

**ACR**

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# Bulletin

**STRONGER TOGETHER**

**ACR 2020  
SPECIAL REPORT**

# JOURNEY



*I can be alongside  
policymakers for  
my profession; I can  
advocate for my peers  
and be part of the  
decision making.*

*Sarvenaz Pourjabbar, MD  
Diagnostic Radiology Resident  
Member Since October 3, 2013*



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## ACR 2020 SPECIAL REPORT

PAGES 8–13

With this year's meeting going virtual, ACR members gathered online from around the country to move forward with the work of the College.

### ACR2020

VIRTUAL MEETING  
May 16–19



**OUR MISSION:** The *ACR Bulletin* 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 *Bulletin* aims to support high-quality patient-centered healthcare.



**QUESTIONS? COMMENTS?** Contact us at [bulletin@acr.org](mailto:bulletin@acr.org)

Digital edition and archives of past issues are available at [ACR.ORG/BULLETIN](http://ACR.ORG/BULLETIN).

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## FROM THE CHAIR OF THE BOARD OF CHANCELLORS

Howard B. Fleishon, MD, MMM, FACR



# Crisis Management

**During uncertain times, the ACR is committed to providing you with as much clarity as possible.**

**C**risis management is defined as the process by which an organization deals with a disruptive and unexpected event that threatens to harm the organization or its stakeholders.<sup>1</sup> We have long recognized the importance of planning for a crisis. Numerous business courses and reviews emphasize the need to be prepared for worst-case scenarios. Many practices and departments have spent time creating or reviewing procedures and processes for emergencies. Typically, we check the box and put the documents away. Life gets busy and other priorities take over. And then something like COVID-19 happens.

There were isolated warnings of such a pandemic — well-chronicled events such as the 1918 Spanish Flu, H1N1, Ebola, SARS, MERS, and others. Eerily, Bill Gates provided a prescient warning during a TED talk in 2015.<sup>2</sup> However, nothing could have prepared us for the medical, social, and economic impact of COVID-19.

With a myriad of questions and decisions flooding any practice or department, having some guidelines for leaders provides a lifeline for the pathway forward. First and foremost, there are no right answers. Transparency through communication is a priority, especially when uncertainty is pervasive. Also, the natural tendency is to go into command and control mode. But the opposite is required — leading from the bottom up. One recent reference offered the following six steps for leading through crisis:

1. Anticipate, predicting what lies ahead
2. Navigate, course correcting in real time
3. Communicate continually
4. Listen to what you don't want to hear
5. Learn from experience and apply it toward the future
6. Lead, improving yourself to elevate others<sup>3</sup>

When focusing on our radiology staff, it may be useful to consider practice needs for three separate phases: shelter in place, re-opening, and post-pandemic. During the first phase, many practices and staff have focused on safety and security. Addressing mental health issues has become a significant and meaningful concern. The re-opening phase involved instituting new safety measures, ensuring hyper communication, and celebrating inspiring news. Post-pandemic, practices will need to focus on their core purpose — rather than legacy business models — to look for new or emerging opportunities.<sup>4</sup>

Radiology practices have been hit hard by the pandemic. According to a recent survey by IMV Medical Information Division, more than 90% of imaging centers in the country have experienced a major decline in the volume of procedures.<sup>5</sup> The Harvey L. Neiman Health Policy Institute<sup>®</sup> promptly evaluated the impact of the pandemic on imaging case volumes using real-world data from a large healthcare institution. The data set included all patient service locations and imaging modality types. Analysis found an overall 28% decline in the total imaging volume over a seven-week-period during COVID-19, compared to 2019.<sup>6</sup>

Numerous medical and specialty radiology organizations have accumulated resources to address COVID-19. The ACR has established a Coronavirus Resource Center ([acr.org/COVID-19](https://www.acr.org/COVID-19)) with information on adjusting to the pandemic and sorting through the recovery phase.

The ACR, the Radiology Leadership Institute<sup>®</sup> (RLI), and the *JACR*<sup>®</sup> have hosted insightful interactive webinars with discussions on COVID-19 and managing in a crisis. The *JACR* established a frequently updated resource center with the latest radiology-related research and commentary as the pandemic unfolds. It is in times of crisis that one sees the importance of leadership — when people are called to step up and are tested as leaders. During the recent RLI Leadership Town Hall: Leading in Times of Crisis, several radiology leaders highlighted key elements of leadership, the challenges they've faced, and their success stories ([see page 16](#)). During the *JACR*'s COVID-19 and Your Radiology Practice webinar, leaders from throughout the specialty — academic, private, urban, and rural — discussed how to respond to practice management challenges associated with the current pandemic, such as case triage for deferral, staff rotations versus physician redeployment, and revenue concerns ([available at bit.ly/COVID-Practice](https://bit.ly/COVID-Practice)).

Participation in these town halls and webinars have been exceptionally high as members look for ideas and share experiences. Trainees are also concerned about the job market and prospects for future positions as practices anticipate the longer-term impact on finances and referral patterns.

Crisis management is complicated by uncertainty. The ACR is committed to providing you with at least a measure of clarity in these challenging times. The organization and our practices will learn from this crisis. Our collective resilience will serve us well — not only to survive but to emerge with commitment, strength, and innovation. **B**

#### ENDNOTES

Full list of references available in the digital edition at [ACR.org/Bulletin](https://www.acr.org/Bulletin)

# DISPATCHES

NEWS FROM THE ACR AND BEYOND



## Supporting Global Health Radiology Education

The ACR and RAD-AID are working to enhance the delivery of ACR's Case in Point® (CiP)

to RAD-AID's partnered, resource-poor hospitals in low- and middle-income countries. These efforts will strengthen the accessibility and quality of training materials in various medically underserved regions around the world.

"We are thrilled to work with RAD-AID to increase accessibility to radiology education," says ACR CEO William T. Thorwarth Jr., MD, FACR. "Our efforts will provide communities across the globe with the resources they need to help improve the quality of patient care."

"We are grateful for the opportunity to work with ACR on this initiative to integrate RAD-AID's support for resource-poor radiology institutions with ACR Case in Point's outstanding educational content, in efforts to increase radiology services for medically underserved populations," adds RAD-AID International CEO Daniel J. Mollura, MD.

Distribution of CiP educational content will take place through the RAD-AID Learning Center. Radiology professionals of all backgrounds are encouraged to join and support this global health initiative by visiting [rad-aid.org](http://rad-aid.org) or contacting [info@rad-aid.org](mailto:info@rad-aid.org).



## NY STORIES: Leading During a Pandemic

In a special Taking the Lead podcast series from the Radiology Leadership Institute® (RLI), host Geoffrey D. Rubin, MD, MBA, FACR, speaks with four radiology leaders from New York who share their stories in the early days of COVID-19.

- **Robert J. Min, MD, MBA, FACR**, president and CEO of Weill Cornell Medicine's Physician Organization, and professor and chair of radiology at Weill Cornell Medicine
- **Sabiha Raouf, MD, FACR**, chief medical officer and patient safety officer, and chair of the department of radiology at Jamaica Hospital Medical Center and Flushing Hospital Medical Center
- **Michael P. Recht, MD**, Louis Marx professor and chair of the department of radiology at NYU Langone Medical Center
- **Judy Yee, MD, FACR**, professor and university chair of radiology at the Albert Einstein College of Medicine and Montefiore Medical Center

**Episode 21:** Leading through COVID-19 *Part 1: The Early Days*

**Episode 22:** Leading through COVID-19 *Part 2: The Importance of Communication and Managing through Change*

**Episode 23:** Leading through COVID-19 *Part 3: Collaboration, Innovation and Maintaining Wellness*

**Episode 24:** Leading through COVID-19 *Part 4: The Financial Impact and Looking to the Future*

[Listen to New York Stories at acr.org/RLIPodcast](http://acr.org/RLIPodcast) and learn more about the RLI's Taking the Lead podcast on [Page 18](http://Page 18).



## Is a New Job in Your Near Future?

The ACR Career Center, one of the most accessed member benefits, is actively responding to the evolving transition of employment among radiology professionals.

Post your resume online today to make sure you're noticed — whether you're supplementing income because of reduced hours or are seeking a brand new opportunity as communities reopen.

Creating an account will allow you to access resources, take advantage of the CV review service, and receive customized Job Alert emails applicable to your specialty and location interests. In addition, you are able to pursue career counseling that includes interview advice at your convenience.

Find a job today at [acr.org/CareerCenter](http://acr.org/CareerCenter).

## Learn by Design

The ACR's Commission on Publications and Lifelong Learning has established a new Learning Design Committee (LDC) to provide expertise in adult learning theory and offer innovative and engaging methods of designing and delivering educational content.

To request recommendations from the LDC on your educational activity, start by submitting an education proposal form at [bit.ly/CoPLL\\_LDC](http://bit.ly/CoPLL_LDC) and select that you need "input on activity design by LDC."

## Find the CME You Want

ACR has made it easier than ever to find the CME available to you as part of your membership. Broken down by price and identifiable by modality and type of CME credits available, this downloadable CME guide will get you to the programs you want quickly and clearly!

[Visit \[acr.org/Member-Resources/Welcome-Hub\]\(http://acr.org/Member-Resources/Welcome-Hub\)](http://Visit.acr.org/Member-Resources/Welcome-Hub) to access the printable PDF today. For questions, contact [membership@acr.org](mailto:membership@acr.org).

## DISPATCHES

## Share a Moment of Hope

Times are tougher than ever to find balance and feel safe, with our jobs and with our families. Sharing our experiences makes connections and builds strength in a way that is difficult to achieve alone.



The ACR's Radiology Well-Being Program wants to hear, and share, your story. Consider sharing a brief narrative of how something you've seen or done has given you hope in the midst of this new reality. Your submission could be something your practice or institution has implemented to make it easier to work from home or even a small act of kindness seen on your way to work.

Submit your good news at [bit.ly/ACR-GoodNews](https://bit.ly/ACR-GoodNews). Accepted submissions will be shared on the [ACR Radiology Well-Being Program page](#).

## Earn 48 CME/SA-CME With a CPI Select Six

Now is the time to save over 32% on your CME needs by bundling six self-assessment modules from the ACR Continuous Professional Improvement™ (CPI) program. Each CPI module is designed to be a comprehensive learning experience, meeting the educational needs of general diagnostic radiologists, subspecialists and residents. Core topics, as well as special editions,\* are included.

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Learn more at [acr.org/cpi](https://acr.org/cpi).

“It's incredibly difficult to have a nuanced conversation about gender and racial diversity, as it has been coopted and exploited to become one of the most divisive issues in our society; however, it's imperative to confront implicit biases and our shortcomings/blind spots if we hope to address them.

— Daniel B. Chonde, MD, PhD, radiology resident at Massachusetts General Hospital, at [bit.ly/VOR\\_Chonde](https://bit.ly/VOR_Chonde)

## Heard on Social Media



**Amy Patel, MD**  
@amykpatel

Incredible talk on #Advocacy by Dr. @jennybencardino this evening. Love this quote! #BraveNewWork @RadiologyACR @ACRYPS @ACRRFS @ACRRAN



Visit [bit.ly/Being\\_Brave](https://bit.ly/Being_Brave) for the full quote by bell hooks.



**Adlai Grayson**  
@AdlaiGrayson

It was definitely a time of reflection while about a hundred #Medstudent from DC got together to implore #BlackLivesMatterDC passing out water bottles and pumping our signs! #WhiteCoatsForBlackLives



**Ruth Carlos, MD**  
@ruthcarlosmd

As a woman of color, I do not have the luxury to wait until I am granted the same respect and consideration afforded to others. Protest is the language of despair.

June 2 2020

# Advocating for Change

**Until we address the potential abuse of the “treating physician” rule, we are unlikely to move the needle on radiologists taking ownership of more of the imaging process from start to finish.**

*A “treating physician” is a physician, as defined in §1861(r) of the Social Security Act (the Act), who furnishes a consultation or treats a beneficiary for a specific medical problem, and who uses the results of a diagnostic test in the management of the beneficiary’s specific medical problem. A radiologist performing a therapeutic interventional procedure is considered a treating physician. A radiologist performing a diagnostic interventional or diagnostic procedure is not considered a treating physician. (Medicare Manual transmittal)*

On April 1, 2020, the ACR sent a letter to the director of practitioner services at CMS asking for removal of these restrictions on radiologists. What is the College’s strategic objective when advocating for changes to the treating physician rules?

This is a timely question — with the answer informed by several evolving events initially unrelated to COVID-19. The primary impetus emanated from changes in reporting criteria for evaluation and management (E&M) services — set to be implemented in January of 2021. As a reminder, the E&M CPT® codes have been revised and revalued, with significant upward adjustment of relative value units. In a budget neutral payment system, the increase in E&M reimbursement results in decreased payments for all other services (most pertinently imaging services). Additionally, under the new, revised E&M coding structure, radiologists might meet the CPT criteria for making medical decisions about radiographic care — most notably in managing incidental findings, an area of imaging in which we are truly the experts. Meeting the CPT criteria is bittersweet as no payment would be allowed in accordance with the Act’s restrictions. Perhaps this gap in payment is at least partly responsible for the suboptimal follow-up rate of radiographically significant incidental findings reported

in the literature ranging from 29–77%.<sup>1,2,3</sup> In general, when there is a care gap, there is often a payment gap — as the old adage goes: you get what you pay for.

Medicare has singled out diagnostic radiologists as incapable of managing patients, but allows non-physician providers — with less training on imaging appropriateness — the regulatory freedom to manage patients and order imaging. Given this interplay, the Commission on Economics asked the question, “Should we advocate for changing these rules, and improve appropriate follow-up on radiographically significant incidental findings?” Creating a care pathway in which primary care clinicians and radiologists are jointly accountable for coordinating and ensuring correct management of these findings could help close this gap. After all, accountability and patient attribution are key components in improving overall population health and prescribing the lion’s share of distributed shared savings inside alternative payment models.

Why do the treating physician rules exist? Rather ironically, it is in part to protect against radiologist’s self-referral abuse. Unless we address this potential abuse, we are unlikely to move the needle on radiologists taking ownership of more of the imaging process from start to finish. Tempering the potential abuse is easier now with value-based payment paradigms because radiologists can create value-based measures of appropriateness designed to minimize inappropriate image follow-up recommendations and decrease variability of imaging care. One initiative led by the ACR is already underway through its Commission on Quality and Safety via the Gordon and Betty Moore Foundation’s Diagnostic Excellence Initiative grant, which focuses on creating measures related to incidental findings. Measure development for use as a value-based payment is a long and arduous task of choosing measures amenable to data collection, supported by science, and acceptable to the broader house of medicine — as well as payors. One initiative based on one grant will not be enough, but we have to start somewhere.

Imagine a world in which radiologists recommend the right follow-up test at the right time, and the radiologist is confident the follow-up will be completed correctly and expediently. The ACR’s deep expertise across multiple commissions, combined with the common goal of advocating for patients and members, can close this care gap. **B**



## ENDNOTES

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## Stronger Together

Due to COVID-19, ACR 2020 was a departure from previous annual meetings — but more than 700 members convened virtually to move forward with the business of the College.

**ACR  
2020**  
VIRTUAL MEETING  
May 16 – 19

In case you missed ACR 2020, you can watch videos on-demand, view election results, review the actions of the Council, and more at [acr.org/annual-meeting](https://acr.org/annual-meeting).

This year, ACR 2020 transitioned to a completely virtual meeting that prioritized governance activities. Approximately 750 members and guests logged online to [acr.org](https://acr.org) from Saturday, May 16, through Tuesday, May 19.

“The health and safety of ACR members and the patients they serve, as well as that of ACR employees and local hospitality staff, are the primary reason for this transition,” said Geraldine B. McGinty, MD, MBA, FACR, now president of the ACR.

“The move to a virtual meeting is the right thing to do during this difficult time for health-care providers, those we serve, and our nation,” added Richard Duszak Jr., MD, FACR, speaker of the ACR Council.

Due to the COVID-19 pandemic, this year’s effort was also a departure from previous ACR Capitol Hill Days. Over the past two decades, thousands of ACR members have traveled to Capitol Hill on a designated day during ACR annual meetings and chapter leadership conferences to meet with their elected representatives and staff. This year, ACR members were asked

to send specific tweets, tagging their federal lawmakers in two successive weeks to raise their awareness of specific ACR legislative priorities. During the week of May 18, ACR members tweeted Congress on issues related to waiving budget neutrality for the proposed evaluation and management policy. They tweeted their senators and representatives again during the week of May 25 to emphasize the need to broaden the scope of prior authorization relief.

McGinty expressed her admiration for Duszak and Amy L. Kotsenas, MD, FACR, the vice speaker, aided by ACR staff, for creating a virtual meeting and governance process that ensures the continuity of our organization and provides a way to connect virtually, while many other medical societies have cancelled their meetings because of the technical obstacles.

“As we have lived through this crisis, I’ve learned so much about our resilience and humanity as a community,” McGinty said, “and about the foundations on which our organization stands.” **B**



# A Lack of Balance

While COVID-19 has hit all aspects of the imaging profession hard, women face unique challenges trying to manage work and life.

ACR 2020 kicked off with a discussion on the challenges faced by women in radiology during the COVID-19 pandemic. At the American Association of Women in Radiology (AAWR) 2020 Online Caucus, panelists recounted experiences shared by many in this unprecedented crisis, as well as some developments that are unique to women.

## Pausing Progress

Elizabeth K. Arleo, MD, immediate past president of AAWR, kicked off the session by discussing the now-tabled Paid Family and Medical Leave Act (PFMLA). Arleo announced that the AAWR submitted a historic resolution to the ACR on Feb. 17 for PFMLA in private radiology practices. It was the culmination of a lot of time, work, and effort — and then the world turned upside down.

COVID-19 hit, and suddenly everyone needed to reassess. The decision was made to defer voting and withdraw the proposal for consideration this year. “In a sad Catch-22 situation, more people now than ever need paid family leave,” Arleo said. “It’s disappointing to postpone it, but the decision was made by AAWR leadership and advisors that it’s the correct thing to do, given the pandemic. We’re hopeful we can bring the resolution to the floor next year.”

## Weathering the Storm

“The number one word: uncertainty.” Kirti Magudia, MD, PhD, an abdominal radiology fellow at the University of California-San Francisco, summed things up succinctly when she talked about

navigating life as a working mother of two young children and wife to a husband who is an emergency physician and, therefore, cannot work from home. Panelists discussed the various challenges they’ve come up against throughout the last few months, including issues such as PPE shortages, financial strains, availability of home workstations and testing kits, and maintaining proper socially distanced safety protocols in hospitals and practices. They agree everyone is suffering, but it seems to be even harder for women.

“Working moms have a lot of added stress,” said Shadi A. Esfahani, MD, MPH, an abdominal radiology fellow at MGH. She noted impacts on breastfeeding mothers and difficulties they may experience with proper social distancing and cleanliness in lactation rooms. “There’s also the impact on first-year residents and medical students to consider,” Esfahani said. “Their physical rotations have been canceled, so we’ll need more pipelines to encourage students and women to explore radiology.”

Panelists also spoke of increased workloads for women, while productivity has decreased. “Women’s productivity has gone down, in research especially,” said Anna Lee, MD, a radiation oncology fellow at Memorial Sloan Kettering Cancer Center, who noted that papers with women as first authors have gone down since the pandemic began.<sup>1</sup> Lucy B. Spalluto, MD, MPH, vice chair of health equity in the department of radiology at Vanderbilt University, estimates this is likely due to greater demands on women at home when it comes to child or elder parent care. Spalluto finds she is constantly busy, doing most of her research and academic work at night and on weekends. “Think about how much people’s workloads have increased with domestic care during the pandemic, particularly women’s,” she said. “Reports state that of families with two working parents, women are disproportionately bearing the burden of the domestic work, up to 20 hours more per week than men.”<sup>2,3,4</sup> **B**

By Cary Coryell, publications specialist, *ACR Bulletin*

## ENDNOTES

Full list of references available in the digital edition at [ACR.org/Bulletin](https://www.acr.org/Bulletin)





# Assessing Strengths in a Perilous Time

In the wake of COVID-19, the now-past chair of the ACR BOC reflects on members' resilience and humanity as a community, and about the foundations on which the College stands.

During her video report as chair of the ACR BOC, Geraldine B. McGinty, MD, MBA, FACR, presented the ACR 2020 annual meeting virtual attendees with her assessment of the challenges radiologists are facing during the COVID-19 pandemic and the actions ACR is taking to assure their recovery after the crisis abates.

McGinty, now president of the ACR, noted the unprecedented nature of these times and the losses suffered by the radiology community from the pandemic. "We mourn that loss," she said. "Many of you have suffered from this disease and many more are scarred by the challenge of caring for our communities."

To strengthen those foundations, ACR has strategically invested volunteer time, expertise, and financial resources to assure that its members are acknowledged as leaders in the delivery and development of quality healthcare, McGinty stressed.

ACR members have shown their leadership in many ways during the crisis, she noted. On a global scale, they are providing guidance on the appropriate use of imaging and were early advocates for the cessation of non-urgent imaging and treatment despite financial hardships. Radiologists responded with tools and materials to assure the safety of medical personnel and patients. With ACR's assistance, they helped persuade Congress to allocate financial relief that recognizes radiology's importance for healthcare delivery and the general economy, especially in rural areas. Additionally, radiology's research and data science experts have rallied to develop a comprehensive COVID-19 registry to capture imaging and clinical data relevant to future assessments of the pandemic.

As for how the pandemic might change radiology, McGinty discussed possible threats posed by a severe downturn of the general economy, imaging utilization declines, the radiologist job market, and the relaxation of state licensure and scope-of-practice regulation.

But she was also optimistic about the future. Despite economic uncertainties, she expressed confidence in ACR's expert advocacy and economics teams, which are working on innovative reimbursement models that drive appropriate imaging. She said ACR's human resources and patient- and family-centered care teams are creating new practice models that will preserve radiologists' autonomy and humanity as family members, physicians, and colleagues.

**"We are one imaging community and we are stronger together."**

Scope of practice threats will be mitigated by ACR's quality and safety team through rigorous and transparent assessments of physician and practice performance. The growth of more seamless information exchange during the pandemic and the work of the ACR Commission on Informatics may finally render CDs for image transfer obsolete. ACR's responses will also include building upon educational offerings, an ongoing commitment to imaging science, and — with the success of ACR's first virtual annual meeting — the likely continued use of real-time, web-based video streaming to facilitate communications.

McGinty warned against disunity over differences between academic versus private practice, single versus multi-specialists, and diagnostic radiology versus IR. "We are one imaging community," she concluded, "and we are stronger together." **B**

By James Brice, editor, ACR Advocacy in Action

# Back to the Beginning

ACR's now-past president urges radiologists to reflect on the values that are so important to their future — in the service of patients as physicians.

Quality, ownership, and our role as physicians — these are the aspects of exemplary radiological practices that now-past ACR President Debra L. Monticciolo, MD, FACR, asked her virtual audience to keep in mind during her president's address at ACR 2020.

Monticciolo promised radiologists who embrace these values “a bright future that includes a great impact on our patients and our referring providers — while at the same time creating practices that are best for everyone, including ourselves.”

Monticciolo shared a story about her first day on the job as a resident in the ER of a Detroit hospital to illustrate what it means to care for patients under duress as a radiologist and as a physician. On that day, the ICU was overflowing, and only the sickest of the sick got an ICU bed. “We just ran around trying to keep people alive,” she recalled. “I didn't have time to get to know the families or even the patients. They were just a bunch of numbers and blips on charts.”

Amidst this controlled chaos, she was asked to contact the family of a patient who died during the shift. She had no experience in such matters, but called the family in and broke the news. When asked to identify the body, the family initially said that it was not their relative.

“I froze with my pen on the page where I was writing a death report, and there was nobody there to help me,” she remembered.

Though it was a shock, it was not a blunder. The family quickly realized the body was in fact their relative — but the memory of that moment was indelible. “It's not a night I can forget,” Monticciolo said. “I learned a valuable lesson from it: quality is important.”

## Higher Quality, Fewer Errors

Monticciolo then asked her virtual audience if her experience sounded familiar. “Are you reading images so fast that you barely have time to reflect on what you're doing?” she asked. “Pre-COVID, we were all kind of chugging along with high caseloads.”

To get the best result for your patients, she said, you must be fast, efficient, and productive. “But if you find yourself scrambling to keep patients alive, pretty soon you start feeling like you're just keeping yourself alive. That is when work becomes a blur, and errors can occur,” she said. “That is how dissatisfaction and burnout happen.”

AI is a potential solution that could help radiologists maintain a high level of reading quality while addressing ever-increasing



workloads, Monticciolo suggested. “AI is something we all fear — at least a little — but it could be the answer to our needs,” she said. “That's what our future looks like — radiologists with AI replacing the radiologist without AI.”

## Ownership and Role as Physicians

Monticciolo discussed ownership, defined by her as 1) taking responsibility, 2) no excuses, and 3) a resolution to make things right.

**“Our patients should be viewed in context. Just as our life experiences affect us, so do they affect the lives of our patients.”**

In this regard, she recognized the importance of the ACR Commission on Patient- and Family-Centered Care and its efforts to move patients closer to the heart of what radiology is about. “Our patients should be viewed in context,” she said. “Just as our life experiences affect us, so do they affect the lives of our patients.”

The ACR Data Science Institute<sup>®</sup> also earned Monticciolo's praise for its development of use cases, along with the ACR accreditation programs and screening initiatives for helping younger radiologists become more aware of the importance of early detection and treatment options. She acknowledged ACR staff for rapid communication of timely guidelines and recommendations for healthcare professionals in response to the pandemic.

As for the immediate prospects for medical imaging, Monticciolo believes utilization and revenue lost during the pandemic will be recovered. Until imaging use surges back, she suggests radiologists take time to reflect on the values that she believes are so important to their future.

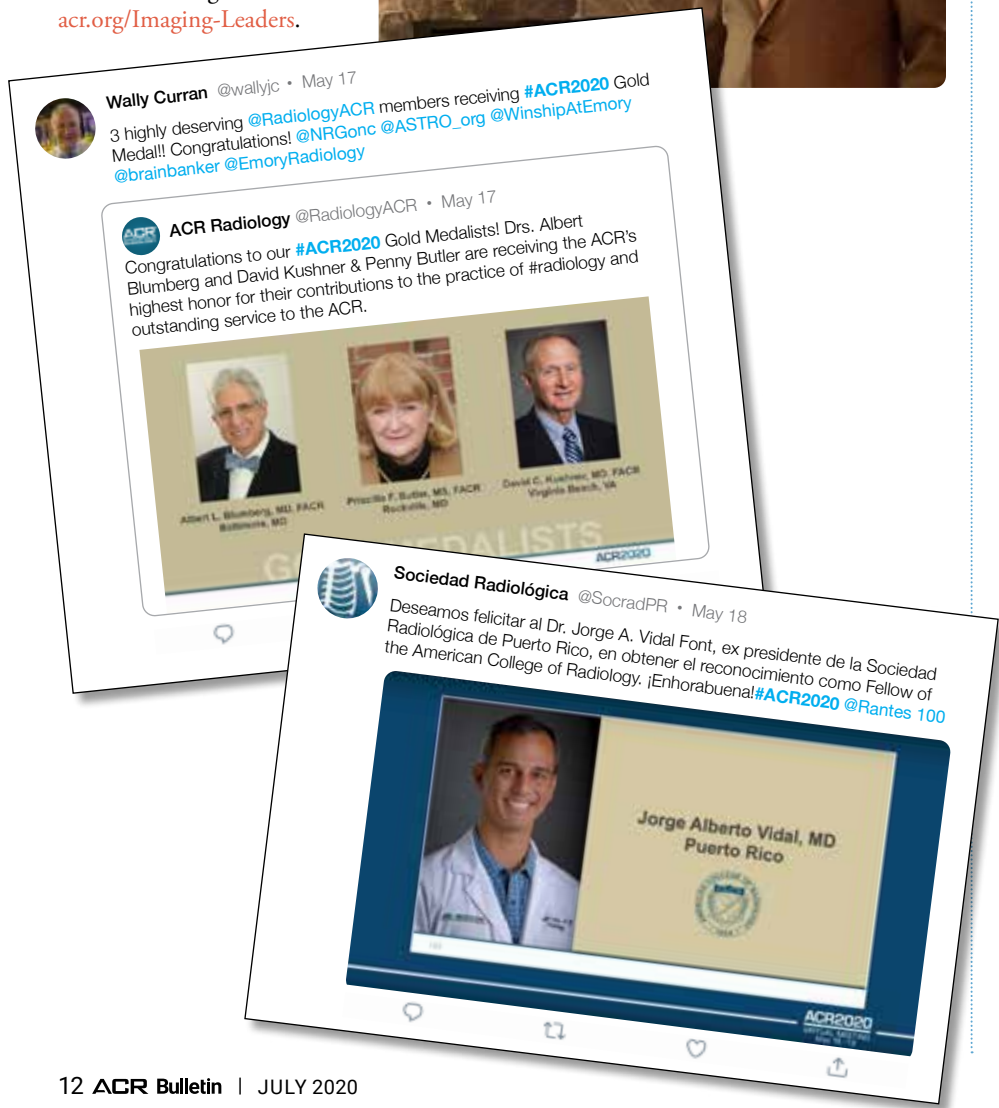
“Let's start where we began — in the service of patients as physicians,” she said. “This is a role no one can take away from us.” **B**

By Chad Hudnall, staff writer, ACR Press

# Blazing a Trail for Tomorrow

ACR members gather virtually to bestow the College's highest honors.

Each year, the College recognizes individuals who stand above the rest — their work supports quality patient care and advances the specialty. In 2020, 121 members received the ACR Fellowship award. In addition to the fellows, the virtual celebration honored the 2020 Honorary Fellows and ACR Gold Medalists. Learn more about them in the *Bulletin* article, "Leading the Field," at [acr.org/Imaging-Leaders](http://acr.org/Imaging-Leaders).



## The ACR Executive Committee

- Howard B. Fleishon, MD, MMM, FACR** (Chair)
- Jacqueline A. Bello, MD, FACR** (Vice Chair)
- Geraldine B. McGinty, MD, MBA, FACR** (President)
- Alexander M. Norbash, MD, MS, FACR** (Vice President)
- James V. Rawson, MD, FACR** (Secretary-Treasurer)
- Richard Duszak Jr., MD, FACR** (Speaker)
- Amy L. Kotsenas, MD, FACR** (Vice Speaker)
- Lauren P. Golding, MD**
- Frank J. Lexa, MD, MBA, FACR**
- Mary C. Mahoney, MD, FACR**

## ACR 2020 Election Results

The following individuals were elected during ACR 2020 to represent the College.

- President**  
Geraldine B. McGinty, MD, MBA, FACR
- Vice President**  
Alexander M. Norbash, MD, MS, FACR
- Board of Chancellors**  
Andrew B. Rosenkrantz, MD, MPA  
Eric M. Rubin, MD, FACR  
William T. Herrington, MD, FACR  
Don C. Yoo, MD, FACR  
Arun Krishnaraj, MD, MPH  
Lauren P. Golding, MD  
Andrew K. Moriarity, MD

- Council Steering Committee**  
Rachel F. Gerson, MD  
Richard B. Gunderman, MD, PhD, FACR  
C. Matthew Hawkins, MD  
Madelene C. Lewis, MD

- College Nominating Committee**  
Roger L. Gonda Jr., MD, FACR  
Elizabeth P. Maltin, MD, FACR  
Ashley E. Prosper, MD

To learn more about the new officers named at ACR 2020, visit [acr.org/New-Leaders](http://acr.org/New-Leaders).

# Making Voices Heard

With the passing of *Resolution 35: RFS and YPS Standing to Submit ACR Resolutions*, RFS and YPS members are now potentially an even more active part of the ACR governance process.

When J. Paul Nielsen, MD, MPH, Taj Kattapuram, MD, and Andrew K. Moriarity, MD, got together to sponsor a resolution for ACR 2020, they had one objective — empowering a new generation of radiologists to shape the future of the College. At ACR 2020, their vision became a reality when the ACR Council voted to draft a resolution for ACR 2021 to amend the bylaws to allow the RFS and YPS to submit resolutions. Nielsen, immediate past president of the Colorado Radiological Society, Kattapuram, a councilor with the Colorado Radiological Society, and Moriarity, immediate past chair of the ACR YPS, sponsored and facilitated passage of *Resolution No. 35: RFS and YPS Standing to Submit ACR Resolutions*.

“With the ability to submit resolutions, RFS and YPS members will become an active part of the ACR governance process, empowered to make changes to the College based on their unique needs as trainees and early career radiologists,” says Nielsen, a radiologist at the University of Colorado’s Anschutz Medical Campus. “Knowing that they have a voice will empower this new generation of radiologists to shape the future of the ACR.”

Kattapuram, a radiologist in greater Colorado, agrees. “We believe this resolution will spur interest in policymaking,” she says. “It will allow younger members to feel more comfortable raising concerns to the ACR because they can go through their sections instead of trying to find a specific councilor or trying to convince their chapter to sponsor a resolution.”

Kattapuram recalls that the idea for *Resolution No. 35* first began as a discussion on a YPS executive committee phone call — which then became an email involving a majority of the most active members in the YPS and RFS. “Since I was a councilor, I volunteered to be one of the sponsors of the resolution and wrote the first draft,” she says. According to Kattapuram, she wanted to be involved because she felt it was good policy for the ACR. “I have mentored and guided first-time councilors who didn’t have any understanding of health policy,” she says. “Learning and practicing resolution writing and policymaking as a trainee who represented Massachusetts at the AMA is where I built the confidence to participate in the College as a councilor.”

Kattapuram and Nielsen believe that seeing the process of writing, submitting, reviewing, and potentially passing new resolutions will help early career members understand the governance process as active participants. “As many state chapters and councilors represent the concerns of members who have been involved with the ACR for many years, it may be harder for trainees and early career radiologists to address their concerns before the Council,” says Nielsen. “The ability to submit resolutions will make sure that our next generation of radiologists have a voice.”


For many trainees, participation in their section meetings is

their first and sometimes only experience in the College, notes Kattapuram. “Usually the first meeting will be soaking it all in,” she says. “Subsequent meetings may involve more active participation. If they have the experience of feeling heard, this could help build their confidence to be stronger participants in the College and pursue leadership roles when they become attendings.”

Moriarity notes that now that the resolution has passed at ACR 2020, the next step will be to implement the policy through a bylaws amendment. “This year a workgroup will figure out the language to enable this process, and that will be presented next year for the Council to vote on,” says Moriarity. “The RFS and YPS leadership plan to keep their members engaged on this topic throughout the year and at ACR 2021 to maintain strong support.”

According to Moriarity, since its passing, *Resolution No. 35* has already empowered the RFS and YPS to voice their concerns and have an active role in ACR governance. “We encourage RFS and YPS representatives to address issues that will help them meet their needs and their goals, and to understand that the ACR is truly a society worth participating in throughout their careers,” he says.

Moriarity, Kattapuram, and Nielsen urge RFS and YPS members to reach out to their leadership with their specific ideas and work to formulate them into a resolution for consideration before the councilors of the ACR membership. “Speak with others who have experience with this and model your initiatives after previously submitted and successfully passed resolutions,” advises Nielsen. “Learning to write resolutions, and then working to support them in debate during the reference committee hearings will prepare trainees and early career members to understand Council governance procedures,” adds Moriarity.

Kattapuram agrees. “The experience can feel daunting because it involves quite a bit of formal and unfamiliar language,” she says. “There are guidelines on the ACR website on how to write a resolution ([see sidebar](#)). I can tell you from my experience that writing resolutions and debating them on the floor of meetings is extremely exciting and fun. It really makes you feel like you can contribute to health policy in a meaningful way. The ACR cares about its younger members who are the future leaders of the College and the profession. Our voices matter.” 

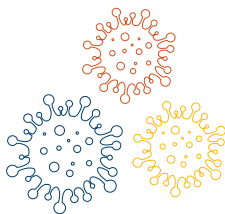
By Nicole B. Racadag, MSJ, managing editor, *ACR Bulletin*

Learn more about how to write a resolution at [acr.org/HowtoWriteAResolution](https://www.acr.org/HowtoWriteAResolution). Resolutions must be submitted to ACR staff no later than 90 days prior to the start of the ACR Annual Meeting to be considered by the Council. E-mail Trina Behbahani at [tbehbahani@acr.org](mailto:tbehbahani@acr.org) for more information.

# Planning Past the Peak

## A pediatric radiologist shares straight-forward advice on how practices can resume deferred imaging, post-pandemic.

As the peaks of COVID-19 recede in the U.S., radiology departments are beginning to strategize about the resumption of non-emergent imaging. In a recently published *JACR*<sup>®</sup> article, “COVID-19 Imaging Austerity: Coming Back From the Pandemic,” Aisling Snow, MD, a pediatric radiologist at Children’s Health Ireland in Crumlin, Dublin, and her co-author, George A. Taylor, MD, FACR, a radiologist at Boston Children’s Hospital, outline actionable steps to help radiology departments return to full function. The *Bulletin* spoke with Snow about social distancing policies as practices reopen, unconventional thinking during extraordinary circumstances, and the guiding principle of doing what’s best for patients.



Read the entire article at [www.jacr.org](http://www.jacr.org). All *JACR* content related to the COVID-19 pandemic is freely available online.

### Why were you interested in writing about this topic in the *JACR*?

As COVID-19 became a reality outside China, I saw the problems coming. I also realized that uncertainty causes anxiety and inefficiency in hospitals. Dr. Taylor and I started this paper to lay out steps that might be applicable to other practices and help radiologists form a structured response to rein in some of that anxiety.

### How does the potential risk of healthcare-acquired COVID-19 factor into any hospital’s plan?

We have to recognize what we can do safely, and that’s based on applying social distancing principles. Is your waiting area too small to safely accommodate more than one patient? Are you going to have to move patients straight from registration to the room where they’re being imaged? In that case, you need to lengthen their appointment to do their entire care journey in that room and then prepare that room for the next patient, including cleaning and sanitizing. Details like these need to be factored into any plan for resuming normal care.

### Should radiology departments extend their hours to accommodate social distancing?

Even when reducing patient throughput to only 70%,

hours have to be significantly extended throughout the week. However, there may be financial implications — especially in terms of staff payment and conditions. Staff may need to be paid differently if asked to work outside of their regular schedule.

There need to be discussions on how to combine extending the hours of staff on some days, with having other days off. For example, if a staff member has a day off on Tuesday, they could work later on Thursday and Friday to compensate for not working on Tuesday.

How these discussions go may depend on two key questions: how are the relationships within the department, and how well are leaders able to think outside the box and bring their staff with them?

### How should practices address potential secondary or tertiary waves of the pandemic?

The type of institution will make a difference in terms of planning for those peaks. For example, an institution with a large intensive care unit will have to plan differently from a pediatric institution. The main thing for any practice to remember is that the plans they’re making should stay in effect for many months and need to account for the multiple waves of infections that are due to come.

### How should patient input factor into the rescheduling of deferred imaging?

When patients are contacted about their deferred imaging, we ask for feedback to understand how they feel about receiving care now. Some patients don’t want to come to the hospital right now. Other patients have been reassured by their referring clinicians and are ready to start coming back in.

### What can hospitals do for patients who had care postponed due to COVID-19 and are now uninsured due to pandemic-related unemployment?

This is a time for the medical community to behave compassionately and ethically. I think departments need to lobby their hospitals, their healthcare systems, and their politicians to enable them to treat patients based on need.

They may be able to do practical things, such as mirror what they would ask of an insurance company as a payment, rather than the much higher amount that is normally imposed on someone without insurance. People need to be guided by compassion. **B**

Interview by Laura Sirtonski, freelance writer, ACR Press

# An Idea Forged in Crisis

## One residency program gets creative to maintain radiology education through COVID-19.

**D**uring the peak of the pandemic in New York City, the radiology team at NYU Langone Medical Center was searching for ways to keep educating their trainees outside the clinic. Michael P. Recht, MD, Louis Marx professor and chair of the department of radiology at NYU Langone, spoke with Ragni Jindal, MD, a radiology resident at NYU Winthrop Hospital, about how the team's simulated daily readouts (SDR) project helped the residents maintain their educational experience during a chaotic and uncertain time.<sup>1</sup>

### What was the inspiration behind building the SDR project?

With the COVID-19 crisis, our volume of imaging cases had reduced significantly due to national recommendations to postpone non-urgent medical care. We believed it was probably going to stay low for a prolonged period of time. Additionally, the case mix had changed significantly. For example, even though our chest CT volume was relatively well-maintained, the pathology mix had decreased as almost all cases were COVID-19 patients.

To determine strategies to keep educating our residents, I first met with our program directors and the vice chair of education at NYU Langone. Although a number of possibilities were considered, we decided that the best solution would be to create the SDR, using previously interpreted studies. Although we understood the value in dictating live cases — such as acute patient management and interaction with other physicians — we believed this was the best solution. Another advantage of the SDR was its ability to allow residents and faculty to access the cases remotely, which allowed us to maximize social distancing and maintain patient and staff safety.

### How did the project come to fruition?

To implement the SDR, we needed to gather four months' worth of cases — both images and reports. We then had our faculty choose the best cases to replicate the normal experience of a live daily readout. We chose a mix of modalities and pathologies, both normal and abnormal, for every rotation. All cases were anonymized and divided into a month's worth of daily worklists. The worklists were then placed on a separate educational instance of our PACS. In addition, we created a separate educational

instance of our reporting system. All of this took significant effort and hundreds of hours of work. It was an incredible team effort.

### What challenges did you overcome?

When you start a project like this, the question becomes how to effectively communicate the idea to your team to get them engaged. The first time I described the project to our IT team, their response was, "What do you want us to do again?" The second conversation I had was with the section heads and resident representatives. They also raised a number of concerns about feasibility. However, once we explained the project in detail and the reasons why we felt it was so important, everyone became equally passionate and committed to making the SDR a reality.

Of course there were significant technical challenges that had to be overcome in a very short time period. Anonymizing thousands of cases, setting up the educational instances of PACS, and solidifying our reporting system so there was no interference with our production systems posed challenges. We also had to provide duplicate lists when there were multiple residents on the same rotation so they were able to do the same cases without interfering with each other. Obtaining patient histories and relevant prior information was also a challenge.

### How has this project impacted your institution?

Although it was meant to be a solution to what we hope will be a short-term problem, it will serve as an excellent resource for residents to prepare for upcoming rotations or review past ones. Once our case volume and mix of pathology returns to normal, we will make the official reports for all the cases available. This will allow our residents to review cases as unknowns but then be able to check their interpretations with the official ones.

The SDR cases can also be used to supplement the cases seen in live readouts. This will be especially helpful for unusual pathologies that may not occur during each resident's rotation. For example, in pediatric radiology we don't see a lot of tumors. Now, we can incorporate tumor cases from the SDR worklists into our daily readout. The possibilities are going to be endless. **B**

This article is the third of a four-part *Bulletin* series. Readers will accompany Ragni Jindal, MD, as she highlights inspirational stories from radiologists around the country.

#### ENDNOTE

1. Recht PM, Fefferman NR, Bittman ME, Dane B, Fritz J, Hoffmann JC et al. Preserving Radiology Resident Education During the COVID-19 Pandemic: The Simulated Daily Readout. *Acad Radiol* 2020. Available at [bit.ly/AcRad\\_Ed](http://bit.ly/AcRad_Ed).



Ragni Jindal, MD



Michael P. Recht, MD

## ECONOMICS



## Running Lean and Strong

### Practices push forward to bolster their financial position post-COVID.

Most revenue from the cancellation of elective procedures and screening — coupled with scaled back staff and salary cuts — may plague radiologists and other healthcare professionals long after the worst of COVID-19 subsides. During a recent Radiology Leadership Institute® (RLI) virtual session ([available at bit.ly/RLITown-Hall-COVID](https://bit.ly/RLITown-Hall-COVID)), Leadership Town Hall: Leading in Times of Crisis, radiology leaders shared what their institutions are doing now to mitigate downstream losses and re-evaluate pre-pandemic operations.

“Obviously there are going to be financial consequences,” says Dana H. Smetherman, MD, MPH, FACR, chair of the department of radiology and associate medical director for medical specialties at Ochsner Medical Center in New Orleans.

Smetherman says everyone was asked (required) to take 15 vacation days or the equivalent hours — depending on your position — between March 9 and July 3 to “reduce that liability on the balance sheets.” And like many other healthcare systems, she says, they are trying to secure financial assistance from the federal government. “A lot of it is wait-and-see,” she says. “For now, the whole institution locking arms and moving together is very important.”

Other groups are planning short-term cuts to save. “We’re being very proactive,” says Mahmud Mossa-Basha, MD, medical director of MRI and associate professor and vice chair of clinical operations at University of Washington School of Medicine. “I think that really helps our standing with the hospital and within the institution

— things like deferring incentive pay,” he says. “We’ve looked at deferring 75% of our incentive bonuses to a later date.”

The UW dean has been communicating with the chairs, speaking to the reality of estimated losses, Mossa-Basha says. “Part of the message is about the radiology bottom line and trying to meet financial commitments, but also to help in supporting staff and faculty radiologists through this crisis,” he says.

There is a six-month hiring freeze, but people who already have an offer letter or have signed an offer letter will still be employed by us, he says. Unfilled positions have been deferred to a later date.

“We’ve also focused on eliminating temporary supplemental pay for extra shifts and we’re working toward consolidating those into our regular call structure and into our regular daytime coverage.” Everyone will be working harder,” he says, “but the goal is to maintain their pay while we’re doing that.”

In addition, Mossa-Basha says, they are accelerating some programs that might increase revenue. “We’re looking at increased efficiency in MR and shortening CT block times.” The group is also looking to population health metrics and health and wellness efforts as ways to improve its bottom line. “To mitigate our losses, we are really trying to focus on positive growth as opposed to ways to negatively reduce costs,” he says.

Perspective is everything, and putting lessons learned during the pandemic into practice could benefit radiologists and patients alike, Smetherman believes. “I think social distancing, for instance, will have a positive economic impact,” she says. “You really won’t have to invest in infrastructure like waiting rooms.”

Throughout the challenges of COVID — and in looking forward to evaluate the economic toll the pandemic leaves in its wake — strong leadership has never been more important. “When you lead a team, it’s important that you be clear in your communication, organized, and strategic,” says Judy Yee, MD, FACR, chair of the ACR Colon Cancer Committee, university chair of radiology at Montefiore, and professor of radiology at Albert Einstein College of Medicine. Yee has effectively communicated to her team that while there are no salary cuts at Montefiore, there will be no ability to support additional moonlighting. As a team, the radiologists were requested to front-load vacation and academic time so that when patients return for imaging later in the year there will be adequate staffing.

“Stay positive,” Yee says. “When everyone looks to you as the leader, your uncertainty and stress trickle down. They need to trust that you’re doing your best to support them.” **B**

By Chad Hudnall, senior writer, ACR Press



# Making Connections Through Music

**Using his cello, a radiologist seeks to inspire and bring comfort during uncertain times.**

**P**aul B. Shyn, MD, associate radiologist at Brigham and Women's Hospital and associate professor of radiology at Harvard Medical School, believes in the power of music and its calming and therapeutic effects. Shyn plays the cello, and he enjoys sharing his gift with colleagues, patients, and medical providers. "It's something I enjoy and is comforting," he says, "I thought it would be a nice diversion from the current challenges we're facing."

Shyn gained national acclaim on Twitter with his rendition on cello of Camille Saint-Saëns' *The Swan* — which then led to coverage on *NBC Nightly News* in a segment on healthcare workers using music to uplift patients during the pandemic. In a recent interview with the ACR, Shyn discussed what keeps him up at night, COVID-19, and his hopes for the future of radiology and for residents about to embark on lifelong careers.

## How has COVID-19 impacted you and your organization?

For Partners Healthcare — now called Mass General Brigham — it has been transformative. Huge changes happened rapidly to address the crunch and surge in infections. We stopped doing tumor ablations altogether for the entire month of April. Now that things are starting to ramp up again, we have quite a bit of catching up to do.

The longer-term impact will be the rapid expansion of virtual practices. When this crisis occurred, all of our clinics became virtual almost overnight. Many patients and staff think this will last, and they like it. There's a convenience in not having to make a trip into the hospital or practice. Everyone is looking at making their organizations more nimble and flexible — and less rigid than before.

## What were some of the challenges you and your organization faced in going virtual?

Some of our elderly patients are not comfortable using a computer. For them, we do telephone clinic visits. Everybody still acknowledges, though, that having in-person consultations and being able to meet face-to-face has value. In our practice, physical exams are typically not critical, but occasionally they are. Operating virtually may not replace in-person appointments but it



◀ Paul B. Shyn, MD, is pictured with his cello.

▼ Shyn works with Carl J. Krinopol, a CT technologist, in the cross-sectional interventional area at Brigham and Women's Hospital.

will reduce the volume in our clinics. Boston is a little different from most communities because finding clinic space is difficult. Most medical staff here believe that freeing up clinic space would actually be helpful.

## What challenges lie ahead for radiology post-pandemic?

The economic impact was fast and severe. The good news is that there is every reason to expect that things will get back on track again soon — with healthcare in general, and with radiology. That said, operational adjustments will have to be made continuously to adapt to this new environment since COVID-19 is not going away any time soon.

One of the biggest challenges is operationalizing safe practices for staff and patients. We are looking closely at every aspect of our practice, including protocols and scheduling. As an academic center, there's a tendency to obtain every type of scan and sequence you can think of, which is great for academia, but isn't practical. This



*continued on page 21*

## LEADERSHIP



# Leading the Way

## Radiology leaders share their stories, advice and lessons learned in a new RLI podcast.

*“If your actions inspire others to dream more, learn more, do more and become more, you are a leader.”*

— President John Quincy Adams

The field of radiology boasts a deep bench of leaders who inspire those around them to dream, learn, and do. The ACR’s Radiology Leadership Institute® (RLI) brings those leaders’ stories to life in its Taking the Lead podcast.

Strong leaders are more important than ever as the radiology field grapples with how to move forward in a post-COVID-19 world. Personal conversations and words of wisdom from radiology’s most influential leaders can provide hope and inspiration in an uncertain time.

The series was conceived by host Geoffrey D. Rubin, MD, MBA, FACR, professor of radiology and bioengineering at Duke University, and Anne Marie Pascoe, senior director of the RLI and the podcast’s producer. “We felt that there was a big opportunity to introduce the radiology community to its leaders in a more personal manner,” Rubin says.

Rubin has interviewed more than 20 leaders who “provide a wealth of insight into the state of our specialty, the state of our field, it means to be a radiologist and a radiology leader,” he says.

Rubin elicits full histories from each guest by asking about their childhood and early schooling experiences. “Each guest’s leadership story is unique,” Pascoe adds. “And it is our goal to profile as many as we can to make sure all listeners recognize some of themselves in these leaders.”

Everyone Rubin speaks to has a unique story, but there are consistent themes that arise again and again. We’ve compiled some of the lessons that have helped successful leaders navigate the ever-changing healthcare landscape, along with tips that can help radiologists at all career levels to develop their own leadership skills — even in the midst of unprecedented challenges.

1. **Seek out mentors.** Leaders at every stage of their careers credit mentors along the way with providing valuable advice and support.

“Having mentors and sponsors is very important. People who will, to quote Hamilton: An American Musical, ‘get you in the room where it happens.’” *ACR President Geraldine B. McGinty, MD, MBA, FACR, chief strategy officer and chief contracting officer for the Weill Cornell Physician Organization (Episode 8: Leading with Mindfulness and Inclusiveness)*

2. **Listen.** Though it may be tempting for new leaders to implement their own ideas, listening can be your greatest asset.

“When I became [department chair], I had a lot of ideas, but the best thing I could have done was listen. I really wanted to understand what the problems were.” *Sanjay K. Shetty, MD, MBA, FACR, executive vice president for corporate and business development at Steward Health Care (Episode 14: Listening, Learning, and Leading)*

3. **Cultivate strong teams.** Leadership and teamwork have never been more crucial, and a team-based approach is key to providing excellent patient care and creating a positive and effective work environment.

“As a leader, you can either have a philosophy that people work for you, or you can have a philosophy that you work for the people you’re leading.” *James H. Thrall, MD, FACR, chair emeritus of the department of radiology at Massachusetts General Hospital (Episode 9: Leading with Integrity)*

4. **Focus on improving patient care.** Outstanding physician leaders commit to improving patient care, and continuously seek solutions and better methods for providing excellent care.

“Our satisfaction scores have improved — that is a major win. It doesn’t happen quickly, but over time, it’s really great to say, ‘You know, we’re doing something special here. We are definitely doing some great patient care. And we can measure, and we can track, and we can see improvement.’” *Ricardo C. Cury, MD, FACR, chair and CEO of Radiology Associates of South Florida in Miami and chief medical officer of MEDNAX Radiology Solutions (Episode 10: Leading with Vision)*

5. **Step out of your comfort zone.** The podcast guests encourage all of today’s aspiring leaders to learn skills that will help them thrive outside of the clinical setting. However, a global pandemic requires an all-hands-on-deck approach, and experienced leaders may need to step away from their comfort zone to assist colleagues on the front lines.



To write your own leadership story, explore all of RLI’s leadership training opportunities at [acr.org/RLI](http://acr.org/RLI).

“I think it’s important to spend a good chunk of your time away from what you’re most comfortable with. So step away from the clinical realms into informatics, step away from the informatics realm into business, step away from the business realm into what patients are talking about.” *Rasu B. Shrestha, MD, MBA, chief strategy officer and executive vice president of Atrium Health (Episode 12: The Making of a Leader)*

“To get into a leadership role, you have to extend outside of your own world.” *Valerie P. Jackson, MD, FACR, executive director of the ABR and president of the RSNA (Episode 15: Getting Involved)*

6. **Recognize that leadership is a journey.** “No one is truly born a leader; leaders are developed,” Rubin explains.

“I really look at leadership as a journey where you never perfect it, but you are always working on it and continuously learning.” *Carolyn C. Meltzer, MD, FACR, professor and chair of radiology and executive associate dean for faculty academic advancement, leadership, and inclusion at Emory University School of Medicine (Episode 11: Leading to Serve)*

7. **Embrace and accept mistakes.** Many of the podcast guests are quick to acknowledge that mistakes are part of their career journey. “I love this saying: ‘You haven’t played the game unless your uniform gets dirty,’” Rubin says. “We learn through our mistakes. No one comes through unscathed and clean — mistakes are the way we learn as leaders to be effective.”

“You can’t say yes to everything. You have to focus and prioritize; you have to create a learning system — making sure that you have the right metrics to hold yourself accountable, track successes, and continue to learn from both the successes and the failures.” *Rasu B. Shrestha, MD, MBA (Episode 12: The Making of a Leader)*

8. **Demonstrate personal and professional flexibility.** Healthcare professionals at every stage of their careers have personal demands that require flexible schedules, but as the medical system grapples with a global pandemic, everyone must adapt to changes in their personal and professional routines.

“While typically women are still the parent that needs the most flexibility after childbirth, I think it’s really important to recognize that the other parent is equally in need of flexibility. Whether it’s personal health issues or, as I’m starting to deal with, aging parents — we all need flexibility.” *ACR President Geraldine B. McGinty, MD, MBA, FACR (Episode 8: Leading with Mindfulness and Inclusiveness)*

9. **Reframe adversity as opportunity.** Hedvig Hricak, MD, PhD, FACR, shared these words of wisdom in episode 13. That advice was prescient, as many leaders and aspiring leaders are managing unprecedented challenges. Hricak sees a crisis as a learning opportunity and urges colleagues to never give up.

“I always say, ‘never waste a crisis.’ Every crisis is an opportunity. So grab it and run with it, and it will shake you up. Sometimes looking back, when I was told ‘no,’ it actually was good for me because I thought really hard about how to turn it around and play to win — not to whine.” *Hedvig Hricak, MD, PhD, FACR, chair of the department of radiology at Memorial Sloan Kettering Cancer Center and past president of the RSNA (Episode 13: Leadership is a Choice)*

“In every single circumstance one faces and certainly [during a crisis], lead with compassion and make that visible — it’s the most important thing every single day.” *Norman J. Beauchamp Jr., MD, MHS, FACR, executive vice president for health sciences at Michigan State University (Episode 6: Leading with Compassion and Intention)*

10. **Keep improving your skills.** Continuing medical education is the industry standard, but successful leaders don’t stop there. The Taking the Lead podcast series is part of the RLI’s library of programs for radiologists who want to advance their careers and gain leadership skills. Many of the podcast’s guests have earned MBAs, and several guests have participated in other esteemed leadership programs such as Executive Leadership in Academic Medicine (ELAM), a year-long part-time fellowship for women faculty in schools of medicine, dentistry, public health and pharmacy.

*continued on page 21*



Read page 22 of Imaging 3.0’s “Driving Change” to find out more about the most important professional development skills radiologists need to succeed.

## Leaders on the Record

Geoffrey D. Rubin, MD, MBA, FACR, hosts intimate conversations with radiology’s influential leaders, providing insight into major career moments, as well as wisdom and inspiration for radiologists leading at all levels. The podcast offers tips on gaining the skills required to work within a rapidly shifting healthcare environment that’s been upended by COVID-19.

“This series makes our guests’ stories more personal,” says Anne Marie Pascoe. “We break down their history and the path they took so people can find something to relate to. We want listeners to learn from these leaders’ choices and advice, and apply that advice to their own leadership path.”

The series is available on iTunes, Spotify, and everywhere you listen to podcasts. New episodes are released each month. For more information, visit [acr.org/RLIPodcast](http://acr.org/RLIPodcast).

## FINAL READ

# What will be some of the biggest changes for the specialty, post-pandemic?



**“Reading remotely will be the norm for many radiologists as practices become redesigned to accommodate for social distancing, which can, in turn, allow for more flexibility in the work schedule. As people become more comfortable with virtual participation and embrace telemedicine for its convenience and accessibility, video consultations with patients and clinicians can be a way for radiologists to remain an integral part of the care team and maintain collegiality. If regulatory requirements continue to be more flexible than before, this can mean more rapid incorporation of non-physician radiology providers, AI, and other innovative solutions to meet the changing demands on the post-pandemic healthcare system.”**

– Alice Chong, MD, MHCI, associate professor in the department of radiology, University of California San Diego, radiology residency associate program director, and breast imaging fellowship director



**“Breast imaging involves significant RT- and radiologist-patient contact as patients wait in the department to get additional imaging, ultrasounds, biopsies, and results. Pre-pandemic patient volumes cannot be sustained while maintaining social distancing, although departments are looking at longer hours and other methods to do so. The shortage of trained mammographic technologists is proving to be a limiting factor. Short-term follow-up strategies for some lesions or post-operative patients may change as well. If proven successful, these accommodations could become the new norm after the pandemic resolves.”**

– Kathleen R. Gundry, MD, FACR, associate professor of radiology and imaging sciences at Emory University School of Medicine and director of breast imaging at Grady Memorial Hospital in Atlanta

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## Leading the Way

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“I think we should always be continuing students. I am always up for learning something new. Look at where you can have increased self-awareness — developing and strengthening your existing leadership skills, as well as developing new ones.” *Judy Yee, MD, FACR, university chair of radiology at Montefiore and professor of radiology at Albert Einstein College of Medicine (Episode 2: Serving Vulnerable Populations from Coast to Coast)*

“For me, [ELAM] was transformative. [Earlier in my career] I didn’t quite look at leadership as a discipline to be studied. But ELAM really was much more intentional about skill-building and teaching you principles that came from the business literature that could apply to leading groups, change management, negotiating, presenting, and garnering support for new ideas.” *Carolyn C. Meltzer, MD, FACR (Episode 11: Leading to Serve)*

**11. Prioritize personal time.** Preventing burnout is a major concern for healthcare leaders. Maintaining control of your schedule is key to ensuring you have adequate time to unwind and recharge.

“You need to have your time off, you need to have your dedication to your family — you need to nurture that component. I try to carve out dedicated time and a schedule. I think in the end, it’s a matter of being disciplined with time and priorities.” *Ricardo C. Cury, MD, FACR (Episode 10: Leading with Vision)*

Rubin says he has been consistently impressed by the stories each guest shares about their respective careers, and hopes listeners are equally impressed. “We hope [these conversations can] be inspirational,” Rubin says, “particularly for younger folks who are just getting started and don’t have a good sense of what it takes or how people have gotten to where they are.” **B**

By Meredith Lidard Kleeman, freelance writer, ACR Press

## Making Connections Through Music

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crisis is prompting a re-examination of even academic settings, which I believe will lead to more streamlined protocols and efficiencies.

### How important is it to stay in touch with colleagues?

We learn so much from each other. One of the amazing things has been how rapidly information has been gathered and shared. It’s happening within and between institutions, and among cities and countries. The ability to rapidly respond to changing situations highlights the importance of organization, structure, and communication. The ACR has certainly been doing its share to get COVID-19 information to members rapidly — like guidance on chest CT scans and how to bring your practice out of this crisis (learn more at [acr.org/COVID19](https://acr.org/COVID19)).

### What advice do you have for residents, given the uncertainty of what lies ahead?

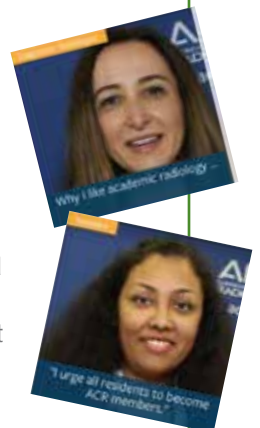
I don’t think there’s a reason to panic or be afraid. These are challenging times, but radiology will continue to be a critical need going forward. I went into radiology because of the diagnostic, problem-solving, technology, and imaging aspects of the field. It’s going to continue to

be an exciting career. I know there are some short-term challenges. For instance, one of my fellows thought he had a job lined up and recently found out that the job is now on hold. But that’s only short-term. The prospects for the profession are great long-term. I think there is every reason to be optimistic and have a positive outlook going ahead. Radiology is here to stay. **B**

Interview by Lisa Berretta, account manager,  
ACR Membership Services

### Read a story. Leave a story.

The COVID-19 pandemic is having a profound impact on radiology practices across the country. **We Are ACR** is available to you, your colleagues, your patients, and patient advocates to contribute uplifting stories and personal testimonials of how you’re battling the effects of the pandemic. These stories are meant to inspire you and exemplify just how important your work is. While you’re here, take a moment to submit your picture and written story, a soundbite or short video clip — share how COVID-19 has impacted your practice. Please write a short piece, 1,000 words or less, or record a brief video to share your thoughts and action items so that your ACR community can learn more about your work. Visit [acr.org/WeAreACR](https://acr.org/WeAreACR) to share your story today.



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ACRF Health Policy Research, including work done through the Harvey L. Neiman Health Policy Institute® (HPI), is critical to informing evidence-based imaging policy to improve patient care and support the value and role of radiology. Your donation will fund research evaluating the role of radiology in emerging alternative healthcare models, support the Health Economics and Analytics Lab (HEAL), and provide valuable data to support legislation, like the rollback of the Multiple Procedure Payment Reduction (MPPR).

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