



Canadian Association of Radiologists
L'Association canadienne des radiologistes

CAR RESIDENTS' REPORT

AMERICAN COLLEGE OF RADIOLOGY

ANNUAL MEETING AND CHAPTER

LEADERSHIP CONFERENCE (AMCLC)

May 4–8, 2013
Washington, DC

OVERVIEW

In early May 2013, we travelled to Washington, DC as the Canadian resident delegates for the American College of Radiology (ACR) Annual Meeting and Chapter Leadership Conference (AMCLC) and the Resident and Fellow Section (RFS) meeting. This report highlights the activities of the ACR and RFS, while summarizing the events of this year's gathering.

BACKGROUND

THE ACR IN BRIEF

The ACR represents 36,000 diagnostic/interventional radiologists, radiation oncologists, medical physicists, nuclear medicine specialists, and allied healthcare professionals. The mission of the ACR is to “serve patients and society by maximizing the value of radiology, radiation oncology, interventional radiology, nuclear medicine and medical physics by advancing the science of radiology, improving the quality of patient care, positively influencing the socio-economics of the practice of radiology, providing continuing education for radiology and allied health professions and conducting research for the future of radiology.”¹ To support this mission, the ACR is organized according to its five pillars: Advocacy, Clinical Research, Economics, Education, and Quality & Safety.

THE RESIDENT AND FELLOW SECTION (RFS) EXPLAINED

The RFS is composed of more than 5,000 ACR members-in-training (residents/fellows). The organization is headed by an elected executive committee “with a shared goal of developing resources and policies to benefit current trainees and the specialty as a whole.”² This collection of resources is available online (<http://www.acr.org/Membership/Residents-and-Fellows/Resident-Resources>) and includes RFS E-News, the RFS Toolkit, the ACR Resident and Fellow Journal Club, and the Young

Physician Section (YPS) Mentor Network. Additional modules on residency preparation, business concepts in radiology, financial and legal aspects of radiology, and multiple learning resources (including Case in Point and MRI Teaching Files) are also available.

AMCLC 2013 IN REVIEW

RFS SESSIONS/SPEAKERS

“AMCLC Welcome and Overview”

- <http://amclc.acr.org/>

“What You Didn't Learn in Radiology”

Lawrence Muroff, MD, FACR

- Your job is not necessarily secure.
 - **Make yourself indispensable**
 - a. Value-added service
 - b. Imbed yourself into the political, social, and medical aspects of your community and hospital
 - c. Get involved in the committee work of your radiological practice
- Earning potential is uncertain.
 - **Radiologists still make an excellent living**
- Service trumps expertise, although both are necessary.
 - **Affability, availability, ability**
These three A's are a key part of a service-oriented specialty
- Most radiological groups are dysfunctional.
 - **Strive to develop an efficient governance structure with a meaningful business plan and objectives**
- Many practices are run as mom-and-pop shops.
 - **Good business and medicine can coexist**
Most radiological practices are moderately sized businesses (\$10–\$100 million per year)
- Few, if any, friends in the House of Medicine.
 - **Get involved in the ACR and your local state (or provincial!) radiological board to advance the specialty in the medical and public domains**
- Summary: *Non-clinical skills are also extremely important in radiological practice.*

1 <http://www.acr.org/About-Us/History-and-Mission>. Accessed 20 June 2013.

2 <http://www.acr.org/Membership/Residents-and-Fellows>. Accessed 20 June 2013.

“Radiology Advocacy Network (RAN) – Overview”

- <http://www.acr.org/Advocacy/Grassroots/Radiology-Advocacy-Network>
- <http://www.radpac.org/>
 - Well-funded and well-coordinated lobbying effort
 - Total 2012 contributions exceeded \$1,300,000
 - 2013 AMCLC raised \$84,000 from 410 contributors (140 were ACR members-in-training).

First-Time Attendee Track: Senior Resident Panel

- <http://www.acr.org/Membership/Residents-and-Fellows>
- Residents from Pennsylvania, Maryland, and Vermont shared their experiences with the ACR and encouraged attendees to get involved in various volunteer and educational capacities.
- Reviewed available ACR fellowships <http://www.acr.org/Membership/Residents-and-Fellows/ACR-Fellowships>
- A few AMCLC points:
 - “[The AMCLC] teaches residents the business of radiology, which anecdotally is not well covered in residency training programs.”
 - “[The AMCLC] is different from other meetings in that it “focuses on everything you do when you lean back from the workstation.”
- Encouraged submissions to the *Journal of the American College of Radiology (JACR)* <http://www.jacr.org/>
- Highlighted the importance of transitioning from RFS to the YPS in early years of independent practice
- Discussed the role of RADPAC and the need for resident support
 - A previous year’s visit to Capitol Hill elicited the following from a staffer: “Do radiologists go to medical school?”
 - “Patients need to understand the role of the radiologist and know that the name of the radiologist comes with 13 years of training.”

“ACR Leadership Address”

John Patti, MD, FACR, ACR President

Paul Ellenbogen, MD, FACR, ACR Board of Chancellors – Chair

- Touched on the history and origins of the ACR
- Emphasized the importance of the five pillars of the ACR: “Research, Quality & Safety, Education, Advocacy, & Leadership”

- Fielded questions from attendees on certification, challenges to practice, joint ACR representation of academic/private practice radiologists, and relationships with other physician groups such as the AMA
- Dr. Patti encouraged attendees to participate in a 30-day trial of the ACR website as their homepage.

“Setting a Strategic Course – RLI Mini-Session”

Alexander Norbash, MD, FACR

- Radiology Leadership Institute (RLI): <http://www.radiologyleaders.org/>
- “Strategic planning on an institutional scale uses processes and methods which demand study and familiarization.”

Candidate Speeches for 2013–2014 RFS Board

- Positions include Education Liaison, Communications Officer, AMA Delegate and Advocacy Liaison, Radiation Oncology Representative, Secretary, and Vice-Chair.

Introduction to the ACR Commission for Women and Diversity

Arun Krishnaraj, MD, MPH

- Role and objectives of the Commission are outlined at the following link: <http://www.acr.org/Membership/Commissions-Committees/Operational/Women-and-Diversity>

“Young Physician Panels: Transitioning to Life after Training”

- A group of 6 relatively new-to-practice radiologists (between 1 and 8 years out) took questions on the transition to practice, tips on finding a job, and negotiating hiring/contracts.

Point/Counterpoint – “Is eliminating fee-for-service reimbursement good or bad for radiology?”

Moderator: *Saurabh Jha, MD*

Presenters: *Neil Lall, MD; Matthew Hawkins, MD*

- Arguments in favour of eliminating fee-for-service:
 - Shift towards value over volume (e.g. surgical literature suggests increased complication rates may lead to perverse financial rewards) Eappen et al. (2013)
- <http://jama.jamanetwork.com/article.aspx?articleid=1679400>

Probable trend towards outcome-based reimbursement models for clinical/surgical medicine. Radiologists should participate in this discussion to ensure CPT codes and relative value units continue to reflect the expertise and role of radiologists in patient care and efficient use of imaging resources: “If you’re not at the table, you’re on the menu.”

- Imaging 3.0
Radiological practice extends beyond image interpretation and the fee structure should reflect this.
See chart at: http://www.acr.org/~media/ACR/Documents/PDF/Economics/Imaging%203/IMAGING3_HANDOUT.pdf
- Arguments in favour of fee-for-service:
 - Without fee-for service, radiology departments may be viewed as “cost centres” rather “revenue generators”.
 - Inherent difficulty in quantifying the “value” of a radiologist for non-billable activities.
- Harvey L. Neiman Health Policy Institute
 - “Beyond Fee-For-Service: Emerging Payment Models in Radiology”
<http://www.acr.org/Research/Health-Policy-Institute/Neiman-Report-Index/Brief-03-Beyond-Fee-for-Service>.

First-Time Attendee Track: “Promoting Leadership – The Exodus”

Richard B. Gunderman, MD, PhD, FACR

- Key points:
 - Professional burnout is multifactorial (paper-work, work hours, medical liability, on-call challenges).
 - Physicians may experience conflicted loyalty with regards to revenue/cost, quality of service/care provision, and handling of errors. Hospital policies, guidelines, professional codes of ethics fall short in addressing these issues.
 - Higher-order questions are required to define effective leadership, and patient/professional advocacy.
 - a. Whom do we serve? What purposes should we serve?
 - b. How do we find and develop leaders?
 - c. Who should assume leadership positions?
 - At the conclusion, Dr. Gunderman encouraged attendees to consider the following:
What is the name of the radiologist you most admire? Why?

First-Time Attendee Track: “Business in Radiology”

Frank Lexa, MD, MBA

- Challenges to healthcare reform:
 - Healthcare inflation
 - Changing demographics
 - Fiscal challenges – Federal debt and obligations
 - Value
 - a. Tracking patient outcomes/expenditures
 - b. The Dartmouth Atlas of Health Care:
<http://www.dartmouthatlas.org/>
 - Power shifts
 - a. Specialists to primary care
 - b. Physicians to hospitals
 - Globalization – Medical tourism
- Meeting the challenges
 - Shift to caring for an elderly population
 - Transition from a fee-for-service payment model to a value-added model
 - Build bridges with primary care
 - Promote quality and services
 - Stay involved socially and politically.

First-Time Attendee Track: “Six Reasons to Be Optimistic About the Future of Radiology”

Jonathan Berlin, MD, MBA, FACR

- Declining reimbursement
 - Average salaries are well above median incomes
 - Income vs. well-being
Kahneman and Deaton 2010
http://www.princeton.edu/news/Income_Happiness/Happiness_Money_Report.pdf
- Increasing workload
 - Substantial job variation
 - Inherent satisfaction in contributing to patient care
 - Diverse/exciting work
 - Average annual leave for American radiologists: 20-60 days (median 40)
- Commoditization
 - Imaging services may be viewed as a commodity in which consumers buy a product on price alone
 - Focus on de-commoditizing radiology by improving customer service/satisfaction and developing new products
- Potential for outsourcing
 - Refer to Dr. Muroff’s lecture notes on page 2
- Poor job market
 - It will improve over time!
 - Competitiveness of field
 - Entry into the profession remains competitive.

“Radiology Risk Management: Improving Quality Through Expectations and Communication”

Richard Duszak, Jr., MD, FACR

- Key points:
 - Muroff’s Law: “In this country, anyone can sue a ham sandwich.”
 - Statistics:
 - a. 7% of American physicians faced a malpractice claim annually (2011); radiologists were just below 7%
 - b. Radiologists on average spend 10% of their career with pending or unresolved claims
 - Claims are assessed by the following criteria:
 - a. Duty (What is the standard of care?)
 - b. Breach
 - c. Causation (Did a breach cause an injury?)
 - d. Damages

A meritorious claim typically requires all four.
 - Medicolegal issues commonly arise from the following exposures:
 - a. Complications
Are complications malpractice?
No. Obtain consent. Identify early. Implement therapy. Document appropriately.
 - b. Consent
Refer to ACR–SIR Practice Guidelines
http://www.acr.org/~media/ACR/Documents/PGTS/guidelines/Informed_Consent_Image_Guide.pdf
 - c. Perceptions/interpretations
 - i. Errors (e.g. lung nodules)
 - › Virginia Hughes – “When Experts Go Blind”
<http://phenomena.nationalgeographic.com/2013/01/31/when-experts-go-blind/>
 - › Leonard Berlin – “Hindsight Bias”
<http://www.ajronline.org/doi/pdf/10.2214/ajr.175.3.1750597>
 - ii. Take-home messages
 - › Avoid search satisfaction (don’t miss 2nd abnormality!)
 - › “If an interpretation is challenged or questioned, retain an expert and review hindsight bias literature”

- d. Communication
 - i. Communicate urgent results to the referring physician
 - › If the physician is unavailable, call the patient directly to coordinate their care
 - ii. Document non-routine communication in the chart/report.

“Health Care Reform/PPACA”

David Rosman, MD

- Key points:
 - PPACA: Patient Protection and Affordable Care Act (i.e., Obamacare)
 - a. Law: <http://www.healthcare.gov/law/index.html>
 - b. Insurance Basics:
<http://www.healthcare.gov/using-insurance/index.html>
 - c. Health Insurance Marketplace:
<http://www.healthcare.gov/marketplace/index.html>

ACR COUNCIL MEETING

ACR Council Convenes

- Background: The Council consists of councilors representing state and subspecialty radiological societies. The business of the ACR is discussed with debate and adoption of various policies and resolutions. Lectures focus on socioeconomic and policy issues in radiology.
- Chairman’s Report
Paul Ellenbogen, MD, FACR, ACR Board of Chancellors – Chair
Presentation available at:
<http://amclc.acr.org/LinkClick.aspx?fileticket=6FJyHLD826s%3d&tabid=124>
- Presidential Address
John Patti, MD, FACR, ACR President
Video available at:
<http://amclc.acr.org/PROGRAMMAPS/Presentations.aspx>
- Annual reports from representatives of RADPAC, RFS, YPS, JACR, the American Board of Radiology (ABR), the American College of Radiology Imaging Network (ACRIN), and the Radiation Therapy Oncology Group (RTOG).

- A few highlights:
 - *JACR*
 - a. Dr. Bruce Hillman (Editor-in-Chief) reviewed the first 10 years of the journal's history
 - i. On why radiologists should read the journal:
 - › “It’s thin and can be read on airplanes and in private places.”
 - › “There is large print and ample white space [for broad-based appeal].”
 - ii. On the challenges in selecting editors/columnists (with apologies to JFK):
 - › “There has never been a greater concentration of intellectual power since Jefferson dined alone.”
 - b. A few numbers:
 - i. *JACR* was second only to Radiographics in 2012–2013 readership for radiology journals.
 - ii. An impact factor will be assigned in June 2013.
 - ACRIN
11 active trials, 17 publications in 2012.
 - RTOG
 - a. 3,000 patients enrolled in clinical trials in 2012
 - b. New studies for 2012/2013 – brain tumours, NSCLC, cervical, H&N, HCC, prostate.

Moreton Lecture: “Value, Variation, and Patient-Centered Care: Building Radiology’s Future”

Brent C. James, MD, MStat

Presentation available at: <http://amclc.acr.org/LinkClick.aspx?fileticket=yfNWB07v46M%3d&tabid=124>

Reference Committee Open Sessions

- Review of edits to multiple resolutions/proposed bylaw changes
 - Parliamentary Procedure
<http://amclc.acr.org/LinkClick.aspx?fileticket=Bl9uu4RiPnc%3d&tabid=132>
 - Parliamentary wit was in no short supply: Committee 2, Resolution 9 ACR-ASNR-SPR Practice Guidelines for the Performance of Myelography and Cisternography. In reference to the 2-hour recommendation for post-procedural monitoring of patients, a representative from Maine reported that “I’m lucky if I can keep them out of a tree stand that afternoon.”

Open Microphone Session

Moderator: Bruce J Hillman, MD, FACR

- Part I: Consideration of the Annual Workforce Study
Edward I. Bluth, MD, FACR
 - Key numbers:
 - a. There were 1,407 radiologists hired in the USA in 2012.
 - b. Approximately 1,526 hires are projected for 2013.
 - c. Although there are 1,200 radiology graduates per year, the survey does not track part-time vs. full-time employment, record whether or not new hires are recent graduates, or record the number of radiologists made redundant or let go in a calendar year. This makes it challenging to assess the number of jobs actually available to graduates. The 2014 Workforce Study will be amended to include this additional data collection.
- Part II: Task Force on Teleradiology
Ezequiel Silva, III, MD
 - Presentation: <http://amclc.acr.org/LinkClick.aspx?fileticket=MnjYsL8RyYg%3d&tabid=124>
 - Refer to the “ACR White Paper on Teleradiology Practice: A Report From the Task Force on Teleradiology Practice”
<http://dx.doi.org/10.1016/j.jacr.2013.03.018>

Capitol Hill Preparation

- <http://amclc.acr.org/AdvocacyHillVisit.aspx>
- Delivering the Message
 - a. Personalize
 - b. Established talking points
 - c. “Leave behind” folders
 - i. ACR fact sheet
 - ii. What is a radiologist?
 - iii. One-page document on current issues (e.g. Multiple Procedure Payment Reduction, Imaging Utilization Management Policy).

ACR Council Convenes

- a. In Memoriam
- b. Introduction of New Officers (including Dr. Geoffrey Smith – Canadian Representative, Dr. William Miller – Canadian Observer on ACR Board)
- c. Chapter Recognition and RFS Poster Awards

- d. Diagnostic Imaging Centres of Excellence Awards, RADPAC, and Thorwarth Awards
 - i. Dr. Bibb Allen of RADPAC is the model of fundraising efficiency, and in describing the success of the previous year's efforts, reported "We're going to need a bigger boat next year" before donning a Captain's hat at the podium. Those donating \$1000 and up in a calendar year are invited on an annual cruise of the Potomac during the AMCLC.
 - ii. This year's recipient of the Dr. William Thorwarth Junior Award was Dr. Richard Duszak. Dr. Thorwarth presented the prize and in addition to reporting on Dr. Duszak's many achievements, reported that, "Rich lives in a universe where there are more than 24 hours in a day." A quick poll of the RFS members in attendance indicated that few were willing to agree to transport to this alternate universe at risk of further sleep deprivation [Ed.'s note].

Economics Forum

- Introduction
 - Geraldine McGuinty, MD, MBA*
 - "[Radiologists] can survive and thrive in a value-based compensation model."
 - Dr. McGuinty reported that she is descended from legendary Boston strongman and bare-knuckle fighter John L. Sullivan. Unofficial but unanimous selection as the ACR "Economic Champion" followed suit.
- Keynote Address: "The Future of Imaging Informatics"
 - Keith J. Dreyer, DO, PhD, FACR*
 - Key point:
 - Healthcare reform and issues of quality, safety, access, and outcomes are changing radiological practice. The Imaging 3.0 technical framework is serving as the basis of informatics innovation. IT tools to improve clinical decision support, utilization management, and direct integration with certified EHR technology include incorporation of best practice guidelines into computerized physician order entry (CPOE), structured reporting (e.g. standardized follow-up), flagging critical results, image sharing, etc.

- Links:
 - a. Presentation
 - <http://amclc.acr.org/LinkClick.aspx?fileticket=WrbqK1KxLj1%3d&tabid=124>
 - b. Centers for Medicare and Medicaid Services (CMS) EHR Incentive Programs and Meaningful Use
 - i. <http://www.doyoumu.com/>
 - ii. <http://www.themuguide.com/>
 - c. Imaging 3.0
 - <http://www.acr.org/Advocacy/Economics-Health-Policy/Imaging-3>
- Additional Economics Presentations included
 - "What is Imaging 3.0?"
 - <http://amclc.acr.org/LinkClick.aspx?fileticket=sj1Rn8dRp3s%3d&tabid=124>
 - "ACR Coding & Nomenclature Update 2013: Unrelenting Pressure to Bundle"
 - <http://amclc.acr.org/LinkClick.aspx?fileticket=F7f3dTkNjsw%3d&tabid=124>
 - "Relative Value Scale Update Committee (RUC) Update"
 - <http://amclc.acr.org/LinkClick.aspx?fileticket=DLMeug41fkc%3d&tabid=124>
 - "Committee on HOPPS, Committee on Economic Issues in Academic Radiology"
 - <http://amclc.acr.org/LinkClick.aspx?fileticket=GrYR4S9Vz-I%3d&tabid=124>
 - "The Managed Care Committee's Value to the ACR"
 - <http://amclc.acr.org/LinkClick.aspx?fileticket=hZHCjTW3454%3d&tabid=124>
 - "Your Carrier Advisory Committee Network (and other Medicare-related Activities)"
 - http://amclc.acr.org/LinkClick.aspx?fileticket=gl8d0Q5Q7_E%3d&tabid=124
 - "Medicaid Update"
 - <http://amclc.acr.org/LinkClick.aspx?fileticket=Qd-upqN5a70%3d&tabid=124>
- Economics Links
 - AMCLC Health Policy and Economics Acronyms (Essential Reading!)
 - http://www.acr.org/Membership/Residents-and-Fellows/Resident-Resources/~/_/media/AD091558AD904E65A7AD74E91019F86A.pdf
 - CPT: Current Procedural Terminology (codes assigned to medical services and procedures)

- a. <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/about-cpt.page>
- b. <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/cpt/cpt-process-faq/code-becomes-cpt.page>
- RUC: Relative Value Scale Update Committee (AMA and Specialty Societies – advisory body to Medicare/CMS)
 - a. <http://www.acr.org/Advocacy/Economics-Health-Policy/Medicare-Payment-Systems/Developing-RBVs/Relative-Value-Update-Committee>
 - b. <http://www.ama-assn.org/ama/pub/physician-resources/solutions-managing-your-practice/coding-billing-insurance/medicare/the-resource-based-relative-value-scale/the-rvs-update-committee.page>
- CMS: Centers for Medicare and Medicaid Services
<http://www.cms.gov>.

CONCLUSION

We were grateful for the opportunity to participate in the RFS and AMCLC meetings. The conference highlighted past and current radiological successes while emphasizing the need for continued practice and policy innovation in the years ahead. While the effects of healthcare reforms and the current economic climate make for a somewhat uncertain future, high standards for clinical care remain the order of the day. The ACR's commitment to excellence in research, quality and safety, education, advocacy and leadership, coupled with the energies and resources of its engaged and substantive member base, will be of significant utility going forward.

Sincerely,

Mike Rivers-Bowerman, PGY-2 Dalhousie University
Suzanne Byrne, PGY-3 Memorial University