quite a bit of centennial sparkle.

Held at the Washington Hilton, the event started with a full day of activities Saturday, May 6, that included RFS and YPS meetings, a chapter workshop for chapter leaders and a first-time session for medical students. At that evening's Centennial Gala, more than 850 attendees watched a special ACR anniversary video and heard a series of speakers talk about what the ACR means to them. Dinner and dancing capped off the festivities. (See page 13 for gala photos.)

Sunday Activities

On Sunday, Council Speaker Amy L. Kotsenas, MD, FACR, kicked off a day of business that would include addresses from BOC Chair Jacqueline A. Bello, MD, FACR; CEO William T. Thorwarth Jr., MD, FACR; Secretary-Treasurer Dana H. Smetherman, MD, MPH, MBA, FACR; and President Howard B. Fleishon, MD, MMM, FACR (see a recap of Fleishon's speech on page 9).

Thorwarth read a special Letter of Congressional Recognition honoring the ACR's Centennial, signed by U.S. Sen. Mark R. Warner (D-Va). He also told the audience something he later reiterated to ACR staff: "I believe that the 'Overarching Goal' in our Strategic Plan, 'The ACR is indispensable to all eligible members,' is actually a true statement, not an aspiration."

Sunday's biggest announcement came from Neil U. Lall, MD, chair of the ACR's Brand Refresh Committee, who revealed the College's rebranding strategy with a fresh, modern logo and a new tagline: "Focused. Forward. Together." Lall built a case for the changes by showing a video screen full of logos from other radiology and medical groups. They all look similar, so the ACR will stand out with its bold new look, he told the audience. (Read more in an interview with Lall on page 14.)

On Sunday afternoon, College Nominating Committee Chair Colin M. Segovis, MD, PhD, led the audience through the annual elections process. Audience members heard from a slate of candidates vying for leadership positions in contested races. The results would be announced after voting the following day. (See the list of leaders on page 10.)

The festive atmosphere continued Sunday evening, when 150 new Fellows of the ACR were inducted at the Convocation ceremony. The event also included recognition of five special awards: Gold Medals to Edward I. Bluth, MD, FACR, James A. Brink, MD, FACR and Carolyn C. Meltzer, MD, FACR, FFAWR; a Distinguished Achievement Award to Robert J. Achermann, JD; and an Honorary Fellowship to Richard Pötter, MD. (See photos on page 12.)

Monday and Tuesday

On Monday, the audience heard from Moreton Lecturer William E. Flanary, MD, an ophthalmologist and comedian known as Dr. Glaucomfleken. Flanary is known for using social media channels like TikTok and YouTube to advocate for healthcare reform. (Read the full story on page 10.)

Tuesday's main event was the Economics Forum, which featured in-depth discussions about legislative issues the ACR is leading and following. Ezequiel "Zeke" Silva III, MD, FACR, was presented with the William T. Thorwarth Jr., MD, Award for excellence in economics. (See the Econ chair's column on page 7.)



Gregory N. Nicola, MD, FACR, Ezequiel "Zeke" Silva III, MD, FACR, and William T. Thorwarth Jr., MD, FACR

William T. Thorwarth Jr., MD, Award for Radiology Leadership

Ezequiel "Zeke" Silva III, MD, FACR, past president of the Texas Radiological Society, received the William T. Thorwarth Jr., MD, Award for excellence in economics and health policy at ACR 2023.

Silva is the medical director of radiology at the Methodist Hospital Texsan, a diagnostic and interventional radiologist at Southern Texas Radiology Group and an adjunct professor at UT Health-Long School of Medicine, San Antonio. He was the first radiologist to chair the AMA/Specialty Society RVS Update Committee. He previously chaired the ACR Commission on Economics and served as a founding board member of the Harvey L. Neiman Health Policy Institute®.

Return of Hill Day

As the activities wrapped up, delegates looked forward to Wednesday's big event: the first in-person ACR Hill Day since 2019. More than 475 radiologists visited Capitol Hill to convey the messages of ACR policy positions to Congress. Attendees made the always-popular event more fun with a photo contest on Twitter. (See essay on page 16.)

From beginning to end, the atmosphere was positive and jovial. After three years of virtual and hybrid events, people seemed to be excited about getting back together fully in person for the first time since the COVID-19 pandemic. **B**

By Diane Sears, managing editor, ACR Bulletin

President's Address

Radiology's "moonshot" is going to call for creative leadership, the ACR president told an audience at ACR 2023.



Outgoing President Howard B. Fleishon, MD, MMM, FACR, and incoming President William T. Herrington, MD, FACR

At a time when radiology, like many other professions, is struggling with a lack of personnel, time and resources, ACR President Howard B. Fleishon, MD, MMM, FACR, delivered a message of hope during ACR 2023: The specialty will not only survive the challenges but will thrive through innovation, adaptability and creative leadership.

In the face of profound change in the field, Fleishon suggested that the radiology profession needs to keep its focus on the fundamental values of patient-centric care. First and foremost, radiology is about relationships.

"We live at a complex intersection of nearly every single specialty in medicine," Fleishon said. "We depend on an interrelated matrix of people, practices and departments. Relationships are vital to our success: relationships with our colleagues, our partners and staff; relationships with our referring physicians and even our administrators. Our most important relationships are, of course, with our patients."

Fleishon cited a 2008 study that surveyed people in three metropolitan areas. Of the respondents, only 50% identified radiologists as physicians. ([See bit.ly/Face-of-Radiology](https://bit.ly/Face-of-Radiology).) The specialty has come a long way since then — but only through concerted effort. He recalled the ACR 1993 presidential address by Murray L. Janower, MD, FACR, who urged radiologists to speak with at least five patients a day. He gave this example: "Good morning, Ms. Smith, I'm Dr. Fleishon. I'll be reviewing your images today. Thank you for coming in."

"If that were to happen, at least 40 million patients per year would be reminded that radiologists are physicians," Fleishon told the audience.

He urged ACR members to strive for not only clinical excellence, but also clinical empathy. "Sometimes we have to step back and remind ourselves that behind every study, there's a person."

Emphasizing clinical empathy improves diagnostic accuracy, which enhances treatment and leads to better clinical outcomes. Just as important, Fleishon pointed out, is that it helps patients feel connected to their medical providers. "Patients deserve to know we not only care for them, but we also care about them."

This viewpoint will become even more important as radiology ventures further into emerging and advanced forms of technology. Telemedicine has remained increasingly popular in the wake of the COVID-19 pandemic. The promise of AI, meanwhile, continues to grow, with hundreds of tools already approved by the FDA for use in radiology.

"It certainly feels like the Wild West out there sometimes," Fleishon told the audience. "As radiologists, we must be the vanguards of patient protections."

The good news is that radiology has always relied on technology and innovation to support the relationships that exist between radiologists, their colleagues and their patients, he said.

"Interventional Radiology (IR) has been 'creating' for years," Fleishon noted. "IR is constantly reinventing itself so that now we are busier than ever. Innovating to solve problems is a form of creative leadership. And that is our sweet spot."

"It certainly feels like the Wild West out there sometimes. As radiologists, we must be the vanguards of patient protections."

ACR is the ideal society to lead the charge, Fleishon told the audience. "Working together, we can raise the profile and standards of radiology." He thanked the organization he has served since 1994, giving special acknowledgement to those who mentored him early on and others who have worked with him to usher the College into its next 100 years.

"We all know change is difficult," Fleishon said. "Moving away from a familiar status quo, toward the promise of a vision for our future, without an obvious or concrete, burning platform — that's an audacious goal. Thinking beyond our current workflows, making the necessary investments in our practices for future technology, the entire radiology community coming together as a whole, committing ourselves to leadership, research and technology — that is perhaps our 'radiology moonshot.'"

Fleishon showed a photo of the American flag NASA astronauts planted on the moon in the 1960s. "We may not plant the flag of radiology on the moon, but we will redefine our practices and our profession and reassert our role as the doctors' doctors and as physicians for our patients," he said. "We will transform our future for self-determination, leading from out front — not only for radiology, but for all of medicine." **B**

By Diane Sears, managing editor, ACR Bulletin



◀ William E. Flanary, MD, addresses the crowd during the 2023 Moreton Lecture.

▼ Kathleen R. Gundry, MD, FACR, appreciates the banter between the Moreton Lecturer and Mahadevappa Mahesh, MS, PhD, FACR.



Advocating for Change, One Laugh at a Time

This year’s Moreton Lecturer entertained and informed with stories about how he turned his healthcare struggles into advocacy efforts on social media.

In today’s digital age, the ability to relay information through the click of a button has allowed people to use various social media platforms to create messages, gain support and make an impact in their communities. Medical professionals are one community that has embraced social media as a tool for advocacy. From surprise billing to high healthcare costs, some medical professionals have found a way to use digital platforms to advocate on key policy issues.

One of those professionals is William E. Flanary, MD, an ophthalmologist who has used his personal medical scares and background in comedy to create TikTok videos on patient issues in medicine to advocate for positive change.

Flanary, also known as Dr. Glaucomflecken, kicked off the Moreton Lecture at ACR 2023 by sharing how he got his start in stand-up at a local comedy club. The more he performed, the better he got, and he seriously considered pursuing it as a profession. After seeing other aspiring comedians fail to advance in the field, however, he decided instead to become a doctor. Flanary went to Texas Tech University to complete his undergraduate studies,

where he met his wife. The two of them decided to go together to graduate school at Dartmouth.

Despite his carefully determined life plans, a string of medical emergencies soon began to force Flanary to reevaluate his life. He was diagnosed with testicular cancer twice, which led to mounting personal stress. After his first diagnosis, Flanary said he felt as if the rug was pulled from underneath him as he sat in waiting rooms with people over twice his age.

“I always encourage physicians, residents and medical students to have a social media presence because our voices have weight on social media, our voices matter to people.”

To push through the fear and sadness that came with his illness, Flanary found a crutch in an old hobby of his – comedy. Using humor to talk about his experiences was a way to cope. “I started writing material and performing at comedy clubs, and found that just talking about this experience with cancer helped,” Flanary said.

Humor allowed him to express his feelings, have a laugh about them and take back control of his life. When he received his second diagnosis, he decided to use social media to produce comedy skits and reach a wider audience. His posts quickly gained popularity.

Four years later, Flanary suffered cardiac arrest in his sleep, which began to open his eyes to other issues for patients — and new topics for his videos.

His healthcare issues also led to mounting medical expenses. Flanary shared how the doctors who took care of him were out of his insurance's network, which caused bills to be very expensive. The experience led him to shift his comedic stylings toward parodying healthcare insurance companies, using his social media platform to advocate for change within the system.

When Flanary began to create content about prior authorization, he noticed that insurance companies got upset. That meant his voice was being heard.

“These companies, they're experts at lobbying Congress and legislators,” Flanary said.

“But they can't control social media, and I think it bothers them. Because that's the one thing they care about: public opinion.”

Flanary noted that audiences responded to his videos and decided to join him in advocating for change. After his videos inspired other physicians to write letters to Congress and lobby for reform, one insurance company pulled back its policy on requiring prior authorization before cataract surgery.

“I always encourage physicians, residents and medical students to have a social media presence because our voices have weight on social media, our voices matter to people,” Flanary told the audience. “It's going to be a collective effort for them, not only talking on the Hill, but also talking on social media by getting in conversations, telling stories from their own lives and their patients' lives.”

The whole experience showed Flanary how powerful advocacy on social media can be. He left the ACR 2023 crowd with a message of encouragement: that advocacy is a collective effort, and together, we can raise awareness to continue to help patients. **B**

By Alexander Utano, editorial assistant, ACR Press

ACR 2023 Election Results

The following individuals were elected at ACR 2023 and took office May 10 at the conclusion of the event.

President

William T. Herrington, MD, FACR

Vice President

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Council Speaker

Timothy A. Crummy, MD, MHA, FACR

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Eric M. Rubin, MD, FACR, chair of the Commission on Human Resources

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Melissa L. Chen, MD

Elizabeth Ann Ignacio, MD, FACR

Gaurang V. Shah, MD, FACR

College Nominating Committee

Esma A. Akin, MD, FACR

Andrew M. Farach, MD

J. Henry Williams, MD

To learn more about the new officers named at ACR 2023, visit bit.ly/ACR-2023-officers.



Introducing the New Executive Committee

Standing (L to R): Arun Krishnaraj, MD, MPH, FACR, Chair of the Commission on Patient- and Family-Centered Care; Timothy A. Crummy, MD, MHA, FACR, Council Speaker; Dana H. Smetherman, MD, MPH, MBA, FACR, Secretary-Treasurer; Don C. Yoo, MD, FACR, Vice President; Mary C. Mahoney, MD, FACR, RSNA Liaison; Kurt A. Schoppe, MD, Council Vice Speaker; and Taj Kattapuram, MD

Seated (L to R): Alan H. Matsumoto, MD, FACR, BOC Vice Chair, Jacqueline A. Bello, MD, FACR, BOC Chair; and William T. Herrington, MD, FACR, President




The ACR was proud to bestow the College's highest honors to a select group of members.

Leading the Way

During a ceremony at ACR 2023, five distinguished professionals in the imaging community were awarded the highest honors from the College. Three received the Gold Medal: James A. Brink, MD, FACR; Carolyn C. Meltzer, MD, FACR, FAAWR; and Edward I. Bluth, MD, FACR. Richard Pötter, MD, of Austria was awarded an Honorary Fellowship, and Robert J. Achermann, JD, received the Distinguished Achievement Award. (Read more about them in the March 2023 issue of the *Bulletin* at bit.ly/2023-ACR-Awards.)

Additionally, 150 ACR members from 39 chapters received the FACR designation. Two posthumous awards were presented for Warren S. Inouye, MD, FACR (California) and Philip J. Manly, MS, FACR (Hawaii).

The next FACR application cycle begins in early 2024. For more information, visit acr.org/FACR. The application link will be published when the process begins. Members are encouraged to send eligibility inquiries to FACR@acr.org. 

ACR Vice President Frank J. Lexa, MD, MBA, FACR, carries the ceremonial mace for the 2023 ACR Convocation ceremony.



ACR President Howard B. Fleishon, MD, MMM, FACR, presents a Gold Medal to James A. Brink, MD, FACR, whose numerous accomplishments include helping to establish the ACR Data Science Institute® during his tenure as BOC Chair.



Carolyn C. Meltzer, MD, FACR, FAAWR, receives a Gold Medal for her pioneering work in radiology as well as mentorship and diversity, equity and inclusion.



Richard Pötter, MD, of Austria receives an Honorary Fellowship, the highest ACR recognition for radiology leaders outside of the U.S.



▶ The Gold Medals await as Edward I. Bluth, MD, FACR, prepares to be awarded one of them for ACR leadership work dating back to 1974.

▶ ACR President Howard B. Fleishon, MD, MMM, FACR, presents Robert J. Achermann, JD, with a Distinguished Achievement Award for his longtime advocacy work with the ACR and the California Radiological Society.





Grand Gala

ACR members and guests donned their finest for a festive 100th anniversary celebration that included dining, dancing and reminiscing.

More than 850 people gathered to celebrate the College's 100th anniversary at the ACR Centennial Gala. At the black-tie event, members shared what ACR has meant to them. James T. Borgstede, MD, FACR, co-chair of the ACR Centennial Steering Committee, called on attendees to celebrate ACR's past while looking toward its future. "The ACR and its members have been at the heart of countless innovations that have advanced patient care," he said. "This is our time to celebrate those achievements together as we continue to move medicine forward." **B**



PHOTO: TWEEK GALIA

Vivek Kalia, MD, MS, MPH, Kirang Patel, MD, and Yasha Gupta, MD



Lauren P. Nicola, MD, FACR, and Gregory N. Nicola, MD, FACR



Katarzyna J. Macura, MD, PhD, FACR, FSABI, FAAWR, and Robert T. Macura, MD, PhD



Debbie Walker Duszak and Richard Duszak Jr., MD, FACR



Monica J. Wood, MD looks on as Melissa A. Davis, MD, MBA asks a question.

ACR BOC Chair Jacqueline A. Bello, MD, FACR, welcomes a crowd of more than 850 to the Centennial Gala.



▲ The gala audience hears from ACR Centennial Steering Committee Co-Chairs Catherine J. Everett, MD, MBA, FACR, and James P. Borgstede, MD, FACR.

◀ ACR CEO William T. Thorwarth Jr., MD, FACR, reflects on the College's 100-year history.



New Look, Same Values

The College's new branding speaks to a bold, bright future for radiology.

An organization's brand should be bold, inclusive and forward-thinking. In line with that ideology, the College unveiled its new brand as part of the Centennial celebration at ACR 2023. The brand refresh delivers a new tagline — “Focused. Forward. Together.” — and a more modern, stylized logo to reinforce the ACR's distinctive role in radiology. The ACR's mission will continue to drive members' success while constantly evolving to ensure radiology's impact on the future through incomparable patient care.

The *Bulletin* had a chance to speak with Neil U. Lall, MD, chair of the ACR's Brand Refresh Committee, director of informatics at Children's Healthcare of Atlanta and assistant professor of radiology in the pediatric radiology and neuroradiology division at Emory University, about the reasoning and timing behind the brand refresh and why it should matter to members.

What was the impetus behind the rebranding of ACR's logo and tagline?

The ball had really started rolling on this process in 2017, with multiple task forces and committees evaluating the College's brand strategy in the time since then. The Brand Refresh Committee picked up the last leg of this effort over the past year to get us to these final deliverables. Some may ask, “Why now?”

We had a representative Brand Refresh Committee comprised of ACR members guiding the conversation.



Neil U. Lall, MD

I think one of the simplest reasons is the overlap with the College's Centennial celebration, which gives us an opportunity to look back at what the ACR has accomplished, what we stand for and where we are going. To that end, this refresh is something that was long overdue.

How was your most recent approach to the new brand different from past efforts?

I remember the BOC and CSC discussing a refresh almost 10 years ago. At the time, there was no formalized process in place — mostly just intermittent internal discussions within the College leadership. There wasn't a big push to change things immediately. In the years that followed, there were several committees, including ours, formed under the leadership of the incoming ACR president, William T. Herrington MD, FACR, in his prior role as chair of the ACR Commission on Membership and Communications.

Our most recent efforts have come to fruition by using the work of our dedicated committee and input from consultants, member surveys and focus groups. The surveys and focus groups were conducted prior to bringing in consultants to facilitate the rebranding. Everyone took a committed, team approach to the new brand. We had a representative Brand Refresh Committee comprised of ACR members guiding the conversation. There was a lot of committee diversity in

terms of gender, race, age, specialty, practice type, physical location and prior College involvement. The common thread, however, was that everyone understood the importance of the ACR and wanted to emphasize what the College does for its members.

What were some of the Brand Refresh Committee's considerations in selecting a new logo and tagline?

When we looked at the different choices and options — specifically for the logo — some of them were even more modern, or more of a shift away from what we are used to. I think where we landed is a nice balance of something simple and recognizable that delivers the right message. It's new and it's bold, but it isn't too radical for people to grasp. We obviously didn't want to look like another organization's brand. When holding it up against our peer organizations — groups that may be perceived as operating within the same space — this new logo provides a distinctive look that stands out from the crowd. Though not the first letter in ACR, we felt the letter "R" was the most important part of our identity; it truly represents who we are, what we stand for and our dedication to being a champion for all radiologists. The tagline, too, boils down the College's thinking in moving members forward.

Describe your work with consultants to hit the right branding mark.

Our consultants took information from ACR surveys and focus groups, and did a considerable amount of branding research themselves, to come up with some basic ideas about where we were and how we got to the point of establishing a formal brand refresh process. They looked at the impetus behind it and what members and potential members thought about emphasizing our brand. They compared the College's most important values and areas of activities to peer organizations to evaluate how those groups define themselves. They had to determine how to define our niche and identify us in a way that makes us unique — while at the same time potentially complementing the work of partners and collaborators.

The primary goal was always to show how the ACR is a distinct leader in radiology and, in the case of our logo, how we stand out visually. The consultants presented their data and followed up with options for us to consider. After giving feedback and voting, the committee came together on the final rebrand.

How does the new branding align with the College's strategic plan?

The new branding better aligns with the College's enhanced strategic plan of "Empowering the Radiologist of the Future" (see sidebar: [Behind the Rebrand](#)). It is not coincidental that the messaging is in step with a focus on positioning radiologists for success in future years — and on supporting strides toward more health equity, quality care and outcomes. This plan defined our vision, mission and core values, and these tenets in turn served as the framework to guide our branding decisions.

The idea behind the tagline verbiage — Focused. Forward. Together. — is to deliver the message that the ACR is propelling the profession forward by speaking for all physicians in imaging. It is vital to articulate to our constituency that we are there for

them now and will always advocate to increase member value and improve radiologic care. A salient point from both the strategic plan and our survey respondents was for the College to focus on the unique strengths we bring to the table, and our goal with the branding is to bring to light the unmatched benefits the ACR offers.

How do you think the new branding will be received by ACR members?

You can't be everything to everybody, so it is hard to know for sure what the reception will be like in the short term. I think it is a big leap forward — modernizing something that has not been touched in a very long time. Change is difficult, and I think people at first may be a little apprehensive about it. We gave a preliminary presentation of the rebrand to the ACR BOC, which was followed by a discussion on the pros and cons of a new look.

During the course of the approximately 30-minute discussion, the participants had more and more time to take in the new logo displayed in front of them. At the end, the majority of the group were in favor of it, and many who were initially less in favor of the new logo stated they were swayed toward the rebrand after spending a little time with it. I think that's what will happen with our members. I think there will be a bit of initial shock — because it is quite different — but then it is going to grow on them. **B**

Interview by Chad E. Hudnall, senior writer, ACR Press



**American College
of Radiology™**

The primary goal was always to show how the ACR is a distinct leader in radiology and, in the case of our logo, how we stand out visually.

Behind the Rebrand

- **Read** the public announcement about the College's rebranding initiative at bit.ly/ACR_Rebrand.
- **Read** more about the ACR Strategic Plan "Empowering the Radiologist of the Future" at bit.ly/ACR-strategic-plan.
- **Watch** a video about the Strategic Plan at bit.ly/ACR-strategic-plan-video.
- **Learn** more about the strategic planning process at bit.ly/ACR-plan-process.

Back to The Hill

ACR members returned to the U.S. Capitol for the first time since 2019 in a show of solidarity around issues that affect radiology patients.

Perhaps the only thing more exciting than the coronation of King Charles III on May 6 was celebrating the ACR's 100th anniversary in Washington, D.C. I look forward to this conference every year because I get to reunite with my colleagues and friends from all over the nation and appreciate our amazing specialty and the patients who have brought us all together.

This year also signifies the first time in three years, since the beginning of the COVID-19 pandemic, that we were able to return to ACR Hill Day. More than 475 “advocates” joined this annual trek to Capitol Hill on May 10, participating in over 275 meetings in congressional offices. This gave us a chance to discuss the ACR's legislative positions and provide lawmakers and their teams with a firsthand look at how these issues impact patient safety and the delivery of care. ACR members left their mark on Capitol Hill by contributing their perspectives on several key topics that have been standing priorities.

First on the Hill Day agenda was a topic most physicians are well aware of: mitigating Medicare payment cuts. We spent time educating congressional offices on the dire state of physician reimbursement — specifically, the lack of positive updates to the Medicare Physician Fee Schedule (MPFS) despite inflation and rising costs of operating a medical practice. We suggested adding a Medicare Economic Index based on inflationary updates to the MPFS. We explained how this reform could provide long-term financial stability to Medicare providers, ensuring that patients get the high-quality care they deserve.

We also asked legislators to ensure that the No Surprises Act is implemented as Congress has intended. The ACR strongly supports the plan, which was meant to enforce insurer transparency and accountability and created a process — the independent dispute resolution (IDR) — to keep patients from getting caught in the middle of billing disputes between commercial health insurers and physicians or hospitals.

However, as it currently stands, this process gives insurance companies an unfair advantage by making the qualified payment amount, which is computed by insurance companies, the primary factor in determining billing dispute resolutions. The process ultimately hinders access to care by discouraging meaningful contract negotiations and reducing physician and hospital networks. Several offices we met with acknowledged the need for a solution and were aware of this issue, as many lawsuits have already been filed against the federal government challenging the process.

Finally, we discussed the delay in implementing the Protecting Access to Medicare Act of 2014, which included a program that required the use of ACR Appropriateness Criteria® (AC) by providers ordering advanced medical imaging. The program was set to be fully implemented by CMS in January 2017. It has



Hala Mazin, DO, Elizabeth “Betsy” Haberl, MD, and Jay R. Parikh, MD, FACR, compete in the ACR Hill Day photo contest on Twitter.



Left to right, Mark D. Alson, MD, FACR, former California Radiological Society President and Chair of Commission of General, Small, Emergency and/or Rural Practice; Johnson B. Lightfoote, MD, FACR, former California Radiological Society President and Chair of Commission for Women and Diversity; and U.S. Rep. Raul Ruiz, MD (D-Calif.).

since been delayed indefinitely, however, due to the difficulty in processing the claims in the existing plan.

We have urged lawmakers to amend the language so that it is more in favor of an annual audit and review by CMS, rather than the need for CMS to process claims in “real time.” This would alleviate the issue without undermining the program. Many members we spoke with agreed that the implementation of the AC requirement would ensure patients receive the correct imaging study at the right time without unnecessary workups and radiation, a practice that would cut healthcare costs.

While specific policy agendas won't change overnight, participating in ACR Hill Day was an incredible and enlightening experience. I was inspired watching the advocacy efforts of my colleagues and seeing how receptive and grateful all the congressional staff members were during our meetings. I left feeling confident that together, we can make a difference. **B**

By Hala Mazin, DO, breast imaging fellow at University of Texas MD Anderson Cancer Center

AI All Day Every Day

The ACR Data Science Institute® and the Commission on Informatics continue to guide radiologists into the future of AI.

Much of the College's work to support and guide the use of AI in radiology practices is conducted somewhat behind the scenes. But by being the center of a multipronged collaboration made up of regulatory agencies, industry, patients and radiologists, the ACR continues to play a vital role in how AI is used in practices.

"AI used appropriately in a safe environment, in a way that mitigates bias and is available to all of our patients, can be transformative," says Bibb Allen Jr., MD, FACR, ACR Data Science Institute® (DSI) chief medical officer. "But at each turn, there are steps that will need to happen in the regulatory process and in the research phase (such as the ability to validate models and generate outcomes data). These are things the ACR has always been good at."

In light of the prediction that AI would significantly impact the way radiologists do their jobs, the ACR DSI was established in 2017, with Keith J. Dreyer, DO, PhD, FACR, leading the initiative as its chief science officer. "We began the DSI without knowing when and exactly how AI would influence our work," says then-BOC Chair James A. Brink, MD, FACR. "Six years later, I am struck by how rapidly AI has entered society, never mind medicine, in ways we never anticipated — the large language models such as ChatGPT and the option to process images through other models. I think we were prescient to some degree in 2017, and it's a good thing because the world is evolving even more rapidly."

Working Together

In 2014, the ACR formed the Commission on Informatics. Commission Chair Christoph Wald, MD, PhD, MBA, FACR, sees the DSI as the external-facing entity of the Commission. The DSI interacts with industry trade groups, such as the Medical Imaging and Technology Alliance, regulators, the Office of the National Coordinator for Health Information Technology and the FDA, among others.

"The ACR is in frequent, regular conversations with these groups," Wald says. "That's a unique aspect for the College — we have this position of being the honest broker because we represent such a large number of radiologists. In addition, our robust ACR Government Relations arm works closely with these groups when they ask for input on data science,

AI-related issues or issues such as image sharing. We're an important conduit to and from the government."

Accomplishing Big Things

In the next 20 years, AI is going to transform how we take care of patients, but it is not going to take care of them for us, according to Allen. "This is one more step in adding value, one more tool that lets us have a bigger leadership role in transforming how radiologists practice," he says. "I think the DSI has played a key role in that. Keith's vision was extraordinary, as it usually is, and to see us now six years later recognized as the organization people want to talk to when they're interested in AI is quite an accomplishment."

Allen cites the College's work in creating standards and aligning regulatory agencies during the early days of digital mammography as an example of the ACR's strengths. "In the '70s, mammograms were still being done with standard radiographs, so we created the Mammography Accreditation program," Allen says. "We worked with Congress to make a law that said safe and effective mammography was dependent on following these standards. That went to the FDA, which said, 'OK, we're going to adopt the program.' Then you look at the Medicare Improvements for Patients and Providers Act of 2008 and standards for imaging, and facilities have become accredited to provide safe and effective care in advanced imaging."

The greatest accomplishment related to DSI and the Commission on Informatics, according to Wald, is the mere fact the ACR took a leadership stance early on in identifying AI as a game changer and putting pieces in place to manage related changes. "We established the DSI as the go-to entity to have discussions about this technology," Wald says. "We convened stakeholders, whether they be practicing radiologists, radiology leaders, government agencies or industry, and we made a home for all of them in this space that also leverages support from other organizations like the RSNA and the Society for Imaging Informatics in Medicine, bringing together committees that deal with the same issues and coordinating with each other to avoid duplication of effort."

Guiding the Integration of AI

Although AI algorithms are already helping radiologists better manage worklists, including the remarkable ranking of critical emergency room studies based on degree of concern, some of the most impactful uses of AI in radiology are still to come.¹

"I'm very excited to think about what ChatGPT-type technology can do to make clinical decision support something that is fully utilized in practice," says former ACR BOC Chair Geraldine B. McGinty, MD, MBA, FACR. "We don't want

continued on page 22

LEARN MORE THROUGH DSI

Visit acrdsi.org for tools to help incorporate AI into your work:

- **Access** DSI use cases that illustrate how AI can help improve medical imaging care.
- **Explore** the ACR AI-LAB™, which offers tools designed to help radiologists understand the basics of AI and participate in creating new uses.
- **Read** the ACR DSI blog, offering viewpoints from various radiology professionals.



Beyond Clinical Skills

The RLI honors leaders who leave a lasting footprint on radiologic care.

The Radiology Leadership Institute® (RLI) announced award recipients from three distinct categories at ACR 2023, including the distinguished Luminary Award for exceptional lifetime achievements, innovation, leadership and service to radiology or radiation oncology. The RLI also announced its Impact in Leadership Award and Emerging Leader Scholarship recipients during the event.

The RLI was launched in 2012, and in the past decade nearly 9,600 radiologists have participated in the RLI's leadership and professional development training. Through these offerings, participants attain essential non-clinical business skills needed to succeed in today's ever-changing healthcare landscape.

The RLI Leadership Luminary Award is the Institute's highest honor, acknowledging the legacy of radiologists who have devoted most of their professional careers to the field. "The Luminary Award recognizes extraordinary leaders who embody the highest values of the RLI and whose lifetime achievements have had a significant impact on the field of radiology," says RLI Chief Medical Officer Frank J. Lexa, MD, MBA, FACR.

Making a Difference



"When I was a senior undergraduate student, a mentor showed me MRI. It was in that instant that I knew I needed to be a radiologist — because if you can see disease, you can cure it."

— NORMAN J. BEAUCHAMP JR., MD, MHS, FACR

"When I was a senior undergraduate student, a mentor showed me MRI. It was in that instant that I knew I needed to be a radiologist — because if you can see disease, you can cure it," says Norman J. Beauchamp Jr., MD, MHS, FACR, Luminary Award recipient and executive vice president for Health Sciences at Michigan State University (MSU). Prior to that position, Beauchamp was dean of the MSU College of Human Medicine.

One project Beauchamp focused on with the ACR was getting more radiologists appointed as medical school deans. "In working with thought leaders at the College, we realized that a dean is in a position to shape areas of focus for a medical school and university," Beauchamp says. "That work was one of the drivers for me and a number of us to become deans, believing this is an underused avenue to advancing the field."

Beauchamp also wanted to put together an organization that had the scope and scale to impact and improve health across the state of Michigan. He is president of Spartan Radiology, a joint venture between MSU and Advanced

Radiology Services. "We created this partnership between academics and private practice comprised of approximately 240 radiologists and advanced practice providers. I believe in this type of partnership because I believe radiology is the way to transform healthcare in this country," he says. "My goal is to bring health, hope and healing to all. Radiology is an optimal tool to do so.

"One of my life goals has been to lessen disease. I have really focused on doing as much good as I can in the field — as an individual and as a leader," Beauchamp says. "The RLI prepares people to assume leadership roles. To be recognized in such a significant way by the Institute truly validates a lifelong commitment to making a difference in the field of radiology."

Mentoring Aspiring Leaders



"The ACR is a unique organization in that it recognizes how important leadership is to ensure the specialty's survival in a time of turmoil and uncertainty."

— LAWRENCE R. MUROFF, MD, FACR

"I believe the RLI Luminary Award shows a commitment by the ACR to fostering leadership in both clinical and non-clinical skillsets," says Luminary Award recipient Lawrence R. Muroff, MD, FACR, immediate past CEO and president of Imaging Consultants Inc. (ICI), courtesy clinical professor of radiology at both the University of Florida and the University of South Florida Colleges of Medicine and president emeritus of Educational Symposia Inc. (ESI).

Since 1975, Muroff has developed symposia for ESI, as well as state, regional and national imaging organizations that are structured to bring together professionals who are passionate about medical education. These educational efforts provide practical and clinically relevant CME programs and workshops physicians can use to prepare for and maintain certification, to learn about the latest clinical procedures and to better serve patients.

"I have been involved with education for most of my professional career,"

Muroff says. "The most satisfying part has been mentoring aspiring young radiologists who later become leaders of our specialty.

"The ACR is a unique organization in that it recognizes how important leadership is to ensure the specialty's survival in a time of turmoil and uncertainty," Muroff says. "The RLI's programs create more informed, action-oriented radiologists capable of leading in both academic and private practice settings."

Muroff was an inaugural member of the board of the RLI. "What makes this award very special to me is knowing that this was voted on by my peers," he says. "These are radiologists with whom I have worked on the RLI board for a decade. I am honored that they have recognized the goals I have been advocating for and the accomplishments I have been fortunate enough to achieve."

Leveraging Teams



“We need to develop leaders who can guide individuals and physician groups through consolidation and business economics so the specialty can perpetuate itself.”

— ARL VAN MOORE JR., MD, FACR

“Leadership has been a passion of mine for a long time,” says Luminary Award recipient Arl Van Moore Jr., MD, FACR, former chair and CEO of Strategic Radiology and previous president and chair of Charlotte Radiology. Moore is a past chair of the ACR BOC, past ACR president, past ACR secretary-treasurer and past chair of the ACR Task Force on International Teleradiology and the ACR Task Force on Disaster Preparedness.

“When I was ACR board chair, one of the first things I did was put together a task force for strategic leadership

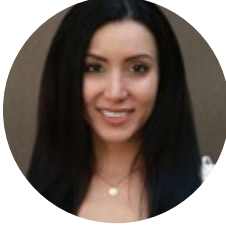
development within radiology,” Moore says. “When looking at how to develop more leaders within the specialty, I tapped into my experience in the Navy, where leadership training began very early on.” Post-military, Moore has authored numerous scientific papers and given lectures about leveraging teams to solve problems.

“I think you must continue to develop yourself as a leader — and learn more about leadership not only didactically but with boots on the ground,” Moore says. “I was given a lot of responsibility early in the Navy. In corporate America, you probably won’t find someone who is 24 years old and given responsibility for operating nuclear reactors and developing and managing teams.”

There is a deficit of leadership development within radiology and medicine, and it starts in medical school, Moore says. “There is an emphasis on the academic but not on what you will need to do as professionals to nurture the profession. We need to develop leaders who can guide individuals and physician groups through consolidation and business economics so the specialty can perpetuate itself. The RLI is going to be an important part of that when moving radiology into the future.

“To be recognized by my peers as someone who is a luminary is indeed quite an honor,” Moore says. “It has been a privilege to have the opportunity to lead many groups that have made a difference within the College and radiology in general.”

Recognizing Excellence



“Leadership training is essential preparation for combining innate talents with targeted efforts.”

— REBECCA SCALABRINO, DO

The RLI presented awards in two other categories recognizing excellence in radiology. The RLI Impact in Leadership Award recognizes individuals whose participation in an RLI course or program was integral to the successful completion of a specific project or initiative at their practice or institution.

The RLI Emerging Leader Scholarship is given to residents or fellows who have made a significant contribution to their institutions and/or the

field of radiology while also exhibiting potential to be future leaders.

One of the eight 2023 Emerging Leader Scholarship recipients ([see sidebar](#)) is Rebecca Scalabrino, DO, a radiology resident at Rutgers Robert Wood Johnson Medical School. All awardees will be attending the RLI Leadership Summit in September on a full scholarship.

“I am extremely grateful for this RLI scholarship award. It will allow me to combine my passion for service and advocacy with targeted skill sessions in topics essential to practice and hospital leadership,” Scalabrino says. “Leadership training is essential preparation for combining innate talents with targeted efforts. Leaders create lasting impact and change.”

Radiology does not exist in a vacuum, but rather in a complex and sometimes fragile medical ecosystem, Scalabrino says. “To provide the greatest value to our patients and fellow radiologists, we must demonstrate a commitment to using our expert knowledge to take part in critical discussions and decision-making at the micro and macro levels,” she says.

“The typical medical school and residency curriculum doesn’t include dedicated leadership training — or touch on many aspects of business, finance, marketing or networking,” Scalabrino says. “This leaves future radiologists vulnerable when in a position to make crucial decisions affecting patient outcomes and job security — with little experience or knowledge to build on.” **B**

By Chad E. Hudnall, senior writer, ACR Press

THE 2023 IMPACT IN LEADERSHIP AWARD RECIPIENTS

Ian A. Weissman, DO, FACR,
Milwaukee VA Medical Center

Syed Furqan Zaidi, MD, MBA, FACR,
Radiology Partners

THE 2023 EMERGING LEADER SCHOLARSHIP RECIPIENTS

Rachel Grenier, MD, Massachusetts
General Hospital Interventional
Radiology Integrated Program

Gerald Hefferman, MD, Brigham and
Women’s Hospital and Harvard Medical
School

Russell A. Reeves, MD, Thomas
Jefferson University Hospital

Rebecca Scalabrino, DO, Rutgers
Robert Wood Johnson Medical School

**Michelle Shnyder-Adams,
MD, MPH,** University of Michigan
Interventional Radiology Integrated
Program

Andrew Sill, MD, College of Medicine
Mayo Clinic Arizona

Elliot Varney, MD, University of
Mississippi Medical Center

Ufara Zuwasti, MD, MSc, Newark
Beth Israel Medical



LEARN MORE

Visit bit.ly/About-RLI-Awards for more on all three categories of RLI Awards.

Read about awardees’ projects at bit.ly/RLI-awardee-projects.

ATTEND IN PERSON

The **2023 RLI Leadership Summit** will be held Sept. 29–Oct. 1, 2023, at the Boston Seaport Hotel. For more information, visit bit.ly/RLI-Summit.



Success in Advocacy

Maryland radiologists helped block two measures that would have granted greater powers to physician assistants without oversight.



The ACR recently spoke with Loralie D. Ma, MD, PhD, FACR, about Maryland's advocacy wins battling non-physician scope-of-practice (SOP) expansion. Ma is past chair of the ACR State Government Relations Committee and past president of MedChi, the Maryland State Medical Society.

Can you explain the most recent SOP bill in Maryland and why the Maryland Radiological Society (MRS) advocated so heavily against it?

This year, the physician assistants (PAs) worked to introduce a bill into the Maryland Senate, SB 673, with a similar bill filed in the House, HB 727, to “modernize” PA practice.¹ It would have taken the current delegation agreement between a PA and a physician to a collaboration agreement. The MRS position is that collaboration could be considered if the physician remains the head of the healthcare team.

The PAs did not want this and also did not want to only have collaboration with a physician or group of physicians, but also wanted to be able to collaborate with an entity, such as a hospital or corporation. We felt this was essentially independent practice

as there would be no overseeing physician. We tried to work with them on compromise language, but we could not agree. Such a bill is a danger to patients as PAs do not have the training of physicians, including lack of a residency program, and there would be no oversight of their activities. Improper and undertrained mid-level providers performing subspecialty procedures on patients is not acceptable. I am pleased to report that these dangerous bills did not pass this session.

Could you talk about the various advocacy efforts that MRS used during this SOP fight?

The bill was a reintroduction from last year.² At the time, I was serving as president of MedChi, and I convened a workgroup to find common ground. Last year's bill was ultimately withdrawn by the sponsor. Unfortunately, the bill introduced this year was relatively unchanged from last year. We did not need to use a call-to-action, as the legislators understood both from MedChi and MRS, as well as the Maryland Board of Physicians, that the independent level of practice sought was a danger to patients. There were hearings in the House and Senate, and I testified at both.

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WINS FOR BREAST AND LUNG CANCER SCREENING

On May 3, 2023, Maryland Gov. Wes Moore held a bill-signing ceremony in Annapolis that included HB 376/SB 184 and SB 965/HB 815. Starting Jan. 1, 2024, state-regulated insurers will be prohibited from imposing a copayment, coinsurance or deductible on coverage for diagnostic mammograms, breast US or breast MRI for the detection and diagnosis of breast cancer and diagnostic ultrasound, MRI, CT and

image-guided biopsy for the detection and diagnosis of lung cancer.

The Susan G. Komen organization helped push for the breast cancer screening bills and issued a statement after the signing, which included this from Molly Guthrie, vice president of policy and advocacy: “We thank the Maryland Legislature and Governor Moore for eliminating a key financial

barrier to care so that anyone with a state-regulated health plan can now receive medically necessary diagnostic and supplemental imaging without any out-of-pocket expenses.”

- View the full text of the bills at bit.ly/Maryland-bill-signings.
- Read the full statement from Susan G. Komen at bit.ly/Komen-statement.

What were some of your biggest takeaways from ACR 2023?



“My biggest takeaway is that I’m proud to be part of an organization that stands up for the sanctity of our relationship with patients and will actively oppose interference in that no matter the source. With the ACR Council’s passage of Resolution 11, our patients can know with full confidence that the College will stand by them and their physicians in pursuing optimal, individualized care. The ACR continues to evolve with the needs of members and works hard to keep us abreast of changes in the medical landscape. This includes how reimbursement is slated to change, how we as members can stand for issues we’re passionate about and how policy changes will affect the way we practice into the future.”

Vivek Kalia, MD, MPH, MS, medical director of radiology and musculoskeletal radiologist,
Texas Scottish Rite for Children Hospital



“Beyond its reverence for and reflection on the ACR’s accomplishments, innovations and growth over the past century, the event ushered in a powerful aspirational optimism for the next 100 years to come. Advocacy, a longtime pillar of the ACR, was on strong display as hundreds of members journeyed to the Capitol and met with congressional leaders on issues ranging from guaranteeing patient protection under the No Surprises Act to reducing harmful CMS-mandated Medicare reimbursement cuts. This 2023 event inspired both new and experienced members and reminded us that in order to embrace the future, we must always reflect on our past.”

Alex Podlaski, MD, MS, interventional radiology fellow at Rush University
and 2023 recipient of the Howard M. Fleishon, MD, MMM, FACR, MMM Advocate of the Year award

ADVOCACY

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How did you prepare to testify before the Maryland Legislature? Any tips for other radiologists who are interested in doing something similar?

In preparation for my testimony, I carefully read the bill and asked our lobbyists for MedChi and MRS for the questions to better understand what they were specifically asking for. For these hearings, I felt it was important to explain in-depth the training a physician receives, first in medical school and then in residency, and how that training has testing and oversight and personal vetting, to be certain that a physician graduating from a residency is prepared to treat patients in a specialty. I pointed out that on-the-job training for PAs is not to that level and needs close oversight. I wrote out my testimony and timed it to the three minutes we were allowed and practiced a few times. It is also important to know, or have your lobby team know, how and when to sign up for testimony, as there are often strict deadlines.

Are there any best practices about what worked or did not work when trying to get your message across to legislators and other like- and non-like-minded organizations?

I think it was important to acknowledge that midlevel providers are an important part of today's healthcare team, but that the best patient care comes from a physician-led healthcare team. Being overbearing or dismissive of the roles of all members of the healthcare team is not helpful. It is also important to remember that legislators have at least hundreds, if not thousands, of issues to address each session. Explaining who we are as physicians, as specialists and the in-depth nature of our training, testing and vetting is very helpful in allowing legislators to understand our importance in patient care and safety.

Why is it important for radiologists to get involved in advocacy? What unique perspectives can a radiologist provide when discussing SOP?

If you are not at the table, you will likely end up on the menu. If we are not there to advocate for our specialty and for our ability to give the highest level of patient care, who will? Radiologists, often being imagers of multiple organ systems, can see a cross-section of patient illness that is sometimes not as well appreciated by our other specialist colleagues. In our work, we can see the value of their experience in evaluating and treating patients, as well as our unique role in the imaging diagnosis of disease. **B**

Interview by Dillon Harp,
ACR senior state government relations specialist

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DATA SCIENCE

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referring physicians hunting and pecking for a set of symptoms. I want them to be typing in a patient's history and for ChatGPT or the like to say, 'You should think about a CT for this patient' or 'This patient would benefit most from an MR study.'

The predominant type of AI in current practice today solves individual diagnostic tasks and problems, Wald says. "I'm more excited about AI that will either solve multiple tasks at once, or quantitative AI, or AI that can handle things radiologists can't easily do." Examples, he says, include looking at the liver and quantifying the amount of fat, iron or inflammatory activity or facilitating opportunistic screening.

Through it all, the expectation is that the ACR will be the authority to guide radiologists as they implement practice changes related to AI. "I want the ACR to be a trusted place for patients to feel at ease if the ACR says an algorithm is safe and effective because we've built trust with patients around accreditation," McGinty says. "And I want us to take the patient trust, the ACR infrastructure and the relationships with the regulatory agencies and apply what we've done in accreditation to AI."

Former BOC Chair James H. Thrall MD, FACR, echoes that outlook for the future: "The ACR has been the organization in imaging that sets standards, and I see that happening again with AI."

Using AI Tools to Improve Practice

Can AI replace radiologists? In 2015, Pedro Domingos wrote in his book *The Master Algorithm*, "It's not man versus machine; it's man with machine versus man without."²

Allen says that concept is applicable to the emerging use of AI in radiology. "Radiologists who use AI-enabled tools will be able to integrate more information into their practices than ever before, which will allow them to take better care of their patients," he says. "And their specialty society should play an important role in facilitating the transformation." **B**

By Raina Keefer, contributing writer, ACR Press

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