Bulletin

Fall 2024

The Pennsylvania Radiological Society

**This edition and past editions are available to all members at http://www.paradsoc.org/*

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EDITOR'S NOTE

A year later already? Happy fall everyone! It was a refreshing change of venue as the society made a rare venture outside the greater Philadelphia area to gather in picturesque Lancaster. I, for one, salute the locale for two extremely important reasons: (1) It shortens my drive from Central PA by about 1.5 hours and (2) I can go to the Fulton Steamboat Inn for one of the best breakfasts in America. Oh, there is a third positive of this trip. Approaching Lancaster from the West, I got to the hotel before encountering the dreaded horse-drawn buggies. So, no handwringing about killing a horse or human with my car.

Since becoming editor, I have taken a moment to capture the vibe of the times in these opening remarks, and so I reluctantly do so again now. Of course we are consumed by the presidential election, and tensions are high in our divided country. We should not be surprised that we still feel the reverberations of the pandemic as the world continues to

endure the impact of that momentous event in the form of economic instability, social unrest, and the pervasive spread of misinformation. By the time you read this we may know who our new president is. Regardless the winner, there is a real possibility of politically related violence in our land. Meanwhile, other parts of the world continue to be ablaze. A Middle East war that has raged for more than a year is at risk of broadening, and some argue has already broadened. In Eastern Europe, Ukraine continues to suffer the empire-building aspirations of Vladimir Putin in a war that barely registers in the media anymore given other distractions.

Closer to home from a community perspective, radiology struggles in a setting of ever-increasing demand for imaging and a shortage of radiologists. Traditional private practice groups continue to dwindle as more and more radiologists are now employed by hospital groups and private equity parties. AI-based applications remain tantalizingly on the horizon as both a potential salve for the chronic manpower shortage and a threat to our long-term livelihoods. These are interesting times.

On the brighter side the holidays are just around the corner, and the sun will continue to rise each morning as we navigate troubled waters. I wish each of you a happy holiday season and a rewarding 2025.

Finally, thanks to our outgoing president, **Dr. Josh Tice**. Josh, you are a superstar. Well done!

And now…the news.

Kelly W. Biggs, MD

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New President 2024-2025 **Kenneth Kurtz, MD**

Dr. Kurtz is a radiologist and medical leader, originally from Boston, Massachusetts. He earned his undergraduate degree from Tufts University before pursuing his medical degree at Jefferson Medical College. Dr. Kurtz completed his internship and residency at Yale-New Haven Hospital, followed by a fellowship in MRI at Jefferson University Hospital.

As President of Medical Imaging of Lehigh Valley, Dr. Kurtz leads a team of approximately 120 radiologists in Northeastern Pennsylvania, providing

exceptional medical care to the community. His practice is affiliated with the Lehigh Valley Health Network.

A dedicated member of the medical community, Dr. Kurtz has been an active participant in the Pennsylvania Radiological Society (PARADSOC) and American College of Radiology (ACR) for many years. He has served on multiple PARADSOC committees and was recently appointed to the ACR's Economics Commission.

Dr. Kurtz's goal is to continue to work to shape the field of radiology and improve patient care in his community.

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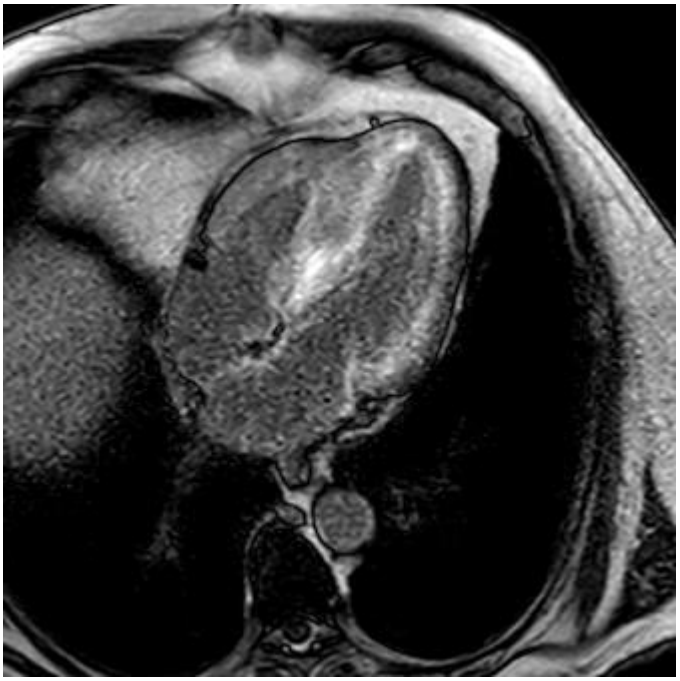
CRACK THIS CASE!

79-year-old man with left ventricular hypertrophy. Evaluate for infiltrative disease. See end of bulletin for discussion.



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FALL CHAPTER MEETING

The board of the Pennsylvania Radiological Society met on Friday, September 13th, in Lancaster, PA. A broad range of subjects were addressed, with special attention to budget and meeting planning. PARADSOC is not immune to the post-pandemic challenges of inflation and engagement. The society may conduct one board meeting in hybrid format in 2025 for cost control. Still, finances remain strong particularly considering the current climate. The PARADSOC Legacy Fund, established to promote education and other radiology interests in 2021, continues to thrive.

PARAD Board in Lancaster, PA

Bryant Chang, Medical Student; Dr. Pamela Spicer, Resident; and Dr. Rajshree Singh, Resident presented training related issues to the board.

Heather Wilson and Susan Caputo, PA Medical Society Guests, addressed the board on the status of the Legacy Fund.

2025 will be the last year for **John Kline** to serve as PARADSOC Executive Director and Lobbyist. We'll wait for 2025 to detail John's distinguished service to radiology in Pennsylvania but suffice to say his shoes will be tough to fill. Successor and transition planning were also discussed in detail by the board. John, if you change your mind, we will let you stay on!

John Kline (right) takes a selfie with Dr. Kwasi Armah at the PARADSOC 2024 banquet.

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There is new blood on the Program Committee, as Chair **Dr. Jonathan Morgan** and committee members Dr. Angela Choe, Dr. Wei Shaw, and **Dr. Tessa Cook** assembled an excellent continuing medical education session on Saturday, September 14th.

Dr. Timothy A. Crummy, Speaker, ACR Council, provided the ACR update. Dr. Crummy's talk touched on the growth of non-physician provider interpretation of medical imaging between 2016-2020, accounting for 3% of all imaging, and ACR's efforts to combat this dangerous trend. He provided an excellent explanation of the "No Surprises" Act, an initiative to reduce unexpected and potentially high patient costs when they are treated by out-of-network providers. Dr. Crummy noted that, while the initiative sounds good on the surface, it is biased in favor of insurers with potential to reduce reimbursement for both in network and out of network providers. ACR has thus far successfully battled the No Surprises Act in its current form. He went on to summarize the many other ways the ACR

ACR Council Chair Dr. Crummy

fights for the interests of patients and radiologists through lobbying, regulation, and education.

Dr. Gaurang Shah, member ACR Council Steering Committee, spoke on conflict resolution. **Dr. Melissa A. Davis**, Associate Professor, Vice Chair of Medical Informatics Department of Radiology and Biomedical Imaging, Yale University, discussed young physician challenges. **Dr. Amy Patel**, ACR Chair, Radiology Advocacy Network and RADPAC, spoke on balancing personal, clinical, and administrative responsibilities.

Rebecca E. Spangler, ACR Senior Government Relations Director, provided an update on ACR Federal Government Relations. ACR legislative priorities: implementation of appropriate use criteria (potential government savings of $700,000,000 annually per CMS); Medicare payment reform (fighting decline in reimbursement); and achieving coverage for Virtual Colonography; among others.

Dr. Tessa Cook moderated a debate between **Dr. Saurabh (Harry) Jha** and **Dr. Warren Gefter** on autonomous AI interpretation of chest radiographs.

Dr. Gefter (left) and Dr. Jha (right)

Ameena Elahi, Medical Imaging Management Applications Manager, Penn Medicine, delivered a particularly informative lecture on Radiology and Informatics in Low- and Middle-Income Countries. Over half the world lacks radiology. While in the United States 25,000 patients may be served by 1 CT scanner, 1,694,000 are served by 1 scanner in low-income countries per her sources. The ratio can be 1 per 10 million patients for MRI.

Dr. Mary Scanlon introduced the Resident and Fellow Panel, with **Dr. Johnathan Lawrence Neshiwat, Dr. Long Nguyen, Dr. Jonathan Minkin**, and **Dr. Aubrey Reeves**.

Dr. Eric Rubin, ACR Chair, Commission on Human Resources, concluded the day's presentations by addressing the workforce shortage.

Education continued into the evening with an excellent discussion of RAD-AID (RAD-AID.org) by Honored Lecturer **Dr. Kwasi Ofori Armah**, delivered in recognition of Gold Medallion recipient **Dr. Terry York**. In a continuation of Ameena Elahi's presentation, Dr. Armah highlighted the contributions of RAD-AID in developing imaging services in Africa.

Outgoing PARADSOC President Dr. Josh Tice (left), Dr. Kwasi Armah (center), and Dr. Terry York (right)

Dr York with family at the PARADSOC banquet

The evening concluded with a changing of the guard, as **Dr. Josh Tice** passed the gavel to new present **Dr. Kenneth Kurtz**. Dr. Kurtz, we only expect perfection!

Dr. Kenneth Kurtz (left), Dr. Josh Tice (center) and John Kline, Executive Director (right)

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SCIENTIFIC EXHIBIT WINNERS!

Congratulations to this year's exhibit winners:

FIRST PLACE:

"Enhancing Timeliness of STAT Portable Radiographs in the Pediatric Intensive Care Unit"

Authors: Marcy Hutchinson, Mohammad Jalloul, Eatric Hinton, Hannah Stinson, Valerie Rigby, Summer L. Kaplan

Institution: Children's Hospital of Philadelphia

SECOND PLACE:

"A Comparison of Handheld versus Cart-Based Ultrasound in the Evaluation and Diagnosis of Carpel Tunnel Syndrome"

Authors: Shiva Yagobian, Sean Wallace, John Fowler

Institution: University of Pittsburgh, School of Medicine, Department of Orthopedic Surgery

THIRD PLACE:

"Diagnostic Efficacy of Contrast-Enhanced Ultrasound and CT Angiography for Detecting Type 2 Endoleaks: A Comparison with Conventional Angiography and Assessment of Periprocedural Factors"

Authors: Kamyar Ghabili, Kevin You, Benjamin Shin, Peter Waybill, Kathryn McGillen

Institution: Department of Radiology, Penn State Hershey Medical Center

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Nudging Responsible AI Use

Manav Jha, J. Eric Schmitt MD PhD, Suyash Mohan MD

When an AI algorithm for the detection of large vessel occlusion and intracranial hemorrhage was rolled out at Penn Radiology, the emergency physicians and neurologists were excited because they no longer had to wait for a report. They were nearly instantly notified by artificial intelligence (AI). The neurologists even received a notification on their phones when AI concluded that a study was positive. The report generation was so quick that often the patient was still on the CT scanner when AI had rendered its interpretation.

What happened next was unexpected, although in hindsight unsurprising. Over the next few months, the number of CT perfusion studies of the head ordered by emergency physicians increased dramatically – we're not talking about just a few extra studies a day, but rather a three-to-four-fold increase. Yet the number of "acutely positive" studies remained the same, meaning that the excess studies ordered were mostly negative.

Why did this happen? We do not wish to blame AI. This is more likely owed to a recognized phenomenon in healthcare known as *indication drift*. When the access to a particular therapy or a diagnostic test improves such that the therapy or test is perceived to be safer, that therapy or test is more frequently requested. For example, when surgeons first offered cholecystectomy laparoscopically, more cholecystectomies were performed than when the cholecystectomies were done by open surgery (1). The doctors and patients believed that the surgery had become safer because of the keyhole approach. In the end, the net cost of cholecystectomies rose, even though a laparoscopic cholecystectomy is cheaper than an open cholecystectomy for an individual patient.

We postulate that the rapid availability of results, thanks to AI, made CT perfusion appear easier to obtain. Clinicians who might have previously been reluctant to order CT perfusion owed to a delay of several hours for a radiologist interpretation (with the patient waiting in the emergency department) were more likely to order CT perfusion with AI, since they knew that the result would now be available nearly instantly.

The increased ordering of CT perfusion suggests two things. First, that AI will change our decision making and behavior in ways that might not always be predictable. Second, AI in healthcare might not necessarily reduce costs, as our preliminary experience shows. In fact, AI could increase the use of compliments – goods and services which are needed for the main input. In this case, increasing demand for CT perfusion means increased use of iodinated contrast, CT technologist, CT scanner, and image post processing.

What is the solution? The answer may come from behavioral economics in a phenomenon known as “nudge”. Take organ donation. Austria has more organ donors (nearly 100%) than Germany (12%). This is not because Austrians are more charitable than Germans. The explanation is simpler and more surprising. In Austria, citizens have to tick a box on the driver license form if they don’t want to be an organ donor, but in Germany citizens have to tick a box if they do want to be a donor. In other words, the default position in Austria is that people want to be organ donors, whereas the default assumption in Germany is that they do not (2). The difference between the organ donation rates between the two countries is nine-fold simply because of a box!

Changing the default position can make a tremendous difference. Clicking a box makes the ordering process only a little more difficult; it’s not prohibitive, but that tiny bit of added difficulty could have a dramatic effect on the ordering frequency. We propose to nudge ER physicians by asking them to click a separate box when they order CT perfusion studies, simply asking if they’d like AI assistance. If they click “yes”, an information box can pop up which gives a few key pieces of information, such as the accuracy of AI, false positive and negative rates, and indicating that its use will necessarily push other studies ordered by the emergency room towards the bottom of the

list. The information presented to the ordering physicians won't be inaccurate. It'll just serve as a reminder so that they understand that using AI to flag for neurological emergencies will affect the overall workflow.

The radiology work list for the ED should be viewed as a zero-sum game. Which means any effort to speed things up, will also slow things down.

References

1. Shea JA, Berlin JA, Bachwich DR *et al.* Indications for and outcomes of cholecystectomy: a comparison of the pre and postlaparoscopic eras. Annals of Surgery 1998; 227 (3): 343 – 350
2. Thaler RH and Sunstein CR. Nudge: Improving Decisions about Health, Wealth, and Happiness. 2009, Penguin Books, London.

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Radiological Society of North America

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MEDICAL STUDENT MENTORSHIP

Bryant Chang

Many of us owe our current success to the mentors who have guided us along the way. The Philadelphia Radiological Society is proud to foster such meaningful relationships through the Medical Student Mentorship Initiative, launched in February 2024. Since its inception, the initiative has experienced significant growth, pairing medical students in Pennsylvania with mentors at various stages of their careers, from early radiology residents to mid-career attending radiologists. To date, over 80 unique mentor-mentee pairings have connected students across the state with residents, fellows, or attending radiologists who share geographic ties or similar interests, such as AI, advocacy, economics, or specific subspecialties.

In our six-month follow-up surveys, 70% of participants reported having met with their mentor or mentee at least once. Mentors, particularly residents, find it highly rewarding to guide those interested in radiology and appreciate the opportunity to "pay it forward" by sharing their experiences. Mentees benefit from practical advice on residency applications and insights into radiology, finding particular value in the relatability of resident mentors who offer a sense of understanding and support.

The initiative not only helps students build relationships within the field but also increases the likelihood of them pursuing radiology residencies in Pennsylvania, strengthening the local workforce. It aims to enhance diversity, equity, and inclusion (DEI) in radiology, as greater DEI efforts can increase interest in the specialty and challenge outdated perceptions of radiology as a male-dominated field. By introducing medical students to leadership opportunities within radiology, we can foster early interest and dedication to the specialty.

The success and growth of this mentorship program are due to the many members who have volunteered to serve as mentors. We encourage others to join us and help shape the future of radiology. Sign up today!

https://paradsoc.org/page/mentorship-initiative

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LEGACY FUND

The PARAD Legacy Fund is going strong after its establishment in 2021. In 2024 the fund sponsored physicians in training for the James M. Moorefield and Rutherford-Levanty Fellowships, and these programs will be supported again in 2025.

$20,000 was approved for distribution in 2025 for grants and other education related initiatives, such as annual scientific awards and the regional residents meeting. Grant applications will be accepted through June 1, 2025.

The Pennsylvania Medical Society continues to assist in fundraising efforts for the Legacy Fund.

Please donate to the fund at
https://foundationpamedsoc.org/donatetoradiology

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LEGISLATIVE AFFAIRS

General

As reported in the spring of this year, Democrats continue to hold a very slim margin in the House. Two Democratic members have resigned to take other jobs, but their districts are solidly blue, and the count is not expected to change. Special elections will be held this fall, so that could slow the progress of any bills moving into the end of the session.

Residents Day in Harrisburg was held Tuesday June 11th, 2024. This program continues to be a great success and shows residents how PARADSOC works in the legislative and regulatory arena. Dr. Aubrey Reeves from St. Luke's joined Dr. Sykes and John Kline and was able to get a firsthand look behind the scenes in the Capitol. It was a great day.

PARADSOC continues to have a strong presence in both chambers and the Governor's office by being present at applicable committee meetings, meetings with staff and legislators, previously mentioned resident's day, and our state PAC. A reception was held for Representative Dr. Arvind Venkat in Harrisburg. Legislative committee member and former chair, Dr. Keith Haidet was able to attend with John Kline to represent radiology.

Some specific pieces of legislation we are watching/participating in are detailed below. It is unlikely that these bills will advance any further with the few remaining legislative days before the 2024 election, but we anticipate they will be reintroduced in the next session.

House Bill 1956 (Act 112 fix)

Introduced by Bridget Kosierowski (D-Lackawanna), as previously discussed, this bill is like earlier bills HB 909 and SB 545, that would change the requirements of Act

112. HB 1956, however, has moved through the House Health Committee and the floor unanimously. It will now go the Senate for consideration. PARADSOC continues to work with Kosierowski and other physician groups, mainly the cardiologists, to keep this bill on the advance. The concerns of language regarding significant abnormalities are addressed as well as advising the patient at the time of the procedure, that their results will be available. There continues to be language that would require a full working days' delay in releasing results that demonstrate a reasonable likelihood of malignancy. It is unlikely that this will get over the finish line before the fall election, but we will keep working it.

Senate Bill 1281 (Rad Tech Licensing)

State Senator Lynda Schlegel Culver has introduced SB 1281, which would provide for licensing of technologists, radiation therapists, and radiologist assistants. The memo she circulated on the bill is as follows:

I plan to introduce legislation to provide licensing for all medical imaging specialists, radiation therapists and radiologist assistants in the Commonwealth.

Unlike doctors and nurses, there is no state requirement for medical imaging professionals and radiation therapists to be licensed to use the sophisticated and highly advanced equipment that enables accurate medical imaging and therapy. These new technologies allow advances in medical treatment that once was considered impossible. Those advances, however, carry additional risks from increased exposure to ionizing and non-ionizing radiation. This legislation will ensure that the medical professionals operating medical imaging and radiation therapy equipment are properly trained, certified, and licensed for the equipment they use.

This licensing program would fall under the purview of the State Board of Medicine. Specialty areas (modalities) within the medical field that would be licensed under this legislation include radiography (x-ray operation), nuclear medicine, diagnostic sonography (ultrasound), magnetic resonance imaging (MRI), computed tomography (CT), and radiation therapy. The bill also addresses the field of radiologist assistants, which are advanced radiography specialists.

The bill establishes the scope of practice for each modality, sets requirements for the licensure and renewal of licenses, determines proper training, and develops standards to improve medical imaging and radiation therapy procedures. Medical imaging

professionals work under the supervision of licensed practitioners similarly to medical doctors and osteopathic physicians in the imaging of patients. Those licensed practitioners would not be affected by this legislation, nor would dentists, chiropractors, podiatrists, or veterinarians.

House Bill 1944 (Breast cancer imaging cost coverage)

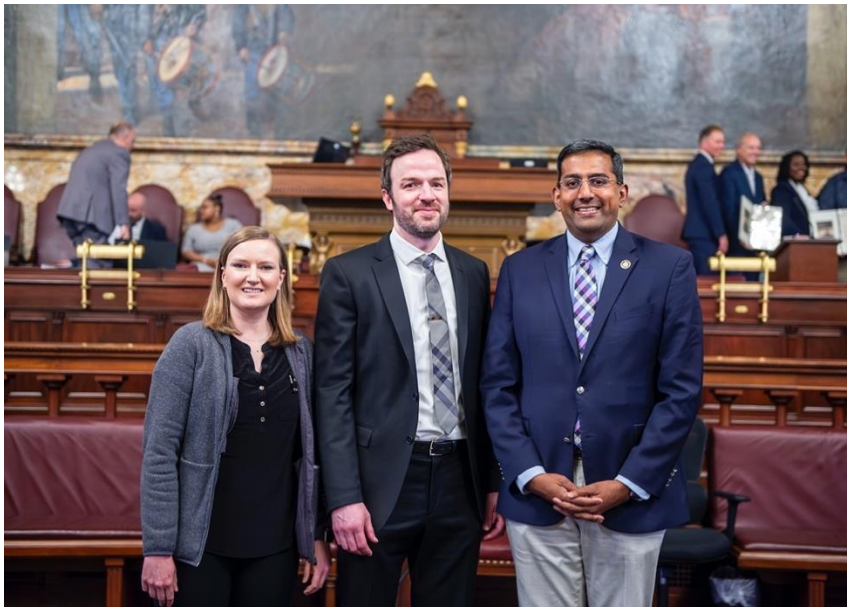
Introduced by Rep. Gina Curry (D-Delaware), this bill would mandate that all costs associated with diagnostic imaging for breast cancer would be covered by insurers, with no cost-sharing for patients. The PARADSOC legislative affairs committee has been in contact with the Susan G. Komen Foundation, which helped with passage of similar legislation in Maryland last year. The bill is currently in the House insurance committee, and we will advocate for its advancement.

Jeremy Sykes, MD

Chair, Legislative Affairs Committee

John Kline

Executive Director



Dr. Jeremy Sykes, PARADSOC Chair Legislative Affairs (center) with St. Luke's Radiology Resident Dr. Aubrey Reeves and State Representative Arvind Venkat on the House Floor during Residents' Day 2024.

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https://www.radiologyadvocacy.org/SitePages/HomePage.aspx

DONATE TO PA RADPAC:

https://paradsoc.org/donations/donate.asp?id=22046

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2024-2025 PARAD SOCIETY OFFICERS

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Treasurer: **Dr. Matthew Wiggins**
Editor: **Dr. Kelly Biggs**
Senior Councilor: **Dr. Jeremy Sykes**

Immediate Past President: **Dr. Josh Tice**

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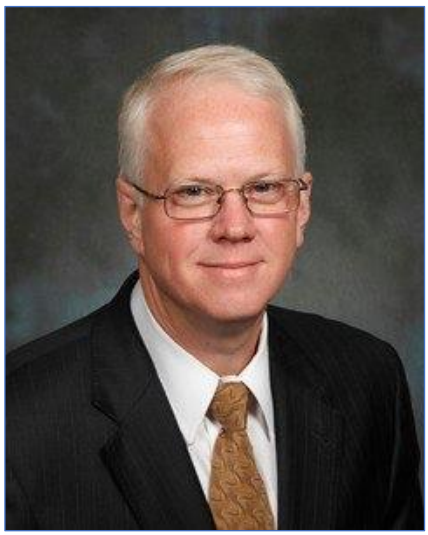
GOLD MEDALLION

Congratulations to the 2024 Gold Medallion recipient:

Terry N. York, DO, FACR



Dr. Terry York was born in Huntington, WV and raised in St. Albans, WV. He is the youngest of 3 brothers. A graduate of St. Albans High School, he attended Marshall University in Huntington, WV obtaining a degree in Biology. His medical career started at West Virginia School of Osteopathic Medicine in Lewisburg, WV. He completed a one-year internship at Grandview Hospital, Warrensville Heights, OH and continued on to complete his residency in Diagnostic Radiology at Memorial Hospital, York, PA. After completing a fellowship in Body Imaging/interventional radiology at Lehigh Valley Hospital, Allentown, Pa., he joined the J. R. Miller and R. R. DiPietro Associate group, in York, PA. where he worked the majority of his career. He currently is continuing his career as a radiologist, Board of Director, and a Shareholder in the Quantum Imaging and Therapeutic Associates, Inc. in Lewisberry, PA.

Over his career, Dr. York has been President of Medical staff (Memorial Hospital), Department Chairperson (Memorial and Lititz Hospitals), and a Chief Medical officer (Memorial Hospital). He has been on various professional and community boards, Memorial Hospital Board of Directors, The Medical Dental Bureau of York and Adams Counties, and The Memorial Health Fund Board, which provides funding to improve health in York County. His journeys include the opportunity to be involved in the RAD-AID.org, being instrumental in the needs assessment and subsequent development of a Radiology residency in Guyana, and teaching at this program over the years.

He has been involved in Medical Organizations as Past President of the York County Osteopathic Medical Society, Past President of the Pennsylvania Radiological Society, American College of Radiology (committee for Quality in the General, Small, Emergency, or Rural practice for the American College of Radiology and ACGME task force), as well as the Pennsylvania Osteopathic Medical Association (Committee on Radiology/Invasive Radiology). He has been actively involved in PARADSOC on various committees including serving as counselor over the years and being the past Treasurer.

Dr. York holds a graduate certificate from the Johns Hopkins Business of Medicine for Physician Leadership Training, which gave him the tools to succeed in leadership but also to help develop several companies, including mobile MRI and Medical billing.

Looking back over his career, Dr. York would argue that he could not have achieved so much, had it not been for the support of his wife and kids, and their sacrifices.

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CRACK THIS CASE ANSWER:

In my experience, cardiac MRI can be unsatisfying. Patient motion can make interpretation challenging, and not infrequently certain diagnoses may be ruled out, but "Aunt Minnies" can be rare. However, this is nearly a textbook case of cardiac amyloidosis, characterized by left and right ventricular hypertrophy and uniform subendocardial delayed hyperenhancement. The provided image does not adequately show atrial dilatation, which was nonetheless present in this patient. The presence of pleural and pericardial effusions would have been icing on the cake.

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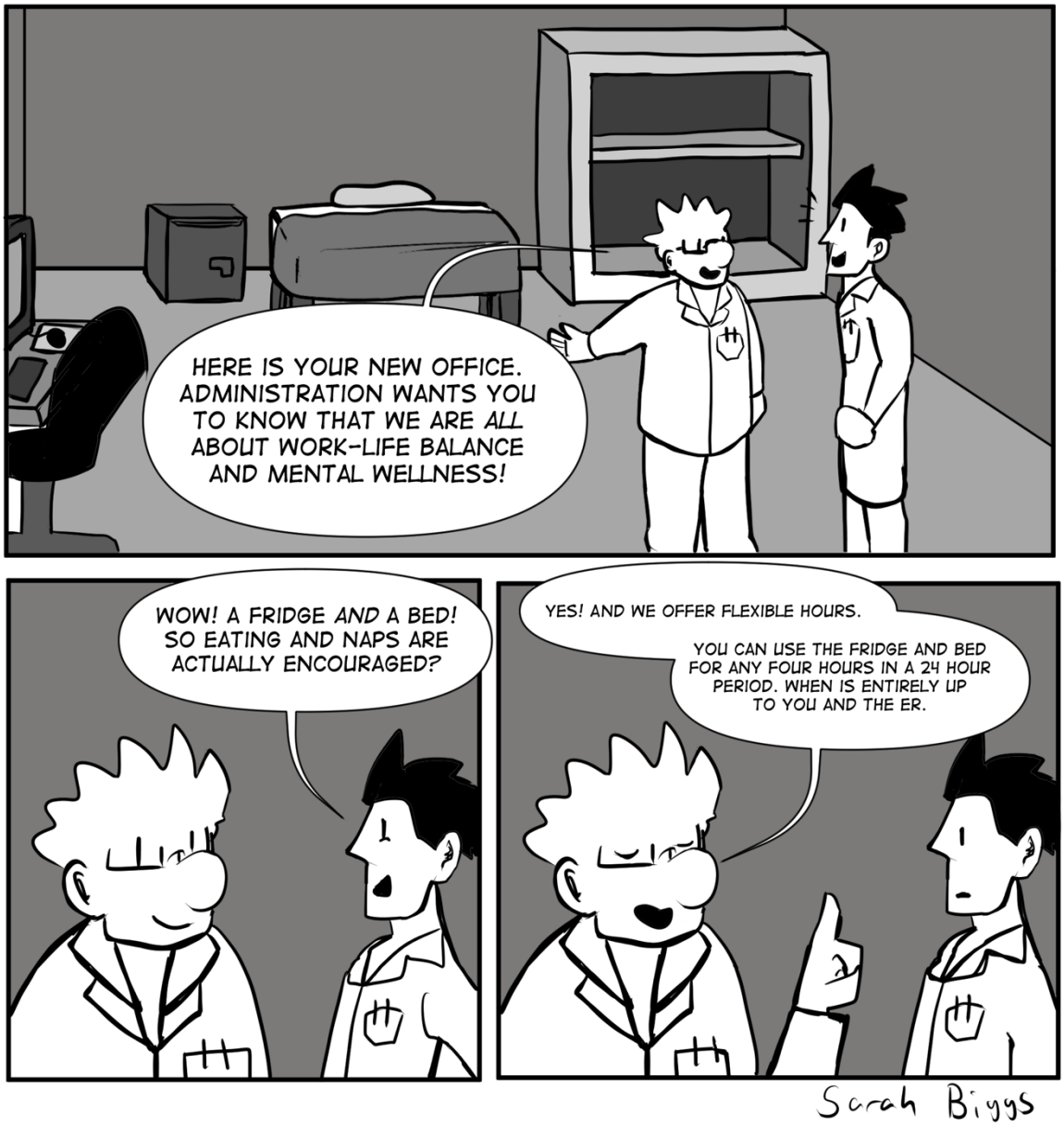

IMPORTANT DATES

- PARAD Resident's Day on the hill, Harrisburg, May 2025. Date TBD.
- ACR 2025. May 4-7, 2025, Hilton Washington, D.C.
- PARAD Annual meeting September 2025. Location TBA.