

ACR LEADERSHIP | INTEGRITY | QUALITY | INNOVATION

AUGUST 2018 | VOL.73 | NO.8

# Bulletin

ACR  
2018

The Future of Radiology

SPECIAL REPORT



# Radiologists are seeing more architectural distortion than ever.



## TomoSPOT®

Skin Markers for 3D Breast Tomosynthesis

Today's advances in technology have resulted in increased sensitivity. With 3D Tomosynthesis, post-surgical scars are showing up years later causing radiologists to question the architectural distortion they are seeing.

**The importance of marking all scars is more important than ever.**  
Be confident your skin marking practices are keeping up.

**Request samples of TomoSPOT® for marking scars:  
1-800-233-5539 or [info@beekley.com](mailto:info@beekley.com)**

**[www.beekley.com](http://www.beekley.com)**

Customers outside the U.S. contact your local distributor for pricing and availability.  
To locate a distributor visit [Beekley.com/Global-Sales](http://Beekley.com/Global-Sales)

**BEEKLEY MEDICAL®**  
*when your diagnosis must be right®*

Manufactured by Beekley Corporation, One Prestige Lane, Bristol, CT 06010  
Tel: 1-800-233-5539 or +1-860-583-4700 Fax: 1-800-735-1234 [www.beekley.com](http://www.beekley.com)

BEEKLEY, BEEKLEY MEDICAL, WHEN YOUR DIAGNOSIS MUST BE RIGHT, SPOT, and TOMOSPOT are Reg. U.S. Pat. & Tm. Off. BEEKLEY, SPOT, and TOMOSPOT are Registered Community Trademarks. BEEKLEY is a registered trademark in Canada. © 2018 Beekley Corporation. All rights reserved.

Visit [Beekley.com](http://Beekley.com) for Related Product Safety Information

REV: TOMO\_AD\_ACR-BULL\_0618



## ACR 2018 Special Report

- 8 The Future of Radiology
- 9 Shattering the Glass Ceiling
- 11 ACR 2018 Election Results
- 12 The Power of Big Data
- 13 It's All About the Patient
- 14 Blazing a Trail for Tomorrow
- 16 Heading to the Hill

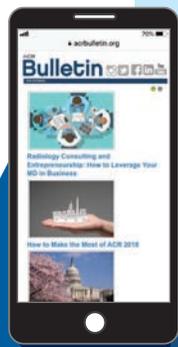
Special event photography by David Hathcox

## ALSO INSIDE

- 18 **What's Your Story?**  
How can radiologists use the media to reach patients?

## DEPARTMENTS

- 4 **From the Chair of the Board of Chancellors**  
The College's ability to impact AMA's policies depends directly on the strength of its representation.
- 5 **Dispatches**  
News from the ACR and beyond
- 7 **From the Chair of the Commission on Economics**  
The steps necessary to achieve universal interoperability largely fall on facilities, healthcare systems, and the vendor community. However, as imaging professionals, radiologists can inform the discussions.
- 20 **Final Read**  
What changes do you see for the specialty in the next ten years?
- 21 **Job Listings**





# Increasing Our Presence in Organized Medicine

**A trip to the AMA House of Delegates shows that our role in healthcare extends beyond the dark room.**

In June, I had the privilege of attending the 2018 Annual Meeting of the AMA House of Delegates in Chicago. Despite having served on the AMA's Relative Value Update Committee as ACR's representative for four years, I am still relatively new to the governance aspect of this more than 200,000-member organization. Unlike the "no electioneering" rules that govern the elections at the ACR's annual meeting, there is robust campaigning at the AMA. Badges and campaign speeches abound as physicians seek to gain the votes of the various councils and delegations.

This was a great year for radiologists at the AMA elections. As Arl Van Moore Jr., MD, FACR, former ACR president and chair of the ACR delegation to the AMA House of Delegates, recently wrote in the "Voice of Radiology" blog, "Radiology now has a voice not only on the AMA's Board of Trustees [Scott Ferguson, MD, a radiologist in West Memphis, Ark., was elected to the Board], but also on four of the six AMA Councils" (learn more at [bit.ly/AMA\\_Recap](https://bit.ly/AMA_Recap)). Congratulations to these ACR members for their commitment to representing radiologists on the national stage.

Our ACR delegation is just one component of what is known as the Radiology Section Council. This comprises approximately 30 representatives from many other radiology organizations who collaborate to raise the profile of our specialty. Equally important are more than 20 radiologists such as Bonnie L. Litvack-Penn, MD, FACR, Alexander Ding, MD, and McKinley Glover IV, MD, MHS, who serve on the delegations for their state medical societies, as well as a significant number of dedicated young physicians, residents, and medical students.

This year, the AMA adopted a new policy on what they called "augmented intelligence" (learn more at [bit.ly/augmented\\_intelligence](https://bit.ly/augmented_intelligence)). The goals outlined in this policy look very similar to those radiology is working toward, given the foundational work that the

ACR Data Science Institute™ (DSI) has done to ensure safe and appropriate data science solutions for our patients. This is clearly an area where ACR members can uniquely contribute to the broader discussion on the use of AI in medicine. We look forward to collaborating with the AMA, as well as the many other stakeholders with whom the DSI has already engaged.

Our delegation also uses its time at the AMA meeting to highlight radiology as a specialty to the many medical students in attendance. The ACR staff team, led by ACR Senior Director of Operations, Jan Cox, coordinates setting up ultrasound machines and demonstration stations where students can learn about interventional procedures from Jacqueline A. Bello, MD, FACR, ultrasound-guided breast biopsy from Tilden L. Childs III, MD, FACR, or new technologies in radiation treatment planning from Raymond B. Wynn, MD, FACR. The passion that our delegates bring to their practice is obvious, and the level of interest from the students has been inspiring.

The AMA's support on issues like mammography and lung cancer screening has been invaluable as we have fought for our patients' access to these life-saving programs. But given its size and the multitude of medical specialties represented among its members, it's not surprising that the AMA sometimes adopts policies with which we might not agree. Our own ACR membership is heterogeneous in its opinions on many issues. But our ability to impact AMA's policies depends directly on the strength of our representation. Not only do we depend on those radiologists who are prepared to run for office, but the size of our delegation is directly based on the number of radiologists who are AMA members. And we have a valuable contribution to make, so let's amplify our voice.

If you're interested in getting more involved in the ACR's AMA effort, please don't hesitate to contact [jcox@acr.org](mailto:jcox@acr.org). My work as an ACR volunteer has been some of the most fulfilling of my professional career, and I'm personally committed to maximizing the opportunities ACR members have to participate in the College's activities. To that end, an imminent overhaul of our membership platform will give us a more effective way to match potential volunteers with their areas of interest. There is certainly plenty of work to do. **B**

ACR CEO William T. Thorwarth, Jr., MD, FACR, demonstrates an IR procedure to an AMA Medical Student Section member at the 2018 AMA Medical Specialty Showcase and Clinical Skills Workshop in Chicago.



## ACR DSI Summit Explores AI and the Economics of Radiology

The ACR Data Science Institute™ (DSI) Data Science Summit: The Economics of AI in Healthcare brought AI developers and industry representatives together with ACR expert facilitators to discuss how AI can bring value to hospitals and patient care. The May meeting, held jointly with the Society for Imaging Informatics in Medicine, included discussions on a variety of economics topics and gave attendees an opportunity to examine reimbursement, regulatory, and implementation issues in relation to trends in data science. “It’s important for those developing AI to understand that identification alone is of no use to us,” noted summit facilitator and ACR MACRA Committee Chair Gregory N. Nicola, MD, FACR. “If an algorithm isn’t improving patient outcomes and keeping costs the same, or reducing costs, it’s of little value.” By educating algorithm developers about the regulatory and payment policy issues involved with AI reimbursement in healthcare, the ACR DSI is helping developers understand potential business models for



**DATA SCIENCE  
INSTITUTE™**  
AMERICAN COLLEGE OF RADIOLOGY

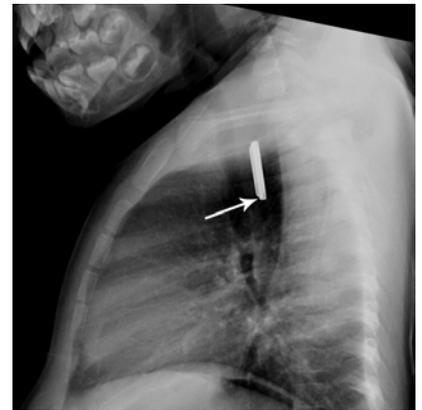
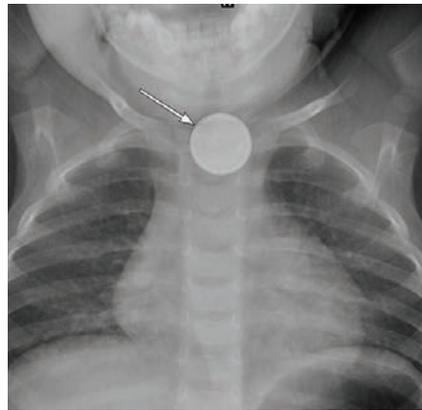
AI development. This has the potential to move valuable AI tools more quickly into clinical practice.

For more information, visit [acr.org/DSI-Summit](http://acr.org/DSI-Summit).

## Anatomists and Radiologists Team Up to Teach Medical Students About Imaging

Radiologists at Howard University in Washington, D.C., partnered with anatomists to develop a program to help first-year medical students correlate what they’re learning in the gross anatomy lab with radiology images. Without adding instructional time or costs, the self-directed program prepares students for their medical licensing exams and for clinical practice. Students in the program download free DICOM-based viewers to move through stacks of images from real cases. The program helps prepare students for working with radiologists in the clinical setting, while offering the added potential of attracting students to radiology as a specialty.

Read the [Imaging 3.0® case study at acr.org/Correlated-Teaching](http://acr.org/Correlated-Teaching).



Chest radiographs of a 20-month-old boy who presented to the ER with suspected foreign body ingestion. The anteroposterior view (*left*) demonstrates a round radiopaque foreign body in the proximal esophagus. The peripheral halo or double ring indicates the swallowed object is a button battery requiring emergent removal. The lateral view (*right*) shows the bevelled edge of the button battery.

## Button Batteries: Time is Key

Thousands of children in the United States are at risk each year from tissue injury, necrosis, and death as a result of ingesting button batteries. There are more than 3,000 ingestions annually, and most are unwitnessed, leading to delayed diagnoses. “We’re hoping to raise awareness,” says Ellen C. Benya, MD, a pediatric radiologist at Lurie Children’s Hospital in Chicago. Many children with ingested foreign bodies are initially seen in clinics and hospitals where their X-rays are read by a general physician rather than a pediatric radiologist. The National Button Battery Task Force has issued guidance on what to look for when reading X-ray images of a child with an ingested radiopaque foreign body. The radiologist’s report should clearly state the object is consistent with a button battery when a peripheral halo or double ring sign is seen. Significant tissue damage occurs in as little as two hours, so the care of a child with an ingested button battery should be considered an emergency. The prompt imaging interpretation of the radiologist and subsequent rapid communication with the ordering physician is critical to expedite the removal of an ingested button battery.

For more information, email [EBenya@luriechildrens.org](mailto:EBenya@luriechildrens.org) or visit [bit.ly/Button\\_Battery](http://bit.ly/Button_Battery).

## Apply for the Hillman Fellowship

The *JACR*® is now accepting applications for the 2019 Bruce J. Hillman Fellowship in Scholarly Publishing. The fellowship provides a concentrated two-week experience in medical editing, journalism, and publishing for an interested and qualified staff radiologist or radiologist-in-training. The fellowship supports talented physicians in pursuing an aspect of medical journalism as a part of their careers. Applications are due by September 30.

For more information and to apply, visit [acr.org/Hillman](http://acr.org/Hillman).

## ACR Wants to Hear from You!

“WE are ACR”

“We are ACR” aims to connect members with the ACR community and highlight the radiology professionals, patients, and patient advocates who make up the fabric of the organization. Share your thoughts on the importance of providing high-quality imaging care, a story about a patient who inspires you, or a note on how ACR has improved your practice or grown your network of colleagues.

Visit [acr.org/weareacr](http://acr.org/weareacr) to record your testimonial.

## Radiologists Interpret More LEVDU Exams on the Weekend Than Nonradiologists



According to a new study from the Harvey L. Neiman Health Policy Institute®, radiologists interpret a disproportionately larger share of lower extremity venous duplex ultrasound exams on weekends and on the sickest patients. “While previous reports have explored interspecialty differences in the total volume of specific imaging services, little is known regarding the variation in the timing and sites of services, as well as the complexity of patients served by those different specialty groups,” said Anand M. Prabhakar, MD, MBA, assistant professor of radiology at Harvard Medical School and a Neiman Institute affiliate research fellow. “Our analysis thus uncovers new insights into previously described interspecialty market share differences.”

Read the full study online in the *JACR*® at [bit.ly/JACR\\_LEVDU](http://bit.ly/JACR_LEVDU).

“In radiology, there is a growing recognition that interruptions are bad and the number of interruptions faced by radiologists is increasing.

— Trafton Drew, PhD, assistant professor in the University of Utah's Department of Psychology at [bit.ly/Rad\\_Cost](http://bit.ly/Rad_Cost).

## Are You a Director or Chair for a Residency Program?

Help keep the Member in Training (MIT) list up to date and give your residents access to valuable ACR membership benefits! To update your MIT list, visit [atpu.acr.org](http://atpu.acr.org). You'll need your login information for access.

For assistance, please email [atpu@acr.org](mailto:atpu@acr.org).

## Here's What You Missed



The *Bulletin* website is home to a wealth of content not featured in print. You'll find blog posts, extra articles, and other updated multimedia content at [acrbulletin.org](http://acrbulletin.org).

### Medical Billing Fundamentals

Most practices, whether small, large, or academic employ a menagerie of billers and business managers. As a practicing physician, you'll add significant value to your group by understanding the mechanics of the billing process. Learn more at [bit.ly/Medical\\_Billing](http://bit.ly/Medical_Billing)

### ACR-RFS Goes to Washington

A radiology resident recounts his experience at ACR 2018 and the importance of resident involvement with the ACR's advocacy efforts at [bit.ly/ACR-RFS\\_GoestoWashington](http://bit.ly/ACR-RFS_GoestoWashington).

### Transparent Conversations

An informed healthcare consumer seeks care for recurrent kidney stones only to walk away with a steep bill. Learn how price transparency could have helped him at [bit.ly/Transparent\\_Conversations](http://bit.ly/Transparent_Conversations).

## CPI Select Six

Stay current with expert subspecialty content.

Earn 48 CME/SA-CME »



## Personalize Your CPI Modules

Maximize your learning experience with self-assessments from CPI Select Six and save over \$34 per module in a variety of subspecialties, including ABR-required areas of study and special edition topics.

Visit [acr.org/CPI](http://acr.org/CPI) for more information.

## CALENDAR

### August

- 6–9 AIRP® Categorical Course: Neuroradiology, AFI Silver Theatre and Cultural Center, *Silver Spring, Md.*
- 20–21 AIRP Categorical Course: Abdominal Imaging, AFI Silver Theatre and Cultural Center, *Silver Spring, Md.*

### September

- 6–8 Coronary CT Angiography, ACR Education Center, *Reston, Va.*
- 7–9 RLI Leadership Summit, Babson College, *Wellesley, Mass.*
- 10–12 ACR/Dartmouth PET/CT, ACR Education Center, *Reston, Va.*
- 13–15 Breast Imaging Boot Camp with Tomosynthesis, ACR Education Center, *Reston, Va.*
- 17–18 Breast MR with Guided Biopsy, ACR Education Center, *Reston, Va.*
- 24–26 Neuroradiology, ACR Education Center, *Reston, Va.*
- 24–26 AIRP Pediatric Radiology Categorical Course, AFI Silver Theatre and Cultural Center, *Silver Spring, Md.*
- 26–29 American Society of Emergency Radiology 2018 Annual Scientific Meeting and Postgraduate Course in Emergency and Trauma Radiology, Hilton Tysons Corner, *McLean, Va.*
- 28–29 AIRP Breast Imaging Categorical Course, AFI Silver Theatre and Cultural Center, *Silver Spring, Md.*
- 29 RLI Kickstart Your Career, DoubleTree by Hilton Hotel, *Silver Spring, Md.*

### October

- 3–5 High-Resolution CT of the Chest, ACR Education Center, *Reston, Va.*
- 9–11 Abdominal Imaging, ACR Education Center, *Reston, Va.*
- 12–14 Body and Pelvic MR, ACR Education Center, *Reston, Va.*
- 15–19 AIRP Categorical Course: Musculoskeletal, AFI Silver Theatre and Cultural Center, *Silver Spring, Md.*
- 19–21 Cardiac MR, ACR Education Center, *Reston, Va.*
- 26–28 ACR Annual Conference on Quality and Safety, The Westin Copley Place, *Boston, Mass.*
- 29–31 Emergency Radiology, ACR Education Center, *Reston, Va.*

# The Interoperability of Health IT

Policymakers focus on which systems and devices can exchange and interpret shared data — and radiology is key to the discussions.



**M**ost of us have had the following experience: We are either preparing for a procedure or interpreting an imaging examination, when we realize we do not have access to prior images from an outside facility. Even when prior images are available, basic clinical information (such as operative reports or pathology reports) may be missing. This shortcoming may result in unnecessary imaging, an inconclusive report, needless follow-up, or an unwarranted intervention.

This occurrence is not radiology-specific, as universal availability of clinical information falls short across medicine, affecting all specialties. In fact, two out of three U.S. hospitals cannot locate, retrieve, send, and/or meaningfully integrate EHRs for patients from other sites.<sup>1</sup> Policymakers are pushing forward an initiative too big for radiology to ignore: interoperability.

At the 2018 Healthcare Information and Management Systems Society meeting in March, Jared C. Kushner, director of the White House Office of American Innovation, remarked, “The president is determined to make interoperability a reality for all Americans.” During the same session’s Q&A portion, CMS administrator Seema Verma, MPH, stated, “What we’re envisioning is being able to gather all of your healthcare data in one particular place.” Verma went on to describe several CMS initiatives aimed at empowering patients by giving them control of their own medical data, including the following:

- **MyHealthEData** is intended to provide patients with electronic access to their own health records and empowers them to share that information safely and securely with providers of their choice.
- **Medicare’s Blue Button 2.0** (an upgrade from the 2010 launch of Blue Button) provides beneficiaries with their medical claims data in a universal and secure digital format.<sup>2</sup>

The steps necessary to achieve universal interoperability largely fall on our facilities, healthcare systems, and the vendor community. However, as imaging professionals, we can inform the discussions.

A few weeks later, CMS announced that the Merit-Based Incentive Payment System (MIPS) performance category, Advancing Care Information, would be renamed as Promoting Interoperability (PI). At the same time, the hospital EHR Incentive Program was renamed as the Promoting Interoperability (PI) Program. Also

*continued on page 21*

## Here are some terms to know in the world of interoperability.

**Interoperability:** The extent to which systems and devices can exchange data and interpret that shared data.

**Information Blocking:** When an entity knowingly and unreasonably interferes with the exchange and use of EHRs.

**Fast Healthcare Interoperability Resources:** Draft standard describing data formats and elements (known as “resources”) and an application programming interface for exchanging EHRs.

**HL7:** A set of international standards for the transfer of clinical and administrative data between software applications.

**Representational State Transfer:** Architectural style that defines a set of constraints and properties based on Hypertext Transfer Protocol to provide interoperability between computer systems on the Internet.

# ACR2018

SPECIAL REPORT

## The Future of Radiology

The ACR annual meeting focused on adopting patient-centered practices, embracing diversity in radiology, being diligent about fair payment policy through advocacy, and incorporating AI to increase productivity and reduce burnout.

“Whereas change in the past has been almost universally positive for our specialty, the current milieu has many less clear opportunities,” ACR President Alan D. Kaye, MD, FACR, told the crowd during his Presidential Address.

Kaye pointed out numerous changes in the specialty — good and bad — and discussed how the ACR and its members can adapt to, and actively shape, the environment to enhance patient care, job satisfaction, and the future of radiology and radiologists. According to Kaye, addressing challenges and opportunities will require the combined efforts of College leadership, a revitalized Council, strong chapters, and a renewed spirit of volunteerism among practicing radiologists.

# Shattering the Glass Ceiling

Female radiologists break new ground at the annual meeting.

**A**CR 2018 brought forth several historic moments for the radiology specialty, and specifically for women. Geraldine B. McGinty, MD, MBA, FACR, was elected the first woman chair of the BOC in the nearly 100-year history of the College. McGinty, a practicing radiologist, also received the 2018 William T. Thorwarth, Jr., MD, Award at ACR 2018 for her contributions to the field of health policy and economics for radiology.

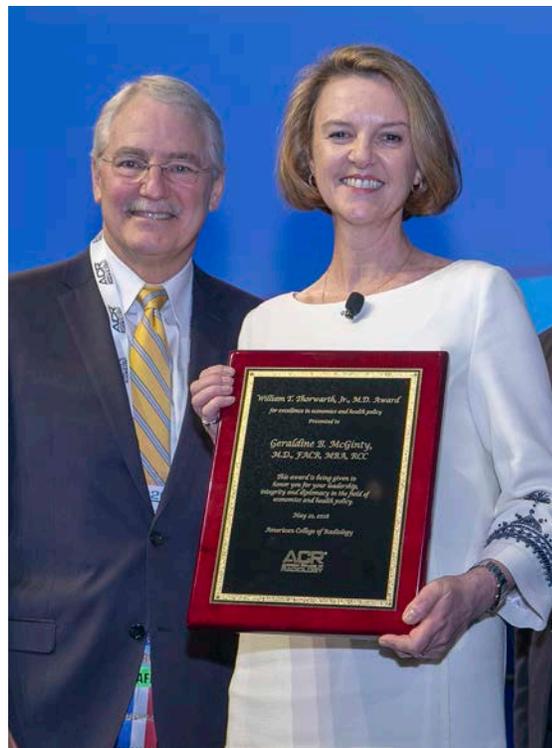
“Dr. McGinty has been a trailblazer for women in radiology, and she is committed to empowering other women to follow in her footsteps,” said Katarzyna J. Macura, MD, PhD, FACR, chair of the ACR Commission for Women and Diversity, during the ACR 2018 Diversity Forum, titled “Women in Radiology — Why Men Should Care.” “This victory for her is really a victory for all of us,” said Macura.

The ACR 2018 Diversity Forum featured a panel of male academic and private practice radiology leaders, who provided insight on how they could mentor, support, and advance women radiologists at all career levels to achieve gender parity. During the session, attendees renewed their commitment to the following:

- Encouraging colleagues to speak up, speak out, and share best practices
- Requiring search committees to consider every aspect of diversity when making hiring decisions
- Ensuring that panels at meetings and conferences are made up of at least 50 percent women
- Working with medical schools to increase recruitment and retention of women
- Supporting women with parental leave, lactation rooms, and flexible work arrangements

The 2018 meeting featured a second year of speed mentoring, a concept introduced by the American Association for Women Radiologists (AAWR). The session

*continued on next page*



Geraldine B. McGinty, MD, MBA, FACR, receives the 2018 William T. Thorwarth, Jr., MD, Award.



(Left to right) Jonathan B. Kruskal, MD, PhD, Raymond B. Wynn, MD, FACR, Lawrence A. Liebscher, MD, FACR, Alexander M. Norbash, MD, FACR, and Alan H. Matsumoto, MD, FACR, served as panelists at the Diversity Forum, addressing the importance and value of having women in the radiology workforce.

### Shattering the Glass Ceiling

*continued from previous page*

afforded participants the opportunity to meet a variety of leaders in the field, who discussed leadership development, contract negotiations, work-life balance, grant writing, and quality improvement activities.

“We’ve expanded the speed mentoring session to make it open to male and female participants,” said Amy K. Patel, MD, a breast radiologist in Kansas City, Mo. “When you look at the make-up of the session, it’s an incredibly diverse crowd, not just in terms of gender.”

Kristina E. Hoque, MS, MD, PhD, a neuroradiologist and nuclear medicine physician, who co-hosted the session with Patel, agreed. “I think the really special thing about the speed mentoring session is that it was born from diversity and its heart lies in diversity. It came out of the AAWR with improving diversity as its core mission, and I think that that mission has really held true,” said Hoque.

Also at ACR 2018, Ruth C. Carlos, MD, MS, FACR, was named the first female editor-in-chief of the *JACR*®, beginning in January 2019. Carlos, who previously served as deputy editor of the *JACR* and brings more than two decades of radiology and medical journalism experience to this role, succeeds Bruce J. Hillman, MD, FACR, founding editor of the journal.

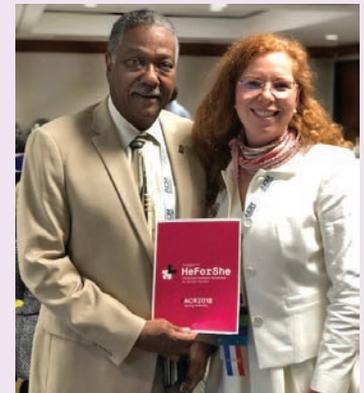
While Macura noted that McGinty’s and Carlos’ achievements are encouraging and empowering, she emphasized that work still needs to be done. “According to our 2018 Workforce Survey, we’ve doubled the number of female radiologists in the past 25 years,” said Macura. “Yet, only 25 percent of all radiologists are female. It’s encouraging that this number rises to 36 percent in radiologists under 35, pointing to a trend of more female radiologists in the future. As a specialty, let’s make sure we’re ready for them.” **B**



Outgoing *JACR*® Editor-in-Chief Bruce J. Hillman, MD, FACR, chats with Ruth C. Carlos, MD, MS, FACR, incoming *JACR* editor-in-chief, at the opening session.

### #HeForShe

At ACR 2018, members built upon a tradition that began at ACR 2017 with #HeForShe. Attendees shared on social media examples of how men and women in the specialty are working together. Learn more about the College’s efforts to promote gender equity at [acr.org/heforshe](http://acr.org/heforshe).



Johnson B. Lightfoote, MD, FACR, and Katarzyna J. Macura, MD, PhD, FACR, show their support for #HeForShe.

Kristina E. Hoque, MS, MD, PhD, and Colin M. Segovis, MD, PhD, participate in #HeForShe at ACR 2018.



### ABR Update

During the Council Meeting at ACR 2018, ABR President Lisa A. Kachnic, MD, delivered an update regarding ongoing plans to ensure that ABR diplomates — those certified by ABR — continue to demonstrate the knowledge, skill, and understanding of their disciplines to the benefit of patients.

Kachnic talked about the ABR’s new Online Longitudinal Assessment (ABR OLA), slated to launch for diagnostic radiology in early 2019. ABR OLA for diplomates in other

specialties will follow as soon as possible. ABR volunteers have been recruited to create OLA content, which will be comprised of “walking-around knowledge,” or information with which practicing physicians and medical physicists should be familiar.

ABR OLA is designed to meet the requirements of Maintenance of Certification (MOC) Part 3 — Assessment of Knowledge, Judgment, and Skills. Before OLA launches in 2019, a large number of diplomates from all ABR specialties will participate in a pilot to help the ABR test and refine the OLA product. All ABR volunteers, including



## The New ACR Leadership

(Left to right) ACR Vice President Marta Hernanz-Schulman, MD, FACR, ACR President James A. Brink, MD, FACR, ACR Secretary-Treasurer James V. Rawson, MD, FACR, BOC Chair Geraldine B. McGinty, MD, MBA, FACR, Council Speaker Timothy L. Swan, MD, FACR, BOC Vice Chair Howard B. Fleishon, MD, MMM, FACR, and Council Vice Speaker Richard Duszak Jr., MD, FACR.

governors and trustees, are required to participate in MOC.

ABR OLA includes the following:

- Diplomates will be notified via email when they have an opportunity to answer two questions; they may answer immediately or delay answering for up to four weeks.
- When they choose to answer a question, diplomates will have a brief time limit.
- Diplomates will monitor their performance on their personal dashboards and will know whether or not it is adequate after answering 200 questions.

- Since diplomates are required to answer only 52 questions a year, it will take a number of years to reach this target.
- After an adequate performance on the first 200 questions, rolling three-year performance evaluations will take place at the MOC annual review every March 2.

The ABR is a not-for-profit, diplomate-led group that assesses and certifies specialists in diagnostic radiology, IR, radiation oncology, medical physics, and various other radiology specialties. For more information about MOC requirements or ABR OLA, visit [www.theabr.org](http://www.theabr.org).

## ACR 2018 Election Results

The following individuals were elected at ACR 2018 to represent the College.

### President

James A. Brink, MD, FACR

### Vice President

Marta Hernanz-Schulman, MD, FACR

### Board of Chancellors

Alan H. Matsumoto, MD, FACR  
 Mahadevappa Mahesh, PhD, FACR  
 Richard A. Barth, MD, FACR  
 Richard Strax, MD, FACR  
 C. Matthew Hawkins, MD

### Council Steering Committee

Catherine J. Everett, MD, FACR  
 Elaine R. Lewis, MD, FACR  
 Johnson B. Lightfoote, MD, FACR  
 Gregory N. Nicola, MD, FACR

### College Nominating Committee

Zaihleen Keller, MD  
 Gaurang V. Shah, MD, FACR  
 Syed Furqan H. Zaidi, MD

## Get to Know the New Commissions and Committees

The ACR governance structure keeps the organization nimble and allows the College to respond to the changing needs of the specialty. One new committee and one renamed commission were launched at this year's annual meeting.

- The Commission on Publications and Lifelong Learning will guide the unique ACR learning environments (including but not limited to AIRP® and the ACR Education Center). It will also serve as a direct link between the BOC and the *JACR*®, while maintaining the journal's editorial independence.
- The Population Health Management Committee falls under the Commission for Patient- and Family-Centered Care. The Committee will reinforce radiologists' significant role in population health management. Layperson input will be instrumental in guiding the work of the committee.

For more information on volunteering, visit [acr.org/volunteer](http://acr.org/volunteer).



Moreton Lecturer Anupam B. Jena, MD, PhD, discusses his innovative approach to healthcare research with ACR 2018 attendees.



## The Power of Big Data

The Moreton Lecturer urged radiologists to think creatively about data that could shape their field.

**"T**hink broadly, think differently, be open-minded," said economist and physician Anupam B. Jena, MD, PhD, who presented this year's Moreton Lecture. Jena's address discussed the role of "natural experiments" in healthcare research. What is a natural experiment? Essentially, it's an everyday occurrence that yields randomized data that can impact healthcare standards, practices, and even policy.

One example of a natural experiment, according to Jena, is the effect of Marathon Monday. Jena displayed a picture of the Boston Marathon and asked the audience, "What's the first idea, research or otherwise, that comes to mind when you see this photo?" When attendees began to discuss the marathoners' potential health issues, Jena challenged them to dig deeper and think differently about topics that they might have some

inherent understanding about but hadn't considered in a more open-minded way. Jena eventually revealed that his research focused on the health effects on people who lived in the marathon zone and not the marathoners themselves. Due to road closures associated with the marathon, there was a 20- to 30-percent increase in EMS transport time on the morning of the race. Jena noted that as a result, "Medicare beneficiaries who go into cardiac arrest or have a heart attack on the day of a major U.S. marathon have about a 15 percent increase in 30-day mortality once they get to the hospital."

Natural experiments such as this, Jena said, can tell us something about how the world works, how doctors think, or how patients behave. "The idea here is not that we should not hold the Boston Marathon or other marathons but that we should think a little more about spillover effects," he said. "It's about using big data, thinking about causality, and using data and methods from economics to think through these issues."

So what does it all mean for radiology? Jena urged attendees to use a natural experiment to try to understand something about the value of imaging. "Do it for the benefit of your patients, your profession, and yourselves," said Jena. **B**

### Making Data Science a Reality

The keynote address focused on the intersection of radiology and data science — and the opportunities for the specialty to guide AI improvements in patient care. "AI will dramatically change healthcare," said Keith J. Dreyer, DO, PhD, FACR, chief science officer of the ACR Data Science Institute™ (DSI). "Radiology is at the forefront of the AI revolution."

Dreyer also acknowledged that while there are promising publications and initial applications of AI in healthcare, actual use of AI is currently limited. Possible reasons for this disconnect include poorly defined clinical uses, lack of standards for clinical integration and care management, and undefined business models around AI.

"Professional societies must organize the industry,"

said Dreyer. Much of the work of the ACR DSI focuses on establishing radiology as a leader in these exciting new technologies. Data science has the potential to transform healthcare, and radiologists and other experts will be integral in validating, implementing, and guiding its use. As Dreyer pointed out, "The combination of humans and AI is the future."



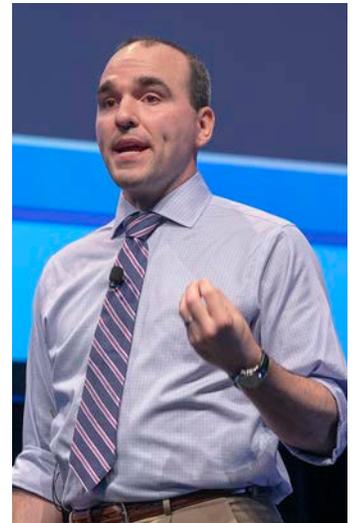
Lauren P. Golding, MD, emphasizes the importance of patient-centered care.

Ezequiel Silva III, MD, FACR, moderates the Economics Forum.



Andrea Borondy Kitts, MS, MPH, shares her experiences as a patient.

Kurt A. Schoppe, MD, speaks on radiology's current payment dilemma.



# It's All About the Patient

## The Economics Forum stressed fair payment and patient-centered care.

**T**he Economics Forum kept true to course with focal points on upholding fee-for-service payments, navigating the ongoing (yet manageable) evolution of MACRA and the Protecting Access to Medicare Act (PAMA), as well as embracing population health management. The forum was moderated by ACR Economics Commission Chair Ezequiel Silva III, MD, FACR, and included both radiologists and patients.

Kurt A. Schoppe, MD, ACR advisor to the AMA/Relative Value Scale Update Committee and a radiologist with Radiology Associates of North Texas, plainly stated the reality of radiology's payment dilemma. "As a specialty we have transformed modern medicine, but we require a lot of capital," he said. "We need to maintain payments and new codes."

Gregory N. Nicola, MD, FACR, chair of the ACR MACRA Committee, said that too often with federal regulation, it feels like traditional metrics are "measuring what we're doing and not what we're achieving." When it comes down to fair payments and cost, radiologists are seemingly accountable for the whole

healthcare system. "With more changes to reimbursement still to come from Congress, it's important to be diligent with your reimbursement accountability efforts," he told the audience.

*JACR*<sup>®</sup> Associate Editor Andrea Borondy Kitts, MS, MPH, a lung cancer and patient advocate, consultant, and patient outreach and research specialist at Lahey Hospital and Medical Center, called on ACR members to work with patients and their families during the healthcare process. "Working together, we can help patients understand their health conditions and become equal partners in their care," she said.

New ACR BOC Chair Geraldine B. McGinty, MD, MBA, FACR, also stressed the importance of making radiology more patient-centered. "Our fundamentals are strong. We are not afraid of change. We need to tell a compelling story of why patient-centered care is better care to overcome the barriers to redesigning our workflows to include patient consultations," she said.

Lauren P. Golding, MD, of Triad Radiology Associates in Winston-Salem, N.C., echoed that sentiment, suggesting that radiologists collaborate with team members outside their specialties to improve patient care. "The end destination for us is population health management and alternative payment models," Golding said. "We can't score goals in APMs unless we get out on the field."

"The ACR is the voice of radiology. As the unified voice of more than 35,000 radiologists, radiation oncologists, and medical physicists, we have power and influence," said McGinty. "Let's use that for the good of our patients." **B**

## Opposing Anthem's Policy

In his Chair's Report, James A. Brink, MD, FACR, called attention to Anthem's policy that now requires "medical necessity" and clinical care review for all advanced imaging in the hospital outpatient setting. "This arbitrary steerage of patients is just unacceptable," said Brink. "Regardless of where radiologists practice, allowing this policy to stand will accelerate the commoditization of diagnostic imaging and a race to the bottom for reimbursement."



## Blazing a Trail for Tomorrow

Members gather to bestow the College's highest honors.

Each year, the College recognizes individuals who stand above the rest — their work supports quality patient care and advances the specialty. In 2018, 103 recipients donned their caps, gowns, and colors representing their medical schools and marched down the aisles in recognition of receiving their ACR Fellowship. In addition to the fellows, the celebration honored the 2018 Honorary Fellows and ACR Gold Medalists. **B**



1. Barry D. Pressman, MD, FACP, speaks after receiving the ACR Gold Medal.
2. Marilyn J. Goske, MD, FACP, is awarded the ACR Gold Medal.
3. Margaret Hsin-Shung Lee, MD, FACP, rejoices after becoming one of this year's fellows.
4. (Right to left) Cheryl R. Herman, MD, FACP, celebrates her fellowship with her young friend and her sister Patricia Herman, Esq.





“Radiology is an art, not a commodity. We must remember this at every moment.”

– Corrado Bibbolino, MD, ACR 2018 Honorary Fellow

5. Corrado Bibbolino, MD, of Italy, and Yasushi Nagata, MD, PhD, of Japan, prepare to receive ACR Honorary Fellowship.



6. (Left to right) Niko Papanikolaou, PhD, Paul M. Sherman, MD, Rajeev Suri, MD, Cindy L. Elmore, PhD, Osama Mawlawi, PhD, Michael J. Lane, MD, and Kenneth F. Layton, MD, prepare for Convocation.



7. Donald L. Resnick, MD, FACR, is presented with the ACR Gold Medal.



8. Vice President Lawrence A. Liebscher, MD, FACR, carries the ceremonial mace.

## Celebrating Excellence

Maintaining a successful chapter is a more intense undertaking than most realize. State chapters provide educational opportunities, coordinate important local advocacy efforts, and dedicate themselves to making a positive impact in their communities and in the specialty. The ACR Chapter Recognition Program was created to formally acknowledge chapter successes and innovative ideas, and to facilitate the sharing of ideas among chapters. Noteworthy highlights from 2017 include:

- 47 chapter meetings held
- 24 chapters with Resident and Fellow Sections
- 20 Legislative Advocacy Days held
- 11 radiation safety initiatives implemented
- 22 retention or recruitment activities implemented
- 266 CME credits provided at chapter events

At ACR 2018, 21 chapters were recognized for their outstanding successes and exceptional innovation. For more information about the 2017 winners, visit [acr.org/ChapterAwards](http://acr.org/ChapterAwards).



# Heading to the Hill

Over 450 radiologists, fellows, and residents participated in the annual lobbying effort during ACR 2018.



**A**t ACR 2018, radiologists once again headed to Capitol Hill to meet their senators and representatives to advocate for their patients. This year, the College's lobbying efforts focused on two key issues: recruiting support for legislation that would require Medicare to cover CT colonography (CTC) without any form of patient cost-sharing, as well as legislation recognizing radiologist assistants (RA) as Medicare non-physician providers. This year's Capitol Hill Day also gave participants an opportunity to thank federal representatives who voted to increase Fiscal Year 2018 funding for the National Institutes of Health by \$3 billion.

Lawmakers and staff responded well to the visits, which enabled radiologists and radiologists-in-training to recruit many new cosponsors for H.R. 1298, the CT Colonography Screening for Colorectal Cancer Act, and H.R. 1904/S. 769, the Medicare Access to Radiologic Care Act (MARCA).

If enacted, H.R. 1298 will require Medicare to cover CTC screening for colon cancer. Medicare now only covers CTC in the case of an incomplete optical colonoscopy. Per the provisions of the Patient Protection and Affordable Care Act (PPACA), private insurers are required to cover CTC without cost-sharing due to the fact that colon cancer screening services, in general,

received a Grade of "A" from the U.S. Preventive Services Task Force (USPSTF). However, Medicare is not bound by the same mandatory coverage requirements within PPACA and relies on a national coverage determination process to add services without cost-sharing. The ACR has long supported Medicare coverage for CTC and is committed to ensuring beneficiaries have equal access to this effective, non-invasive screening test.

The MARCA legislation seeks to amend the Medicare statute to recognize RAs as non-physician Medicare providers and to align Medicare supervision requirements with state law. RAs always practice under the onsite supervision of a radiologist and are also explicitly prevented from interpreting images. If adopted, this legislation will allow radiologists to devote more time to reviewing and interpreting complex medical images while preserving quality care. This legislation currently has the full support of all stakeholders in the medical imaging community, including the ACR, the American Society of Radiologic Technologists, the Society of Radiology Physician Extenders, and the American Registry of Radiologic Technologists.

This year, evidence-based advocacy was once again in full force both on Capitol Hill and on social media. The Radiology Advocacy Network (RAN) hosted its third annual "Virtual Hill Day," where radiologists unable to travel to Washington, D.C., for in-person meetings emailed their federal senators and representatives in support of key legislation. The radiologists (known as #radvocates on Twitter) also took to social media to document their experiences during Capitol Hill Day. Additionally, ACR members used certain hashtags, such as #ACRHillDay2018 and #radvocacy, which were included

▲ (Left to right) Dominique Rowcroft, MD, Maryellen R.M. Sun, MD, and Tejas S. Mehta, MD, MPH, FACR, participate in Hill Day 2018.

(Left to right) Eric T. Goodman, MD, Brian Haas, MD, Johnson B. Lightfoote, MD, FACR, Erik M. Velez, MD, and Jason Chiang, MD, PhD, gather on Capitol Hill.

in 129 tweets on Hill Day alone and racked up 23,429 impressions. The significance of impressions like these suggests our message can reach beyond those who tweeted that day and into the radiology community and beyond. We can make our political advocacy and grassroots efforts known in other healthcare arenas virtually.

Finally, many members of Congress who have been champions of our profession will not be running for re-election. These include Reps. Lynn Jenkins (R-Kan.), Michelle Grisham (D-N.M.), Diane Black (R-Tenn.), Marsha Blackburn (R-Tenn.), Kristi Noem (R-S.D.), Charlie Dent (R-Pa.), Evan Jenkins (R-W.Va.), Ryan Costello (R-Pa.), Ted Poe (R-Texas), and Sens. Orrin Hatch (R-Utah) and Thad Cochran (R-Miss.). Hill Day participants extended their gratitude to these lawmakers and their staff for their support of the radiology community throughout the years.

The crucial takeaway from ACR Hill Day 2018 is that in an uncertain healthcare climate, radiologists are intensifying their involvement to advocate on behalf of their patients and profession. The ACR acknowledges this commitment and is working to further expand and support advocacy efforts through the RAN and the Commission on Government Relations. Collectively, these efforts will help move the College's legislative agenda forward and undoubtedly translate to the continued success of our field. **B**

By Amy K. Patel, MD, breast radiologist in Kansas City, Mo.



▲ Amy Patel, MD, meets with Rep. Lynn Jenkins (R-Kan.).

▼ (Left to right) Krista E. Weiss, MD, Michael K. Atalay, MD, PhD, U.S. Representative Jim Langevin (D-RI), Jeanna H. Barnes, MD, and Shiraz Ghanimian, MD, pose for a photo.

“We can make our political advocacy and grassroots efforts known in other healthcare arenas virtually.”



▶ Margaret Fleming, MD, was declared the winner of the RAN's third annual Hill Day Twitter photo contest.



Nicole B. Saphier, MD, participates in an interview on “Fox and Friends.”



## What's Your Story?

**Radiologists are joining the wider conversation in medicine. Here's what you need to know about getting involved.**

### Did You Know?

93 percent of news articles on medical imaging and radiation oncology cite ACR spokespersons or resources.

If you are preparing a pitch to reporters and/or want information regarding the ACR stance on a particular issue or talking points, contact the public affairs team at [PR@acr.org](mailto:PR@acr.org).

**W**hen Jennifer L. Kemp, MD, FACR, a radiologist in Denver, Colo., participated in an interview with a *New York Times* reporter about radiologists being more patient-centered, it did not go as she expected. “Initially, I started rambling off facts and figures. I thought I needed to prove what I was saying with data,” she says. But then the reporter began to pull a story out of her.

“I shared my personal experience as a caregiver for my husband when he was diagnosed with stage 3 rectal cancer. I felt how much more engaged the reporter was than before. I learned then how powerful stories can be in getting our messages across,” Kemp says. “They help us communicate who we are, what we do, and help us advocate for the things we believe in.”

As radiologists step out of the dark room and communicate more with patients, they may be called upon to give their opinions in the media. They may also feel the desire to deliver messages themselves through published

stories. How can radiologists use the media as a tool to further patient care?

### Starting With a Story

How do you even decide if the story or topic you feel passionately about is worth the media's attention? For Nicole B. Saphier, MD, director of breast imaging at Memorial Sloan Kettering Monmouth Regional, all that matters is you've decided you have a story to tell. “Every story is worth telling,” she says. “Someone will always be able to relate to it, and someone else will always learn from it.”

A. Nina Watson, MD, assistant professor of radiology and imaging sciences at Emory University School of Medicine, agrees. She advises that you ask yourself, does the story relate to a topic trending in the news? Or does it concern an issue that is not being addressed properly? If the answer is yes, you may have a good story on your hands. For Watson, that story was the importance of screening mammograms. “There was so much confusion on when and how often to have a mammogram, and I felt I had a duty to help educate,” she says. “Although I was doing well reaching patients one on one, working with media outlets I could reach hundreds or thousands of patients at once.” Watson approached several news media outlets with the idea of educating patients on the benefits of an annual screening mammogram and did a television segment and several news articles on the topic.

“We have a duty to use our education to not only diagnose and treat individual patients but also for advocacy.”

– Heather C. Sher, MD

## Using Your Position

Radiologists’ unique position as physicians makes them an ideal source for stories, says Heather C. Sher, MD, a musculoskeletal radiologist in Fort Lauderdale. Sher decided to share her experience interpreting the medical imaging of Parkland, Fla., victims after the February shooting. She wrote about her experiences in *The Atlantic*, highlighting the injuries caused by assault weapons like the AR-15. “We witness the manifestations of all types of illnesses and injuries in our patients that have ramifications to inform public policy,” she says. “We have a duty to use our education to not only diagnose and treat individual patients but also for advocacy. I think it’s essential that physicians remain credible and their opinions be rooted in evidence-based medicine. This is the value we lend to national conversations on public health and our writings in the lay press must respect this.”

When Sher began receiving feedback on her piece, a number of commenters were misinformed about the role radiologists play in healthcare: “Radiologists don’t treat people” or “Radiologists don’t have patients,” they said. “This experience reaffirmed my belief that we need to do a better job engaging with our patients and the public,” says Sher.

## Finding a Platform

So you’ve decided you have a story to tell. The next step is to decide where to tell it. Saphier suggests op-ed pieces in mainstream media and professional journals, posts on social media, and providing testimony through forums with government leaders to help inform policy. Not sure which to pick? Saphier suggests finding the outlet where your story will appeal to the broadest audience. Are you speaking about an issue that pertains solely to radiologists? Perhaps the best place to share your story is with a radiology journal. Does your story deal with patient care, or could it inform policy? Find a more public platform, such as a mainstream media outlet or even Twitter.

## Pitching Your Story

If you choose to write your story and publish it on a public platform, you’ll have to pitch it to the media. Sher

picked the publications she trusted and emailed their editors. Although her story was accepted immediately, that may not always be the case.

In the event of rejection, Saphier advises to keep working at it anyway: “Rejection is inevitable, but the only way to have a chance at getting your story out to the world is putting yourself out there,” says Saphier. To increase your chances of acceptance, she advises making yourself better known by getting out on social media, presenting on your topic at conferences, and generally making yourself available to contribute.

## Speaking With Reporters

What if you’re not writing the story yourself, but are approached by reporters for comment? First, make sure you’re not in conflict with your institution or practice. Find out what your hospital’s or practice’s policies are regarding participating in media interviews, advises Watson. Continue to have open lines of communication with your administration about the interview even if you’ve been given the okay, just in case of any potential backlash, adds Sher.

As for the interview itself, write down the key messages you want to convey ahead of time, suggests Kemp. That will help you stay on point. Speak to reporters in short, direct sentences, so that you can keep your meaning clear, says Watson. When answering questions, she also recommends restating the question itself and making it part of your answer to give better context.

According to Saphier, whether you publish it yourself or share it with a reporter, stories are a valuable way to educate the public about issues that are important to you. “In an era of AI and instant gratification, it is essential radiologists get out of the dark and into the patients’ line of sight,” she says. **B**

By Meghan Edwards, freelance writer, ACR Press



Learn more about interacting with the press in the *JACR*® at [bit.ly/JACR\\_GoingViral](https://bit.ly/JACR_GoingViral).



A. Nina Watson, MD, prepares for a television segment on the benefits of an annual screening mammogram.



Humaira Chaudhry, MD, is division chief of diagnostic imaging and assistant professor of diagnostic radiology at Rutgers-New Jersey Medical School in Newark, N.J.

# What changes do you see for the specialty in the next ten years?

Although 44 percent of all medical residents are women, only 27 percent of residents in radiology are women. Similarly, 9.6 percent of all medical residents are underrepresented minorities, while only 5.5 percent of radiology residents are part of this cohort.<sup>1</sup> This matters as the specialty seeks equity within its membership — and when practices look at their bottom lines. Research shows organizations in the top quartile for gender and ethnic diversity are more likely to outperform those in the bottom quartile.<sup>2</sup>

The first step in solving a problem is its recognition. Attend a national radiology meeting, pick up a recent issue of the *JACR*<sup>®</sup>, or view the webpage of a leading academic radiology program, and you'll see a theme: diversity and inclusion. From the creation of the ACR Commission for Women and Diversity to childcare services being offered for the first time at the 2018 ACR Annual Meeting, it seems the radiology community has finally decided to tackle this problem. The recognition of this issue and the conscious decision to address it, will be paramount to radiology's advancement. So although AI and machine learning are creating a buzz in the radiology community, equal or even more excitement should be felt by the hope of a more diverse and inclusive specialty.

ENDNOTES

1. Association of American Medical Colleges. Facts and Figures: Current Trends in Medical Education. Washington, D.C. AAMC; 2016. Available at [bit.ly/Diversity-Trends](http://bit.ly/Diversity-Trends).
2. Hunt, V, Layton, D, and Prince, S. Why Diversity Matters. McKinsey & Company. January 2015. Available at [bit.ly/Diversity\\_Matters](http://bit.ly/Diversity_Matters).

ACR BOARD OF CHANCELLORS

- Richard A. Barth, MD, FACR
- Jacqueline A. Bello, MD, FACR
- Claire E. Bender, MD, FACR
- Lincoln L. Berland, MD, FACR
- James A. Brink, MD, FACR (President)
- Beverly G. Coleman, MD, FACR
- Lori Ann Dettle, MD, FACR
- Keith J. Dreyer, DO, PhD, FACR
- Richard Duszak Jr., MD, FACR (Vice Speaker)
- Howard B. Fleishon, MD, MMM, FACR (Vice Chair)
- C. Matthew Hawkins, MD
- Marta Hernandez-Schulman, MD, FACR (Vice President)
- William T. Herrington, MD, FACR
- Andre A. Konski, MD, MBA, MA, FACR
- Jonathan B. Kruskal, MB, ChB, PhD, FACR
- Frank J. Lexa, MD, MBA, FACR
- Katarzyna J. Macura, MD, PhD, FACR
- Mahadevappa Mahesh, MS, PhD, FACR
- Mary C. Mahoney, MD, FACR
- Alan H. Matsumoto, MD, FACR
- Geraldine B. McGinty, MD, MBA, FACR (Chair)
- William D. Miller, MD, FRCPC
- Alexander M. Norbash, MD, FACR
- Robert S. Pyatt Jr., MD, FACR
- James V. Rawson, MD, FACR (Secretary-Treasurer)
- Seth A. Rosenthal, MD, FACR
- Ezequiel Silva III, MD, FACR
- Dana H. Smetherman, MD, MPH, FACR
- Richard Strax, MD, FACR
- Timothy L. Swan, MD, FACR (Speaker)
- Pamela K. Woodard, MD, FACR
- Don C. Yoo, MD, FACR

ACR BULLETIN ADVISORY GROUP

- Scott M. Truhlar, MD, MBA, MS, FACR (Chair)
- Sammy Chu, MD
- Lawrence A. Liebscher, MD, FACR
- Kay Spong Lozano, MD
- M. Victoria Marx, MD
- Amy K. Patel, MD
- Colin M. Segovis, MD, PhD
- Richard Sharpe Jr., MD, MBA
- Alysha Vartevan, DO

ACR BULLETIN STAFF

- G. Rebecca Haines *Publisher*
- Brett Hansen *ACR Press Assistant Director*
- Lyndsee Cordes *Senior Managing Editor*
- Nicole Racadag *Managing Editor*
- Chris Hobson *Imaging 3.0 Content Manager*
- Chad Hudnall *Senior Writer*
- Jenny Jones *Imaging 3.0 Content Specialist*
- Jess Siswick *Digital Content Editor*
- Meg Nealis *Publications Operations Manager*
- Cary Coryell *Publications Specialist*
- Lisa Pampilonia *Publications Designer*

CONTACT US

To contact a member of the *ACR Bulletin* staff, email [bulletin@acr.org](mailto:bulletin@acr.org).

*ACR Bulletin* (ISSN 0098-6070) is published monthly by the American College of Radiology, 1891 Preston White Drive, Reston, VA 20191-4326.

From annual membership dues of \$900, \$12 is allocated to the *ACR Bulletin* annual subscription price. The subscription price for nonmembers is \$90. Periodical postage paid at Reston, Va., and additional mailing offices. POSTMASTER: Send address changes to *ACR Bulletin*, 1891 Preston White Drive, Reston, VA 20191-4326 or e-mail to [membership@acr.org](mailto:membership@acr.org).

Copyright ©2018 by the American College of Radiology. Printed in the U.S.A.

Opinions expressed in the *ACR Bulletin* are those of the author(s); they do not necessarily reflect the viewpoint or position of the editors, reviewers, or publisher. No information contained in this issue should be construed as medical or legal advice or as an endorsement of a particular product or service.

The ACR logo is a registered service mark of the American College of Radiology.

For information on how to join the College, visit [www.acr.org](http://www.acr.org) or contact staff in membership services at [membership@acr.org](mailto:membership@acr.org) or 800-347-7748.

For comments, information on advertising, or reprints of the *ACR Bulletin*, contact [bulletin@acr.org](mailto:bulletin@acr.org).

## The Interoperability of Health IT

continued from page 7

relevant to this discussion is the December 2016 passage of the 21st Century Cures Act, which provides stronger definitions of information blocking and interoperability. The law created a fine of up to \$1 million for vendors guilty of blocking the free flow of data and prescribed penalties for providers who do the same.

What does all this mean for our field? Radiology has a history of encouraging the availability of images. Under the old Physician Quality Reporting System (since replaced by the MIPS Quality Performance category), radiology had a measure related to searching for prior CT scans through a secure, shared archive. Nonetheless, radiology has been slow to embrace the meaningful use of EHRs. This is somewhat understandable, as the meaningful use requirements have generally been directed more toward primary care than imaging. In addition, we received a hardship exemption from the old pre-MACRA meaningful use program from 2015 through 2019. That exemption largely continues under MACRA and its Quality Payment Program, since most diagnostic radiologists are classified as non-patient-facing. But this exemption may not last forever.

The steps necessary to achieve universal interoperability largely fall on our facilities, healthcare systems, and the vendor community. However, as imaging professionals, we can inform the discussions. Most radiology professionals do not need to be experts on interoperability, but general knowledge of the applicable terms is important. This will allow for more effective communication with the vendor community and inform actions such as PACS upgrades toward interconnectivity and interoperability. Several relevant terms are included in the box on page 7.

There is also a secondary benefit to be gained. Enabling greater interoperability allows us to score better under MIPS. Specifically, when reporting under the PI Program becomes mandatory, an attestation that we are not engaged in information blocking is necessary. Further, performance points are awarded for enabling patient access to medical records.

Let's return to my opening scenario: Imagine seamlessly accessing all prior images from different sources at the start of a procedure or when interpreting an imaging examination. Imagine how much more informed our reports and clinical decision-making would be. Making this dream a reality is doable, and we have a responsibility to ensure that we get there in the best way possible. **B**

### ENDNOTES

1. Holmgren AJ, Patel, V, Adler-Milstein, J. et al. Progress in Interoperability: Measuring US Hospitals' Engagement in Sharing Patient Data. *Health Affairs*. 2017;36(10):1820–27. Available at [bit.ly/Progress\\_Interoperability](https://doi.org/10.1371/journal.pone.0171111). Accessed June 10, 2018.
2. Trump Administration Announces MyHealthEData Initiative to Put Patients at the Center of the US Healthcare System; 2018. Available at [bit.ly/CMSPressRelease](https://www.hhs.gov/press/20180610-announcements). Accessed June 10, 2018.



**ACR**<sup>™</sup>  
**CAREER**  
**CENTER**

Connect With Top Employers | Find Your Perfect Fit

Search jobs at [acr.org/career-center](https://acr.org/career-center)

## JOB LISTINGS



**CLASSIFIED ADS** These job listings are paid advertisements. Publication of a job listing does not constitute a recommendation by the ACR. The ACR and the ACR Career Center assume no responsibility for accuracy of information or liability for any personnel decisions and selections made by the employer. These job listings previously appeared on the ACR Career Center website. Only jobs posted on the website are eligible to appear in the *ACR Bulletin*. Advertising instructions, rates, and complete policies are available at [jobs.acr.org](https://jobs.acr.org) or e-mail [careercenter@acr.org](mailto:careercenter@acr.org).

**Florida** – A well-established group of board-certified diagnostic radiologists is looking for a well-rounded radiologist to fill an opening. The radiologists work on rotation out of three major hospitals in areas near Destin, Fort Walton Beach, and Pensacola, Fla. The group offers a competitive salary and benefits package.

**Contact:** To apply, contact [jamesabarnesmd@mac.com](mailto:jamesabarnesmd@mac.com).

**Kansas** – A busy practice is looking for an ABR-certified/eligible subspecialty IR physician. The position has significant teaching and clinical research responsibilities. The practice encompasses all aspects of vascular and non-vascular interventions.

**Contact:** To apply, email Philip Johnson, MD, professor and chairman, via Angie McCarty at [amccarty@kumc.edu](mailto:amccarty@kumc.edu) or call 913-588-6805. To apply online, visit <http://jobs.kumc.edu/postings/19986>.

**Michigan** – Lansing Radiology Associates, a successful hospital-based radiology private practice, is looking for a breast imaging specialist and a musculoskeletal specialist. The group offers the qualified candidate one year to partnership with first-year compensation based on a generous percentage of shareholder compensation. The opportunity to participate in other areas of imaging is available but not required. The position is based in a university town with top-notch public schools.

Lansing Radiology Associates is also looking for July 2019 commitments from diagnostic radiologists presently in fellowship training. The group offers \$50,000 signing bonuses and a one-year partnership path. First-year compensation is based on a generous percentage of shareholder compensation. A signing bonus and relocation stipend is also available.

**Contact:** To apply, email CVs to [amanda@LRArads.com](mailto:amanda@LRArads.com).

**New York** – Lenox Hill Radiology, a free-standing, private radiology practice is seeking top shelf, board-certified breast imagers for its new Long Island locations. The practice's responsibilities include all facets of breast imaging, as well as ultrasound-guided and stereotactic biopsy. MRI-guided biopsy expertise is a plus.

**Contact:** To apply, email cover letters and CVs to [MD.Coordinator77@gmail.com](mailto:MD.Coordinator77@gmail.com).

**Wisconsin** – Aurora Health Care is offering a full-time IR opportunity in Milwaukee, Wisc. The IR section is comprised of 15 full-time IR physicians and nine physician assistants and nurse practitioners. The group provides services at 11 hospital locations in Eastern Wisconsin. Completion of a radiology residency from an accredited program and a fellowship in vascular/IR is required.

**Contact:** To apply, email CVs to [Alison.Burki@aurora.org](mailto:Alison.Burki@aurora.org).

Aurora Health Care also has an opportunity for an IR to join its IR pool in Milwaukee, Wisc. The completion of a radiology residency from an accredited program and a fellowship in vascular/IR is required. A certificate of added qualification in vascular and IR is preferred, however current fellows will be considered. The IR will work at various locations, seven days on and seven days off.

**Contact:** To apply, email CVs to [Alison.Burki@aurora.org](mailto:Alison.Burki@aurora.org).



*Tejal Patel*

**TEJAL PATEL, MD**  
RADIOLOGIST

**ENVISION PHYSICIAN SERVICES PROVIDES ...**

THE PERFECT ENVIRONMENT FOR A

**BALANCED WORK**

**AND HOME LIFE**

**Featured Leadership Positions**

- Chief of Body Imaging  
Detroit, MI
- Chief of Cardiothoracic Imaging  
Detroit, MI
- Chief of Emergency/Trauma  
Radiology Detroit, MI
- Chief of Musculoskeletal Imaging  
Detroit, MI
- Chief of Radiology  
Lake City, FL
- Chief of Radiology  
Harker Heights, TX

**Staff and Teleradiology Positions**

- Neuroradiologist  
Fort Pierce, FL
- Fellowship Trained Radiologist  
Delray Beach, FL
- MSK Radiologist  
Hollywood, FL
- Interventional Radiologist  
St. Petersburg, FL
- Interventional Radiologist  
Bradenton, FL
- FT and PT Teleradiology  
Coast-to-Coast

**877.709.3436**

**[EnvisionPhysicianServices.com/ACR2018](http://EnvisionPhysicianServices.com/ACR2018)**



ACR Bulletin  
1891 Preston White Drive  
Reston, VA 20191-4326

**Comment on 2019 ACR Practice  
Parameters and Technical Standards**

- August 13–31
- September 24–October 12
- September 4–21
- October 15–November 2

Visit [acr.org/review-ppts](http://acr.org/review-ppts) to learn more.



PERIODICALS

*Magnify Your Value*

**SBI/ACR 2019**

**BREAST IMAGING SYMPOSIUM**

*Hollywood  
Florida*

THE DIPLOMAT BEACH RESORT, APRIL 4-7, 2019