October 2009
Volume 64, Issue 9

ACR BULLETIN

HIDDEN WONDERS

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FIGHTING BREAST CANCER

ACR-ARRS delivers powerful tools

RBMs

Easier billing or professional headache?

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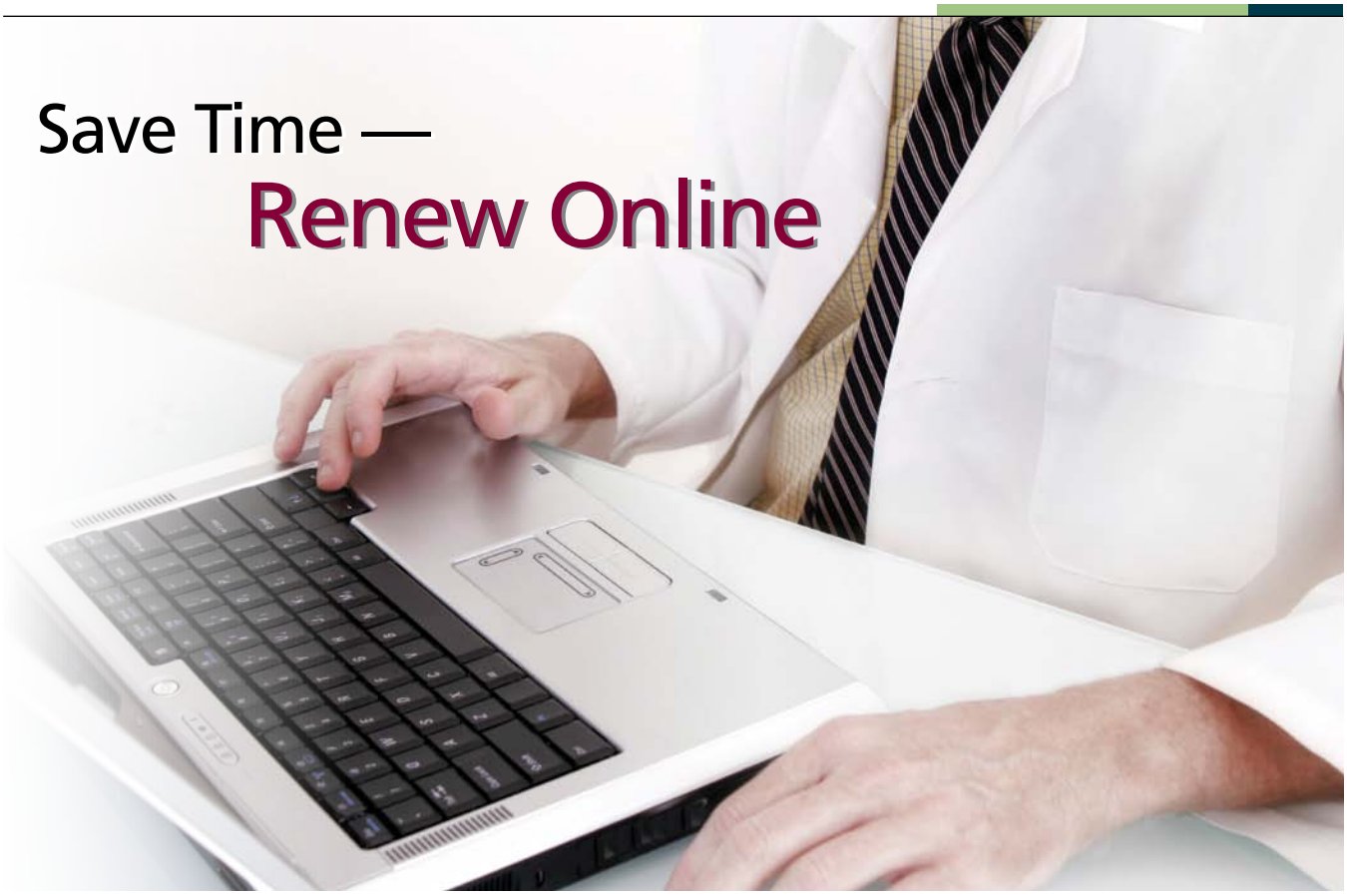

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Five Easy Steps to Renew Online

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4. Click on "My Membership Orders." Your 2009 dues order information will appear on this screen.
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For login assistance or dues questions, contact the ACR Membership Department at **membership@acr.org** or call 800-347-7748.

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By André Bruwer © 1994, courtesy Skiagraphics

On the cover: This image of a Hawaiian hibiscus, Hawaii's state flower, is an example of X-ray art photography as an art form.

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ACR BULLETIN

ACR Bulletin is published 10 times a year to keep radiologists informed on current research, advocacy efforts, the latest technology, relevant education courses and programs, and ACR products and services. It provides a forum for members to share lessons learned, news and events, and achievements.

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For comments, suggestions, or to order reprints of the *ACR Bulletin*, contact Managing Editor Betsy Colgan at bcolgan@acr-arrs.org.

The Challenge of Managing Utilization

James H. Thrall, M.D., FACR, BOC Chair

Radiologists have been responsible for assessing the appropriateness of requested imaging exams for many years through requirements of the Joint Commission — formerly the Joint Commission on Accreditation of Healthcare Organizations. Although the review requirement has often been honored in the breach, it was one of the framing considerations when the ACR decided to initiate its appropriateness criteria program 15 years ago.

As discussed in an article in this issue of the *ACR Bulletin*, outside parties have now become involved in the process of determining whether an imaging study is appropriate and whether or not it should be performed. Over a several-year period, a new cottage industry of radiology benefits management (RBM) companies has emerged that now claims to service almost 90 million people covered primarily by private insurance plans.

Given the large number of people whose imaging tests are being arbitrated by these commercial companies, it behooves radiologists to understand how they work and to structure their practices' scheduling and billing operations accordingly. To that end, the ACR and the Radiology Business Management Association (RBMA) developed a joint white paper outlining guidelines for RBM companies to help frame those interactions (to view the white paper, visit **www.acr.org/rbmp**).

One of the problems in prior approval systems like the ones the RBMs have adopted is that any defect in the flow of information hurts the radiology practice or hospital that provided the study because claims are typically rejected unless all documentation is letter perfect. Unfortunately, defects are not infrequent because the approval process relies on the verbal exchange of information between the RBM company and the referring physician's office, often followed by a verbal retransmission of the approval number from the referring physician to the radiology practice. The likelihood of error in these exchanges is not insignificant, leading to initial denial of claims and the need to rework the cases.

A further complication is that referring physicians typically do not like to deal with the approval process because it does not fit into their patient care process or office workflow. Basically, a busy physician has to stop what he or she is doing and call an 800 number to obtain the approval, although some of the RBMs are developing computer-based systems that may be less onerous. The net effect is that not all referring physicians are diligent in obtaining approval on all their patients, feeling that it should be the radiology practice that takes that burden since it is being paid to do the study.

An unresolved challenge in the RBM process is what to do when the requested and approved study needs to be modified for some reason. For example, if a contrast study is ordered and it turns out that the patient has impaired renal function, is there a mechanism for addressing this without having to stop patient care and go back through the approval process? The ACR and RBMA believe that sufficient latitude should be built into these systems to accommodate decisions made at the point of care for quality of care reasons.

The College and the RBMA hope that their joint guidelines help improve RBMs' ability to achieve their goal of reducing unnecessary utilization while improving radiology practices' ability to work with them. All parties agree that it is worthwhile to optimize imaging when it is used. It remains to be seen how best to meet the needs of all stakeholders, including patients, referring physicians, payers, and radiologists. ACR leadership has met with representatives of the RBM industry to express these views directly.

Over a several-year period, a new cottage industry of radiology business management companies (RBMs) has emerged that now claims to service almost 90 million people covered primarily by private insurance plans.

In the meantime, the Medicare Improvements for Patients and Providers Act of 2008 calls for a demonstration project testing computer physician-order entry with decision support as an alternative approach to utilization management. The ACR is working with the Centers for Medicare & Medicaid Services to make suggestions on how best to carry out this important project to determine whether a more provider-friendly approach to utilization management can be effective.

Image Gently™ Campaign Expands to Include Interventional Radiology

The prominent Image Gently™ campaign has developed easily accessible online teaching materials and checklists to help interventional radiology providers use the lowest dose necessary on children. Interventional physicians, medical physicists, and radiologic technologists alike can review these important materials at **www.imagegently.org**.

Interventional radiology procedures improve and save lives. However, children are more sensitive than adults to radiation received from imaging scans, and cumulative radiation exposure to their smaller, developing bodies could, over time, have adverse effects.

"Interventional or image-guided, minimally invasive surgeries are increasingly replacing more invasive techniques," says Marilyn Goske, M.D., chair of the Alliance for Radiation Safety in Pediatric Imaging, past board chair of the Society for Pediatric Radiology, and Silverman Chair for Radiology Education, Cincinnati Children's Hospital Medical Center. "This latest extension of the Image Gently campaign can give interventional providers real world, practical guidance on how they can help ensure that the radiation dose administered to patients is as low as possible given the particular circumstances of each case."

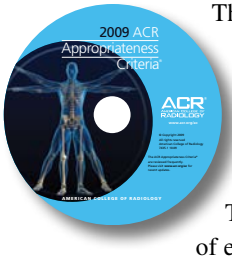
On the Honor Roll

The Alliance for Radiation Safety in Pediatric Imaging, of which ACR is a founding member, was recently named to the 2009 Associations Advance America Honor Roll in recognition of the successful Image Gently™ campaign to raise awareness of opportunities to lower the radiation dose used in children's imaging. The award, sponsored by the American Society of Association Executives, honors innovative programs in education, skills training, standard setting, business and social originality, creation of knowledge, citizenship, and community service.

Only eight programs were selected for the 2009 honor roll. The Image Gently campaign was identified as an example of the vital role that associations play in making America a better place to live.

Visit **www.imagegently.org** and pledge to do your part to "child-size" the radiation dose used in children's imaging.

Updated ACR Appropriateness Criteria®



The ACR released the latest version of the ACR Appropriateness Criteria® in September 2009. The criteria consist of evidence-based guidelines to help physicians and other providers make the most appropriate imaging or treatment decision for a given clinical condition.

The latest release includes more than 160 topics with more than 800 variants. Several new topics have been developed, and more than 55 topics have been updated. Relative radiation level information is included for all diagnostic imaging procedures.

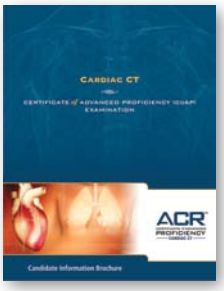
You can access the ACR Appropriateness Criteria free of charge at **www.acr.org/ac**. Also, be sure to check the College's Web site for updates on a new product (available soon) that will allow users to access the criteria on personal digital assistants, smart phones, and several other handheld devices.

For more information, contact the ACR Quality and Safety Department at 800-227-5463, ext. 4590, or **acr_ac@acr.org**.

Moving This Year?

Benefits available to ACR members through the MyHomeBenefits program can save you thousands of dollars on professional moving, real estate, and mortgage services, while guaranteeing you world-class service from the industry's top providers. You can access these benefits at **http://bit.ly/17cvru** or by calling toll free at 866-563-5570.

Cardiac CT Exam Launches



On Sept. 9, 2009, the ACR offered the inaugural Cardiac CT Certificate of Advanced Proficiency (CCT CoAP) Exam to all physicians who met the requisite eligibility requirements and professional experience qualifications.

The rigorous exam, offered on a quarterly basis, was given at the ACR Education Center, located on the campus of ACR's national headquarters in Reston, Va. The 4-hour exam contains both a practical, case-based component and a knowledge-based, multiple-choice section.

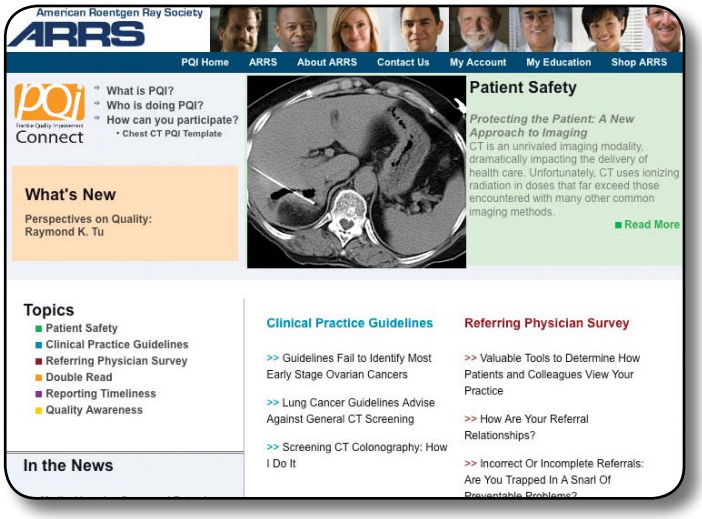
"Radiology practitioners who choose to pursue the CCT CoAP will appreciate this unique examination experience and will have made a considerable commitment to advancing their career objectives," says James H. Thrall, M.D., FACR, chair of the ACR Board of Chancellors. "The ACR is proud to further the science of radiology education and provide a first-class opportunity for physicians to demonstrate to their patients, payers, and communities that they are committed to providing the highest-quality patient care."

The next exam will take place on Dec. 16, 2009. For more information, visit **www.acr.org/cctcoap** or download the full brochure, which includes exam requirements. You can also download the CCT CoAP exam application for easy printing.

Avoiding Malpractice Lawsuits

Malpractice remains one of radiology's ever-present problems, casting a foreboding cloud over the profession. Yet, radiologists can take steps to minimize the likelihood of being ensnared in the malpractice dilemma.

Visit the PQI Connect (**http://pqi.arrs.org**) section of the ARRS Web site for a question-and-answer interview with Raymond K. Tu, M.D., of Progressive Radiology, who provides advice on minimizing your malpractice exposure.

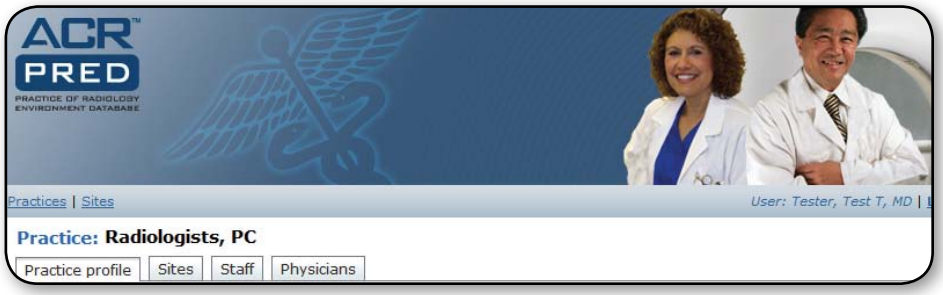


Happy Anniversary, PRED

The Practice of Radiology Environment Database (PRED) has been operational for more than one year, and participation continues to increase because of the value that PRED offers to radiologists.

PRED is a powerful tool designed to enhance your membership. Along with My Profile, an individual member demographic database, PRED helps the ACR represent your interests while providing unparalleled, targeted membership benefits. The information that you provide to PRED will help us understand your practice environment, resulting in better service for you.

If you have not yet updated your practice profile, don't wait; the future of your profession depends on you. Visit **www.acr.org** and click on the "PRED" button.



ACR Chair Comments to ABC News on Radiation Dose

James H. Thrall, M.D., FACR, chair of the ACR Board of Chancellors expressed his concerns about a recent report in the *New England Journal of Medicine* regarding radiation dose from imaging exams in a segment on ABC News.

Visit **http://abcnews.go.com/video/playerIndex?id=8431161** to view the ABC News segment.

Training for Radiology Leaders

The upcoming forum, "New Strategies for Business and Clinical Leaders in Radiology," will be co-sponsored by the ACR and the Radiology Business Management Association. Held at the Hyatt Regency in Reston, Va., on Saturday, Nov. 14, 2009, and Sunday, Nov. 15, 2009, the forum will include a session by Rosemary Broderick, M.S., and Frank J. Lexa, M.D., M.B.A., titled, "Personalized Radiology Practice Experience — What Your Patients Experience." For more information about this conference, visit **www.acr.org/offsite**.

Lexa will also co-direct the session, "Leadership Strategies for Radiology: Taking Your Practice to the Next Level," with Lawrence R. Muroff, M.D., FACR, at the Second Annual ACR Executive Leadership Symposium, Vail Marriott Mountain Resort and Spa, Vail, Colo., Feb. 7–12, 2010. For more information on this symposium, see related article on page 23.

ACR Comments to CMS on 2010 HOPPS Proposed Rule

On Aug. 31, 2009, the ACR submitted a comprehensive comment letter to the Centers for Medicare & Medicaid Services on the 2010 Hospital Outpatient Prospective Payment System Proposed Rule. In the letter, the ACR presented its positions on several key topics: packaging issues, evaluating impact for composite ambulatory payment classifications (APCs), general packaging methodology, low technologies, APC changes for 2010, bypass list methodology and criteria, physician supervision, traditional pass-through payments, and hospital quality-data reporting.

Visit **www.acr.org/2010HOPPScomments** to read the complete letter.

86th

ACR 2009
ANNUAL MEETING DEMOGRAPHICS

Demographic Characteristic	Alternate Councilors	Councilors	Council Steering Committee	Board of Chancellors
Average age, years	50	53	57	58
Average years in practice	22	23	28	27
Female (%)	23	19	14	12
Practice Type (%)				
Academic	34	23	21	50
Community-Based	46	56	42	41
Both	20	21	37	9
Practice Location (%)				
Metropolitan Area	95	95	95	95
Small or Rural Area	5	5	5	5
Practice Size (%)				
1	0	2	10	0
2–5	5	6	0	8
6–10	13	13	10	17
11–14	9	12	10	8
15 or more	73	67	70	67

Note: Percentages are rounded to the nearest whole number. Percentages may not sum to 100 percent because of rounding.
n=599, based on nonduplicate total number of participant ID numbers listed in the database, excluding two observations with inconsistent data.

Candidates Wanted

The 2009–2010 College Nominating Committee will recommend candidates to fill the offices of president, vice president, one elected position on the Board of Chancellors, Council Steering Committee, College Nominating Committee, members-in-training, and a private-practice representative to attend the Intersociety Summer Conference (ISC).

The ISC was established in 1980 and meets yearly, usually in July. Approximately 50 radiology societies participate and meet to promote collegiality within the field, foster and encourage communication and interchange among national radiological societies, and identify, evaluate, and make recommendations on problems and areas of concern in radiology identified by the member societies.

Any member can forward recommendations for any of the elected or selected positions to the College Nominating Committee in care of the ACR executive office on or before **Dec. 31, 2009**.

All candidates must provide a current curriculum vitae, a recent black-and-white photograph, at least two letters of support, and a completed questionnaire describing the nature of their practice and their position on issues important to the College. Additionally, all candidates must be present at the ACR Council meeting on Sunday, May 16, 2010. Only those candidates in contested elections will make a presentation to the Council before the election.

Questions may be directed to 800-227-5463, ext. 4902, or **mjdonahue@acr-arrs.org**.

Advancing the Practice of Breast Imaging

Constance Lehman, M.D., Ph.D., leads ACRIN's breast cancer research.

With a passion for research to help clinicians and patients make more informed decisions about breast health, Constance "Connie" Lehman, M.D., Ph.D., assumed her role as chair of the American College of Radiology Imaging Network® (ACRIN®) Breast Committee in September 2008. She is professor and vice chair of radiology and director of breast imaging at the University of Washington School of Medicine and director of imaging at Seattle Cancer Care Alliance.

Lehman led the ACRIN 6667 trial, "MRI Evaluation of the Contralateral Breast in Women with a Recent Diagnosis of Breast Cancer," which sought to determine whether MRI could improve the ability to diagnose cancers in the opposite (or contralateral) breast at the time of the initial diagnosis.

Funded by the National Cancer Institute (NCI), the trial involved 1,000 women at 25 sites and revealed that most additional cancers can be found at the time of the initial diagnosis when MRI is added to a clinical breast exam and mammography as part of a thorough workup. The trial results were published in the *New England Journal of Medicine* on March 29, 2007.[1]

According to Lehman, "Many women, after managing the challenges of breast cancer treatment, look to the future not with confidence, but with fear. They understand they are at increased risk for a second breast cancer diagnosis. MRI allows more accurate assessment of the extent of the disease, and this should translate to surgeons and oncologists choosing more targeted treatment strategies."

Lehman actively participates in educational programs, having given more than 300 lectures worldwide. In 2008, she collaborated with the ACR Education Center to develop the "Breast MR with Guided Biopsy" course. This two-day program presents more than 100 breast MRI cases that participants interpret at individual workstations and provides hands-on biopsy training.

ENDNOTE

1. MRI Evaluation of the Contralateral Breast in Women with Recently Diagnosed Breast Cancer. *NEJM*, March 29, 2007; 356:1295–1303.

Committee Champions Breast Projects

Constance Lehman, M.D., Ph.D., (left) works with Debra Butler, M.D., during a recent ACR Education Center course.

Q: What motivated you to assume the role of Breast Committee chair?

A: I saw this as an exciting opportunity to participate in the important imaging sciences work we have ahead of us. Imaging improves the lives of so many, and yet we continue to struggle to ensure that imaging technology is used appropriately to support improved health outcomes. We also are eager to move novel imaging technology more rapidly, when added value is demonstrated, from the research arena to clinical care.

Q: What research priorities has the committee established?

A: We are focused on developing the best methods for early detection and effective breast cancer treatment. While mammography saves countless lives, it is an imperfect screening tool. We know with MRI we have the technology to significantly improve early cancer detection in women at high risk. How best to cost-effectively use this technology is an important research area. We seek to understand, through scientific method, how we can both predict a woman's response to treatment before it is initiated, as well as determine at a very early time point whether a woman is responding to therapy. (See the accompanying overview of the ACRIN 6657 trial.)

Q: How does the committee build consensus?

A: Investigators submit concepts for review during our regular conference calls. In some cases, focused working groups further develop the concept. A concept is then thoroughly evaluated by committee members to determine if it will be moved forward for steering committee consideration. This process benefits from bringing together experts from imaging, surgery, medical oncology, and pathology.

Q: What are some of the challenges?

A: The biggest challenges are time and money. We depend on the time that countless physicians and scientists are willing to volunteer for this process to work. Most are from academic centers, and their time continues to be spread thin to meet their responsibilities in clinical practice, teaching, and research. Since funding is limited, we need to be very careful in our planning to champion the projects that will have the greatest impact on improved patient care. Those choices can be challenging.

Trial Tests Biomarkers

Launched in May 2002, the ACRIN 6657 multicenter clinical trial, "Contrast-Enhanced Magnetic Resonance Imaging for Evaluation of Patients Undergoing Neoadjuvant Treatment for Locally Advanced Breast Cancer," addresses critical questions about treatment of breast cancer. Study results, expected in early 2010, will demonstrate whether MRI measurements of treatment response can predict three-year disease-free survival and whether MRI measurements after one cycle of treatment can provide an early prediction of response. Trial accrual was completed in March 2006, with 237 study participants enrolled at nine sites.

Led by ACRIN principal investigator Nola Hylton, Ph.D., professor of radiology and director of the breast MRI research program at the University of California, San Francisco, ACRIN 6657 is the imaging component of a larger trial testing both imaging and tissue-based biomarkers for predicting response to standard neoadjuvant chemotherapy. Other collaborators, known as the I-SPY1 consortium, include Cancer and Leukemia Group B and the NCI's InterSPORE program and Center for Bioinformatics.

Hylton has directed the development of high-spatial-resolution MRI methods in which the signal enhancement ratio (SER), comparing early and late contrast enhancement, is used to characterize tumor vasculature. Tumor volumes are calculated based on SER thresholds and are used to track changes in tumors in response to treatment. Preliminary results indicate that the MRI tumor volume was predictive of the extent of pathologic residual disease and clinical response and has the potential to be a useful marker for optimizing treatment of breast cancer.

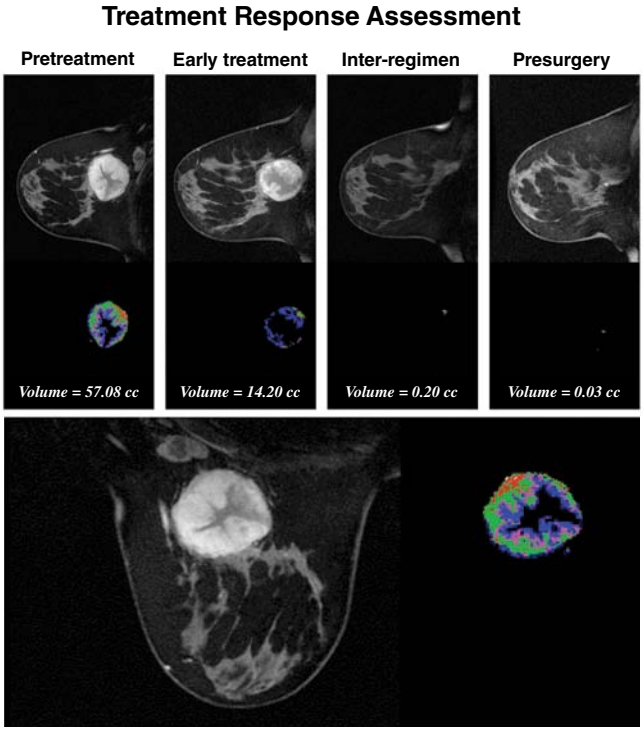
Ongoing ACRIN 6657 Research

The ACRIN 6657 protocol was subsequently amended to add magnetic resonance spectroscopy to the MRI techniques and reopened in 2007 with the accrual goal of 140 participants. The goal is to test whether the total choline concentration measured by single-voxel spectroscopy after one cycle of chemotherapy can distinguish responsive and nonresponsive tumors.

Future Related Research

A considerably expanded trial that builds upon the I-SPY1 protocol's extensive data and clinical trial infrastructure is currently in development. Sponsored by the Biomarker Consortium, a public-private partnership that includes the NCI, Food and Drug Administration, Centers for Medicare & Medicaid Services, various industry groups, and patient advocates, the phase 2, adaptive trial is designed to validate a process for the rapid, focused clinical development of oncologic therapies and biomarkers.

Key objectives are to determine the sensitivity of MRI tumor volume for detecting changes in primary tumor response to treatment agents and compare dynamic contrast-enhanced MRI methods. As Hylton emphasizes, "This trial presents a unique opportunity for imaging biomarkers to be refined and tested specifically for guiding breast cancer treatment."



Courtesy Nola Hylton

The images demonstrate MRI volume measurements prior to the start of neoadjuvant therapy and during the course of therapy.

Educational Opportunities Abound

Subspecialty societies offer members many educational tools and resources.

By Leslie Miller

Radiology subspecialty societies that have chosen management services from the ACR provide focused topics in a variety of educational formats and activities. For example, the Society of Radiologists in Ultrasound (SRU) offers an annual postgraduate course with programs for radiologists, radiology residents, and sonographers. The Society of Breast Imaging (SBI) holds a postgraduate course once every two years that is the world's largest breast imaging meeting and offers smaller, more focused weekend conferences on breast MRI.

Most subspecialty societies also offer free or discounted rates to their resident members-in-training. The SBI, for example, gives free membership and meeting registration to all in-training members. The SRU extends free registration to residents and fellows, and also provides stipends to radiology departments to help defray resident expenses to attend its annual postgraduate course in October. The Society of Computed Body Tomography and Magnetic Resonance (SCBT-MR) and the North American Society for Cardiovascular Imaging (NASCI) both offer free membership to residents. In addition, NASCI supports resident education through the development of a training curriculum in cardiac imaging. And SPR offers trainees free membership and meeting registration and a reduced registration rate for its annual postgraduate course.

Educational Publications

In addition to their meetings, these societies also publish scientific papers to help educate members about their areas of expertise. For example, the Fleischner Society published a white paper that appeared in *Radiology*, titled "Guidelines for Management of Small Pulmonary Nodules Detected on CT Scans: A Statement From the Fleischner Society."[1] And for more than 50 years, the Society for Pediatric Radiology (SPR) has offered a forum for scientific papers from current pediatric radiology research at its annual meeting. The SPR also sells content from its postgraduate course at **www.pedrad.org** (password required) and offers a subscription to its peer-reviewed journal, *Pediatric Radiology*, as a benefit of SPR membership. NASCI presents the latest research in cardiac imaging through scientific abstracts and posters at its annual meeting each fall.

The highly regarded scientific session of the SCBT-MR fosters the appropriate use of CT and MRI, as well as innovative research and education. SCBT-MR President Isaac R. Francis, M.D., says, "The 'hot topics' at the 2010 SCBT-MR Annual Course will deal with new and emerging techniques, such as MR elastography and spectral-energy CT, as well as topics in health care management policy."

Innovations in Radiology Education

Educational initiatives are becoming more innovative within radiology subspecialty societies. In fact, pairing ACR and SPR's education strengths, "SPR/ACR MR Imaging of Congenital and Pediatric Cardiovascular Diseases," was presented at the ACR Education Center in Reston, Va., on Oct. 9–11.

Another example of a progressive approach is the SBI's online forum, through which members discuss timely subjects related to breast imaging practice. "Relevant clinical questions about breast imaging are posed on the forum, and the membership responds," says Vice President Debra L. Monticciolo, M.D., FACR. "Their answers give great insight into dealing with significant practice issues."

These societies offer a variety of educational opportunities for their members and other members of the radiology community. Experts from around the world are invited to present their latest research and experience at society meetings, where registrants receive practical information to improve their daily practice. For more information, visit the societies' Web sites listed below.

ENDNOTE

1. MacMahon H., Austin J.H., Gamsu G., et al. "Guidelines for Management of Small Pulmonary Nodules Detected on CT Scans: A Statement From the Fleischner Society," *Radiology*, November 2005;237:395–400.

Moving Pictures

Patients and radiologists can benefit from mobile imaging technology.

By Raina Keefer

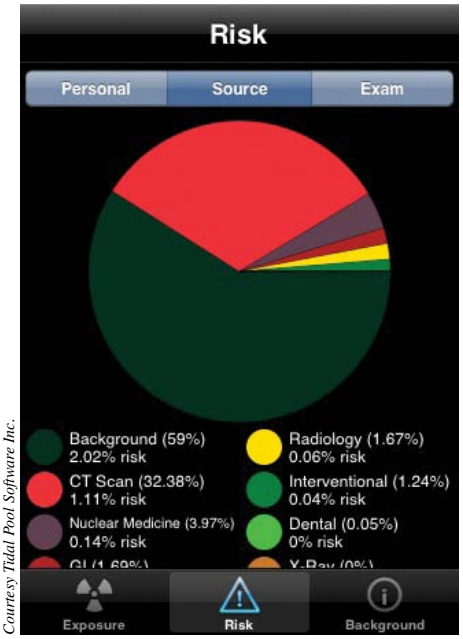
Envision that you're just about to perform coronary CTA when the patient uses a "smart phone" to tell you how much radiation dose is required. Such a surprising scenario may be far-fetched, but with mobile technology, including the Apple® iPhone® and its nearly 800 medical applications, patients are becoming more educated in health care. Some radiologists are even helping them to better understand radiology by designing their own programs for smart devices, such as the one created by Mark Baerlocher, M.D., radiology resident at the University of Toronto in Canada.

Baerlocher collaborated with Tidal Pool Software to develop Radiation Passport, an iPhone application that he says "provides a resource tool for physicians and other health care professionals who are asked questions about radiation risk by patients, and for patients themselves to track their own radiation exposures."

> **"As with any new technology, it basically comes down to a question of how it is to be used."**
>
> *— Mark Baerlocher, M.D.*

Patients have access to much of the same information as their physicians. "There is no doubt that the current and future generation of patients is slowly taking over the ownership of medical records," says Osman Ratib, M.D., Ph.D., FAHA, professor and chair of radiology at the University Hospital of Geneva in Switzerland.

Ratib helped develop OsiriX Medical Imaging Viewer, an iPhone application. "Physicians are used to seeing patients walking in their office with a CD or a DVD of their medical images," Ratib adds. "Now they may see more patients carrying images on an iPhone."



Courtesy Tidal Pool Software Inc.

Radiation Passport, an application for the iPhone, calculates patients' past exposure to radiation. Radiologists can use Passport to answer patients' questions about risk.

More Than Storage

However, radiologists are using the iPhone's medical applications for tasks beyond transporting images. A myriad of teleradiology imaging applications are available, and, according to ACR's legal team, with them come concerns of "image quality, systems integration, access to ancillary data, security of patient information, and, tying all of these issues together, standard of care."[1]

"I don't think it would be safe to use the iPhone to scroll through a CT of the brain, for example, to give the first-read preliminary while on call, but it could be useful for a staff member to check a single image while their radiology resident was on call and had a question," says Baerlocher. "As with any new technology, it basically comes down to a question of how it is to be used."

If you do use mobile devices such as smart phones for patient data, consider this: Recently, cybersecurity researchers revealed that by sending a series of "short message service" texts, most of which are sent from mobile device to mobile device, a hacker could hijack an iPhone and steal data. Despite security concerns, mobile technology is entrenched in radiology.

"Radiologists have to adapt to an increasing pace of work with an overwhelming amount of information to access to perform their daily tasks," says Ratib. "Telecommunication and rapid access to information and patient data have become a critical part of their work flow."

ENDNOTE

1. Shields B., Hoffman T. "Are Little Images Big Trouble?" *ACR Bulletin*, July/August 2009:26.

To the Point

- A radiology resident created Radiation Passport, an Apple iPhone application that helps patients and providers assess radiation risk.
- Patients have increased access to their medical images and can use mobile devices to store images.
- Radiologists using mobile devices such as the iPhone should consider security and data management.

In between saving lives, this radiologist is a killer writer.

By Raina Keefer

Part of the Hippocratic Oath is to "do no harm." However, if you're a radiologist who's also a writer, and you need to kill off a character, you may want to briefly shed that predisposition and embrace your inner hit man. But how do you make death seem legitimate?

Ask Keith D. Wilson, M.D., medical director of the MRI section at Toledo Hospital in Toledo, Ohio. He might suggest giving a character arsenic, which can cause a person's breath to smell like garlic, thereby providing a medically correct clue for the remaining characters.

Wilson completed such morbid research before writing his second book, *Cause of Death: A Writer's Guide to Death, Murder & Forensic Medicine*, which includes a variety of ways for characters to meet their demise, along with more mundane details, such as legal issues and how bodies are handled. To some, Wilson is also known as Dr. Death — a nickname bestowed upon him when those at writers' conferences discovered he was a physician and wanted his help in accurately portraying their characters' deaths.

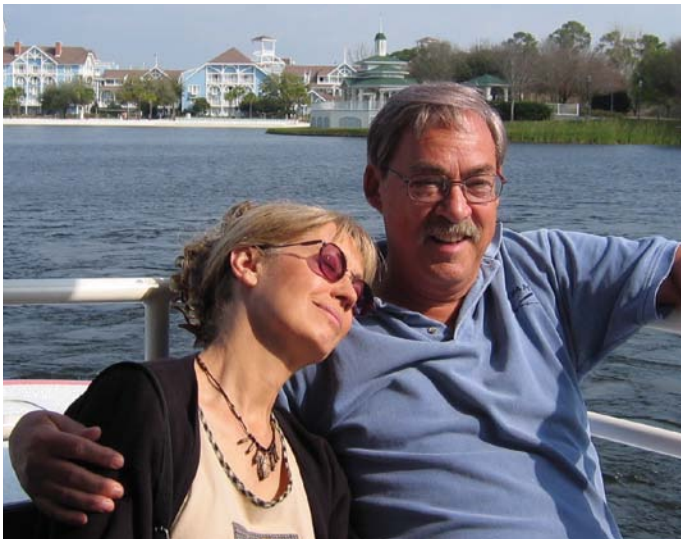
"People would come up to me and ask things like, 'If I shoot a cowboy, how fast would he die — would he have time to get back on his horse?'" Wilsons recalls. And while being a radiologist is a plus for writing this kind of material, it's not a necessity. In fact, Wilson says writing gives him something radiology doesn't: a creative outlet.

Double the Passion

"In the medical field, there are fantastic artists — singers, painters," Wilson says. The College has received correspondence from radiologists engaged in many activities outside the realm of medicine. Most involve some form of creative expression, such as singing, playing in a band, painting, or even breathing fire.

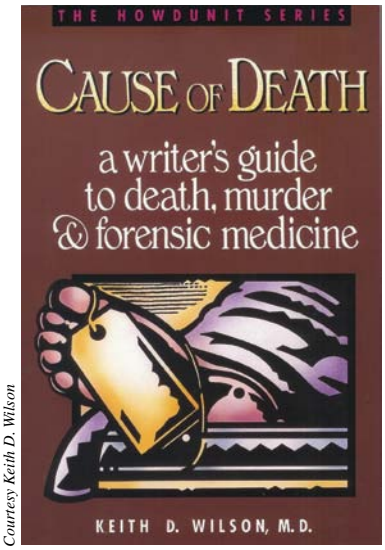
However, Wilson is quick to point out that radiology is a science with little room for interpretation or creativity. "Radiology is very specific, and with writing, I can make it up as I go along," he says. "People's lives are depending on you not to miss a cancer, and everything you do in radiology is very rigid."

Still, Wilson's two loves — radiology and writing — have some things in common, such as the satisfaction of knowing that he's done everything he can. "The biggest thrill in radiology is a situation where we find a very small lesion in a patient's breast early," says Wilson.



Courtesy Keith D. Wilson

Keith D. Wilson relaxes with his wife, Judy, an astrophysicist.



Courtesy Keith D. Wilson

While practicing radiology, Wilson wrote his second book, which helps writers devise believable deaths for their characters.

"Then the biopsy comes back as cancer, followed by treatment and, hopefully, remission. And even though we don't know the long-term outcome, we've presumably saved this woman's life." It's a complete cycle of satisfaction, similar to the feeling he has when he outlines, writes, edits, and finishes a chapter and knows he nailed it — "something that doesn't happen all the time," he says.

Then again, he just submitted the manuscript for his fourth book to his editor, so the triumphant completion of a chapter isn't such a rare occurrence. His editor was the one who helped him discover the truth of the adage, "write what you know," and told Wilson, "You need to have your character be a doctor, since that's what you are."

Several of Wilson's traits — in addition to being a doctor — are present in many of his characters. "My characters always drive Jeeps, like I do, and they love dogs, like me," he says. "People want to read about someone who is smart, intelligent, and capable," attributes desired by readers and patients alike.

Perhaps it's no coincidence that Wilson chose writing as his artistic expression; both of his passions involve people. "Stories aren't about things," he says. Neither is radiology.

Writing Is a Virus

Radiology has always been number one in Wilson's life, but despite his heavy workload in private practice, he's found time to put pen to paper and has been radiologist by day, writer by night, since 1986. He equates writing to having a virus. "At night, I'm bone tired, and it's hard to sit down and be creative," he notes. "But take, for example, people who like to play golf; no one ever asks how they find time to golf."

Wilson searches for time to write; sometimes if he's at a radiology conference and the activities are winding down, he'll turn over the meeting program and start sketching a scene. "Good ideas come when I'm sitting around the airport or at medical conferences, watching giant crowds come in," he says. "I don't need quiet to be creative."

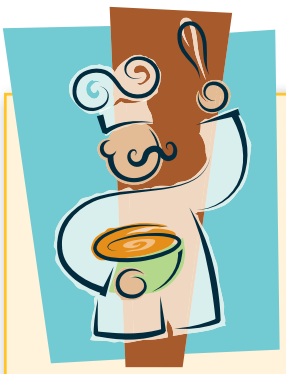
Although Wilson's second book is nonfiction, his first book, *Life Form*, was fiction based on reality. In that book, Wilson writes about prions, which are actual living structures, smaller than viruses — "like living chemicals with no genome," he says. "Most people have not heard of them, but a lot of diseases are caused by prions."

Wilson's two loves — radiology and writing — have some things in common, such as the satisfaction of knowing that he's done everything he can.

Changing Reality

Writing about prions was just one of Wilson's many ideas, but his goal as a writer is to make readers want to find out what happens to characters after the book ends — the next day, the next week. "That's something I work really hard on, trying to make the characters come to life," he says.

In fiction, characters are born, fulfill a purpose, and live or, if the story deems it necessary, die. Some characters even come back to life. Unfortunately, in real life, sick patients don't always heal, which can be one of the most difficult aspects of being a physician, and writing serves as an escape. But before Wilson can give himself over to his imagination completely, he has patients to see.



GOT TALENT?

Are you an ACR member and a pilot? How about a gourmet chef? Are you in a band? The *Bulletin* is looking for members with diversified interests that go beyond radiology. If there's a side of you that you want to share with other ACR members, e-mail **bcolgan@acr-arrs.org** with a brief description of how you break out of a typical physician mold. We will select a few members to profile in future *Bulletin* issues.

SPECIAL SECTION: Breast Imaging Tools

By Leslie Miller

Working in women's imaging has its own unique challenges. New breast cancer treatments and technologies are always evolving, and serving low-income populations can be difficult. But together, the ACR and the American Roentgen Ray Society (ARRS) can provide you with educational programs and special incentives to help your facility achieve success. And you can also find resources year-round at the National Breast Cancer Awareness Month site, **www.nbcam.org**.

Encouraging Low-Income Women

St. Louis program helps fearful women attend screening procedures.

According to a 2008 study by the University of Illinois at Chicago, black women have the highest breast cancer-related death rates of all ethnic groups.[1] A related article in *Image* magazine stated that they fear screening procedures for breast cancer based on a perception that they are treated with disrespect at the screening facilities, receive inadequate information about screenings, and feel uncomfortable being left alone in the exam room.[2]

One facility has achieved some success in facing this dilemma — the Patient Navigation Program at the Joanne Knight Breast Center, Siteman Cancer Center, Mallinckrodt Institute of Radiology, Washington University School of Medicine, St. Louis. Clinicians at the center collaborate closely with primary care providers in the local area. Clinical Manager Susan Kraenzle, R.N., says, "We have found that women are more likely to accept the invitation to screening if extended by a provider whom they trust from their 'health care home.'"

The program is based on the Harold P. Freeman model, which originated in Harlem during the late 1980s. Women "navigate" through the complex health care system, from education and screening through diagnosis and treatment.

Kraenzle says, "This has allowed us to identify and address the barriers to compliance, such as lack of insurance, transportation, and time of screening availability." Because program participants develop one-on-one relationships, trust increases and fear declines.

"The women we care for through these programs are extremely satisfied and commit to return for annual screening," Kraenzle concludes. "Most reassuring are the anecdotal comments, such as 'I felt no different than anybody else.'"

ENDNOTES

1. Fear, Fatalism, and Breast Cancer Screening in Low-Income African-American Women: The Role of Clinicians and the Health Care System. Available at: http://springerlink.com/content/th324w0v6k4358w2. Accessed Aug. 5, 2009.

2. Mammography: Misinformed About Mammography. Fear May Prevent African-Americans From Undergoing Screenings. Available at: www.rt-image.com/Examine_Mammography_Misinformed_About_Mammography_Fear_may_prevent_African_Ameri/content=0105J05E48B6869040969874446060441. Accessed Aug. 5, 2009.

Tricks of the Trade

Experts offer advice in the use of percutaneous image-guided biopsy.

Advertisements across America claim that breast thermography can detect signs of cancer up to 10 years earlier than mammography and sometimes completely discount mammography altogether. Women are attracted to the procedure because it's noninvasive and does not involve compression or radiation. However, using the test as a replacement for mammograms can be dangerous.

Carol H. Lee, M.D., FACR, chair of the ACR's Commission on Breast Imaging, says, "Some technological developments have occurred over the years to improve the technique, but so far it's still pretty experimental. I have yet to see any convincing evidence that it is a useful tool for breast cancer screening."

When a patient asks about breast thermography, Lee recommends explaining that both the ACR and the Society of Breast Imaging oppose the use of breast thermography as a replacement for mammography because of a lack of evidence that it is an effective screening tool for the early detection of breast cancer.

Avoiding Invasive Procedures

Percutaneous needle biopsy of suspicious imaging findings in the breast has many advantages over open surgical biopsy, including decreased morbidity, time, and cost.

Although needle biopsy was chosen as the preferred diagnostic test at the 2005 consensus conference of the American College of Surgeons and the American Society of Breast Surgery, many surgeons are not following their own guidelines. In fact, a study reported in the *Journal of the American College of Surgeons* revealed that surgical biopsies were being performed as the initial diagnostic procedure for 40 percent of patients.[1]

One of the reasons for this alarming phenomenon, says Lee, is that the patient may insist upon it. "But that's because she's not getting complete information about the performance of needle biopsies," Lee explains.

When a patient is concerned about a false-negative result, Lee says, "Tell her about the benefits of needle biopsy. Explain that if you find a high-risk lesion or if the pathology results are discordant with the imaging findings, you will follow up with a surgical biopsy."

ENDNOTE

1. Quality Assurance Initiative at One Institution for Minimally Invasive Breast Biopsy as the Initial Diagnostic Technique. Available at: www.journalacs.org/article/S1072-7515(08)01341-0/abstract. Accessed Aug. 5, 2009.

New and Upcoming Products

The new ACR-ARRS offers numerous resources for breast imagers.

BI-RADS® Fifth Edition

If you want a great quality assurance tool, consider using the ACR *Breast Imaging Reporting and Data System® (BI-RADS®) Atlas.* The *BI-RADS Atlas*, a lexicon of mammography terms used in breast imaging, helps standardize the language used in mammography reports. It also assists in the peer-review process during auditing of a mammography practice, an important procedure for identifying opportunities for practice improvement.

The fifth edition of the atlas, which will include more clinical images to improve the learning experience, is scheduled for publication in late 2010. All three sections — "Mammography," "Breast Ultrasound" (US), and "Magnetic Resonance Imaging" (MRI) — will be updated. Additionally, the breast US and MRI sections will reflect the latest technology in imaging equipment. The goal is to create an electronic atlas that users could access by purchasing a password. To be placed on the early notification list for the atlas updates, contact Barbara Hirsch at **bhirsch@acr-arrs.org**.

Breast MRI Accreditation

The best way to demonstrate your commitment to quality and accuracy is through accreditation. And for women with a high risk of breast cancer, breast MRI is an increasingly important diagnostic test.

By December 2009, the ACR will offer breast MRI accreditation to facilities interested in providing proof of their dedication to patient safety and the quality of their breast MRI exams. For detailed information on this program, send an e-mail to **mamm-accred@acr.org** with your facility name and address, name of lead interpreting physician, name of point of contact, phone number, and e-mail address.

Accessing the Best Resources

Now that the ACR and the ARRS have joined in partnership, ACR members will have greater awareness of the resources from both organizations. The ACR offers a host of breast imaging resources for clinicians, from appropriateness criteria to research, through its Clinical Research Center. For the latest breast imaging information from the College, visit **www.acr.org/Breast-Imaging**.

The ARRS also offers high-quality women's imaging resources. The February 2009 issue of *American Journal of Roentgenology* includes a special series on women's imaging. To view the articles, visit **www.ajronline.org**. The February 2010 issue of the *AJR* will also include a women's imaging series.

In December, the ARRS will host another Webinar in its "Ask the Experts" series titled, "PET and Breast Cancer," offering both CME and SAM. For more information, visit **www.arrs.org**, scroll to the bottom, and click on "Lifelong Learning Meetings." The 2010 ARRS Annual Meeting, May 2–7, in San Diego, will feature a special tract in breast imaging in a variety of subspecialties. For more information, visit **www.arrs.org**.

2010 ARRS ANNUAL MEETING
SAN DIEGO • MAY 2–7

Additionally, the WomensImagingOnline site (**http://womensimagingonline.arrs.org**) offers authoritative, practical, and targeted material, such as expert commentary, news bulletins, and opportunities for continuing medical education.

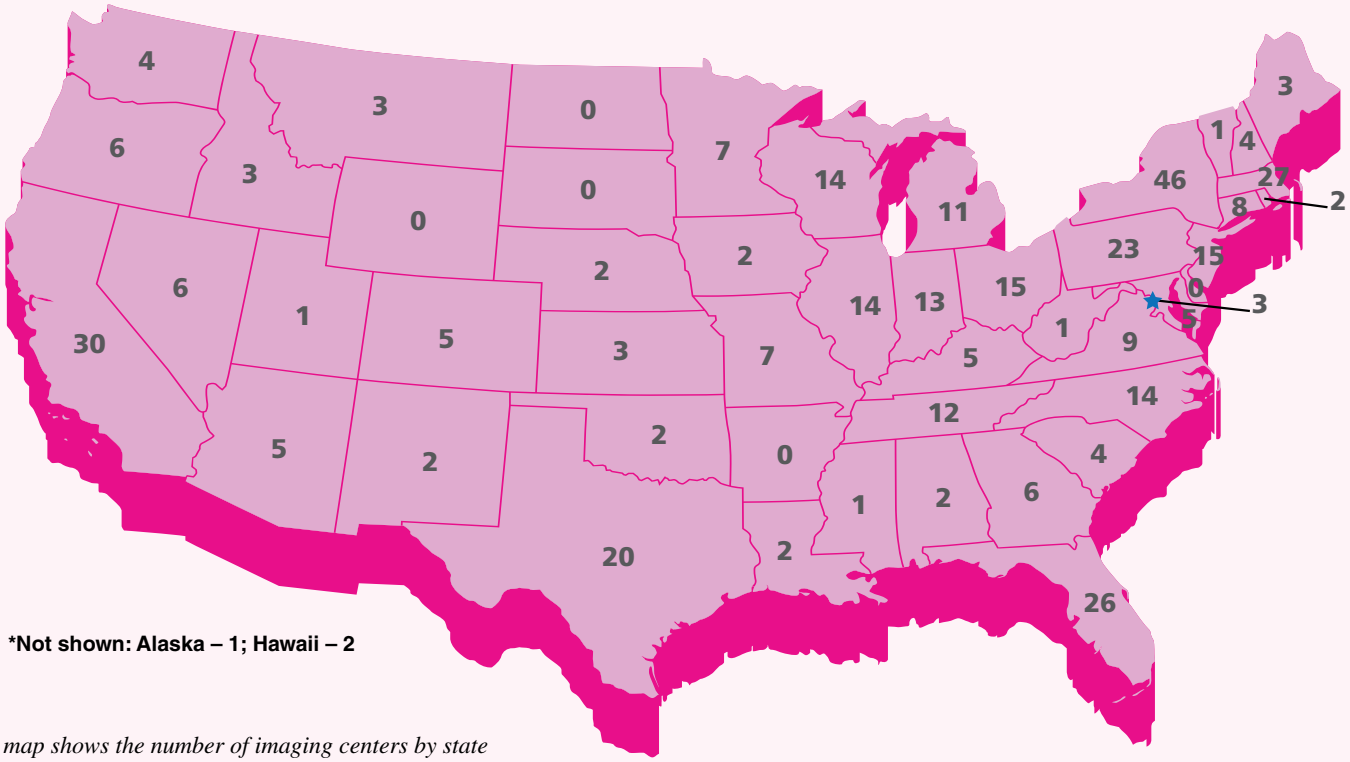
One Powerful Registry

Another useful resource from the ACR is the new National Mammography Database (NMD), which provides meaningful comparative information from a national registry of comprehensive mammography data. And in just one click, you can compare your results with those of other facilities and target specific areas of improvement. You can also use it to meet the requirements for practice quality improvement within the ABR Maintenance of Certification Program and apply to earn electronic performance improvement continuing medical education credits.

Become a charter member of the NMD, and you'll receive a 50 percent discount through January 2010. For more information, visit **http://nrdr.acr.org/nmd** or contact Laura Coombs at **lcoombs@acr-arrs.org** or 800-227-5463.

Celebrating Breast Imaging Excellence

In October 2007, the ACR Commission on Quality and Safety and the ACR Commission on Breast Imaging launched the Breast Imaging Center of Excellence (BICOE) award to acknowledge the dedication of select centers to improving women's health. By August 2009, the College had approved 397 imaging centers that were fully accredited in mammography, breast US, US-guided breast biopsy, and stereotactic breast biopsy (see map*). To find out how your facility can become a center of excellence, visit **www.acr.org/accreditation/bicoe.aspx**, e-mail **mamm-accred@acr.org**, or call 800-227-6440.



*Not shown: Alaska – 1; Hawaii – 2

This map shows the number of imaging centers by state that have received a BICOE award as of Sept. 14, 2009.

Images as Art:

Seeing Double

Imagination moves X-rays out of the reading room and into the gallery.

By Matthew Robb

Sculptor Auguste Rodin created his masterpieces with marble, Claude Monet with oils, and Andy Warhol with silk screens. But for André Bruwer, M.D., the artistic medium of choice was the X-ray machine. Before his death in September 2008 at age 89, the late radiologist and ACR member tapped the penetrating powers of radiography to uncover nature's hidden wonders, rendering flora and sea fauna in exquisite, often ethereal, detail. Today, a new generation of artists is carrying the torch — and taking "X-ray art" in exciting new directions.

Bruwer first became aware of X-ray photography as a possible art form in the late 1950s while doing research for his two-volume work, *Classic Descriptions in Diagnostic Roentgenology*.[1] Poring over blurry images of plants taken by the pioneers of radiology in the early 1900s, the South African emigrant was instantly transfixed.

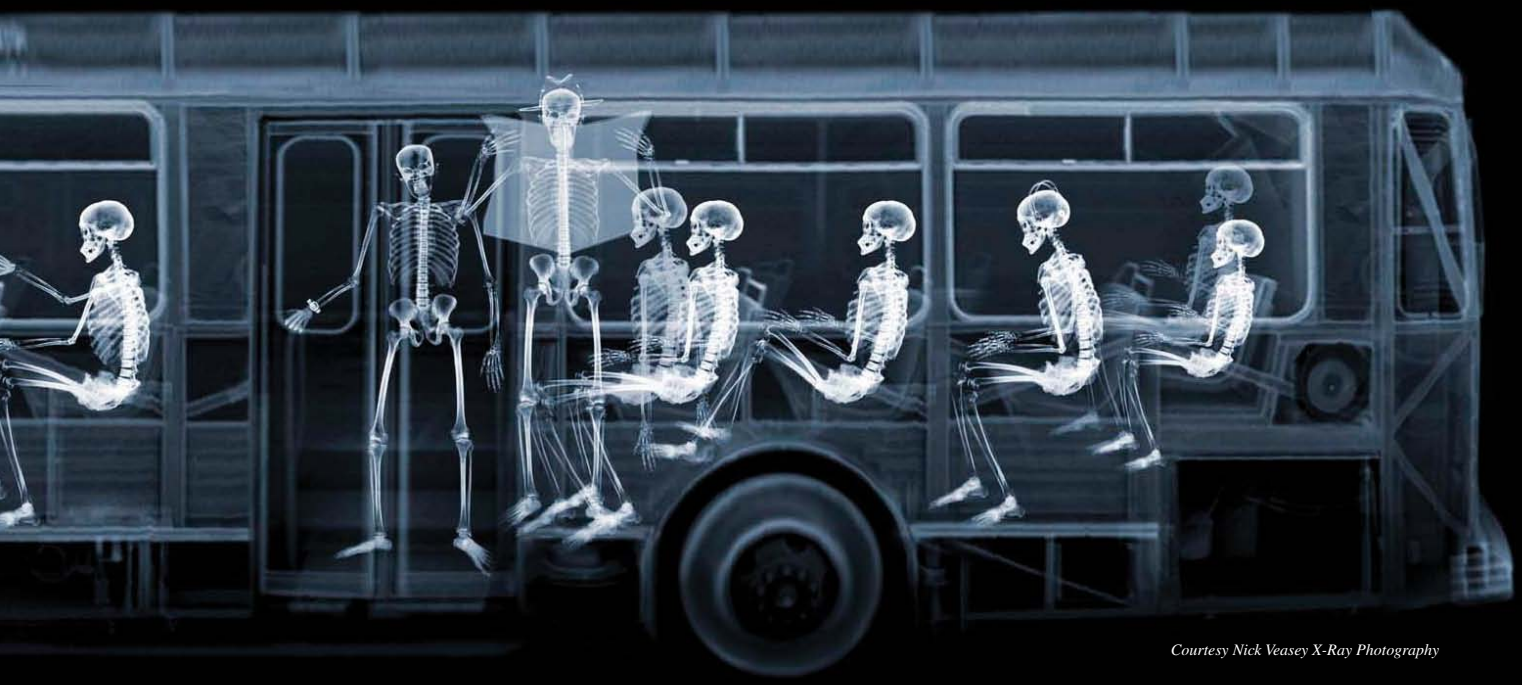
A Product of the Environment

In the late 1960s, he managed to acquire, as part of a research grant on cadaver kidneys, his tool of choice: a low-voltage, Hewlett-Packard radiography machine. Soon he was imaging specimens plucked from his garden and on hiking trips into the Sonoran Desert. He would continue to dabble in X-ray art well into his 80s.

His daughter, Jennifer La Forgia of Rochester, Minn., recalls of the family home, "My father had dried leaves, pea pods, shells, and pieces of flowers scattered all over the place. He was an incredibly industrious Renaissance man who was fascinated by the design and architecture of nature. He used to say his art was created by André Bruwer and Mother Nature."

Just as photographs capture the exterior details of objects, X-rays reveal their unseen interiors with singular beauty and delicacy. Through trial and error, Bruwer learned which specimens made the most striking artwork — and which were uninteresting. "Only objects of varying densities provide the range of contrasts in an image for successful art," La Forgia explains.

Bruwer discovered that a bagel yielded "a very boring X-ray," but the interior of fig leaves dazzled the eye. During 40 years



Courtesy Nick Veasey X-Ray Photography

Just as photographs capture the exterior details of objects, X-rays reveal their unseen interiors with singular beauty and delicacy.

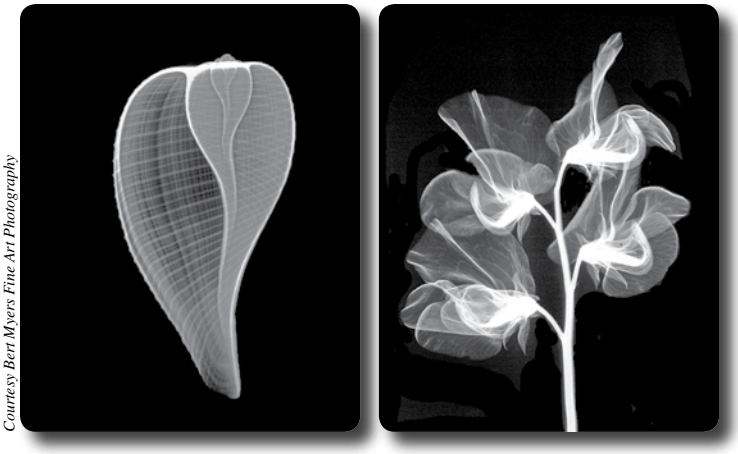
of experimentation, he imaged hundreds of objects, among them sea horses, chambered nautiluses, roses, Mexican primroses, Amaryllis lilies, and Christmas bells. La Forgia's favorite prints featured tulips and Iceland poppies.

La Forgia keeps Bruwer's legacy alive by selling his prints online and at summer art fairs in the Midwest. "For my father, it was just kind of fun, a hobby of sorts," she says. Hobby or no, public reaction has been favorable. Macalester College in St. Paul has chosen Bruwer's art for an upcoming exhibit of science-related art.

"These works of art," La Forgia says, "demonstrate movement, translucency, and great detail. People who purchase his work are getting archival quality prints." Many admirers initially believe that the images are black-and-white photographs or pen-and-ink drawings.

So far, La Forgia hasn't been tempted to experiment with her father's X-ray machine. "I've decided that my best role is to preserve his body of work," she says. Her father enjoyed creating works of art but always put safety first. He understood the potential risks from overexposure.

Courtesy Hugh Turvey (xrayartist.com)



Courtesy Bert Myers Fine Art Photography

Courtesy Hugh Turvey (xrayartist.com)

Universal Appeal

More artists are using ionizing radiation to reveal beauty and wonder that Rodin, Monet, and Warhol never could have imagined. In March, the British Institute of Radiology sponsored an "art in medicine" exhibit and workshop in London, attracting throngs of admirers, among them Prince Edward, Duke of Kent.

Increasingly, photographers and artists without medical training are trying their hand at X-ray art. The ghostly images of British "X-ray photographer" Leslie Wright continue to win praise for their inside-out views of such everyday objects as cell phones, alarm clocks, cigarette lighters, and even the Sony PlayStation. Similarly, UK photographer Hugh Turvey colors his X-rays with striking DayGlo hues.

On the other side of the Atlantic, in New Orleans, retired Louisiana State University Medical College Professor Bert Myers, M.D., recently unveiled a large, splashy coffee-table book, *Inner Beauty of Nature*,[2] which outlines the history of X-ray photography and provides a detailed primer that promises to motivate aspiring artists. In the 1980s, Myers began experimenting with coloring techniques by using special photographic filters and Cibachrome paper. Now he obtains similar results by using Adobe Photoshop with digitized images.

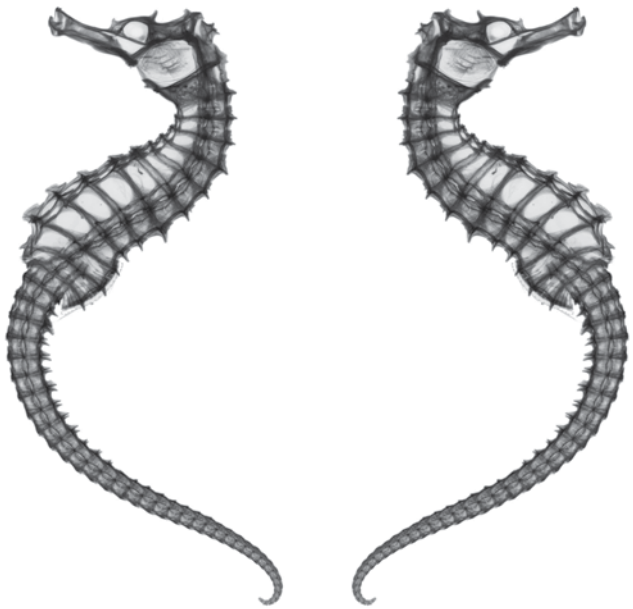
Few individuals rival Nick Veasey in ambition. An internationally recognized photographer, Veasey has imaged such objects as an electric chair, tractors, buses, a woman's foot cradled within a sleek high-heeled shoe, and what may be the largest work of "art" ever imaged — a Boeing 777 aircraft.

The secrets behind Veasey's high-resolution images are his use of massive doses of radiation inside his lead-lined studio and careful processing. To produce his jaw-dropping image of an entire municipal bus — complete with skeletonized riders sitting in their seats — he used actual human skeletons, lending the impression that live passengers also had been scanned.

ENDNOTES

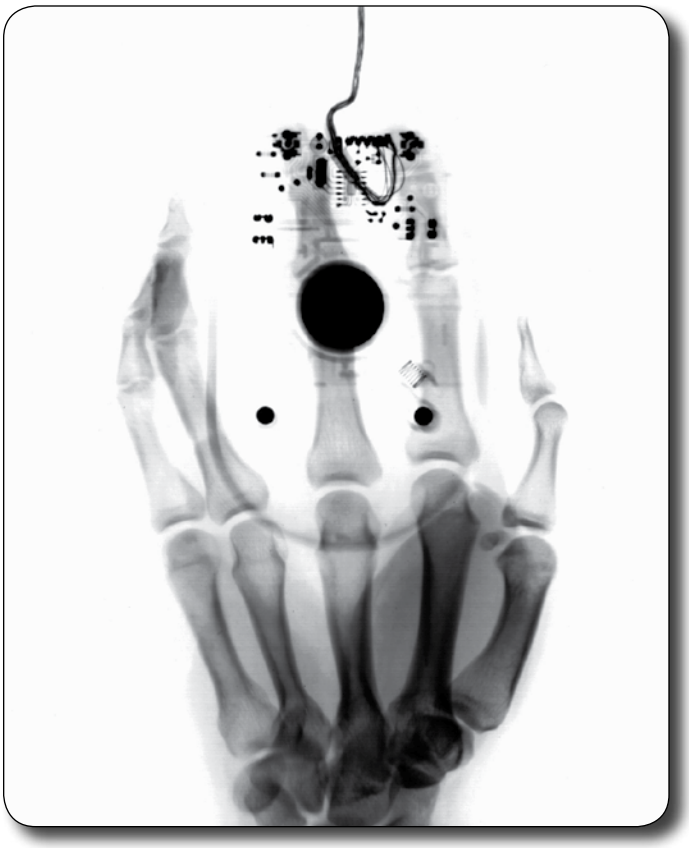
1. Bruwer A.J. "Classic Descriptions in Diagnostic Roentgenology," *Journal of the Royal Society of Medicine*, September 1965:58.
2. Myers B. *Inner Beauty of Nature.* Applejack Art Partners, 2007.

Matthew Robb *(mrobb@comcast.net) is a freelance writer.*

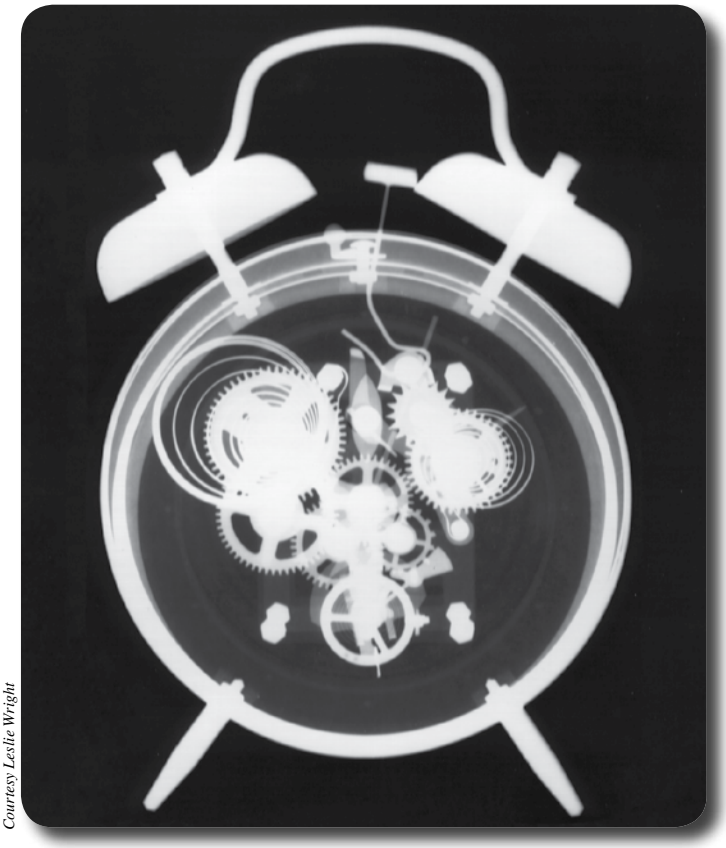


By André Bruwer © 2001, courtesy Skiagraphics

By André Bruwer © 1993, courtesy Skiagraphics



Courtesy Leslie Wright



Courtesy Leslie Wright

The Artists Online

To see additional work and find more information on the talented individuals featured in this article, visit the following Web sites:

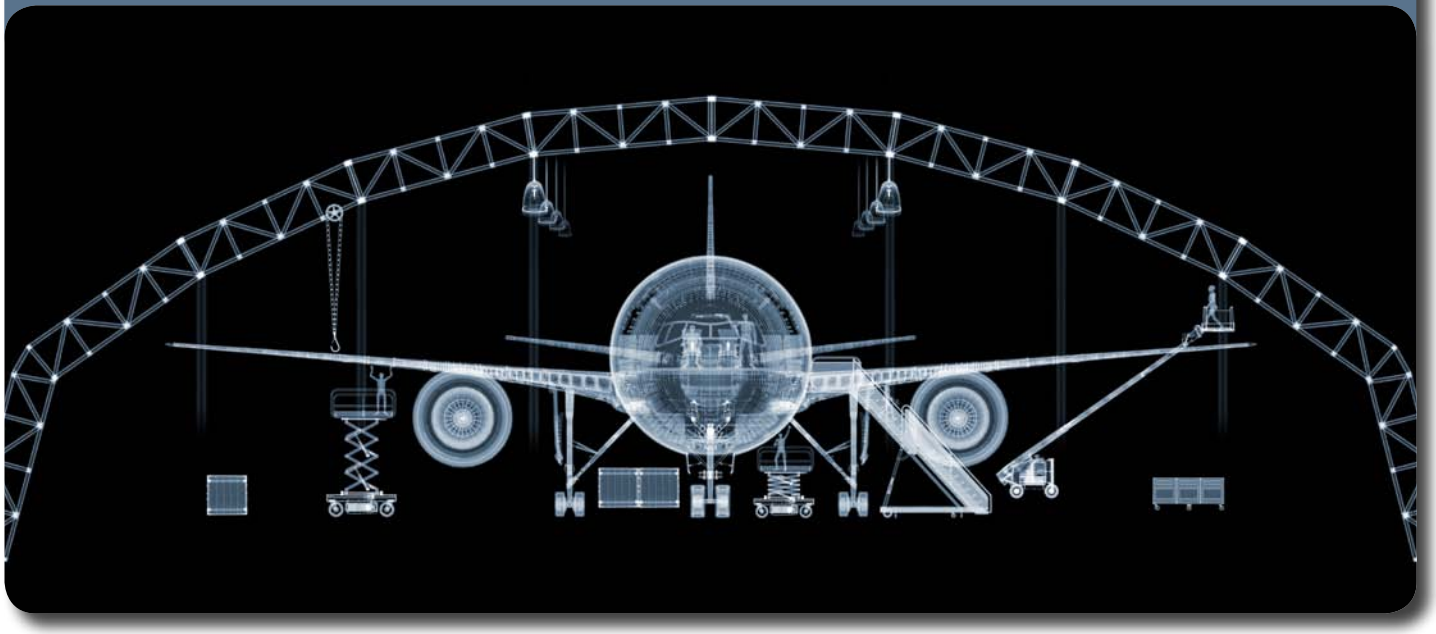
André Bruwer
www.skiagraphics.com

Hugh Turvey
www.gustoimages.com

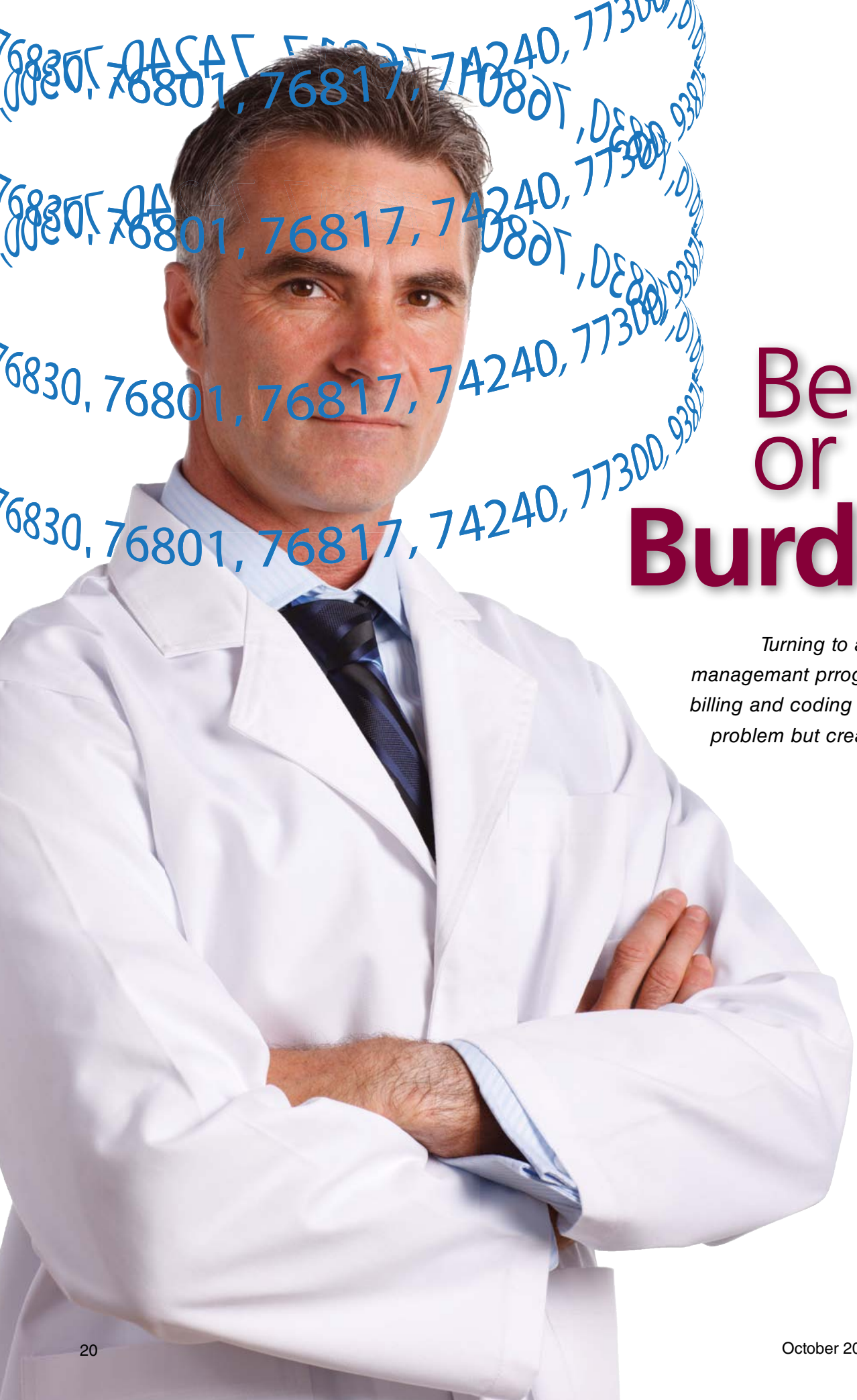
Leslie Wright
www.fineartradiography.com

Bert Myers, M.D.
www.bmyersphoto.com

Nick Veasey
www.nickveasey.com



Courtesy Nick Veasey X-Ray Photography



Benefit or Burden?

Turning to a radiology benefits managemant prrogram to handle your billing and coding work can solve one problem but create new challenges.

By Cary Boshamer

In recent years, economic factors and concerns have taken on a more prevalent role in radiology practices as government payment programs and third-party payers have focused on medical imaging with a more guarded eye.

Reigning in medical imaging expenditures has become a key focal point of controlling spiraling health care costs. This containment has become necessary due to such statistics as the 15 percent to 25 percent growth in the price tag for outpatient diagnostic imaging in the commercial market and the 62 percent increase in the number of imaging services per Medicare beneficiary (double the rate of increase for Medicare physician services overall). That's coupled with the intensified scrutiny of clinically unnecessary medical imaging, which has been estimated to be as much as one-third of all tests ordered.

With few radiology programs featuring business classes in their core curricula, most radiologists are ill-equipped to capably oversee a practice's billing operations, which, given the innumerable billing codes available for use, can be complex and often problematic. Moreover, the increased availability of imaging equipment and the evolution of imaging into subspecialties beyond radiology have placed greater demands on the business expertise of medical practices.

Factor in the additional outlay for using a radiology benefits management (RBM) program, and the decision about which firm to choose (or, in some cases, retain) takes on even greater importance. Today, RBM programs represent about 90 million people and have become a major point of interaction with radiologists. For example, in a 2009 Radiology Business Management Association (RBMA) survey, 87 percent of respondents indicated that the use of RBMs caused their administrative costs to increase; the other 13 percent indicated that the expenses remained about the same.

To help alleviate these situations and ease fiscal demands, many radiology practices have turned to RBM programs for issue-specific guidance and assistance in navigating the billing management tempest. According to RBMA officials, the number of RBMs seems to have remained about the same in the last several years, but the penetration of RBMs as subcontractors for insurance companies has definitely increased.

Selecting an RBM Program

But how does a practice choose a capable RBM company? And how should these organizations best approach the tasks of providing qualified guidance to radiology practice partners and meeting their billing management needs? Many not only provide support in handling a practice's billing matters but also can help determine the most appropriate use of diagnostic imaging.

In an effort to lend some guidance to all parties involved, including RBMs, managed care organizations, third-party payers, and imaging providers, the ACR and the RBMA teamed up to create a set of best-practice guidelines for RBM programs. "These guidelines were developed in response to requests from many ACR and RBMA members due to the proliferation of RBMs throughout the commercial health insurance industry as one of the strategies to reduce the growth in imaging costs," the College and the RBMA noted in the white paper, "Best Practices Guidelines for Radiology Business Management Programs."[1]

Additionally, these guidelines were part of an ongoing collaboration between the ACR and the RBMA "in response to common behavior problems with RBMs," adds Christopher G. Ullrich, M.D., FACR, of Charlotte Radiology in Charlotte, N.C.

"The ACR is confident that, if implemented, these guidelines will result in a uniform process that would ease the administrative burden on payers, MCOs, ordering physicians, and imaging providers. These guidelines could function as benchmarks for RBM performance."

— ACR Press Release

More specifically, Ullrich indicates that the problems have included single–CPT® code authorizations, arbitrary denials of payment, and failure to provide adequate notice to providers of policy changes. "This paper was among other goals that are an attempt to create some standards of good business practice that could be used as a 'standard' against which to externally validate or criticize RBM-provider relationships," says Ullrich, emphasizing, however, that the paper is not all-inclusive.

A Joint Effort

The white paper was originally drafted by the RBMA and presented to the ACR's Managed Care Committee in March 2008. After a series of revisions by officials of both organizations, it was published on the ACR and RBMA Web sites a year later. In addition, the paper was prereleased to several payers and RBMs the week before online publication.

"The guidelines are an excellent example of the ongoing collaboration between the ACR and the RBMA," says RBMA Executive Director Michael R. Mabry, who also serves as the staff liaison to the Payor Relations Committee. "RBMA looks forward to working with the ACR on similar opportunities in the future."

"This paper was among other goals that are an attempt to create some standards of good business practice that could be used as a 'standard' against which to externally validate or criticize RBM-provider relationships."

— Christopher G. Ullrich, M.D., FACR

Despite their satisfaction with the new guidelines, ACR and RBMA officials are quick to emphasize that the end product is not an endorsement of RBMs and believe that there are other, better ways to manage imaging utilization. According to an ACR statement, the white paper was "developed to give payers and RBMs a guide on steps they can take to avoid getting in the way of the doctor-patient relationship."

"The College does not endorse RBMs or their approach to the marketplace, as there are better alternatives, but recognizes [RBMs'] current role in imaging utilization management and seeks to improve the strategies used by these program burdens created for providers and their patients," ACR and RBMA officials state in the white paper. These alternatives include support for order entry decisions and referring physician education that can "provide a similar or greater economic and quality impact without the administrative complexities and economic burdens created by many of the RBM programs in place today."

"The ACR is confident that, if implemented, these guidelines will result in a uniform process that would ease the administrative burden on payers, MCOs, ordering physicians, and imaging providers," the College said in a released statement. "These guidelines could function as benchmarks for RBM performance."

Impact on the Average Radiologist

The new guidelines and white paper address a critical topic in today's radiology practice environment, but what is the true impact on the "average" radiologist?

"The average radiologist can use these guidelines if he or she is having difficulty with insurers or RBMs," explains Kathryn Keysor, ACR senior health policy administrator. "For example, if a practice continues to have problems with single–CPT code preauthorizations, it can present the paper to the insurer or RBM by way of explanation as to why these types of authorizations are intrusive to the doctor-patient relationship. We still encourage ACR members to contact us if and when they encounter such issues, however, as the guidelines can be a useful tool when appealing denials."

Mabry echoed the optimism that radiologists can glean significant information from the new guidelines. "The guidelines hope to achieve improved transparency and ease of processing between the radiologists' practices and the payers, which, in turn, will lead to more timely payment of services rendered with less hassle," he theorizes. "We also hope they can be used on a local and regional basis in discussions with payers about their radiology programs," he adds.

Industry Reaction

Since their release in April 2009, the guidelines have received a variety of responses from the radiology industry. According to ACR and RBMA officials, several RBM firms have indicated that they reviewed the guidelines and contend that they already follow most of them, whereas others have expressed a desire to speak to the College further about the guidance.

"We have received mixed reactions," Keysor says. "Some payers have commended us on the effort, while others have spoken out against it."

"Many payers have welcomed the paper and found it to be constructive," Ullrich adds. "A few, however, have openly criticized it. Interestingly, those same payers have been among those whose behavior gave rise to the paper."

ENDNOTE

1. Best Practices Guidelines for Radiology Business Management Programs, August 2009. www.acr.org/SecondaryMainMenuCategories/GR_Econ/WhatsNew/ACRRBMABestPracticesonRBMPs.aspx

Challenges Ahead for Radiology Leaders

With health care reform on the horizon, practice leadership skills become paramount.

By Raina Keefer

"Radiologists typically do not prospectively plan for either opportunities or problems," says Lawrence R. Muroff, M.D., FACR, president of Imaging Consultants Inc. and co-director of the Second Annual Leadership Symposium, scheduled for Feb. 8–12, 2010. Muroff and symposium Co-Director Frank J. Lexa, M.D., M.B.A., clinical professor of radiology at the University of Pennsylvania, adjunct professor of marketing and project faculty and East Asia manager, the Global Consulting Practicum, The Wharton School, will help practice leaders and business executives prepare for forthcoming changes affecting radiology in health care.

"It's likely that the health care system will be very different by the time this meeting [symposium] takes place," says Lexa. "Radiology leaders are going to have to learn to adapt quickly." And he believes that this transition to the new system — one of the most important tasks facing radiologists today — requires leadership.

Presentation Details

Lexa's first talk at the symposium, "Tactical Issues for Radiology Groups During Health Care Reform," covers what "we as radiology leaders need to do this year," he says. However, even if you're not a leader now, as the old adage suggests, "dress for the job you want, not the job you have," and consider attending. "This meeting is for anyone who aspires to be in a leadership role," Lexa says.

"Radiologists who are interested in understanding what's ahead and in protecting their practices and the specialty from challenges ahead — that's who should attend," says Muroff. Lexa and Muroff co-chaired the last leadership symposium and recommend that those who attended last year prepare for some new faculty and different perspectives. "Not only are the topics different, but they're pertinent to what's happening nationally in the new administration," Muroff adds.

Network and Earn CME

Although the material and topics may be challenging, attendees can relax at the Vail Marriott Mountain Resort and Spa in Vail, a stunning Colorado mountainside village. The five-day symposium includes ample time for ski breaks and other activities and was designed to serve as a family vacation, as well as an educational experience. In fact, on Feb. 7, before the meeting officially begins, registrants and their families can attend a welcome reception.

Additionally, football fans can attend a complimentary Super Bowl party. Imagine being able to interact with top leaders in radiology both during the sessions and while watching the Super Bowl. "Past participants were very pleased with access to the faculty and the opportunity to network," says Lexa.

You could also earn 20 *AMA PRA Category 1 Credits*™, and a portion of the program will be submitted to the American Board of Radiology for SAM qualification, allowing you to potentially earn 1 SAM credit for attending several of the morning sessions.

This comprehensive curriculum is designed not only to earn CME, but also to help you recognize leadership opportunities and anticipate what you and your practice need to do to prepare for health care reform. For more information, including the complete program and registration information, visit **www.acr.org** and select "Meetings and Events."

To the Point

- The Second Annual Leadership Symposium is scheduled for Feb. 8–12, 2010, at the Vail Marriott Mountain Resort and Spa in Vail, Colo.
- The meeting will focus on issues and opportunities facing radiologists and their practices in 2010 and beyond, including topics about health care reform.
- Attendees can bring their families and interact both professionally and socially with leadership faculty.

Educational Symposia Inc. (ESI) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. ESI designates this educational activity for a maximum of 20 *AMA PRA Category 1 Credits*™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Economic
Chairman's Report

Bibb Allen Jr., M.D., FACR

Armchair Guide to Health Care Reform

If the fall of 2009 proves to be anything like the summer, health care reform will continue to be foremost on the minds of most Americans. The potential impact on physicians and their patients also makes this legislation especially important for ACR members.

As one would expect, the ACR does not have a "for or against" position on many of the debated issues; however, proposals will likely emerge in the legislation that will affect radiology. ACR's advocacy efforts this year have centered on several specific issues, and it will be interesting to see the outcome of our hard work.

About the Process

Understanding the process that will enable Congress to get to a final bill is critical. In the House, the Ways and Means, Energy and Commerce, and Education and Labor committees were charged with drafting health legislation (H.R. 3200, titled "The Affordable Health Choices Act"). Meanwhile, the Health, Education, Labor, and Pensions (HELP) Committee and the Finance Committee are responsible for drafting a Senate bill.

The Education and Labor, House Ways and Means, and Senate HELP committees finished their versions of the bill prior to Congress' August recess. Simultaneously, the House Energy and Commerce Committee passed its version of H.R. 3200, although further modifications to the entire bill were expected after Congress returned in September.

In the Senate, all eyes are on the Finance Committee, the group likely to figure out the Senate version. The bills that pass the House and the Senate will probably be different, and those disparities will have to be ironed out in a conference committee. Only then will the president receive a final health care bill.

Regardless of the outcome of the debate on the public option and funding for providing coverage for the uninsured, other issues will be important to physicians. Of principal concern for all physicians in health care reform matters is preserving the physician-patient relationship, establishing meaningful liability reform, and revamping the complex Medicare payment formula. Proposals specific to radiology include conflict of interest, targeted Medicare spending cuts for imaging, and utilization-management proposals.

What to Look for in the Legislation

Physicians should take special note of whether provisions are enacted that place barriers between themselves and their patients. Imposing comparative effectiveness criteria and other standards for treatments of various diseases could limit treatment options for some Medicare beneficiaries. For example, CMS recently used lack of evidence in Medicare-aged patients as a reason to deny payment for CT colonography. Could comparative effectiveness provisions apply age-specific criteria to other diagnostic testing and treatments in the Medicare program?

Mandatory prior authorization is another potential option that could disrupt the physician-patient relationship. Physicians need to watch for statutory language that could limit treatment options for patients, limit access to specialty care, deter the development of new technology, and change graduate medical education.

Also critical to physician reimbursement is the replacement of the sustainable growth rate (SGR) formula with a Medicare payment methodology that eliminates the accrued SGR debt and more accurately updates physician payments. Rebasing the SGR has a significant cost and requires savings in other areas to mitigate the elimination of the SGR debt. How those savings will be achieved will be important details of the legislation.

Another payment reform proposal that might be included is creating a government commission charged with overseeing the payment system and establishing physician payment rates. Such a commission, which may end up being an expansion of the Medicare Payment Advisory Commission, could be authorized to arbitrarily set payment rates for physicians outside of the AMA's Relative Value Update Committee process.

Further, as of the summer recess, some physician concerns were not addressed in H.R. 3200, such as provisions for medical liability reform. Enacting meaningful legislation for liability reform has been a priority of physicians for years but something that Congress has failed to address. It remains to be seen whether physicians will fare better in this year's legislation.

Concerns for Radiology

At the time H.R. 3200 was being considered in the Energy and Commerce Committee markup, Reps. Anthony Weiner (D-N.Y.) and Bruce Braley (D-Iowa) planned to propose an amendment designed to curtail financially motivated overutilization of imaging by eliminating the in-office ancillary services exception for CT, MRI, and certain nuclear medicine services. However, due to time constraints, the committee did not consider this amendment. Some speculated that an additional markup session would be held after the August recess, and that this amendment, as well as others not considered before the recess, may be introduced and voted on by the committee.

Not unexpectedly, there is considerable opposition to the Weiner-Braley Amendment from most other medical specialties, and as a result, there may not be enough votes for passage in the committee markup. On the Senate side, it is possible that some language will be proposed that strengthens Stark laws by mandating ownership disclosure.

And while reductions in Medicare spending will likely be part of both a House and Senate bill, it remains to be seen whether the proposals will be the same in both bills. The Senate Finance Committee has stated that it would like to generate at least $3 billion in Medicare savings over the next 10 years from reduced payments for imaging.

H.R. 3200 contains a provision lowering payments for the technical component (TC) of imaging by both mandating that CMS raise the equipment-usage assumption from 50 percent of a 50-hour week to 75 percent for CT and MRI and through a provision that raises the discount on the TC of imaging contiguous body parts from 25 to 50 percent. The Senate will likely have similar provisions, but the level of reductions has not been declared and may be less than 75 percent. At this point, both the House and Senate proposals are less onerous than the CMS proposal for increasing the equipment usage assumption to 90 percent for equipment priced at more than $1 million in its database.

The ACR has also worked with members of the Senate Finance Committee to include a provision that uses decision-support algorithms as a foundation for evidence-based appropriateness criteria as an alternative to prior authorization administered by radiology benefits management (RBM) companies. In contrast to the gatekeeper approach from the RBMs, decision-support systems are educational, reproducible, and do not interfere with the physician-patient relationship. However, the need for imaging savings may create an opportunity for a legislative mandate giving RBMs the right to administer prior authorization for Medicare.

In all of the proposals that Congress is considering, targeted Medicare cuts for imaging services remain an important source of the revenue necessary to help pay for the other goals of health care reform. Some reductions are likely to be enacted in a Medicare bill whether or not a more comprehensive bill gathers the necessary support. The drama this fall is sure to be interesting and more up-to-date information will be available at **www.acr.org** as the process moves along. ◆

Radiology Message, Transformed

A candid look at the behind-the-scenes action of the Texas Radiological Society.

By Eugenia Krimer

In 2005, the Texas Radiological Society (TRS) attempted to secure an outright prohibition of self-referral from the state legislature and faced a devastating loss. The Texas Medical Association, together with physician subspecialty groups, mounted a sizable defense effort that the TRS could not overcome.

The Texas legislature holds only one 140-day session every two years. As a result, generally only noncontroversial bills with widespread support have the momentum to pass. Self-referral legislation is anything but noncontroversial.

But the TRS was not willing to let the issue die. In 2006, the society formed a political action committee (PAC) and hired a professional lobbyist. TRS leaders recognized that the lobbyist would provide much-needed access to legislators and would aid in guiding the bill through the legislative process.

They also decided to change their legislative objectives from trying to ban self-referral to requiring the collection of data on referral patterns. Although some national self-referral data were available, an impediment to the 2005 legislative effort was the lack of local data demonstrating the need for a self-referral ban.

The disclosure bill failed on the Senate floor after the Texas Medical Association flooded the Texas Capitol with its members arguing against the bill. The lesson of 2006 was that when such a powerful opponent with a large number of members emerges, one must be willing to adjust tactics and persist.

In 2008, the TRS regrouped and hired a local public relations (PR) firm to develop a series of messages in the months before the legislative session. The goal was to broaden grassroots support by aligning with nonradiology groups with a stake in the issue.

The PR firm used a three-pronged approach: supporting media interactions, designing materials that the TRS could present to the legislature to develop the message platform, and creating the Coalition for Ethical Imaging — a grassroots organization with the goal of building a broader coalition with the TRS. As a result of the PR campaign, membership in the Coalition for Ethical Imaging had grown to 25,000 by the time bills started moving through the legislature. Among the members of the coalition were the Texas Association of Business, the Texas Association of Health Plans, the Texas Society of Radiologic Technologists, and the Texas Chapter of the Radiology Business Managers Association.

Simultaneously, the TRS also expanded its PAC outreach with Thomas B. Fletcher, M.D., FACR, who had guided the society's legislative committee through the previous two sessions, and Ray Kirk, M.D., PAC chair, who worked tirelessly to raise more funds. Of course, many others contributed their time and money as well.

In 2009, the society supported three bills: one seeking recognition for radiologist assistants in the state, another seeking more transparency in billing practices, and an omnibus self-referral bill with three components. Component one addressed registration and licensure, with full disclosure of ownership by a physician, including indirect ownership through family members. Component two was ACR accreditation. Component three covered the reporting of all imaging utilization to a state health statistics repository. Although a plethora of events made it impossible to win passage of all three bills before the legislature adjourned in June, the TRS believes that it is well-positioned for the next legislative session.

Courtesy Renita Fonseca

Members of the Texas Radiological Society, their political action committee, lobbyist, and the Coalition for Ethical Imaging gather outside the Texas State Capitol.

Richard Strax, M.D., FACR

Essential Insights

In July 2009, Richard Strax, M.D., FACR, president of the Texas Radiological Society, offered his insights on the recent legislative session in an interview.

Q: Dr. Strax, how do you think the session was successful/unsuccessful?

A: Our plan was a good one. I would recommend pursuing legislation in this way to any other state; you will need all the professional help that you can afford. Ultimately, we faced a firestorm of opposition and were disappointed again. Part of the problem is the peculiarity of the biannual session itself, but additional time in the legislative session was taken up with swine flu, controversial amendments, and introduction of a new speaker. In the end, the time simply ran out on hundreds of important bills, including ours.

Q: What is the hardest thing you had to do?

A: We had to identify somebody who was willing to call people for money. Political process is steeped in cash, whether you like it or not. You have to raise the money to pay the money. We were lucky to have Ray Kirk, who picked up the phone and said, "This is important, and we need your help." And people do contribute if you make a personal appeal.

Q: How can a chapter prepare to face legislative dilemmas?

A: You have to identify your leaders, have someone who is willing to take [a] legislative agenda under their wing. And have a long list of people who are willing to go to the state capitol alone or in groups. If you go in as a group, it becomes easier to approach legislators; it is less intimidating. Additionally, when you show you can raise money, the goal seems more possible; it seems within reach.

Q: What is a good approach to setting a legislative agenda for the chapter?

A: Having a small legislative committee within the chapter is crucial. In our case, Tom Fletcher is the chair of the legislative committee. You have to find people like Tom who keep the fire going. The legislative committee was instrumental in setting the agenda, and they were also flexible about changing the agenda according to the political landscape. One must be ready to adjust the approach, be willing to accept a little less here to gain a little more in another area, to be willing to compromise so you can get the support.

Q: What do you recommend other state societies not do?

A: Not doing anything at all and watching somebody else control the agenda is absolutely the worst thing you can do for our profession and our patients. Inaction is the worst of all. If you try to accomplish and you fail, it is still better than doing nothing. You learn from your failures; you get people aware of your concerns and get their interest.

Q: What's the "best-kept secret" part of the legislative process?

A: It's a people-driven process! You have to find the people who will make it all possible. Find that somebody to keep the ball rolling when you face defeat. Find people who will give time and will contribute to the PAC. It seems your opposition will always have people willing to sit 12-hour days at the state capitol to be heard.

You have to be prepared to do the same, and you cannot be discouraged. It takes repeated attempts oftentimes to get something done. Do not be discouraged; if you have a good idea of how best to protect our profession and our patients, then keep fighting for it.

Continued on page 28

Essential Insights
Continued from page 27

Q: Why is it important to have action at the state level?

A: So many laws that radiologists live under are at [the] state level and not [the] federal level, so it is important to deal with them on the state level. Some things begin at a state level and are adopted federally. Laying the groundwork at [the] state level can help provide traction for federal-level efforts.

Q: Do you have any advice for the chapters that are considering getting involved in the next legislative session?

A: Get started early, before the legislative session begins, and get professional help from a lobbyist and maybe public relations. When setting [an] agenda, be willing to be flexible and really rally the forces. Your membership's contribution can be money, and it is not a trivial thing.

But if you ask, people will sacrifice their personal time, too. Some people enjoy the legislative process because of bartering, discussions, and arguments back and forth. Some will give an hour to talk on the phone. The process will be difficult, but get your message out there. If they are good ideas, if they make sense, if they are in the interest of our patients, they will get done.

Eugenia Krimer *(ekrimer@acr-arrs.org) is ACR assistant director, state affairs, in the Government Relations and Economic Policy Department.*

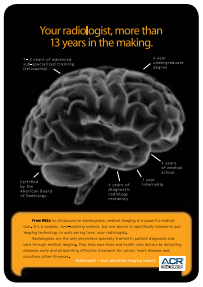
Lessons From Disney

What can radiologists learn about marketing and strategy from a cartoon mogul?

By Leslie Miller

Disney is a household term in America. Everyone knows what Disney represents — cartoons, children, laughter, and fun.

Radiology, on the other hand, is not yet a household word. The public is still asking, "Who are radiologists and what do they do?" The ACR's "Face of Radiology" campaign took the first step in answering these questions by creating radio and print ads that ran in three test markets, and it worked. The campaign helped identify a radiologist as the physician expert in diagnosis, patient care, and treatment through medical imaging technology.



Now, if each radiologist in America began communicating this information to patients, referring physicians, and payers, then radiologists would be more like Disney. Everyone would know what they do, how they were educated, and how they fit into patient care. "We need to make sure people know who we are and how valuable we are," says Frank J. Lexa, M.D., M.B.A., one of radiology's leading experts in marketing and strategy.

Changing Paradigms in Health Care

"Radiologists will tell you they are too busy to talk to patients," says Lawrence R. Muroff, M.D., FACR. "The bottom line is if you're too busy to take care of your patients and referring physicians, you'll end up not busy because you won't have a business."

At press time, the current administration was on the verge of making major changes to the nation's health care system. Muroff asks, "How can radiologists continue to enjoy their good reimbursement if the public doesn't know who they are?

"Our profession has an underlying powerful and important message. What we do is less invasive, less expensive, and less prone to result in hospital stays and rehabilitation resources, compared to surgical alternatives. It's incredible how much we can increase the appropriate use of radiological procedures through effective marketing."

Focused Marketing

Disney is popular because it provides quality entertainment and marketing aimed directly at the intended audience — children. Radiologists can also use targeted marketing and other, more creative avenues to reach patients. Jonathan W. Berlin, M.D., M.B.A., recommends lower-cost options, such as giving lectures to specific disease support groups or sending e-mails to those groups. "Reach people who already have a clinical problem and tell them how your tests can help alleviate that problem," Berlin says. Mass marketing doesn't necessarily work anymore, he says. If you're not in the market for a Toyota, for example, you probably won't notice the Prius on a billboard.

It's always good to have a sound marketing strategy, but ultimately, no one knows what will happen to the economy and radiology in the future. What we do know, though, Berlin says, is that the use of CT and MRI is increasing. "We've got good exams that tell you a lot," he says. "All we can do is get our message across, interact with patients, and teach them about what we do. We're part of the health care team. And that's important, no matter what happens."

Spreading the Word

Prominent radiologist and ACR member Chip Truwit, M.D., explained to the public what a radiologist does on Minneapolis radio station WCCO on July 12, 2009. In the interview, Truwit emphasized that radiologists are physician experts in diagnosis, patient care, and treatment through medical imaging technology. Truwit is chair of the ACR MRI Accreditation Committee, chair of the Department of Radiology at Hennepin County Medical Center, and Margaret and H.O. Peterson chair in neuroradiology at the University of Minnesota School of Medicine. To listen to the interview, visit **www.830wcco.com/pages/3553559.php** and search the archives for "7-12-09 Healthy Matters with HCMC: Talking Radiology and Imaging on Healthy Matters."

Walk on the Right Side of the Law

Avoid potential penalties by educating yourself about the Red Flags Rule.

By Tom Hoffman, J.D., CAE, and Bill Shields, J.D., LL.M., CAE

Many travelers take precautionary steps to safeguard their valuable items, such as driver's licenses, birth certificates, and passports. If these items are lost or stolen, you have to do serious "damage control" to maintain their integrity. So, you try to follow the old proverb — an ounce of prevention is worth a pound of cure.

ACR members have to exercise the same due diligence in their medical practices. Uncle Sam is poised to enforce tough new rules that will compel ACR members and other physicians to prevent and reduce the risk of identity theft of patient information.

In the "RADLAW" article in the May 2009 issue of the *ACR Bulletin*, we wrote about the Federal Trade Commission's (FTC) controversial "Red Flags Rule" (Rule). This Rule will require ACR members and other physicians deemed as "creditors" of patients who have "covered accounts" with them to develop and implement a written program to prevent identity theft.

The FTC plans to apply the Rule to any radiologist or radiation oncologist who renders care and bills a patient's insurer for reimbursement or otherwise accepts payment from the patient at a later time, such as with a credit card or from a checking or savings account. Because most health care transactions involve the purchase of services on a deferred basis, this Rule affects you.

If the FTC discovered that you potentially violated the Rule, you could face a financial penalty of $3,500 per violation. You also might have to follow a court order directing you to provide written reports to the court and the FTC, as well as keep documentation on how your practice will comply with the Rule.

The agency has encountered major opposition to this initiative from organized medicine. The American Medical Association has attempted to persuade the FTC that physicians should not be treated as "creditors" under the Rule. Although it is unlikely that the FTC will exempt physicians from the Rule, it has delayed the enforcement date several times.

The FTC recently announced that it would delay enforcing the Rule until Nov. 1, 2009. The FTC offers several resources at **www.ftc.gov/redflagsrule** to help business entities decide whether they are covered and, if they are, how to comply with the Rule. As a physician, you can adapt an online compliance template to design your own prevention program. You should review the FTC's materials for health care providers who must comply with the Rule. The FTC's guidance manuals and "frequently asked questions" can help you navigate the Rule.

To better publicize the Rule, the agency intends to launch a "business education" campaign. It will give business entities, particularly small businesses or those that may have a low risk of identity theft, additional Rule compliance materials.

Most ACR members work in practices or health care systems that make it impossible to personally know every patient they encounter. However, some members who have small or rural practices and who personally know their patients may qualify as having a low risk of identity theft.

Contact the ACR Legal Department at 800-227-5463, ext. 4044, if you have any questions about the Rule and what it means to your practice.

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Bill Shields, J.D., LL.M., CAE *(bshields@acr-arrs.org) is ACR general counsel.*

The ACR Legal Department welcomes questions from ACR members on general legal topics. We cannot provide specific legal advice but will answer questions that broadly apply to radiologists, radiation oncologists, medical physicists, and their practices. Please e-mail questions to **legal@acr.org**.

Classified Ads

These job listings are paid advertisements. The ACR offers a bundled advertising package entitling advertisers who purchase an online and *ACR Bulletin* classified ad to a 15 percent discount on a classified ad in the *Journal of the American College of Radiology*. To learn more about this bundled offer, e-mail **careercenter@acr.org**.

Rates:

ACR members: $50 per *ACR Bulletin* ad. Nonmembers: $125 per *ACR Bulletin* ad. These fees are in addition to online posting fees. Ad length is a maximum of 50 words.

Advertising instructions, rate information, and complete policies are available at **http://jobs.acr.org**.

Publication of a job listing does not constitute a recommendation by the ACR. The ACR and the ACR Career Center assume no responsibility for accuracy of information or liability for any personnel decisions and selections made by the employer. These job listings previously appeared on the ACR Career Center Web site. Only jobs posted on the Web site are eligible to appear in the *ACR Bulletin*, on a space-available basis.

ARIZONA - **Phoenix** - Interventional Radiologist - Arizona Medical Imaging (AMI) is seeking a BC- & fellowship-trained interventional radiologist. AMI services 6 Phoenix area hospitals. Competitive salary & partnership track offered. Excellent benefits package. Candidates must have or be eligible for Arizona license. Contact: Fax CVs to 602-248-8399 or by e-mail at mark@azrad.com.

ARIZONA - **Phoenix** - Nighttime Coverage Radiologists - Arizona Medical Imaging is seeking 2 BC- & fellowship-trained radiologists to head up its internal nighthawk coverage. Each position is responsible for 26 weeks of coverage each year. Competitive salary & partnership tracks offered. Excellent benefits package. No brokers. Contact: Fax CVs to 602-248-8399 or by e-mail at mark@azrad.com.

CALIFORNIA - **Sacramento** - Nuclear Medicine Physician - Subspecialized, private radiology practice seeks fellowship-trained nuclear medicine physician. General nuclear medicine, PET/CT, & vascular ultrasound desirable. On-call work via teleradiology. Contact: E-mail inquiries & CV to recruiter@radiological.com, subject line "Nuc Med M.D.", or mail to Thomas Pounds, M.D., Radiological Assoc. of Sacramento, 1500 Expo Parkway, Sacramento, CA 95815.

CALIFORNIA - **Salinas** - General Radiologist with Mammography Skills – Medium-size group seeks general radiologist with mammographic interpretational skills as well as a range of diagnostic capabilities. No interventional. Located on the California central coast. Contact: Reply with CV to staunt@earthlink.net or call 831-455-5253 if interested.

COLORADO - **Longmont** - New MSK or MRI Fellows - Seven-member private practice, hospital-based group in a growing, vibrant community is recruiting a diagnostic radiologist with recent fellowship training in MSK or MR imaging. Full-time position with partnership tract is offered. Contact: Interested applicants should contact B. Wahl, M.D., by e-mail at wbwrmmi@aol.com.

LOUISIANA - **West Monroe** - General Radiology Opportunity - Must be ABR certified or eligible. Fellowship training (imaging, IR, mammo, or neuro) is desired but not required. Contact: E-mail CV to doctors@iasishealthcare.com or fax to 615-467-1293. May also call Robert Porter at 877-844-2747, ext 1247.

NEW HAMPSHIRE - **Upper Valley** - General Radiologist – Full time. Generous vacation & benefits. One year to partner. Small, cohesive private group providing coverage at 4 community hospitals. Teleradiology for overnight call. Practice involves interpretation of plain films, CT, MRI, mammography, nuclear medicine, & ultrasound, including US/CT-guided biopsies. No recruiters please. Contact: E-mail CV with cover letter to madeline.boughter@valradpa.com.

NEW YORK - **Radiologist** - Sixty-two person private practice, multi-hospital-based group needs women's imagers & interventionalists. Flexible hours, salary to partnership. Contact: Kenneth Schwartz at 914-666-2220 or by e-mail at jschwartz@arksradiology.com.

NORTH CAROLINA - **Wilmington** - General Radiology - Coastal North Carolina multi-specialty group, Wilmington Health Associates, seeks a general BC or BE radiologist. Private practice with generous benefits including no nights or weekends. Two-year partnership with no buy-in. Contact: Alysa Bostick, Physician Relations, at 910-815-6153 or by e-mail at abostick@wilmingtonhealth.com.

PENNSYLVANIA - **Abington** - Body Imager - The radiology group at Abington Memorial Hospital is seeking a body imager for July/August 2010. Fellowship training required in body imaging, MRI, or MSK. Group of 28 is expanding. Main hospital has 660 beds. Practice in desirable suburbs of Philadelphia. Contact: John W. Breckenridge, M.D., by e-mail at jbreckenridge@amh.org.

PENNSYLVANIA - **Abington** - Neuroradiologists - The radiology group at Abington Memorial Hospital is seeking a neuroradiologist to join a group of 31 radiologists serving main hospital (660 beds) & 4 outpatient centers in suburbs of Philadelphia. All sites on same PACS. Busy neuro, neurosurg, & interventional services. Contact: John W. Breckenridge, M.D., by e-mail at jbreckenridge@amh.org.

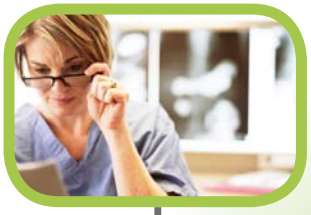
RHODE ISLAND – Women's Abdominal Imager - Academic position in southern New England. A strong background in MRI, CT, & ultrasound is essential. Service is provided at a freestanding women's hospital with an active training program. Contact: John Cronan, M.D., at 401-444-5184 or by e-mail at jcronan@lifespan.org.

TEXAS - **Houston** - Radiation Oncologist - The Department of Radiation Oncology at The Methodist Hospital seeks a physician faculty member with excellent clinical & academic skills. Applicants must be ABR, BC, or BE. Special interest in breast & gynecologic oncology is necessary. The department is active in research. Contact: E-mail mabaehl@tmhs.org.

Interview Service at RSNA

The ACR Career Center will host its on-site interview service at the RSNA Annual Meeting Nov. 29–Dec. 3. Registration for this service is now available on the ACR Web site; current users can update their accounts and register for this year's interviewing event; new users can register to use the Career Center and participate in the interview service. Visit the ACR Career Center at **http://jobs.acr.org**.

ACR CAREER CENTER™



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ACR 2009–2010
CME Calendar of Events

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Education Center

Breast MR With Guided Biopsy
Nov. 9–10, 2009; Feb. 8–9, 2010; May 13–14, 2010
The ACR Education Center, Reston, Va.
This 100-case course led by Constance D. Lehman, M.D., Ph.D., provides practicing radiologists with intensive, hands-on experience reading breast MRI under expert supervision.
CME: 19.25 *AMA PRA Category 1 Credits™* and 4 SAM Credits

Musculoskeletal MR
Nov. 13–15, 2009; Jan. 29–31, 2010; April 23–25, 2010
The ACR Education Center, Reston, Va.
This 100-case course led by Mark D. Murphey, M.D., provides practicing radiologists with intensive experience in the technique and interpretation of MR imaging of the knee, shoulder, ankle, foot, and hip.
CME: 34 *AMA PRA Category 1 Credits™*

Coronary CT Angiography
Nov. 20–22, 2009; Feb. 19–21, 2010
The ACR Education Center, Reston, Va.
Optimize your clinical practice skills with course leader Shawn D. Teague, M.D., in this intensive training course interpreting coronary CTA exams under the supervision of expert faculty.
CME: 31.5 *AMA PRA Category 1 Credits™*

ACR-Dartmouth PET/CT Course
Dec. 7–9, 2009; April 12–14, 2010
The ACR Education Center, Reston, Va.
In this course led by Marc A. Seltzer, M.D., you'll interpret in a frontline fashion more than 150 PET/CT scans covering all clinical applications.
CME: 34.75 *AMA PRA Category 1 Credits™* and 4 SAM Credits

Cardiac CT Certificate of Advanced Proficiency Exam
Dec. 16, 2009
The ACR Education Center, Reston, Va.
With the new Cardiac CT Certificate of Advanced Proficiency Examination, you can demonstrate to patients, payers, and hospital credentialing boards your knowledge, high standard for patient care, and compliance with the laws and rules that govern health care. Apply today at **www.acr.org/CoAP**.

CT Colonography: Supervised Case Review
Jan. 14–15, 2010; March 8–9, 2010
The ACR Education Center, Reston, Va.
Learn the technique, performance, and interpretation of CTC through the supervised review of a minimum of 50 cases in this course led by Matthew A. Barish, M.D.
CME: 20 *AMA PRA Category 1 Credits™* and 4 SAM Credits

Body MR
Jan. 22–24, 2010; March 29–31, 2010
The ACR Education Center, Reston, Va.
This intensive, practical course led by Diego R. Martin, M.D., Ph.D., on abdominal MR image interpretation focuses on the most common current indications for abdominal MRI and includes imaging of the liver, pancreas, and kidneys.
CME: 33.5 *AMA PRA Category 1 Credits™*

Education Off-Site Meetings

ACR-RBMA Forum: New Strategies for Business and Clinical Leaders in Radiology
Nov. 14–15, 2009
The Reston Hyatt, Reston, Va.
Register online for the first joint meeting of the ACR and the Radiology Business Management Association (RBMA). You'll learn the best strategies for developing your practice and considering payer contracts, earnings, marketing, governmental affairs, and growth. Please visit **www.acr.org** and select "Meetings and Events" to register.

34th National Conference on Breast Cancer
April 9–11, 2010
Desert Springs JW Marriott Resort and Spa, Palm Desert, Calif.
You'll benefit from engaging lectures, case-based education, and the latest technology at this dynamic meeting. Visit **www.acr.org** and select "Meetings and Events" for more information. While there, fill out an online form to be notified automatically when registration opens.

To learn about the ACR's broad portfolio of educational products and services, visit www.acr.org.

The American College of Radiology (ACR) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians. The ACR designates these educational activities for *AMA PRA Category 1 Credits™*. Physicians should only claim credit commensurate with the extent of their participation in the activity.

The Breast MRI Course (approved July 13, 2009), the CT Colonography Course (approved Aug. 6, 2009), and the PET CT Course (approved Aug. 6, 2009) include four self-assessment module (SAM) credits. These SAM credits are qualified by the American Board of Radiology in meeting the criteria for self-assessment towards the purpose of fulfilling requirements in the ABR Maintenance of Certification Program.

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7393.3 10.09

ACR BULLETIN
1891 Preston White Drive
Reston, VA 20191-4326

RSNA: 95th Scientific Assembly and Annual Meeting
Nov. 29-Dec. 4, 2009 • McCormick Place Convention Center, Chicago

ACR and ARRS members can learn more about practice resources at two locations during RSNA this year. Visit either of our booths to learn about ACR and ARRS member benefits, including the latest product and service offerings for radiologists, discounted and free CME and SAM opportunities, innovative PQI and MOC programs, discounts on meetings and publications, and volunteer opportunities. Come see how the ACR and ARRS integration is making radiology bigger, better, and stronger.

American College of Radiology
Booth #6403A

Learn how you can:

- Become a member of the ACR or renew your membership
- Gain access to a comprehensive array of CME courses, products, and meetings — designed exclusively for you, the radiologist
- Check out the latest course offerings at the ACR Education Center
- Implement successful quality and safety initiatives
- Get the latest on health care reform

American Roentgen Ray Society
Booth #2800A, Publishers Row

Learn how you can:

- Become a member of ARRS or renew your membership
- Access free member online CME, SAM, and PQI products as well as *AJR* online content
- Register for low-cost, high-quality education at the 2010 ARRS Annual Meeting in San Diego
- Volunteer for ARRS service
- Participate in practice-changing clinical research scholarships and fellowships

Job seekers and employers:
Visit the ACR Career Center's On-Site Interview Service in room S105AB.

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