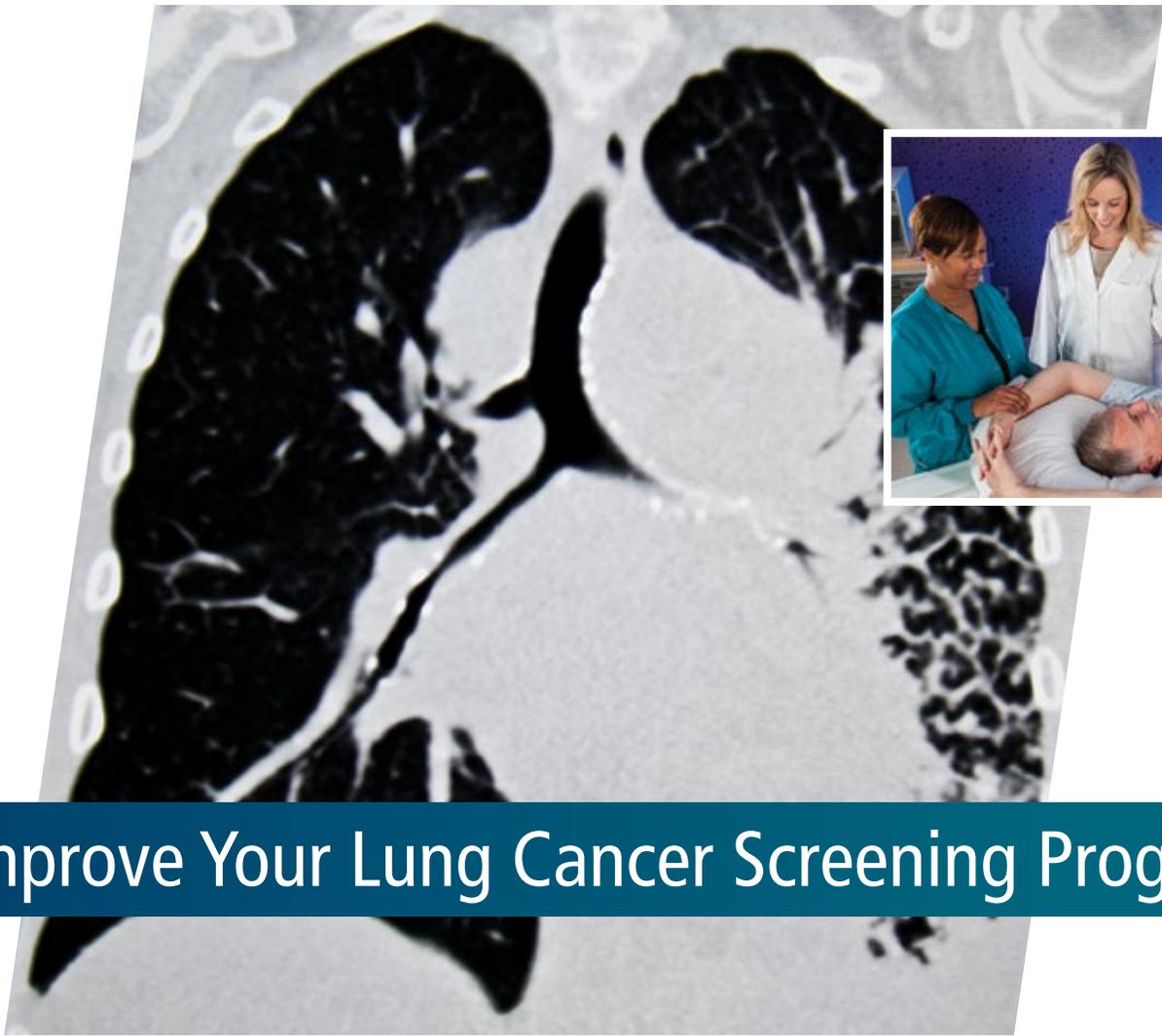


Bulletin



Value Swap



Improve Your Lung Cancer Screening Program



Participation in the CMS-approved **ACR Lung Cancer Screening Registry (LCSR)** gives you access to comparison data to monitor and improve your lung cancer screening program and the quality of patient care.

Benefits of participating:

- Access quarterly performance benchmarking reports, plus new weekly reports via the interactive report tool, both displaying LCSR measures with rankings for comparisons to peer groups
- Use the feedback report data at physician and facility levels to identify opportunities for improving care processes, radiologist performance and, ultimately, patient outcomes
- Meet quality reporting requirements for Medicare CT lung cancer screening reimbursement

03.20

Learn more at acr.org/LCSRegistry



FEATURE

10 Value Swap

CMS issued its 2020 final rule with updates to payment policies, payment rates, and misvalued codes for services provided under the Medicare Physician Fee Schedule — resulting in a significant impact on payments for radiology services beginning in 2021.



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



QUESTIONS? COMMENTS? Contact us at bulletin@acr.org

Digital edition and archives of past issues are available at ACR.ORG/BULLETIN.

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Meet the recipients of this year's highest awards.

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Lori A. Deitte, MD, FACR
Chair of the ACR
Commission on
Publications and Lifelong
Learning

Guest Columnist

Becoming a Lifelong Learner

The ACR is committed to providing learning resources that can be customized to your preferences and goals throughout the different stages of your career.

Staying current has never been so important — or so challenging. As medicine transforms, how are radiologists keeping up? Lifelong learning is critical to acquiring the cutting-edge knowledge and skills necessary for quality patient care in this rapidly evolving healthcare environment.¹

Approximately two years ago, the ACR launched the Commission on Publications and Lifelong Learning (CoPLL) to guide the unique ACR learning environments. CoPLL is committed to designing meaningful professional development resources and experiences for the ACR membership, inclusive of all career stages and types of practice. Patient input and improved outcomes are priorities integral to program development by CoPLL.

The CoPLL commits to:

1. Continue to perform assessments to identify member needs;
2. Provide educational resources to close gaps in radiologic practice performance;
3. Equip members to meet challenges in areas such as, but not limited to, AI, data science, policy, economics, and quality improvement education;
4. Prioritize physician well-being, leadership, and advocacy collaborations; and
5. Produce educational resources for a broad audience, including medical students, residents, radiology professionals, interdisciplinary team members, and patients.

Since CoPLL's launch, some of its successes have included:

Launch of the Radiology Well-Being Program

This program includes a collection of resources and activities to help radiologists, residents, and medical students take stock of their own level of well-being and offer ways to reduce the feelings of burnout often caused by situations outside of their control. All members have access to the Well-Being Index, which allows participants to anonymously self-evaluate their level of well-being and access radiology-specific resources. The ACR Radiology

Well-Being Program Workgroup is currently developing additional resources to create a culture of well-being in the workplace.

Future Practice Management Session

At ACR 2019, the Future Practice Management CME session featured TED-style presentations on critical issues such as AI, burnout, and corporatization by Tessa S. Cook, MD, PhD, Jonathan B. Kruskal, MD, PhD, FACR, Richard E. Heller III, MD, MBA, Kurt A. Schoppe, MD, and Marta E. Heilbrun, MD, MS.

Collaboration Between ACR and the AMA's Ed Hub

The ACR became the AMA's first medical specialty society content partner to offer education on their Ed Hub platform in early 2019. A selection of free ACR content is being hosted on the AMA Ed Hub and is now accessible to all learners, regardless of AMA and ACR membership status, as part of the AMA and ACR's collective mission to educate physicians and healthcare teams. Learners can find, participate in, and claim credit for these ACR activities directly through the new platform.

Continued Success of CPI

The Continuous Professional Improvement (CPI) program successfully released seven new modules in 2019, including modules in Chest Radiology, Nuclear Radiology, US, Pediatric Radiology, Musculoskeletal Radiology, Breast Imaging, and a special edition module in Adult Cancer Imaging.

Education Center Course Offerings

The ACR Education Center is offering 52 sessions in its 2019–2020 year from its selection of 19 courses, including Neuroradiology, Cardiac MR, Breast Imaging With Tomosynthesis, Abdominal Imaging, Emergency Radiology, and Nuclear Medicine. A new Pediatric Radiology course was developed in conjunction with the Society for Pediatric Radiology and launched in November 2019.

Looking ahead to 2020 and beyond, CoPLL's priorities include facilitating new collaborations, developing additional innovative ways to deliver continuous professional development content, and further ensuring that the wealth of resources ACR offers reaches our members. As the prevalence of burnout in our profession continues, we are committed to exploring ways to drive the changes necessary to promote wellness in radiology practice.² **B**

ENDNOTES

1. Madewell J. Lifelong learning and the maintenance of certification. *J Am Coll Radiol.* 2004;1(3):199–203.
2. Stempniak M. Half of radiologists say they're burned out, placing specialty in top 5. *Radiology Business.* 2020.

ACR2020
WASHINGTON, DC
May 16–20

In collaboration with the YPS and chapter leaders, CoPLL and the Radiology Leadership Institute® are hosting a joint CME session at ACR 2020. We invite you to mark your calendars to join us for “Brave New Work: How to Get Ahead and Meet Leadership Challenges in 2020 and Beyond” on Saturday, May 16, from 8:00 a.m.–noon ET.



© ASRT MUSEUM AND ARCHIVES

Attendees are pictured at an ASRT District 2 refresher course in Nashville, Tenn., on Nov. 11, 1949.

ASRT Launches Centennial Web Page



The world's largest radiologic science association, the American Society of Radiologic Technologists (ASRT), has launched a new web page that chronicles its 100-year history. In addition to the site, the ASRT, founded in 1920, will commemorate its centennial anniversary with a year-long series of programs, initiatives, and celebrations that pay tribute to the organization's seminal role in

shaping the radiologic sciences and promoting the advancement of RTs.

"The positive impact our organization has made over the past century is undeniable," says ASRT President Stephanie Johnston, MSRS, RT(R)(M)(BD)(BS). "ASRT still leads the way in championing patient safety, spearheading high-quality education, and improving the professional status of all medical imaging and radiation therapy personnel."

The web page uses an animated, interactive timeline to chart the milestones that shaped the profession and ASRT's role in healthcare. The organization will celebrate its centennial at its 2020 Educational Symposium and Annual Governance and House of Delegates Meeting, June 24–28, at the Albuquerque Convention Center.

[Learn more about the event at asrt.org/100.](http://asrt.org/100)

New LCS Resource: Economics Guide

ACR has released a new resource for economics and billing questions related to lung cancer screening (LCS), called the ACR LCS Economics & Billing Quick Reference Guide ([see the printed flyer that accompanies this issue](#)). The guide was developed to address concerns expressed by front-line coordinators, navigators, and nurses in the LCS setting. The document addresses and answers commonly asked questions related to billing, program specifics, and eligibility, as well as patient follow-up.

[To access the LCS economics and billing QR guide online, visit acr.org/lungresources.](http://acr.org/lungresources)

IMAGING 3.0 CASE STUDY:

Radiology Explained

After his father was diagnosed with gastric cancer, Oneil Lee, MD, PhD, recognized a need for an open-access website to help patients understand the terms in their radiology reports. With physician friends, Lee developed RadiologyExplained.com, a website that features definitions for more than 1,000 radiology-related terms. Huron Valley Radiology has since acquired the site, which has attracted nearly 22,000 unique visitors from around the globe.

"It is essential that patients have a better understanding of what they are dealing with when it comes to their own images," Lee said. "Having that understanding can help ease their anxiety and connect them to the care plans they need. I thought this might be a way to help them understand and empower them in their care."

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



Value in Breast Imaging

Register today for the 2020 Society of Breast Imaging (SBI)/ACR Breast Imaging Symposium — the largest breast imaging conference in the world! This year's symposium, taking place April 16–19 in Denver, will focus on improving interpretive accuracy in all modalities, understanding how to implement new technology into your practice, and navigating new FDA quality requirements.

[To register for the 2020 SBI/ACR Breast Imaging Symposium, visit SBI-online.org.](http://SBI-online.org)



As physicians, we are compelled to be advocates for not only our profession but also — and more importantly — for our patients. As radiologists, we provide expertise not only to other healthcare professionals, but also specialty-specific health policymaking.

— Anupriya Dayal, MD, radiation oncologist at Temple Health-Fox Chase Cancer Center, at bit.ly/AMA_ACR



Protecting Your Investment Through Advocacy

The best way to make sure that your voice is heard when it comes to matters that affect radiology and radiologists is by being a member of the only radiological organization that advocates on behalf of members and the profession. “I think membership in the ACR is the single best investment you can make in the future of your specialty,” says Sanjay K. Shetty, MD, MBA, FACR. “We have a lot of demands on our time and our membership dollars, but the ACR is the organization that fights for us when it comes to government and when it comes to economics — if we don’t support the ACR, then other people are going to help dictate what happens to us.”

“No radiological organization has the presence in Washington, D.C., that the College has — the team of experts, and both in-house and out-of-house lobbyists,” says ACR 2020 Gold Medalist Albert L. Blumberg, MD, FACR. “Every time we have Hill Day, to see our colleagues marching to the halls of their congressional representatives — I know our message is heard.”

To renew today, visit acr.org/renew.



Radiologist Wins 2019 Arthur M. Bueche Award

Roderic I. Pettigrew, MD, PhD, CEO of Engineering Health and executive dean for the engineering medicine program at Texas A&M University, in partnership with Houston Methodist Hospital, was recently awarded the 2019 Arthur M. Bueche Award.

Established in 1982, the Arthur M. Bueche Award honors an engineer who has shown dedication in science and technology, as well as active involvement in determining U.S. science and technology policy, promoting technological development, and contributing to the enhancement of the relationship between industries, government, and universities.

Pettigrew’s expertise is in health technologies emerging from the convergence of the life sciences, physical sciences, and engineering inclusive of nanotechnology, regenerative medicine, and point-of-care technologies. He is known internationally for his pioneering work involving four-dimensional imaging of the cardiovascular system using MRI.

To learn more about Pettigrew’s work, visit bit.ly/NAE_Bueche2019.



Take the Lead From RLI

The Radiology Leadership Institute® Taking the Lead podcast explores the challenges that transformed everyday radiologists into today’s leaders. Its latest episode follows Elias A. Zerhouni, MD, professor emeritus of

radiology and biomedical engineering at Johns Hopkins University in Baltimore, as he shares his journey from a small village in Algeria to appointment as the 15th director of the National Institutes of Health by President George W. Bush in 2002. Listeners will learn about his experience coming to the U.S. as a radiology resident at Johns Hopkins University School of Medicine and his rise to chief resident, later joining the faculty to embark on what would be a successful career focused on research. In addition to serving as a consultant to the White House and President Ronald Reagan in 1985, he also helped create the Institute for Cell Engineering at Johns Hopkins and later joined the French pharmaceutical company Sanofi, stepping down as head of global research and development in 2018.

To listen to the podcast, visit acr.org/RLI-Leading.

Medical Students Invited to Join ACR Members in D.C. in May

The ACR is proud to offer travel scholarships to medical students to support attendance at ACR 2020 in May. Up to 10 scholarships will be offered to allow medical students to travel to Washington, D.C., May 16–20. Attendance at the annual meeting provides an opportunity to meet leaders in the field, and learn more about the ACR and the radiological professions.

If you know of a medical student who might benefit from this opportunity, encourage them to apply at acr.org/ACR2020-Scholarships.

Providing Clarity on Breast Density



Radiologists at the Mayo Clinic in Arizona have developed a clinic to consult directly with patients about breast density and supplemental screening options. The radiologists created the clinic after Arizona legislators passed a mandate that requires providers to notify patients whose mammography results indicate dense breast tissue. The notifications encourage patients with dense breast tissue to discuss additional screening options with their physicians — typically PCPs, OB/GYNs, and internists — who don't always have the imaging expertise needed to explain the tests. During the consultation, radiologists use imaging examples to guide a discussion about the pros and cons of supplemental screening. Since the clinic opened in February of 2019, more than 140 patients have opted to speak with a radiologist about their breast density.

Surveys show that the consultations provide women with the knowledge to make more informed decisions about their breast health. More than 90% of patients who have visited the clinic say that it helped them make informed decisions about supplemental screening. By taking the time to educate patients, radiologists in the dense breast consultation clinic are promoting the importance of imaging. “I finally have an answer instead of fearing the worst,” Arizona resident Michelle Ochenkoski says. “I'd never met a radiologist before, so it's important to get them out in front of patients so we can see who's making decisions for our care. I now consider the radiologist part of my care team, and I think that's a missing link in women's care.”

For more information, visit acr.org/Density-Clarity.

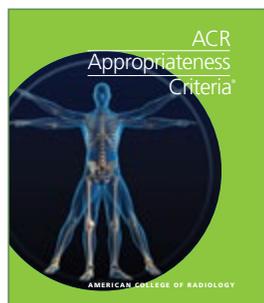
Study Finds Increased Subspecialization in Radiology



A new Harvey L. Neiman Health Policy Institute[®] study, published online in the *JACR*[®], quantifies and characterizes recent trends in the generalist versus subspecialist composition of the national radiologist workforce. In carrying out their work, the researchers leveraged CMS Medicare Physician and Other Supplier Public Use Files from 2012 through 2017. Work relative value units (RVUs) associated with radiologists' billed claims were mapped to subspecialties using the Neiman Imaging Types of Service (available at bit.ly/NITOS_HPI) system to classify radiologists as subspecialists when their RVUs exceeded more than half of their billed work effort in a given subspecialty; those with less than half were classified as generalists. Additional practice characteristics for radiologists' year of medical school graduation, group practice size, and group practice identifiers were also obtained from CMS Physician Compare.

According to ACR Speaker Richard Duszak Jr., MD, FACR, professor of radiology and imaging sciences at Emory University and senior affiliate research fellow at the Neiman Institute, “While radiology's growing subspecialization is a positive change in the advancement of more sophisticated care, the potential impact on patient access from a diminishing supply of general radiologists, particularly in rural communities, is not yet known.”

To read the full study, visit bit.ly/JACR_HPI_Subspecialization.



New and Updated ACR Appropriateness Criteria[®] Available

In January, the College released an update to the ACR Appropriateness Criteria[®], which includes 190 diagnostic imaging and IR topics with 938 clinical variants covering more than

1,680 clinical scenarios. This update includes one new and seven revised topics. All topics include a narrative, evidence table, and a literature search summary. Patient-friendly summaries — written with patients, for patients — are also available for a number of topics and are found at jacr.org.

“We are now in the one-year ‘educational and operations’ testing period for PAMA,” says Frank J. Rybicki, MD, PhD, FACR, chair of the ACR Committee on Appropriateness Criteria. “The ACR Appropriateness Criteria is a comprehensive and critical resource that helps providers fulfill the new PAMA requirement and ensure high-quality care.”

The new topic in the recent release is cerebrovascular disease — child. Revised topics include acute trauma to the knee, assessment of gravid cervix, chronic liver disease, hematuria, seizures and epilepsy, suspected small-bowel obstruction, and radiologic management of iliofemoral venous thrombosis.

For more information about ACR Appropriateness Criteria, visit acr.org/AC.

Emergency and trauma physicians rely on radiologists to quickly identify these injuries to guide lifesaving treatment decisions. Instantaneous digital image sharing can dramatically improve timeliness of patient care, particularly in the trauma setting.

— Jeannette Mathieu, MD, and Israel Saramago, MD, at bit.ly/Trauma_DitchDisk

CALENDAR

TMIST Enrollment Reaches 20,000

The Tomosynthesis Mammographic Imaging Screening Trial (TMIST) has now enrolled more than 20,000 patients and secured 100 of the planned 150 study sites. However, more sites and patients are needed for TMIST — the largest randomized, controlled breast cancer screening trial ever conducted.

“It is fantastic to see TMIST hit the milestone of 20,000 subjects enrolled,” says Mitchell D. Schnall, MD, PhD, co-chair of the ECOG-ACRIN Cancer Research Group. “The hard work of the study team, our NCI partners, and the entire breast imaging and cancer clinical trials communities is generating the momentum needed to make TMIST a truly landmark study.”

TMIST will also create the world’s largest curated dataset of breast cancer screening clinical data, images, and biospecimens to help researchers tailor future screening to a woman’s individual risk. According to ACR Chief Research Officer Etta D. Pisano, MD, FACR, “Interest in TMIST increases as providers learn more about this groundbreaking study. In 2019, the number of patients enrolled increased 400% while the number of TMIST sites doubled. I strongly urge facilities with tomosynthesis and digital mammography to visit acr.org/TMIST and contact TMIST staff to take part.”

For questions or more information, email TMIST@acr.org.



Etta D. Pisano, MD, FACR

Study Compares AI to Radiologists in Breast Cancer Detection

An AI model developed by Google’s DeepMind demonstrated a similar accuracy level as a radiologist in predicting breast cancer, according to a study published in *Nature*. Compared with experts, the algorithm performed better and was non-inferior, demonstrating a 5.7% reduction in false positives and a 9.4% reduction in false negatives in the U.S., as well as 1.2% less false positives and 2.7% lower false negatives in the U.K.

ACR Chief Research Officer Etta D. Pisano, MD, FACR, says, “Breast cancer screening is perhaps an ideal application for AI in medical imaging because large curated data sets suitable for algorithm training and testing are already available, and information for validating straightforward clinical end points is readily obtainable. Although the study shows promise, real-world settings are more complicated and potentially more diverse than the type of controlled research environment reported in this study.”

To read Pisano’s editorial in *Nature*, visit bit.ly/BCS_AI.



It can be easy to miss some of the specialized knowledge and training that clinical medical physicists have and the myriad of ways healthcare facilities can take advantage of their physicists’ knowledge to improve quality and patient care.

— Rebecca M. Marsh, PhD, associate professor and medical physicist at the University of Colorado School of Medicine, at bit.ly/VOR_Marsh



March

- 2–3 Nuclear Medicine, ACR Education Center, *Reston, Va.*
- 4–6 Pediatric Radiology, ACR Education Center, *Reston, Va.*
- 9–11 Neuroradiology, ACR Education Center, *Reston, Va.*
- 13–15 Cardiac MR, ACR Education Center, *Reston, Va.*
- 16–
Apr 10 AIRP Correlation Course, AFI Silver Theatre and Cultural Center, *Silver Spring, Md.*
- 26 Updates on TI-RADS™, Cosmos Club, *Washington, D.C.*
- 27–29 B Reader Training and Examination, ACR Education Center, *Reston, Va.*

April

- 3–5 Body and Pelvic MR, ACR Education Center, *Reston, Va.*
- 6–9 AIRP Categorical Course: Thoracic and Cardiovascular, AFI Silver Theatre and Cultural Center, *Silver Spring, Md.*
- 15–17 Musculoskeletal MR (Elbow, Wrist/Hand, and Specialized Topics), ACR Education Center, *Reston, Va.*
- 16–19 SBI-ACR Breast Imaging Symposium 2020, Sheraton Denver Downtown Hotel, *Denver*
- 20–21 Breast MR With Guided Biopsy, ACR Education Center, *Reston, Va.*
- 23–25 Breast Imaging Boot Camp With Tomosynthesis, ACR Education Center, *Reston, Va.*
- 30–
May 1 CT Colonography, ACR Education Center, *Reston, Va.*

May

- 7–9 Abdominal Imaging, ACR Education Center, *Reston, Va.*
- 9–15 SPR 2020 Annual Meeting and Postgraduate Course, Intercontinental Hotel, *Miami*
- 11–13 Emergency Radiology, ACR Education Center, *Reston, Va.*
- 16–20 2020 ACR Annual Meeting, Washington Marriott Wardman Park Hotel, *Washington, D.C.*
- 29–31 Coronary CT Angiography, ACR Education Center, *Reston, Va.*

Living History

The key to success for retired ACR staff member Pam Kassing has been her commitment to ACR members.

In early 1853, 95-year-old Eliza Hamilton, widow of Alexander Hamilton, dined at the White House. President Millard Fillmore “fussed over her, and the first lady gave up her chair to her. Everybody was eager to touch a living piece of American history.”¹ Even though the stakes and scale are smaller today and our contemporary is much younger, we have a living piece of radiology history among us — her name is Pam Kassing, MPA.

Pam, who retired from the ACR earlier this year after 34 years of service, earned her economics degree from George Mason University. Pam joined the ACR in 1985 as a temporary staff member in the accounting department. Quickly, her talents became apparent and she moved to the research department. Soon after, she became part of the newly formed economics and health policy department, later serving as its senior director.

Pam’s ACR story is one of mutual loyalty and commitment. Below, I describe her accomplishments and her contributions to our profession. But first, I’d like to share with you a little about ACR’s commitment to her. Pam, who calls herself a “military brat,” says that the ACR offered her a purpose and a sense of stability, which many military dependents seek. The ACR has taken steps to keep her engaged throughout her career. For instance, the ACR allowed her to work from home when her children were young, at a time when working from home was much less common than it is today. More recently, the ACR allowed Pam to telecommute and finish her ACR career while living in Arizona. Along the way, the ACR paid for her master’s degree and repeatedly offered her new challenges.

Pam’s 34 years of service to the ACR have been productive and remarkable. Among her accomplishments are eight awards for professional excellence, including the Thorwarth Award for excellence in economics and health policy. In addition, she is credited with 26 peer-reviewed papers, 75 presentations, and countless meetings and conference calls. Pam has contributed immensely to the radiology profession’s evolution from a largely hospital-based specialty — still learning the nuances of CT, MR, and PET — to a diverse specialty, with an expanding patient-facing presence.

And yes, economic actions have been relevant to that success. Pam was a leader when the entire house of medicine’s means of payment moved from usual and customary charges to the resource-based relative value scale (RBRVS). In addition, she helped construct the original radiology RVS, which eased our transition into the RBRVS. Pam ventured into other payment systems as well. Overseeing the Hospital Outpatient Prospective Payment System was one of her more important ACR roles. She also helped construct and maintain radiology’s place within it — ensuring that our hospital partners were paid fairly. And we cannot overlook her educational contributions. She was one of the originators of the ACR business course and has given numerous educational lectures during her career, translating the economics achievements of the ACR into material that our members can apply in their own practices.

I once asked Pam what her greatest accomplishment was, and she described two — one specific and one general. On the specific front, it was her work with ACR CEO William T. Thorwarth Jr., MD, FACR, on the 2003–2004 Socioeconomic Monitoring Practice Expense Survey, which culminated in radiology’s practice expense per hour reaching \$200. In lay terms, this figure is an important determinant of our technical component payments.

And on the more general front, Pam told me that the key to her accomplishments was her commitment to causes important to ACR members. In other words, her actions were always driven by what benefited the members and the ACR — for instance, staffing the Commission on Economics and mentoring the staff and volunteer members. Along the way, Pam applied her exceptional interpersonal skills to advocate for the ACR externally — with vendors and other societies. The one organization she mentions specifically, and most affectionately, is the Radiology Business Management Association.

Every piece of living history leaves a legacy. Borrowing from the musical “Hamilton,” I would like to close with the lyrics of “The World Was Wide Enough” — “Legacy, what is a legacy? It’s planting seeds in a garden you never get to see.”

In Pam’s case, that garden is the thousands of patients who have benefited from her dedication, commitment and work, neither knowing her name nor what she has done for them. And they don’t need to — which is exactly how Pam would want it. **B**



ENDNOTE

1. Chernow, R. *Alexander Hamilton*. Penguin Books. March 29, 2005.

Value Swap

The 2020 Medicare Physician Fee Schedule Final Rule makes it clear that diagnostic radiology won't get top billing.



“The recent changes to evaluation and management (E/M) services send the message that the value in a value-based system is in face-to-face visits,” says Gregory N. Nicola, MD, FACR, vice chair of the ACR Commission on Economics and chair of the Economics Committee on MACRA. “Radiologists will need to seek more opportunities to provide that type of value. It is a shot across our bow that these types of payment redistributions are coming — but it is not yet clear whether these changes will provide any new opportunities to see patients.”

On Nov. 1, 2019, CMS issued its 2020 final rule with updates to payment policies, payment rates, and misvalued codes for services provided under the Medicare Physician Fee Schedule (MPFS). The new policy will have a significant impact on payments for all physician services, including radiology, beginning in 2021.

The new rule creates a coding structure that will reallocate payments for E/M services. According to CMS, the E/M changes are intended to reduce administrative burden, improve payment rates, and better reflect current clinical practice. CMS chose to adopt new relative value units (RVU) for the E/M codes recommended by the AMA Relative Value Scale Update Committee (RUC) and the Current Procedural Technology (CPT®) Editorial Panel.

Because the MPFS is based on budget neutrality — increasing reimbursement for one type of service while others are diminished — radiologists who do not typically bill for E/M services will see their payments reduced in 2021. The ACR is working to minimize the impact of these new policies.¹

Moving Monies

“CMS has essentially increased payments for office visits,” says Lauren P. Golding, MD, vice chair of the Economics Committee on MACRA. “So physicians who bill a higher proportion of office visits will do well. If you don’t bill for any office visits, you’ll do the worst.”

Diagnostic radiologists who don’t see patients will feel the impact the most, Golding says, with an estimated 8–9% reduction in payments (see sidebar on page 12). Radiation oncologists and IRs who see patients for clinic and office visits will blunt the impact a little, she says. “But payments for those patient-facing visits won’t be enough to offset the relative decrease in procedural payments.”

Primary care providers (PCPs) will be among the main beneficiaries of the rebalanced payment system, as MPFS payments move away from specialty, procedural, and surgery services to those providers who serve patients in an office or outpatient setting. While the College does not oppose a re-weighting of services that increases payments to PCPs, it objects to other specialties being penalized for these increases to E/M code values.

“We support primary care receiving an update,” Golding stresses. “It is well-deserved and fits with ACR’s goals around population health.” Yet, the goal of offering more patients equitable, quality care may be compromised by some specialties having to absorb the deep payment cuts, she says. “Our main concern is that payments will be reduced for radiologic care, as well as many other necessary services in underserved and rural areas.”

Picking Losers

The E/M code set represents the highest volume/highest expenditure CPT code set in the MPFS. If you use the 9% estimated reduction of payments, that equates to a roughly \$452 million annual hit for radiology. “It’s a sizeable hit, and we have real concerns about access to care,” Nicola says. “CMS should not be picking winners and losers. It should support the primary care community in every aspect possible, without creating losers.”

Rural areas and those with small hospitals and health centers may lose the most, he says. They would not stop serving Medicare patients, but the dollar amounts would go down enough that it could hurt the profitability of an imaging center, which may have to close. “There are areas that have a large percentage of Medicare patients and are only marginally profitable,” Nicola says. “Rural centers that don’t have their scanners packed all day long could go under.”

Finding Patients

Each CPT code is assigned an RVU value, which determines the reimbursement for healthcare services. These RVU values can be adjusted for individual codes through RUC recommendations and CMS policy. However, because of budget neutrality, large changes in reimbursement can result not from direct adjustments to a specialty’s codes, but from adjustments to other codes in the fee schedule. In the case of the E/M increases, the impact of changes to other codes is significantly larger than changes to specific radiology codes.

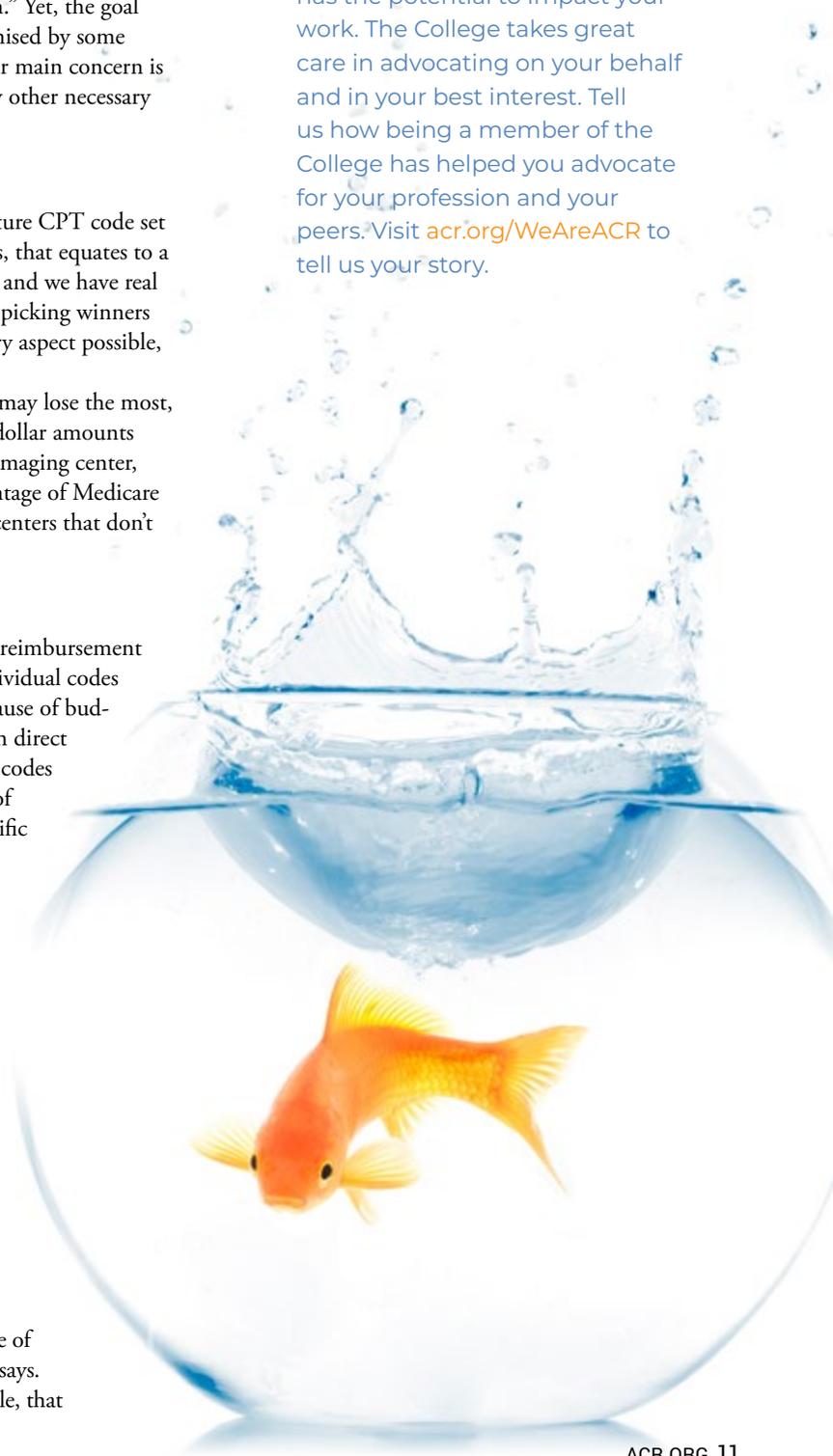
“Imaging utilization continues to increase, and it will increase even more with a growing aging population that will be sicker,” says Melissa M. Chen, MD, chair of the Commission on Patient- and Family-Centered Care Economics Committee. “Our value is not in doing more procedures, but in ensuring we are providing appropriate care for patients that is not excessive,” Chen says. Ultimately, radiologists must become more patient-facing and be seen as part of a healthcare team, she says.

For IRs who have been advocating that radiologists should have a more active role in patient management, updates in the E/M coding structure and reimbursement can facilitate this more patient-centered approach to care. For practices that have not adopted this approach, the updates to E/M services may make the transition to a more clinic-based IR practice more feasible.

Showing patient-facing value is not a challenge unique to radiology. ACR should align with other specialties within the house of medicine to offset payment reductions under the new rule, Nicola says. CMS has proposed using a new add-on code (GPC1X), for example, that

How Has Advocacy Helped You?

As a practicing professional — whether physician or physicist — local and federal legislation has the potential to impact your work. The College takes great care in advocating on your behalf and in your best interest. Tell us how being a member of the College has helped you advocate for your profession and your peers. Visit acr.org/WeAreACR to tell us your story.



“We support primary care receiving an update. It is well-deserved and fits with ACR’s goals around population health. Our main concern is that payments will be reduced for radiologic care, as well as many other necessary services in underserved and rural areas.”

– Lauren P. Golding, MD



Calculating Impact

Above are the estimated specialty level impacts of proposed E/M payment and coding policies, if implemented, for calendar year 2021 — as estimated by CMS.²

allows for additional payments under E/M services to physicians who serve patients with ongoing care for serious or chronic and complex conditions.

Not implementing the code — which CMS could still consider — could soften the 9% payment reduction by several percentage points, Nicola says.

CMS has not provided much guidance on when this add-on code can be used, Chen says. It is unclear for which patients this code should be used — a concern of the AMA. “This highlights the need for us to stay involved in the AMA process, and to make sure radiology’s voice is heard by working together with other physicians,” says Chen.

Rethinking Value

“The changes in the final rule of course get us thinking about valuation and how our codes are impacted,” Golding says. “We really should be thinking out of the box on our involvement in patient care. We’re going to have to be more innovative in approaching what we do.”

The Commission on Economics has formed a workgroup to look at ways in which radiology practices might mitigate or weather these cuts, Golding says. “We’re working on the advocacy front as well to innovate our practices and best be prepared.”

With the finalization of the 2020 MPFS changes, Congress would now have to intervene to prevent payment reductions to radiologists and others who do not typically bill for E/M services. One solution would be to increase the total budget for the MPFS so that E/M visits could increase without drastic decreases in the conversion factor that determines dollar values.²

According to ACR BOC Chair Geraldine B. McGinty, MD, MBA, FACR, ACR is taking the fight to Congress, while acknowledging the unlikelihood that lawmakers will agree to waive the budget neutrality requirement or add funding to offset payment reductions. “ACR members will need to come together as never before to articulate the value of what we do as radiologists,” says McGinty. “Mitigating these cuts will be a challenge, but there is no organization better equipped to engage with policymakers and payers.”

Radiologists’ job, now more than ever, Chen says, is to ensure appropriate imaging, create clear reports, educate clinicians, and be accessible to patients. “This is a wake-up call,” Chen says. “Healthcare is changing, and unfortunately right now that may mean decreased reimbursement for radiologists. More change will happen, and we need to stay ahead of it.” **B**

By Chad Hudnall, senior writer, ACR Press

ENDNOTES

1. CY 2020 Physician Fee Schedule Final Rule. CMS website. Nov. 1, 2019. Accessed Jan. 29, 2020.
2. Golding LP, Rosenkrantz AB, Nicola GN, Schoppe KA, Hirsch JA. How radiology maintains relative value units but could lose big in reimbursement: the power of the conversion factor. *J Am Coll Radiol*. 2019.

Nominees for 2020 Positions

At the annual meeting, the ACR Council will vote on the following slate of candidates recommended by the College Nominating Committee.

OFFICERS

- Geraldine B. McGinty, MD, MBA, FACR, of New York, for president
- Alexander M. Norbash, MD, FACR, of San Diego, for vice president

BOARD OF CHANCELLORS

The College Nominating Committee (CNC) recommends the following members be considered for election to the BOC:

- Andrew B. Rosenkrantz, MD, of New York, and Judy Yee, MD, FACR, of Bronx, New York, have been recommended to run for a first three-year term on the BOC. These candidates have indicated their desire to serve on the Commission on Body Imaging.
- Claire E. Bender, MD, FACR, of Rochester, Minn., and Eric M. Rubin, MD, of Media, Pa., have been recommended to run for a three-year term on the BOC. These candidates have indicated their desire to serve on the Commission on Human Resources.
- William T. Herrington, MD, FACR, of Athens, Ga., has been recommended to run for a second three-year term on the BOC. He has indicated his desire to serve on the Commission on Membership and Communications.
- Patrick M. Colletti, MD, of San Marino, Calif., Vani Vijayakumar, MD, of Jackson, Miss., and Don C. Yoo, MD, FACR, of East Greenwich, R.I., have been recommended to run for a three-year term on the BOC. These candidates have indicated their desire to serve on the Commission on Nuclear Medicine and Molecular Imaging.
- Arun Krishnaraj, MD, MPH, of Charlottesville, Va., and Sabiha Raoof, MD, FACR, of Jamaica, New York, have been recommended to run for a first three-year term on the BOC. These candidates have indicated their desire to serve on the Commission on Patient- and Family-Centered Care.
- Rochelle F. Andreotti, MD, FACR, of Nashville, Tenn., has been recommended to run for a first three-year term on the BOC. She has indicated her desire to serve on the Commission on Ultrasound.

- Sonia Gupta, MD, of Boston, and Andrew K. Moriarity, MD, of Grand Rapids, Mich., have been recommended to run for a two-year term on the BOC as a YPS member.
- Andre A. Konski, MD, MBA, MA, FACR, of Fort Washington, Penn., has been recommended to serve as the American Radium Society representative for a second three-year term.

COUNCIL STEERING COMMITTEE

Of the following seven candidates, four are to be elected in a contested election by the Council to serve a two-year term on the CSC:

- Rachel Gerson, MD, of Seattle
- Robert C. Gibbs, MD, of Parsons, Kan.
- Richard B. Gunderman, MD, PhD, FACR, of Indianapolis
- C. Matthew Hawkins, MD, of Decatur, Ga.
- Nolan J. Kagetsu, MD, FACR, of New York
- Madelene C. Lewis, MD, of Mount Pleasant, S.C.
- John N. Nichols, MD, FACR, of Waxhaw, N.C.

COLLEGE NOMINATING COMMITTEE

Of the following six candidates, three are to be elected in a contested election by the Council to serve a two-year term on the CNC:

- Roger L. Gonda Jr, MD, FACR, of West Olive, Mich.
- Kathleen R. Gundry, MD, FACR, of Atlanta, Ga.
- Boyd N. Hatton, MD, of Ormond Beach, Fla.
- Elizabeth P. Maltin, MD, FACR, of Syosset, N.Y.
- Valeria Potigailo, MD, of Philadelphia
- Ashley Prosper, MD, of Los Angeles

PRIVATE PRACTICE REPRESENTATIVE

- Join Y. Luh, MD, of Arcata, Calif., was selected for one two-year term as a private-practice representative to the Intersociety Summer Conference, effective in July 2020.



The election manual, featuring detailed information on the candidates, will be available to all councilors prior to ACR 2020 at acr.org/Annual-Meeting.

Leading the Field

ACR recognizes leaders in the imaging community at this year's annual meeting.

Each year, the College awards individuals whose work and dedication advances and strengthens the specialty. Spanning continents and subspecialties, this year's recipients include individuals from across the community of imaging. Commendations will be awarded at the 2020 ACR Annual Meeting in May.

Gold Medal



Priscilla F. Butler, MS, FACR

Priscilla “Penny” F. Butler, MS, FACR, a former ACR staff member, “fell into” her career in radiology — and never looked back. It all started in high school, she says, when she worked in a hospital taking care of patients. “I

knew I didn't want to be a physician, because I didn't like blood,” she says. “I liked physics and I wanted to do something that would be beneficial to people, and medical physics turned out to be it.”

Butler started with an undergraduate degree in radiological health, which “is a field where you become an expert in radiation safety,” she says. She got her master's degree in medical physics from the University of Florida in 1976 .

Prior to joining the College staff in 1998, Butler spent 13 years as a medical physicist and faculty member in the department of radiology at the George Washington University Hospital. She also served for 10 years as a U.S. Public Health Service commissioned officer in the FDA's Centers for Devices and Radiological Health where she participated in the start-up and conduct of their Breast Exposure: Nationwide Trends program in the late-70s — co-authoring several pioneering articles on radiation dose and image quality in mammography.

Then, in 1998, she was looking to make a career change. “I was talking to some ACR staff about whether they had heard of any openings for a medical physicist in the area. Pamela A. Wilcox, RN, MBA, former ACR executive vice president of quality and safety, called me and said, ‘Well, we just happen to have this opening here and it's not specifically for medical physicists, but would you be interested in doing something entirely different?’ And so the rest is history.”

Butler's career has been devoted to reducing unnecessary radiation dose to patients including in breast imaging. During her ACR tenure, she served in several roles. As

senior director and medical physicist in the department of quality and safety, she was responsible for a growing number of dose-related projects (e.g., Image Gently®, Image Wisely®, diagnostic reference level development, ACR Mammography Accreditation Program, etc.), physics-related activities (e.g., the 1999 ACR Mammography Quality Control Manual, the 2016 and 2018 ACR Digital Mammography Quality Control Manuals, and staffing the Commission on Medical Physics), and BI-RADS®. According to Butler, “Throughout my career, I felt like I was at the right place at the right time, working with giants in radiology and medical physics to tackle radiology issues critical to women and the United States.”

“I liked physics and I wanted to do something that would be beneficial to people, and medical physics turned out to be it.”

Assessing the professional accomplishments of which Butler is most proud, her involvement in helping reduce radiation dose in the U.S. from medical examinations ranks the highest. “There was a report that came out from the National Council for Radiation Protection and Measurements (NCRP) in 2009, which said that most of the radiation that the average American receives is from medical imaging and it was a bombshell report,” she says. “Several initiatives and programs were formed as a result, including Image Gently and Image Wisely. In November of 2019, the NCRP came up with a 10-year follow-up report showing that there has been a substantial reduction in radiation dose to the U.S. population, and I think a lot of this is related to Image Gently, Image Wisely, and the work that our registries have been doing have contributed to this drop. Knowing that I had a hand in it is really rewarding.”



The Gold Medal is awarded by the BOC to an individual for distinguished and extraordinary service to the ACR or to radiology. View the list of past recipients at acr.org/GoldMedal.



Albert L. Blumberg, MD, FACR

When Albert L. Blumberg, MD, FACR, started medical school, he considered a few different paths before settling on oncology, a field that aligned with his interests in genetics — as well as his personal strengths. “I found that I could

provide support and encouragement to patients without getting depressed to the point where one can’t have a conversation with somebody about the fact that — in the early 1970s anyway — many of these people had death sentences because we had such poor ways of dealing with disease,” he says. Once he decided on oncology, he says, he was left with four choices: surgical, gynecologic, medical, or radiation. “I already knew from my surgical rotation I had no desire to do anything surgical, so it was between medical oncology and radiation oncology. I did electives in both and realized that radiation oncology was a natural fit because I like working with patients with cancer,” he says. Blumberg, who received his medical degree from Thomas Jefferson University in 1974, applied for radiation oncology residencies and was accepted into the University of California San Francisco in 1975. Following residency, Blumberg served for three years as an assistant professor at the University of Pennsylvania in Philadelphia before entering private practice in Baltimore, where he remained until retirement in 2017.

Blumberg was certified by the ABR in 1978 and received his ACR Fellowship in 1993. His career-long passion for organized medicine activities started when he served as the national chair of the AMA Student Business Section in 1973. Blumberg was a leader in the Council of Affiliated Regional Radiation Oncology Societies, serving as the organization president from 1990 through 1991. He then served on the ACR CSC from 2000 through 2007, including terms as vice speaker from 2003 through 2005 and speaker from 2005 through 2007. He remains the only radiation oncologist to have occupied these offices. Blumberg also served on the BOC from 2003 through 2014 and is only the third radiation oncologist ever to serve as ACR president. As chair of the Commission on Radiation Oncology from 2008 through 2013, Blumberg was instrumental in consolidating College-wide radiation oncology activities under one commission. Even in retirement, he continues to serve the College as chair of the Bylaws Committee.

Upon reflection, Blumberg says his favorite four years were those he spent as vice speaker and speaker of the ACR Council. Blumberg likens the experience to that of an orchestra conductor — making sure meetings flowed smoothly, and that everyone had a voice and the opportunity to have it heard. “I took a lot of pride in helping

to ensure that all of the councilors had an opportunity for their thoughts to be expressed,” he says, “and to have an impact on College policy-making.”



David C. Kushner, MD, FACR

David C. Kushner, MD, FACR, says his life’s mission has been focused on improving healthcare for children, wherever that may take him. His quest for knowledge set him on a trajectory to gain the skills needed to serve his patients

and further his subspecialty for generations to come.

Born in Fargo, N.D., Kushner’s journey took him to an undergraduate degree at the University of Minnesota, followed by medical school at the University of Pennsylvania. Kushner completed a pediatric internship and residency at Harvard’s Children’s Hospital Medical Center in Boston, followed by a research fellowship at the National Institutes of Health. From there, Kushner went on to a diagnostic radiology residency at Massachusetts General Hospital. He then returned to Children’s Hospital Medical Center as chief resident and stayed for a fellowship in pediatric radiology. After leaving training, he remained at Harvard, where he eventually became professor of radiology and section head of the pediatric residency. Next he moved to Children’s National Medical Center in Washington, D.C., and served as a professor of radiology at the George Washington University.

Kushner longed to live on the water and that prompted his next move south to serve as medical director of the department of radiology at Children’s Hospital of the King’s Daughters in Norfolk, Va., a position he held for 12 years. Kushner is now professor of radiology and pediatrics at Eastern Virginia Medical Center in Norfolk.

Throughout his career, Kushner has been an avid participant and contributor to his professional societies. He held the position of president of the Massachusetts Radiological Society in 1987. In the Society of Pediatric Radiology, he rose to president in 2003. His ACR service included roles as vice speaker and speaker of the ACR Council as well as BOC member, culminating in the role of president of the ACR in 2015.

He was a dedicated educator as well, with more than 100 of his research articles published in refereed and non-refereed journals. In addition, he has written numerous book chapters and abstracts and received numerous “Best Teacher” awards at multiple sites.

Kushner calls it a unique privilege to care for sick children and their families. According to Kushner, “When I have been able to work with my team to improve the lives of children, the reward is immeasurable.”

Honorary Fellowship



Luis Martí-Bonmatí, MD, PhD
Spain

Luis Martí-Bonmatí, MD, is widely recognized for being a visionary leader in the field of quantitative imaging biomarkers. After graduating in medicine from the University of Valencia in Spain in 1983 and completing his postgraduate training in radiology in 1987, Martí-Bonmatí obtained his doctoral degree in 1991 for his work on MRI in liver tumors. In 1987, he became part of the radiology team at Dr. Peset University Hospital of Valencia — the first university hospital radiology department with an MR system in Spain. In 1995, he became section chief of MRI at that hospital.

In 2009, Martí-Bonmatí became chair of the radiology department and director of the medical imaging department at La Fe University and Polytechnic Hospital in Valencia, which serves as the referral center for advanced treatments and complex diseases within the Valencia community. That same year, he was appointed radiology coordinator of the Catholic University in Valencia, and in 2011 he became professor of radiology and supervisor at the University of Valencia. Since 2012, Martí-Bonmatí has been the founder and director of the Biomedical Imaging Research Group (GIBI2³⁰) within La Fe Health Research Institute, a center belonging to the Spanish Research Network at the Spanish Ministry of Science and Technology. The group focuses on radiomics, imaging biomarkers, and structured reporting, with a particular interest in preclinical animal imaging and calibration experiments.

Martí-Bonmatí's research collaborations have included the Spanish Biomedical Data Science Lab, the Institute of Applications of Information Technology and Advanced Communications, the Institute of Instrumentation for Molecular Imaging, the European Institute for Biomedical Imaging Research, the European Imaging Biomarkers Alliance, and Euro-BioImaging. He has been an editor of nine books and author or coauthor of 57 book chapters.

When asked what he counts among his greatest professional achievements, Martí-Bonmatí says it is his mentorship of the next generation of radiologists. "Through my appointments at La Fe University and Polytechnic Hospital, the Catholic University in Valencia, and the University of Valencia, I have mentored and supervised 49 doctoral thesis projects," says Martí-Bonmatí. "It is wonderful to have had a role in contributing to the future of medical science."



David L. Ball, MD, AO,
FRANZCR — Australia

David L. Ball, MD, AO, FRANZCR, is widely recognized by his peers in radiation oncology for making a global impact in lung cancer care. Ball, who currently serves as professor of radiation oncology at the University of Melbourne and chair of the lung service at Peter MacCallum Cancer Centre (Peter Mac), received his medical degree from the University of Adelaide in 1971. Ball subsequently underwent specialty training in radiation oncology at Peter Mac and obtained his board certification in 1976. In 1979, Ball did a 12-month fellowship in clinical oncology at the Royal Marsden Hospital in the U.K.

In 1981, he was appointed head of the lung unit at Peter Mac and has held that position ever since. Under his leadership, Peter Mac's lung service developed from a purely clinical service into the most active, internationally-recognized, and productive lung cancer research group in Australia. In addition to his work at Peter Mac, Ball has been a member of Cancer Australia's lung cancer advisory group since 2010; he served as chair of the group from 2014 through 2017. The group has given advice on a number of projects, including how to better engage general practitioners in the diagnosis and management of lung cancer and how to improve outcomes for aboriginal and Torres Strait Islanders affected by, or at risk of, lung cancer. Ball also received the Order of Australia award for his work in radiation oncology and medical education.

Scientifically, Ball has 225 peer-reviewed publications to his name — covering a wide range of subjects, including staging, prognostic factors, palliation, and psychosocial aspects of lung cancer. He has given more than 250 presentations and lectures, and has served as editor-in-chief of the *Journal of Medical Imaging and Radiation Oncology* from 2007 through 2019. However, he counts among his greatest achievements the countless lives his work in lung cancer has saved. "Lung cancer is one of the most deadly cancers," says Ball. "It affects patients with already impaired health, primarily related to smoking, making the population particularly vulnerable. It was a thrill to lead the CHISEL randomized trial, which for the first time showed a survival advantage for patients with stage I non-small cell lung cancer treated with stereotactic ablative body radiotherapy. This was achieved non-invasively, painlessly, and with only four or five hospital visits. To cure patients without suffering is a model for future cancer treatment to which we should aspire." **B**



The Honorary Fellowship award recognizes the contributions to radiology by individuals who are ineligible for ACR Fellowship. View the list of past recipients at acr.org/HonoraryFellow.



◀ Photo taken by Harry Agress Jr., MD, FACR, of Lijiang Impressions, an artistic celebration of the ancient culture and pageantry of Yunnan Province, China (2009)

Moving On

A retired radiologist reflects on how he has found a way to make both medicine and photography part of his life's work.

As radiologists, many of us have dedicated the majority of our lives to the pursuit of patient care and education through medical imaging. We have also had the privilege of doing so during one of the most prolific periods of technological innovation in any field of medicine. Long gone are the glory days of injecting a syringe of air into the central nervous system space or interpreting a collection of large dots created by a rectilinear scanner. During such an evolution, we have all been extremely involved in its development, whether in academic arenas or private practices. That being the case, it can be difficult adjusting to a new world after this intense and personally committed stage of our lives.

I have thought quite a bit about this next phase of “moving on” (I don’t care for the “R” word) and have come to realize that this period can provide a unique and rewarding opportunity to do the things that we have always thought about but never had the time to pursue. This does not mean completely eliminating involvement in radiology, as it is very rewarding to volunteer time to our healthcare organizations or pass our knowledge on to the next generation of radiologists — something I have been fortunate enough to do.

I, however, found I needed to explore other aspects of my persona which had been pushed to the back burners of my mind. I started to think less about my analytical

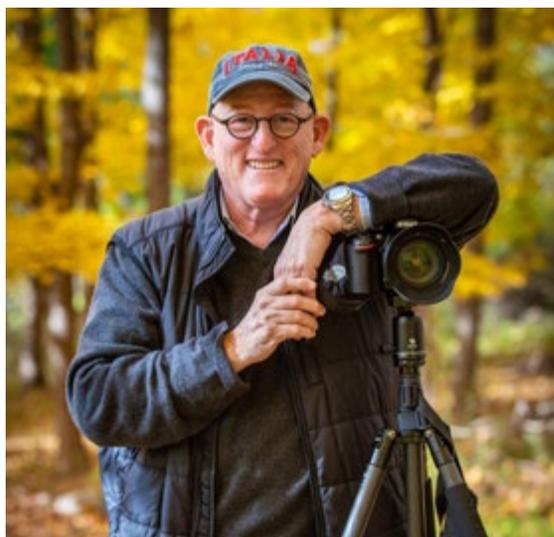


PHOTO BY SUSAN MARGANO

side and more about the artistic one. I have always loved photography and playing the piano, both of which give me a great sense of satisfaction. Being in touch with both those passions takes me into another world and, incidentally, can occupy vast amounts of time — perfect for moving on.

I was introduced to photography when I was 10 years old. My father was an internist and hematologist in St. Louis. One day, a patient who had just visited Japan gave him a Nikon camera. Fortunately for me, Dad was too busy seeing patients and taking midnight house calls to get involved in photography. He gave me the camera and thus started my love affair with photography that has continued to this day.

Although I have been taking photos all my life, it wasn't until I faced moving on that I was able to truly delve into it. I found I had over 20,000 scattered pictures and my first objective was to select and organize the best of them into something coherent. I attended lectures and workshops

continued on page 21

The mission of the Senior and/or Retired Section is to enhance the experience of senior (over 65 and/or retired) members in the ACR. Learn more at acr.org/SRS.

To Good Use

The ACR Data Science Institute® released 90 clinician-led use cases that are freely available to the radiology community in 2019.

While the ACR Data Science Institute® (DSI) AI use cases offer approachable examples of how AI could improve radiology practices, there is even more to them than that. Use cases are also an open invitation to those developing AI to create a new AI model — or improve on an existing one.

Helping AI Developers

Because radiology experts are involved in all stages of use case development, AI developers can get a sense for popular AI projects among radiologists by looking for the clinical areas with the most use cases. Recently, Classifying Suspicious Breast Calcification, Acute Appendicitis, and Pneumothorax have topped the list for most searched use cases. Panel chairs are currently developing methods to prioritize high-value use cases to ensure they are developed first.

Use cases can also inspire vendors planning future developments — or share insights for tweaking current projects with additional clinical details and implementation requirements. This approach helps ensure that models nest seamlessly in the radiologist workflow and outputs contribute to clinical actions.

Since clarity and consistency are important, use cases are tagged with agreed-upon standards — Common Data Elements — developed by ACR, RSNA, and subspecialty radiology organizations. These standards help promote crossover of algorithms among facilities, while supporting the developer path towards clinical implementation.

Assisting Radiologists

For the radiologist, DSI is continuing to expand the range of solutions where AI can offer support. There are thousands of potential use cases for narrow AI tasks in each domain of radiology.

Developing use cases strengthens the leadership role radiologists have begun playing in AI development, while ensuring that AI implementations fit well into the clinician workflow. Our use cases are also the foundation of ACR tools developed to help make AI more accessible to the radiologist community. For instance, use cases set

standards for dataset annotation for machine learning projects in ACR AI-LAB™.

New to the 2019 release, the DSI formed the non-interpretative use case panel, which was chaired by Alexander J. Towbin, MD, and Adam B. Prater, MD, MPH. The panel developed use cases to add value to the care stream beyond image interpretation. Since there are many areas from which to choose, panel experts first identify areas with the greatest value to radiology, then define specific ways for AI to solve problems within them. A model to predict patient no-shows and alert patients on expected wait times based on the availability of imaging equipment is one example of a new use case developed by this panel.

Some institutions have already begun developing models like these to increase efficiency and improve the patient experience. The DSI non-interpretative use cases set standards for inputs and outputs. They also have the potential to accelerate the use of AI at institutions that aren't currently using it.

Collaborating With Others

Several use cases born from collaborations across specialty societies are part of the latest release. The DSI partnered with the Society of Thoracic Radiology to release use cases on incidental pulmonary nodules and supported Kaggle challenges aligned to Define-AI use cases. DSI also supported an AI use case challenge with the Society of Abdominal Radiology to accelerate the pace of use case generation and demonstrate how individual radiology organizations can strike up projects aligned to their interests with the use case framework. We will expand our work with other specialty organizations, including the Society of Skeletal Radiology, to promote openness in AI development for radiology in coming months.

The DSI will regularly publish new use cases after a two-month public comment period. This continual stream of new use cases will feed the AI ecosystem and help to sustain the growth of new solutions to improve medical care. The DSI encourages the radiology community to get involved by commenting on use case proposals and submitting new use case ideas. Openings are also available on use case panels for ACR members who would like to join. **B**

Bibb Allen, Jr., MD, FACP, is ACR DSI's chief medical officer and a diagnostic radiologist at Grandview Medical Center in Birmingham, Ala. Dr. Allen would like to acknowledge the role of Jordan Meyer, senior data science specialist with the DSI, in the development of this article.



Contribute to AI in Radiology

The ACR Data Science Institute® (DSI) is looking for use case ideas for problems that may be solvable by AI. Each proposal will be reviewed by a DSI Data Science Subspecialty Panel for its potential to help improve medical imaging care. Learn more about how to submit your idea and view existing use cases today at acrdsi.org.

Practice Transformation

The ACR-RBMA Practice Leaders Forum allowed business experts to develop strategic solutions to address the changes coming to the specialty.

I was honored to serve as faculty at the 2020 ACR-RBMA Practice Leaders Forum in San Diego — a program of learning, networking, and solution-building with peers and top radiology business strategists. As the creator of a value-management program in my own practice, I'm a staunch advocate for value-based practices. I also understand that strategy is just one of many building blocks for a successful radiology program.

To be an efficient practice leader in the realm of radiology, you must first understand the economic and cultural factors driving change. The ACR-RBMA Practice Leaders Forum connected me with fellow colleagues and business experts to collaborate and develop strategic solutions to address the changes coming down the pipeline. Together, we addressed several big-ticket items, including the 2020 Medicare Physician Fee Schedule Final Rule, recruitment, performance metrics, AI, physician well-being, clinical decision support, and dealing with adversity.

In one of the first few sessions of the program, Barbara F. Rubel, MBA, senior vice president of marketing and client services at MSN, LLC, and Nancy L. Fisher, MD, MPH, chief medical officer at CMS, covered the future of the Merit-Based Incentive Payment System (MIPS) and the Quality Payment Program in 2020. This year, the MIPS payment adjustments are expected to rise alongside the increasingly vigorous requirements. As a result, cost will become a higher percentage of an eligible clinician's composite performance score, and payment adjustments will be higher for strong performers — yet high scores will be more difficult to achieve. Rubel and Fisher urged attendees to use these changes as opportunities to work directly with facilities to manage patient costs.

In my breakout session, co-facilitated with Sheila S. Witous, MBA, we discussed desirable attributes of performance measures. Participants then worked in small groups to come up with one value metric and one business metric that are not used as performance measures currently but would be of value. The discussion among the participants was rich and energetic with several wonderful ideas generated.

As my co-faculty member Frank J. Lexa, MD, MBA, FACR, noted, "Teams are a key factor for success (or failure) in radiology." It's important that as we lead, we also reserve time for reflection — on what's working and what's not, who will help achieve the desired results, and if we have the expertise and resources we need to make it happen — all while being the first to recognize burnout in our groups and intervene.

To be an efficient practice leader in the realm of radiology, you must first understand the economic and cultural factors driving change.

If you're a radiology leader looking to optimize your practice performance, I encourage you to equip yourself with management strategies tailored especially for the radiology environment. Take advantage of radiology-specific resources available through the ACR-RBMA Practice Leaders Forum, and take the next step in ensuring success in your practice. **B**

By Samir B. Patel, MD, FACR, founder and director of the value management program at Radiology, Inc., in Mishawaka, Ind.

Spend an Hour with RLI's Experts

The Radiology Leadership Institute® Power Hour series is a selection of free, bi-monthly webinars that provide radiologists at all career stages with valuable insights on a host of leadership and healthcare topics. Chaired by Jennifer E. Nathan, MD, and C. Matthew Hawkins, MD, each 60-minute webinar will provide expert analysis supported by data and practical tools that participants can use to promote better team workflow and improved service quality.

The next in the series, "Developing Younger Radiology Leaders: Succession Planning," will take place on Thursday, April 23, at 7 p.m. ET. Lawrence R. Muroff, MD, FACR, and Chuck Falci, BS, will describe their approach to raising up leaders within the team. For more information and to register, visit acr.org/RLI_PowerHour.



By Speaker Richard Duszak Jr., MD, FACR, and Vice Speaker Amy L. Kotsenas, MD, FACR

It's All About Communication



The new Workgroup on Council Communications is leading broader CSC initiatives and providing venues for councilor discussion between annual meetings.

The ACR Council represents members through chapter and society representatives and provides direction for the College via policy. The ACR Council meets during the annual meeting to deliberate policy and resolutions. The CSC oversees Council activities and represents the Council when not in session. Working together, the Council and CSC liaison roles facilitate communication between members, chapters, societies with Council representation, and the ACR BOC. CSC members additionally facilitate the development of Practice Parameters and Technical Standards and serve on year-round workgroups to best serve the Council and ACR members.

During the 2018 ACR open microphone session, Council members indicated a desire to advance bidirectional communication between the CSC, Council, and ACR members more broadly.¹ Specific suggestions included the following:

1. The CSC should solicit ideas and feedback from councilors and communicate information to councilors between annual meetings.
2. The CSC should encourage increased communication to chapters through the existing CSC liaison program.

3. There should be less rigid communication, with increased frequency and volume of communication sent to members and volunteer solicitation for existing and new initiatives.
4. The CSC should communicate with members about discussions that are happening “behind the scenes.”

In response, the current speaker appointed a Workgroup on Council Communications to help the CSC identify and prioritize potential new initiatives — balancing staff and volunteer resources with stakeholder needs and wants. The Workgroup on Council Communications is tasked with leading some initiatives — such as the enhanced use of ACR Engage — and serving in an advisory role for broader CSC initiatives, such as providing venues for discussion by councilors on activities of other workgroups between annual meetings. The Workgroup on Council Communications has proposed the following actions to address member concerns:

1. Virtual Town Hall Meetings

Currently, the Workgroup on Council Communications is exploring whether a live webinar, chat, or discussion forum by the speaker and vice speaker would be the best option.

2. Increased Communication

The CSC assigns each Council member as a liaison to several state chapters, societies, and commissions. These individuals reach out to the stakeholders for input throughout the year, and this could be extended to individual chapter members. The Workgroup on Council Communications is gauging interest in having liaisons physically visit a chapter meeting during the year — with an understanding that there will be budgetary implications for increased CSC member travel.

3. State-of-the-Council Communications

The CSC is exploring additional areas of communication beyond ACR Bulletin articles and e-mail newsletters.

4. Post-Meeting Report of CSC Activities

This year, a short summary of CSC activities has been posted in the Engage Council Community to inform members of CSC actions and deliberations. This summary will also be sent to ACR chapter executives. Recent CSC activities have included:

- The formation of the Annual Meeting Workgroup, charged with reviewing evaluations from the previous ACR Council meeting; Multiple suggestions will be implemented, including changes in format to allow additional time for open microphone sessions and productive Q&A opportunities. Once the new format is finalized, CSC members will solicit feedback on Engage.

▲ Adam W. Specht, MD, FACR, is pictured at the 2019 ACR Annual Meeting's open mic session.



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 or e-mail careercenter@acr.org.

Georgia – Summit Radiology Services is seeking a fellowship-trained diagnostic radiologist with strong MRI skills to join a group of 24 radiologists covering multiple hospitals in northwest and central Georgia, including Atlanta. Summit Radiology Services is also seeking a radiologist to do all aspects of mammography, including screening, diagnostic mammography, and tomosynthesis; US and stereotactic-guided breast biopsies and breast MRI. Candidates must be ABR-eligible/certified and MQSA qualified.

Contact: Please send inquiries to cwershaw@summitrad.net.

- The formation of the Non-Physician Provider Workgroup, the result of a late resolution introduced prior to the 2018 Council meeting: That resolution was withdrawn with the goal of obtaining and reviewing all pertinent information prior to bringing forward a resolution to the Council. The CSC reviewed multiple documents and voted to open an active dialogue with the American Registry of Radiologic Technologists. The Non-Physician Provider Workgroup will ultimately report back to the Council in May.
- A proposal by a workgroup to revise the Council Standing Rules and Procedures Document to ensure clarity and internal consistency
- The review of the two longstanding conflict of interest policies, which is currently underway by the CSC: The CSC anticipates presenting an updated umbrella policy resolution to the Council for consideration in May.

- The formation of a workgroup to review the existing Electioneering Policy for annual ACR elections and consider recommendations from the Governance Committee to provide fair, clear, and consistent direction to candidates: The current policy is published each year in the election manual and is sent to candidates. Several questions have arisen regarding specifics not addressed in the policy. The workgroup will have a document prepared for formal adoption by the CSC in May. If you have comments on these topics, please email csc@acr.org. **B**

By Elaine Lewis, MD, FACR, Andy Moriarity, MD, Traci Pritchard, MD, FACR, Elizabeth Ann Ignacio, MD, and David Youmans, MD, FACR, in collaboration with Speaker Richard Duszak Jr., MD, FACR, and Vice Speaker Amy L. Kotsenas, MD, FACR

ENDNOTE

1. Segovis C, Hawk K, Friedberg E, Lewis E, Metter D, Everett C, Duszak Jr. R, Swan T. The purpose and best role for councilors and chapter leaders in the ACR. *J Am Coll Radiol.* 2019;16(9):1232–1234.

Moving On

continued from page 17

and spent endless hours watching YouTube videos on how to take and process photographs. Once I got my photo act together, I created a website (www.harryagressphotography.com) — which for me was a wonderful achievement and a great way to share my images with the world.

It seems logical that I've always enjoyed looking at images — I have always learned far better from visual cues than written ones. I believe that photography and radiology are all about curiosity. In radiology, we are deeply involved in solving medical problems, and we certainly observe very carefully all that encompasses the human body. With photography, I am constantly observing — trying to express the feeling of an exact moment, to understand a different culture, or simply to find beauty in details and patterns. I'm fortunate that I've found a way to make both passions a part of my life.

While I've been lucky enough to have my work shown in several exhibitions, I ultimately realized I derived the most satisfaction from donating my works to hospitals — mainly to create a more welcoming and caring environment for patients, their families, and the staff. Healthcare visits can frequently trigger feelings of anxiety and bewilderment. Art can have an extremely positive effect on patients, creating a soothing, uplifting, and restorative atmosphere of beauty, color, and often inspiration.

My hope for my fellow colleagues also entering this exciting new



Photo taken by Harry Agress Jr., MD, FACR, of the Basilica di Santa Maria della Salute in Venice, Italy, in 2017

period of life, is that you spend time with your family and friends, but also reconnect with your passions. Try to bring them up to the front burners of your mind — and enjoy this wonderful journey. **B**

Harry Agress Jr., MD, FACR, is a clinical professor in the department of radiology at Columbia University in New York City, and chair emeritus of the department of radiology and director emeritus of the PET/CT Center and Division of Nuclear Medicine at Hackensack Meridian Health/Hackensack University Medical Center in New Jersey. He can be reached at hagress@gmail.com.

How will the recent E/M code changes affect radiologists and the patients they serve?



“The new CMS E/M coding structure stands to greatly benefit some physician specialties, but penalizes those specialties that rarely bill for E/M services, such as radiology. These substantial cuts to our specialty will impact our fundamental ability to deliver diagnostic imaging services and can lead to issues like longer patient wait lists, difficulty replacing outdated equipment, declining recruitment and innovation, and shrinking supporting staff. Ultimately, these consequences can also have a detrimental effect on patient care and safety.”

— Teresa Martin-Carreras, MD, imaging informatics fellow at the Hospital of the University of Pennsylvania



“Radiology exists at the nexus of patient care. As a result of this central position, radiology has a disproportionate impact on care delivery and overall expense. Instead of recognizing and supporting this central role, often as the ‘doctor’s doctor,’ this new policy will exacerbate problems at a time when there is a shortage of radiologists and physician burnout is already an issue. Our patients, our clinical colleagues, and our hospital partners deserve better.”

— Richard E. Heller III, MD, MBA, vice president of clinical services at Radiology Partners

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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.

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