

Bulletin



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ACR2021
VIRTUAL MEETING
SPECIAL REPORT



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Join us for the 2021 RLI Summit and learn to see radiology through a new lens — the healthcare ecosystem.

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You'll also have a chance to put your ecosystem learnings into practice during hands-on breakout sessions and an interactive case study review with your peers.

The RLI Summit only happens once a year.
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Special leadership programming for residents on Sept. 9!



ACR2021
VIRTUAL MEETING

SPECIAL REPORT

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ACR 2021 SPECIAL REPORT

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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.

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ACR
AMERICAN COLLEGE OF
RADIOLOGY

QUESTIONS? COMMENTS? Contact us at bulletin@acr.org.
Digital edition and archives of past issues are available at
ACR.ORG/BULLETIN.



Reporting on Success

The ACR is renowned in the world of radiology for its history of program development, implementation, and sustainability.

The ACR is a complex and highly matrixed organization. Our success reflects the hard work of our talented staff, combined with the energy and commitment of more than 2,000 physician volunteers. Even in my privileged position as chair, I am constantly amazed at the number of quality programs sponsored by the College.

At our BOC meeting in the spring, we received reports from a number of ACR task forces and committees. This column will summarize some of the deliverables from these groups to demonstrate the incredible work that is being delivered. More information will be available in other formats.

Our success reflects the hard work of our talented staff, combined with the energy and commitment of more than 2,000 physician volunteers.

Robert S. Pyatt Jr., MD, FACR, chairs the ACR Task Force on General Radiology and the Multispecialty Radiologist. The task force, formed in 2020, was charged with continuing the work of the 2012 Work Group on General Radiology and Subspecialization. The task force studied the contributions of this skillset to the current and future practice of radiology in the United States. Members of the task force concluded that there is a perceived disconnect between the skills of radiology program graduates, the needs of the workforce, and the delivery of expert and accessible patient care. The task force's recommendations included that the ABR consider revising certifying exams to emphasize the broader practice of radiology. The task force also recommended that residency programs seek to train candidates with a broader range of skills than current graduates demonstrate. Finally, the task force recommended that the ACR, the Society of Interventional Radiology (SIR), the ABR, and the Association of Program Directors in Radiology come together to ensure that the profession is developing radiologists capable of meeting market demands for imaging and IR services.

David B. Larson, MD, MBA, chair of the ACR Commission on Quality and Safety, reported on the progress of the ACR Peer Learning Committee. The ACR sponsored a National Radiology Peer Learning Summit in January 2020 and the results were published in the *JACR*[®] ([learn more at jacr.org](http://jacr.org)). In December 2020, the Peer Learning Committee was established and their strategic plan includes:

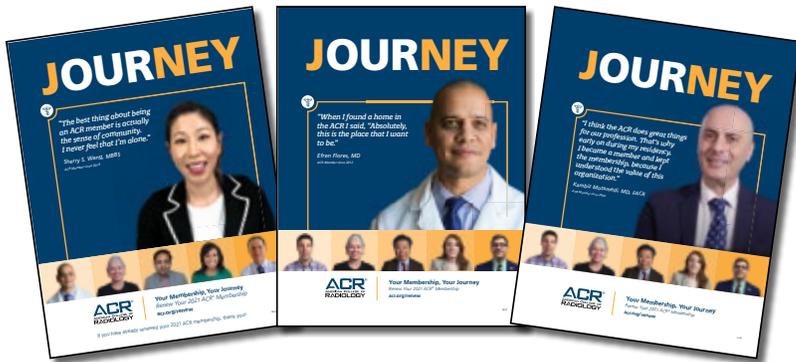
- Increasing radiologist awareness of what peer learning is and how it compares to score-based peer review
- Supporting radiology practices in operationalizing peer learning programs
- Supporting radiology practices in realizing improvement
- Promoting shared learning opportunities across practices
- Demonstrating the effectiveness of peer learning
- Identifying additional evidence-based recommendations to support reductions in error

Committee members are collaborating with individuals in many other societies and speaking in a number of forums, including the RSNA, the Association of University Radiologists, and the Society of Abdominal Radiology, to help practices transition from peer review to peer learning — with the goal of promoting continuous learning and improvement.

Dr. Larson also presented a new program, Learning Collaboratives. The concept is to develop a learning network — a deliberate organizational structure to facilitate meaningful process improvement across multiple organizations. A learning collaborative consists of improvement teams from a number of local sites who share data and learnings as they simultaneously work to solve the same problem at their respective institutions. Based on examples of established success, the goal is to provide a structure within the ACR that can be used to facilitate improvement in a broad range of settings, including among radiology practices and facilities. A pilot improvement program is underway with a small number of teams at various sites. Solicitations for participation in the Learning Collaboratives are anticipated this fall, with a spring 2022 start.

William T. Herrington, MD, FACR, chair of the Commission on Membership and Communications, presented preliminary results of the ACR Member Tracker ([see page 18](#)). The goal of the survey was to understand how members and non-members view the ACR. A baseline survey was conducted in September 2018. A

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ACR Awarded ASAE Gold Circle Award

The ACR Marketing, Public Affairs, and Communications and Membership and Governance teams are excited to announce that ACR has been awarded the American Society of Association Executives' (ASAE) 2021 Gold Circle Award in the Member Retention Category for their 2020 Member Retention Campaign — Your Journey to Radiologic Excellence. For this award, “ASAE recognizes associations that have demonstrated the highest degrees of creativity, innovation, and campaign success.” The ACR appreciates the work of all the staff in providing the highest member value, which is instrumental to membership retention and recruitment. “Membership is Everyone’s Business” and this award reflects the staff’s hard work.

Learn more about the award at bit.ly/ASAE_GCA.

New JACR Column: Early Career Corner

An ongoing series in the *JACR*[®] will share perspectives and initiate conversation on matters central to members-in-training and early career radiologists. You'll read about topics like finding a niche post-training, transitioning to practice, and understanding financial implications of leaving training. Read the first installment now at bit.ly/JACR_EarlyCareerCorner.

Have an idea for a column? Email jacr@acr.org for an invitation to contribute.

“As the first radiologist and first ACR Fellow to lead Armed Forces Radiobiology Research Institute (AFRRI), I feel that AFRRI and the ACR can very closely cooperate in the arenas of emergency radiology and disaster preparation education at the national level.

COL. MOHAMMAD NAEEM, MD, FACR, CO-CHAIR OF THE ACR'S GENERAL, SMALL, EMERGENCY, AND/OR RURAL PRACTICE NETWORK MILITARY SUBCOMMITTEE

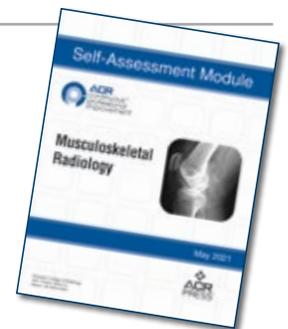
ACR Prostate Cancer MRI Center™ Designation



The ACR has developed the ACR Prostate Cancer MRI Center™ designation for radiology sites to distinguish themselves as providers of safe, effective diagnostic care for prostate cancer patients. Available to sites that have achieved ACR accreditation in the body module and that meet additional requirements, the designation shows the facility meets high-quality MR prostate imaging standards and is committed to patient safety and quality care.

For more information, including requirements and how to apply, visit acr.org/MRIProstate.

NOW AVAILABLE: CPI Module in MSK Radiology



Test your imaging knowledge and improve your diagnostic imaging skills with the new CPI Musculoskeletal (MSK) Radiology Module 2021, part of the ACR Continuous Professional Improvement (CPI) program. Designed to cover a broad range of MSK imaging topics — from basic anatomy to state-of-the-art imaging techniques — this self-assessment module offers 8 CME/SA-CME and features 50 clinically relevant questions with over 150 images. The new module includes the following:

- All new case material assembled and reviewed by experts in the field of MSK radiology
- Detailed answer section with review of diagnosis, rationales, patient management, and suggestions for further reading
- Multimodality case examples highlighting the advantages and pitfalls of available MSK imaging techniques, including CT, MRI, and US
- Practical questions regarding ACR Appropriateness Criteria[®], as well as ACR Practice Parameters and Technical Standards

As with all CPI self-assessment modules, you can choose your learning format (print or online) and download the free digital e-book copy with your purchase. Members save \$35 per module when bundling six modules via a CPI Select Six Series.

Learn more at acr.org/CPI.

“
Racial/ethnic minority patients who receive care from racial/ethnic minority physicians are more likely to experience improved communication, increased patient satisfaction, improved adherence with medical recommendations, and improved healthcare outcomes.
 ”

— ANAND K. NARAYAN, MD, PHD, PAMELA W. SCHAEFER, MD, FACR, DANIA DAYE, MD, PHD, ET AL (READ MORE AT JACR.ORG)



ACR to Host Virtual Career Fair

The ACR Career Center is one of the ACR's more popular benefits and has become the go-to place for thousands of radiology physicians, medical physicists, and experienced AI professionals who are actively engaged in job seeking at any given time. For the second year, the Career Center is providing a unique opportunity to bring job seekers and employers together by hosting the ACR Virtual Career Fair. This online event, which takes place Aug. 11 from 3:00–6:00 p.m. ET, will connect employers with talented members in search of new career opportunities.

For more information, visit acr.org/careerfair.



Rad Art at ACR 2021

At ACR 2021, attendees were able to visit the virtual Rad Art booth, where they viewed over 100 pieces of artwork created by radiologists and radiology residents from across the country.

Read more about ACR 2021 on page 8.

ACR Dose Index Registry Expands

Participants in the ACR Dose Index Registry (DIR) can now monitor data for fluoroscopy procedures in addition to CT exams — at no additional cost. Real-time, interactive reports enable facilities to analyze their systems' performance and optimize protocols. In addition to the fluoroscopy module, two additional modules are forthcoming: DIR Digital Radiography, which is now recruiting pilot facilities, and DIR Nuclear Medicine, which is in development.

“The DIR expansion is an impetus toward standardization in imaging areas where it is lacking in the radiology community,” says William F. Sensakovic, PhD, chair of the DIR and chair of the division of medical physics and associate professor at Mayo Clinic, Arizona. “The DIR feedback reports facilitate parsing the performance data down to various comparisons so facilities can see how they're doing and optimize their dose for various exams to bring them in line with standard practices.”

The ACR DIR is one of eight registries that comprise the National Radiology Data Registry (NRDR®). The goal of all DIR modules is to enable facilities to compare their dose data against regional and national values. The registry also allows practices to delve into details about scanner and device performance within and across facilities to ensure safe and high-quality exam performance for optimal patient care.



For more information, visit bit.ly/NRDR_DIR_Support.

Apply Now for the JACR Trainee Editorial Board

The *JACR*® is launching its first-ever trainee editorial board, comprised of members of the ACR RFS. Residents and fellows will be immersed in the scholarly publishing process and gain experience reviewing manuscripts alongside a mentor. If you have an interest in medical editing, journalism, and publishing, apply by Aug. 15 at jacr.org.



Reimbursement Onslaught

The ACR has presented survey results and action plans to the RUC panel for more than 2,000 radiology codes since 2007.

In 2007, when my mentor Robert D. Zimmerman, MD, FACR, was president-elect of the American Society of Neuroradiology (ASNR), he asked me if I was interested in serving on an ASNR committee. I answered, “Sure, Bob, of course.” When he asked me if I wanted to help out at the RUC, I answered, “Sure, Bob. What’s the RUC?” My response then remains typical now amongst physicians. Yet the RUC, the AMA/Specialty Society RBRVS Update Committee, has been a crucial force in physician payment for 30 years.¹

Medicare began reimbursing physicians according to the Resource-Based Relative Value Scale (RBRVS) in 1991. The AMA organized a method to review the schedule of relative value units (RVUs) for ongoing fairness, and to propose values for new procedures. Hence, the RUC was created. The RUC debates physician work and practice expense for individual CPT® codes and sends its recommendations to CMS. From there, CMS ultimately makes its own RVU determinations in the annual Proposed and Final Rules for the Medicare Physician Fee Schedule (MPFS). In turn, private insurers typically base their schedules on the MPFS. Those decisions, along with Medicare’s annual revision of the Conversion Factor, determine your reimbursement.²

The RUC, which is comprised of representatives from all major medical specialties, went about its business under the radar for its first ten to fifteen years of existence. CMS accepted the RUC’s recommendations nearly universally. That anonymity began to lift in the 2000s.³ The U.S. healthcare budget was continuing a long run of annual increases. Congress, MedPAC, and consumer advocates demanded solutions. Physician reimbursement was brought into the spotlight, along with the disparity in income between primary care practitioners and specialists.

The RUC and CMS set their sights on non-primary care specialties, including radiology. The RUC selected thousands of existing codes for review. Since 2010, nearly every radiology exam and procedure has been scrutinized for “potential misvaluation” by the RUC.

Your physician volunteers and the ACR staff have collected, analyzed, and presented survey results and action plans to the RUC Panel for more than 2,000

radiology codes since 2007 — many of them more than once. With this level of engagement from the imaging community, the other RUC Panel members even started calling the group the “Radiology Update Committee.” To say that the ACR volunteers and staff have been successful in defending the value of your work is a profound understatement. Yes, there has been attrition in some areas — the bundling of interventional procedures and advanced imaging practice expense may be the most significant. However, the professional RVUs of the “meat and potatoes” work of diagnostic radiology has been only modestly affected. And now radiology codes are enjoying a relative respite from the target range, since our codes have been so thoroughly checked and re-checked over the past decade.

Currently, our preeminent reimbursement challenge stems from the recent up-valuation of the evaluation and management codes performed chiefly by primary care providers. Their increases mean corresponding decreases in all the other specialties’ payments, by budget-neutral adjustments to the Conversion Factor. The ACR’s legislative affairs group saved the day at the end of 2020 and continues an ongoing fight to mitigate those cuts.⁴

The CPT and the RUC are also evaluating reimbursement strategies for AI products and arguing for appropriate valuation of work in evolving value-based payment models.⁵ Stay tuned for future discussions of these issues in this column and at the ACR annual meetings.

The other major news related to the RUC is the appointment of Ezequiel “Zeke” Silva III, MD, FACR, as chair of the RUC Panel. This is huge news for radiology — and a testimony to the high regard in which Zeke is held by the AMA and his fellow RUC Panel members since he began attending the meetings in 2007. He is the first radiologist to be named chair in the RUC’s 30-year history ([learn more in the April 2021 Bulletin article at \[acr.org/RUC-Chair\]\(http://acr.org/RUC-Chair\)](#)).

The Commission on Economics is grateful to the ACR staff that have been doing the behind-the-scenes work at the RUC. For the past ten years, this has predominantly been the work of Angela Kim, senior director of economics and health policy; Stephanie Le, director of economics and health policy; and Christy Buranaamorn, senior economic policy analyst. They are justly revered by the members of the Commission on Economics — and by their peers from the other specialty societies across the country. **B**

ENDNOTES available in the digital edition at acr.org/bulletin

For the full list of ACR members who are radiology representatives to the RUC, [visit \[acr.org/RUC-Reps\]\(http://acr.org/RUC-Reps\)](http://acr.org/RUC-Reps).



William D. Donovan, MD, MPH, FACR

ACR RUC Panel Member
for Radiology

Guest Columnist



Acting to Advance Health Equity

A new Radiology Health Equity Coalition will bring together the radiology community to address health disparities and measurably change outcomes.

Health equity is radiology's lane — and radiologists must commit to act, challenged outgoing ACR President Geraldine B. McGinty, MD, MBA, FACR, during her address at ACR 2021. During the presentation, McGinty unveiled the Radiology Health Equity Coalition, a new community-wide effort designed to support radiologists who aim to address health disparities in research, advocacy efforts, AI development, and medical student recruitment. The launch of the Coalition, McGinty said, speaks to problems laid bare throughout the past year, ranging from the disproportionate impact of COVID-19 on communities of color and the structural racism present in healthcare delivery to racial and social unrest.

According to McGinty, the creation of the Coalition is an acknowledgement of the inequities in the healthcare system and the specific opportunities radiologists have to address equity in healthcare. “Every practitioner, every stakeholder in healthcare, must audit themselves to say, ‘What does this moment ask of me?’” McGinty said. “In radiology, there is a sense of, ‘What is our task? What can we do to change this?’”

The Coalition is initially being mobilized by the ACR, the RSNA, the American Roentgen Ray Society, the Society of Interventional Radiology, the Society of Chairs of Academic Radiology Departments, the Association of University Radiologists, and the ABR. Additional radiology stakeholders will join in the coming weeks and months. McGinty noted that this mobilized network of patient-focused radiologists will collect and disseminate resources and best practices, advocate for and connect with patients and community members, and collaborate on programs and services to empower others to act.

“The Coalition is inclusive,” McGinty said. “We will make change by connecting with external stakeholders, whether it’s patient advocacy groups, other specialty societies, payers, or policymakers.”

McGinty concluded her address by urging the virtual audience to commit to advance health equity. “This is a big effort,” she said. “It’s going to require a lot of change — and as such, it’s not something that the ACR can do alone. We are here to support radiologists who make this public commitment.” **B**

HEALTH EQUITY: COMMIT TO ACT

Radiology professionals now have the opportunity to “Commit to Act” to advance health equity. The new Radiology Health Equity Coalition will bring together the radiology community to address health disparities and measurably change outcomes. This mobilized network of patient-focused radiologists will collect and disseminate resources and best practices, advocate for and connect with patients and community members, and collaborate on programs and services to empower others to act. For more information on the Coalition and to commit to advancing health equity, visit acr.org/healthequity.

BY NICOLE B. RACADAG, MSJ, MANAGING EDITOR, ACR BULLETIN



ACR 2021 highlighted the College's commitment to equity within radiology and the entire house of medicine.

With the same discretion of the College's decision last year to put the health and safety of ACR members, the patients they serve, and ACR employees and local hospitality staff first, this year's Annual Meeting was once again completely virtual.

The flagship announcement of the Annual Meeting was the launch of the Radiology Health Equity Coalition.

To complement the weight of the Coalition, there was a two-part presentation on health equity, featuring a host of expert panelists speaking on the ACR's commitment to health equity within the specialty and beyond to the entire house of medicine. First-day health equity panelists were Johnson B. Lightfoote, MD, MBA, FACR, chair of the ACR Commission for Women and Diversity; Efrén J. Flores, MD; Lucy B. Spalluto, MD, MPH; Zahra Kahn, CPA, CGMA, MPA; and Iris C. Gibbs, MD, FACR.

Flores opened by noting that the COVID-19 pandemic did not affect all populations equally. It has disproportionately impacted people of color, even though the pandemic has highlighted how interconnected we all are, he told attendees. "Where you live matters, we have learned, but it should not," he said.

Flores went on to say that racism in America is a real threat to the public health of the country and a driver of social injustice and health inequity. "It is important that we have a commitment at all levels to change this and advance social justice," he said. "As a specialty, we have to be committed. Advancing health equity is the responsibility of every specialist, and radiology must play a central role."

Kahn, a health and financial policy expert, spoke on racial equity in breast cancer screening. She pointed out that when women skip screening in their 40s based on U.S. Preventive Services Task Force guidelines, it leads to even more injustice and worse health outcomes for Blacks, Latinx/Hispanics, and Asian Americans.

Gibbs explored the role of racism in health equity — including life expectancy among minorities. More importantly, she spoke to the deeply-rooted racial ideologies and institutional policies in the U.S. that make it challenging for

Diving Into Racial Disparities in Healthcare

health equity initiatives and perceptual changes in healthcare and radiological practice to advance. "The first step to health equity is awareness," she said. Gibbs delved into a longstanding history of scientific racism, particularly directed at Black Americans — and how this has fueled implicit bias in modern medicine.

"As a specialty, we have to be committed. Advancing health equity is the responsibility of every specialist, and radiology must play a central role."

EFREN J. FLORES, MD

Spalluto presented on radiology's specific role in diversity, equity, and inclusion efforts, the impact of these efforts on more favorable patient outcomes, and leading the charge for health equity. Disparities in health outcomes, Spalluto said, including infant mortality, cancer outcomes, obesity, malnutrition, and cardiovascular disease are the result of existing systemic inequities. "Quality of food, schools, and insurance status all drive healthcare disparities," she said.

The second day of the program was introduced by outgoing ACR President Geraldine B. McGinty, MD, MBA, FACR, and included health equity presentations by Jacqueline A. Bello, MD, FACR, vice chair of the ACR BOC; Frank J. Lexa, MD, MBA, FACR, chief medical officer of the Radiology Leadership Institute® and chair of the ACR Commission on Leadership and Practice Development; Karthik Sivashanker, MD, MPH, CPPS; Raymond K. Tu, MD, MS, FACR; and Rajan T. Gupta, MD, as the moderator. Sivashanker called equity an "accelerator of all we do."

"It has to be a core mission of what we're doing," Sivashanker said. "There is no such thing as high-quality inequitable care. The approach of hiring one person of color, charging them with driving change, and then being surprised that it doesn't work is not the right approach."

Tu talked about his work in Washington, D.C. — one of the

most diverse cities in the nation. During the pandemic's peak, his hospital worked closely with local businesses to get the word out about safety procedures and testing. Tu continues to encourage local partnerships with academic and community physicians to enhance what he calls "the joy of good medicine." Working with medical students, too, is critical to fostering diversity, he said — and noted that America will be a majority minority country by 2050, with Whites making up only 46% of the population. "We need to become the community we serve," he said.

"When approaching the challenges of healthcare inequity, good intentions are just not enough," Lexa told attendees. "Figure out how you're going to quantify your results. A demonstration project might be the answer." He suggested trying out ideas first before putting together your final plan.

Breast imaging in certain populations might be a good place to start, he said. "But don't get obsessed about one idea," he said. "It is ok to start small and it is important to build alliances with groups who can advance your cause — not just those you like."

Bello emphasized that radiology touches every part of patient care, and that radiologists are uniquely positioned to spearhead efforts to address health disparities and accommodate the needs of diverse patient populations. "I encourage all to pledge their commitment and action to advance health equity," she said.

Every presentation affirmed the importance of advancing health equity. Speakers discussed how radiologists can serve as leaders of the charge, stressing the importance of building alliances and recognizing the problem is deeply rooted and no small challenge. Significant strides have been made as a result of this year's meeting — but no doubt, health equity will remain a focus of ACR 2022 and onward. **B**

BY CHAD HUDNALL,
SENIOR WRITER, ACR PRESS

Save the Date: ACR 2022

Next year's annual meeting will take place at the Washington Hilton in Washington, D.C., from April 24–28, 2022. For more information, visit acr.org/Save-the-Date-ACR2022.

Exploring Gender Bias in Radiology

This year's Moreton Lecture encouraged radiologists to take a hard look at how equitable the field really is — and challenged attendees to effect real change.



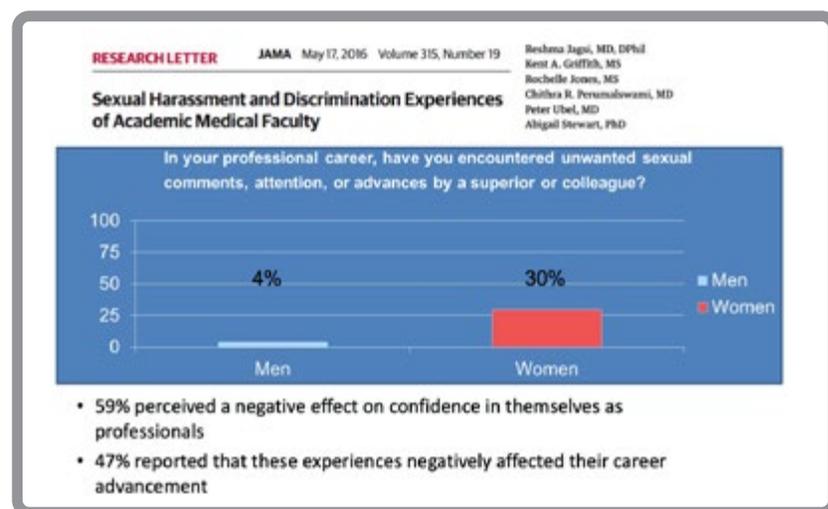
Reshma Jagsi, MD, DPhil, deputy chair of the department of radiation oncology and director of the Center for Bioethics and Social Sciences in Medicine at the University of Michigan, presented this year's Moreton Lecture. During her speech, Jagsi encouraged radiologists and radiation oncologists to take a hard look at how equitable the fields really are — and challenged attendees to think about how they can do better.

In her talk, Jagsi said there is no reason women should not be succeeding equally with men — but they aren't. She delivered a data-packed analysis surrounding the topic of gender inequities in medicine, including unconscious biases, gendered expectations of society, and overt discrimination and harassment.

Jagsi said there are many factors that have gone into creating the inequities in medicine, and COVID-19 is only amplifying the challenges women radiologists face. To begin to narrow the equity gap for women, Jagsi encouraged attendees and their teams to invest in and support mentorship and sponsorship programs, evidence-based implicit bias training, cultural transformation initiatives, transparent criteria for hiring and promotions, promotion of work-life integration, establishment of distinguished scholar awards, on-site childcare at conferences, and facilitation of the use of funds to support travel-related dependent care expenses. "Don't fix the women: fix the systems," she said. **B**

The Moreton Lecture was established in 1993 in recognition of the outstanding contributions to radiology and the medical profession by Robert D. Moreton, MD. Past Moreton lecturers have included Sen. William Cohen, U.S. Rep. Charles Rangel, and many pioneers and leaders in the radiology sciences.

BY CARY CORYELL, PUBLICATIONS SPECIALIST, ACR PRESS



Focusing on Economics

The Economics Forum walked attendees through current and future CPT codes and what they mean for radiology.

Gregory N. Nicola, MD, FACR, chair of ACR's Commission on Economics, welcomed attendees to the Economics Forum. The absence of the forum at ACR 2020 made the buzz around this year's platform palpable — even virtually.

"We're here to walk you through what happens from when a code is introduced or revalued through the actual valuation of a service," Nicola began. "We are very excited to have these forum members today who can speak to all of your questions on reimbursement and our economic future."

Members of the forum who were asked to field questions on the final day of the annual meeting included: Melissa M. Chen, MD, chair of the Patient- and Family-Centered Care Economics Committee; Sammy Chu, MD, FACR, chair of the ACR Contractor Advisory Committee Network; Timothy A. Crummy, MD, MHA, FACR, ACR vice speaker and vice chair of the ACR Coding and Nomenclature Committee; William D. Donovan, MD, MPH, FACR, ACR RUC Panel Member for Radiology; Lauren P. Golding, MD, ACR RUC advisor; and Kurt A. Schoppe, MD, radiology alternate RUC representative.

Schoppe began by telling attendees that seeing AI,

corporatization, third-party payers, or teleradiology as threats is irrational — as fear of change is irrational in radiology, he said. "Think of what it was like when PACS came along or the widespread use of CT and MRI," he said. "They have benefitted our profession over time, not hurt the specialty. We cannot hide from AI software tools. Some groups will do well and others will not, if they listen to false prophets."

Golding was asked about anything in the RUC CPT® process that could potentially threaten the radiology schedule outside of the broader evaluation and management (E/M) services changes to the MPFS. Practice expense is one thing, she said, using US as an example of how radiology could bill for a typical study. "A pelvic US 10 years ago used to be billed at a higher rate," she said. Since then, other physicians are using portable equipment — and at the RUC, that became the typical patient, she added.

Crummy gave a shout-out to the ACR economics team because the RUC and CPT teams have worked so well together. Chen said that it is promising that CMS is on the right track to approve codes for AI. "Even though they aren't specifically for radiology now, the move is in the right direction," she said.

Schoppe went on to say that codes for E/M services will "require our attention. But as long as we focus on high-quality work and patient care, we are going to succeed." **B**

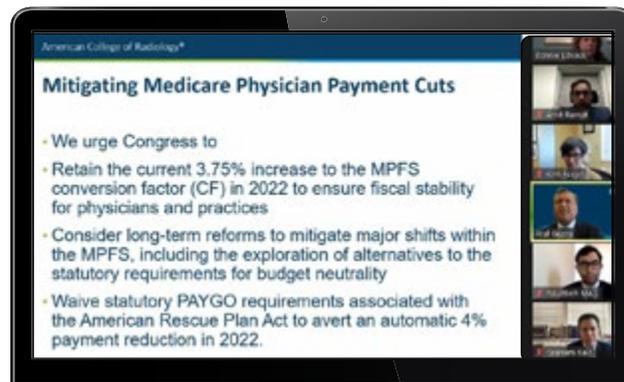
BY CHAD HUDNALL, SENIOR WRITER, ACR PRESS

ADVOCATING ON THE HILL

The ACR held its first virtual Hill Day at ACR 2021. More than 350 radiology advocates participated in 248 congressional meetings, 54 of which were attended by a member of the U.S. House of Representatives or the Senate. ACR members were asked to discuss several issues relevant to radiology, patient care, and physician well-being, including:

- Mitigation of impending 2022 Medicare E/M pay cuts — participants urged lawmakers to provide additional financial stability in 2022 to ensure physician and non-physician providers can maintain seniors' access to care.
- Addition of technical corrections to the imaging section of PAMA — participants explained the ACR-proposed technical corrections to PAMA to avoid further CMS delays in the implementation of mandatory consultation of advanced imaging appropriate utilization criteria by ordering physicians.
- Co-sponsorship of the Dr. Lorna Breen Healthcare Provider Protection Act (S.610/H.R. 1667) — participants told lawmakers that their co-sponsorship and passage of S.610/H.R. 1667 would ensure clinicians are able to seek mental health treatment and services without fear of professional setback.

Learn more about the virtual Hill Day at acr.org/HillDay-2021.



▲ Photo: Steve Thuahnai, MD, PhD
@CIAradiologist

◀ Photo: Amit Ramjit, MD
@amitramjitMD

Leading the Way

Meet the officers governing the College.

HOWARD B. FLEISHON, MD, MMM, FACR (Chair)



Howard B. Fleishon, MD, MMM, FACR, has held numerous roles within the ACR, including vice chair, secretary-treasurer, Council speaker, vice chair of the Commission on Government Relations, and founder and chair of the Radiology Advocacy Network. Fleishon is on the faculty at Emory University's department of radiology and imaging services in Atlanta.

"The College now has the opportunity to reimagine how we deliver services and value to our members and our patients," says Fleishon. "Staff and physician volunteers are working together to evaluate our programs and services to maximize efficient, effective, and impactful deliverables. The organization's success will depend on its investing in leading-edge infrastructure so that the ACR can modernize its processes and services."

JACQUELINE A. BELLO, MD, FACR (Vice Chair)



Jacqueline A. Bello, MD, FACR, serves as director of neuroradiology at Montefiore Medical Center and professor of radiology and neurosurgery at Albert Einstein College of Medicine. She previously served as chair of the ACR Commission on Quality and Safety.

Bello will champion ACR's effort to convene a Coalition promoting radiology's role in achieving equity across healthcare. "As radiology touches nearly every part of patient care, radiologists are uniquely positioned to spearhead efforts to address health disparities and accommodate diverse patient population needs," Bello says. "I encourage all to pledge their commitment and action to advance this vital initiative."

BEVERLY G. COLEMAN, MD, FACR (President)



Internationally renowned radiologist and US expert Beverly G. Coleman, MD, FACR, was elected president at ACR 2021. Coleman is the first woman to be elected president in the nearly 100-year history of the ACR.

"There is no greater accomplishment in my very lengthy academic radiology career than the ascension to the position of president of the ACR," Coleman says. "I am proud to take this historic step and I look forward to continuing to work with my colleagues at the ACR to make radiologic care better for those we serve."

Of the many issues currently facing the College, Coleman views the issues of advocacy, healthcare reform, quality and safety/

imaging appropriateness, research and education, and technological advances (such as AI) as top priorities. "Imaging plays an absolutely crucial role in patient diagnosis, consultation, and management. We must come out of the 'dark' to be viewed as vital to the healthcare team," she says. "Our specialty of radiology can be a leader in healthcare equity by demonstrating that diversity and inclusion are critical issues that can ensure that all Americans have access to quality healthcare. We also should strive to be a specialty that reflects the patients we serve. Reform will be challenging in this political arena; however, we can unite and excel if such advances are viewed as a priority."

JAMES V. RAWSON, MD, FACR (Vice President)



James V. Rawson, MD, FACR, is radiology vice chair of operations and special projects, and Center for Healthcare Delivery Science Lead for Applied Engineering and Creating Value in Clinical Operations at Beth Israel Deaconess Medical Center in Boston.

He most recently served as secretary-treasurer of the ACR BOC and was previously chair of the ACR Commission on Patient- and Family-Centered Care.

"The ACR needs to ensure all voices in the complex ecosystem of healthcare are heard and represented," Rawson says. "This includes developing a diverse workforce and arming them with the best tools possible to improve the health of the communities they serve. None of this is easy or simple. The ACR needs to continue to provide the platform where the difficult conversations that need to occur can occur in a professional and collegial manner."

DANA H. SMETHERMAN, MD, MPH, MBA, FACR (Secretary/Treasurer)



Dana H. Smetherman, MD, MPH, MBA, FACR, is chair of the department of radiology and associate medical director for the medical specialties at Ochsner Medical Center in New Orleans. Smetherman has served as president of the Radiological Society of Louisiana, chair of the ACR Breast Commission, chair of the ACR Breast Economics Committee, advisor to the AMA CPT® Panel, and director on the Ochsner Health Board.

"I greatly appreciate this opportunity to serve the ACR as Secretary/Treasurer, especially during this critical juncture as radiologists take the lessons we have learned from the COVID-19 pandemic and use them for the benefit of our patients and communities, our specialty, and healthcare as a whole," says Smetherman.

AMY L. KOTSENAS, MD, FACR (Speaker)



Amy L. Kotsenas, MD, FACR, served as ACR Council Vice Speaker and is the CSC liaison to the ACR Data Science Institute®. She is professor of radiology and a board-certified neuroradiologist and clinical informaticist at the Mayo Clinic in Rochester, Minn.

“The ACR is in an ideal position to play a key role in organizing the house of radiology to influence, direct, and control our destiny in these uncertain times,” Kotsenas says. “With member input, continued engagement, and respectful dialogue, the ACR will create a vision and develop a strategy to lead our profession through these times of change to a bright new future.”

TIMOTHY A. CRUMMY, MD, FACR (Vice Speaker)



Timothy A. Crummy, MD, FACR, is regional medical director of radiology at SSM Health Wisconsin, associate medical director at St. Mary’s Hospital in Madison, Wis., and partner in Lucid Health-Madison Radiologists, S.C. Crummy previously served as a member of the ACR CSC.

“Historically, the ACR has kept ours among the best of medical specialties. We’ve earned this status through our leaders’ hard work and dedication,” Crummy says. “We’ve navigated previous reimbursement cycles, similar to what we face now. In the past, we succeeded through our predecessors’ experience, knowledge, and hard work. This is our foundation for paying it forward to our future members.” **B**

To learn more about the new officers named at ACR 2021, visit acr.org/New-Leaders.

Celebrating New ACR Fellows

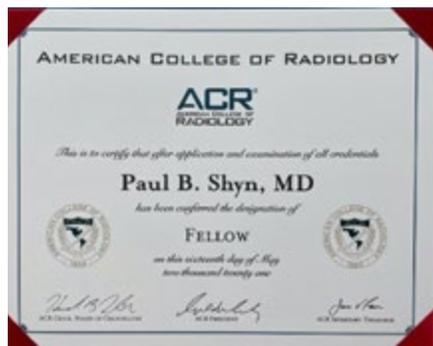
Each year, the College recognizes individuals who stand above the rest — their work supports quality patient care and advances the specialty. In 2021, a record 156 members received the ACR Fellowship award. In addition to the fellows, the virtual celebration honored the 2021 Honorary Fellows and ACR Gold Medalists. Learn more about this year’s recipients at acr.org/ACR2021-Awardees.



▲ 2021 ACR Honorary Fellow Michael Baumann, MD, FACR, chair and scientific director at the German Cancer Research Center in Heidelberg



▲ Yoshimi Anzai, MD, MPH, FACR, associate chief medical quality officer at University of Utah Health Care



▶ Paul B. Shyn, MD, FACR, associate radiologist at Brigham and Women’s Hospital and associate professor of radiology at Harvard Medical School



HONORING POSITIVE GLOBAL IMPACT

At ACR 2021, the ACR Foundation (ACRF) presented both its 2020 and 2021 Global Humanitarian Awards (GHA), honoring individuals who have had a positive global impact on radiology services. The 2021 awards went to Faisal Khosa, MBBS, of Vancouver, British Columbia, in the individual radiologist category, and Herman Oosterwijk, MS, MBA, of Cross Roads, Texas, and Norman Young, of Toronto, Ontario, in the non-radiologist individual category. The ACR also announced the winners of the 2020 Global Humanitarian Awards — postponed due to the COVID-19 pandemic. The 2020 awards went to Lawrence R. Kane, MD, of Newmarket, N.H., and Sarwat Hussain, MD, of Worcester, Mass., in the individual radiologist category. Learn more about the 2020 and 2021 GHA recipients at acr.org/GHA-Awards-News-2021.

A Patient's Perspective on AI

Patients want the best that AI can provide, combined with the best of the abilities of clinicians.

I had a CT scan during my recent ED visit. Afterward, the doctor informed me that some incidental findings should be biopsied. I had no idea if that conclusion was made by an AI algorithm or by a human. The human who gave me that result explained the situation and the next steps. Would I have felt differently if I had known the conclusion were arrived at by AI? Was there any reason I should know? Who's checking the AI work? Is my scan going to be used in future AI development? Who will profit if my scan is used?

When I take my car in for repair work, it doesn't care what's done to it. You can attach it to a computer for diagnosis — no problem. You can make adjustments based on what the computer says — fine. But, as the owner of the car, I want assurance that the computer is making accurate diagnoses, and I want to know what has been done, why, and what it will cost.

Looking at Differences

We humans are a bit different — the car is us. We are animate, opinionated, and have motives, values, and goals that are an essential part of who we are and what we want from healthcare. In short, we have individual differences in our bodily mechanics and in what we want and will do in the service of the health of those bodies.

Radiology performs a critical and growing role in accurate diagnosis. We rely on the acquired skills of the radiologist to accurately identify and diagnose. What does a patient make of the notion that the reading of imaging results might be done by a machine that has learned its trade via AI?

At the end of the day, patients care most about accurate evaluation of their situation and effective treatment. If a learning machine can do that better than a trained human, why would we object? But how can we know if the learning machine is more accurate? In the end, we have to put our confidence in the creators, interpreters, and communicators — the same way we must with our doctor.

Looking for Answers

We might know or suspect that our physician has some cultural, gender, or age biases that need consideration in diagnosis and treatment. Do we have comfort knowing that the AI algorithm assessing our case is free of such biases and that the reporting or implementation of findings will fairly consider those issues?

And yet, humans are social creatures whose very being depends on complex human interactions. To take that away from medicine diminishes the humanness of the providers and patients.

Humans are not passive actors in medical dramas. We make decisions about our healthcare. We integrate what we learn from medical professionals with what we already know and believe. We decide when to seek care, how to care for ourselves, and when to follow medical recommendations. We want our healthcare



providers to understand us and our situation. We want to be at least equal partners in decisions about our healthcare.

The Turing test proposed that once humans interacted with a machine and could not tell whether the interaction was with a machine or a person, it would establish the machine as having reached a level of personhood. However, even if such a state were achieved with radiological imaging and reporting, most of us still want to have a human connection.

For the foreseeable future, doctors will remain far superior to AI in incorporating personal context into clinical decisions and making treatment recommendations.

For the foreseeable future, doctors will remain far superior to AI in incorporating personal context into clinical decisions and making treatment recommendations. Right now, AI solutions are becoming good at doing one thing well — narrow AI tasks — and are not as good at synthesizing information the way doctors do and answering anything beginning with “Should we?” Will the day come when AI avatars can do that as well as humans can? That remains to be seen. Will the time come when many, most, or all patients will be just as happy getting their AI-derived results from an AI-created avatar as a doctor? Perhaps, but there's much work to be done before we should assume any answers — especially universal ones.

Looking to the Future

For over half a century, studies have shown that statistical predictions are often more accurate than clinical decisions made by humans. Even so, patients will continue to want the best that AI can provide combined with the best of the abilities of clinicians, who incorporate their personal human qualities into medical decisions. The ACR is continually looking for ways AI can support doctors in improving patient care. Doctors, along with patients, should be the ones answering the kinds of questions raised here. **B**

DAVID ANDREWS IS A PATIENT ADVOCATE AND A MEMBER OF THE ACR COMMISSION ON PATIENT- AND FAMILY-CENTERED CARE.

Supporting Job Seekers

The ACR Career Center is helping radiologists find their next position in the post-pandemic era.

Why did you choose radiology? And at what point during your training and/or career did you stop feeling the pressure of your next hurdle or the uncertainty of “what’s next?” Was it the day you were accepted into medical or graduate school? Maybe it was when you matched into residency. Perhaps you’re still feeling a bit uncertain about whether you will become partner at your practice, obtain that tenured post, or find more flexibility and balance in your career.

Just as you applied and were accepted to every school, residency, and fellowship necessary to earn your degrees, there’s the ongoing anticipation of achieving your ideal version of professional success. But, unlike the partners, professors, physicians, and physicists before you, you’re doing it in the wake of a global pandemic.

Finding the Right Help

The ACR will be your career partner throughout your radiology journey. One of the most impactful ways in which the ACR Career Center can help is to directly connect members searching for their next opportunity with employers looking for talented and dedicated professionals.

A recent Career Center survey showed that while less than 10% of radiologists — including all subspecialties, IR, and radiation oncology — were successful in their job search when using a recruiter or headhunter, more than one third of respondents found success using a specialty jobs board like the ACR Career Center.¹ While COVID-19 initially halted hiring and recruitment, Career Center postings showed a steep increase — almost 200 more job postings from August through November of 2020 — after the initial pandemic restrictions had eased.² In the ensuing months, an additional 300 positions have been added. Currently, there are a record number of job postings on the Career Center exceeding 1,100 opportunities among a variety of locations and specialties.³

Timing Your Search

In the survey done prior to COVID-19, most job seekers started looking for positions during the first three to six months of fellowship and signed on to new jobs in the November through February timeframe. One trend that was observed was that private practice positions tended to be posted in the second half of the year — from August through December — while academic positions were often posted later in the year, or during the first few months of the new year into February or March.²

Landing the Ace

You’ve posted your CV on the ACR Career Center and set up your job alert email to make sure you’re notified immediately

when a new position in your area of interest becomes available. When an exciting position comes through, what’s next? During a recent program hosted by the ACR’s Radiology Leadership Institute® (RLI), the panel’s advice was unanimous and simple: Show employers the best version of yourself.

One of the most impactful ways in which the ACR Career Center can help is to directly connect members searching for their next opportunity with employers looking for talented and dedicated professionals.

In the current era of virtual interviews, the Career Center recommends these Zoom interview tips to make sure you’re prepared:

- Set yourself up for success by taking some simple steps to make sure you’re seen in the best light — literally. If you don’t yet have a ring or “selfie” light, now is the time to get one. It’s a \$10 investment that instantly brightens the look and feel of the interview.
- Be aware of your surroundings. While blurs and virtual backdrops are fine for informal meetings or casual chats, they can be distracting or even embarrassing in formal situations. It’s best to sit so that your back is against a plain wall or neatly decorated shelving — something authentic to you that doesn’t distract the person with whom you’re speaking. You want them to focus on you, not your décor.
- Dress to impress but be careful of patterns or colors that are too busy. Ideally, you’ll test your lighting, backdrop, and clothing prior to your interview to make sure that you are presenting yourself in the best way possible.
- Be authentic. Whichever side of the interview desk you’re sitting on, make sure you are being true to yourself and presenting yourself, the open position, and the organizational culture authentically.

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Clearing That Next Big Hurdle

You’re coming close to wrapping up your residency/fellowship, and now it’s time to put all those years of training into practice. Are you ready?

Developed specifically for candidates entering the radiology profession, the virtual RLI Kickstart Your Career program will help prepare you to find the right job and start your career positioned for success. Register now for the fall session at acr.org/kickstart.



Leading Through Change



The chair of the ACR BOC discusses his vision for reimagining the College to better serve members in a post-pandemic world.

In May of 2020, the first wave of the COVID-19 pandemic was crashing on the U.S. and Howard B. Fleishon, MD, MMM, FACR, was just beginning his term as chair of the ACR BOC. Although the pandemic was only a few months old at the time, it had already become clear that to succeed during the sustained crisis, organizations across the world would have to adapt — and the ACR was no different. From the beginning, Fleishon set a tone of resilience and flexibility that is carrying into his second year as chair of the BOC.

As part of this shared effort, in October of 2020, Fleishon asked ACR staff and commission chairs to “reimagine” the ACR and boldly commit to bringing the College forward in new and innovative ways. During a recent interview in the *Bulletin* podcast, Fleishon explained his rationale for refocusing the College’s approach to some of its most fundamental activities to best serve its members.

How have you adapted to your term being interrupted by the pandemic?

I think anyone coming into a BOC position has several items and initiatives that they’d like the Board, Council, and membership to consider to keep moving the College forward. In this situation, external factors impacted that process. In a lot of ways, COVID-19 changed everything — but because of the hard work of our staff, the College maintained its financial stability. ACR became a reliable resource for our members and patients as they realized the harsh realities of the pandemic.

Why was it important to “reimagine” aspects of the ACR?

It’s very unlikely that we’ll return to the status quo in the post-pandemic era. As a society, we’ve had to adapt and rethink everything we’re doing. For radiology specifically, our practices experienced low volumes at the peak of the crisis. But even after we rebounded, we had to rethink our processes about how to keep our patients and ourselves safe. The ACR has focused on

supporting our members and their practices and patients through the challenges of each stage of the pandemic. We’re committed to continuing to lead radiology as we shape the future of our specialty and imaging in healthcare.

Internally, many of the ACR staff had to begin working from home during the pandemic’s onset in March of 2020. Remarkably, more than a year later, staff satisfaction and productivity remain high — and a good proportion of the staff has expressed a desire to have the work-from-home option open to them post-pandemic. This allows us to evaluate office space allocation and opens up avenues for us to recruit nationally, rather than limiting ourselves to the Washington, D.C. workforce.

Externally, the ACR created new content for members and new ways to deliver that content. For instance, ACR 2020 and ACR 2021 took place virtually. We were very concerned in 2020 about annual meeting attendance, but discovered that attendance was at a record high. Going forward, as we transition back to in-person meetings, we may incorporate a hybrid version of the meeting so that those who can’t make it to Washington, D.C. will still be able to participate remotely.

What are some enduring changes you foresee?

COVID-19 was the catalyst for starting this conversation on reimagining the College, but it’s now an ongoing effort about breaking down silos and continuous improvement as we represent our members, patients, and the specialty.

For instance, data science is a new frontier. The ACR Data Science Institute® (DSI) and the Commission on Informatics are reimagining themselves on a weekly basis because of the rapid pace of change in AI. Our Data Science Summit took place virtually last year and we’ll probably have a hybrid model going forward.

The College has made major strides in converting its educational offerings to online and hybrid models during the pandemic. Do you foresee this hybridized learning model continuing post-pandemic?

At the height of the pandemic, the Commission on Publications and Lifelong Learning and other ACR commissions created unique educational content, as well as new mechanisms to deliver that content. For example, the ACR Education Center, which is very popular among members and non-members, had to be shut down due to social distancing guidelines. So, we moved the

Reimagining the ACR



In a recent episode of the ACR *Bulletin* podcast, ACR BOC Chair Howard B. Fleishon, MD, MMM, FACR, discusses reimagining several of the ACR’s focus areas during the COVID-19 era and beyond. Listen to the episode at acr.org/Chair-Reimagining-Podcast.

Education Center's case engine online to facilitate remote learning activities and came up with synchronous and asynchronous online micro-courses that we could offer attendees.

How has the College refocused its quality and safety efforts over the past year?

During the pandemic, both the leadership and staff of the Commission on Quality and Safety were vital in presenting guidelines and recommendations to our membership. Accreditation submissions are almost exclusively done electronically now. We are also reimagining the customer experience. Additionally, ACR's new image-sharing platform, ACR Connect, will be foundational for many aspects of the College going forward, including quality and safety.

How much has the pandemic influenced the update of the ACR Strategic Plan?

The strategic planning initiative started before COVID-19 and is part of a routine cycle where we refresh the plan every few years. Back in 2014, when we initiated the process for our current strategic plan, we actually brought up the possibility of a pandemic during the environmental surveillance exercise. It didn't make it to the top tier of considerations since it was considered so unlikely. Going forward, we're making environmental surveillance an ongoing process embedded in a committee within the Commission on Leadership and Practice Development.

How will you encourage more active collaboration between ACR commissions and departments going forward, and what do you hope that will accomplish?

The initial impetus to start the reimagining conversation was to break down silos between ACR commissions and departments, eliminate redundancy and waste, and reduce costs during the pandemic. We'll continue working across silos so we leverage every resource of the College to deliver world-class programs to our members. **B**

INTERVIEW BY CHRIS HOBSON,
SENIOR COMMUNICATIONS MANAGER, ACR PRESS

Reimagining the College

A new *Bulletin* series follows the many ways in which the ACR is modernizing its processes and services for patients, members, and staff. The series will explore how the College is reimagining several of its focus areas, including advocacy, data science, member engagement (including medical students), diversity and inclusion, clinical research, and quality and safety. Fleishon notes the goal of this reimagining is for everyone to have a voice in defining success and impact. Within this framework, the College will become a much more diverse, inclusive, and resilient organization. Learn more at acr.org/Reimagining-ACR.



REPORTING ON SUCCESS

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recent second round of tracking was completed in late 2020. The survey found that advocacy and economics are vital reasons to believe in the ACR. The study also found that experiencing how the ACR supports its members as radiologists is critical to achieving long-term member satisfaction, loyalty, and commitment. The Commission's next steps will be to conduct additional focus groups and develop new opportunities for members to participate in the College.

Laura K. Findeiss, MD, and Catherine J. Everett, MD, MBA, FACR, reported on the Joint ACR/SIR Task Force on Workforce Shortages. The Commission on General, Small, Emergency and/or Rural Practice and the Commission on Interventional and Cardiovascular Radiology, along with the SIR, have identified the failure of radiology practices to recruit/retain IRs as a significant concern in the delivery of patient care and this is recognized by ACR leadership as a threat to the radiology community at-large. Members-in-training were surveyed, identifying a gap between community needs and trainee comfort level in performing a variety of IR procedures. The task force produced four recommendations that will be the basis of further discussion by the SIR and the ACR.

Lori A. Deitte, MD, FACR, chair of the Commission on Publications and Lifelong Learning, reported on the Task Force on Medical Student Radiology Education. Formed at ACR 2020, the task force's charge was to investigate radiologist-led avenues for introducing all medical students to radiology throughout their first through third years and/or via a longitudinal program. This investigation also included comparable roles for radiation oncologists and IRs in medical student education. The task force found a decrease in mandatory radiology clinical rotations from 1994 through 2019, limited teaching roles for radiologists, a lack of national standards on imaging education for all graduating medical students, and inconsistent messaging about the role of radiologists. The report was a call to action, with nine recommendations for the ACR to consider. Radiology by radiologists includes radiology education by radiologists.

Many in radiology look to the ACR for action because of our history of program development, implementation, and sustainability. The reports outlined in this column are just a sample of the important work being done by the College. Each of these reports' findings can have significant impact on your practices and professional lives. Our ability to act upon these reports will depend on the involvement, support, and engagement of our members. **B**

Tracking Member Trends

The College is providing members an ongoing mechanism to respond to matters of interest and concern — ultimately helping the ACR to become a more diverse, inclusive, and resilient organization.

In October of 2020, ACR BOC Chair Howard B. Fleishon, MD, MMM, FACR, asked the Board and staff to “reimagine” the ACR. As noted in the May 2021 *Bulletin*, “The pandemic has changed many things,” wrote Fleishon. “The College now has the opportunity to reimagine how we deliver services and value to our members and our patients.”

Reimagining an organization is never easy, but it does represent an opportunity to be introspective about the ACR’s role, to better focus on its mission, and to reinvent ways to serve members and patients. Understanding how members and non-members view the ACR and the benefits they obtain from membership is critical in guiding the organization’s mission and its commitments to stakeholders.

In 2018, the College embarked on a tracking study to identify and monitor trends in membership over time to more effectively and proactively manage the relationship between the ACR and its stakeholders. The 2018 survey served as the baseline for future check-ins with members.

In late 2020, the College reached out again to more than 1,600 members and non-members to ask about areas such as COVID-19, consolidation, resident trends, health policy, and radiology fellowships.

Questions asked regarding member participation and satisfaction with the ACR revealed that:

- The ACR is valued by its members. Members are satisfied with the ACR, with over eight in 10 saying that they plan to continue to renew their membership and that belonging to the ACR is something they are proud to do or must do to support the profession.
- Two-thirds of members say the ACR provides excellent or very good value for the dues paid. Members are also likely to recommend the ACR to their colleagues.
- Members actively look for ways to participate with the ACR: the vast majority have participated in an ACR activity, and notably, the portion who are not currently actively participating with the College has dropped significantly, from 33% in 2018 to 25% in 2020. Many members make donations to RADPAC® and significantly more in 2020 than in 2018 have participated in an ACR legislative or regulatory calls to action. The survey also found that higher participation and higher satisfaction paralleled each other.

The survey also asked about residency and fellowship.

Two-thirds of radiology residents stated that they planned to do a one-year fellowship, the next most common going directly in to practice with few opting for a two-year extra time commitment. In addition, members indicated a preference for the

term “fellowship-trained diagnostic radiologist,” as opposed to “diagnostic radiologist.” Given the ACR’s heightened interest in supporting rural clinicians, the survey asked radiology residents if they were interested in pursuing a rural community practice following their residency/fellowship — and 30% of residents who responded said they were.

Consolidation continued to impact radiology as it has many other specialties. About half (49%) of radiologists say they experienced some type of consolidation.

- Radiologists in private practice are less likely to have seen any mergers and acquisitions (M&A) activity in the past three years.
- Radiologists in academic or hospital/hospital system settings are more likely to say that they have seen M&A activity with other hospitals/systems.
- Radiologists in a national practice are also significantly more likely than others to have seen M&A activity with another national entity.

KEY POINT: Nearly 40% of respondents believe that consolidation will have a significant impact on them in the future, regardless of whether they have already been affected by it.

Data for this survey at the end of 2020, in the middle of the winter surge of COVID-19, mirrored members’ perspective on the pandemic at that time:

- A majority of members (59%) reported that they very much valued opportunities to participate in reduced-cost or free ACR webinars on topics relating to the pandemic.
- Members valued the ACR providing support with virtual chapter and related meetings (47%), as well as the COVID-19 resource pages on the website (43%).

KEY POINT: The ACR’s COVID-19 resources were valuable to a significant portion of the membership. Maintaining a nimble, informative, and timely response to unique challenges will continue to be important in the future.

When it comes to health policy initiatives, eight in 10 indicated that the Medicare Physician Fee Schedule (inclusive of new codes), E/M expansion, telehealth, and the impact of health policies on radiology should be high priorities for the Harvey L. Neiman Health Policy Institute® (NHPI). A second tier of investigative topics included utilization and cost/price trends (74%) and accountable payment models (71%).

KEY POINT: Overall interest in research topics that respondents feel should be investigated by the NHPI was similar among diagnostic radiologists (DRs) and IRs, with the following exceptions: DRs are more interested in exploring radiology utilization and cost/price trends (75% versus 64%), while IRs are more interested in practice consolidations (61% versus 55%).

The purpose of conducting a member survey is to put the findings to use. The ACR will continue to reimagine ways to enhance the member experience through its support of the profession through advocacy, quality and safety programs, economics, data science, and clinical research. **B**

WILLIAM T. HERRINGTON, MD, FACR, IS CHAIR OF THE ACR COMMISSION ON MEMBERSHIP AND COMMUNICATIONS.

We Are ACR

We Are ACR is available to you, your colleagues, your patients, and patient advocates to contribute uplifting stories and personal testimonials. These stories are meant to inspire you and exemplify just how important your work is. Please write a short piece, 1,000 words or less, or record a brief video to share your thoughts and action items so that your ACR community can learn more about your work. Visit acr.org/WeAreACR to share your story today.



“The ACR has fully embraced me and it has acted in a very pivotal role for me to be further engaged and involved in the radiology community in the U.S., and for me, that is priceless.”

— **Sherry S. Wang, MD, assistant professor and abdominal radiologist at the University of Utah**



“With the onset of the COVID-19 pandemic, I was impressed by the ACR’s response to connect all of the radiologists with the resources that we needed.”

— **Toma S. Omofoye, MD, assistant professor in the department of breast imaging at the University of Texas MD Anderson Cancer Center**



“The ACR gives junior radiologists a mechanism to develop their leadership skills as they progress in their career. These are skills that you don’t really learn in residency or medical school.”

— **Peter H. Van Geertruyden, MD, FACR, staff radiologist with Medical Center Radiologists in Norfolk, Va.**



“Probably the strongest asset of the ACR is its advocacy arm in making sure that radiologists and radiation oncologists are treated and compensated fairly for what they do.”

— **Join Y. Luh, MD, FACR, president of the Council of Affiliated Regional Radiation Oncology Societies**



“I’m a member of the ACR because, like many people, I want to be part of something larger than myself.”

— **William A. Ladd, MD, MS, FACR, radiologist at UC San Diego**

Changes to 2022 Membership Dues Grace Period

The ACR would like to call members’ attention to the following change for the 2022 membership year, which begins Jan. 1, 2022.

The grace period to renew your 2022 ACR membership will end on March 31, 2022. This will give you three months after your 2021 membership expires on Dec. 31, 2021, to pay your membership dues before losing access to member benefits, including member-only resources and the ability to complete and claim online CME for ACR activities for the 2022 calendar year.

For more information, please contact membership services staff at membership@acr.org.

ACR Members by the Numbers



42%

of ACR members consider themselves to be in private practice



27%

have an academic affiliation



14%

are with a hospital or hospital system



7%

are with a national practice or entity



6%

are teleradiologists or locum tenens



4%

are with uniformed services or the Veterans Administration

Improving Health Disparities in Colon Cancer Detection

Radiologists can support policy changes and enhance quality improvement efforts by joining the CT Colonography Registry.

Using data from the ACR's National CT Colonography (CTC) Registry, a team of ACR researchers found that patients older than 65 are less likely to seek screening CTC examination because it is not covered by Medicare, and also determined that this policy disproportionately affects minority patients.¹ As colorectal cancer remains the overall second leading cause of cancer-related deaths in the U.S., the CMS policy baffles the *JACR*[®] paper's co-author Judy Yee, MD, FACR, who serves as chair of the ACR Colon Cancer Committee.

"The fact that CMS doesn't cover screening CTC, while it covers every other single colorectal screening test that is included in the U.S. Preventive Services Task Force (USPSTF) guidelines and American Cancer Society guidelines, makes no sense," Yee says. "Given that CTC must be covered by the Affordable Care Act (ACA) based on the USPSTF grading, the lack of CMS coverage is creating health disparities for many older Americans." According to Yee, due to the ongoing COVID-19 pandemic, rates of screening tests have decreased significantly, which could lead to thousands of unnecessary deaths. "We need availability of all the screening tests," says Yee. "The more colorectal cancer screening options that we have available — including CTC — the better."

"We need availability of all the screening tests. The more colorectal cancer screening options that we have available — including CTC — the better."

JUDY YEE, MD, FACR

Creating Barriers to Access

Yee has been advocating for CMS to cover CTC examination for more than a decade, and her work with the College's Colon Cancer Committee helped persuade the USPSTF to include CTC examination in its screening guidelines. During her early efforts, CMS asked for more evidence that CTC is effective in adults 65 years of age and older, as well as information on the cumulative effect of radiation and the implications of incidental and extra colonic findings. Since then, numerous studies have confirmed that CTC is as effective in patients 65 years of age and older as it is in younger patients, Yee explains.

The ACA mandates that private health plans fully cover the services recommended by the USPSTF. In 2016, the USPSTF added CTC examination to its list of recommended colorectal cancer screenings, triggering the ACA to require private insurers

to cover the tests without patient cost-sharing. A recent Harvey L. Neiman Health Policy Institute[®] study, co-authored by Michal Horný, PhD, and published in the *American Journal of Preventive Medicine*, found a 50% increase in CTC examination rates by patients 50 to 64 years of age with private insurance.²

"When patients are old enough to be eligible for Medicare, CMS doesn't pay for CTC for screening purposes, and patients who want CTC have to pay the full price out of pocket," Horný, assistant professor at Emory University School of Medicine, explains. "That can be a problem, especially for individuals of low socioeconomic status."

The drop in CTC examinations in patients over age 65 occurred in minority populations, says Courtney C. Moreno, MD, chair of the College's CTC Registry and the *JACR* paper's lead author. Yet, the study found that CTC examination rates for White patients increased after age 65. "It's really a pretty striking difference," Moreno says. "This overall utilization dipping above age 65 seems to be primarily driven by decreased utilization in minority populations."

Medicare non-coverage not only affects a patient's ability to pay for the test, but it also affects their access to the test. Safety net hospitals, which typically serve low-income populations, may not have the equipment or may be unable to even purchase the equipment to perform CTC examinations. "It's challenging or impossible to convince an institution administrator to buy an inflation pump to do CTC if the test won't be reimbursed by CMS," Moreno explains. In that case, if the institution can't conduct a CTC examination, patients may be receiving barium enemas, which is not the recommended test for colorectal cancer screening from an imaging standpoint, she adds.

These barriers affect patients who are most at-risk for developing colorectal cancer, adding to the chronic challenges that patients and healthcare providers face. "We know that colorectal cancers are more common in Black Americans," Yee notes. "If we don't offer Black patients all the tools that are available and validated, they are excluded."

Driving Quality Improvement and Progressive Policy Changes

For over a decade, the ACR's CTC Registry has provided members with valuable data they can use to compare their performance with other practices across the country, which is especially

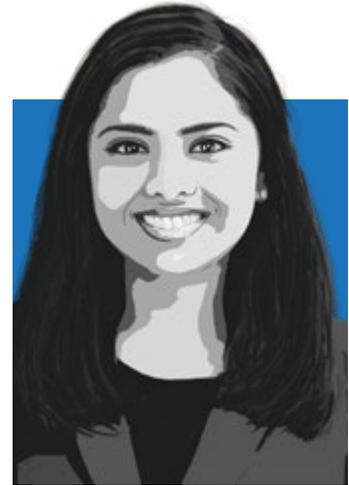
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Visit acr.org/CTCRegistry to access webinar recordings and free step-by-step directions on how your facility can begin submitting data and obtaining performance reports. Participating facilities and physicians receive quarterly reports based on aggregated benchmarks to facilitate patient safety and quality improvement efforts.

What were some of your biggest takeaways from ACR 2021?

“Dr. Geraldine B. McGinty’s presidential address was inspiring to watch. Her address embodied the spirit of innovation and the creation of new paradigms in medicine, which is what lured me into radiology in the first place. Dr. McGinty encouraged us all to push through boundaries to advance technology and medical knowledge, social and health equity, and the representation of minorities and women in radiology leadership.”

— Neha Udayakumar, MD, PGY-1 at Riverside Community Hospital



“I gained extensive insight into the day-to-day lives of radiologists and the issues they face, both professionally and personally. For example, wellness was a recurring theme during the RFS sessions, as well as during the open microphone session. Increasing the amount of paid time off for residents and finding a work-life balance were topics that were important for me, a woman early in my training, to hear more about.”

— Selin Ocal, medical student at NYU Long Island School of Medicine



DID YOU KNOW?

At ACR 2021, the Council passed a resolution in support of appropriate parental, medical, and caregiver leave for radiology trainees, in part to mitigate some root causes of disparities in medical education and influence on burnout.

[Access the Report of Final Council Action at \[acr.org/annual-meeting\]\(https://acr.org/annual-meeting\) \(login required\).](https://acr.org/annual-meeting)

IMPROVING HEALTH DISPARITIES

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helpful for providers who are just starting to conduct CTC. “The registry gives the radiology community a more comprehensive look at the practice of CTC so we can learn from each other,” Moreno explains. “The data also serve to help CTC programs identify areas for improvement and monitor performance over time.”

In addition to providing valuable data for program quality improvement, registry data enables research related to evidence-based health outcomes. Moreno and her co-authors were able to access more than 12,000 screening examinations to evaluate the use of CTC. However, participation in the registry is voluntary, and the available data is dependent upon institutional participation.

According to Horný, in the *JACR* study, White patients were overrepresented, and Black and minority patients were underrepresented. That could be due in part to the fact that well-resourced centers (e.g., centers with adequate resources to collect and submit data to the CTC Registry) are overrepresented in the registry.

Large and diverse datasets are a significant step for researchers interested in reducing health disparities. “To fix health inequity or disparities, we first need to know that they exist,” Horný says. “We know that only through documentation of these disparities using data. We need data to even start asking what the right policy response should be and how it can make the problem better.” **B**

BY MEREDITH L. KLEEMAN,
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SUPPORTING JOB SEEKERS

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Strengthening Your Skills

During your job search, if you find you need a brief but immersive dive into reading a new modality or need radiology-specific leadership skills, your ACR membership provides access to numerous tools and resources to help you develop your professional acumen. The ACR offers an array of award-winning RLI educational courses and content, which are particularly useful if you're looking to hone your leadership skills and management expertise.

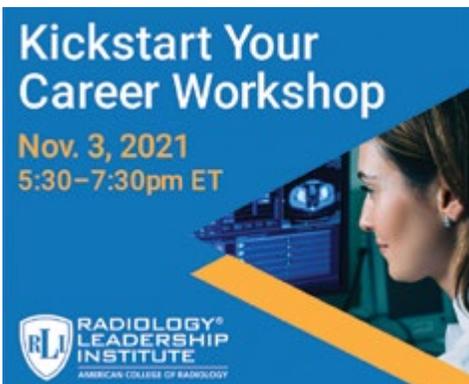
The RLI recently hosted a virtual “Power Hour” on recruiting radiologists to gain insight into private practice, academic, and hospital-based practices. This free webinar includes in-depth analysis of the pre- and post-COVID-19 job markets. The ACR Education Center's virtual micro-courses and mini-fellowships also offer radiologists the opportunity to delve into intensive case review. You will leave the courses feeling confident in reading images that will allow you to expand the scope of your practice.

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Whatever path you want your career to follow, your ACR membership gives you access to myriad tools and practice-enhancing information to ensure you're providing quality care to your patients — and are an integral member of the organization you choose to work with. **B**

BY MAHNAAZ WOLF,
ACR MEMBERSHIP MARKETING MANAGER

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Kickstart Your Career Workshop
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The banner features a woman looking at a computer monitor displaying a medical scan. The text is in white and yellow on a dark blue background.

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- A well-being curriculum for residency program leaders designed to meet ACGME well-being requirements.
- Activities and articles to support well-being during the COVID-19 pandemic, including stories of ways fellow radiologists have found — or created — bright spots in the midst of upheaval.



Being Well Together

According to the 2019 Medscape Radiology Lifestyle Report, almost half of radiologists surveyed experienced burnout.

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