

**THE AMERICAN COLLEGE OF RADIOLOGY**  
**2018 ANNUAL COUNCIL MEETING**  
**Sunday, May 20, 2018 – Tuesday, May 22, 2018**  
**Marriot Wardman Park Hotel**  
**Washington, DC**

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**I. FIRST COUNCIL SESSION—Sunday, May 20, 2018**

**CALL TO ORDER**

The Speaker, Timothy L. Swan, M.D., FACR called the 95th Annual Meeting of the American College of Radiology (ACR) to order, on Sunday, May 20, 2018 at the Marriot Wardman Park Hotel in Washington, DC at 1:00 p.m.

**WELCOME**

Dr. Swan welcomed Councilors, Alternate Councilors, Members of the Board of Chancellors and Council Steering Committee (CSC), Chapter Officers, ACR Members, Residents, Fellows, Medical Students and Guests to ACR 2018, the 95th Annual Meeting of the ACR. Dr. Swan also welcomed and thanked all of those in attendance who served in the armed services. Over 350 members of the Resident and Fellow Section were acknowledged for their participation in the meeting. Dr. Swan extended congratulations to new Fellows, Honorary Fellows and recipients of the Gold Medal Award. William H. Herrington, M.D., FACR, a former Speaker and chair of the Commission on Membership and Communications was recognized for serving as chair of the ACR 2018 Program Committee and working with the CSC to develop the program for the meeting.

**OVERVIEW OF GOVERNANCE PROGRAM**

Dr. Swan provided an overview of the meeting program and outlined the schedule of events through Tuesday afternoon. He noted that the polls would be open for the ACR Elections on Monday morning beginning at 9:45 a.m. and that credentialed Councilors could vote electronically on their own device or in the McKinley Room.

**TELLERS COMMITTEE**

Dr. Swan recognized Kurt Shoppe, M.D. as chair of the Tellers Committee and acknowledged the committee members –

- Jennifer C Broder, M.D.
- Michelle L Dorsey, M.D.
- Raymond King Tu, M.D., FACR

**CREDENTIALS COMMITTEE REPORT**

Dr. Swan recognized Dr. Stephen Hobbs of Kentucky as chair of the Credentials Committee. Dr. Jennifer Cutts, a member of the committee, was introduced to present the credentials report in Dr. Hobbs' absence.

Dr. Cutts queried the Council to determine whether 1/3 of the Council was present. Over 124 Councilors were present representing a quorum.

Dr. Swan thanked Dr. Cutts and the remainder of the Credentials Committee for their volunteerism.

- Robert Charles Gibbs, MD

- Karen F Goodhope, MD, FACR
- Tyler Marshall Prout, MD

## **APPROVAL OF STANDING RULES**

Dr. Swan considered the Standing Rules, posted on the ACR web site. The rules were developed to both expedite and ensure equitability in the proceedings. The Standing Rules for the 2018 Annual Meeting of the Council were adopted without objection.

## **APPROVAL OF MINUTES**

The minutes of the meeting of the 2017 ACR Council were published and distributed to the Council. Dr. Swan asked if there were any corrections to the 2017 ACR Council Minutes. Absent objection, the minutes were approved as drafted.

## **POLICY PROGRESS REPORT**

The Policy Progress Report was published and distributed to the Council via the ACR web portal and Council News. Absent objection, the Policy Progress Report was filed.

## **SUNSET POLICIES**

The 2008 policies as listed in the Agenda Materials were withdrawn and transferred into the historical file without objection in accordance with ACR Bylaws, Article V, Section 10.

## **SPEAKER'S REPORT**

Dr. Swan acknowledged the role of the Speaker and Vice Speaker as members of both the Council Steering Committee and the Board of Chancellors. He noted that both he and the Vice Speaker serve on the Executive Committee and the Budget and Finance Committee and that as Speaker he serves on the Audit Committee.

Dr. Swan thanked the Chair and Vice Chair of the Board of Chancellors for encouraging and facilitating the work of the CSC and collaborations with the Board of Chancellors.

Dr. Swan acknowledged the CSC mission statement and the five key roles of the CSC as guided by bylaws and current traditions –

- Parameters and Standards approval process to include input from members and Council approval
- Development and management of resolutions for the annual meeting
- Liaise with chapters and societies
- Plan the annual meeting
- Liaise with the BOC

Dr. Swan outlined the charges for each CSC Work Group and noted work products from each.

### **Work Group I** – Co-chaired by Mark Alson, M.D., FACR and Amy Kotsenas, M.D., FACR

- To review all feedback from ACR 2017, summarize, and make recommendations for change for ACR 2018.
- Identify successes and failures of ACR 2017 to inform the BOC, CSC, and the Program Committee for future consideration of change or removal from program.

Dr. Swan acknowledged that the work group recommended changes in the time and location of the Meet the Candidates Session and provided recommendations for the Open Microphone session. They also worked in collaboration with the Program Committee to ensure that the Council's desire to have a strong focus on economics, advocacy, governance and leadership was kept at the forefront as this meeting was planned.

**Work Group II** – Co-chaired by Elaine Lewis, M.D., FACR and Richard Strax, M.D., FACR

Dr. Swan acknowledged that the work group was charged with reviewing the Digest of Council Actions and considering new policy resolutions that the CSC may sponsor. A notable accomplishment of the work group was Resolution 41, a resolution before the Council that aimed to affirm the leadership decision to refocus the annual meeting and ensure uninterrupted time for governance activities.

**Work Group III** – Co-chaired by Kristina Hoque, M.D., Ph.D. and Colin Segovis, M.D., Ph.D.

Dr. Swan acknowledged the work group charge to focus on the CSC liaison process and serve as champions for the Council Community on Engage. In addition, the work group planned the open microphone session for the annual meeting.

Dr. Swan thanked the members of the 2017-2018 Council Steering Committee for their dedication to serving the College and the Council. He also thanked Governance staff – Trina Behbahani and Catherine Herse for their assistance. Acknowledgement was also given to members of the Board of Chancellors.

## **LEADERSHIP REPORTS**

The following reports were presented to the Council:

- Report of the Chairman of the Board of Chancellors – James Brink., M.D., FACR
- Report of the Chief Executive Officer – William T. Thorwarth, Jr., M.D., FACR
- Report of the Secretary-Treasurer – Howard B. Fleishon, M.D., FACR

## **PRESIDENTIAL ADDRESS**

Dr. Swan introduced Alan Kaye, M.D., FACR, ACR President, who delivered the 2018 Presidential Address.

## **KEYNOTE ADDRESS**

Dr. Swan introduced Keith Dreyer, M.D., FACR, chair of the ACR Commission on Informatics, who delivered the Keynote Address for ACR 2018.

## **STATE GOVERNMENT RELATIONS SESSION**

Dr. Swan introduced Loralie Ma, M.D., FACR to moderate the State Government Relations session. The following members presented during the session:

- Terrance Healey, M.D.
- Tyler Prout, M.D.
- James Schlund, M.D., FACR
- David Youmans, M.D., FACR

Following the State GR session, Dr. Swan retook the podium. The Council recessed, without objection, at approximately 4:00 p.m.

## **II. SECOND COUNCIL SESSION—Monday, May 21, 2018**

The Speaker, Timothy L. Swan, M.D., FACR, called the second session of the 95th ACR Annual meeting to order at approximately 8:00 a.m. on Monday, May 21, 2018. Barry M. Glazer, M.D., CPP-T was present to provide parliamentary assistance.

### **ANNOUNCEMENTS**

Dr. Swan encouraged members to visit ACR Membership Services at the registration desk with any questions related to ACR Fellowship or membership. He also encouraged members to visit the ACR photo booth to share their story about why they chose radiology or why they are an ACR member. Council members were reminded that the ACR Election polls would be open following the candidate speeches. Dr. Swan announced that if a run-off election was necessary the polls would re-open following lunch.

### **CHAPTER RECOGNITION**

Winners of the 2017 ACR Chapter Recognition Awards were presented by David Boyd, M.D., MBA, FACR. The following chapter winners were recognized:

#### **Excellence in Government Relations**

Division C – Canadian Association of Radiologists  
Division D – Radiological Society of Connecticut  
Division E – Michigan Radiological Society

#### **Excellence in Meetings and Education**

Division A – Puerto Rico Radiological Society  
Division B – Oklahoma State Radiological Society  
Division C – South Carolina Radiological Society  
Division D – Tennessee Radiological Society  
Division E – Texas Radiological Society

#### **Excellence in Membership**

Division A – Mississippi Radiological Society  
Division C – DC Metropolitan Radiological Society  
Division D – Virginia Chapter of the ACR  
Division E – Pennsylvania Radiological Society

#### **Excellence in Quality and Safety**

Division C – Indiana Radiological Society  
Division D – Washington State Radiological Society  
Division E – Florida Radiological Society and Massachusetts Radiological Society

#### **Overall Excellence**

Division A – Hawaii Radiological Society  
Division B – Arkansas Radiological Society  
Division C – Alabama Academy of Radiology  
Division D – North Carolina Radiological Society

Division E – New York State Radiological Society

## **GLOBAL HUMANITARIAN AWARDS**

Winners of the ACR Foundation Global Humanitarian Awards were presented by Howard B. Fleishon, M.D., MMM, FACR. The following individual was recognized:

- Michael T. Nelson, M.D., FACR (Minnetonka, Minn.)

## **RADPAC UPDATE**

Dr. Swan suspended the ACR meeting and convened the ACRA.

Dr. Swan introduced Geraldine McGinty, M.D., FACR, Chair, RADPAC to preside over the presentation of awards.

- Chapter with the Most Contributors in 2017 – California Radiological Society
- Chapter with the Highest % of RADPAC Contributors in 2017 – Utah State Radiological Society
- RADPAC Achievement Award – Daniel Ortiz, M.D.

Dr. McGinty introduced David Youmans, M.D., FACR to present the Advocate of the Year award.

- Howard Fleishon Advocate of the Year Award – Amy Patel, M.D.

Dr. McGinty presented a RADPAC Update.

After the presentation of RADPAC and RAN awards and the presentation of the RADPAC update, Dr. Swan suspended the meeting of the ACRA and the ACR meeting was reconvened.

## **CREDENTIALS COMMITTEE REPORT**

Dr. Swan invited Dr. Hobbs to present the credentials report.

Dr. Hobbs queried the Council to determine whether 1/3 of the Council was present. Over 124 Councilors were present representing a quorum.

Dr. Swan yielded the podium to Vice Speaker, Richard Duszak, Jr., M.D., FACR.

## **REPORT OF THE NOMINATING COMMITTEE**

Dr. Duszak introduced Kathryn Gardner, M.D., FACR, chair of the College Nominating Committee. Dr. Gardner presented the report of the College Nominating Committee.

The nominees for uncontested positions were:

### **President:**

James A. Brink, M.D., FACR

### **Vice-President:**

Marta Hernanz-Schulman, M.D., FACR

### **Board Members:**

First three-year term – elected

Alan H. Matsumoto, M.D., FACR (Commission on Interventional and Cardiovascular Radiology)  
Richard A. Barth, M.D., FACR (Commission on Pediatric Radiology)

**Board of Chancellors – RSNA Representative: (Selected Position)**

Mary C. Mahoney, M.D., FACR

**Intersociety Committee: (Selected Position)**

Ronald V. Hublall, M.D., FACR, 2-year term

The nominees for contested positions were:

**Board of Chancellors – Commission on Medical Physics:**

Mahadevappa Mahesh, MS, Ph.D., FACR

Tariq A. Mian, Ph.D., FACR

**Board of Chancellors – Member at-Large:**

Kimberly E. Applegate, M.D., M.S., FACR

Daniel L. Rubin, M.D., M.S.

Richard Strax, M.D., FACR

**Board of Chancellors – YPS Representative:**

C. Matthew Hawkins, M.D.

Andrew B. Rosenkrantz, M.D.

**ACR Council Steering Committee:**

Catherine J. Everett, M.D., MBA, FACR

Elaine R. Lewis, M.D., FACR

Johnson B. Lightfoote, M.D., FACR

Gregory N. Nicola, M.D., FACR

William F. Sensakovic, Ph.D.

Adam W. Specht, M.D.

Eric J. Stern, M.D., FACR

Paul Wing-Cheung Wong, M.D.

**ACR College Nominating Committee:**

Zaihleen Keller, M.D.

Brian F. King, M.D.

Gaurang V. Shah, M.D., FACR

Syed Furquan H. Zaidi, M.D.

**CANDIDATE PRESENTATIONS**

The Nominating Committee put forth several candidates for contested elections. Dr. Duszak, Vice-Speaker of the Council, presided over the candidate presentations. He thanked the members of the College Nominating Committee for their work over the past year. He congratulated each candidate for being nominated and thanked Ms. Chris Ryan for providing public speaking guidance to the candidates.

Candidates for each contested position were allowed two (2) minutes to address the Council regarding their qualifications for leadership positions. The candidates were randomly chosen to make their presentations. The following candidates made presentations:

**Board of Chancellors – Commission on Medical Physics:**

Mahadevappa Mahesh, MS, Ph.D., FACR

Tariq A. Mian, Ph.D., FACR

**Board of Chancellors – Member at-Large:**

Kimberly E. Applegate, M.D., M.S., FACR

Daniel L. Rubin, M.D., M.S.

Richard Strax, M.D., FACR

**Board of Chancellors – YPS Representative**

C. Matthew Hawkins, M.D.

Andrew B. Rosenkrantz, M.D.

**ACR Council Steering Committee:**

Gregory N. Nicola, M.D., FACR

William F. Sensakovic, Ph.D.

Johnson B. Lightfoote, M.D., FACR

Adam W. Specht, M.D.

Eric J. Stern, M.D., FACR

Paul Wing-Cheung Wong, M.D.

Elaine R. Lewis, M.D., FACR

Catherine J. Everett, M.D., MBA, FACR

**ACR College Nominating Committee:**

Syed Furquan H. Zaidi, M.D.

Zaihleen Keller, M.D.

Gaurang V. Shah, M.D., FACR

Dr. Duszak thanked the candidates.

Dr. Duszak announced that the polls would open for voting following the candidate presentations and would be open for three hours. He noted that those members appropriately credentialed could vote electronically via their smart phone, tablet or laptop, or on computer stations in the McKinley Room.

Dr. Duszak yielded the podium to Dr. Swan, Speaker of the Council, to preside over the Reference Committee Open Hearings.

Dr. Swan provided an overview on the procedures of the open reference committee hearings. As stipulated by ACR Bylaws, the body will follow The Standard Code of Parliamentary Procedure by Alice Sturgis, 4<sup>th</sup> edition.

Dr. Swan noted that the 2018 Scenario Cards, Standing Rules, and Procedures of the Council could be found in Download Central on the Governance page of the ACR 2018 web site.

Dr. Swan cautioned against being intimidated by the process. The process is necessary to ensure order and fairness in the debate. He acknowledged that staff and the parliamentarian were present to assist in the process.

**REMINDER OF UPDATE TO PROCEDURES OF THE COUNCIL**

Dr. Swan provided a reminder of an update to the Procedures of the Council that was adopted in 2015. The change to the procedures reflects that a vote to refer a parameter at its 5-year limit will result in the original practice parameter being extended for one year. The intent is to ensure that we are not without a parameter in place during the referral period.

## **REMINDER OF UPDATES TO REFERENCE COMMITTEE COVERSHEETS**

Dr. Swan called attention to updates to the Reference Committee coversheets. Changes were made to allow Council members to more easily distinguish between the different types of resolutions that are being presented.

## **RECOGNITION OF COLLABORATING ORGANIZATIONS**

Dr. Swan recognized representatives from collaborating organizations that attended to assist with and answer questions that arise from collaborative practice parameters and technical standards.

Dr. Swan thanked the representatives for their expertise and service.

## **OPEN REFERENCE COMMITTEE SESSIONS**

The open sessions of Reference Committees I, II, III, and IV were held. It was announced that the sessions would run sequentially. Madelene Lewis, M.D., Grant J. Linnell, D.O.; Benjamin Franc, M.D., MS, MBA, FACNM, CPE; and Mark Adams, M.D., MBA, FACR, chaired the reference committees respectively.

Dr. Swan thanked the reference committees for their preparation in advance of the meeting and noted the following prior to introducing Reference Committee I:

1. Any ACR member can speak at the microphones.
2. Others may speak at the discretion of the Chair. We encourage everyone to participate. As per our standing rules please try and keep your comments to 2 minutes. If you are supporting what another speaker has already said, please do so concisely.
3. When recognized by the chair, please first state your name, status, for whom you are speaking and if you stand for or against the resolution.
4. All recommendations for change must be voiced at the reference committee hearings and submitted in writing by using the amendment sheets or submitting hard copies of the electronic amendments. You will find these sheets on the tables in the back or via the print station outside.

At the conclusion of the open hearings, members were reminded to refrain from communicating with members of the Reference Committees during closed session.

Dr. Swan noted that Reference Committee reports would be posted online as they are finalized and reminded members of the availability of the Speaker, Vice Speaker and Parliamentarian from 7:00 – 8:00 a.m. on Tuesday morning.

## **ANNOUNCEMENTS**

Dr. Swan announced that the Economics Forum would take place from 1:30 – 5:00 p.m. in the ballroom and that the Council would reconvene at 8:00 a.m. on Tuesday morning.

The Council recessed, without objection, at approximately 12:00 p.m.

## **COUNCIL RECONVENES**

Dr. Swan reconvened the Council at approximately 1:30 p.m. to announce the need for a run-off election.

## **ELECTION RESULTS**



Elections for several contested ACR positions. Dr. Swan announced the winners below to the Council.

**Board of Chancellors – Commission on Medical Physics:**

Mahadevappa Mahesh, MS, Ph.D., FACR

**Board of Chancellors – Member at-Large:**

Richard Strax, M.D., FACR

**Board of Chancellors – YPS Representative:**

C. Matthew Hawkins, M.D.

**ACR Council Steering Committee:**

Catherine J. Everett, M.D., MBA, FACR

Elaine R. Lewis, M.D., FACR

Johnson B. Lightfoote, M.D., FACR

Gregory N. Nicola, M.D., FACR

**ACR College Nominating Committee:**

Zaihleen Keller, M.D.

Gaurang V. Shah, M.D., FACR

Syed Furquan H. Zaidi, M.D.

Dr. Swan congratulated the winners and thanked all the candidates for running for office.

**III. THIRD COUNCIL SESSION—TUESDAY, MAY 22, 2018**

**CALL TO ORDER**

The Speaker, Timothy L. Swan, M.D., FACR called the third session of the 95th ACR Annual Meeting to order at approximately 8:00 a.m. on May 22, 2018.

**RESIDENT AND FELLOW SECTION REPORT**

Colin Segovis, MD, Ph.D., Chair of the ACR Resident and Fellow Section delivered the annual Resident and Fellow Section report.

**COMMISSION ON PATIENT AND FAMILY CENTERED CARE**

James V. Rawson, M.D., FACR, Chair of the Commission on Patient and Family Centered Care presented a report on behalf of the commission.

**OPEN MICROPHONE SESSION**

Colin Segovis, M.D., Ph.D. and C. Matthew Hawkins, M.D. facilitated an open microphone session entitled *What is the purpose of Councilors and Chapter Leaders in the ACR?*

**RECESS**

The Council stood in recess for a thirty-minute break.

**COUNCIL RECONVENES**

Dr. Swan reconvened the Council at approximately 10:00 a.m.

## **IN MEMORIAM**

Dr. Swan asked the Council to pay honor to those ACR members who passed away during the period of May 8, 2017 – May 17, 2018.

## **GOLD MERIT ABSTRACT AWARDS**

Dr. Swan introduced C. Matthew Hawkins, M.D. to present the Gold Merit Abstract Award recipients. Dr. Hawkins reported that there were 162 abstracts submitted for consideration among five categories, with an acceptance rate of 65%. Dr. Hawkins thanked the forty-two volunteers that participated in the comprehensive review process.

The following abstracts received a Gold Merit Abstract Award:

- **Advocacy, Economics and Health Policy** – Abstract #18-015 “Meeting the Interventional Radiology Needs of Patients and Hospitals in Rural and Small Communities: Current Status”
- **Informatic Innovations** – Abstract #18-031 “Predictive Modeling for Future CT Imaging Procedure Volume - Recovering from Harvey”
- **Leadership** – Abstract #18-040 “Impact of a Single Vendor Strategic Alliance: An Update of Our Initial Data Analysis”
- **Quality and Safety** – Abstract # 18-077 “The Impact of Human Capital Depreciation on Recall Rates in Screening Mammography: Results of a Pilot Study of 50,000 Examinations”
- **Training and Education** – Abstract #18-100 “R-SCAN Story to Share: Improvement in Emergency Department Utilization of Appropriate Use Criteria for CT Pulmonary Embolism”

## **CHANGING OF OFFICERS**

The Speaker, Dr. Swan, invited the outgoing president, Dr. Kaye, to the podium. Dr. Kaye invited the incoming president, Dr. Brink, to the podium and presented him with a pin and plaque. The new president, Dr. Brink, invited the outgoing vice president, Dr. Liebscher, to the podium and presented him with a vice presidential pin and plaque. The new president, Dr. Brink, recognized the election of the new vice president, Dr. Hernanz-Shulman. The new president, Dr. Brink, invited the new chairman of the board, Dr. McGinty, to the podium and introduced her to the council and presented her with the chair’s pin and gavel. The new chairman of the board, Dr. McGinty, presented the outgoing president, Dr. Kaye, with the president’s pin and plaque. The new chair of the Board of Chancellors, Dr. McGinty, introduced the 2018-2019 Board of Chancellors to the Council. Dr. McGinty returned the podium to Dr. Swan to introduce the 2018-2019 Council Steering Committee.

## **2018-2019 BOARD OF CHANCELLORS**

Geraldine B. McGinty, M.D., FACR, Chair  
Howard B. Fleishon, M.D., FACR, Vice Chair  
James A. Brink, M.D., FACR, President  
Marta Hernanz-Schulman, M.D., FACR, Vice President  
James V. Rawson, M.D., FACR, Secretary-Treasurer  
Timothy L. Swan, M.D., FACR, Speaker, ACR Council  
Richard Duszak, Jr., M.D., FACR, Vice-Speaker, ACR Council  
Richard A. Barth, M.D., FACR  
Jacqueline A. Bello, M.D., FACR  
Claire E. Bender, M.D., FACR  
Lincoln L. Berland, M.D., FACR  
Beverly G. Coleman, M.D., FACR  
Lori A. Deitte, M.D., FACR  
Keith Dreyer, D.O., Ph.D., FACR

C. Matthew Hawkins, M.D.  
William T. Herrington, M.D., FACR  
Andre Konski, M.D., MBA, MA, FACR  
Jonathan B. Kruskal, M.B.,ChB, Ph.D.  
Frank J. Lexa, M.D., MBA  
Katarzyna J. Macura, M.D., Ph.D., FACR  
Mahadevappa Mahesh, M.S., Ph.D., FACR  
Mary C. Mahoney, M.D., FACR  
Alan Matsumoto, M.D., FACR  
William D. Miller, M.D.  
Alexander M. Norbash, M.D., FACR  
Robert S. Pyatt, M.D., FACR  
Seth A. Rosenthal, M.D., FACR  
Ezequiel Silva, III, M.D., FACR  
Dana H. Smetherman, M.D., FACR  
Richard Strax, M.D., FACR  
Pamela K. Woodard, M.D., FACR  
Don C. Yoo, M.D.

#### **2018-2019 COUNCIL STEERING COMMITTEE**

Timothy L. Swan, M.D., FACR, Speaker  
Richard Duszak, Jr., M.D., FACR, Vice Speaker  
Mark D. Alson, M.D., FACR  
Timothy A. Crummy, M.D., FACR  
Catherine J. Everett, M.D., MBA, FACR  
Eric B. Friedberg, M.D., FACR  
Sonia Gupta, M.D.  
K. Elizabeth Hawk, M.D., MS, Ph.D.  
Amy L. Kotsenas, M.D., FACR  
Elaine Lewis, M.D., FACR  
Madelene C. Lewis, M.D.  
Ralph Lieto, M.S., FACR  
Johnson B. Lightfoote, M.D., FACR  
Darlene F. Metter, M.D., FACR  
Gregory N. Nicola, M.D., FACR  
Daniel Ortiz, M.D.  
Samir B. Patel, M.D., FACR  
Eric Rubin, M.D.  
Colin Segovis, M.D., Ph.D.  
William Small, Jr., M.D., FACR  
Kevin Smith, M.D., FACR

Dr. Swan thanked all for their participation and reiterated that the changes would take effect at the end of the day's proceedings.

#### **MORETON LECTURE**

The Moreton Lecture entitled "Forecasting Futures of Radiology at the Crossroads: It's All Downhill from Here on Up" was given by Anupam B. Jena. Following the presentation, Dr. Jena was presented with a plaque by Vice-Speaker, Richard Duszak, Jr., M.D., FACR.

#### **ANNOUNCEMENTS**

The Speaker invited members to proceed to lunch and list to the presentation of Nicole Saphier, M.D.

## **RECESS FOR LUNCH**

The Council stood in recess for lunch.

## **COUNCIL RECONVENES**

Dr. Swan called the ACRA Council to order following a recess for lunch. Barry M. Glazer, M.D., CPP-T was present to provide parliamentary assistance.

Dr. Swan introduced Dr. Geraldine McGinty, Chair, RADPAC to present a RADPAC update.

After the RADPAC update was presented, Dr. Swan suspended the meeting of the ACRA and the ACR meeting was reconvened.

## **ABR REPORT**

Lisa Kachin, M.D., President of the American Board of Radiology, presented the ABR Report.

## **CREDENTIALS REPORT**

Dr. Swan invited Dr. Hobbs to present the credentials report.

Dr. Hobbs queried the Council to determine whether 1/3 of the Council was present. Over 124 Councilors were present representing a quorum.

## **CONSIDERATION OF REFERENCE COMMITTEE REPORTS**

The 2018 Reference Committee reports were considered by the Council.

## **REFERENCE COMMITTEE I**

Reference Committee I met on Monday, May 21, 2018 in the Washington Marriott Wardman Park Hotel in Washington, D.C. The members of this committee were Madelene C. Lewis, M.D., *Chair*, Ashley G. Grindol, M.D., Andrew V. Kayes, M.D., Andrew B. Rosenkrantz, M.D., Mary E. Swain, M.D., FACR, Scott M. Truhlar, M.D., M.S., MBA, FACR.

The session was attended by approximately 450 members.

The Reference Committee recognizes the following reports as informational and I recommend that they be filed.

## **COMMISSIONS, COMMITTEES & TASK FORCES:**

*Audit Committee*

*Awards & Honors Committee*

*Ethics Committee*

*Intersociety Committee*

*Commission on Body Imaging*

*Commission for Women & General Diversity*

*Commission on Pediatric Radiology*

The Committee was assigned the following resolutions for consideration:

## Resolution

1. Ten Year Extension of Policies:
  - (a) General
    6. Council Consultation Regarding Finances
  - (b) Annual Council Meeting
    1. Council Meeting Registration Fee
  - (c) Annual Council Meeting
    3. Demographic Information of ACR Leadership
  - (d) Annual Council Meeting
    5. ACR Policy on “Electioneering”
  - (e) Council
    2. Resolutions
    - d. Pre-Council Dissemination of Resolutions
2. ACR Practice Parameter for the Performance of Fluoroscopic Contrast Enema Examination in Adults
3. ACR Practice Parameter for the Performance of Esophagrams and Upper Gastrointestinal Examinations in Adults
4. ACR–SPR Practice Parameter for the Performance of a Contrast Small Bowel Examination
5. ACR–SPR–SSR Practice Parameter for the Performance and Interpretation of Magnetic Resonance Imaging (MRI) of the Fingers and Toes
6. ACR–SPR–SSR Practice Parameter for the Performance of Radiography of the Extremities
7. ACR–SCBT–MR–SPR–STR Practice Parameter for the Performance of Thoracic Computed Tomography (CT)
8. ACR–SPR–SSR Practice Parameter for the Performance of Dual-Energy X-Ray Absorptiometry (DXA)
9. ACR–SPR–SSR Practice Parameter for the Performance of Musculoskeletal Quantitative Computed Tomography (QCT)
10. Difference in Member vs. Non-Member Cost of ACR Programs and Services
11. Membership Dues Decrease

**THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING CONSENT CALENDAR FOR ACCEPTANCE:**

**RECOMMENDED FOR ADOPTION:**

**Resolution No. 1 Ten Year Extension of Policies**

**BE IT RESOLVED,**

**that the following policies of the American College of Radiology be extended for an additional ten year period:**

**(a) GENERAL**

**6. COUNCIL CONSULTATION REGARDING FINANCES**

That the Board of Chancellors consult and communicate with the Council regarding financial affairs; adopted 1978, 1988, 1998, 2008 (Res. 27-a).

**(b) ANNUAL COUNCIL MEETING**

**1. COUNCIL MEETING REGISTRATION FEE**

The registration fee for the Annual Meeting of the American College of Radiology will be eliminated for members; adopted 1988, 1998, 2008 (Res. 27-b).

(c) **ANNUAL COUNCIL MEETING**

**3. DEMOGRAPHIC INFORMATION OF ACR LEADERSHIP**

~~Each year the registration form for the annual ACR meeting shall include a portion in which the registrant would include demographics. This information is to include the registrant's position(s), i.e., Board of Chancellors, Council Steering Committee, Commission member, Councilor, or Alternate Councilor.~~  
**The College will provide a report to the membership on an annual basis that provides demographic data on College leadership (Board of Chancellors, Council Steering Committee, Councilors and Alternate Councilors).**  
Demographic self-reported information ~~is to~~ **will** include, but not be limited to, sex, age, years in practice, academic versus community-based practice, size of practice group, and size of location of practice (rural, suburban, or urban). This information shall be reported to the membership ~~by the ACR Bulletin~~ within six months of the **annual** meeting date; adopted 1998, 2008 (Res. 27-c).

(d) **ANNUAL COUNCIL MEETING**

**5. ACR POLICY ON "ELECTIONEERING"**

"The Council Steering Committee will provide binding regulations for candidate communications and publish those regulations in the ACR Elections Manual as well as provide all candidates a copy of those regulations.

Any candidate who violates those Election Manual regulations may, at the discretion of a committee composed of the Speaker, Vice Speaker and ~~chairman~~ **Chair** of the College Nominating Committee be declared ineligible for election in that year and have his or her name stricken from the ballot; adopted 2008 (Res. 41)."

(e) **COUNCIL**

**2. RESOLUTIONS**

*d. Pre-Council Dissemination of Resolutions*

The College will continue to provide a summary of proposed resolutions to the general membership **in a timely manner** prior to the annual meeting; adopted 1988, 1998, 2008 (Res. 27-d).

**Resolution No. 6      ACR-SPR-SSR Practice Parameter for the Performance of Radiography of the Extremities**

**Resolution No. 7      ACR-SCBT-MR-SPR-STR Practice Parameter for the Performance of Thoracic Computed Tomography (CT)**

**Resolution No. 10    Difference in Member vs. Non-Member Cost of ACR Programs and Services**

**BE IT RESOLVED,**

that in an effort to increase ACR and state chapter membership through offerings of “essential benefits and other products and services”, ACR leadership should evaluate the budgetary impact of offering as many of its products and services as possible at minimal or no additional cost to ACR members and report its findings and recommendations/actions to Council in 2019; and

**BE IT FURTHER RESOLVED,**

that in the absence of minimal or no cost “essential benefits and other products or services” for all members, ACR should explore and implement a differential member vs. non-member price of all products and services offered to enhance the value of ACR membership; and

**BE IT FURTHER RESOLVED,**

that the ACR should strive to minimize the cost of "essential benefits and other products and services" to individual ACR members and ineligible non-members associated with ACR members, but not so for eligible non-members; and

**BE IT FURTHER RESOLVED,**

that in the absence of minimal or no cost “essential benefits, products or services” for all members, ACR leadership should explore reducing the overall cost of ACR benefits to groups where all membership-eligible individuals in a group practice (e.g. Single Tax Number (TIN)) are ACR members and report its findings and recommendations/actions to Council in 2019.

**ACTION:** Resolutions 1, 6, 7, and 10 were adopted.

**RECOMMENDED FOR ADOPTION AS AMENDED (amended lines noted):**

**Resolution No. 2** ACR Practice Parameter for the Performance of Fluoroscopic Contrast Enema Examination in Adults  
(Lines 23-26, 32, 45-49, 109-110, 123, 191, 206)

**Resolution No. 4** ACR–SPR Practice Parameter for the Performance of a Contrast Small Bowel Examination  
(Lines 46-49, 51, 56, 58-60, 71, 196, 208)

*The SPR representatives affirm that in their best judgement the proposed changes would be acceptable to SPR; subject to ratification by SPR.*

**Resolution No. 5** ACR–SPR–SSR Practice Parameter for the Performance and Interpretation of Magnetic Resonance Imaging (MRI) of the Fingers and Toes  
(Lines 57-59, 70-72, 74, 88 231-232, 249-250, 305)

*The SPR and SSR representatives affirm that in their best judgement the proposed changes would be acceptable to SPR and SSR; subject to ratification by SPR and SSR.*

**Resolution No. 8** ACR–SPR–SSR Practice Parameter for the Performance of Dual-Energy X-Ray Absorptiometry (DXA)  
(Lines 196-197, 211)

*The SPR and SSR representatives affirm that in their best judgement the proposed changes would be acceptable to SPR and SSR; subject to ratification by SPR and SSR.*

**Resolution No. 9**      **ACR–SPR–SSR Practice Parameter for the Performance of Musculoskeletal Quantitative Computed Tomography (QCT)**  
**(Lines 8, 42, 217)**

*The SPR and SSR representatives affirm that in their best judgement the proposed changes would be acceptable to SPR and SSR; subject to ratification by SPR and SSR.*

**Resolution No. 11**      **Membership Dues Decrease**

**BE IT RESOLVED,**

that the American College of Radiology ~~find~~ explore ways to decrease the price of its dues; and

**BE IT FURTHER RESOLVED,**

**that the Board of Chancellors provide a detailed report of its findings and recommendations/actions to Council in 2019.**

**ACTION:**      Resolutions 2, 4, 5, 8, 9 and 11 were adopted as amended.

**RECOMMENDED FOR REFERRAL:**

**Resolution No. 3**      **ACR Practice Parameter for the Performance of Esophagrams and Upper Gastrointestinal Examinations in Adults**

**ACTION:**      Resolution 3 was referred.

Reference Committee I wishes to thank the Councilors and visitors for their valuable input in these deliberations.

Respectfully Submitted:

Madelene C. Lewis, M.D., *Chair*  
Ashley G. Grindol, M.D.  
Andrew V. Kayes, M.D.  
Andrew B. Rosenkrantz, M.D.  
Mary E. Swain, M.D., FACR  
Scott M. Truhlar, M.D., M.S., MBA, FACR

## **REFERENCE COMMITTEE II**

Reference Committee II met on Monday, May 21, 2018 in the Washington Marriott Wardman Park Hotel in Washington, D.C. The members of this committee were Grant J. Linnell, D.O., *Chair*, Timothy A. Crummy, M.D., FACR, David A. Joyner, M.D., Dana J. Lin, M.D., Suzanne L. Palmer, M.D., Rajeev Suri, M.D., FACR.

The session was attended by approximately 450 members.

The Reference Committee recognizes the following reports as informational and I recommend that they be filed.



**COMMISSIONS, COMMITTEES & TASK FORCES:**

*Commission on Economics*

*Commission on Human Resources*

*Commission on Neuroradiology*

*Commission on Leadership & Practice Development*

*Commission on Government Relations*

*Commission on Interventional & Cardiovascular*

*Journal of the American College of Radiology*

*Commission on Patient & Family Centered Care*

The Committee was assigned the following resolutions for consideration:

**Resolution**

12. Ten Year Extension of Policies:
  - (a) Professional Liability
    1. Non-Compete Clauses in Residency and Fellowship Contracts
  - (b) Radiological Practice and Ethics
    5. Miscellaneous Radiologic Practices and Ethics Policies
      - aa. Self-Referral
  - (c) Testimony
    2. Expert Witness Affirmation
  - (d) Third Party Carriers and Compensation
    11. Medicare/Medicaid Bundling Edits
13. ACR–SIR–SPR Practice Parameter for Specifications and Performance of Image-Guided Percutaneous Drainage/Aspiration of Abscesses and Fluid Collections (PDAFC)
14. ACR–SIR–SPR Practice Parameter for the Performance of Image-Guided Percutaneous Needle Biopsy (PNB)
15. ACR–SIR Practice Parameter for the Performance of Diagnostic Infusion Venography
16. ACR–ASNR–SPR Practice Parameter for the Performance of Magnetic Resonance Imaging (MRI) of the Head and Neck
17. ACR–ASNR–SPR Practice Parameter for the Performance and Interpretation of Magnetic Resonance Spectroscopy of the Central Nervous System
18. ACR–ASNR–SIR–SNIS Practice Parameter for the Performance of Endovascular Embolectomy and Revascularization in Acute Stroke
19. ACR–ASNR–SCBT-MR–SSR Practice Parameter for the Performance of Magnetic Resonance Imaging (MRI) of the Adult Spine
20. ACR–SPR Practice Parameter for the Performance of Magnetic Resonance Imaging (MRI) of the Pediatric Spine
21. The American Opioid Crisis
22. Introduce Undergraduate Students to the Professions of Radiological Care
44. Changes to Physician Qualifications Section in the American College of Radiology Interventional Radiology Practice Parameters

**THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING CONSENT CALENDAR FOR ACCEPTANCE:**

**RECOMMENDED FOR ADOPTION:**

**Resolution No. 12      Ten Year Extension of Policies**

**that the following policies of the American College of Radiology be extended for an additional ten year period:**

- (a) PROFESSIONAL LIABILITY**

## 1. NON-COMPETE CLAUSES IN RESIDENCY AND FELLOWSHIP CONTRACTS

The American College of Radiology strongly oppose resident/fellowship contractual restrictions on future employment by all institutions sponsoring post-graduate radiology training; adopted 1998, 2008 (Res. 27-f).

### (b) RADIOLOGICAL PRACTICE AND ETHICS

#### 5. MISCELLANEOUS RADIOLOGIC PRACTICE AND ETHICS POLICIES

##### *aa. Self-Referral*

##### **Self-Referral**

The position of the American College of Radiology is that the practice of self-referral of patients for a diagnostic or therapeutic medical procedure may not be in the best interests of the patient. Accordingly, referring physicians should not have a direct or indirect financial interest in diagnostic or therapeutic facilities to which they refer patients. The American College of Radiology will support legislative efforts prohibiting reimbursement for any diagnostic or therapeutic procedure carried out in a facility in which the referring physician has a direct or indirect financial interest; adopted 1988, 1998, 2008 (Res. 27-h).

### (c) TESTIMONY

#### 2. EXPERT WITNESS AFFIRMATION

The American College of Radiology will develop an Expert Witness Affirmation which declares that the witness will uphold certain professional tenets (as outlined in attached ACR guideline, ACR policy, and ACR Code of Ethics) in providing expert witness testimony.

~~The ACR Ethics Committee will present this Expert Witness Affirmation at the 2009 annual meeting for consideration and adoption; adopted 2008 (Res. 42).~~

**The American College of Radiology will maintain an Expert Witness Affirmation which declares that the witness will uphold certain professional tenets (as outlined in attached ACR guideline, ACR policy, and ACR Code of Ethics) in providing expert witness testimony.**

The ACR adopts the attached voluntary Expert Witness Affirmation (Appendix L) for implementation by the Board of Chancellors by January 1, 2010.

### (d) THIRD PARTY CARRIERS AND COMPENSATION

#### 11. MEDICARE/MEDICAID BUNDLING EDITS

The American College of Radiology opposes onerous commercial, Medicare and Medicaid bundling edits and shall take whatever measures are necessary to delay or prevent their implementation.

The American College of Radiology actively opposes the use of secret, proprietary edits and opposes any restrictions on disclosure of such edits in any public payment system, including Medicare and Medicaid; 1998, amended 2008 (Res. 27-i).

**Resolution No. 13**      **ACR–SIR–SPR Practice Parameter for Specifications and Performance of Image-Guided Percutaneous Drainage/Aspiration of Abscesses and Fluid Collections (PDAFC)**

**Resolution No. 14**      **ACR–SIR–SPR Practice Parameter for the Performance of Image-Guided Percutaneous Needle Biopsy (PNB)**

**Resolution No. 15**      **ACR–SIR Practice Parameter for the Performance of Diagnostic Infusion Venography**

**Resolution No. 18**      **ACR–ASNR–SIR–SNIS Practice Parameter for the Performance of Endovascular Embolectomy and Revascularization in Acute Stroke**

**Resolution No. 21**      **The American Opioid Crisis**

**BE IT RESOLVED,**

that the ACR study the possibility of issuing a formal position statement, ~~developing policies,~~ and/or developing guidelines practice parameters and/or training materials for its members to address the opioid crisis.

**Resolution No. 22**      **Introduce Undergraduate Students to the Professions of Radiological Care**

**BE IT RESOLVED,**

that the ACR, ACR chapters and ACR members are encouraged to create programs to introduce undergraduate students to the specialties of radiology, radiation oncology, interventional radiology, nuclear medicine and medical physics.

**Resolution No. 44**      **Changes to Physician Qualifications Section in the American College of Radiology Interventional Radiology Practice Parameters**

**BE IT RESOLVED,**

that the ACR will edit the Qualifications and Responsibilities of Personnel section of the IR practice parameter documents to maintain language appropriate for AOBP and RCPSC certification but include the ABR's new IR/DR board certification; and

**BE IT FURTHER RESOLVED,**

that the ACR will notify the collaborating societies that worked on the IR practice parameter documents of the changes. If a society wants to be removed from the document because of the changes, it will be allowed to do so.

**ACTION:**      Resolutions 12, 13, 14, 15, 18, 22 and 44 were adopted. Resolution 21 was adopted with amendment.

**RECOMMENDED FOR ADOPTION AS AMENDED (amended lines noted):**

**Resolution No. 16**      **ACR–ASNR–SPR Practice Parameter for the Performance of Magnetic Resonance Imaging (MRI) of the Head and Neck  
(Lines 188-189, 192-197, 207-208, 316-320, 659-661, 663-665)**

*The ASNR and SPR representatives affirm that in their best judgement the proposed changes would be acceptable ASNR and SPR; subject to ratification by ASNR and SPR.*

**Resolution No. 19**      **ACR–ASNR–SCBT–MR–SSR Practice Parameter for the Performance of Magnetic Resonance Imaging (MRI) of the Adult Spine**  
(Lines 87, 89, 93-94, 277-278, 406-411, 418-422, 712-716, 719-730)

*The ASNR, SCBT-MR, and SSR representatives affirm that in their best judgement the proposed changes would be acceptable ASNR, SCBT-MR, and SSR; subject to ratification by ASNR, SCBT-MR, and SSR.*

**ACTION:**      Resolutions 16 and 19 were adopted as amended.

**RECOMMENDED FOR REFERRAL:**

**Resolution No. 17**      **ACR–ASNR–SPR Practice Parameter for the Performance and Interpretation of Magnetic Resonance Spectroscopy of the Central Nervous System**

**Resolution No. 20**      **ACR–SPR Practice Parameter for the Performance of Magnetic Resonance Imaging (MRI) of the Pediatric Spine**

**ACTION:**      Resolutions 17 and 20 were referred.

Reference Committee II wishes to thank the Councilors and visitors for their valuable input in these deliberations.

Respectfully Submitted:

Grant J. Linnell, DO, FACR, *Chair*  
Timothy A. Crummy, MD, FACR  
David A. Joyner, MD  
Dana J. Lin, MD  
Suzanne L. Palmer, MD  
Rajeev Suri, MD, FACR

**REFERENCE COMMITTEE III**

Reference Committee III met on Monday, May 21, 2018 in the Washington Marriott Wardman Park Hotel in Washington, D.C. The members of this committee were Benjamin L. Franc, M.D., M.S., MBA, *Chair*, Bennett S. Greenspan, M.D., M.S., FACR, Darlene F. Metter, M.D., FACR, Gail N. Morgan, M.D., FACR, Matthew Spraker, M.D., Ph.D., Maryellen R.M. Sun, M.D.

The session was attended by approximately 450 members.

The Reference Committee recognizes the following reports as informational and I recommend that they be filed.

**COMMISSIONS, COMMITTEES & TASK FORCES:**

<i>Commission on Education</i>	<i>Commission on Membership and Communications</i>
<i>Commission on Informatics</i>	<i>Commission on Research</i>
<i>Commission on Ultrasound</i>	<i>Task Force Pneumoconiosis Certification Program</i>
<i>Commission on Nuclear Medicine &amp; Molecular Imaging</i>	

The Committee was assigned the following resolutions for consideration:

**Resolution**

23. Ten Year Extension of Policies:
  - (a) Technologists and Allied Health Professions  
2. American Registry of Radiologic Technologists
  - (b) Technologists and Allied Health Professions  
8. Workforce in Radiologic Technology
  - (c) Technologists and Allied Health Professions  
12. Developing a Process for Updating the Roles and Responsibilities of the Radiologist Assistant
  - (d) Technologists and Allied Health Professions  
13. Program Director of an Accredited Educational Program in Radiological Technology: Minimum Educational Requirements
24. ACR–AIUM–SPR–SRU Practice Parameter for the Performance of the Ultrasound Examination for Detection and Assessment of Developmental Dysplasia of the Hip
25. ACR–AIUM–SPR–SRU Practice Parameter for the Performance and Interpretation of Diagnostic Ultrasound of the Extracranial Head and Neck
26. ACR–AIUM–SPR–SRU Practice Parameter for the Performance of Peripheral Venous Ultrasound Examination
27. ACR–ACOG–AIUM–SMFM–SRU Practice Parameter for the Performance of Standard Diagnostic Obstetrical Ultrasound
28. ACR–SPR Practice Parameter for the Performance of Scintigraphy for Inflammation and Infection
29. ACR–SPR Practice Parameter for the Performance of Parathyroid Scintigraphy
30. ACR–SPR–STR Practice Parameter for the Performance of Pulmonary Scintigraphy
31. ACR–ACNM Practice Parameter for the Performance of Fluorine-18 Fluciclovine-PET/CT for Recurrent Prostate Cancer
32. ACR Practice Parameter for the Performance of Gallium-68 DOTATATE PET/CT Neuroendocrine Tumors

**THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING CONSENT CALENDAR FOR ACCEPTANCE:**

**RECOMMENDED FOR ADOPTION:**

**Resolution No. 23 Ten Year Extension of Policies**

**BE IT RESOLVED,**

**that the following policies of the American College of Radiology be extended for an additional ten year period:**

**(a) TECHNOLOGISTS AND ALLIED HEALTH PROFESSIONS**

**2. AMERICAN REGISTRY OF RADIOLOGIC TECHNOLOGISTS**

The ACR supports the examinations for certification in nuclear medicine technology given by the American Registry of Radiologic Technologists (ARRT); adopted 1978, 1988, 1998, 2008 (Res. 1-b).

**(b) TECHNOLOGISTS AND ALLIED HEALTH PROFESSIONS**

**8. WORKFORCE IN RADIOLOGIC TECHNOLOGY**

The American College of Radiology ~~supports and~~ will continue its commitment to working collaboratively with allied organizations ~~to support the collaborative efforts of the participating organizations of the Summit on Radiological Sciences and Sonography~~ in identifying current and long-term technology workforce needs and in developing and implementing strategies for addressing the identified needs; 1988, amended 1998, 2008 (Res. 1-c).

**(d) TECHNOLOGISTS AND ALLIED HEALTH PROFESSIONS**

**13. PROGRAM DIRECTOR OF AN ACCREDITED EDUCATIONAL PROGRAM IN RADIOLOGIC TECHNOLOGY: MINIMUM EDUCATIONAL REQUIREMENTS**

The American College of Radiology encourages the continued improvement of the quality of the profession of Radiologic Technology by supporting the requirement of a masters degree as the minimum educational requirement for the Program Director of an accredited educational program in radiography/radiation therapy; 1988, 1998, amended 2008 (Res. 1-d).

**Resolution No. 25**      **ACR–AIUM–SPR–SRU Practice Parameter for the Performance and Interpretation of Diagnostic Ultrasound of the Extracranial Head and Neck**

**Resolution No. 29**      **ACR–SPR Practice Parameter for the Performance of Parathyroid Scintigraphy**

**Resolution No. 30**      **ACR–SPR–STR Practice Parameter for the Performance of Pulmonary Scintigraphy**

**Resolution No. 31**      **ACR–ACNM Practice Parameter for the Performance of Fluorine-18 Fluciclovine-PET/CT for Recurrent Prostate Cancer**

**ACTION:**      Resolutions 23 a, b, and d, 25, 29, 30 and 31 were adopted.

**RECOMMENDED FOR ADOPTION AS AMENDED (amended lines noted):**

**Resolution No. 24**      **ACR–AIUM–SPR–SRU Practice Parameter for the Performance of the Ultrasound Examination for Detection and Assessment of Developmental Dysplasia of the Hip  
(Lines 91, 105-106, 137-138)**

*The AIUM, SPR and SRU representatives affirm that in their best judgment the proposed changes would be acceptable to AIUM, SPR and SRU; subject to ratification by AIUM, SPR and SRU.*

**Resolution No. 27**      **ACR–ACOG–AIUM–SMFM–SRU Practice Parameter for the Performance of Standard Diagnostic Obstetrical Ultrasound  
(Lines 353-355)**

*The ACOG, AIUM, SMFM and SRU representatives affirm that in their best judgment the proposed changes would be acceptable to ACOG, AIUM, SMFM and SRU; subject to ratification by ACOG, AIUM, SMFM and SRU.*

**Resolution No. 28**      **ACR–SPR Practice Parameter for the Performance of Scintigraphy for Inflammation and Infection**  
(Line 113)

*The SPR representative affirms that in their best judgement the proposed changes would be acceptable to SPR; subject to ratification by SPR.*

**Resolution No. 32**      **ACR Practice Parameter for the Performance of Gallium-68 DOTATATE PET/CT Neuroendocrine Tumors**  
(Lines 90-93)

**ACTION:**      Resolutions 24, 27, 28 and 32 were adopted as amended.

**RECOMMENDED FOR REFERRAL:**

**Resolution No. 23**

(c)      **TECHNOLOGISTS AND ALLIED HEALTH PROFESSIONS**

**12. DEVELOPING A PROCESS FOR UPDATING THE ROLES AND RESPONSIBILITIES OF THE RADIOLOGIST ASSISTANT**

The American College of Radiology ~~will continue to require~~ that the tasks performed by the Radiologist Assistant under radiologist supervision be well-defined and documented; and the RA will not interpret imaging studies.

~~The ACR will create a process enabling the expeditious ongoing review of the roles and responsibilities of the Radiologist Assistant. This process will incorporate an expert panel, including a member of the ACR Commission on Quality and Safety, to review and make initial recommendations for any changes in the roles and responsibilities of the RA.~~

The ACR representatives to the Intersocietal Commission on the Radiologist Assistant (ICRA) will present for review and recommendation to the ACR Council Steering Committee and ACR Board of Chancellors only those changes recommended by the expert panel and agreed to by all members of ICRA.

Approval of the ICRA recommendations by the CSC and BOC will be sufficient to permit implementation of changes in the roles and responsibilities of the RA; adopted 2008 (Res. 39).

**Resolution No. 26**      **ACR–AIUM–SPR–SRU Practice Parameter for the Performance of Peripheral Venous Ultrasound Examination**

**ACTION:**      Resolutions 23 c and 26 were referred.

Reference Committee III wishes to thank the Councilors and visitors for their valuable input in these deliberations.

Respectfully Submitted:

Benjamin L. Franc, M.D., M.S., MBA, *Chair*  
Bennett S. Greenspan, M.D., M.S., FACR  
Darlene F. Metter, M.D., FACR  
Gail N. Morgan, M.D., FACR  
Matthew Spraker, M.D., Ph.D.

Maryellen R.M. Sun, M.D.

## REFERENCE COMMITTEE IV

Reference Committee IV met on Monday, May 21, 2018 in the Washington Marriott Wardman Park Hotel in Washington, D.C. The members of this committee were Mark J. Adams, M.D, MBA, FACR, *Chair*, Jennifer A. Harvey, M.D., FACR, Paul A. Larson, M.D., FACR, Elaine R. Lewis, M.D., FACR, Robert J. Pizzutiello Jr., M.S., FACR, Krista E. Weiss, M.D.

The session was attended by approximately 450 members.

The Reference Committee recognizes the following reports as informational and I recommend that they be filed.

### **COMMISSIONS, COMMITTEES & TASK FORCES:**

*Bylaws Committee*

*Governance Committee*

*Commission on International Relations*

*Commission on Breast Imaging*

*Rural*

*Commission on Quality & Safety*

*Commission on Medical Physics*

*Commission on Radiation Oncology*

*Commission on General, Small, Emergency and Practices*

The Committee was assigned the following resolutions for consideration:

### **Resolution**

33. Ten Year Extension of Polices:

(a) Advertising

2. Expansion of Public Information Efforts Regarding the Role of Radiology in the Provision and Economics of Health Care

a. Public Awareness of the Role of Radiologists in Healthcare and Expansion of the ACR Web Site to Serve as a Resource for the General Public on Subjects Related to Radiology

(b) Legislative - Government

4. NRC Radiation Safety Training Requirements and Clinical Expertise in Nuclear Medicine Practice

(c) Radiological Practice and Ethics

2. ACR Policy on Development of Practice Parameters and Technical Standards

v. Quality Control and Improvement, Safety, Infection Control, and Patient Education Concerns

(d) Radiological Practice and Ethics

2. ACR Policy on Development of Practice Parameters and Technical Standards

x. Minor Modification of Standardized Language or Approved Policies/Resolutions Embedded in Practice Parameters and Technical Standards

34. ACR Practice Parameter for the Performance of Contrast-Enhanced Magnetic Resonance Imaging (MRI) of the Breast

35. ACR Practice Parameter for the Performance of Screening and Diagnostic Mammography

36. ACR Practice Parameter for the Performance of Digital Breast Tomosynthesis (DBT)

37. ACR Practice Parameter for Radiologist Coverage of Imaging Performed in Hospital Emergency Departments

38. ACR–SPR Practice Parameter for General Radiography

39. ACR–SPR Practice Parameter for Imaging Pregnant or Potentially Pregnant Adolescents and Women with Ionizing Radiation

40. ACR–AAPM–SPR Practice Parameter for Diagnostic Reference Levels and Achievable Doses in Medical X-Ray Imaging

41. Uninterrupted Governance Time at ACR Annual Meeting



- 42. Extension of Practice Parameter
- 43. Practice Parameters and Technical Standards

**THE REFERENCE COMMITTEE RECOMMENDS THE FOLLOWING CONSENT CALENDAR FOR ACCEPTANCE:**

**RECOMMENDED FOR ADOPTION:**

**Resolution No. 33      Ten Year Extension of Policies**

**BE IT RESOLVED,**

**that the following policies of the American College of Radiology be extended for an additional ten year period:**

**(a)    ADVERTISING**

**2. EXPANSION OF PUBLIC INFORMATION EFFORTS REGARDING THE ROLE OF RADIOLOGY IN THE PROVISION AND ECONOMICS OF HEALTH CARE**

***a. Public Awareness of the Role of Radiologists in Healthcare and Expansion of the ACR Web Site to Serve as a Resource for the General Public on Subjects Related to Radiology***

The ACR shall maintain a program to sustain a public information campaign to educate patients and payers regarding the role and importance of radiologists in healthcare, including expanding the ACR website to provide information for the general public on a number of subjects related to radiology, such as: accurate descriptions of various radiologic examinations and procedures, and links to and from other reliable health-related websites.

The ACR Board of Chancellors shall allocate funding for this program and the development and implementation of a public awareness campaign.

The ACR shall continue working with other national radiologic organizations, such as the Radiological Society of North America and the American Roentgen Ray Society, in developing and implementing of public awareness campaigns and educational opportunities so that unnecessary and costly duplications of efforts will not occur for any of these radiologic organizations; 1998, amended 2008 (Res. 27-e).

**(b)    LEGISLATIVE – GOVERNMENT**

**4. NRC RADIATION SAFETY TRAINING REQUIREMENTS AND CLINICAL EXPERTISE IN NUCLEAR MEDICINE PRACTICE**

The American College of Radiology affirms and promulgates the fact that training required for safe handling of radioactive materials in medical practice does not imply clinical expertise.

Training for radiation safety in the medical use of radioactive materials obtained to meet the training requirements of the NRC or Agreements States should only be obtained in programs approved by the Accreditation Council for Graduate Medical Education, **Single GME Accreditation System, the Royal College of**

**Physicians and Surgeons of Canada (RCPSC), the College des Médecins du Québec** or courses accredited by the Accreditation Council for Continuing Medical Education; 1998, amended 2008 (Res. 8-a).

**(d) RADIOLOGICAL PRACTICE AND ETHICS**

**2. ACR POLICY ON DEVELOPMENT OF PRACTICE PARAMETERS AND TECHNICAL STANDARDS**

***x. Minor Modification of Standardized Language or Approved Policies/Resolutions Embedded in Practice Parameters and Technical Standards***

The ACR Commission on Quality and Safety adopt the procedure below to modify standardized language or approved policies/resolutions embedded within existing Practice Parameters and Technical Standards only when the standardized language or existing policies meet one or more of the following criteria:

1. When editorial review suggests that specific words or phrases no longer accurately represent the intent of the adopted practice parameter, technical standard or policy/resolution;  
and/or,
2. When new words or phrases have been approved by the Council and/or have developed since the adoption of the practice parameter, technical standard or policy/resolution that more accurately represent the meaning and intent of the practice parameter, technical standard or policy/resolution;  
and/or,
3. When a minor correction to specific language will improve understanding of the practice parameter, technical standard or policy/resolution so that it better addresses quality.

**Procedure**

- All existing Practice Parameters and Technical Standards which contain the standardized language to be modified will be identified.
- The suggested modification to the standardized language will be drafted and presented for review, along with the original standardized language and the list of the Practice Parameters and Technical Standards that contain the standardized language, to the Speaker, Vice-Speaker, Vice Chair of Quality and Safety for Parameters and Standards, and the Chair of the Commission on Quality and Safety.
- If there is agreement to recommend modification of the standardized language, the change will be sent to the Council Steering Committee for final approval.

If approved by the Council Steering Committee, the standardized language will be modified within each pertinent existing ACR practice parameter and/or technical standard to be published in the ACR Practice Parameters and Technical Standards CD and Book and the ACR Website at the next publication. The document(s) will reflect the amendment and the effective date.

The ACR Commission on Quality and Safety shall annually report such changes; adopted 2008 (Res. 38).

**Resolution No. 35**      **ACR Practice Parameter for the Performance of Screening and Diagnostic Mammography**

**Resolution No. 36**      **ACR Practice Parameter for the Performance of Digital Breast Tomosynthesis (DBT)**

**Resolution No. 38**      **ACR–SPR Practice Parameter for General Radiography**

**Resolution No. 40**      **ACR–AAPM–SPR Practice Parameter for Diagnostic Reference Levels and Achievable Doses in Medical X-Ray Imaging**

**Resolution No. 41**      **Uninterrupted Governance Time at ACR Annual Meeting**

**BE IT RESOLVED,**

that in order to allow the Council to conduct critical ACR policy discussions without undue distraction, the Council affirms the decisions of the Board of Chancellors Executive Committee and Council Steering Committee to prioritize the governance activities at ACR 2018 and future annual meetings, such that there will be no concurrent CME or other educational sessions while governance portions of the Council meeting occur; and

**BE IT FURTHER RESOLVED,**

that the Council Speaker and/or Vice-Speaker will designate the time periods for governance sessions in advance, and provide that information to Councilors and to meeting planners, so that Councilors will be present and CME and other educational sessions can be scheduled to avoid conflict; and

**BE IT FURTHER RESOLVED,**

that the ACR shall continue to work toward a speedy return of the annual meeting format to one that focuses on governance and chapter leader development (i.e., an “AMCLC-like” meeting) in a fiscally responsive manner, recognizing existing contracts, commitments, and schedules.

**Resolution No. 42**      **Extension of Practice Parameter**

**BE IT RESOLVED,**

that the review cycle for the practice parameter listed below is hereby extended by one additional year and that this practice parameter will be presented for consideration at the 2019 ACR Annual Meeting:

- **ACR–AIUM–SPR–SRU Practice Parameter for the Performance of Native Renal Artery Duplex Sonography**

**Resolution No. 43**      **Practice Parameters and Technical Standards**

**BE IT RESOLVED,**

that the qualifications and responsibilities of personnel section of the ACR PP & TS documents will no longer require a number of procedures that must be performed or reported within a specified time frame to demonstrate

proficiency, or if numbers are an absolute mandate, a reasonable alternate pathway will be designated to achieve compliance; and

**BE IT FURTHER RESOLVED,**

that the Committee on Practice Parameters and Technical Standards will request collaborating societies to include representatives from community based practices; and

**BE IT FURTHER RESOLVED,**

that the Commission on Quality and Safety will oversee the Committee on Practice Parameters and Technical Standards development and implementation of a blueprint to orient and train committee chairs, principal drafters, and collaborative committee members about the process, scope and purpose of the PP & TS documents, and the role of committee chairs to enforce the program standards prior to the start of each review cycle; and

**BE IT FURTHER RESOLVED,**

that the Commission on Quality and Safety will report back to the Board of Chancellors, in consultation with the Council Steering Committee at the ACR 2019 meeting.

**ACTION:** Resolutions 33 a, b and d, 35, 36, 38, 40 41, 42 and 43 were adopted.

**RECOMMENDED FOR ADOPTION AS AMENDED (amended lines noted):**

**Resolution No. 33**

**(c) RADIOLOGICAL PRACTICE AND ETHICS**

**2. ACR POLICY ON DEVELOPMENT OF PRACTICE GUIDELINES PARAMETERS AND TECHNICAL STANDARDS**

***v. Quality Control and Improvement, Safety, Infection Control, and Patient Education Concerns***

The American College of Radiology has adopted the following principles relating to the issues of quality control and improvement, infection control, safety, and patient education. These principles shall be included in the publication of the ACR Practice Parameters and Technical Standards ~~Standards Book~~ and be referenced in each document ~~standard~~:

**ACR POSITION STATEMENT**

Quality Control and Improvement, Safety, Infection Control, and Patient Education Concerns

The American College of Radiology (ACR) continually promotes among its membership high regard for issues of quality and safety in radiologic procedures as they relate to the patients receiving the services, the personnel providing those services, and the equipment used to perform them as well as the education of patients regarding these matters. The statements that follow have been developed in support of that philosophy.

**EQUIPMENT QUALITY CONTROL  
Ionizing Radiation**

Each imaging facility should have documented policies and procedures for monitoring and evaluating the effective management, safety, and operation of equipment involved in the use of ionizing radiation for therapy, diagnosis and imaging. The quality control program should be designed to minimize patient, personnel, and public radiation risks and to maximize the quality of the diagnostic information or therapeutic benefit.

Equipment performance should be monitored and ~~estimates~~ of typical patient ~~dose~~ **dose estimates** should be made by a qualified medical physicist as described in the appropriate ACR-~~AAPM~~ Technical Standard for Physics Equipment Performance Monitoring. **Typical patient doses estimates should be compared against national benchmarks or diagnostic reference levels (DRLs), if available, and protocols should be reviewed if doses exceed DRLs.** Routine quality control testing should be conducted by properly trained individuals with review at least annually by the supervising physician and qualified medical physicist as described in the appropriate ACR-~~AAPM~~ Technical Standard for Physics Equipment Performance Monitoring.

### **Magnetic Resonance Imaging**

Each facility should have documented policies and procedures for monitoring and evaluating the effective management, safety, and proper performance of magnetic resonance imaging equipment. Equipment performance should be monitored by a qualified medical physicist or a qualified MR Scientist as described in the ACR-~~AAPM~~ Technical Standard for Diagnostic Medical Physics Performance Monitoring of Magnetic Resonance Imaging (MRI) Equipment. A documented quality control program shall be maintained at the MR site. Routine quality control testing should be conducted by properly trained individuals with review at least annually by the supervising physician and qualified medical physicist as described in the ACR-~~AAPM~~ Technical Standard for Diagnostic Medical Physics Monitoring of Magnetic Resonance Imaging (MRI) Equipment."

### **Ultrasound**

Each facility should have documented policies and procedures for monitoring and evaluating the effective management, safety, and proper performance of ultrasound imaging equipment. Equipment performance should be monitored by properly trained individuals under the supervision of a qualified medical physicist as described in the ACR-~~AAPM~~ Technical Standard for Diagnostic Medical Physics Performance Monitoring of Real Time Ultrasound Equipment. The quality control program should be designed to maximize the quality of the diagnostic information. Routine quality control testing should be conducted by properly trained individuals with review at least annually by the supervising physician and qualified medical physicist as described in the ACR-~~AAPM~~ Technical Standard for Diagnostic Medical Physics Monitoring of Real Time Ultrasound Equipment.

### **Infection Control**

Each facility should have policies and procedures in place to control the spread of infection among patients and personnel. These should include adherence to universal precautions and the use of clean or aseptic techniques as warranted by the procedure or intervention being performed.

### **Safety**

Each facility should have in place policies and procedures to provide for the safety of patients and personnel. These should include attention to the physical environment, the proper use, storage, and disposal of medications and hazardous materials and their attendant equipment, and methods for addressing medical and other emergencies.

### **Patient Education**

Each facility should have in place policies and procedures for educating and informing patients about procedures and/or interventions to be performed and facility processes for the same. This should include appropriate instructions for patient preparation and aftercare, if any. This information should be provided in an appropriate form to the patient and family, such as that provided on the ACR-RSNA website, [www.RadiologyInfo.org](http://www.RadiologyInfo.org).

### **Quality Improvement**

Examinations should be systematically reviewed and evaluated as part of the overall quality improvement program at the facility. Monitoring should include evaluation of the accuracy of interpretation as well as the appropriateness of the examination. Complications and adverse events should be recorded and periodically reviewed in order to identify opportunities to improve patient care. These data should be collected in a manner that complies with statutory and regulatory peer-review procedures in order to ensure the confidentiality of the peer-review process; 1998, amended 2008 (Res. 1-e).

**Resolution No. 34**     **ACR Practice Parameter for the Performance of Contrast-Enhanced Magnetic Resonance Imaging (MRI) of the Breast**  
(Lines 21-22, 34)

**Resolution No. 37**     **ACR Practice Parameter for Radiologist Coverage of Imaging Performed in Hospital Emergency Departments**  
(Lines 38-73, 80-100, 106-125, 185-186)

**Resolution No. 39**     **ACR-SPR Practice Parameter for Imaging Pregnant or Potentially Pregnant Adolescents and Women with Ionizing Radiation**  
(Lines 154-155, 178)

*The SPR representatives affirm that in their best judgment the proposed changes would be acceptable to SPR; subject to ratification by SPR.*

**ACTION:     Resolutions 33c, 34, 37 and 39 were adopted as amended.**

Reference Committee IV wishes to thank the Councilors and visitors for their valuable input in these deliberations.

Respectfully Submitted:

Mark J. Adams, M.D., MBA, FACR, *Chair*  
Jennifer A. Harvey, M.D., FACR  
Paul A. Larson, M.D., FACR  
Elaine R. Lewis, M.D., FACR  
Robert J. Pizzutiello Jr., M.S., FACR

Krista E. Weiss, M.D.

## **ANNOUNCEMENTS**

Dr. Swan thanked members of the Reference Committees and their staff for their contributions to the resolution process. Dr. Swan also thanked the Council, Chapter Officers, Members, Guests, the Parliamentarian and ACR staff for making the meeting a success.

## **CALL TO ORDER—ACRA COUNCIL SESSION**

The Speaker, Timothy L. Swan, M.D., FACR called the Council of the American College of Radiology Association to order at approximately 3:30 p.m.

**Motion:** Without objection, the minutes of the 2017 ACRA Council Meeting were approved.

## **LEGISLATIVE UPDATE AND CAPITOL HILL PREPARATION**

ACR Executive Vice President, Cynthia Moran and ACR Senior Director of Government Relations, Joshua Cooper, along with Government Relations staff provided a Legislative Update and prepared members for visits to Capitol Hill.

The ACRA Council session was adjourned without objection.

The ACR Council session reconvened.

## **ADJOURNMENT**

There being no further business to come before the ACR Council, Dr. Duszak, Vice Speaker of the Council, adjourned the 2018 Annual Meeting of the American College of Radiology at approximately 5:00 p.m.