Raymond K Tu MD MS FACR

Progressive Radiology
Chairman, Department of Radiology, NFPHC/United Medical Center, Washington, DC
Chairman, Department of Radiology, BridgePoint Hospital, National Harbor and Capitol Hill, Washington, DC
Clinical Associate Professor, Radiology, The George Washington University
President, Medical Society of the District of Columbia
202 997 7000
Disclosures

none
Twitter Consent

I give consent to the audience to:

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• Take pictures of my slides
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RLI Kickstart Your Career Workshop
Any practice model has benefits.
See how your partners are viewed in the practice and community; these are your mentors.
What makes you happy.
If you see something, say something.
RLI Kickstart Your Career Workshop
Congratulations
Dr. Tu!

∗Rad congratulates
Raymond K. Tu, M.D., FACR,
President-elect of the
Medical Society of
the District of Columbia.

Congratulations to Incoming MSDC
President Raymond Tu, MD, FACR.
We are inspired by your leadership and
dedication to compassionate, quality
health care for all.

Sincerely,
your DC Metropolitan Radiological
Society colleagues.

∗Rad

DCMRS
DISTRICT OF COLUMBIA METROPOLITAN RADIOLOGICAL SOCIETY

RLI Kickstart Your Career Workshop
Medical Society of DC
Raymond Tu, MD
President, Medical Society of DC
RLI Kickstart Your Career Workshop
Medicaid and the Spine Radiologist
Raymond K. Tu, M.D, M.S, F.A.C.R.
Progressive Radiology
Chairman, Department of Radiology at United Medical Center, BridgePoint Hospital National Harbor,
BridgePoint Sub Acute and Rehabilitation National Harbor, and
BridgePoint Hospital Capitol Hill, Washington, DC
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Medicaid and the Spine Radiologist
Raymond K. Tu, M.D., M.S., F.A.C.R.
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Chairman, Department of Radiology at U.S. Medicine, George Washington University; Hospital National Harbor, Bridgeside Hospital and Rehabilitation National Harbor, and Bridgeport Hospital Connecticut, Washington, D.C., Medical Society of the District of Columbia

American Society of Spine Radiology
Founded 1993

Spectacular, informative talk!
CAR T-CELL THERAPY: WHAT THE NEURORADIOLOGIST NEEDS TO KNOW.

<table>
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<th>Journal:</th>
<th>American Journal of Neuroradiology</th>
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<tbody>
<tr>
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</tr>
<tr>
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<tr>
<td>Classifications:</td>
<td>Brain, Leukemia/lymphoma, Brain: tumors &lt; Brain, Molecular imaging: cancer &lt; Molecular imaging</td>
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Comparison of Advanced Imaging Resources, Radiology Workforce, and Payment Methodologies between the United States and Canada


ABSTRACT

SUMMARY: The purpose of this Practice Perspectives was to review the United States and Canadian approaches to health care access and payment for advanced imaging. The historical background, governmental role, workforce, coding, payment, radiologic challenges, cost, resource intensity, and overall outcomes in longevity are reviewed.
Legislative, Payment Policy Milestones of Racial Inequality in Health Care: Medicare and Medicaid as the Final Catalyst

Raymond K. Tu, MS, MD

The more than 55 million Medicare, 71.6 million Medicaid, Children’s Health Insurance Program, and 23.9 million Medicaid Expansion beneficiaries are the progeny of President Harry Truman’s message to Congress 72 years ago. President Truman stated that “millions of our citizens do not now have a full measure of opportunity to achieve and enjoy good health. Millions do not now have protection or security against the economic effects of sickness. The time has arrived for action to help them attain that opportunity and that protection. . . . People with low or moderate incomes do not get the same medical attention as those with high incomes. The poor have more sickness, but they get less medical care. People who live in rural areas do not get the same amount or quality of medical care as those who live in cities. The health of the poor is not as good as the health of the rich.”

The future key legislative battles to come [1,2].

Discrimination toward black Americans was perpetuated through the lack of black physicians, the vast majority of whom were enrolled in only two medical schools. “During the school year 1935-1936 . . . 369 [black] medical students [were] enrolled in the United States. Of these, 346 were enrolled at Howard and Meharry Medical Colleges.” Blacks had to seek care in the few black-only hospitals that existed; 17 of 451 hospitals in the 1950s were black-only hospitals and 434 were white-only hospitals [3]. President Albert W. Dent of Dillard University described in “Hospital Services and Facilities Available to Negroes in the United States,” published in The Journal of Negro Education, a fundamental discordance [4].

use hospitals less than white people” [4].

Black physicians faced further barriers in white-only and segregated hospitals. Staff privileges were difficult to obtain and were perpetuated by hospital construction and financial technical loopholes. In 1956 Hubert A. Eaton challenged discrimination against black physicians obtaining courtesy hospital privileges (Eaton et al v Board of Managers of James Walter Memorial Hospital). The legal action was dismissed on the technicality that it did not receive Hill-Burton funds requiring hospital desegregation. “The Court concludes, therefore, that the plaintiff is not entitled to the declaratory judgment prayed for because the act of discrimination did not constitute ‘State action.’ It results that for the lack of jurisdiction the complaint must be dismissed,
Incentivizing Physician Diversity in Radiology

Damani R. McIntosh-Clarke, Merissa N. Zeman, MD, Hardik A. Valand, BSc, Raymond K. Tu, MD, MS

Abstract

In this article, the authors review the evolving state of diversity in the field of radiology. The authors discuss several early and recent historical legislative milestones that increased the equitable delivery of health care in the United States, such as Title VI of the Civil Rights Act of 1964, which ensured that funds for Medicare reimbursement would be available only to desegregated hospitals. Furthermore, the authors examine the current state of diversity and representation in radiology, in which underrepresented minorities represent 8.3% of training and practicing radiologists, and women represent 27.8% of radiologists. Finally, the authors present arguments for diversity in the current medical education system, analyze hurdles to increasing representation in radiology, and consider the future of diversity and inclusiveness in the field.

Key Words: Health disparity, physician diversity, legislative milestones, radiology, medical education

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Dr. Raymond Tu Brings Excellence to UMC

Born and raised in the District of Columbia, Dr. Raymond Tu works to improve the healthcare of our community through research, advocacy, and ensuring standards of excellence for United Medical Center.

Dr. Tu joined UMC as a student in 1977, working in the copy room. Since then, he has written scientific papers, served on prestigious medical boards, lectured around the world, received distinguished honors, and appeared on radio and television shows, including his own TV show, "Wellness," which ran for three years.

Dr. Tu has research interests in genomics, spine radiology, Medicaid practices, and other important subjects. But as United Medical Center’s Chair of Radiology, his focus is on ensuring area residents receive the finest care possible.

“We’re providing the best patient care for all citizens of Ward 7, Ward 8, and Prince George’s County with the best CT, the lowest-radiation-dose mammograms, and the highest-resolution computer radiography systems in the area,” Dr. Tu said.

As one example of that dedication to the community, the UMC Radiology Department was recently awarded American College of Radiology (ACR) CT accreditation for its new 64 Channel General Electric Revolution EVO CT Scanner. Under the direction of Dr. Tu, Director Joan Mabou and CT Technologist Chris Stewart, UMC earned full accreditation for adult and pediatric head/neck, chest and abdomen procedures on its first application to ACR.

The EVO CT Scanner helps UMC medical professionals serve patients more efficiently, quickly, and compassionately. It delivers faster and more accurate results, with up to 82 percent less radiation. The scanner’s metal suppression software provides clear images in patients with hip implants, dental fillings, and spinal screws. Since the scanner reconstructs up to 65 images per second, a cardiac patient’s life-saving chest scan can take less than one minute.

To help save women’s lives through breast cancer screenings, Dr. Tu helped UMC obtain the new Philips MicroDose digital mammogram machine. The MicroDose is faster, more comfortable, uses up to 50 percent less radiation, and produces clearer, more accurate images.

Dr. Tu is the President-Elect of the Medical Society of the District of Columbia. He has served on the D.C. Board of Medicine and several District Mayoral committees. In addition, he is Chair of the Medicaid Committee for the American College of Radiology; Medicare Advisor for Novitas (Medicare Contractor for Washington, D.C.); Advisor for Current Procedural Terminology for the American Medical Association (AMA); Alternate Delegate for the Medical Society of the District of Columbia at the AMA House of Delegates; and representative for the American Society of Neuroradiology for Health Policy.

Dr. Tu advocates for equal access to health care. In his article, “Social Determinants of Health (SDH)” published in The American Society of Neuroradiology (ASNR) newsletter, he noted that how and where an individual is born, grows, lives, works and ages affects health. “Health plans, independent of how funded, must measure and adjust for SDH-factors, such as paid maternity leave, childhood development, access and cost to education, income and its distribution, social exclusion, ethnic heterogeneity, immigration, firearm and drug-related deaths. Inevitably social determinants of healthcare create risk and influence all areas of medicine,” Dr. Tu wrote.

In a “Diversity Matters” column for the Journal of the American College of Radiology, he wrote, “As the debate over racial equality and the future of health care in our country continues, the struggles and individuals allowing the creation of Medicaid and Medicare should be remembered as we continue to be mindful of our responsibilities as a nation.”

UMC is proud of Dr. Tu, his many accomplishments, and most especially his commitment to the people of our community.
American College of Radiology
Medicaid Network Meeting
ACR Annual Meeting 2018
Monday, May 21st 12:00noon – 1:15pm
Marriott Wardman Park Hotel
Room - Wilson B
Dial-in: (877) 647-3411
Passcode: 431 355 3638 #

Agenda

I. Welcoming Remarks and Presentation - Raymond Tu, M.D. FACR, Chair, ACR Medicaid Network

II. Insights from Keith Maccannon, Director of Marketing, Community Relations, and Outreach, AmeriHealth Caritas District of Columbia (DC)

III. New Business
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Dr. Raymond Tu, MD
Progressive Radiology

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Reunión Internacional

"Atención Personalizada con enfoque Multidisciplinario".

Monterrey
DEL 19 AL 21 DE AGOSTO 2015

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Learning Objectives/Key Take-Away Points

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Raymond K Tu MD MS FACR
DrRaymondTu@aol.com

@RayTu10
Perspectives from an Academic Body Imager

Dr. Linda C. Chu
Assistant Professor
Department of Radiology
Johns Hopkins University
Disclosures

• Research grant support:
  • The Lustgarten Foundation
  • The Emerson Collective
Learning Objectives/Key Take-Away Points

- Making a career choice
- Life of an academic radiologist
Making a Career Choice

• Ask yourself some questions:
  • What do you value?
  • What are you passionate about?
  • What are your career goals?
  • What makes you happy?
Medscape National Physician Burnout Depression & Suicide Report 2019

Are Physicians Burned Out or Depressed?

- Burned out: 44%
- Colloquially depressed: 11%
- Clinically depressed: 4%
Which Physicians are Most Burned Out?

- Radiology: 45%
- Urology: 54%
- Neurology: 53%
- Physical Medicine & Rehabilitation: 52%
- Internal Medicine: 49%
- Emergency Medicine: 48%
- Family Medicine: 48%
- Diabetes & Endocrinology: 47%
- Infectious Diseases: 46%
- Surgery, General: 46%
- Gastroenterology: 45%
- Ob/Gyn: 45%
- Critical Care: 43%
- Cardiology: 43%
- Anesthesiology: 42%
- Rheumatology: 41%
- Pediatrics: 41%
- Oncology: 39%
- Pulmonary Medicine: 39%
- Psychiatry: 39%
- Orthopedics: 38%
- Dermatology: 38%
- Allergy & Immunology: 39%
- Plastic Surgery: 36%
- Otolaryngology: 36%
- Ophthalmology: 34%
- Pathology: 33%
- Nephrology: 32%
- Public Health & Preventive Medicine: 28%
Which Physicians are Happiest at Work?

- Plastic Surgery: 41%
- Public Health & Preventive Medicine: 40%
- Ophthalmology: 39%
- Dermatology: 34%
- Pathology: 31%
- Pediatrics: 31%
- Critical Care: 30%
- Pulmonary Medicine: 30%
- Otolaryngology: 30%
- Psychiatry: 29%
- Orthopedics: 29%
- Oncology: 29%
- Rheumatology: 28%
- Surgery, General: 27%
- Cardiology: 27%
- Ob/Gyn: 27%
- Nephrology: 26%
- Diabetes & Endocrinology: 26%
- Infectious Diseases: 26%
- Anesthesiology: 25%
- Allergy & Immunology: 24%
- Urology: 24%
- Family Medicine: 23%
- Neurology: 23%
- Gastroenterology: 22%
- Internal Medicine: 21%
- Emergency Medicine: 21%
- Physical Medicine & Rehabilitation: 19%

Radiology: 25%
Life of an Academic Radiologist

Clinical
Research
Teaching
Administrative
Clinical Day as a Body Imager

- Attend on CT, US, MR, and biopsy
- 6 weekends and evening float per year
- Usually paired with ≥ 1 trainee on clinical service
- Collaborate with other clinicians on Tumor Boards and Multidisciplinary Conferences
Awesome Cases

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Teaching

• Opportunity to teach at all levels:
  • Medical students
  • Residents
  • Fellows
Awesome Colleagues
Teaching

• Opportunity to teach through different venues:
  • Didactic lectures
  • Case-based review
  • One-on-one learning at the workstation
  • Curriculum development
  • CME courses
Cutting Edge Research

• Opportunity to collaborate with other clinicians and basic science researchers to perform cutting edge research

• My current research is focused on radiomics and deep learning
Cutting Edge Research
Cutting Edge Research

- Opportunity to travel and present my research at various national meetings
Work Life Balance
My Second Job
Trade Off

Private Practice

Academics

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Take Home Message

• Think about your values and priorities in life
• Choose a career that makes you happy
Academics vs Private Practice: Where Do I Belong?

Rend Al-Khalili, MD
Assistant Professor of Radiology
Division of Breast Imaging
MedStar Georgetown University Hospital
Disclosures

Nothing to disclose.
Learning Objectives

• Pros and cons of academia and private practice
• Where do I fit?
• A typical work day
• Take away points
About Academia

• According to the ACR 2017 workforce survey, **23%** of radiologists are employed in an academic university.

• Energy is focused on training the next generation and contributing to field development.

• *Practice model*: academic medical centers, community expansion (brick-and-mortar, acquisition, or partnership).
About Academia

Pros:

• Contribute to research and innovation
• Subspecialize – see more complex cases, develop expertise
• Leadership opportunities
• Teaching/education: med students, residents, fellows, patients
• Mentorship – reap the rewards and pay it forward
• Collegiality/collaboration
• Schedule flexibility
• Job stability
About Academia

Cons:

• Lower compensation ceiling
• Politics
• Pressures of the tripartite mission – academic time can be hard to come by
• Geographic location
About Private Practice

• The U.S. has approximately 34,000 radiologists according to ACR 2014 survey with 72% working in private groups.

• Energy focused on using skills to provide best patient care within the community.

• Practice models: Outpatient Vs. Community Hospital, Solo/small group to larger consolidated practices
About Private Practice

Pros:

• Variety – Keep your skills viable.
• Flexibility – Part time, schedule switches, more jobs available
• Autonomy – less/different politics
• Efficiency
• Financially attractive
About Private Practice

Cons:

• Lacks Job security
• Variable productivity (less pressure in academics)
• Longer work hours
• Lacks day to day teaching and research opportunities
Private Practice

Academics
How Do I Decide?

• Define your goals
• Identify your personality
• Get exposed to both during training
• Get unbiased opinions
• Start the process early!
Do I Fit in Academics?

- Ambitious
- Read at my own pace
- Love to educate
- Prefer to work with experts
- Interest in leadership and mentorship
- Flexible/geographic location
- Supportive home situation
My Goals in Academics?

- Prestige
- Affiliated with a medical school
- Publications
- Teaching awards
- Promotion
- Master of a field
- Inspiring leader
Do I fit in Private Practice?

- Multitasker
- Fast and efficient
- Prefer to be uninterrupted
- Can handle high volume
- Good at practice building and marketing
- Like autonomy
- Involved at professional societies and community outreach.
My Goals in Private Practice

- Provide great patient care
- Keep my general skills
- Financially comfortable
- Become a partner
- Share equitable decision making
- Interest in practice building
- Good personal life style
A Typical Day In ...

<table>
<thead>
<tr>
<th>Academics</th>
<th>Private Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of work:</strong> Subspecialized, usually one rotation</td>
<td><strong>Type of work:</strong> Multiple different exams and procedures</td>
</tr>
<tr>
<td><strong>Downtime:</strong> teach or work on a project</td>
<td><strong>Downtime:</strong> read more studies</td>
</tr>
<tr>
<td><strong>Conferences:</strong> Lectures, grand rounds, Q&amp;A, faculty meeting</td>
<td><strong>Additional work:</strong> Outpatient: none</td>
</tr>
<tr>
<td><strong>Interaction:</strong> colleagues, residents, fellows, students, technologists, etc.</td>
<td><strong>Interaction:</strong> Mostly technologists and patients</td>
</tr>
<tr>
<td><strong>Setup:</strong> Shared reading room, discuss, chat and show cases</td>
<td><strong>Setup:</strong> “Your” reading room, no interruption for the most part!</td>
</tr>
<tr>
<td><strong>Academic day:</strong> Work on lectures and research</td>
<td><strong>Academic day:</strong> None</td>
</tr>
<tr>
<td><strong>Day off:</strong> Do things you enjoy, often catch up on work.</td>
<td><strong>Day off:</strong> Do things you enjoy!</td>
</tr>
<tr>
<td><strong>Calls:</strong> weekends and nights - usually subspecialized</td>
<td><strong>Calls:</strong> depends</td>
</tr>
</tbody>
</table>
Remember:

- Academics
  - Teaching
  - Clinical expertise
  - Societies Involvement
  - Work/life balance
  - Reputation

- Private Practice

**JOB SATISFACTION**
Take Home Points:

• There are multiple similarities and differences between academia and private practice – focus on your goals and get advice and opinions!

• Your first job is not your forever job - you might not know what your goals are until you start.

• Switching between types of practices is common – your ultimate goal is JOB SATISFACTION
Thank you!

Contact info: rend.al-Khalili@gunet.georgetown.edu