The Evolution of Radiology

The ACR’s Annual Meeting and Chapter Leadership Conference focused on change.

ACR leaders discussed their vision for the future of radiology at the 86th Annual Meeting and Chapter Leadership Conference (AMCLC) that began on Sunday, May 3, at the Hilton Washington, Washington, D.C., and continued through May 6.

Transitions

Executive Director Harvey L. Neiman, M.D., FACR, acknowledged the effects of the recent stock market collapse, as well as flat revenues, increasing expenses, and other financial matters. He noted that the ACR will meet economic challenges head-on by continuing to carefully monitor the budget and enact policies and procedures as necessary.

Despite the challenging year, the College experienced numerous successes in 2008. Neiman added that the ACR Education Center has demonstrated the success of a learning model based on total immersion and active learning that emulates students’ practice environments. By offering Certificates of Proficiency, the Education Center provides radiologists with the credentials needed in hospital environments and for third-party payers.

Noting the approval of the strategic integration merger of the ACR and the American Roentgen Ray Society (ARRS), Neiman indicated that the College has been meeting almost daily for several weeks to ensure a smooth transition that includes a renewed commitment to excellence. He reassured members that they would continue to receive the same services they currently receive and urged those who were not members of the ARRS to look into membership.

Bigger, Better, and Stronger Together

Before the signing ceremony joining two of the most prestigious radiology organizations in the world, the ACR and the ARRS, ACR Board of Chancellors Chair James H. Thrall, M.D., FACR, said, “There’s an old saying in the world of commerce that the best time to negotiate is when you can negotiate from strength.” By joining the two organizations, radiology is poised to receive a dose of high-quality education products and services.

Each organization will continue to do what it does uniquely well and will share reciprocal board seats. “You can look forward to seeing all of radiology in one place, all in one organization,” Thrall stated.

He indicated that the strategic integration will result in new methods and tools for demonstrating evidence that will assist members of both organizations with privileging and reimbursement issues. “This integration will take us to a level of excellence beyond what either organization could achieve on its own,” he concluded.

No Dues Increase This Year

Secretary Treasurer Paul H. Ellenbogen, M.D., FACR, reported that ACR assets improved in April when the stock market rebounded. Long-term investments have declined, but other investments have held steady. This is due in part to a conservative, well-diversified portfolio.

In a discussion of dues, Ellenbogen stated, “Read my lips. No dues increase. This year.” Noting that the strategic integration merger agreement stipulated that neither organization would increase dues this year, Ellenbogen added, “but we have to look at where we are.
“We’re presented with both an opportunity and a problem. There are 3,200 ARRS-only members and 11,950 ACR-only members. ACR has not raised dues since 2001.”

One possible future scenario for increasing dues is to index increases to the Continuous Professional Improvement program, which would allow for gradual, incremental increases annually.

**Success Is in the Air**

ACR economic and health policy work is expanding as the College collaborates with other medical specialties, especially in the area of appropriateness criteria. Thrall stated that “the rest of the world has caught on to appropriateness criteria, which we’ve developed for 15 years.” He noted, “We’ve learned that if we can harmonize our point of view with other important professional organizations and we go together to CMS [Centers for Medicare & Medicaid Services], what can CMS say when we agree? Otherwise, CMS gets a free pass.”

On the subject of legislative activities, Thrall predicted that this year, legislation will be passed on payment reform, Medicare, and reform of the overall health care system. Most likely to pass, Thrall predicted, is Medicare legislation. Thrall indicated that it is unlikely that any new procedure will be reimbursed by CMS without clinical trial data. He said that the American College of Radiology Imaging Network® is “the only permanent clinical trial center capable of generating the data we will need.”

**Just Change It**

As humans, our natural tendency is to maintain the status quo, to stay in our comfort zone, 2008–2009 President Arl Van Moore Jr., M.D., FACR, stated. During his presidential address, Moore pointed to the wisdom of Charles Darwin, whose theory of survival of the species — only those who are adept at adapting to change will survive — continues to affect us today.

“The imaging field will most certainly evolve,” he stated. “If we don’t adapt to change, we could become extinct.” Moore added that we are witnessing a world that is evolving across continents, creating hyper-subspecialization that provides high-quality radiology services anywhere in the world at any time. The competition is fierce, and we are at an important crossroads.

“The answer is, as it will always be — put patients first,” Moore stated. “It is our solemn duty,” he continued. “If we do, we will be on the right side of the issues when they happen and better positioned to adapt to our landscape.”

**Gold Medalists**

ACR Gold Medals are awarded by the Board of Chancellors to select individuals for distinguished and extraordinary service to the ACR or to the discipline of radiology.

2009 ACR Gold Medalists include (left to right) James P. Borgstede, M.D., FACR, University of Colorado; William J. Casarella, M.D., FACR, University of Kentucky; and Robert R. Hattery Jr., M.D., FACR, American Board of Radiology.

**Honorary Fellows**

Honorary Fellows are elected by the Board of Chancellors in recognition of contributions to the science or practice of radiology by individuals who are ineligible for admission as members of the College.

2009 Honorary Fellows include (left to right) Maximilian F. Reiser, M.D., Munich, Germany; Carl-Gustaf Standertskjöld-Nordenstam, M.D., Ph.D., Helsinki, Finland; and Adrian K. Dixon, M.D., Cambridge, England.
Building a Stronger Specialty

Leaders look beyond the health care horizon to future opportunities and challenges.

On Day Two of the AMCLC, Charles W. Bowkley III, M.D., Executive Committee chair of the ACR Resident and Fellow Section (RFS), said the Radiology Career Handbook is an excellent resource on the RFS Web site to help residents define and secure their desired jobs. Residents can also improve their interpretation skills using the site’s MRI Teaching File, which includes more than 200 cases in body MR, breast MR, cardiac MR, and MSK MR.

Bowkley mentioned that the RFS Toolkit can also be found online. The Toolkit provides an overview of the benefits of joining the ACR and RFS, details about the Deficit Reduction Act of 2005, information on reimbursement, and thoughts on the future of the specialty. Additionally, the RFS has created its own Facebook group, RFS of the ACR, which includes a discussion board, wall, and real-time posts. Be sure to access these resources at http://rfs.acr.org and search “RFS of the ACR” on Facebook to join the discussion.

Fine-Tuning the Core Exam

The American Board of Radiology (ABR) sets the standard for the practice of medicine and has been serving the public trust for 75 years. N. Reed Dunnick, M.D., FACR, reminded the audience to use the ABR’s CME Gateway, which links the ABR to your own personal CME database. By activating ABR in your organizational profile, your MOC-fulfilling CME and SAM credits can be transferred to your database on the ABR Web site. You can then log on to the CME Gateway at www.cmegateway.org to start managing your credits.

ABR intends to increase the required number of SAM credits so they become 30 percent of the total CME credit necessary for the MOC program. It also plans to tailor cognitive exams to individual practice settings. “We will create an exam that looks like what you do,” Dunnick said. “Send us your exam material, such as cases, and we will integrate them into the exam.”

Beyond Cancer Research

Since its beginnings in 1999, the American College of Radiology Imaging Network® (ACRIN®) has developed and validated imaging approaches to surveillance and early detection of cancer. It has worked to characterize and monitor responses to treatment of cancer and other diseases that have important public health impacts.

Network Chair Mitchell D. Schnall, M.D., Ph.D., noted that ACRIN has developed a cardiovascular committee and neuroscience committee that will help move the organization beyond cancer research and into other health care areas. Schnall also pointed out that ACRIN faces many challenges, which include developing new molecular imaging tracers and personalized screening for breast cancer, exploring optimized imaging of Alzheimer’s disease, and formalizing screening for colon cancer with CT colonography.

Tomorrow’s Patient Care

Sharing good news, Mitchell Machtay, M.D., Radiation Therapy Oncology Group® (RTOG®) deputy chair, informed attendees that RTOG, a national clinical trials group, recently received another five years of funding from the National Cancer Institute following a competitive renewal process.

In describing some of the organization’s international initiatives, Machtay revealed that RTOG is mentoring and recruiting institutions throughout the world. Its work has been outstanding in Israel and Korea, he said, and it now seeks membership from every continent. “This will help us to complete studies more quickly and allow us to do studies on diseases that are less common in the United States,” Machtay noted.
In his keynote speech, to AMCLC attendees on Day Three, Donald H. Romano, former division director for the Centers for Medicare & Medicaid Services (CMS), cited a McKinsey Institute report stating that today’s skyrocketing health care expenditures are not due to a sicker U.S. population or the expensive malpractice system. Rather, it is because the U.S. health care system is intrinsically more expensive.

Romano used the McKinsey report to back up his claim that the United States has approximately 54 percent more CT scanners and 40 percent more MRI machines (per million people) than other developed countries. He noted that the excess capacity results in an additional cost of $40 billion to the U.S. health care system.

Noting that biomarkers will be critical, Zerhouni asked the audience, “What better biomarker than imaging?” He added, “Biomarkers are key for predicting and seeing patients earlier. Imaging as the ultimate biomarker is the direction we need to move in.”

**States: Establish Relationships, Find Lobbyists**

Alan D. Kaye, M.D., FACR, hosted the open microphone session on ACR state government relations examining the importance of having an effective presence in state capitol.

Chapters were encouraged to invest resources in a lobbyist who specializes in health care to represent their cause. One audience member indicated that a lobbyist facilitates a focus on radiology issues, as opposed to medical issues, which is important because there are often conflicts between medical and radiology issues.

All participants stressed the importance of developing relationships with politicians early in their careers. Establishing a continuity of relationships while politicians remain in the state legislature ensures a consistency of dialogue, develops a measure of trust, and establishes confidence for the future.

It was also noted that radiologists must also use the multipronged approach of building relationships with politicians, health care lobbyists, state medical associations, and regulatory bodies.

**Predicting the Future and Dealing With the Present**

*Annual meeting attendees receive practical advice for practicing in the specialty’s new era.*

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The continued move toward requiring accreditation in order to ensure quality and the use of evidence-based guidelines for ordering imaging services might assuage the situation, Romano indicated. With such guidelines, “some profit-influenced self-referral will diminish because physicians will have to look the guidelines square in the face and decide to order the services anyway,” he noted.

**Rising Demand and Cost**

During his overview of the ACR Commission on Economics, Bibb Allen Jr., M.D., FACR, said that increased Medicare spending, higher insurance payments, and changes to the private payer fee schedule are due to the increasing demand for imaging over the
last 10 years. “It’s no wonder other specialties advocate for a conversion factor that doesn’t penalize them when their share of the pie is decreasing,” Allen said.

Some members of the commission met with CMS during the AMCLC, and an update will follow in July. Meanwhile, the ACR Future Trends Committee plans to look at how payment systems affect radiologists, and the 2009 ACR Forum in June will be on physician payment models and future implications for radiology.

Self-Referral: Topic of Great Interest

Discussion at an open microphone session, hosted by Alan D. Kaye, M.D., FACR, centered on the various positions on self-referral. As the volume of imaging services has escalated, the associated high costs have captured the attention of CMS, private payers, and other government officials. The bottom line is that nonradiologist self-referral for imaging procedures is a major driver behind the increased volume and costs.

Face the Music — Coding and Compliance

Richard Duszak Jr., M.D., FACR, and Allen hosted the interactive session on coding and compliance, offering some practical advice. Select the name of the procedure or service that accurately identifies the service performed, they advised. Don’t select a Current Procedural Terminology® (CPT®) code that merely approximates the service provided, they added, indicating that if no such procedure or service exists, you should report the service using the appropriate unlisted procedure or service code. CPT coding is the national standard code set for billing of procedures and services to Medicare and other third-party payers.

RUC and Valuation

Geraldine B. McGinty, M.D., M.B.A., and James V. Rawson, M.D., shared the podium to discuss valuation of imaging procedures. Explaining the process, they said the AMA CPT Editorial Panel reviews applications for new codes and code changes and sends new Category I codes to the Relative Value Update Committee (RUC) for valuation.

The RUC uses the Medicare Resource-Based Relative Value Scale (RBRVS) to assign relative values to codes and makes recommendations to CMS. Existing codes, other specialties’ interests, and data from radiology literature are among the factors most likely to impact valuation at the RUC.

Congress, CMS, cognitive specialties, and MedPAC are all critical of the RUC process and radiology. “It’s a feeling of the fox is guarding the chicken coop,” McGinty said.

Coverage Issues for New Technology

Robert K. Zeman, M.D., FACR, and Christopher G. Ullrich, M.D., FACR, moderated the AMCLC session on CMS coverage issues for new technology. They advised, “The ACR is representing your interests in advancing reimbursement for new technologies.”

When code requests are submitted to the AMA’s CPT Editorial Panel, a Category I or III CPT code is created based on the information provided. If Category I requirements are not met, a Category III code may be established. Category III codes are often perceived as experimental, they reported.

In the private sector, the creation of a CPT code is all that needs to occur for reimbursement, and both Category I or Category III codes could be potentially paid. According to Zeman and Ullrich, private-payer coverage often mirrors Medicare coverage.

The ACR worked with the American College of Cardiology (ACC) to create a model coverage policy that could be presented in the private sector to make decisions about coronary CTA coverage. In October 2006, the ACC met with the Blue Cross Blue Shield medical director group and presented the joint policy. To date, most private payers provide at least some coverage of coronary CTA as a result of these meetings.

Radiologist as Value Innovator

At the Tuesday luncheon, Paul J. Chang, M.D., FSIIM, presented a lively talk titled, “Re-engineering Radiology in an Electronic and Flattened World: Radiologist as Value Innovator.” Chang is professor and vice chair at Radiology Informatics, and Medical Director of Pathology Informatics, University of Chicago School of Medicine.

“Unless we are willing and able to dramatically change the way we practice, we will fail to successfully leverage and exploit the...
benefits of optimized workflow integration,” Chang stated. “The danger is complacency,” he continued. “Software is the easy part; the hard part is changing ourselves, the way we practice.

“Modern health consumers want real-time delivery of service and product, but your technology fails you,” he explained. “They say, ‘You don’t have PET-CT? You don’t have same-day service and results? Then I’ll go somewhere else.’”

To maximize value and quality, Chang suggests optimizing electronic workflow integration and maximizing information throughput. For example, he advised: use technology to improve efficiency in the scanning area, revisit your PACs workstations, and provide patients same-day service. “Vendors don’t do it unless you ask for it,” he said.

He also suggested radiologists try inserting hyperlinks to explanatory material into reports so clinicians can understand their recommendations. Chang asserted that if radiologists provide value that cannot be commoditized, consumers will say, “These guys really add service; they are the doctor’s doctor.”

**Surprise Honor Bestowed**

Allen presented the William T. Thorwarth Jr., M.D., Award to John A. Patti, M.D., FACR, who was both surprised and honored. Allen explained that Patti “is a leader and a mentor who challenges our professional ability. He always does his homework and is very precise, prepared, and articulate. He gives careful thought to how issues will affect radiologists and how they will affect the profession in the long term. He knows how to foster teamwork among volunteers. And he looks at challenges in a whole new way.”

**ACR 2009–2010 Election Results**

President
Carol M. Rumack, M.D., FACR

Vice President
R. Terrell Frey, M.D., FCR

Council Speaker
Alan D. Kaye, M.D., FACR

Council Vice Speaker
Howard B. Fleishon, M.D., FACR

Board of Chancellors
James H. Thrall, M.D., FACR, Chair
John A. Patti, M.D., FCR, Vice Chair
Paul H. Ellenbogen, M.D., FCR, Secretary Treasurer
Bibb Allen Jr., M.D., FCR (first term)
Cassandra S. Fens, M.D., FCR (second term)
Donald P. Frush, M.D., FCR (second term)
James M. Hevezi, Ph.D., FCR (second term)
David C. Kushner, M.D., FCR (first term)

Council Steering Committee
Kimberly E. Applegate, M.D., M.S., FACR
Philip S. Cook, M.D., FCR
Jay A. Harolds, M.D., FACR
Richard N. Taxin, M.D., FCR

College Nominating Committee
Laurie L. Fajardo, M.D., M.B.A., FACR
Susan D. John, M.D., FACR
Seth A. Rosenthal, M.D., FACR

Members-in-Training
Marion Brody, M.D.
Stephanie K. Burns, M.D.
Both RADPAC® and Capitol Hill Day participants have much to celebrate after AMCLC 2009. Successes included record-breaking fund-raising numbers and a tremendous amount of participation from residents.

In fact, 438 ACRA™ members — including 118 residents — contributed more than $127,000 to RADPAC during the AMCLC. And this year, 32 states reached 100 percent RADPAC participation with help from their state councilors; last year, only 21 states met this participation goal.

Residents strongly supported RADPAC during the conference, with more than 65 percent who attended the meeting contributing to RADPAC. In addition, 13 states achieved 100 percent participation from their residents.

The sixth annual RADPAC gala was a great success as well. Congressman Xavier Becerra of California’s 31st District, member of the Ways and Means Health Subcommittee and vice chair of the Democratic Caucus, received the Congressional Award for Radiological Excellence. Becerra provided gala attendees with a congressional perspective on the immediate and long-term future of health care reform. The evening concluded with entertainment provided by the nationally renowned comedy satire group, The Capitol Steps.

On the last day of the AMCLC, more than 415 radiologists visited nearly 300 congressional offices on Capitol Hill. Of the 415 radiologists, 145 were first-time Capitol Hill attendees.

Hill attendees focused their messaging on three points: Medicare reimbursement reform for physician services; stopping any proposed imaging cuts; and supporting electronic ordering with decision support as an alternative to radiology benefit managers to ensure appropriate quality imaging.

Ted Burnes is the director of RADPAC. He can be reached at tburnes@acr.org.