The Crossroads of Radiology

ACR 2015 Special Report

BUILDING LEADERSHIP SKILLS
THE POWER OF PRECISION MEDICINE
ADVOCACY IN ACTION
Be wide open to the possibilities
With our wide-angle tomosynthesis, breast cancer has no place to hide.

You need to choose the best 3D mammography system for your patients. One that supports a more reliable diagnosis and reduces the need for callbacks.

**Mammomat Inspiration with True Breast Tomosynthesis** is the wide-angle option that helps you be sure of diagnostic accuracy.

Why go wide? Because the width of the angle and the number of projections determine the quality of the resulting 3D image. Our wide-angle tomosynthesis acquires 25 images of the breast across a 50° angle, resulting in better depth resolution and tissue layer separation—and increased breast cancer detection rates.

Leave breast cancer no place to hide, with the partner that offers a suite of seamlessly delivered women’s health imaging and workflow solutions.

Another example of Siemens Sustainable Healthcare Technology.

Answers for life.
resulting 3D image. Our wide-angle tomosynthesis number of projections determine the quality of the diagnostic accuracy. Why go wide? Because the width of the angle and the is the wide-angle option that helps you be sure of Mammomat Inspiration with True Breast Tomosynthesis diagnosis and reduces the need for callbacks. You need to choose the best 3D mammography system for your patients. One that supports a more reliable With our wide-angle tomosynthesis, breast cancer has no place to hide. Be wide open to the possibilities www.usa.healthcare.siemens.com/mammography/be-sure

3 This option is Pending 510(k) clearance, and is not yet commercially available

1American College of Radiology Appropriateness Criteria 2014

has grown 28% since 20132, abdominal MRI exams are still challenging and results can vary due to patient motion and by Frost and Sullivan as the industry's most effective solution imaging easier with FREEZEit—the exclusive technology named breathing artifacts. At Siemens, we're helping make body MR challenges or difficulty laying still. Improve treatment with more

FREEZEit delivers robust, free-breathing abdominal exams by intelligently resisting motion artifacts. Patients who have difficulty holding their breath can now Breathe Easy and be

FREEZEit enables motion-free imaging in other areas of technology enables motion-free imaging in other areas of

in abdominal MRI.

MR scanning has not been established as safe for imaging fetuses and infants less than two years of age. The responsible physician must evaluate the benefits of the

MR examination compared to those of other imaging procedures.


ACR 2015 supports the American College of Radiology’s Core Purpose by covering topics relevant to the practice of radiology and by connecting the College with members, the wider specialty, and others. By empowering members to advance the practice, science, and professions of radiological care, the ACR Bulletin aims to support high-quality patient-centered health care.
MRI is "the best test for characterizing liver lesions" according to the ACR's appropriateness criteria\(^1\). While body MR imaging has grown 28% since 2013\(^2\), abdominal MRI exams are still challenging and results can vary due to patient motion and breathing artifacts. At Siemens, we're helping make body MR imaging easier with FREEZEit—the exclusive technology named by Frost and Sullivan as the industry's most effective solution in abdominal MRI.

FREEZEit delivers robust, free-breathing abdominal exams by intelligently resisting motion artifacts. Patients who have difficulty holding their breath can now Breathe Easy and be imaged with consistent, high-quality results. This same technology enables motion-free imaging in other areas of the body including the head and neck\(^3\).

Expand your service coverage in MRI and become a preferred provider for pediatric\(^4\), geriatric, and very ill patients who have been excluded from "the best test" because of breath-hold challenges or difficulty laying still. Improve treatment with more accurate results that come from clear, sharp, motion-free MR images. And enhance efficiency by obtaining the best image the first time—no need for rescans. It's time for consistently high-quality abdominal MRI for all patients. It's time to Breathe Easy.

Another example of Sustainable Healthcare Technology from Siemens.

\(^1\)American College of Radiology Appropriateness Criteria 2014  
\(^2\)IMV 2014 MR Market Outlook Report  
\(^3\)This option is Pending 510(k) clearance, and is not yet commercially available in the United States.  
\(^4\)MR scanning has not been established as safe for imaging fetuses and infants less than two years of age. The responsible physician must evaluate the benefits of the MR examination compared to those of other imaging procedures.

Answers for life.
ACR 2015 in Review

At this year’s annual meeting, the ACR Strategic Plan framed the meeting experience.

The ACR CORE VALUES OF LEADERSHIP, integrity, quality, and innovation were on display at ACR 2015™. This was a new kind of annual meeting for the ACR. In the past, our annual meeting has been limited to the business of the ACR Council, and so we were only able to engage our state chapter leaders in economics and advocacy efforts of the College. This year ACR 2015 brought over 2,000 attendees together to learn about the strategic issues facing our specialty and to develop the solutions that will allow us to thrive in the future. Attendees chose sessions from a variety of topic-specific pathways, focusing on a single theme or customizing their own pathway from among the various topic areas. Dr. Paul H. Ellenbogen highlighted the value of leadership in his Presidential Address. He imagined a world without the ACR and without radiology. General Colin L. Powell, USA (Ret.), continued the leadership theme in our keynote address, emphasizing integrity and collaboration as key requirements for successful leadership. The remaining days of the meeting were filled with over 100 presentations and discussions about innovative ways radiologists are demonstrating our quality and value to our referring physicians, our health care systems, and most importantly our patients.

The ACR Strategic Plan envisions a future in which radiology professionals are integral participants in the team-based delivery of high-quality, cost-effective health care and are valued contributors to population health management. At ACR 2015, participants heard our specialty’s leaders and experts outline ways practices can move toward these goals even before the widespread adoption of new payment systems. One goal of the ACR Strategic Plan is for existing and new practice and payment models to recognize the value delivered by radiology professionals. The plan also aims to prepare ACR members to adapt and thrive within these emerging models. In the ACR 2015 Advocacy, Economics, and Health Policy Pathway, attendees learned the nuts and bolts of existing and future payment models and how to optimize their practice revenue streams in the new health care paradigm. In the Economics Forum, CMS Chief Medical Officer Patrick H. Conway, MD, described CMS’s approach to new payment initiatives and provided useful insights on how radiologists can fit into them.

Another goal area of the ACR Strategic Plan focuses on demonstrating quality and prioritizing patient-centered radiological care. The objectives describe a partnership between the ACR and our members that supports radiology professionals in consistently employing best practices throughout the continuum of disease detection, diagnostic evaluation, and therapeutic care. The ACR 2015 program contained 26 hours of quality and safety programming and 40.5 hours of clinical education. Sessions informed attendees about current and future tools they can use in their practices to optimize quality and value. Faculty discussed our current pay-for-performance payment system and explored strategies through which radiologists can be instrumental in establishing meaningful metrics for use in the Merit-based Incentive Payment System mandated in recent SGR legislation. Clinical education sessions focused on non-traditional educational opportunities (such as those used in the ACR Education Center and AIPR®), management of incidental findings, and ways to implement new technologies in our practices.

In addition to clinical competencies, innovation is one of the core values of the College and our profession. A key goal of the ACR Strategic Plan is to facilitate future practice innovations through research and education for the benefit of patient care and population health. Presentations at ACR 2015 used lung cancer screening to demonstrate how radiologists are able to take a new innovation from research to practice to payment policy. The Informatics and Innovations Pathway also highlighted how we will be able to leverage information technologies to integrate quality and value metrics into our daily workflow. Additionally, social media is playing an increasingly greater role in our patients’ medical decision-making. Attendees learned how to create a professional and patient-appropriate social media presence to provide information for our patients and enhance their experiences in our departments.

Meanwhile, the ACR 2015 Leadership Pathway provided a distilled introduction to the core knowledge areas of the Radiology Leadership Institute®. At over 17 leadership sessions, attendees at ACR 2015 learned how to approach issues related to practice management, strategic planning, hospital contracting, patient experience, and much more.

Member engagement is another important goal area in the ACR Strategic Plan. The ACR 2015 meeting succeeded in engaging our members in the issues facing the specialty and highlighting how the College is striving to provide the tools that will empower our members’

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FROM THE CHAIR OF THE
Board of Chancellors

By Bibb Allen Jr., MD, FACP
CALENDAR

august
6–9 RLI Leadership Summit, Babson College, Wellesley, Mass.
14–16 Musculoskeletal MR of Commonly Imaged Joints, ACR Education Center, Reston, Va.
17–19 AIRP Categorical Course: Pediatric, AFI Silver Theatre and Cultural Center, Silver Spring, Md.

september
10–11 Breast MR with Guided Biopsy, ACR Education Center, Reston, Va.
14–16 ACR-Dartmouth PET/CT, ACR Education Center, Reston, Va.
17–19 Neuroradiology, ACR Education Center, Reston, Va.

october
7–11 Society of Computed Body Tomography and Magnetic Resonance 38th Annual Course, Westin Harbour Castle, Toronto
26–27 Society of Radiologists in Ultrasound Annual Meeting, Westin Michigan Avenue, Chicago

Trainee Workloads Increasing
A study in JACR found that radiology resident and fellow workloads have been on a steady rise. The authors of the study analyzed Medicare Part B/Physician Summary Master Files (which aggregate billing claims submitted by physicians) from 1998 to 2010. During that period, trainee workload rose by 26 percent, with the sharpest increases in higher-complexity reads like CT and MRI. While increased workload carries some negative consequences, the authors of the study also believe reading higher numbers of cases can mean increased educational opportunities for trainees. “In combination with electronic medical records and speech recognition software, contemporary radiology trainees are almost certainly reviewing current and comparison images, obtaining pertinent clinical data, and generating radiology reports more efficiently than was historically possible. Time previously spent ‘digging through the jacket’ to find old films can now be spent actually reviewing additional studies. Given such technological enablers, we believe that increased volumes may actually be more of an educational benefit than a hindrance,” wrote the authors. To read the study, visit bit.ly/TrainingIncrease.
Communication Breakdown

IT'S AN ONGOING DEBATE IN THE IMAGING COMMUNITY: Who should communicate what results and how detailed should these results be? Now patients are weighing in on the discussion. According to a study published in Radiology, a substantial gap exists between the information patients expect to receive and the items they are actually provided. Researchers from Memorial Sloan Kettering Cancer Center in New York City surveyed individuals who had recently undergone imaging to determine how well they understood the risks and benefits of their tests. The study also measured patients’ expectations of how that information should be communicated.

While most participants were aware of the benefits of screening exams, few understood the potential radiation risks associated with the procedures. Additionally, the surveyed patients expressed a desire to know the rationale behind their tests and receive a more thorough explanation of the results. Patients also indicated that they currently research their questions through internet searches. To read the study, visit bit.ly/PatComm. Check out a recent JACR study at bit.ly/JACRPatients.

[Technology] is not a silver bullet. Giving a patient a smartphone doesn’t automatically make them motivated. It’s not like a vaccine. It’s about how do they use it.


HII at Brain Injury Awareness Day

MEMBERS OF THE ACR’S HEAD INJURY INSTITUTE (HII) attended the annual Brain Injury Awareness Day in Washington, D.C., on March 18. The Congressional Brain Injury Task Force, co-chaired by Rep. Bill Pascrell Jr. and Rep. Tom Rooney, sponsored the event, which brings various health care stakeholders, including patients and physicians, to the nation’s capital to meet with legislators to discuss the impact of brain injury.

HII staff discussed the institute’s projects, goals, and other endeavors with members of Congress, booth visitors, and fellow exhibitors. Through this outreach, the HII and other advocates are working to help legislators understand the need for federally funded programs and research.

Find more information on Brain Injury Awareness Day and advocacy at biausa.org. Information on the HII’s projects is available at headinjuryinstitute.org.
Many clinicians struggle with operations management because they fail to appropriately distinguish between urgent tasks and important, non-urgent tasks — often letting the latter fall by the wayside in favor of the former.


Celebrating Excellence

Maintaining a successful state chapter is a more intense undertaking than most realize. State chapters provide educational opportunities, coordinate important local advocacy efforts, and dedicate themselves to making a positive impact in their communities and in the specialty. Each year, the College honors chapters that have gone above and beyond in one of five areas: membership, meetings and education, quality and safety, government relations, and overall excellence. Below are the winners. Divisions are based on chapter size. To view the complete listing with photographs, download the ACR Bulletin app in the App Store or Google Play.

Excellence in Government Relations
Division A - Mississippi
Division B - Iowa
Division C - South Carolina
Division D - New York

Excellence in Meetings & Education
Division A - Delaware
Division B - Arkansas
Division C - Colorado
Division D - Georgia

Excellence in Quality & Safety
Division A - New Hampshire
Division B - Utah
Division C - Alabama
Division D - Maryland

Overall Excellence
Division A - Hawaii
Division B - Oklahoma
Division C - Alabama
Division D - Florida

Excellence in Membership
Division A - Puerto Rico
Division B - Nebraska
Division C - District of Columbia
Division D - Texas

HAPPY 10TH BIRTHDAY, CASE IN POINT (CIP)!
T en years ago, College members accessed the very first case, “57-year-old female presents with orbital pressure” (visit bit.ly/CIPFirst to check it out). Since then, CiP has become one of the College’s most sought-after resources, allowing members to earn up to 65 CME and 65 SA-CME credits annually.

Celebrate with us by reviewing the host of new and unusual cases CiP provides — free to all members. For more information, visit bit.ly/ACRCaseinPoint.

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Coming Together

Prioritizing diversity isn’t just a good ethical principle — it’s good business sense.

what do companies like MasterCard, IBM, and Dell have in common? They’re all successful organizations that make it a point to promote diversity in their hiring practices. And it’s no coincidence that these organizations are thriving. Diversity has been linked with a host of tangible benefits to businesses, including increased sales revenue, greater market share, and higher profits.

With these kinds of gains, it seems obvious radiology practices and academic departments would want to foster diversity. Yet one of the most glaring examples of radiology’s homogeneity is the lack of women in the specialty. Despite the fact that 47 percent of medical students are women, only 27 percent of radiologists are female.

Sometime during their education, women are opting out of radiology. “There are enough women coming into the medical field, but we’re losing them somewhere along the way. Is it an issue of radiology not being able to attract diversity, or do women face an unwelcoming environment when they consider pursuing radiology? That’s something we need to figure out,” explains Carolyn C. Meltzer, MD, FACR, chair of the department of radiology and imaging sciences and associate dean for research at Emory University School of Medicine and a presenter at the ACR 2015 session "Entrepreneurial Women Leaders in Radiology."

M. Elizabeth Oates, MD, chair of the department of radiology at the University of Kentucky and former president of the American Association for Women Radiologists, acknowledges that some aspects of radiology may not appeal to women. She hypothesizes that women may not pursue radiology because of a perceived lack of patient communication and interaction.

Many female physicians also assert that cultural factors play a role in radiology’s diversity shortage. For instance, "When I was in medical school, a good student was referred to as a ‘stud.’ Even in the language we used, masculinity was pervasive. Being strong and having male characteristics was perceived as essential to being a good physician. And although the term was meant positively, things like this can make women physicians feel unwelcome,” says Meltzer. This male-oriented atmosphere may affect medicine as a whole, but it can be worse within specialties in which males are the majority. These specialties may need to make extra efforts to foster a more gender-neutral culture, according to Oates.

“I saw a presentation a few months ago where the presenter featured a picture of his residents. They all looked the same — about 20 male faces. I thought, ‘Why would a woman want to go into that program? She’d have to be comfortable knowing she didn’t have any colleagues like herself,” she says.

Radiology groups that are not inviting diversity into their practices may be selling themselves short. Research into some of the top innovative businesses shows that having a diverse set of voices — be it in terms of class, race, gender, or sexuality — fosters success. Cristian Deszö, PhD, of the University of Maryland, and David Ross, PhD, of Columbia University, analyzed the effect of gender diversity on the top firms in Standard & Poor’s Composite 1500 list. They found, on average, companies that valued innovation and had female participation in upper management saw an increase of at least $42 million in firm value over the span of 15 years.

Bottom line aside, it makes sense for your workforce to mirror your patient population. Patients feel more comfortable when the physicians they see resemble the makeup of their own community, Oates says. Studies have shown that female patients prefer female physicians and report higher satisfaction scores when they see female physicians.

Ultimately, says Oates, promoting diversity is all about awareness. “There are a lot of women who have the capabilities and potential to become real leaders in the field, but we have to find them and recognize those who have made contributions,” she says. “But unless you do this consciously, it won’t get done.”

By Meghan Edwards, copywriter for the ACR Bulletin

ENDNOTES

“What if the ACR didn’t exist?” asked Paul H. Ellenbogen, MD, FACR, outgoing ACR president, when he kicked off ACR’s first all-member meeting on May 17, 2015. Ellenbogen began his address by acknowledging the reality in which members currently practice. “Challenges to our profession both external and internal, and opportunities as well, have probably never been greater,” he said.

In response to this situation, the ACR launched a new strategic plan. Read more at bit.ly/ACRplan. “One point was made very clear,” said Ellenbogen. “The American College of Radiology can do anything, but the ACR cannot afford to do everything.” With that understanding, the task became pinpointing where the ACR provides the most value to its members. This was summed up in the ACR’s new Core Purpose: “To serve patients and society by empowering members to advance the practice, science and profession of radiological care.”

In contemplating the value radiology brings to patient care, Ellenbogen wondered how different our world would be without the specialty. “What if a streetcar had hit Wilhelm Conrad Roentgen on Nov. 7, 1895, the day before he made his discovery of what he called X-rays?” he said. “What if [Marie Curie] never discovered radium and polonium?” At each of these crossroads, the course of radiology could have diverged significantly. Ellenbogen added one last “what if” event to the list: “Dr. Albert Soiland founded the ACR in 1923. He died of a heart attack while visiting his homeland, Norway, in May 1946. What if his heart attack had come in 1922?” What would radiology be like without the ACR? Thankfully, Ellenbogen concluded, we don’t have to imagine those things. “If we were given a long enough lever and a place to stand, we could move the world,” Ellenbogen stated, quoting Archimedes. “Well, you and I have a place to stand,” said Ellenbogen. “It is the American College of Radiology.”
CEO Report: Building the Future of Radiology

William T. Thorwarth Jr., MD, FACR, ACR CEO, continued discussion of the ACR’s strategic plan. He outlined the next steps in operationalizing the plan and the process for evaluating each of the College’s more than 300 programs and projects based on the program’s attractiveness to members, consistency with the strategic plan, and uniqueness in the radiology community. “This is an ongoing process, and programs will be periodically reassessed,” said Thorwarth. “This was not simply a budget balancing exercise, but rather a systematic refocusing and optimization of all of the College resources.” The strategic plan is now in action and will continue to guide the ACR’s efforts going forward.

Thorwarth also highlighted recent ACR developments. First up was the recently enacted sustainable growth rate legislation. “After a long, sustained effort by organized medicine, there will be no more quarter-to-quarter or year-to-year games of chicken played by Congress with our patients’ access to care on the line,” said Thorwarth. In addition, Thorwarth highlighted CMS’ official announcement of coverage for lung cancer screening. Both of these efforts are indicative of the strategic plan’s direction for increased collaboration. These successes required the coordinated support of sister radiology societies, patient advocacy groups, and professional medical societies.

Overall, said Thorwarth, quality patient care underlies everything the ACR does. “The Imaging 3.0™ strategy, supported by the numerous case studies written by many of you describing your successful experiences, has gained increased recognition both within and outside the world of radiology,” he said. Read more at acr.org/imaging3. “We know that the patient must remain at the center of care.”

BOC Chair Report: The Value Proposition

Bibb Allen Jr., MD, FACR, began his BOC chair report by looking back to the beginning of patient care: 500 B.C., the year Hippocrates declared medicine a separate science. “Whether it’s ultrasound, computed tomography, or magnetic resonance imaging, the evidence tells us that radiologists matter,” he said.

And to support the profession, said Allen, “the job of your board and steering committee is to leverage the resources of the College to help us keep doing the things we do best.” Allen touched on lessons learned during the strategic planning process: “Many of you view the College as a career partner, and I think the [strategic planning] committee took that to heart. As expected, we heard the most important roles of the College are in advocacy, economics, and quality. But many of you indicated a need to focus on helping practices navigate health care reform.”

One way the ACR supports its members in this new world of medicine is by carving out an integral role for radiologists, Allen noted. “In the end radiologists are in the information business — for our referring physicians, our patients, and our health systems,” he said. To this end, the Imaging 3.0 initiative seeks to establish radiologists as valuable consultants in patient care.

“Whether it’s within radiology or within the house of medicine or with patient advocacy groups, building relationships is important for our specialty,” he concluded. “In order to foster a shared vision for all of medicine, we have to align incentives — and establishing solid external relationships is critical to that mission.”

Save the Date for ACR 2016

Join us May 15–19 in Washington, D.C., for next year’s annual meeting. The RFS meeting will be held May 14–15. Stay tuned for more information.
LEADERS FROM THROUGHOUT THE COLLEGE took the stage at ACR 2015 to update members on the current activities, accomplishments, challenges, and plans for the future. Whether it’s researching future imaging technologies, welcoming the ACR’s newest members, or supporting advocacy efforts in Congress, the College is made up of dedicated members working to advance the profession.

RFS Report: Building a Community
This year, the Resident and Fellow Section (RFS) set about integrating the College’s youngest members into the fabric of the organization. “We want to facilitate and empower residents, fellows, and young physicians to engage in the ACR,” said Andrew K. Moriarty, MD, RFS chair. RFS members have participated in various commissions, including the Commission on Economics, and have met as a journal club to discuss current issues in radiology.

Moriarty also provided a snapshot of the RFS by the numbers:
• 380 members registered for ACR 2015.
• 115 RFS posters were displayed at ACR 2015.
• 662 residents and fellows enrolled in the Radiology Leadership Institute®.
• The RFS Twitter audience is four times higher than it was one year ago.

In reporting on the activities of the RFS, Moriarty explored the difference between paying dues to a society and being engaged in an organization. “Don’t show me a membership card; introduce me to a community,” he said. “Don’t tell me about service; demonstrate the value of volunteering.”

YPS Report: Entering Practice
Jennifer E. Nathan, MD, ACR Young Physician Section (YPS) vice chair, began by outlining the unique position of the typical YPS member. “These members are focused on establishing and growing a career, starting or balancing a family, paying debt, networking, and maintaining certification,” said Nathan. This year, the section made significant progress in facilitating YPS involvement in the College and fostering radiology’s future leaders. The section established a YPS column in the JACR®, which kicked off with a two-part series on leadership for young radiologists. Find the series at bit.ly/JACR-YPS1 and bit.ly/JACR-YPS2. Nathan also highlighted the SoFi loan refinancing program, which saves the average physician $20,800 at refinancing. The YPS also hosted the section’s first Radtoberfest, a competitive fundraising event based on the March Madness challenge. A total of 186 YPS members contributed during the campaign, many of them first-time donors. The YPS report closed with goals for the future. The section plans to carve out an easier route for young physicians to get involved with committees. Young physicians also aim to strengthen their networks through involvement in state chapters, joint activities with College leadership, and advocacy efforts.

Research Update: Setting a New Course
Donald P. Rosen, MD, ACR chief research officer, started his update with an equation:

Research + Imaging Innovation = Clinical Practice

He traced the role research plays in bringing new innovations to patients. Innovation without research produces technologies
WHY BE A PART OF THE VALUE-BASED PQI PROJECT?

The session titled “Imaging Appropriateness in the Era of Imaging 3.0™” described radiology’s important role in ensuring imaging appropriateness and introduced the ACR’s new Value-Based Radiology PQI Project:

- Receive a step-by-step guide for carrying out a relevant PQI project that eliminates “how to” guesswork
- Get time-limited access to the stand-alone ACR Select™ product
- Learn how to effectively engage referring clinicians
- Share imaging utilization improvement reports with your referring clinicians and hospital administrators
- Benchmark your results with radiologists across the country

For more information on the Value-Based Radiology PQI Project, visit bit.ly/ACR-PQI.

SMOOTH SAILING

During the session “Working Synergistically to Succeed Now and in the Future,” radiology practice leaders discussed tactics for leading a practice through times of potentially radical change. Check out some of their tips for bringing the entire practice on board.

Be Receptive. Although you may be the CEO of your practice, you cannot get anything accomplished without the support of your team, noted Alicia Vasquez, former president of the RBMA. Your colleagues may have different needs and fears they need allayed before they can accept a large change like a merger.

Make Sure You’re Prepared. Jonathan Breslau, MD, FACR, noted it’s important to realize your members may oppose your opinion, rather than accepting it just because you are their leader. Instead of issuing an ultimatum, be willing to discuss the problem and its potential outcomes.

Be Open to New Things. One of the biggest challenges for Vasquez’s practice was helping staff feel comfortable with new members of the practice after a merger. The situation improved as leadership provided opportunities for the groups to get to know each other.

Break Down Those Silos. Alan D. Kaye, MD, FACR, was able to make his practice compliant with stage 1 of meaningful use in just under one month by involving project managers from the IT department, executive administrators, and staff members from the billing and accounting departments.
Recognition

Members of the College gather to welcome this year’s new fellows and bestow the specialty’s highest honors.

THE ACR CONVOCATION has always been a distinguished and — for some — emotional event. This year was no exception. More than 100 individuals dressed in black caps and gowns, donned colors representing their medical schools, and marched down the aisles to accept recognition of their fellowship. In addition to the fellows, the celebration honored the 2015 ACR Distinguished Achievement Award recipient, Honorary Fellows, and ACR Gold Medalist.

Gold Medalist Carl R. Bogardus Jr., MD, FACR, noted that medicine, not just radiology, will experience serious change in the next five years as fee-for-service gives way to a new system. “The point I want everyone to take home today is that you are going to have to design that new system,” he said.

Top: Receiving the ACR’s first Distinguished Achievement Award “is the highlight of my career,” explained an emotional Donald F. Lavanty, JD, who has spent 42 years advocating for the ACR as its principal legislative consultant. “When you have the foresight and dedication of the American College of Radiology and its policy, how can anyone lose in Washington?” Middle: Honorary Fellow Luis Donoso-Bach, MD, PhD, from Barcelona, Spain, noted that other countries often look to the ACR as a guide for how to protect and promote the specialty.

ACR staff member Shaniece Rigans helps Najeeb Mohideen, MD, FACR, get ready for Convocation. Cherie M. Kuzmiak, DO, FACR, takes a selfie in the robing room.

Deborah Levine, MD, FACR, outgoing vice president of the College, carries the ACR ceremonial mace.
Honorary Fellow Valentin Sinitsyn, MD, PhD, from Moscow, Russia, stated that such standards as the BI-RADS® Atlas have provided guidance for the highest professional standards and ethics in radiology in his country.

New fellows rise during the Convocation ceremony.

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New fellows rise during the Convocation ceremony.

Diane M. Icenogle-Leuschen, MD, FACP, receives her ACR Fellowship.

Richard A. Barth, MD, FACP, is congratulated by Paul H. Ellenbogen, MD, FACP.
Taking Charge

In the keynote address, General Colin L. Powell shared lessons learned from a career in leadership.

"Empowerment is the glue that holds the organization together and the lubricant that moves it forward."

— General Colin L. Powell, USA (Ret.)

Besides helping us navigate times of difficulty, optimism is one of the keys to true leadership, Powell noted. Leaders must bestow a sense of optimism on those who follow them. "I cannot predict tomorrow, but I can prepare myself and my followers," he said.

Exemplifying that optimism, Powell said that despite the recent riots that had plagued Baltimore as well as other parts of the county, attendees should "look at how far we've come" in securing rights and opportunities for underrepresented minorities. We continue working for more rights and opportunities for all people in the world, he said, adding that one such opportunity is within medicine. We need universal health care for every U.S. citizen, he said.

In addition to optimism, another key leadership quality is trusting subordinates. This quality Powell learned from Reagan. When faced with a difficult decision, Powell walked into Reagan's Oval Office and asked him for help. After listening patiently, Reagan turned and commented on the antics of a squirrel just outside the office window. At first, Powell was confused, but then he realized that Reagan was trusting Powell to make the decision himself. "That's why he appointed me," Powell noted.

Just as leaders must trust their subordinates, they must also earn the confidence of those they follow. "Make sure your troops have a sense of purpose," he said. "You're not there to get caught up in the minutiae — you're there to catch the risks and find opportunities." The key, he said, is empowerment. "Empowerment is the glue that holds the organization together and the lubricant that moves it forward," said Powell.

How can leaders empower followers? Give your workers the best technology, explained Powell. Also, praise them when they do well, and offer feedback when they do not, he suggested. By giving your followers the means to do their jobs, you are granting them opportunities to excel.

Powell concluded with a discussion on empathy. Show kindness, he said, to both colleagues and patients. By being empathetic toward others, you allow them to pay it forward and care about the people they encounter. "The people you work with are human beings," said Powell. "Remember you are two people dealing with life."
Imaging in the Era of Precision Medicine

James H. Thrall, MD, FACR, showed attendees the future of imaging.

On Tuesday morning, James H. Thrall, MD, FACR, chair emeritus at Massachusetts General Hospital and Juan M. Tavera Distinguished Professor of Radiology at Harvard Medical School, delivered the highly anticipated Moreton Lecture: “Imaging in the Era of Precision Medicine.”

‘Today, medicine is evidence-based: physicians aim to optimize the decision-making process by emphasizing the use of well-designed and conducted research. But medicine is on the edge of change, noted Thrall. Currently, the process of developing therapies and treatments based on randomized trials is time consuming and limited in its ability to assess the course of treatment. These trials can only measure morbidity and mortality. They cannot determine the efficacy of a treatment during its course.

Therefore, physicians are looking to take medicine to the next level: instead of treating patients based on the evidence from a clinical trial focused on a large population of individuals, they are turning to precision medicine. This new area of medicine tailors medical treatment to the individual characteristics of each patient. So patients would be classified into subpopulations using various biomarkers to identify the appropriate therapy for their disease. Read more about biomarkers at bit.ly/NIHbiomarkers.

Thrall challenged the audience to recognize that radiology is integral to the practice of precision-based medicine and urged radiologists to take up a leadership role in this exciting opportunity to improve care. One of the main ways to classify patients into subpopulations is through phenotyping, which radiologists have been involved with since “the dawn of radiology.” For example, radiologists have identified the spot sign score on CT scans as a reliable biomarker for hematoma expansion in cerebral hemorrhage patients. By using this score to determine which patients are susceptible to further bleeding, physicians can determine which patients are best to include in clinical drug trials for this condition. “There is no other method in medicine to provide this kind of information,” said Thrall. “Neither the pathologist nor the geneticist can make these predictions. Radiologists make these predictions through imaging.”

Radiology can also make contributions by examining the genotype expressive (the genes that actually manifest physiologically). Imaging’s role in classifying the genotype is not necessarily to make genetic diagnoses but to provide surveillance and information on the location, extent, and severity of the disease. For example, he cited the heightened awareness around the BRCA1 gene after Angelina Jolie wrote an op-ed about her experience as a patient with this mutation, which is associated with an 87 percent risk of breast cancer and 50 percent risk of ovarian cancer. However, what did not come out in the op-ed or in other articles written about Jolie and her decision to undergo a preemptive double mastectomy was that there are actually hundreds of mutations of the BRCA gene, all with different outcomes when expressed. So how can people get information about their genes and make decisions based on the future implications? By using imaging as surveillance. “Physicians will be able to make even greater strides in the study of cancer by identifying patients with certain mutations in their genes and monitoring how genes are expressed through time,” said Thrall.

Although radiologists are poised to take advantage of these methods, they have to grab the chance while they have it and move ahead quickly, Thrall noted. The head of his cancer center commented that radiologists were still talking about diseases in terms like “melanoma” and “breast cancer,” when the rest of the cancer world was talking in such terms as “BRAF” and “BRCA.” “One of the challenges we have in radiology is that we’re our own little island…. We need to talk about imaging biomarkers, and we need to learn the language of pathologists,” he said. “The question is, how will radiology play the game?”
On a hot Wednesday in May, more than 630 radiologists from across the country visited the offices of more than 290 members of Congress. Our objectives for the day were three-fold: to continue a long-standing goal of the College to help our representatives in Congress understand the role of radiologists as members of the healthcare team; to thank many of our representatives for their work on our behalf, including on the recent repeal of the sustainable growth rate legislation (finally!) and coverage of CT lung screening; and to encourage our representatives to bring more transparency to the United States Preventive Services Task Force (USPSTF) and repeal the multiple procedure payment reduction (MPPR). As I look back on my experience from that day, I realize just how meaningful it was.

In preparing for the Capitol Hill visit, I remember thinking to myself, “What influence can a radiology resident, a first-year resident at that, have on anything that happens in national politics?” Especially in the age of endless campaign cycles and the domination of super PACs, it can be hard to feel anything but disillusioned. During my Capitol Hill experience, I learned this is far from reality. Instead, I realized that the old adage is true: all politics is local.

As a resident, it was initially difficult to come up with relatable, compelling descriptions for both of the issues we were on Capitol Hill to talk about (MPPR reform and USPSTF transparency). Like most residents and, to some extent, many practicing radiologists, I feel pretty far removed from the medical billing and reimbursement process from day-to-day. As a result, I initially found it difficult to describe how these issues affect our department and our profession as a whole. Then I remembered patient stories from a breast imager in our department.

We detect breast cancer in patients who are 40–49 years old and, as a result, our patients may avoid disfiguring surgery and, in some cases, even almost certain death. We also interact with patients who face a choice between getting a screening mammogram and having enough money to support their families. It is these kinds of personal stories that our representatives can relate to and build consensus behind.

Relatable stories around the MPPR are harder to come by. Luckily, a co-resident had the perfect explanation, comparing the issue to a simple real-world analogy. When you hire a painter to paint two rooms in your house and agree on a set price for each room, it would be preposterous and unfair to pay 25 percent less for the second room. Explaining MPPR in these more tangible terms was instrumental in helping our representatives understand the real issue at stake.

Before my hill visit, I often wondered what I could do to make a difference. On Hill Day, I found my answer. Advocacy is our portal to influencing the political process. We all know that many interests — including insurance companies, lawyers, and other medical specialties — have lobbyists working every day in Washington, D.C. It is up to you to make your voice heard. If you don’t, it is the interests of these groups that will become law. So write to your representative and explain the amount of training and expertise that goes into what we do every day to provide the best possible care for our patients. Go to your state capitol. Make sure to attend next year’s Capitol Hill Day and address your congressperson face-to-face in Washington, D.C., and demand changes. Make your voice heard so that we can provide the best possible care for our patients and chart a viable future for our specialty.

By Naiim Ali, MD, radiology resident at University of Vermont Medical Center and ACR-RFS advocacy liaison/AMA delegate

ACR 2015 in 140 Characters
What were attendees tweeting about this year?

The ACR’s first all-member annual meeting was buzzing with social media activity. Presenters tweeted from the stage, attendees participated in live tweet chats and submitted questions, and members who couldn’t attend used Twitter and Facebook to track the latest news and discussions from afar. The Bulletin rounded up our favorite tweets from the meeting, highlighting memorable parts of this year’s program.

Top tweeters at #ACR2015
The following members sent out the most tweets during the meeting.
Tirath Y. Patel, MD
(@tirathpatelmd)
Geraldine B. McGinty, MD, MBA, FACR
(@DrGMcGinty)
Richard Duszak Jr., MD, FACR
(@richduszak)

Steps to digital nirvana:
1. paper
2. less paper
3. paper-less
#ACR2015 #imaging #hitsm @Nkpiano

Low-tech solutions to decision support: make yourself available to ordering colleagues as a consultant #Abramson #ACR2015

Every resident wonders: Will I pass the boards? Will I get a job? “The answer to both questions is yes.” -- Paul Ellenbogen, #ACR2015

“Can’t rule out” drives me crazy. Anyone else frustrated? #ACR2015

The value of the radiologist is in determining the risk/benefit ratio of any imaging study or finding #ACR2015
**Better. Smarter. Healthier.**

This year’s Economics Forum helped radiologists move from theory to practice.

From Integration-Based Reimbursements to applications of Imaging 3.0, the two-part 2015 Economics Forum showed a challenging but bright future for radiology. Moderated by Geraldine B. McGinty, MD, MBA, FACR, chair of the ACR Commission on Economics, the presentations reported on the past year’s legislative successes, offered successful case-based examples of Imaging 3.0 in action, and forecasted the future’s optimistic prospects.

**Evolving Payment Models**

Patrick H. Conway, MD, CMS chief medical officer and deputy administrator for innovation and quality, kicked off part one of the Economics Forum by proclaiming his organization’s driving principle: better care, smarter spending, and healthier people. “Improving the way providers are incentivized, the way care is delivered, and the way information is distributed,” explained Conway, “will help provide better care at lower cost across the health care system.”

But what will radiology’s place be in this new world of value-based payment structures? HHS’s recent announcement about its future goals offered a hint. As Conway noted, HHS has laid out two main goals for the transition to value-based payments: first, 30 percent of Medicare payments will be tied to quality or value through alternative payment models by the end of 2016, and 50 percent by the end of 2018. And second, 85 percent of all Medicare fee-for-service payments will be tied to quality or value by the end of 2016, and 90 percent by the end of 2018.

Ezequiel Silva III, MD, FACR, member of the ACR Council Steering Committee and chair of the College’s Committee on Reimbursement, underscored the urgency and opportunity presented by CMS’ ambitious goals. Silva, who is ACR’s advisor to the Relative Value Scale Update Committee (RUC) — the body responsible for valuing physician work for new and revised CPT® codes — emphasized the need for the RUC to evolve to keep pace with emerging alternative payment models. At the RUC meeting in January, Silva noted, the committee’s work advising CMS rested on the same methodology used for the past 20 years. Silva also highlighted the need for radiology to align itself with HHS’s recent mandates.

**Imaging 3.0 Principles in Practice**

Part two of the Economics Forum focused on real-world examples and applications of Imaging 3.0 principles. Such applications were undertaken by ACR members throughout the country and by College committees under the auspices of the Economics Commission. “We are putting Imaging 3.0 into a more actionable context,” explained Mark O. Bernardy, MD, FACR, chair of the ACR’s Managed Care Committee. He highlighted the Most Valuable (Radiology) Practice framework (available at bit.ly/ValuablePractice). He noted that the infographic is to be a guide for radiologists on how to implement Imaging 3.0.

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**Final Read**

Evelyn Y. Anthony, MD, Assistant Professor of Radiology and Pediatrics, Brenner Children’s Hospital at Wake Forest University School of Medicine, Winston-Salem, N.C.

**Q:** How do you make interacting with patients a priority?

**AS A PEDIATRIC RADIOLOGIST,** I probably have more opportunities to connect with patients than many radiologists. One of my most memorable experiences was about two years ago. A grateful father of a very ill NICU patient asked me to lead a prayer of thanksgiving with everyone in the fluoroscopy room after a negative VCUG. I had taken a couple moments to explain my findings during the exam. I knew the family needed to have good news — in this case, a negative study. The father then spontaneously asked for a prayer, and I agreed.

Most of my days are not like that one, but I do actively seek opportunities to complete the patient story beyond the imaging exam. We work closely with our technologists, who alert us to families who may need to meet with the radiologist. Even in short conversations with families, I am surprised that I may be the first physician to explain an exam and the larger implications of the results. I am sometimes the first to listen to their real fears and concerns about their child’s health. In other words, a patient is more than an imaging exam, and the more I tap into that truth, the better the experience for the patient and the better clinician I am. It keeps me human.

With the growing volume of imaging studies and the need to be efficient throughout a workday, radiologists can easily retreat to the reading room, away from patients and referring clinicians. By taking a few opportunities each day to walk through the waiting room, to talk with a family, to provide a preliminary result, or to join in multidisciplinary conferences, we move from being the invisible doctor to a valued member of the patient care team. In an Imaging 3.0™ world, the consultant role will matter as much as the study interpretation. Remembering that there is a larger story with every film will only make us better at what we do. 🙌
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ILLINOIS — Downers Grove — Radiologists of DuPage, S.C., a private practice group of 11 radiologists, is seeking to hire a full-time, partnership-track radiologist. A fellowship-trained musculoskeletal radiologist or neuroradiologist or graduating fellow is preferred. We provide imaging and interventional services at Advocate Good Samaritan Hospital in Downers Grove, Ill. Contact: Aheed Siddiqi by email at aheed.siddiqi@hotmail.com

INDIANA — Terre Haute — Seeking a general diagnostic radiologist with competencies in light interventional radiology procedures and mammography. Contact: Candidates should submit a letter of interest and a CV to Margaret Conley, human resources director, Foundation Radiology Group, P.C., at careers@foundationradiologygroup.com

INDIANA — Vincennes — Foundation Radiology Group is currently seeking a fellowship-trained interventional radiologist for a full-time position in Vincennes, Ind. Contact: By fax at (812) 281-6120 or by email at careers@foundationradiologygroup.com

MONTANA — Kalispell — Northwest Montana practice seeks a radiologist who is breast imaging fellowship-trained with a secondary subspecialty as well (body, msk, chest, etc.). Must be comfortable in all modalities and basic interventional radiology. Call required. Practice is located near Kalispell/Whitefish/Glacier National Parks and two ski resorts. Contact: Ty Weber, chief administrative officer, at (406) 751-7519 or email at twieber@hcwnmt.com

NORTH CAROLINA — Asheville — Asheville Radiology Associates is seeking a board-certified/eligible radiologist for a full-time, partnership-track position. The schedule consists primarily of nights, every third week. Candidates must be comfortable with basic fluoroscopy, lumbar punctures, and paracentesis. ER/trauma-related fellowship training/experience is preferred. Contact: Wendy Frisbee by phone at (828) 490-7229 or by email at wendy.frisbee@ashevilleradiology.com

OHIO — Willoughby — Practice in Ohio seeks a board-certified radiologist with ability to do basic body, interventional, and general radiology and who has been fellowship-trained in interventional radiology. Shift and call rotation equal. Our benefits and compensation market are competitive. The practice is located in an upscale suburb near Cleveland, Ohio. Contact: Dr. Dawn Donich by phone at (440) 479-4151 or by email at dawndonich@hotmail.com

PENNSYLVANIA — Greensburg — Hospital-based radiology group east of Pittsburgh seeks a board-certified radiologist. Fellowship in neuroradiology, body imaging, or women's imaging preferred. Generous salary, benefit, and partnership track. Contact: Please forward CVs to David Buck, MD, FACP, by email at rcli@lumos.net

PENNSYLVANIA — Pittsburgh — Abdominal imaging radiologist wanted for teleradiology night shifts in Pittsburgh at UPMC Presbyterian. UPMC is affiliated with the University of Pittsburgh Schools of the Health Sciences. Contact: Send CV and letter of interest to Jules Sumkin, sumkjh@mail.magee.edu, and Omar Almsa, almuor@upmc.edu

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future success. Although this edition of the Bulletin chronicles the highlights of the program, there is not nearly enough space to cover it all. I encourage all of you to register for the Virtual Meeting, which gives you access to all of the programming until May 2016 (more information at bit.ly/ACR2015Virtual). Although there are far too many people to thank in this column, we owe a special debt of gratitude to Paul H. Ellenbogen, MD, FACP, Council Speaker Kimberly E. Applegate, MD, MS, FACP, Program Chair Cheri L. Canon, MD, FACP, and our great ACR staff for making ACR 2015 a meeting to remember.

Better. Smarter. Healthier. continued from page 20

Joaquim Farinhas, MD, provided session participants with several examples of Imaging 3.0 Case Studies. These case studies cover examples of radiologists who have overcome significant challenges within their local health care systems and improved relationships with their hospitals. In all of the cases, he noted, the radiologists made a singular effort to engage with others and be at the table at which decisions are being made. He urged all attendees to become more involved in governance and to network with fellow physicians and other hospital stakeholders. (Access the case studies at acr.org/Imaging3.)

McGinty noted that as of January 1, 2017, CMS will require clinical decision support (CDS) — such as ACR Select™ — consultation to qualify for Medicare reimbursement. McGinty noted that in the eyes of CMS, CDS has gone from a “that’s interesting” category to a “must do” category. Implementation of CDS provides radiologists with an opportunity to demonstrate their value, she said.

The session concluded with Raymond K. Tu, MD, FACP, chair of the ACR Medicaid Network, who provided examples of how he and other members of the network applied Imaging 3.0 principles by carefully fostering important relationships with the heads of all of Medicaid’s 10 managed care organizations. One of those organizations was AmeriHealth Caritas, which now has a medical policy review process that “is collaborative [with ACR] and has a significant impact on appropriate coverage under the Medicaid system.”

Tu’s efforts, as well as the Imaging 3.0 Case Studies and the mandated implementation of CDS, punctuated the forum’s emphasis on the efforts of the College. They also pointed toward the potential for significant yet positive change for radiology.
Radiology is changing. To answer tomorrow’s challenges, we must change how we solve for quality, cost, people, and process. More than ever, we need solutions that just make sense.

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