Transforming the Future of Radiology
The College celebrates its 85th anniversary this year marking more than eight decades of working collaboratively to maximize the value of radiology, radiation oncology, interventional radiology, nuclear medicine, and medical physics while making imaging safe, effective, and accessible to those who need it.

This year has been one of the most accomplished years in the College’s history in terms of our ability to make radical contributions to our profession in the areas of advocacy and health policy, clinical research, education, quality care, and patient safety. From our 22nd-century education initiatives to the groundbreaking radiology branding campaign, the College’s recent achievements on behalf of our nation’s radiologists are outstanding.

In July, our legislative staff convinced 18 key senators to override the presidential veto of the Medicare Improvements for Patients and Providers Act of 2008. The final passage of this bill was a victory for medicine, radiology, and all our patients as it ended the threat of a 10.6 percent cut for all physicians, included mandatory accreditation provisions for those who perform advanced imaging services, and approved an appropriateness criteria pilot program to help physicians prescribe the most appropriate imaging exam.

The launch of the new ACR Education Center is one of the most significant initiatives of the past year, offering you the most comprehensive, cutting-edge, interactive radiology education available. The Center’s unmatched resources and teaching methods are revolutionizing radiology education today.

The ACR is impacting the future of radiology with the “Face of Radiology” branding campaign. Today, radiologists know “it takes a village” to build public awareness, so together we must transform the public view of who radiologists are and what we do. We must help Americans fully grasp the concept that their radiologist is a key member of their health care team — a physician with advanced training and expertise in imaging and image-guided therapy.

We are in a strong position to transform radiology in the coming decades. In this election year, we will surely face a political and economic dynamic that will make us question whether we can evolve to meet our own needs as well as the needs of our patients. As we navigate through a rapidly changing world, it will be critical that we find the most efficacious approaches to meet the challenges ahead. The ACR’s achievements of the past year provide a vital foundation for the changes we face in radiology. I am confident that by working together, we can explore solutions and positively transform the future for ourselves, our patients, and the health care community.

James H. Thrall, M.D., FACR
Chair, Board of Chancellors

Transforming the Future of Radiology

More than 100 years ago, Wilhelm Conrad Roentgen’s discovery of the X-ray transformed the world of medicine, and the ACR has remained at the helm of such landmark changes within the profession for the past 85 years. In the areas of education, clinical research, quality and safety, and advocacy, we are leading the way to positively transform the future of radiology. This year marks the opening of our state-of-the-art education center, a branding campaign to increase public awareness of radiologists’ critical role in medicine, and a banner year for raising RADPAC® contributions. It is through such initiatives that we can continue to advance imaging quality and safety for our patients, and improve health care.

As you read through the 2007–2008 ACR Annual Report, you will discover more about our latest achievements — accomplishments that are revolutionizing radiology’s future. Our vision lies with you, your steadfast dedication to your work, and your participation in the College. We thank you and hope that when tomorrow’s radiologists discover the contributions of our time, they are as grateful as we are to Roentgen.
From the Executive Director

I’m pleased to share the enclosed Annual Report for 2007–2008 highlighting the ACR’s many exemplary achievements and previewing future transformations we are making on behalf of the radiology profession. As we explore and realize new opportunities together, we can pause to celebrate our past successes while looking forward to an even more challenging future.

The success of the ACR’s programs and initiatives is directly linked to the tremendous efforts of countless ACR members who volunteer their time and share their passion to positively transform our profession on multiple levels. These individuals take time away from practice and family to contribute to their specialty.

Working together, volunteers and ACR staff addressed issues related to Medicare regulation, specifically H.R. 6331 and the SGR fix, as well as a host of other critical issues for diagnostic radiology, radiation oncology, nuclear medicine, and interventional radiology. I would like to especially acknowledge those who worked with our Quality and Safety staff to ensure patient safety across all modalities. The accreditation programs are a fine example of radiology’s commitment to quality medical practice.

Our Annual Meeting and Chapter Leadership Conference drew more than 700 College leaders who met to discuss the ACR’s business, educational, and legislative activities and welcomed our new Board of Chancellors Chair James H. Thrall, M.D., FACR, and Vice Chair John A. Patti, M.D., FACR. Legislative victories for the year may be credited to the ACR volunteers who worked to help repeal more than $13 billion in physician payment cuts and pass legislation that mandates accreditation for providers of advanced diagnostic imaging services. American College of Radiology Association™ (ACRA™) efforts on behalf of RADPAC® included some 700 fundraising events that helped generate more than $1.3 million in contributions.

Inspired by ACR leadership, the vision for the new ACR Education Center was realized, transforming the future of radiology education. James H. Thrall, M.D., FACR, Arl Van Moore Jr., M.D., FACR, Lawrence P. Davis, M.D., FACR, Reuben S. Mezrich, M.D., Ph.D., FACR, and I provided the vision and leadership that culminated in the launch of this hands-on, state-of-the-art, interactive learning facility, which is already impacting radiology education in America. The ACR’s “Face of Radiology” branding campaign is also transforming the public’s awareness of radiologists’ critical role in medicine.

On the membership front, the new Practice of Radiology Environment Database (PRED) officially launched to enhance your membership experience and measure trends in radiology. PRED is the first database to collect aggregate information on the practice patterns of radiologists.

Our goal is to strengthen the role of the radiologist and the radiation oncologist to be recognized as the physician experts in medical imaging and radiation oncology, respectively. Our accreditation and appropriateness criteria programs will continue to help you provide the safest, most effective patient care possible. In the coming year, the College will continue to support you in the four pillars of the organization: Advocacy, Quality and Safety, Education, and Clinical Research.

Harvey L. Neiman, M.D., FACR
Executive Director
Advocacy

GOVERNMENT RELATIONS AND ECONOMICS

Congressional and Economic Affairs

With diligence, persistence, and insight, the ACR’s Government Relations and Economics initiatives are slowly but positively influencing the decisions of top policy-makers, with the aim of transforming the health care system for all Americans. Despite the sad fiscal reality of the federal budget, we made great strides this year in fighting for the restoration of more than $13 billion in cuts. Highlights of our Government Relations and Economics initiatives include:

- Working with the Access to Medical Imaging Coalition to successfully fight the proposed cuts, which were excluded from the final Medicare bill. This delayed the 10.1 percent overall physician payment cut scheduled for January 2008.
- Working with other physician organizations against the 10.6 percent physician payment cut slated for July 2008.
- Gathering 209 bipartisan cosponsors for the Access to Medicare Imaging Act of 2007, which included a two-year moratorium on the DRA cuts proposed to the technical component of medical imaging performed outside the hospital environment.

We also aggressively advocated for a mandatory accreditation requirement for Medicare payments in advanced diagnostic imaging services. Our efforts pushed for a Medicare pilot program that would require physicians to use appropriateness criteria. Through these endeavors, both policies were included in the Democratic and Republican versions of the Medicare package.

RADPAC®’s Growing Influence

RADPAC ranks as one of the top-ranked PACs in the physician community. Since the beginning of the 2007–2008 election cycle, RADPAC collected more than $1.3 million for contribution to federal candidates, and our government relations staff attended more than 700 fundraising events. This bipartisan, multicandidate political action committee is quickly achieving its goal of $2 million for this election year.

Federal Agency News

Throughout the year, the ACR participated in meetings, provided testimony, and submitted comments that helped change federal policies emerging from the Nuclear Regulatory Commission, the U.S. Food and Drug Administration (FDA), the National Institutes of Health, and other federal agencies. Additionally, we worked to ensure that the radiology profession is represented on a variety of federal advisory committees and panels that provide expert input into agencies’ decision-making processes.

The collective efforts of members and staff contributed to the FDA move to reclassify full-field digital mammography systems—a change that will streamline the approval process, stimulate innovation in this area, and undoubtedly increase member access to state-of-the-art equipment. We also continued to encourage the FDA to include stereotactic breast biopsy as part of the Mammography Quality Standards Act and to offer guidance on FDA approval of CAD devices, safety and approval issues related to imaging drugs and devices, and communication of product information to medical users.

Changes in Academia

A new subcommittee on academic radiology policy was created last year to ensure that the interests of academic radiology and radiologists-in-training are met. The committee’s focus is on research funding, graduate medical education payment issues, education policy, and work force. It will consider the following issues:

- NIH funding levels, DOE funding of nuclear medicine and other imaging research, and payment and policies for residency programs
- Legislation to increase Medicare’s resident limit
- Continuation of the Armed Forces Institute of Pathology (AFIP) program
- Financial aid and interest deductions for student loans
- Deferral of economic hardship payment

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Advocacy at the State Level

The Radiologist Assistant

The ACR’s state-level efforts focused on several state societies in continued pursuit of radiologist assistant (RA) legislation. Staff helped draft, edit, and testify on a variety of state legislation and collaborated with members of the Ohio Radiological Society to craft a meaningful RA bill that was signed into law in June. We also offered testimony before the Ohio legislature on behalf of the need for RA legislation and how it would benefit radiologists, radiologic technologists, and overall patient care. In the past year, the number of states recognizing the RA has doubled to 24.

Self-Referral

Our government relations staff teamed with the Maryland Radiological Society (MRS) to help defeat several bills proposed to repeal Maryland’s anti-self-referral law. The ACR filed an amicus brief at the trial court level, addressing a lawsuit brought by a coalition of physicians challenging the Maryland anti-self-referral law, in which the MRS and Maryland State Board of Physicians were codefendants.

The MRS and state authorities won the case and, at press time, a decision was pending from the Maryland Court of Appeals, the state’s highest court. The College filed an amicus brief on behalf of the MRS and the Maryland state medical board stating policy reasons for upholding the anti-self-referral law. We will continue to work with other state societies to help develop legislation on this issue, a challenge that is likely to remain on our agenda in the years to come.

Economics and Health Policy

To protect your fiscal stability in the evolving climate of radiology economics, the ACR successfully works with leading decision makers to establish relevant billing codes and reimbursement policies. We also develop and produce numerous reports and publications providing you with detailed, accurate information that you can use in your day-to-day practice.

Pamela J. Kassing, R.C.C., senior director for the Economics and Health Policy Department, received the William T. Thorwarth Jr., M.D. award, established to honor members and staff who show excellence in economics leadership, diplomacy, and integrity. She is the first ACR staff member to receive this award.

The Commission on Economics and staff realized the following achievements in 2007–2008:

• Forty-eight states, in addition to Washington, D.C., adopted final local coverage determinations (LCDs) for CT colonography when a conventional diagnostic colonoscopy is incomplete. Additionally, 18 of those states now cover CT colonography when colonoscopy is contraindicated. On June 18, the ACR submitted extensive comments urging Medicare to pay for CT colonography as a benefit under the national screening program for colorectal cancer.

As a result of the ACR’s extensive analysis and technical comments, hospitals will now receive up to 40 percent more in interventional radiology reimbursements.

• The ACR and the American College of Cardiology (ACC) submitted joint comments and met with CMS to discuss the clinical evidence of coronary CT and CTA. The two organizations successfully kept this study from being subject to Medicare’s most restrictive payment policy. All 50 states, in addition to Washington, D.C., have local coverage policies and pay for cardiac CT and coronary CTA.

• The ACR was one of only a few physician specialty societies invited to select a physician representative to participate on the Institute for Clinical and Economic Review (ICER) Advisory Board. The ACR will be represented by William T. Thorwarth Jr., M.D. ICER is an academic program based at Harvard Medical School that reviews new technologies from a strict evidence-based perspective, comparing new technologies to existing procedures and providing cost-effectiveness analysis. One of the first technologies to be reviewed was CT colonography. ICER’s work will become increasingly important as MedPAC has begun to examine the value of cost-effectiveness studies.

• Richard Duszak Jr., M.D., FACR, was selected to serve on the CPT Editorial Panel of the American Medical Association (AMA) in a four-year rotating seat. Duszak has been chair of the ACR’s Committee on Coding and Nomenclature and CPT advisor to the panel for the past four years. He is editor-in-chief of the AMA/ACR Clinical Examples in Radiology, associate editor of the Journal of the American College of Radiology (JACR), and a reviewer of the ACR Radiology Coding Source™ (a bimonthly electronic coding and reimbursement newsletter). He is also the ACR liaison to the Radiology Coding Certification Board, the organization responsible for the establishment and maintenance of the only radiology-specific coding certification examination.

CMS Rules

Protecting your fiscal interests is an ongoing process that continued over the last year and will remain at the forefront of our initiatives in the rapidly changing world of radiology. In 2007–2008, our member volunteers and staff maintained a close dialogue with the Centers for Medicare & Medicaid Services (CMS) to positively impact its views and increase awareness of radiology as a critical health care service. To this end, the ACR met with CMS in March about the in-office ancillary services exception (IOASE) of the Stark physician self-referral laws and presented extensive evidence to support the position that the IOASE has permitted rapid escalation in utilization of high-cost complex imaging.

The ACR declared that CT, CTA, MRI, MRA, PET, PET/CT, and radiation therapy are complex procedures that should never be considered ancillary services to an office visit under the IOASE’s original intent. CMS expressed a high level of interest in the data presented, and we encouraged it to publish a rule on the in-office ancillary services exception in 2008. The College also asked for a delay in implementing comments on the proposed rule for 2008, which stated that outpatient radiology departments would receive 25 percent less in interventional radiology payments. As a result of extensive analysis and technical comments, CMS modified its final 2008 packaging methodology, and hospitals will now receive up to 40 percent more in interventional radiology reimbursements.

The ACR also impacted CMS’s decision to increase the hourly rate of radiology practice costs for Medicare from $171 to $204 for 2008. This change contributed $100 million to the radiology practice expense relative value units in the Medicare Physician Fee Schedule.

New Government Relations Office

In March, the 11-member government relations team relocated to a new office in Washington, D.C. The offices are strategically situated in the Penn Quarter area of the city, a neighborhood in the east end of downtown Washington, D.C., located just north of Pennsylvania Avenue, halfway between the White House and the U.S. Capitol Building.

Highlights

RADPAC collected more than $1.3 million for contribution to federal candidates since the beginning of 2007.

ACR efforts resulted in the addition of $100 million to the radiology practice expense relative value units in the Medicare Physician Fee Schedule.
The ACR offers you the most advanced radiologic learning on multiple levels. The “Four Dimensions of Learning” encompass a wide array of educational opportunities, including first-rate seminars and meetings, traditional products, online learning, and the new ACR Education Center, which is revolutionizing education for radiologists in America.

Radiology’s Classroom of the Future
In June 2008, the ACR Education Center officially opened its doors to offer radiologists an innovative, interactive learning environment with a lineup of high-caliber courses on new and emerging technologies, such as Virtual Colonoscopy, Coronary CT Angiography, PET/CT, and Breast MR With Guided Biopsy. Key leaders in radiology helped launch the center, including Shawn D. Teague, M.D., chief of cardiothoracic radiology at the Indiana University School of Medicine, Marc A. Seltzer, M.D., assistant professor of radiology at Dartmouth Medical School, and Matthew A. Barish, M.D., assistant professor of radiology, Harvard Medical School.

Designed to keep radiologists at the forefront of medicine, the new center features a multivendor environment that allows you to benefit from workstations that emulate your work environment, expansive data sets, recognized experts in each subject area, and personalized, hands-on instruction with exceptionally low teacher-to-student ratios. Moving beyond the 22nd century, the center’s transformational features include multimedia presentations combined with cutting-edge educational techniques, such as the ACR Case Engine, the College’s proprietary learning methodology. Built on an unparalleled repository of cases, the ACR Case Engine provides immediate feedback on every case and ensures that each teaching point is reinforced. Our unique methodology helps you master the learning criteria before moving to the next topic.

All courses focus on active, engaging, performance-based instruction tailored to your individualized needs, work environments, and professional responsibilities. In addition to other rewards, students completing courses at the ACR Education Center earn certificates of proficiency in various techniques.

ACR Online Education
Acknowledged as a transformational leader in lifelong learning for radiologists, the ACR continually enhances its online learning programs to offer you high-quality education. In fiscal year 2008, we processed and produced multiple new lecture series, adding to the already existing lineup of online education opportunities. You now have 24/7 access to premier talks from world-renowned radiologists, including:

- Seven lectures within the Society for Pediatric Radiology Education Summit
- Six lectures in the Musculoskeletal Lecture Series
- 17 lectures in the Ultrasound Lecture Series
- 22 lectures in the intermediate Cardiac Lecture Series
- 16 lectures in the Pediatric Radiology Symposium, featuring 14 distinguished Cincinnati Children’s Hospital pediatric radiologists and faculty

“I liked the interaction with the experts and the flexibility of the different workstations. I felt like I had my home unit there!”

— Charles Ariz, M.D., Bellingham, Wash.
Free CME

In addressing the ongoing challenges of practicing radiology in a time-starved world, several new educational products created this year offer you free CME and options for meeting Maintenance of Certification (MOC) requirements for the American Board of Radiology (ABR). One of the most popular new products is the Radiology Knowledge Assessment Test™ (RADKAT™), released in November 2007. RADKAT, a fully automated self-assessment, allows you to test your skills in 11 subspecialty areas and receive instant feedback and immediate scoring.

Free to members, RADKAT provides 11 exams with about 50 questions each. Complete in-depth rationales are available after each test is completed, along with peer comparisons based upon the participant’s practice pattern. You can earn up to 5 AMA PRA Category 1 Credits™ per completed exam.

Targeted Learning

The ACR Campus Online streamlines the educational process for targeted learning by providing online CME claiming for print products, including the Professional Self-Evaluation (PSE) Chest Disease VI, Volume 52 syllabus and Continuous Professional Improvement (CPI) modules. This new enrichment to these classic products allows you to claim credits and instantly print your CME certificates. Reading activities in nonclinical topics for general content SAM credit are also available online in three subject areas: patient safety, professionalism, and conflict of interest.

31,177

In 2007, 31,177 Category 1 CME letters were prepared and processed for the ACR, ACR managed societies, and co-sponsored events.

Another valuable tool, ACR’s daily Case in Point online series, last year received more than 40,000 monthly visitors, nearly 6,000 daily visitors, and millions of daily hits. Case in Point was offered free to members in November 2007, and more than 30,000 CME credits were claimed between November 2007 and April 2008.

Strength in Tradition

Traditional educational products include the recently released Mammography Case Review CD-ROM (formerly Interpretive Skills Assessment), a self-evaluation program enabling radiologists and members-in-training to test their level of knowledge and understanding in mammography, as well as the Learning Files, a CD-ROM series that helps radiologists prepare for the American Board of Radiology oral examination or the Certificate of Added Qualification exams. Other enhancements include the redesign of the CPI program, which began with Pediatric Radiology Module 79 and included the development and implementation of a new online CME and SAM claiming process.

In addition to subscriptions, the CPI program also started offering individual modules this year, as well as a reformatted product that includes a combined question, module, and answer/report booklet to reduce costs, improve instructional quality, expedite publication, and enable immediate scoring and claiming of CME and SAM credits. PSE Chest Disease VI, Volume 52 also features a new self-assessment grading process to allow for immediate scoring and online claiming of CME and SAM certificates.

Education on the Road

The ACR’s “Education on the Road” initiative offers live courses in the field as well as meetings at locations across the country on clinical and nonclinical topics to satisfy your CME requirements. This year was most notable with the planning, implementation, and execution of nine off-site meetings. The 33rd National Conference on Breast Cancer was held May 8-10, 2008, with 546 participants, up by 111 attendees from 2006. We also jointly collaborated with the California and Texas Radiological Societies and included the development and implementation of a new educational product created this year, and rationales were again included for all questions in the 2008 exam, with score reports provided by PDF to program directors upon request. The diagnostic examination, taken by more than 3,000 residents in February 2008, continues to be chaired by Debra L. Montisciolo, M.D., FACR. Additionally, Marie E. Taylor, M.D., FACR, was appointed as new chair to the radiation oncology exam, taken by nearly 600 residents in March 2008.

• Business economics courses on pay for performance, financial planning and retirement, and marketing and branding your practice

With the growth in educational meetings and products offered to members, demands to process and administer CME and SAM applications and claims increased significantly. For example, in 2007, 31,177 Category 1 CME letters were prepared and processed for the ACR, ACR managed societies, and co-sponsored events.

Members-in-Training — Our Future

ACR Education staff implemented several ongoing projects for ACR members-in-training, including the MRI teaching database and resident education. The ACR-RFS MRI Teaching File, containing more than 140 MRI cases in body, cardiac, and musculoskeletal, went live at the ACR Annual Meeting and Chapter Leadership Conference 2007.

In-training exams continued to be developed this year, and rationales were again included for all questions in the 2008 exam, with score reports provided by PDF to program directors upon request. The diagnostic examination, taken by more than 3,000 residents in February 2008, continues to be chaired by Debra L. Montisciolo, M.D., FACR. Additionally, Marie E. Taylor, M.D., FACR, was appointed as new chair to the radiation oncology exam, taken by nearly 600 residents in March 2008.

ACR Education staff also conducted five resident training days during the Armed Forces Institute of Pathology (AFIP) sessions at Walter Reed Medical Center. In this capacity, the ACR continued to support the radiologic pathology course at AFIP by administering a one-day program in cardiac imaging and providing financial support for the Breast Education Day led by AFIP faculty.

Highlights

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Transforming the Quality of Care

Quality and safety are core elements of the ACR’s mission and adhering to this commitment is of utmost importance in our work. The ACR’s Quality and Safety initiatives take a proactive, aggressive approach on key issues impacting radiology, radiation oncology, interventional radiology, nuclear medicine, and medical physics. Whether it’s developing measures of quality for the practice of radiology, refining or creating accreditation programs, or updating practice guidelines and technical standards, the team consistently adheres to the highest standards of operation to meet your practice needs.

As new diagnostic and treatment technologies evolve, we’re committed to helping you maintain the highest level of care for your patients. Understanding that patients entrust you with their most important possession — their lives — the ACR’s Quality and Safety initiatives continue to produce results that serve as hallmarks of radiologic excellence. Through the ACR’s Appropriateness Criteria®, practice guidelines and technical standards, and our accreditation programs — both mandatory and voluntary — the College is truly transforming the quality of radiologic care in America.

Collaborating on Guidelines

In 2007–2008, the ACR Quality and Safety team developed a new process for approving collaborative guidelines, reducing the need to refer the guidelines until the following year if minor oversights or errors are discovered. The process is working well — in fact, the ACR Council adopted 37 new practice guidelines and technical standards, 20 revised practice guidelines, and three revised technical standards. Many of these new guidelines and standards were the outcome of collaborations among other medical specialty societies, ensuring that the results meet both your professional needs and those of your patients.

Growth in Accreditation

The ACR’s expanding menu of accreditation programs provides a timely, efficient process for both self-assessment and independent, external expert audit in the areas of MRI, CT, PET, nuclear medicine, ultrasound, mammography, stereotactic biopsy, breast ultrasound and biopsy, and radiation oncology. And, with more than 22,000 accredited facilities across the United States, the ACR Quality and Safety Department has the infrastructure and experience in processing high volumes of applications to help facilities gain accredited status. Current and future growth in accreditation will continue to strengthen the ACR’s reputation. In fact, accreditation applications for MRI, CT, nuclear medicine, and PET more than doubled over the past year due to UnitedHealthcare’s mandate that all freestanding facilities and physician offices performing these procedures must be in the process of accreditation by fourth quarter 2009. Despite the increased volume, turnaround times remained consistent thanks to the ongoing commitment of member reviewers and increased staffing. UnitedHealthcare recognized the ACR — the nation’s oldest and most widely recognized medical imaging accreditation body — as meeting the UnitedHealthcare accreditation requirements.

Newly Designed Modular MRI Accreditation

Spurred by the tremendous growth in MRI and the need for quality assurance in this ever-changing area of imaging care, we’ve redesigned the ACR MRI Accreditation Program into a modular format. The criteria for this new modular MRI program will coincide with the release of a new Web-based application. This new approach offers facilities a more flexible accreditation program, which recognizes that facility practice patterns vary, depending on the patient population served and the number of magnets utilized.
Facilities will have six modules to choose from so they can match the correct accreditation to their practice on each magnet. These modules are:

- MR Body
- MR Head
- MR Angiography (MRA)
- MR Spine
- MR Musculoskeletal
- MR Cardiac

The ACR Modular MRI Accreditation Program represents the ACR’s continued effort to be responsive to the needs of medical imaging facilities, physicians, and patients in a constantly evolving medical landscape.

### Radiation Oncology Accreditation

To recognize quality radiation oncology practices, the ACR’s Radiation Oncology Practice Accreditation Program provides radiation oncologists with third-party, impartial peer review and evaluation of patient care. Radiation oncologists can also now use a new tool devised last year — R-O PEER™ — to assess their practices. Whether you’d like to receive this performance assessment as part of our radiation oncology accreditation program or whether you’re an individual physician whose facility is not undergoing accreditation, you can receive this performance assessment. R-O PEER also offers radiation oncologists the opportunity to fulfill Part IV, Evaluation of Performance in Practice for Maintenance of Certification (MOC).

Directly impacting the way in which radiology will be practiced in the future, the ACR, through this program, recommends future improvement in practice and patient outcomes according to the recognized standards of the scientific community. In fact, in July, the Veterans Administration (VA) selected the ACR to accredit all VA radiation oncology practices.

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| 10,000 More than 800 practices nationwide — including 10,000 radiologists — currently participate in RADPEER™. |

### ACR Appropriateness Criteria®

Just as radiology is constantly changing, the Appropriateness Criteria are also changing to keep up with trends and developments in the field. These evidence-based guidelines assist referring physicians and other providers in making the most appropriate imaging or treatment decision, and in September 2007, Relative Radiation Levels (RRL) were assigned to more than 800 procedures in all 160 diagnostic topics. Furthermore, 130 of these topics were posted on the National Guidelines Clearinghouse Web site, and 25 more have been submitted, with the remaining topics scheduled for submission in 2008.

By using these guidelines, you directly enhance quality of care, contribute to the most effective use of radiology, and help transform the future of America’s health care. You can conveniently access the guidelines, which are developed by expert panels in diagnostic imaging, interventional radiology, and radiation oncology, online or with PDA versions.

To keep you up-to-date, selected Appropriateness Criteria topics are continually published in the Journal of the American College of Radiology (JACR), and the American Journal of Neuroradiology (AJNR) is publishing all of the neurologic topics. The International Journal of Radiation Oncology * Biology * Physics (the Red Journal) has agreed to publish five articles on selected radiation oncology topics. Additionally, two topics were published in the American Family Physician journal with the goal of making Appropriateness Criteria a regular series.

### Benchmarks for Measuring Performance in Radiology

#### Use of RADPEER™ Increases

Significantly, more than 800 practices nationwide — including 10,000 radiologists — currently participate in RADPEER. About 60 percent of the practices use the electronic version, eRADPEER®, while the other half still use the print version.

#### Committed to Quality Improvement

Performance-based reimbursement initiatives are the wave of the future and represent a golden opportunity for radiologists to receive the full recognition — and long overdue value-added compensation — for the superior services they provide. That’s why Quality and Safety focused its efforts in 2007–2008 on the Centers for Medicare & Medicaid Services Physicians Quality Reporting Initiative (PQRI), which included a pay-for-reporting bonus incentive program. The 2007 PQRI included several measures reportable by diagnostic and interventional radiologists, as well as radiation oncologists, and to develop measures for the 2008 PQRI program, the ACR participated in a radiology workgroup with the AMA Physician Consortium for Performance Improvement.

### Recognizing Excellence in Breast Imaging

In October 2007, the ACR Commission on Breast Imaging launched the Breast Imaging Centers of Excellence in collaboration with the Commission on Quality and Safety. To date, more than 240 practices have qualified for this prestigious designation by becoming accredited in mammography, stereotactic breast biopsy, and breast ultrasound and biopsy. This designation recognizes a center’s dedication to improving women’s health by participating in these rigorous quality assurance programs. The initiative has generated more interest in the voluntary breast imaging accreditation programs, which is a positive step toward invigorating efforts to improve the quality and safety of our nation’s breast imaging centers.

### Highlights

**Relative Radiation Levels** were assigned to more than 800 procedures in all 160 of the Appropriateness Criteria’s diagnostic topics.

In July, the Veterans Administration (VA) selected the ACR to accredit all VA radiation oncology practices.
Rallying Membership

Last fall, Art Van Moore Jr., M.D., FACR, formed a task force to reach out to the ACR members and engage them in both identifying and responding to strategic issues and evaluating the ACR’s ongoing priorities. Under the direction of the Commission on Membership and Communications, the new Task Force on Member Engagement, chaired by Kimberly E. Applegate, M.D., M.S., FACR, developed the first annual Value Proposition Survey. This survey was sent to all members and received more than 2,000 responses by its conclusion this past May.

The task force’s next task will be to assess the data from the survey to evaluate the ACR’s current priorities and the success of those priorities. The task force will also engage members in strategic issues that significantly impact the current and future practice of radiology and assess the ongoing needs of ACR chapters.

Enlightening Practice Leaders

Over the past year, the ACR also formed the ACR Radiology Practice Leaders’ Committee, chaired by Howard B. Fleishon, M.D., M.M.M., FACR, to assist radiology practice leaders with the information and tools necessary to remain competitive. Building on the practice leaders’ meetings in 2007, the committee aims to foster a dialogue among radiology leaders and address some of the biggest challenges facing practices.

Building Relationships

This year, the ACR launched the highly anticipated Practice of Radiology Environment Database (PRED). PRED is the first database of its kind, linking individual radiologists, radiology practices, and practice sites of service. More than 30,000 practicing radiologists, 10,000 sites of service, and 5,000 radiology practices have been identified for this effort.

The conference began with a presidential address by Barry D. Pressman, M.D., FACR, who declared that if radiologists are to avoid extinction, they need to focus on “diversification, adaptation, and specialization.” During his “Madness of Money” presentation, Bruce J. Hillman, M.D., FACR, stated the message loud and clear that if radiologists want to avoid corporatization, they need to balance short-term personal gain with the long-term value of the profession. And in the talk, “Future Economic Trends in Radiology,” Frank J. Lerca, M.D., M.B.A., described ways radiologists can prepare for the dramatic economic changes facing radiology in the future.

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More than 300 AMCLC attendees took radiology’s message to Capitol Hill for the annual AMCLC congressional visits.

PRED will also collect aggregate information on the types of services performed by individual practices and sites. Coupled with the ACR’s “My Profile” application, which is linked to PRED and collects data on specific demographic information of individual radiologists, PRED will allow the College to better customize its individual and practice offerings, measure trends in the profession, and assist practice leaders in identifying and completing their objectives.

To confirm your practice’s profile, please visit PRED at http://pred.acr.org. To update your personal profile and ensure that you are receiving tailored benefits and services, visit www.acr.org and select the “My Profile” tab at the top of the page.

30,000

More than 30,000 practicing radiologists, 10,000 sites of service, and 5,000 radiology practices have been identified for the Practice of Radiology Environment Database (PRED).

Growth in Society Management

To strengthen the radiology profession and bring the subspecialties closer together, the ACR provides association management services to a total of six radiology societies. During the past year, two new societies — the North American Society for Cardiovascular Imaging (NASCI) and the Fleischner Society — have engaged the College to provide management services.

The ACR team provides these societies with experienced association professionals to serve as executive directors who collaborate with all other ACR departments to ensure that each society’s needs are met. The ACR offers several benefits beyond the standard association management package. Among the most visible benefits are joint sponsorship of continuing medical education activities and access to a wealth of resources through more than 300 ACR staff members offering expertise in many radiology practice issues.

The ACR also manages these societies:

• Society of Breast Imaging (SBI)
• Society of Computed Body Tomography and Magnetic Resonance (SCBT-MR)
• Society of Radiologists in Ultrasound (SRU)
• The Society for Pediatric Radiology (SPR)

The College has increased collaborative efforts with these societies on projects of mutual benefit, such as the SPR’s Image Gently campaign and ACR Education Center projects.

Highlights

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Highlights

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More than 300 AMCLC attendees took radiology’s message to Capitol Hill for the annual AMCLC congressional visits.
In another significant development, Schnall initiated collaboration with two cooperative group imaging centers to respond to the NCI’s request for applications for the development of a Virtual Imaging Evaluation Workspace (VIEW) to facilitate rigorous imaging support for NCI-sponsored clinical trials. In September 2007, NCI announced the ACRIN-facilitated application would receive the VIEW grant. This consortium brings together impressive imaging research expertise for the development of standard processes to support primary imaging endpoints and trials leading to FDA approval.

Also forging new territory, the ACRIN Fund for Imaging Innovation provided support for the establishment of the ACRIN Cardiovascular Imaging Committee to provide answers to clinical cardiac questions that impact patient care. The fund also supports a computer-aided detection study of full-field digital mammography.

Defining the Future of Patient Care

The ACR’s pioneering clinical research studies are conducted by the American College of Radiology Imaging Network® (ACRIN®), the Radiation Therapy Oncology Group® (RTOG®), and Quality Research in Radiation Oncology® (QRRO®), located in our Philadelphia office. The high-quality research produced by these clinical research programs represents a driving force in transforming the practice of radiology and is integral to defining how you will care for your patients in the future.

Leading Research

In 2007, ACRIN received an outstanding score on its 2008–2012 National Cancer Institute (NCI) grant application, which translated into full funding of the grant program. As ACRIN receives most of its funding from the NCI, this was a critical accomplishment and a testament to ACRIN’s significant contributions in medical imaging and foretells of an exciting future. The advent of a new NCI grant cycle also resulted in a change in leadership. Bruce J. Hillman, M.D., FACR, who served as ACRIN’s network chair since its inception in 1999, ceded this role to Mitchell D. Schnall, M.D., Ph.D., who previously served as ACRIN’s deputy chair. Barry A. Siegel, M.D., FACR, and Denise R. Aberle, M.D., now serve as deputy co-chairs.

As ACRIN works to implement new imaging trials, prior research efforts continue to produce results. Initial findings of the “Screening Breast Ultrasound for High Risk Women Trial,” recently published in the Journal of the American Medical Association, were widely reported and provide women and their clinicians with information about the potential benefits and risks of screening ultrasound as a supplement to mammography. Investigators also continue to mine the “Digital Mammographic Imaging Screening Trial” (DMIST) data, resulting in more publications about this technology, including an article published in the Annals of Internal Medicine. Since the publication of the DMIST primary results in October 2005 and subsequent secondary publications, the number of facilities offering digital mammography has increased from eight percent to nearly 40 percent, significantly increasing access for those subsets of women who have been determined to benefit from this technology.

Building Quality

A robust infrastructure is critical for efficiently collecting the high-quality images and data that are the cornerstone of ACRIN’s imaging research. The recent implementation of TRIAD™ (Transfer of Images and Data”), the ACR’s new, proprietary image collection and management system, at more than 40 ACRIN sites facilitates image search, view, and download through a Web-based graphical user interface.

Looking to future research plans, ACRIN anticipates building upon its impressive network of investigators and research support infrastructure. ACRIN leadership has begun to strategically expand the scope of ACRIN activities to include new cancer imaging ventures and research about new disease processes. One such successful venture is the National Oncologic PET Registry (NOPR). With more than 100,000 Medicare patients registered since the NOPR’s inception, analysis of registry data published in the Journal of Clinical Oncology reported that FDG-PET is associated with a 36.5 percent change in the decisions on whether or how to treat a patient’s cancer. These data also prompted the Centers for Medicare & Medicaid Services to reconsider its current national coverage decision on FDG-PET.

In another significant development, Schnall initiated collaboration with two cooperative group imaging centers to respond to the NCI’s request for applications for the development of standard processes to support primary imaging endpoints and trials leading to FDA approval.

Preparing for the Future

Building upon past accomplishments, ACRIN’s future research objectives will focus on improved, targeted cancer care. For starters, ACRIN’s research will pursue establishing standards for...
more personalized cancer surveillance, improving methods to characterize cancer, and validating imaging-response markers for use in adaptive treatment and drug development. Trials underway or in development that support these new objectives include:

- Investigation of a novel imaging agent and PET/CT to better determine the extent of disease for women diagnosed with cervical cancer
- Exploration of the ability of FDG-PET/CT to provide useful information for managing the treatment of head and neck cancer
- Evaluation of PET and MRI techniques to learn if accurately identifying patients with highly hypoxic tumors can help clinicians better tailor therapeutic interventions

**Launching New Cancer Treatment Trials**

The RTOG has established itself as one of the most important radiologic research organizations in the world as it continues to launch new clinical trials. This multi-institutional cooperative group represents more than 300 of the leading medical research institutions in the United States and Canada, and internationally with member sites in Australia, Israel, China, Saudi Arabia, and Korea. Its goal is to increase survival and improve cancer patients’ quality of life.

**100,000**

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Attendance at the RTOG Semiannual Meetings averages more than 750 radiation oncologists, medical oncologists, surgeons, research associates, and other health professionals. Additionally, the Winter 2008 Semiannual Meeting in San Diego featured a symposium on stem cell research, and the summer meeting in Philadelphia included a symposium on proton therapy research.

RTOG partnered with the European Organization for Research and Treatment of Cancer (EORTC) for the first successful collaboration between an NCI cooperative group and EORTC to complete accrual in only 18 months for RTOG 0525. “Phase III Trial Comparing Conventional Adjuvant Temozolomide With Dose-Intensive Temozolomide in Patients With Newly Diagnosed Glioblastoma.” RTOG also opened RTOG 0436, “A Phase III Trial Evaluating the Addition of Cetuximab to Paclitaxel, Cisplatin, and Radiation for Patients With Esophageal Cancer Who Are Treated Without Surgery,” the first Cooperative Group study to go through the new NCI Steering Committee process and be approved.

“In June, RTOG marked its 40th anniversary by celebrating its achievements and recognizing 17 young researchers who were named RTOG ‘Next-Generation Investigators.’”

— Walter J. Curran Jr., M.D., FACR, RTOG Group Chair

RTOG continues to develop the profession by participating in collaborative research fellowships with both the ACR and ASTRO, and it recently recognized a number of young RTOG members as “Next-generation Investigators,” with the intent of identifying future leaders of the organization.

**Advancing Radiation Therapy**

Quality Research in Radiation Oncology (QRRO) continues to improve the quality of care received by cancer patients by conducting national surveys of radiation therapy delivery. Its studies in radiation oncology have had a major positive impact, and results have been critical to the development of the highest standard of radiation oncology care in the world. J. Frank Wilson, M.D., FACR, is the principal investigator, Christopher M. Rose, M.D., FACR, serves as the vice chair, and Jean B. Owen, Ph.D., is QRRO’s senior director.

Recently, QRRO launched data collection for a new national process survey that will allow radiation oncologists to benchmark quality indicators and measure processes of care in the rapidly changing practice of radiation oncology. Through retrospective review of patient records, QRRO clinical data abstractors will collect data at approximately 80 radiation oncology facilities nationwide. On March 31, 2008, the American Board of Radiology (ABR) qualified the new QRRO national process survey initiative as meeting the criteria for practice quality improvement (PQI) for the purpose of fulfilling requirements of the ABR Maintenance of Certification Program.

**Improving Practice Performance**

ABR requirements for PQI projects call for repeated measurements of practice performance, comparison of performance with that of established guidelines or with aggregate data, and feedback to diplomats, with the overall goal of improving practice performance. For participating facilities, QRRO will provide data at both the facility level and the physician level. In addition to receiving a report, physicians will receive instructions on how to interpret the report and how to develop a quality improvement initiative.

Beth A. Erickson-Wittmann, M.D., FACR, and Cheryl L. Crozier, R.N., ASQ CQA, were instrumental in guiding the process of applying for ABR PQI program certification.

**Seeing a Different Side of Research**

ACR Image Metrix™ is successfully leveraging 10 years of science and resources developed by ACRIN. Launched in 2007 as a for-profit subsidiary of the College, ACR Image Metrix completed its first year of operations by establishing itself as a first-class imaging contract research organization (CRO). Bruce J. Hillman, M.D., FACR, former chair of ACRIN, serves as the chief scientific officer for ACR Image Metrix and was awarded the Radiological Society of North America’s “Researcher of the Year” honor in 2007.

Now firmly established as one of the nation’s top imaging CROs, ACR Image Metrix provides services to the pharmaceutical, biotech, medical, device, and software providers in the drug discovery industry. As a for-profit LLC corporation wholly owned by the ACR, all profits from ACR Image Metrix are used to fund additional academic research through the Philadelphia office.

“I’m very pleased with our first year of operations,” says Michael Morales, general manager for ACR Image Metrix. “We have begun to establish ourselves as a major player in the imaging CRO segment of the marketplace. Our goal in fiscal year 2009 is to become one of the top three imaging CROs in the industry.”

**Highlights**

Since the DMISt primary results were published, the number of facilities offering digital mammography has increased from eight percent to almost 40 percent.

RTOG’s patient accrual was highly successful during FY 2007; a total of 2,727 patients were entered into all RTOG trials.

The results of QRRO’s studies in radiation oncology have been critical to the development of the highest standard of radiation oncology care in the world.
Presenting the Facts

In the past year alone, the College research staff wrote or collaborated on 10 published articles in leading radiology journals, including six in the Journal of the American College of Radiology (JACR), all focused on important topics. In addition to these published efforts, the research team made 18 instructive presentations, including:

• Five at AcademyHealth, the nation’s leading forum for socioeconomic research
• Two at the 5th World Congress of the International Health Economics Association
• Two at the American Society of Health Economists’ 2nd Biennial Conference
• One at the American Roentgen Ray Society
• Numerous presentations at international radiology meetings

At the American Society of Health Economists conference, our staff organized and led a session on financial self-interest in imaging and its effects, which included participation by leading academics from across the country. Presentations at nonradiology meetings serve to bring the College recognition as a center of research and to bring radiologists’ concerns and perspectives to a broader audience of health policy-makers and researchers.

Running the Gamut

ACR socioeconomic research also included many noteworthy socioeconomic projects in the past year, particularly in the areas of self-referral and teleradiology. In one revealing study, we showed that the rapid increase in imaging is mostly due to the work of nonradiologists, a finding that should help deflect unfair criticism from the radiology profession over what has been a very contentious development in health care. We also researched and presented findings on the relative utilization of imaging by self-referring and radiologist-referring physicians. Additionally, we conducted studies on off-hours remote teleradiology and the radiology employment market.

The ACR’s most recent research projects also included:

• Analysis of imaging utilization for the National Council on Radiation Protection and Measurements for its report on collective radiation dose to the U.S. population
• Research on diagnostic work-up for the diagnosis of pulmonary embolism to help improve care patterns
• Study of women’s access to mammography and what mammography facilities do to improve access
• Studies on subspecialization, the value added by radiologists, the new American Board of Radiology exam, ACR member engagement, and business models in radiology

Planning for Radiology’s Future

Anticipating the future of radiology is another core objective of the College and our research leaders. The ACR Forum, an annual event sponsored by the ACR and designed to focus on a key issue facing radiology, brings together some of the best and brightest in our profession for a two-day, intensive “think tank” session. This year’s Forum topic was “Future Practice Models for Radiology” and featured more than a dozen experts from as far away as Australia, including such eminent ACR leaders as former Board of Chancellors Chair Arl Van Moore Jr., M.D., FACR, and current Chair James H. Thrall, M.D., FACR, as well as Forum Chair Jeffrey C. Weinreb, M.D., FACR, and JACR Editor in Chief Bruce J. Hillman, M.D., FACR. The sessions explored radiology practice models most likely to be relevant in the future, given the changing health care environment.

Highlights

Mythreyi Bhargavan, Ph.D., won a research grant, the first that the ACR has received from the Robert Wood Johnson Foundation. The College research staff wrote or collaborated on 10 published articles and made 18 instructive presentations.
MARKETING, COMMUNICATIONS, AND PUBLIC RELATIONS

International Recognition

The ACR continues to lead the way in timely, targeted, and impactful communications to not only the membership, but to policy-makers, the media, and the general public.

The College received international recognition from a number of prestigious organizations for excellence in editorial, design, public relations, and marketing.

The ACR garnered 16 awards for our member publications, the ACR Bulletin and JACR, as well as our electronic newsletter, the ACR Daily News Scan, the 2006–2007 Annual Report, and video news releases, including two Communicator Awards, two Astor Awards, six MarCom awards, three APEX awards, and three videography awards for public relations excellence.

The ACR embarked on a major marketing initiative this past year with the launch of a branding campaign designed to put a face on the radiologist.

Transforming the Face of Radiology

The ACR embarked on a major marketing initiative this year with the launch of a branding campaign designed to put a face on the radiologist and define your role as the physician experts in medical imaging. Upon approval of a $2.1 million budget in October 2007 by the Board of Chancellors, the ACR worked in conjunction with Edelman, the third largest public relations firm in the world, to develop and implement a pilot test for the “Face of Radiology” branding campaign.

The campaign goal was to educate the public, payers, and policy-makers about who radiologists are, what they do, and why their training is critical to quality patient care.

A series of messages were crafted and tested in focus groups in three markets: Miami, Burlington, Vt.; and Washington, D.C. In addition, extensive quantitative research was conducted via a national omnibus survey and target market phone surveys to assess the public’s perception levels of the radiologist. The pilot campaign launched in May 2008 in the three test markets, which featured two new Web sites: www.MyRadiologist.com for the general public and www.MyPatientConnection.com to aid radiologists in interacting with patients. We purchased print and radio advertisements, distributed special patient education materials (brochures and posters) to radiology facilities in these cities, and held meetings with practice leaders to encourage them to instruct their physicians to interact with at least five patients per day.

Post-test campaign research has shown that, among those exposed to the campaign materials, awareness significantly increased as to the perception of radiologists as physicians and of their role in patient care. ACR members have been directed to our branding site at www.MyPatientConnection.com to access many of the materials developed for the campaign. At present, the College is examining the proper avenue for a national rollout of the “Face of Radiology” branding campaign.

Web Updates and Initiatives

The ACR Web Site (www.acr.org) continues to be the hub of information on key advocacy issues, continuing medical education opportunities, quality and safety, and research initiatives impacting the enhancement of the radiology profession. Guided by members of the ACR Web Site Advisory Committee, which is chaired by Barry D. Pressman, M.D., FACR, the Web site continues to grow and evolve to meet our members’ needs.

The number of visits to and page views of the ACR Web site more than doubled in the last year after the site was completely redesigned. Since the ACR Blog launched in September 2007, more than 100 ACR members have contributed comments to the blog on such topics as banning self-referral and delaying the oral board exams. We also welcomed your feedback on various ACR initiatives, such as the “Face of Radiology” branding campaign and on collaborative efforts with the “Image Gently” Campaign.

The ACR Blog represents our first step into social media, and it has proven to be a valuable channel for members to communicate, as well as an opportunity for ACR staff to gain insight into the challenges facing you. New topics are

Visibility
posted to ACR’s Web site and promoted in the ACR Daily News Scan.

At its annual meeting in June, members of the ACR’s Web Site Advisory Committee decided to pursue additional social media channels to enhance member interactions. The Resident Fellows Section and new physician members are working on Facebook applications to strengthen their respective communities online.

Your Daily News Scan

The ACR Daily News Scan (DNS), the College’s electronic newsletter, expanded its coverage to three editions per week in March 2008. Direct to your desktop, the popular e-newsletter delivers the latest ACR news, industry updates, and current research. DNS strives to incorporate relevant content impacting radiology practices and professionals by offering a timely and effective channel for communication to our members. You will also find our latest educational offerings in the monthly e-newsletter, the Campus Courier, while the Chapter Executive Update provides additional information on College activities.

Publications

The Blue Journal, JACR, will celebrate its fifth-year anniversary in December 2008 and continues to be recognized as one of the top radiology journals. An independent reader survey revealed that 85 percent of respondents prefer the JACR over similar publications, making it one of the most widely read journals among radiologists. The ACR Bulletin, published 10 times per year, keeps members apprised of our latest advocacy efforts, educational opportunities, clinical research activities and outcomes, and news on economic issues and quality and safety updates.

ACR in the News

In the past 12 months, ACR spokespersons have been featured in more than 500 daily newspaper reports, more than 300 trade magazine articles, 200 business newspapers, and in 14 major consumer magazine articles, collectively read by 100 million people.

Clinical Research Coverage

Results of the ACRIN® Breast Ultrasound Trial were announced in May 2008. The ACR served as the lead media relations entity, placing study authors and results in most major U.S. newspapers as well as in broadcast reports on CBS Evening News, National Public Radio (NPR), CBS Radio, and in hundreds of prominent Web site reports. ACR Breast Imaging Commission Chair, Carol H. Lee, M.D., FACR, has been interviewed regarding the trial and other mammography issues and appeared in dozens of major newspapers and consumer magazines nationwide.

This year, nearly 50 articles reflecting the ACR’s position on appropriate utilization of medical imaging and associated issues appeared in every major medical news outlet, including American Medical News and Modern Healthcare, and several mainstream news outlets, including FOX Business News and NBC’s Today Show. The ACR will continue to be proactive in promoting and protecting the interests of the ACR’s 32,000 members and their patients in the year ahead.

Collaborative Communications

The ACR continues to work in collaboration with the Radiological Society of North America (RSNA) to enhance our joint patient education Web site, www.Radiologyinfo.org. Co-chaired by Susanna I. Lee, M.D., Ph.D., and eight member representatives from the ACR, the committee oversees the development and implementation of a usability study to assess the overall effectiveness and ease of finding important information on the site, prior to embarking on an overall redesign. www.Radiologyinfo.org draws more than 300,000 visitors per month, who spend an average of six to seven minutes per visit.

Image Gently® Campaign

The ACR joined the Alliance for Radiation Safety in Pediatric Imaging in launching the Image Gently campaign to help ensure that medical protocols for pediatric computed tomography (CT) keep pace with advancing technology. The ACR helped place articles in nearly 20 health news outlets, and advertisements were published as public service announcements in Imaging Economics and RT Image magazines and on the Web sites of both magazines.

More than 1,300 imaging providers, representing more than 1,000 facilities nationwide, have taken the Image Gently pledge to reduce the radiation dose estimate used in pediatric CT. The Image Gently Web site has received more than 55,000 visits. More than 5,700 providers have downloaded protocols to help determine the appropriate radiation techniques to use in children’s imaging.

Moving Forward

A communications audit was conducted among 1,000 randomly selected ACR members to determine their satisfaction with the types of information received from the College in terms of delivery channel, frequency, content, and timing. Based on the survey feedback, the communications team will fine-tune our communications channels in the coming year.

Highlights

The ACR garnered 16 awards for its member publications, including the ACR Bulletin, JACR, ACR Daily News Scan, the 2006–2007 Annual Report, and video news releases.

ACR spokespersons were featured in more than 500 daily newspaper reports, more than 300 trade magazine articles, 200 business newspapers, and in 14 major consumer magazine articles.
Last year alone, ACR legal staff fielded more than 7,000 calls and e-mails from members, their business managers, or their attorneys.

Amicus Briefs

In June 2008, the ACR submitted an amicus brief to Maryland’s highest court urging it to affirm that state’s key self-referral law. The legal team also assisted the Maryland Radiological Society with its brief. Earlier, the College submitted an amicus brief to a Maryland trial court that successfully upheld the law.

Quality Resources

The ACR also provides you with quality written publications, timely articles, and easy-to-access Web content about legal issues affecting radiology. In 2007–2008, Legal staff wrote the monthly “RADLAW” column in the ACR Bulletin, covering such relevant topics as independent diagnostic testing facilities, new whistleblower procedures under the Deficit Reduction Act, and leasing fraud investigations. Our staff also maintains a national attorney referral list so you can obtain specific advice from an attorney in your jurisdiction. ACR attorneys also wrote compliance updates for the Web site and the ACR Radiology Coding Source®. You can find these resources on www.acr.org under “Legal/Business Practices.”

Association Affairs

To represent the College itself, ACR attorneys draft and review contracts and other agreements, work with Government Relations and Economics staff on advocacy issues, and advise leadership and management on the ACR’s daily activities. Members of the ACR legal team also serve on the ACR Committee on Bylaws. At the AMCLC 2008, they prepared numerous draft amendments to the College bylaws, which were then considered and adopted by the ACR Council.

Last year, we developed and produced management agreements with the North American Society of Cardiovascular Imaging and The Fleischer Society for Thoracic Imaging and Diagnosis. The ACR offers these societies joint sponsorship of CME activities as well as meetings support, development of Web-based programs, and the creation of enduring materials. Staff and volunteer leadership meet with each other regularly to review issues of mutual interest. ACR attorneys also advised the board and executive director on legal issues related to potential collaborative opportunities with the American Roentgen Ray Society.

Representing Radiology

To help advance the radiology profession within the medical community, the ACR funds a radiology delegation to the American Medical Association (AMA) House of Delegates. In 2007–2008, our staff acted as liaisons to the AMA and its policymaking House of Delegates. At the 2007–2008 AMA meetings, the ACR delegation advocated for appropriate utilization of imaging and quality-based imaging standards.

In the intertwining fields of medicine and law, the ACR Legal team must transform the often confusing web of federal and state statutes, regulations, and policies into clear, applicable guidelines — so you can focus on providing quality patient care. The dynamic health care environment of 2007–2008 made it obvious to us that legal issues are a significant part of the practicing radiologist’s world, and we will continue to help guide you in the years to come.

Last year alone, ACR legal staff fielded more than 7,000 calls and e-mails from members, their business managers, or their attorneys. Through this intense correspondence, members clearly benefited from the College’s expert legal team to discover practical solutions to diverse legal problems in today’s evolving medical-legal frontier.

Free Legal Assistance

Members can speak to an ACR attorney about virtually any topic. While our attorneys cannot represent you or your practices directly, we offer resources, such as articles and white papers that can help you with your business practice challenges. Our legal experts can also provide you with referrals to local attorneys who are experienced in specific areas of the law.

In 2007–2008, ACR Legal staff continued to assist members on antitrust, business contracts, physician self-referral, ethics issues, and general corporate practice questions. Additionally, we continued to support ACR’s critical advocacy efforts throughout the United States. Last year, the team helped eight chapters in developing and drafting proposed state legislation on such crucial topics as self-referral and radiologist assistants.

Demanding Due Process

The ACR Committee on Ethics addressed 10 ethics complaints last year involving expert witness testimony. In each case, the committee and legal staff followed detailed procedures to ensure that ACR members received due process while protecting the reputation and interests of the College and its membership. Also, in the process of asserting the ACR’s peer-review privilege under Virginia law, the legal team successfully quashed two separate subpoenas that sought information about Ethics Committee investigations.

Highlights

In 2007–2008, the ACR acted as liaisons to the American Medical Association (AMA) and its policymaking House of Delegates and advocated for appropriate utilization of imaging and quality-based imaging standards.

Last year, the team helped eight chapters in developing and drafting proposed state legislation on such crucial topics as self-referral and radiologist assistants.
transforming the Future of Radiology

Secretary-Treasurer
Fiscal 2008

Consolidated Results of Operations
Our consolidated financial report includes the activities of both the American College of Radiology and the American College of Radiology Association™, collectively referred to as the “College.”

In fiscal 2008, the College’s operating revenues grew slightly over the prior year; however, expenses increased by a higher percentage, resulting in a minimal net loss from operating activities. The College invested funding in new initiatives, including the ACR Education Center, branding campaign, and its for-profit subsidiary, Image Metrix LLC. The College produced an overall loss from operations for fiscal 2008 of $200,000. The long-term investment earnings for fiscal 2008 produced a loss of $3.6 million, and the investment in the subsidiary generated start-up expenditures of $500,000, bringing the College to a total decrease in net assets of $4.3 million for the year.

The College’s long-term investment portfolio produced an annual return of -7.72 percent for fiscal 2008. This performance reflects the portfolio’s global stock diversification and emphasis on high-quality bonds. The portfolio is invested in a number of equity and fixed-income mutual funds with an allocation to stocks and bonds that is in line with the long-term objectives of capital appreciation for the portfolio.

Consolidated Financial Position
The College continues to maintain its strong financial position despite the current year operating losses. As of June 30, 2008, the College had assets of $105 million and liabilities of $43 million, with net assets of $62 million. Net assets decreased overall by $4.3 million in fiscal 2008, primarily from the net loss on the long-term investment portfolio.

To provide for ongoing financial stability, adequate funds for infrastructure maintenance, and resources for future initiatives, the College has a target level for net assets designated for long-term investment of 75 percent of annual internal expenditures. As of June 30, 2008, the percentage dropped slightly below the target due to the decline in the investment portfolio during the year. Given the long-term nature of the investment portfolio, we remain confident that the target level will once again be achieved as the financial markets recover over time.

REPORT OF THE FINANCIALS

Consolidated Statement of Activities
For the year ended June 30, 2008

Operating Revenue
Membership dues $12,697,000
Clinical trials and research 33,909,000
Program and membership services:
  Quality and safety 26,510,000
  Education 2,971,000
  Member and chapter services 1,661,000
  Other revenue 721,000
Total program and membership services 31,863,000
Investment income operations 1,222,000
Total Operating Revenue 79,691,000

Expenses
Clinical trials and research 33,219,000
Program and membership services:
  Quality and safety 18,617,000
  Education 8,500,000
  Member and chapter services 10,059,000
  Economics and health policy 3,060,000
  Government relations 4,708,000
  Research and technological assessment 1,138,000
  Other programs 604,000
Total program and membership services 46,686,000
Total Expenses 79,905,000
Excess of revenue over expenses from operations (214,000)
Equity loss in subsidiary — Image Metrix (500,000)
Long-term investment earnings (3,629,000)
Change in Net Assets (4,343,000)
Beginning Net Assets 66,906,000
Ending Net Assets $62,563,000

Consolidated Statement of Financial Position
For the year ended June 30, 2008

Assets
Cash and short-term investments $9,029,000
Accounts receivable 3,987,000
Publications inventory 224,000
Investments, at market 54,908,000
Property and equipment, net 22,743,000
Restricted grant funds 13,039,000
Deferred charges and other assets 1,372,000
Total Assets 105,302,000

Liabilities
Accounts payable and accrued expenses 7,272,000
Deferred revenue 28,458,000
Deferred lease obligations 2,184,000
Long-term debt 4,825,000
Total Liabilities 42,739,000

Net Assets
Designated by board for long-term investment 39,190,000
Undesignated 7,720,000
Net investment in property and equipment 15,653,000
Total Net Assets 62,563,000

Total Liabilities and Net Assets $105,302,000

Annual Audit
The College’s independent auditors, BDO Seidman LLP, will be conducting their audit of the fiscal 2008 financial statements in September 2008. Their report, when completed, will be on file at the College office in Reston, Va.