Inaugural ACR Resident and Fellow Journal Club—Thursday, July 19th at 8:00pm EST—The Resident and Fellow Section is proud to announce a new program, the ACR Resident and Fellow Journal Club. This activity from the RFS represents an opportunity for trainees to interact directly with ACR leaders and gain their unique perspective on their areas of expertise.

First Journal Club Event – Thursday, July 19th at 8:00pm (EST)

The first event will be hosted by Dr. Geraldine McGinty, chair of the ACR Commission on Economics and will revolve around the discussion of two articles, highly relevant to the economic aspects of the practice of radiology.

To RSVP for the conference call you’ll need to sign up and provide your name and e-mail address. Sign-up here.

The two articles to review are—


2. Radiology as an example of Moore’s law in healthcare – getting to sustainability. Falk W.

Click here for more information about Dr. McGinty and the Commission on Economics.

You can also follow Dr. McGinty (@gmcginty) on Twitter for her continuous insights into radiology.

Highlights from the American Medical Association 2012 Annual Meeting—The AMA Resident and Fellows Section (RFS) meeting convened from June 14th to June 16th immediately prior to the 2012 Annual AMA House of Delegates meeting in Chicago, IL. Residents and fellows from across the country met to discuss important policies impacting patient care, health care delivery and graduate medical education.

The AMA RFS developed a new position statement “that physicians have an ethical duty to be responsible stewards of health system resources” while still maintaining the patient’s best interests. The RFS also asked the AMA to “align the education experience of allopathic and osteopathic residents and fellows” when revising training program accreditation standards. The Radiation Oncology section highlighted the importance of discussing fertility preservation therapies prior to instituting any therapy which may result in infertility.

The AMA HOD discussed a diverse range of topics which are detailed on the annual meeting website.

The USPSTF and Mammography were prominently featured in discussion both during the reference committees and on the house floor. The AMA established a policy that “beginning at the age of 40 years, all women should be eligible for screening mammography” rather than starting screening at age 50 as recommended by the USPSTF, and that insurance should
cover such screening. This policy was widely publicized by national media outlets and applauded by the ACR.

The AMA also expressed concern about “the effect recent recommendations by the USPSTF on screening mammography and PSA screening” may have on limiting preventative care for Americans. The AMA will also “actively support legislation to repeal the 25% MPPR recently implement by CMS” as well as work to prevent further multiple procedure payment reductions.

Source: AMA, ACR

Evaluating the effect of ACGME resident-work hour reforms—The AMA RFS delegates also voted to further study the results of a recently published study on resident perceptions of the “new” duty hours and urged the “ACGME only introduce new duty-hour rules if they are evidence based” in the future. The study was published in the June edition of The New England Journal of Medicine and included responses from more than 6200 residents.

The overall results of the survey were mixed. While “42.8% of residents reported no change in the quality of education, a nearly equal proportion (40.9%) reported worsened education—a far greater number than those who saw improvement (16.3%).” 65.5% also felt “that junior-level responsibilities have been shifted to senior residents” and ‘51.5% believed that preparation for more senior roles was worse.”

Citing that “almost half of residents (48.4%) disapprove of the regulations,” the authors conclude that “the intended and actual effects of the 2011 ACGME duty-hours requirements may not be aligned” and that further study is needed.

“Hello Mr. Smith? The radiologist would like to discuss your test results.”—Recently, many clinicians have questioned if radiologists should take a more active role in explaining the results of imaging examinations to patients instead of reporting only to ordering clinicians. An article published in Academic Radiology surveyed 237 patients and found that approximately 75% of patients preferred “the practice model already established” regardless of test results. However “the same percentage of patients preferred to hear the results of their exams from the experts interpreting the exams” and the authors note that this may related to “persistent confusion” about the role of radiologists. 64% of patients reported “wanting to meet the radiologist(s) interpreting their exams” while “40% believed that a radiologist is a technician or a nurse.”

JAMA estimates the increased use of CT and MR over the past 15 years—Researchers studied 30.9 million imaging examinations at 6 large integrated health systems and found a “large increase in the rate of advanced diagnostic imaging and associated radiation exposure” over the 15-year study period from 1996-2010. Annual growth for various modalities included: 7.8% for CT, 10% for MR and 3.9% for ultrasound. Overall nuclear medicine saw a 3% annual decline despite a 57% annual increase in PET imaging. The researchers found that “by 2010, 6.8% of enrollees who underwent imaging received high annual radiation exposure (>20-50 mSv) and 3.9% received very high annual exposure (>50 mSv).”
However, the study also showed that imaging use increased in settings where there was no financial incentive to do so -- suggesting that imaging utilization may have increased in an effort to improve patient care. Additionally, imaging is the slowest growing of all physician services among privately insured Americans according to the Health Care Cost Institute.

**Estimating pediatric CT dose and new reduction strategies**—Many news outlets covered a recent *Lancet* article which reported that children exposed to “cumulative doses of about 50 mGy might almost triple the risk of leukemia and doses of about 60 mGy might triple the risk of brain cancer” causing an estimated 1 excess case of each per 10,000 head CT scans. In response, the ACR highlighted the immediate treatment benefit of CT scans performed on children, which are typically performed for trauma of other life-threatening conditions and emphasized that scans of this type are not used as a screening tool for the pediatric population. Separately, researchers writing in the *JACR* reported “greater compliance with pediatric protocols and significantly reduced patient dose” when using a dedicated pediatric CT department staffed by appropriately trained technologists.

**JACR Highlights: June 2012**—Drs. Michael Loftus and Pina Sanelli provide an excellent resident perspective on the new ABR Practice Quality Improvement (PQI) requirements. They argue that “doing the right test, at the right time, for the right patient, in the safest manner possible is key to providing quality patient care” and will help radiologists further demonstrate the unique value of our profession in the increasingly competitive healthcare delivery market. Drs. Cindy Lee, Jonathan Lewin and Paul Nagy provide a concise review of the external and internal forces that have “transformed the quality movement in radiology in the past decade” with particular focus on public concerns of increased radiation exposure.

Drs. Aiham Korbage and Harprit Bedi surveyed residents to assess study habits and the use of mobile devices for electronic learning. They found “considerable use of online and electronic resources and mobile devices among the current generation of radiology residents” and suggest that programs “incorporate tablet devices” into resident education. For the entrepreneurial resident, Sara RaminPour and co-authors provide a step-by-step guide covering “how to develop, submit, and get an iPad application accepted.”

Dr. Duszak and co-authors provide a follow-up to the recent AMCLC RFS presentation in their article ‘Physician Documentation Deficiencies in Abdominal Ultrasound Reports: Frequency, Characteristics, and Financial Impact.’ They point out that “incomplete physician documentation in abdominal ultrasound reports is common (9.3%-20.2% of cases) and results in 2.5% to 5.5% in lost professional income” and they suggest structured reporting as a potential solution.

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