

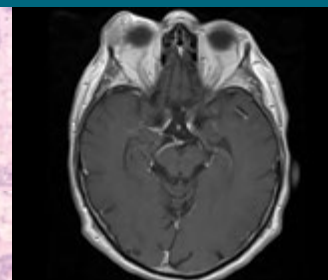
Bulletin



Nurturing the
Radiology Workplace

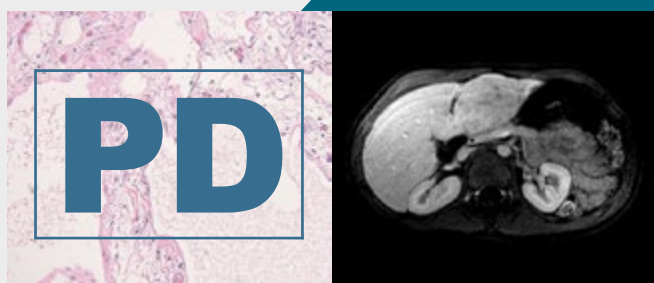
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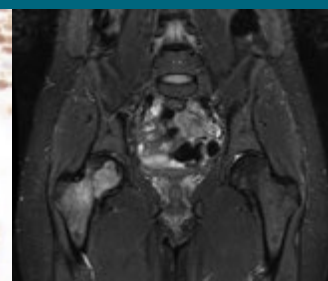
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The American College of Radiology® (ACR®) is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

For information about the accreditation of this program, please contact the ACR at info@acr.org.

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9

Nurturing the Radiology Workplace

Issues ranging from intense volume and overscheduling to disrespect from colleagues and a lack of autonomy can quickly turn a work environment toxic.



INSIDE

13 Strengthening Authorized User Criteria

With input from the ACR's commissions and government relations staff, the ACR Federal Regulatory Committee weighed in on authorized users and patient safety related to the use of radiopharmaceuticals.

14 Combining Art and Medicine

With a focus on perception, observation, analysis, and synthesis of visual material, imaging and creative expression may be closer than they appear.

18 Forging Global Connections

The ACR Foundation's latest group of Goldberg-Reeder awardees brought their skills, expertise, and energy to Botswana and Nigeria, where they made invaluable connections with local colleagues while working to advance patient care.

20 Diversifying Clinical Research to Improve Health Equity

One way to facilitate improved representation of underrepresented groups into clinical research is to have a recruitment strategy that includes direct outreach to facilities serving and based in underserved communities.

DEPARTMENTS

4 From the Chair of the Board of Chancellors

The processes and procedures employed in combating COVID-19 have managed to unsettle individuals with otherwise intact personal wellness.

5 Dispatches

News from the ACR and beyond.

8 From the Chair of the Commission on Economics

Each new CPT® code is the product of careful strategy to ensure fair reimbursement and avoid unintended consequences.

11 Research Rounds

The Harvey L. Neiman Health Policy Institute® and the Fund for Collaborative Research in Imaging grant programs have just begun to have an impact on the world of radiology, especially on the ACR's young and early-career members.

21 Final Read

Tell us about a colleague who has inspired you.



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.

Digital edition and archives of past issues are available at ACR.ORG/BULLETIN.



Looking at Wellness From 30,000 Feet and Below

The pandemic has made it increasingly difficult to maintain personal well-being, while prioritizing patient care and attempting to meet increased demands.

“**M**ake sure your own oxygen mask is secure before helping others.”¹ How many times have we heard this safety announcement before the airplane takes off?

There is an ancient Latin proverb, *Medice, cura te ipsum*. “Physician, heal thyself.” It provides similar sound advice, targeted to our profession long before air travel existed.² The basic message is essential to everyday survival, not just to unexpected/emergent situations.

The WHO differentiates personal wellness from health as it involves “fulfilment and realization of that person, both as an individual and their perceived role in their social circles — physically, psychologically, socially, spiritually, and economically.”³ Interwoven, the many facets comprising wellness constitute our unique fabric and vulnerability as individuals.

Wellness Issues: Pre-Pandemic (Standard Cruising Altitude Just Above 30,000 Feet)

Prior to the COVID-19 pandemic, the ACR 2018 Intersociety Conference focused on wellness, with the stated purpose “to identify strategies and themes to mitigate the frequency, manifestations, and impact of stress.” The subsequent publication in the *JACR*[®], “A Road Map to Foster Wellness and Engagement in Our Workplace,” cited factors that exacerbate existing stressors within radiology’s workspace such as isolation, workload, workflow inefficiency, misaligned purpose between altruistic individuals and the large systems in which they work, malpractice risk, lack of autonomy over schedules, economic demands in the setting of regulatory/reimbursement challenges, and generational issues.⁴ Strategies suggested to address stress included reducing stigma surrounding burnout; minimizing isolation; measuring and analyzing outcomes of improvement efforts; establishing and empowering wellness committees; recognizing positive impacts of team members; and

improving efficiency in the workspace. The four themes identified for operational prioritization were as follows:

1. Collecting, analyzing, and benchmarking data
2. Developing effective leadership
3. Building high-functioning teams
4. Amplifying voices to increase influence⁴

In a pre-pandemic Association of Program Directors in Radiology survey of radiology residency training programs two-thirds of responding programs rated their knowledge of the Accreditation Council for Graduate Medical Education Common Program Requirements regarding well-being as incomplete; roughly three-fourths had not implemented a comprehensive wellness curriculum; and over half of the responding programs did not offer the mandated self-screening tool for well-being. At the time, over two-thirds of programs had not minimized non-physician responsibilities for residents.⁵

Wellness Issues: Pandemic-Related/ Exacerbated (In-Flight Turbulence)

The processes and procedures employed in combating COVID-19 have managed to unsettle individuals with otherwise intact personal wellness. The excessive work schedules and low levels of personal interaction that contributed to the pre-pandemic burnout experienced by radiologists have only been exacerbated by the pandemic’s effect on increasing social isolation and higher demands on healthcare workers in a time of workforce shortages.

An increase in population-wide mental stress has been documented in previous endemics and pandemics. This is intensified in healthcare workers who bear the additional burden of frontline exposure and the primary responsibility of fighting the pandemic.⁶ It is difficult to maintain personal wellness while prioritizing patient care and attempting to meet increased demands. Challenges imposed by viral variants; inadequate supply chain; uneven distribution of PPE, vaccines, and testing; and frequent changes in rulemaking create landmines in the wellness landscape. Uncertainty hinders the ability to plan, and lack of overall control destabilizes functional teams. Frequent interruptions for overworked personnel result in burnout and overlooked mistakes.⁷

Among U.S. physicians, the death rate by suicide is higher than the general population. Annually, 300–400

continued on page 22



ACR Radiology Well-Being
Program (acr.org/WBI)

RLI PODCAST:

Leading Health Policy and Practice



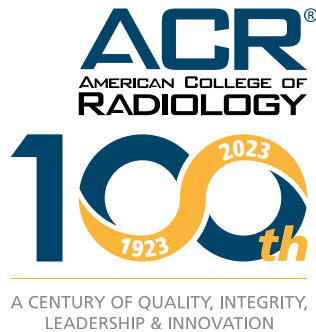
Think outside the box. Don't just accept conventional wisdom. Ask good questions. Find good mentors and sponsors to help you navigate your career. Figure out your intrinsic motivator. These are just some of the nuggets of advice shared by Richard Duszak Jr., MD, FACR, chair of the ACR Commission on Leadership and Practice Development, in a recent Radiology Leadership Institute® *Taking the Lead* podcast episode. During the conversation, Duszak shared how his interest in the intersection of the role of the physician with the political and economic ecosystems drew him to medicine and guided his career.



Listen to the episode at acr.org/taking-the-lead.

COMING SOON:
The ACR Turns 100

The ACR will celebrate the world-changing achievements and contributions realized by its members during its centennial celebration to be held May 2023 until April 2024. The College praises the lifesaving impact its members have had on radiology, patient care, and society. The ACR's member leadership, volunteers, and staff are working together to bring about the next century of innovation and to advance medical care. Stay tuned to acr.org/ [About-ACR/Centennial](#) for more details about the College's centennial celebration.



Racial Disparities in Prostate MRI

JAMA Oncology recently published a paper on the racial disparities in prostate MRI, in which Black patients with prostate cancer were less likely than White patients to receive a prostate MRI. This disparity was attributed to geographic differences, socioeconomic status,

and racialized residential segregation. The study suggests that efforts to address racial disparity in the use of prostate MRI should look at upstream factors, including the three above-mentioned factors.

Read more about the findings at bit.ly/JAMA_Study.

New Webinar Series:
Breaking Imaging Barriers

Healthcare disparities and inequities in the U.S. have been well-documented for decades, but the COVID-19 pandemic increased the focus on these inequities like never before. Join the Radiology Health Equity Coalition for a webinar series in June — Breaking Imaging Barriers: A Collaborative Approach to Advancing Health Equity in Medical Imaging.

JUNE 1: Addressing Imaging Disparities in LGBTQ+ Communities

The National LGBT Cancer Network will address the unique barriers to imaging care that exist within LGBTQ+ communities. This webinar will equip radiologists with resources to provide culturally competent and welcoming imaging care to LGBTQ+ patients.

Speaker: Scout, MA, PhD, executive director of the National LGBT Cancer Network

JUNE 15: The Role of Patient-Centered Care in Radiology Health Equity

Three experts in patient-centered care will outline strategies to engage patients in imaging care to promote equitable healthcare delivery.

Speakers: Ian A. Weissman, DO, FACR, chair of the ACR Commission on Patient- and Family-Centered Care (PFCC) Outreach Committee; Anand K. Narayan, MD, PhD, vice chair of the ACR PFCC Outreach Committee; and Lucy B. Spalluto, MD, MPH, vice chair of health equity in the department of radiology at Vanderbilt University

JUNE 29: Health Equity Capstone: Where Do We Go From Here?

Three panelists will deliver concrete steps for radiology professionals, imaging practices, and healthcare institutions committed to improving imaging health equity.

Speakers: John P. Williams, MD, FACS, chair of the President's Cancer Panel; Yvette L. Hammond, RN, MSN, clinical manager with Primary Care Coalition; and Karen Patti, chief operating officer with the Promise Fund of Florida

All webinars will take place from noon to 1 p.m. ET. Register for the webinars at bit.ly/Breaking_Imaging_Barriers. On-demand recordings of each webinar will be available after the conclusion of the series.

IMAGING 3.0: Improving Access for Women



To help overcome the socioeconomic barriers often found in underserved communities, the Promise Fund of Florida is building a network of local breast and cervical care providers and community resources for women. The nonprofit employs patient navigators in partnering clinics

and community health centers to guide women through every step of their breast cancer journey, including mammography screening. Connecting women to patient navigators in these communities has shown improved outcomes in early screening and treatment while reducing healthcare costs.

The Promise Fund of Florida has collaborated with the Radiology Health Equity Coalition on the development of the newly launched Community Health Outreach Resource Guide. Additionally, the Promise Fund has offered great insight while serving on the Radiology Health Equity Coalition Community Health Outreach Workgroup.

Read the full case study at bit.ly/Access_For_Women.



Register today for the virtual ACR Career Fair, sponsored by the ACR Career Center, on Tuesday, Aug. 16, from 3 to 6 p.m. ET.

Upload your CV and schedule one-on-one meetings with potential employers to begin the next step in your career.

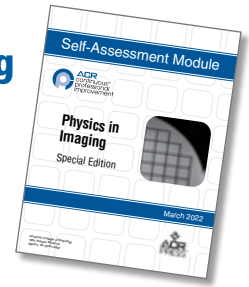
Can't make the Career Fair? The ACR Career Center is the premier recruitment resource dedicated to connecting medical imaging professionals with more job postings than any other radiology-specific job board. Browse new job postings daily with detailed responsibilities, sign up for the job alert email to get your ideal positions delivered to your inbox, and upload your CV so that potential employers can find you.

Start your search today at jobs.acr.org or scan the QR code for more information.



CPI Releases Physics in Imaging Special Edition Module

The new CPI Physics in Imaging Special Edition Module, part of the ACR Continuous Professional Improvement (CPI) program, covers a broad range of both basic and advanced physics principles as they apply to imaging.



The self-assessment module offers 8 SA-CME and features 50 questions assessing relevant imaging modalities, including CT, nuclear medicine, US, and MRI. As with all CPI self-assessment modules, you can choose your learning option: print or online. You will receive a complimentary digital e-book of each module with your purchase.

Learn more at acr.org/cpi.



Enrollment in TMIST Breast Cancer Screening Trial Surpasses Halfway Mark

The Tomosynthesis Mammographic Imaging Screening Trial (TMIST) is more than halfway to its recruiting goal of 128,905 participants, with more than 20% of participants in the U.S. being Black. Recruitment of women from diverse backgrounds is vital to ensuring that TMIST trial results will be applicable across races, ethnicities, and communities (read more on page 20). Led by the ECOG-ACRIN Cancer Research Group, TMIST is the first randomized trial that seeks to identify women for whom digital breast tomosynthesis — also called 3D mammography — may outperform digital (2D) mammography in reducing advanced cancers.

“TMIST sites are effectively reaching women in their communities, especially women of color, to gain a study population able to provide needed data to move breast cancer screening and health equity forward,” says Etta D. Pisano, MD, FACR, ACR chief research officer and TMIST study chair.

Read more at bit.ly/TMIST_Trial_Enrollment or contact TMIST staff at TMIST@acr.org.

I hope to see more and more physicians take action to mitigate our environmental impact and keep our patients and communities healthy. After all, we have one planet – let's protect it together.

JULIA SCHOEN, MD, MS, RADIOLOGIST AT
WAKE FOREST UNIVERSITY SCHOOL OF MEDICINE

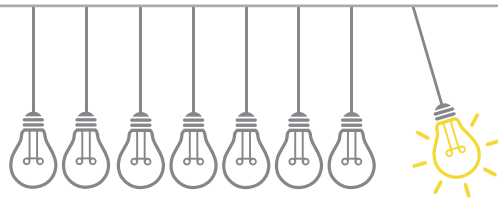


New and Updated ACR Appropriateness Criteria

The ACR Appropriateness Criteria® (AC) are evidence-based guidelines to assist referring physicians and other providers in making the most appropriate imaging or treatment decision for a specific clinical condition. Employing these guidelines helps providers enhance quality of care and contribute to the most efficacious use

of radiology. Fibroids, Hernia, Ataxia-Child, Staging and Follow-Up of Esophageal Cancer, and Imaging After Breast Surgery are new additions to the latest AC, which also include 15 revised topics along with more than 2,900 clinical scenarios.

For more information, visit bit.ly/ACRAC_Update.



2022 RLI Summit: Focus Inward to Drive Forward

The 2022 RLI Summit, taking place Sept. 9–11 at Babson College in Massachusetts, will afford attendees the opportunity to connect, share, and find new inspiration for their leadership journeys. The program kicks off Friday, Sept. 9, at the annual RLI Awards Recognition Dinner to celebrate connection, community, and the recipients of the 2022 RLI Awards.

At the Summit, attendees will learn to spark leader self-awareness, build collaborative teams, advance relational leadership, and develop high-quality connections. They'll also have a chance to put their learnings into practice during hands-on breakout sessions and an interactive case study review with their peers. There will also be opportunities to network with the specialty's best and brightest in a highly collaborative environment.

Register today at acr.org/RLIsummit.

New ACR Initiative Looks to Improve Diagnostic Imaging

The ACR has selected 22 teams as the first cohort of the ACR Learning Network, a new initiative to improve diagnostic imaging through a learning health system approach. Funded by a grant from the Gordon and Betty Moore Foundation, four improvement collaboratives will address important areas of performance in cancer diagnosis.

The ACR received nearly 200 applications from facilities across the country to participate in this first-of-its-kind program for the broad radiology community. The selection process was especially rigorous for the improvement collaborative's first cohort that will establish the foundational work for subsequent cohorts working on the same issues — improving the quality of lung cancer screenings, mammography positioning, prostate MR image quality, and lung cancer recommendations follow-up.

Application submission to participate in the second cohort of the same four learning collaboratives will open in fall 2022.

Visit the [ACR Learning Network](http://acr.org/Learning_Network) site to see the 22 teams selected at bit.ly/ACR_Learning_Network.

We need to work towards paid family leave for all radiologists, we need to ensure that academic promotions are equally available to all, and we need to be just as active in opening opportunities for radiologists who are underrepresented minorities in medicine.

GERALDINE B. MCCINTY, MD, MBA, FACR, PAST PRESIDENT OF THE ACR



HPI Set to Celebrate Ten Years of Excellence

Back in 2012, the ACR made a bold move to impact the national health policy debate by forming the Harvey L. Neiman Health Policy Institute® (HPI). Named after the late Harvey L. Neiman, MD, FACR, the HPI was established to fill an important void in research that delves into how policy decisions about medical imaging affect patients, populations, and the healthcare system. HPI research provides and promotes objective evidence to ensure future imaging policies benefit patients and make best use of healthcare resources.

To celebrate a decade of accomplishments and progress, the *Bulletin* will look back at the highlights the HPI has provided these past ten years. Stay tuned for future *Bulletin* issues that will explore the history of the HPI, recent investments and infrastructure, strategic developments, and future opportunities.

To learn more about the HPI and what it means to the world of radiology, visit neimanhpi.org.



Mark Alson, MD, FACR,
RCC

ACR Advisor to the AMA
CPT® Editorial Panel

Guest Columnist

There Should Be A CPT Code For That! (Part 2)

Each code application is thought through as carefully as possible to ensure we are doing the right thing for ACR members and to avoid unintended consequences.

In the first of this two-part series that published in the May issue, I discussed how a decision to bring forth new codes must be carefully considered in terms of current coding and reimbursement. In this month's column, I'll outline the subsequent steps in the lifecycle of a new code.

Category I codes created through the Current Procedural Terminology (CPT®) process go to a committee called the Relative Value Scale Update Committee (RUC) that assigns relative value unit (RVU) values for physician work and practice expense. The work of the RUC is a zero-sum game, so for any new codes given value, other codes must go down proportionally. The RUC determines what is in the "family" of a new code being valued and requires revaluation of the codes in that family. Unfortunately, "revaluation" usually means "lower valuation" in terms of decreased RVU values from what we previously had for these services. Consequently, when we make new codes, we try hard to consider the effect on other codes in what may be considered the same family. For example, if we created specific liver or breast elastography codes, then the abdominal US or breast US codes would have been revalued. Instead, we created generic elastography codes that work with a large variety of existing US codes so as not to pose a valuation threat to specific existing codes.

Consequently, we must carefully consider any downstream effects and unintended consequences before we create any new code. We don't want to create codes where you get paid more for something you do 10% of the time but consequently get paid less for the things you do the other 90% of the time. We have to be very strategic. Sometimes, for example, we are forced to revalue existing codes because they have been identified by the RUC or CMS as "potentially misvalued" or "overvalued." In those circumstances, if we are forced to revalue existing codes, that is a good time to introduce changes. As an example, when we were forced to revalue

breast MRI, we took the opportunity to divide existing codes into breast MR without contrast and breast MR with and without contrast. In this way, we were able to bundle breast computer-aided detection (CAD) into the later set. By purposefully doing this, we were able to capture increased value for the more complex services performed with and without contrast and capture CAD when performed.

So, what should folks do if they have questions about CPT codes? The answer is to ask the ACR. There may be a different coding mechanism to achieve the desired outcome. For example, let's look at abbreviated breast or liver MRI. Advocates want to improve access to screening with lower cost exams, and "full" exams can be quite costly — understanding that there is a huge variation in cost for these exams, depending on where they are performed (a topic for another day). In this particular example, a discussion of modifiers is helpful. Modifier –52 is a "reduced services" modifier. You can use it, at your discretion, whenever you feel that you did less than a full exam, and you have the ability to set a different price for that reduced services exam. There is a similar modifier –22 for increased professional services that you can use when you go above and beyond for that 27-sequence abdominal MRI but none of the payers or CMS pay for its use. If you have a shorter protocol, with fewer sequences than your standard protocol, you are not required in any way to use a –52 modifier since MRI codes do not specify how many sequences you must perform — but you have the "option" to use that modifier if you desire to charge less. This has been a source of confusion to members because they have gotten advice from the AMA and the ACR that the modifier is not necessary. That advice is correct. The modifier is *not necessary* but is an "option" to use if you desire to set a lower charge for an exam that is less than your standard.

In summary, there is a very coordinated interplay between your ACR CPT and RUC teams, and strategy always revolves around both patient care and reimbursement. We make new codes each year, but each code application is thought through as carefully as possible to ensure we are providing an accurate coding system while doing the right thing for our members and to avoid unintended consequences. Your ACR CPT and RUC teams have dedicated physician volunteers and incredibly knowledgeable and dedicated staff — with decades of combined experience — who work tirelessly to ensure you can code and bill appropriately for what you do. **B**



Nurturing the Radiology Workplace

Thoughtful changes in practice culture can improve well-being and help leaders retain the best people.

People leave jobs for varied reasons — dissatisfaction, more money, more responsibility, less responsibility. While these same drivers affect medicine and radiology, few causes can trigger a move more quickly than those related to well-being. Issues ranging from intense volume and overscheduling to disrespect from colleagues and a lack of autonomy can quickly turn a work environment toxic. Fortunately, practice managers, department chairs, and other future leaders can demonstrate the way toward healthier well-being — and potentially less staff turnover — by addressing these valid concerns. Here's how.

"When making sure everyone has about the same number of harder shifts, people burn out less."

—CAROLYNN M. DEBENEDECTIS, MD

"We all want to feel respected, valued and like we belong, and disrespect from colleagues, both intentional and unintentional, can affect those feelings."

—LORI DEITTE, MD, FACR

"As radiologists, we want to add value for our referring physicians and patients. We're always doing what's in the best interest of the patient, and if we're restricted, that limits our ability to do good work and weighs on our well-being."

—CHRISTOPHER P. HO, MD

Fairly Allocating Shifts and Non-Clinical Work

Overscheduling is not just about hours but about complexity of cases. "For residents, if you have someone doing a month of ER evenings followed by a month of neuro and high-volume vascular and interventional call, it can be extremely difficult on well-being," saysCarolynn M. DeBenedectis, MD, associate professor of radiology at the UMass Chan Medical School and co-chair of the ACR Well-Being Committee. Similarly, attendings repeatedly scheduled with more difficult shifts (or more difficult sites in a multi-site practice) may struggle. "You're just exhausted," explains DeBenedectis. "When making sure everyone has about the same number of harder shifts, people burn out less." Finally, administrative time, particularly for residency program managers, should be thoughtfully doled out. "We do a lot outside of our clinical work and the number of admin days impacts our well-being, particularly if admin days are given unevenly," says DeBenedectis.

"Much of the burnout among radiology residents comes from doing non-clinical work and dealing with constant interruptions," says Yasha P. Gupta, MD, chief radiology resident at Mount Auburn Hospital. "One of the greatest ways to overcome burnout is to help redistribute some of these tasks and minimize interruptions by utilizing reading room assistants, for instance, to help mediate the number of interruptions and phone calls during the day." Automated paging systems to convey important results can also remove hours of non-clinical work that often falls onto residents. "We spend too much time locating the appropriate physician to contact (and waiting on hold to discuss results)," says Gupta.

Addressing Colleague Disrespect

"We all want to feel respected, valued and like we belong, and disrespect from colleagues, both intentional and unintentional, can affect those feelings," says Lori Deitte, MD, FACR, professor of radiology and vice chair of education at Vanderbilt University Medical Center and chair of the ACR Commission on Publications and Lifelong Learning. Examples include interrupting another person during a meeting or making comments that result in another person feeling marginalized. According to a recent *Medscape* article on the reasons for burnout, 60% of respondents felt that lack of respect was a top contributor for burnout.¹

Workplace policies and leadership can help address some of these issues. "However, as leaders, we need to be role models and upstanders," says Deitte. "In a situation where a microaggression is directed towards another person, I might say, 'Can you please repeat what you just said? Help me understand what you meant by that comment.' This is a way to call out an inappropriate comment in the moment and help the person who said it reflect on their comment." What if the microaggression was truly unintentional? Responses should focus on supporting the person receiving the microaggression. "Intention does not necessarily equal impact, however, a negative impact is still not okay," notes Deitte.

Prioritizing Autonomy

As physicians, radiologists seek to make an impact on the lives of patients. If a radiologist is not permitted or allowed the time to discuss results or other information with a patient or a referring physician, it can be defeating. Being able to act in the best interest of the patient or speak up to make a change to your own work environment is important to the well-being of radiologists. "You want to be more than a service that just spits out lab results," says Christopher P. Ho, MD, associate professor in the department of radiology and imaging sciences at Emory University. "As radiologists, we want to add value for our referring physicians and patients. We're always doing what's in the best interest of the patient, and if we're restricted, that limits our ability to do good work and weighs on our well-being."

Likewise, "having input on practice policies and feeling like I'm being heard so that I can do what's right for my patient is huge," says Ryan B. Peterson, MD, assistant professor in the division of neuroradiology at Emory University. "I want to feel like I'm making a contribution, making a difference," he says.

Autonomy can suffer when leadership and administration become reactionary and don't listen to their staff. "When I was a fellow, a resident missed a non-critical finding overnight. The hospital's leadership decided that every CTA of the head or neck had to be over-read by a neuroradiology fellow overnight. We were being called all night long which really affected our well-being," says Peterson. "The policy changes weren't based on data or feedback from the staff but were reactionary to appease the most vocal person involved in the case."

Addressing Volume

When the ACR asked radiologists to answer the question "What keeps you from being the physician you want to be?" through the Well-Being Index (see sidebar), a large percentage said that the high volume of imaging studies negatively affects their well-being.

"Beyond making sure that the studies are appropriate, we can't really change the volume," says Kristin K. Porter, MD, PhD, associate professor at the University of Alabama at Birmingham. "The ratio of doctors to other healthcare workers is now 1:16, up from 1:14 two decades ago. Of those 16 workers for every doctor, only six are involved in directly caring for patients — nurses, for example. The other 10 are in purely administrative roles.² This makes sense when we acknowledge that there are just more and more layers of nonclinical work that hospitals and physicians' offices are being asked to do. Increasing documentation and regulatory requirements have added to the demand beyond caring for the patient in front of you. Imaging is necessary for quality medical care, and the volume is here to stay."

Porter highlights the need for more physicians. "No one goes to medical school to provide superficial care and fill out regulatory paperwork," she adds. "We need more physicians so that we can provide quality care. And we need an overhaul of the layers of documenting and regulatory requirements so that we can reduce the amount of time and money focused on this aspect of medicine."

Promoting Connections

A lack of connection with colleagues and teammates can erode the passion that radiology staff put into their work, according to Syam P. Reddy, MD, clinical chair at UChicago Medicine Ingalls Memorial Hospital and practice president with RPChicago, Radiology Partners.

"We use WhatsApp for more social interaction to acknowledge a new baby or wedding, as examples," says Reddy. "We have recently adopted Microsoft Teams as our daily chat system to connect with other radiologists for support as needed. Sending a morning emoji or gif can really brighten the start of the day."

Providing tools and encouraging staff to interact can help increase collaboration, trust, and team cohesion. Simple things like congratulating radiology staff after a big conference or pointing out a great catch on a difficult case can have a profound positive impact on a team. Additionally, coaching circles give staff a place to confidentially share pressing issues whether work related or not (read more in the [Imaging 3.0® case study at bit.ly/Coaching-Circles](#)). "Sometimes little things — listening to people vent, or sharing stories about successes/struggles — give us a more intimate way to recognize a person that can be more impactful to their well being," says Reddy. "People want to be visible, and they want to be heard," he says. "Often times we do not realize how magnified a problem has become because we are truly feeling isolated with that issue. If we approach these needs to connect on both a large and small scale, we can make large strides toward increased satisfaction and overall happiness."

Paying Attention to Appreciation

Recognizing an individual's contributions can positively affect their self-worth. "The human need for recognition in the workplace is very real. Recognition for work that goes above and beyond breeds assurance and a feeling of acceptance by coworkers and leadership in the workplace," says Jay R. Parikh, MD, FACR, professor of diagnostic radiology and division wellness lead within the division of diagnostic imaging at MD

"We need an overhaul of the layers of documenting and regulatory requirements so that we can reduce the amount of time and money focused on this aspect of medicine."

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— JAY R. PARIKH, MD, FACR

"The key to this change was asking and listening to the radiologists about what changes would make their day better."

— DARCY J. WOLFMAN, MD, FACR

"The very high rates of physician burnout are not related to a deficiency of resilience within physicians. It is the work environment that drives physician burnout."

— CHRISTINE SINISKY, MD



Anderson Cancer Center. "Radiology practice leaders can implement formal recognition committees who can recognize peers for the value they bring every day in being the glue that holds the practice together," Parikh says. "It is critical that radiology practice leaders now recognize and value their radiologists."

Listening to Your Colleagues

Do not underestimate the power of listening to the ideas of your staff, says Darcy J. Wolfman, MD, FACR, clinical associate at Johns Hopkins School of Medicine and a member of the ACR Commission on Human Resources. "Some ideas will not be feasible — some will be too expensive. However, many ideas are small, cost little money, and can have huge effects on morale," she notes. For example, adjusting scheduling so that shifts fit each staff member's needs when possible is a small, free area to address. "We have done it, and people have been thrilled," Wolfman says. "The key to this change was asking and listening to the radiologists about what changes would make their day better."

Feelings of disengagement and a lack of control over workplace issues can lead to negative feelings about the workplace. "A seemingly simple decision — refusing to be flexible with scheduling, for example — can end up with a radiologist looking for another job," Wolfman says. "When creating and instituting policies, it is important for leadership to understand how these policies will affect the workplace and what changes would improve the workday for staff. If not considered, policies that seem like a good idea and seem to be promoting wellness may not actually be well-received in practice."

Protecting Your Workforce

The main target for solutions to protect the well-being of staff and employees is in the health system itself. According to the AMA, "The very high rates of physician burnout are not related to a deficiency of resilience within physicians," said Christine Sinsky, MD, vice president of professional satisfaction at the AMA, in relation to a 2020 study.³ "It is the work environment that drives physician burnout."

Staffing shortages, scheduling problems, colleague disrespect and microaggressions, and other issues can plague practices and could be solved if leaders prioritize well-being. Unfortunately, when push comes to shove, well-being often does not make the cut. "I think that with all that has happened throughout the pandemic — including workforce shortages, many unanticipated retirements for a variety of reasons, and communication struggles — well-being resources have been challenged," says Claire E. Bender, MD, FACR, former chair of the ACR Commission on Human Resources.

For those leaders, however, who want to keep their radiologists and want to help them be the physicians they want to be, it is possible to protect your workforce. "It is never a mistake to listen," says Wolfman. "Taking the time to talk to staff and find out what changes would improve their day is the key to success." **B**

By Chad Hudnall, senior content specialist, ACR Press, and Raina Keefer, PMP, project manager for the ACR Radiology Well-Being Program

ENDNOTES

1. Hicks L. "Disrespect From Colleagues Is a Major Cause of Burnout, Radiologists Say." *Medscape*. Published February 18, 2022.
2. American Hospital Association. Fact Sheet: Strengthening the Health Care Workforce.
3. Berg S. Burnout isn't due to resiliency deficit. It's still a system issue. *AMA*. Published July 29, 2020.

ACR Radiology Well-Being Program Resources

Free for ACR members, the ACR Radiology Well-Being Program (www.acr.org/WBI) offers helpful resources to assess and promote your well-being.

The proven and trusted Well-Being Index (WBI) survey tool, created by the Mayo Clinic to help physicians anonymously self-evaluate their level of well-being

A toolkit of radiologist-specific resources on critical well-being topics such as relationship and work-life balance, health behavior, emotional concerns, and more

A set of well-being support guides for residents, medical students, and early-career physicians

An ACGME-aligned curriculum designed to meet specific well-being requirements for residency programs

A series of well-being case studies designed to help practice leaders, department managers, and team leaders implement practical suggestions to cultivate a culture of well-being

Strengthening Authorized User Criteria

With the recent Nuclear Regulatory Commission vote, the ACR scores a win for patient safety.

Earlier this year, leaders of the U.S. Nuclear Regulatory Commission (NRC) voted to maintain the highest level of training and experience criteria for physicians serving as “authorized users” (AUs) at facilities licensed to medically use unsealed radiological materials. The decision defeated a staff-level proposal to modify the AU criteria to more easily enable non-radiological specialists to handle radioactive materials without adequate expertise. The proposal was opposed by the ACR and other medical stakeholders who believe that AUs must have specialized training in radiation safety, physics, biology, and clinical implications, to perform their duties. The ACR applauds the NRC for this important decision, which prioritizes radiation safety by ensuring the continued expertise of physicians responsible for the medical use of radiological materials.

The *Bulletin* recently talked with two experts close to the controversial issue and decision — a culmination of years of public meetings, comment requests, agency papers, and other NRC activities relying on extensive input from the ACR and other stakeholders in radiology, radiation oncology, nuclear medicine, and medical physics. Paul E. Wallner, DO, FACR, chair of the ACR Federal Regulatory Committee (FRC), and Ralph P. Lieto, MS, FACR, chair of the ACR Nuclear Medicine and Molecular Imaging Committee on Government Relations, served on a multidisciplinary task force charged with ensuring radiation expertise by those supervising the use of radiological materials.

Why is it important to ensure that AUs have radiation expertise?

WALLNER: There is no evidence of current shortage of available AUs, and their numbers are increasing. Even alpha- and beta-emitting radiopharmaceuticals have the potential for real and “perceived” damage. Any event, regardless of danger (i.e., low levels, low doses, short-lived agents, etc.) is perceived by the public to be frightening. Many of the currently available or pipeline agents (new agents being studied and for likely approval in the next one to three years) have mixed radiation emissions that often include a gamma component — increasing the risks of misuse and mishandling.

LIETO: AUs are totally responsible for their own authorized activities and the participation of the individuals who use radionuclides for which the AUs are authorized. The NRC’s

“supervision rule” (10 CFR 35.27) designates the AU responsible for instruction and regulatory compliance for all activities of their authorized uses — receipt, use, administration, and disposal. This supervision responsibility underscores the importance of adequate training and experience to assure compliance, especially with therapeutic radionuclides.

What could an alternative outcome to the NRC vote have meant for patients?

WALLNER: Vendors who submitted the petition wanted individuals with minimal training in radiation biology and safety, such as internists, medical oncologists, and urologists, to be able to serve as AUs for alpha- and beta-emitting agents. If the vendor-proposed outcome had been adopted by the NRC, healthcare providers with no training or limited training and experience related to the use of specified radiopharmaceuticals would have been permitted to prescribe and administer alpha- and beta-emitting agents.

LIETO: The proposed alternative would have created divergent regulatory standards and documentation requirements for AUs of unsealed radionuclides versus sealed sources. It would not have maintained consistent standards of patient safety or quality of care. The alternative would have significantly increased the administrative burden on licensees in assessing, documenting, and managing training and education activities.

How did the ACR’s advocacy efforts around this issue help radiologists, patients, and regulators in terms of radiation safety policy?

WALLNER: Members of the FRC, working with ACR staff, testified before the Advisory Committee for Medical Use of Isotopes (ACMUI) during open hearings, provided peer-reviewed literature and workforce documentation, and met with NRC staff and commissioners.

LIETO: With input from the ACR’s commissions and government relations staff, the FRC provided written comments on draft rulemaking, regulatory guides, and oral remarks at open public sessions to assist in decision-making around AUs and patient safety related to the use of radiopharmaceuticals.

The ACR’s advocacy efforts educate federal appointees, regulatory and legislative staff, provide written statements based on input from ACR members, and maintain current communications with ACR leadership and members on relevant governmental issues. These efforts provide critical support to ACR members in their work to advocate for quality care and patient and worker safety in radiological imaging and therapy. **B**

Interviews by Chad Hudnall, senior content specialist, ACR Press

The ACR’s advocacy efforts help to ensure that patients receive the highest quality, safest, and most appropriate care with regard to medical imaging, radiation therapy, and medical physics services. For more information on the ACR’s efforts, contact Michael Peters, ACR’s government affairs director, at mpeters@acr.org.

Combining Art and Medicine



The director of arts in radiology at Vanderbilt University discusses how she's leveraging art to expand the scope of what it means to be a radiologist.



Erin A. Cooke, MD

The ACR Art Subcommittee of the Patient- and Family-Centered Care (PFCC) Commission is helping to encourage art exploration among radiologists. Erin A. Cooke, MD, chair of the PFCC Art Subcommittee, is a radiologist and artist who is combining her expertise in both areas to improve physician well-being and enhance patient care. In a recent interview with the ACR, Cooke discussed how art and radiology are complementary in that they both focus on perception, observation, analysis, and synthesis of visual material.

What made you decide to pursue a radiology career after earning your art degree?

I drew from my experience working in my dad's family medicine practice, answering the phone, and waiting for deliveries. I grew up with a lot of knowledge of the medical community in general when it comes to primary care medicine because he has a family practice in a small town in a rural area. So, it was not just primary care, but primary care to the utmost degree.

I knew that I would be best off in one of the specialties that dovetailed with my natural strengths and interests. I am a very visual person, and I knew I was going to go into one of the visual specialties. For the most part that includes radiology, pathology, and dermatology. Going through medical school, I was fortunate that I was at Baylor College of Medicine in Houston. They had great programming for medical students and great mentors. As soon as I did the radiology rotation, I realized it was much more interesting to me than other specialties. You get to interact with all sorts of other physicians, and you're valued for what you bring to patient care. I felt like I could have the most impact in radiology compared to all the other specialties I was considering at the time.

You were recently named director of arts in the radiology department at Vanderbilt University. How did the idea to formalize a director of arts position within radiology come about?

Reed A. Omary, MD, MS, FACR, who is the chair of our department at Vanderbilt, reached out to me when I was practicing in Seattle because he heard about my somewhat unusual background in studio art and radiology. When I came on board at Vanderbilt in 2020 as associate professor of clinical radiology and radiological sciences in the body imaging section, Dr. Omary encouraged me to explore possibilities for integrating art into our department and to consider what the foundational components for starting an arts program should be. Then, in May of 2021, he appointed me as the director of arts in radiology. Dr. Omary recognized this was an opportunity to collaborate on innovative departmental efforts to expand the scope of what it means to be a radiologist by incorporating art into our facilities to spark connection, conversation, and community.

◀ The Vanderbilt University radiology department is supporting the wellness of faculty, residents, fellows, and staff by displaying their artwork in the Vanderbilt Radiology Art Gallery.

Traditionally, there is a fair amount of separation among the arts, the humanities, and medicine. But, in a way, it's kind of obvious to put visual art and radiology together. It really took vision and willingness to look outside of current practice and a commitment to make that leap into the new territory. So it's been quite an amazing journey. We are very fortunate at Vanderbilt to have groups of individuals who are dedicated to broadening the diversity and reach of our field.

Why does it make sense to integrate the arts and radiology?

A lot of the tasks we do as radiologists, in terms of perception, observation, analysis, and synthesis of visual material, overlap with the visual arts. Artists and radiologists are doing a lot of the same stuff. I am not necessarily thinking about art while I am looking at a CT or MRI, but the processes I use while looking are the same. Being skilled in one area is going to help you in the other area, so active use of the skills that we employ as artists can help bolster the same skills that we use as radiologists. In the art community, there is a lot of attention paid to talking about, looking at, and analyzing art from different points of view. That type of consideration doesn't typically happen in radiology. In radiology, we move straight to "what's your differential?" I think we could learn from the art community about how we fall into different patterns of looking and what errors can arise from the way we are observing, analyzing, and putting things together. These different areas in arts and the humanities could help us be better radiologists by identifying opportunities to improve the skills that we use every day.

What are some specific projects that you plan to initiate as the director of arts?

In addition to the physical expansion of our art gallery, our second major focus is to develop a series of art sessions that support education, particularly for radiology residents. Now that we think it's a little safer to come together again as cases of COVID-19 wane, we've scheduled a session this year that will involve participants doing some drawing. This can be a bit scary for some people, but it's a good way to get people out of their comfort zone.

The sessions will also be interactive, giving participants opportunities to visit local art galleries and museums. During these visits, they will have discussions about perception, observation, different points of view, and others' perspectives, which are all important in radiology and medicine. We often take these things for granted because we are doing them all the time. These sessions give us a way to step back and consider how we are looking at things, if there are multiple ways of looking at them, and if there is a correct way to look at them.

One formal technique for teaching students to look at art is called visual thinking strategies, or VTS. It's a formalized way of teaching students how to look at art. It has been shown to improve perception, observation skills, as well as empathy. So far, only some small-scale studies have looked at how art improves residents' skills in observation, so we are hoping this could be a way to expand this research and provide residents with different tools to use when they go into practice.

What is the vision for expanding art within the department and beyond under your leadership as director of arts?

Our overall vision is to integrate art into the department and use it as a bridge into our community. Right now, we're primarily focusing on the visual arts, partly because it is natural for radiology as a visual specialty, but we certainly have a number of musicians, writers, and poets who we would like to get involved.

At Vanderbilt, we are fortunate because the medical center is physically adjacent to the university. We have a special opportunity to collaborate not just within the medical center but with other groups like the art department. We would like to expand and connect with some of the local museums and galleries to develop more regular programming, especially to involve our residents and medical students in our discussions about the connections among art, medicine, wellness, and patient care.

From the outside community, there are departments at other institutions that have expressed interest in this process and have requested a blueprint for how they can get started incorporating art into their facilities. This takes a certain amount of structure and organization, so providing this guidance is one of our long-term priorities.

How can the arts support wellness and patient-centered care?

In terms of wellness, we are talking about well-being for our faculty, residents, fellows, staff, and departments. The arts can support this in a variety of ways. The most obvious is social programming. For instance, we have started including art-related programming to give our radiology team a social connection to one another, accompanied by meaningful discussion around art. You learn a lot about people by looking at and interacting together with art. These conversations often involve issues of diversity, differing perspectives, and points of view that you haven't thought about. It's a way to build connections within and among departments.

Is there also a connection to the patient through art?

When we bring art into our departments, we make a visual statement that patients are important to us. If patients feel welcome and comfortable in our spaces, that potentially has an impact on health equity, and they are more likely to seek care. For example, in the breast center, if we can make a space more inviting, people

continued on page 22

Funding to Kickstart Radiology Advancements Via Research

The recipients of the FCRI and HPI grants are working on research to move the radiology profession forward and bring better care to patients.

The ACR Strategic Plan includes the specific objective to engage in clinical imaging research that will continue to advance the practice of radiology. The College's investment in science and research is intended to facilitate innovation within the specialty and among the membership.

Last fall presented new opportunities for the ACR to help give back to their members in the form of two grant programs

through the Harvey L. Neiman Health Policy Institute® (HPI) and the Center for Research and Innovation (CRI). While the two grant programs have different areas of focus, they share the goal of supporting the most compelling, innovative research ideas that ultimately lead to advancement of the practice of radiology and the health policies needed to achieve and sustain them.

Promoting the Effective and Efficient Use of Healthcare Resources

"Health policy research gives us evidence-based information on how and where imaging is used and how it's paid for, but it also is critical in uncovering disparities in access and the barriers that cause these disparities" says Pamela K. Woodard, MD, FACR, chair of the ACR Commission on Research. "There is really no other mechanism nationwide for funding imaging health policy research or training young faculty in this field of research."

The new HPI grant program provides funding for research aimed to inform health policy toward improving patient care and ensuring the proper use of healthcare resources. The first two proposals selected for the grant award are poised to make a significant impact in priority areas for health policy in radiology.

The multi-institutional research team of Aaron F. Bush, MD, Join Y. Luh, MD, FACR, Anne Hubbard, MBA, Nikhil G. Thaker, MD, and Mark R. Waddle, MD, was awarded funding for their project entitled "Improving the Radiation Oncology Alternative Payment Model: A Joint Academic Center and Community Practice Initiative." The team's goal is to optimize the radiation oncology alternative payment model's (RO-APM) payment methodology by looking at base rates, adjustment factors, and payment exclusions.

"The timing of this project couldn't be better given the CMS announcement in April of an indefinite delay to the start of its RO-APM," says Elizabeth Y. Rula, PhD, executive director of the HPI. "There is a huge opportunity to inform the future direction of the RO model and form a foundation for future APMs for radiology." The study seeks to find solutions to help the RO-APM better achieve its intended goal to reduce cost and improve quality while avoiding the unintended consequences of the method that have led to widespread criticism and concern, including negative impact for the most underserved patients. The researchers will leverage comprehensive patient data from multiple sources to account for several pivotal factors relating to cancer severity,

"Health policy research gives us evidence-based information on how and where imaging is used and how it's paid for, but it also is critical in uncovering disparities in access to imaging and the barriers that cause these disparities."

— PAMELA K. WOODARD, MD, FACR



palliative care, evolving technology, and the Medicare Physician Fee Schedule. The goal is to propose a data-driven model that is more accurate and equitable.

The second grant was awarded to Miriam E. Peckham, MD, Ruth C. Carlos, MD, MS, FACR, Yoshimi Anzai, MD, MPH, and Lubdha M. Shah, MD. Their project, entitled "Addressing Barriers to Low Back Pain Imaging/Intervention for Underserved Population Groups in Utah Using the RE-AIM Framework," will develop and test a model for radiology to overcome social and economic disparities and contribute to population health initiatives. The team will analyze factors such as neighborhood deprivation (defined as lack of local resources of all types), insurance status, median income, and other socioeconomic factors to create a model for predictive identification of patients most at risk for not receiving proper lower back pain treatment. From there, the researchers will pilot a care-coordination intervention to improve patient care for individuals with high risk for undertreatment.

Promoting New Directions of Radiology

“Grants that focus on imaging and associated patient-care pathways provide us with data-driven evidence that guides imaging utilization,” says Woodard. “By looking beyond technology assessment to patient outcomes in imaging-driven diagnostic and treatment pathways, we learn which imaging best benefits which patient.”

The Fund for Collaborative Research in Imaging (FCRI), the CRI’s grant program, is designed for pilot or seed funding to test a new idea or help support a new area or direction of clinical research in radiology. According to ACR Chief Research Officer Etta D. Pisano, MD, FACR, FCRI grants act as an accelerator or gap-filler in radiology research. “As radiology touches nearly all patient care, the FCRI Grant Program can empower ACR member researchers to move medicine forward,” says Pisano. “We are proud to offer this funding at a critical time for radiology and the patients we serve.”

The FCRI awarded two grants — one going to Sherwin S. Chan, MD, PhD, and Alain C. Cuna, MD, to fund their project “Multicenter Randomized Control Trial of Bowel Ultrasound for Diagnosis of Necrotizing Enterocolitis (in Neonatology Intensive Care Unit).” Bowel ultrasound (BUS) is a non-invasive imaging modality that allows real-time assessment of the intestinal wall, vascular perfusion, peristalsis, and abdominal fluid. This project aims to evaluate whether adding BUS to the diagnostic pathway of necrotizing enterocolitis in neonates leads to actual patient benefit or to potential harm with over-diagnosis and overtreatment and will assess the generalizability of BUS to less specialized centers of care. This project has the potential to improve care management decisions and improve patient outcomes.

The second grant was awarded to Allison L. Shapiro, MD,

“As radiology touches nearly all patient care, the FCRI Grant Program can empower ACR member researchers to move medicine forward.”

— ETTA D. PISANO, MD, FACR



PhD, and Christopher T. Whitlow, MD, PhD, MHA. Their project, entitled “Preclinical Imaging Biomarkers of Alzheimer’s Disease Neuropathology in Young Adults with Youth-Onset Diabetes: A Proof-of-Concept Study,” will seek to assess and document early neuropathological indicators of Alzheimer’s Disease and its related dementias (AD/ADRD) in young adults with youth-onset diabetes. It is well known and accepted that diabetes that develops in adulthood significantly increases a person’s risk for AD/ADRD. However, very little is known about how diabetes that develops in childhood and adolescence, or youth-onset diabetes, affects the risk for possible early-onset of AD/ADRD later in life. This project is a very different line of investigation than many of the currently funded studies in AD research. It is an application of imaging and radiology expertise addressing a key public health concern (dementia prevention), and the focus on early-life comorbidities is unique.

Fostering the Future of Research

The CRI and HPI grant programs have dual benefits. The investments themselves help realize the College’s strategy through ACR membership efforts in high-priority research areas and, at the same time, empower ACR members to serve patients, the profession, and society by advancing the practice, science, and economics of radiological care. According to Woodard, the CRI and HPI grant programs have just begun to have an impact on the world of radiology, especially on the ACR’s young and early-career members. This is especially true and represented in this year’s funded projects and researchers.

“Our youngest radiologists, who are the most eager, are the least likely to have the resources to pursue larger projects,” says Woodard. “These mechanisms provide both the funding and the mentorship to allow early-career investigators to obtain pilot data to, along with the ACR, translate these projects into multicenter trials.”

Pisano agrees. “The idea is that we encourage people to apply for funds from us in an effort to support them and their projects pursuing future, larger grants from the federal government, foundations, or contracts from industry,” she says. “The value to members is that ACR is helping build the base of research that will improve patient care.” **B**

By Alexander Utano, editorial assistant, ACR Press



The Harvey L. Neiman Health Policy Institute® mission is to establish foundational evidence for health policy and radiology practice that promotes the effective and efficient use of healthcare resources and improves patient care. Learn more at neimanhpi.org.



The ACR Center for Research and Innovation is dedicated to providing quality clinical coordinating center services in support of clinical research initiatives, which propel radiological science forward. For more information on services and ways to collaborate, contact research@acr.org and visit acr.org/Research/Clinical-Research.

Forging Global Connections

The ACR Foundation's Goldberg-Reeder awardees made lasting relationships while working with local physicians to advance radiological care in Botswana and Nigeria.

The ACR Foundation's Goldberg-Reeder Resident Travel Grant Program facilitates knowledge sharing while assisting patients in low- and middle-income countries. The latest group of award recipients brought their skills, expertise, and energy to Botswana and Nigeria, where they made invaluable connections with local colleagues while working to advance patient care. The *Bulletin* caught up with the recipients to learn more about their travels, why contributing to global health is critical for radiology, and how relationships are the key to success.



Abass M. Noor, MD, is pictured in the mammography reading room at Princess Marina Hospital.

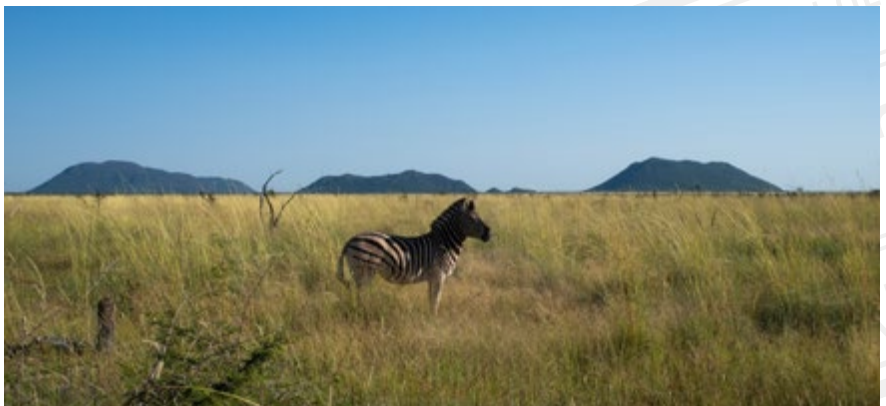
ABASS M. NOOR, MD Botswana

Abass M. Noor, MD, traveled to Princess Marina Hospital in Gaborone, Botswana, as part of a two-pronged mission: as a resident engaged in the global health track at the University of Pennsylvania and as a representative for RAD-AID International. In addition to clinical duties, Noor was helping to lay the groundwork for a residency program in Botswana by establishing a cloud-based PACS that would help larger, more resourced hospitals communicate more effectively with smaller hospitals and healthcare centers throughout the region.

Many of the local hospitals in Botswana do not have on-staff radiologists. Studies are loaded onto disks and sent by courier to the larger district hospitals. The radiologists at those hospitals dictate results and send the disks back, resulting in turnaround times of four weeks or more. Establishing a regional PACS would not only improve patient care by reducing turnaround time but would also provide a system to create and store images and teaching files, which are critical for resident education.

Noor's trip laid key building blocks for the system. He discovered legal and technical obstacles, like privacy laws and the need for a strong internet service, that RAD-AID would have to overcome to install a PACS. "My time was really spent developing critical relationships with key stakeholders who will be able to help us petition the Botswana Ministry of Health for exemptions that we need to carry out the work," Noor says. He plans to return on subsequent trips as a RAD-AID representative.

Building relationships with the people of Botswana was also one of Noor's favorite





Abiola Femi-Abodunde, MD, is pictured at a canopy walk at the Lekki Conservation Centre.

ABIOLA FEMI-ABODUNDE, MD Nigeria

For Abiola Femi-Abodunde, MD, a resident at the University of North Carolina at Chapel Hill, the journey to Nigeria was a homecoming of sorts. “I was born in Nigeria, grew up in Ghana, and I’ve always wanted to go back there,” she says. Femi-Abodunde planned to travel to University College Hospital in Ibadan, Nigeria, to establish a breast radiologic-pathology correlation conference where pathologists and radiologists could discuss biopsies and examine final pathology results relative to the mammographic findings.

Femi-Abodunde’s work wasn’t easy. After she had built the foundation and scope of the project, the COVID-19 pandemic hit, resulting in the project not being feasible for the timeline desired. “I had to start over,” she says. Femi-Abodunde found a new contact at Lagos University Teaching Hospital in Nigeria, where she ultimately helped organize a virtual radiologic-pathology conference. Ultimately, more than 17 participants — including radiologists, pathologists, and residents — were able to come together to correlate imaging findings with pathology reports. Not only were they able to discuss the results, but they also came together to discuss and improve workflow

challenges. “The conference ended up facilitating important communication that resulted in changes to address the different obstacles they discussed,” she says.

Like Noor, the relationships Femi-Abodunde created were the best part for her (although the food was a close second). “It was like going back and connecting with my roots,” Femi-Abodunde explains. “I got to meet a lot of people who, like me, were born in Africa and trained abroad. Like them, I want to come back and practice, so it was really heartening to see them flourishing.” The relationships she forged and her passion for her culture were also key to the project’s success. “It really helped to consider and understand where the faculty was already coming from,” she says. “Cultural context was key.”

Femi-Abodunde’s work in global health isn’t over. “We’re planning on replicating the radiologic-pathology project in another location,” she says. “Diagnostic radiology saves lives, but it costs a lot of resources. It’s imperative to share the resources we have with others and contribute to advancing radiological care all over the world.” **B**

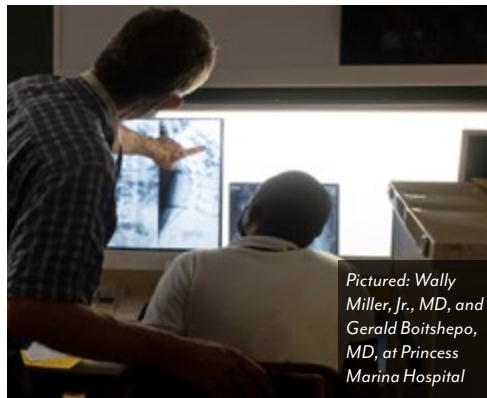
Interviews by Meghan Edwards, freelance writer, ACR Press

parts of the trip. “Everywhere I went, I met like-minded people who really understood me on a deeper level,” he says. Noor recounts a friendship that sprung up with a technologist overnight — quite literally. “I spent the night working with him on a CT pelvic scan for a patient, and he immediately invited me to a braai (the South African version of a barbecue) that weekend. We shared an amazing meal together.”

Noor says that the Goldberg-Reeder grant was a key reason he was able to be successful on his trip. “Without the scholarship, there would have been a huge financial burden,” he says. “Radiology is a technology- and resource-heavy field that requires substantial investment in terms of training, so many countries lack needed imaging care. Scholarships like these allow radiologists to help close equity gaps and provide access to quality care.”



Abiola Femi-Abodunde, MD, attended a theatrical performance during her time in Lagos.



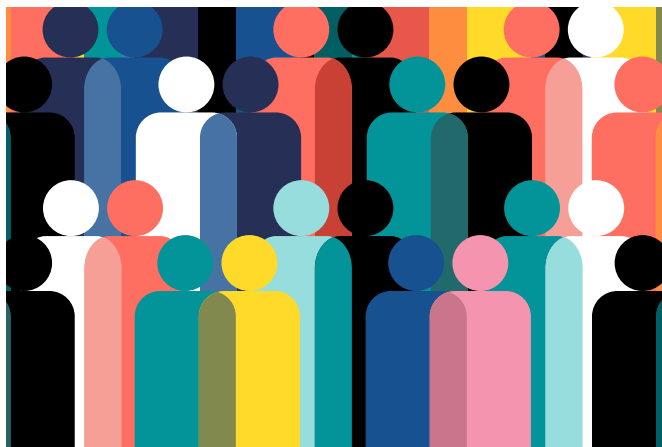
Pictured: Wally Miller, Jr., MD, and Gerald Boitshepo, MD, at Princess Marina Hospital

Where will your grant travels take you?



The ACR Foundation’s Goldberg-Reeder Resident Travel Grants support qualified residents and fellows seeking to spend at least one month assisting healthcare in a developing country. Learn more and apply by June 30 at acr.org/Goldberg-Reeder.

Diversifying Clinical Research to Improve Health Equity



Improving representation in clinical research can be done through a recruitment strategy that includes direct outreach to facilities in underserved communities.

An important and often overlooked mechanism to improve health equity is making clinical research more inclusive to ensure that potential improvements are realized across all population groups. In this case, I am referring to care for Black Americans and other underserved communities, who often experience worse outcomes for many diseases, illnesses, and injuries.

Newly developed diagnostic technology or treatment may enable better patient outcomes but without broad representation of population groups within research cohorts, specific benefits or nuances cannot be studied, which ultimately hinders the progress of medicine and health equity. For example, initial eligibility criteria for lung cancer screening did not consider important racial differences in smoking patterns and lung cancer development between racial groups because Black individuals comprised only 4.4% of participants in the National Lung Screening Trial. As a result, a large number of Black patients were ineligible for lung cancer screening because Black patients tend to be intermittent or light smokers with fewer accumulated pack-years and are more likely to start smoking later in life compared to White patients. Unfortunately, Black smokers who are at greater risk of developing lung cancer at an earlier age were not eligible for screening based on the age criteria.^{1,2,3}

One way to facilitate improved representation of underrepresented groups into clinical research is to have a recruitment strategy that includes direct outreach to facilities serving and based in underserved communities. During the course of my work

with the Radiology Health Equity Coalition, I recently connected with leaders of the Tomosynthesis Mammographic Imaging Screening Trial (TMIST) to explore whether TMIST participation is right for my department. More than 20% of U.S. women in the study are Black. This growing rate is double the 9% average Black cohort in National Cancer Institute (NCI)-funded trials. Yet, more sites and patients are needed.⁴

The primary reason for enhanced Black participation appears to be simple: TMIST is reaching out to imaging providers and practices that serve large Black communities — and those sites are responding. In addition, TMIST is making it easier for practices to take part by:

- Paying for mammography screening for women who qualify for free care at a participating site, enabling screening of more low-income and underserved women.
- Allowing sites to apply for advance payment to facilities to hire a dedicated research assistant — which, if approved, can make it easier to get the study up and running on site.

Once registered with a cancer research group (which ACR can help with), sites can readily participate in future trials, creating a virtuous cycle that advances health equity. Ensuring a diverse research cohort is an underutilized mechanism that should be used more frequently to further the cause of health equity. I encourage research groups in well-resourced institutions to reach out to those of us practicing in underserved and marginalized communities. With the right levels of support, we can together make significant strides towards health equity. **B**

By Jinel A. Scott, MD, MBA, member of the ACR General Radiology Improvement Database Committee and RSNA member representative to the Radiology Health Equity Coalition

ENDNOTES

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Health Equity: Commit to Act

For more information on imaging and radiation oncology clinical trials participation, contact the ACR Center for Research and Innovation at TMIST@acr.org. You can also support the Radiology Health Equity Coalition at radhealthequity.org and join the conversation online at [#RadHealthEquity](https://twitter.com/RadHealthEquity).

Tell us about a colleague who has inspired you.

“Mary H. Scanlon, MD, FACR, and her staunch support of radiologists in every phase of their career have struck me ever since we first met. Dr. Scanlon has always been a fierce advocate of her students at the University of Pennsylvania, and her engagement with her community and lawmakers at the state and federal levels are exemplary. Dr. Scanlon has modeled and taught me persistence and tenacity — never wavering when it comes to our future, our causes, or the mission of the ACR. I am grateful to her for being an outstanding friend, peer, and a role model for all of us #radvocates.”

— Christopher R. McAdams, MD, assistant professor in the department of radiology and imaging sciences at Emory University in Atlanta



“Linda Moy, MD, FACR, FSBI, FISMRM, is nationally and internationally known for her numerous accomplishments as a researcher, author, and editor. She is also a mentor, educator, clinician, and parent. As a researcher, Linda is a consummate leader and team-builder, always including any interested students or trainees, multidisciplinary researchers, clinical colleagues, and international colleagues in her projects. She has been a generous mentor to many, from medical students deciding whether to go into radiology to mid-career colleagues seeking advice. In the reading room or in lectures, Linda teaches a practical, clinically oriented, and patient-centered approach to breast imaging. It has been meaningful to me to see how Linda balances all of her weighty academic, administrative, and clinical duties with her dedication to her family members, who always come first.”

— Beatriu Reig, MD, MPH, breast imager with NYU Langone Health, clinical assistant professor in the department of radiology at NYU Grossman School of Medicine, and member of the ACR Commission on Patient- and Family-Centered Care Outreach Committee



LOOKING AT WELLNESS

continued from page 4

physicians die by suicide. Despite this high prevalence, mental illness and lack of personal wellness among physicians and healthcare workers remain under-recognized.⁸

President Biden signed the Dr. Lorna Breen Health Care Provider Protection Act (H.R. 1667) into law on March 18, 2022. The ACR Commission on Government Relations prioritized support for this bipartisan legislation named for an emergency medicine physician who died of suicide in April 2020. ACR members played an important role in advocating for the Breen Bill as a legislative priority during Hill Day 2021. The legislation will fund training of healthcare providers, residents,

and students on evidenced-based model strategies to reduce burnout, mental health conditions, and suicide. It also provides grants for education, peer-support programming, and treatment for mental and behavioral health conditions among healthcare providers. Furthermore, the legislation calls for the development of national awareness campaigns and studies of burnout among healthcare providers, with particular attention to the impacts of the COVID-19 pandemic.

Please review the “safety card” provided — the *Bulletin’s* cover story on [page 9](#) — and in the unlikely event of a water landing, the ACR Radiology Well-Being Program ([acr.org/WBI](#)) can be used as a flotation device. **B**

ENDNOTES available in the digital edition at [acr.org/bulletin](#)

COMBINING ART AND MEDICINE

continued from page 15

will be more likely to come in for their mammograms because it’s going to be a more enjoyable space. And sometimes people use art for shorter means of communication. Drawing anatomy about different procedures, for instance, is sometimes more helpful to patients because they can see what it looks like, and it can be easier for them to understand what’s going to be done. Even sketching out a diagnosis is more helpful than just a verbal description. I think sometimes we forget this.

You are also the chair of the ACR PFCC Art Subcommittee. Can you tell me about the Subcommittee?

The PFCC Art Subcommittee was formed in the spring of 2021. During a PFCC meeting, Cheri L. Canon, MD, FACR, raised the idea of forming the Subcommittee to bring art and the ACR together to support patient-centered care, education, and the well-being of our members. David S. Sarkany, MD, was involved in the group’s early formation and was appointed committee chair.

As ACR 2021 was rapidly approaching, the goal was to try to incorporate art in some way. Dr. Sarkany quickly gathered some volunteer members to join the Subcommittee. This amounted to a combination of faculty members, radiologists, and residents who were either artists or were interested in supporting the arts because of their appreciation for it. We gathered about 150 pieces of artwork to create a virtual art exhibit for the annual meeting. It received a lot of positive feedback. We were especially encouraged by the response from residents and medical students. This is clearly something that

resonated with younger folks and encouraged them to engage in the ACR, and in radiology in general, early on in their medical training.

Since that time, Dr. Sarkany asked me to take on the role of chair of the committee, so I started doing that this past fall. We planned a virtual and an in-person art show during the ACR 2022 meeting. We also have a website in development to showcase art by radiologists. In the future, we would love to keep working on programming and social events at the ACR Annual Meeting and get people involved that way.

How can artist-radiologists submit their artwork to the Art Subcommittee? How can radiologists, residents, and others get involved in the Subcommittee?

Later in 2022–2023, we will be accepting submissions for display of visual art for future ACR annual meetings, and we may expand that process down the road beyond the visual arts. We will promote opportunities for upcoming exhibits through social media such as Twitter, so interested artist-radiologists and trainees can stay tuned that way or can contact me at erin.cooke@vumc.org to be put on our email list for future artwork solicitation.

As for involvement, anyone who has an interest and passion for art can be considered for the Subcommittee. We have residents at all levels, including first-year residents, so we don’t have any requirements based on where folks are in their careers. We would love to get as many people involved as we can. **B**

Interview by Jenny Jones, *Imaging 3.0*® managing editor, and Melissa Parker, ACR associate education specialist

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ACR Bulletin (ISSN# 2160-4754) is published monthly by American College of Radiology, 1891 Preston White Dr., Reston, VA 20191.

From annual membership dues of \$900, \$12 is allocated to the *ACR Bulletin* annual subscription price. The subscription price for nonmembers is \$90. Periodical postage paid at Reston, Va., and additional mailing offices. POSTMASTER: Send address changes to *ACR Bulletin*, 1891 Preston White Drive, Reston, VA 20191-4326 or email to membership@acr.org.

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