

Interventional Informer

Spring 2016

Presidents Message

David Nicholson, RT (R) (CV)



Through trial and error, innovation, and shared education, the early pioneers of Interventional Radiology were able to change the way the world looked at surgery.

We first began with imaging; providing diagnostic images to surgeons to improve patient outcomes.

As we continued to improve the quality of those images, we also increased our level of understanding of the pathologies that plagued these patients. That increased understanding helped to lead to the development of inventory that would allow for the earliest interventional procedures.

Today, as a result of decades of innovation, understanding, and education, we continue to improve the way millions of patients receive care. We provide invaluable services from basic access, to tumor ablation, to aneurysm repair, to almost every demographic of the patient population. American author John Maxwell wrote that change is inevitable, while growth is optional. Revised for our field, the quote should read that change is inevitable, and growth is essential.

2015 marked a year of growth for the AVIR. We worked not only to expand our educational offerings, but also the resources available to you, our membership.

In October, we hosted our second annual VI Review in North Carolina. Our members enjoyed a two day conference centered around the fundamentals of our field as well as VI board prep. Additionally, they were able to participate in a mock registry and review Board Prep content with AVIR Board Members. If you anticipate taking your boards in 2016, we encourage you to look for upcoming details regarding our next workshop.

We also saw local chapter growth as the AVIR welcomed the addition of three new chapters. Chapter development is a crucial component of AVIR growth. We know how essential local support and education is to our members. If you're not already involved, seek out and join a local chapter. Networking with others in your area can be an integral part of your professional growth.

The AVIR has also implemented changes at our annual meeting. This year we are proud to display educational posters provided by both technologists and nurses. We encourage you to seek them out; the annual meeting is a unique time to learn from each other. Sharing the changes in techniques and procedures we're utilizing and developing in our home labs is a good way to do so. Also new this year is the introduction of hands on workshops. We recognize the value of hands on experience, and encourage you to take this opportunity to learn from leaders in our field through a hands on memorable experience.

Finally, the AVIR recognizes the importance of ensuring not only that our educational resources are relevant, but they are easily accessible. This year saw the launch of the AVIR APP; a one stop resource for communicating directly with the AVIR Board, obtaining continuing education credits, and staying aware of upcoming opportunities such as our regional conference, Chapter happenings, and VI Workshop.

We encourage you to enjoy your week, but also to remember it is only the beginning. To ensure the continued growth of both yourself and those around you it is essential you take the energy and knowledge you gain this week and use it as a catalyst for the rest of your year.

Inside Spring 2016 | David S. Douthett, RT(R)(CV), Editor



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Inform

Vice Presidents Message

Alisha Hawrylack, RT (R) VI



Dear Colleagues,
Welcome to Vancouver!

The AVIR Board, under the guidance of our Program Chair, has worked hard to assemble a week of lectures, symposiums, and workshops that will allow you to network with thought leaders, experts, and renowned educators in our field.

We encourage you to enjoy your week, but also to remember it is only the beginning. To grow ourselves and our profession we need to take the energy, relationships, and opportunities we gain together and use them as a catalyst towards a great 2016.

The conversations we have with you greatly influence the educational and networking opportunities our Board puts together.

In response to your suggestions and feedback here are some opportunities we look forward to providing in 2016:

- 3rd Annual VI Workshop: A two conference centered around VI Board Prep and Vascular Interventional Fundamentals.
- Mock Registries available on the AVIR Website
- Monthly Directed Readings from the Journal of Vascular and Interventional Radiology
- Interact with the AVIR Board via our Social Media outlets; Facebook, Twitter, the AVIR APP and Linked In.

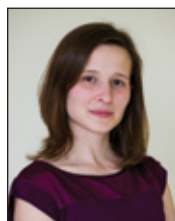
Enjoy your week, and we look forward to a great partnership in 2016!



2016 Annual Meeting
April 3-6, 2016
Vancouver, British Columbia, Canada

ARRT Extends Recognition Of Radiologist Assistant Educational Program

By: Alisha Hawrylack, RT (R) VI



(February 16, 2016) The American Registry of Radiologic Technologists (ARRT) recently extended the recognition of the radiologist assistant educational program at Loma Linda University, (Loma Linda, Calif). Individuals graduating from this program through January 31,

2021 will have met the educational eligibility requirement for certification and registration as Registered Radiologist Assistants (R.R.A.s).

To be recognized and/or have recognition extended by ARRT, radiologist assistant (RA) programs must meet recognition criteria that include accreditation, clinical education and preceptorship requirements. Initial recognition may be granted for a period of up to three years, at which time the program must apply again for ongoing recognition. Subsequent program continued recognition may be granted for up to five years.

The RA educational programs currently recognized by ARRT are:

1. Loma Linda University, Loma Linda, Calif.
2. Midwestern State University, Wichita Falls, Texas
3. Quinnipiac University, Hamden, Conn.
4. Rutgers, The State University of New Jersey, Newark, N.J.
5. The Ohio State University, Columbus, Ohio
6. University of Arkansas for Medical Sciences, Little Rock, Ark.
7. University of North Carolina at Chapel Hill, Chapel Hill, N.C.
8. Virginia Commonwealth University, Richmond, Va.
9. Weber State University, Ogden, Utah

Registered Radiologist Assistants (R.R.A.s) are advanced-level radiographers who extend the capacity of the radiologist. They work in hospital settings, as well as private practice.

ARRT Update

As healthcare continues to bring cost effective, patient driven care into focus, Interventional Radiology Departments have been provided a national platform to showcase our unique way of caring for patients.

IR technologists play a crucial role as part of an interdisciplinary team perfectly designed to deliver innovative care that is less invasive than traditional methods and treatments.

Our clinical expertise, mastery of imaging equipment, procedural, and inventory knowledge, make us an invaluable asset in providing care that can result in happier patients through less patient risks, shorter hospital stays, and less discomfort.

As experts in our field, we desire access to world class education and resources that enable us to continue to be able to efficiently, safely, and effectively care for our patients, as well as advance our field through research and understanding.

The ARRT works to ensure that the content and educational requirements of the Vascular-Interventional Radiography Examination reflect our unique skillset.

Effective January 2016, the ARRT began the process of implementing Structured Education Requirements requiring candidates who wish to obtain post primary certification obtain one hour of structured education in each of the major content areas; Equipment and Instrumentation, Patient Care, and Vascular-Interventional Procedures.

Looking ahead to 2016, the AVIR is preparing to both educate our technologists regarding the changes affecting our field and credentialing, as well as provide them resources to meet those challenges and excel in our profession.

As we adapt to these changes, I encourage you to partner with the AVIR through membership. In addition to relevant continuing education credits, resources for the VI Board review, conference exposure, and networking opportunities, you will be provided current information regarding ARRT changes, and informed of resources available to meet these requirements.

New Coding for Endovascular Stroke Therapy in 2016

By Katharine L. Krol, MD, FSIR, FACR

Discussion and clinical scenarios illustrating the nuances of coding for stroke services are completely outlined in February's issue of Endovascular Today.



There is a new code (61645) specific for endovascular stroke therapy effective January 1, 2016. This code is inclusive of almost all components of the service, which means that coding these procedures should be more straightforward than in the past.

For purposes of coding stroke services, there are three vascular territories:

right hemisphere, left hemisphere, and vertebrobasilar distribution. This code is typically reported once per session, as almost all stroke therapy involves a single vascular territory, but it may be reported once for each of the three vascular territories treated during the session.

61645

Percutaneous arterial transluminal mechanical thrombectomy and/or infusion for thrombolysis, intracranial, any method, including diagnostic angiography, fluoroscopic guidance, catheter placement, and intraprocedural pharmacologic thrombolytic injection(s)

Discussion

Code 61645 includes all catheterizations of the vascular territory treated for stroke. For example, if the embolus is in the left middle cerebral artery (MCA), all catheterizations of the left carotid system and intracranial branches are included in the work of 61645 and would not be separately reported. Any angiography performed on the ipsilateral vessel supplying the area of stroke is included in 61645 and would not be separately reported. Diagnostic angiography performed before, during, and after stroke therapy is included in this work, as

well as any imaging guidance, road mapping, and angiography performed to guide therapy throughout the procedure.

All work done to remove clot/embolus and to restore flow to the vessel(s) is included in the work of 61645. Mechanical thrombectomy using any method, as well as instillation and/or infusion of thrombolytic drugs or any other drugs, are considered inherent to the work of 61645 and are not separately reported. In addition, bolus or infusion of nonthrombolytic drugs (eg, antispasmodics, glycoprotein IIa/IIIb inhibitors) used to treat stroke or iatrogenic sequelae of the therapy (eg, spasm) are included in the service described by 61645.

Neurologic and hemodynamic monitoring of the patient throughout the procedure is considered inherent to the procedure and is not separately reported. Closure of the entry vessel by any method is also included in the work of 61645. Balloon angioplasty and/or stenting of intracranial vessels in the target vessel territory are included in the work of 61645 and are not separately reported. Codes 61650 and 61651 (prolonged infusion of intracranial drugs other than thrombolysis) are not reported with 61645, even if drugs other than thrombolytics are required for stroke therapy, as these services are also considered inherent to the work of 61645.

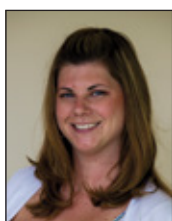
Additional components of service may be provided during the same encounter as stroke therapy that may not be included in code 61645 and may be separately reported. For instance, diagnostic angiography of a cerebral territory other than the treated therapy may be separately reported. Although intracranial balloon angioplasty and stenting are not separately reported, stenting of a carotid bifurcation lesion (ipsilateral or contralateral) may be separately reported. Also, moderate sedation is not considered inherent to the procedure and may be separately reported if provided.

Katharine L. Krol, MD, FSIR, FACR, is an interventional radiologist and has recently retired from active clinical practice. She has stated that she has no financial interests related to this topic.

Inform

The World of IR: Vancouver 2016

Amanda L Popovitch, RT, ARRT



Are you registered? If not, now is the time. Onsite registration will be available but why wait? Register today!!!!

The AVIR Annual Meeting is held in conjunction with the Society of Interventional Radiology (SIR) and the Association of Radiology In Nursing (ARIN) which makes this the premier Interventional

Radiology event to attend. With 4 days, 24 technologist specific credits and over 200 SIR credits approved, hands-on simulation and poster presentations, there is plenty to meet your educational needs.

- Stroke Management with Dr. David Kumpe
- Radiation Protection with Dr. Bob Dixon
- Case Presentation with Dr. Jafar Golzarian
- Radial Access with Dr. Michael Woods
- Interventional Oncology with Dr. Bulent Arslan

And Much More...

There's An APP for that

This year our brand new APP will all the information you need for the Annual Meeting; AVIR schedule and session surveys, SIR session information, Soiree info, things to do, hotel information, weather, sponsorship and more! If you are attending the meeting live, virtually or simply want to know what's happening while your colleagues are in Vancouver download it today by searching AVIR APP in the Apple Store or Google Play. As always the download is free!

AVIR is Bringing the Meeting to You

Can't make the meeting because we are going international? This year you will have the opportunity to join us remotely by streaming the entire meeting live-online! Register at the same price as an in-person attendee and save thousands in travel expenses. Virtual attendees can earn CE credit and ask questions from the presenters. The best part is, you don't need a passport. Virtual participants can watch the lecture either live or via recordings once the meeting is over to get the most out of their credits. As a bonus you also receive a free year of AVIR membership.

If you're attending the meeting you're going to the Soiree!!! Join the AVIR and ARIN on Sunday April 3rd from 7pm-11pm; Rogue Kitchen & Wetbar/Gastown, 601 W Cordova St, Vancouver, BC V6B 1E1, Canada. (There are a few Rogue locations so be sure you go Rogue Gastown!) Dress is what you would want to wear out for a FUN night!

Our meeting is not possible without our sponsors such as Cook, Bard, Dfine and Uresil. Please take a moment to stop by the exhibit hall Sunday through Thursday to thank them for their continued support of the AVIR! Stay tuned for exciting prizes you can win throughout the week!

Don't leave home without your passport and we will see you in Vancouver!!!

Thank You!



The AVIR enjoyed hosting its Second Annual V.I. Workshop in N.C. in October.

Once again, we enjoyed a weekend of networking, lectures, V.I. Board prep, and hands on simulator experience provided by Medtronic.

The time we had to meet, talk, and learn from each of you was invaluable to us. As the AVIR continues its partnership with you, it is our goal to continue to provide you with unique and relevant educational workshops and conferences.

For those of you who participated in our survey, your honest feedback is helping us to shape those educational offerings

to ensure we are providing you with what you need in your continued pursuit of higher education. We appreciate all of your comments, and are working hard to make sure our next conference incorporates your suggestions.

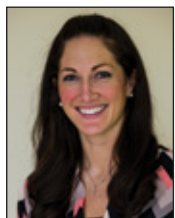
If you were not able to attend N.C., but have any suggestions about conferences, CEs, or workshops you would like to see featured in the future, please let us know!

Any questions, concerns, or feedback, please feel free to email me at ahawrylack.avir@gmail.com.

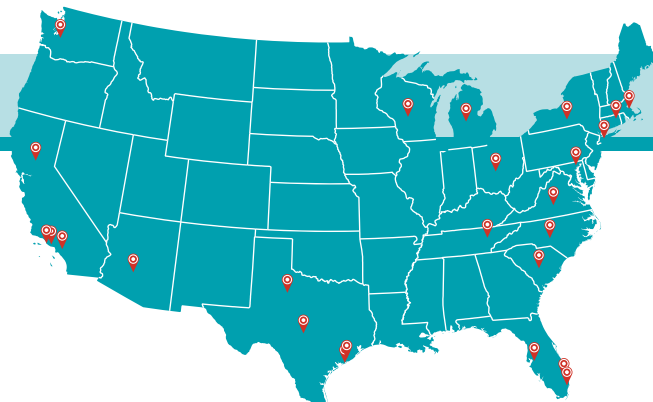
Thank you for the opportunity to participate in your professional development, and I look forward to hearing from you.

Regards,
Alisha Hawrylack, RT(R)(VI)
Vice President, AVIR

2016 Spring Chapter Updates



**By: Crystal Hanson, (RT) R
Director at Large**



Austin, Texas (HCIR) Hill Country Interventional Radiographers

Contact: Derek Stearns

Email: Derek.stearns@g.austincc.edu

Welcome Austin, Texas! Derek and his team of IR techs have been our most recent Chapter joining the AVIR team. We are very excited to see what they bring into 2016. With the help of their local Terumo representative, their first lecture is gearing towards Visceral Interventions, which will include a simulator. Look for updates on this Chapter.

Arizona, Chapter - New

Contact: Alfredo Yanez

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A newer AVIR Chapter is from Phoenix headed by Alfredo Yanez. They have a lot of interest and support from their local hospitals and staff. I have no doubt they will hit the ground running with some great lectures and add to our membership growth.

Baltimore Chapter

Contact: Karen Finnegan

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Boston Chapter

Contact: Amanda Popovitch

Contact: Kimberly Mahoney

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kmahoney18@partners.org

Buckeye State Chapter (Ohio)

Contact: Jamie Hiott RT (R) (CV)(M)(CT)(VI)

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Connecticut Northeast Chapter of AVIR

Contact: Paul McCarthy RT(R) (VI)

Email: pmccarthy03@yahoo.com

Paul held three AVIR meetings in the Connecticut Chapter since last years annual meeting. He took advantage of our great lecture from Covidien on the Concerto coils. He is continuing to strive with membership for the AVIR and we look forward to hearing from them shortly to see what they will bring into 2016.

Duluth, Minnesota

Contact: Walter Emerson

Email: walter.emerson@essentialhealth.org

Walter is the department and IR Clinical Manager at St. Mary's Medical Center in Deluth. He is developing a new Vascular and Interventional Radiology practice there and ready planning his first meeting after the first of the year. Keep a look out for dates in January 2016.

Great Lakes Michigan Chapter

Contact: Michelle Denomme

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Knoxville, TN-New

Contact: Dan Bernard

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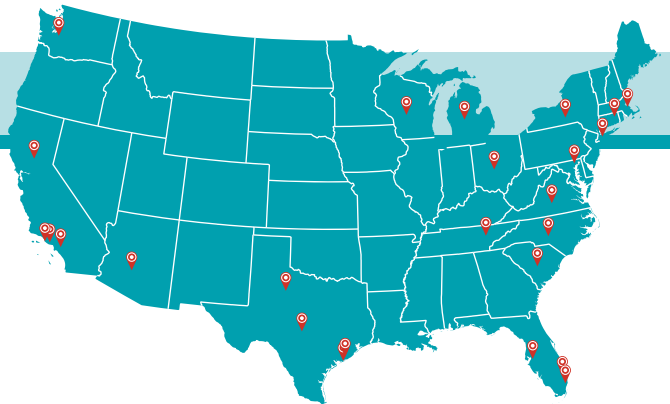
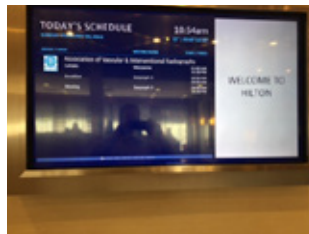
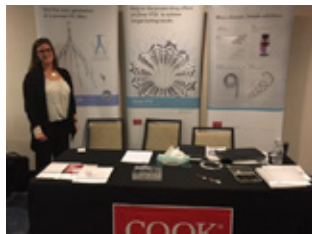
Dan Bernard in Knoxville, TN held their first annual AVIR meeting early this year at the downtown Hilton. The highlighted lectures included IR's Management of Upper GI Hemorrhage, Interesting IR Cases, Acute Stroke, Portal Hypertensions and Interventions as well as TIPS Procedures. Dan also did a Neuro Anatomy Review and a Mock Registry for all 45 attendees.

A Special Thanks to Alan Buck, Tennessee AVIR Vice President, and Gary Anders, Tennessee AVIR Secretary Treasure for all there help assisting.

Inform

2016 Spring Chapter Updates

Also thank you to our Vendor Sponsors, which made all of this possible; Cook, Codman, Penumbra, DFine and Angiodynamics.



Lone Star State Chapter

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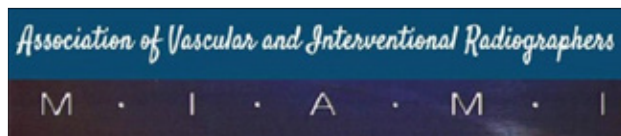
Los Angeles Chapter

Contact: Jeane Rhoten RT(R)(CV)
Email: jrslife@aol.com

South Florida-Broward Chapter

Contact: Jamerson Guillaume
Contact: Hatm Muhammed
Email: hatm65@hotmail.com
Email: jguillaume10@gmail.com

This new Chapter in South Florida is excited to get things up and running for this year. Jamerson is heading their organization and gaining the AVIR some new members. We can't wait to see what their Chapter has to offer.



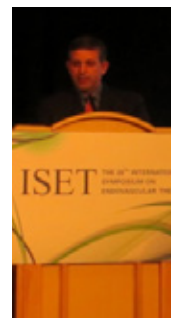
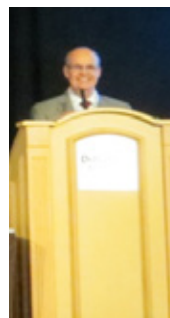
South Florida-Miami Chapter

Contact: Roberto Telleria, RT R CV CT
Email: AVIR.MIAMI.RT@GMAIL.COM

This ISET was our 10th Nurse/Tech Symposium, as always it was very well attended. This year for the first time more than 50% of our attendees were from outside our local community, with it can be correlated to AVIR and the great

discount provided to its members. It consisted of different sections. The morning section focus on topics that help define what it means to be a 'Center of Excellence' and updates on the latest therapies and devices for CLI, EVAR and structural heart. The afternoon section covered safety and quality and included benefits of team training and the use of simulation labs as well as reducing waste, a critical need in this cost-conscious environment. It also included a segment on Radiation Protection.

ISET Endovascular Therapy



2016 Spring Chapter Updates

New York City Chapter-New

Contact: Rennie Mohabir RT(R) (CV)
Email: mohabirh@mskcc.org

Taking place on March 16th 2016, Pete Stibbs will be discussing advancing the profession: "Looking at Growth and Advancement , where do we go?" It will be a discussion of where we need to carry ourselves as a profession from team leadership, latter advancement and forward progression vs. the lateral movement model we as a profession seem to fall into.

Northern California Chapter

Contact: Darlene Crockett RT(CV)
Email: maildarlene@juno.com

North Carolina Chapter of AVIR

Contact: Diane Koenigshofer MPH, BSRT-R(CV), FAVIR
Email: dianek@nc.rr.com

North Texas Chapter

Contact: Sven Phillips RT (R) VI
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Orange County California Chapter (OCAVIR)

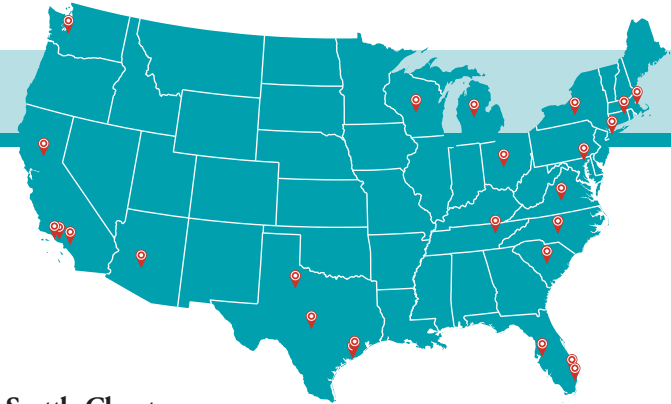
Contact: Brett Thiebolt (R)
Email: thieboltbh@stjoe.org

The Orange County California Chapter has been involved with an Angio Club that meets quarterly for the last few years. We ask multiple facilities in the Orange County and LA area to provide case presentations. We usually ask for teaching cases or cases that have complications. The Angio Club is open to Physicians (IR Radiologists, Cardiologists and Vascular Surgeons), Fellows, Residents, RT's and Rn's.

Orlando, Florida Chapter-New

Contact: Jodie Reynolds
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Great news central Florida interventional technologists! The Orlando chapter of AVIR is up and running at Nemours Children's Hospital. They have an exciting year ahead of us and will be offering amazing new benefits. In conjunction with physicians and medical supply representatives, we will be hosting meetings to further educate our community on the history and future of AVIR.



Seattle Chapter

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South Carolina (SCAVIR)

Contact: John Furtek RT (R)
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www.scavir.org

The South Carolina Chapter is holding the 11th annual S.E.T. Symposium in Kiawah Island, South Carolina. It is scheduled for February 18-20th 2016. The Sanctuary of Endovascular Therapy (S.E.T.) has established itself as one of the premier endovascular meetings. The Symposium provides vascular surgeons, interventional radiologists, cardiologists, podiatrists and allied health professionals a unique interactive program with the most current information and treatment options for endovascular disease.

This three-day event featured presentations from world-renowned specialists with an emphasis on the latest advances, changing concepts and new techniques in endovascular treatments. Our faculty brings diverse specialty backgrounds that provide a unique perspective.

The program includes Interactive Panel Discussion, Healthcare Reform Discussions, Case Presentations, AAA/TAA Discussions and more.



Tampa, Florida

Contact: Pete Stibbs
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Informen

2016 Spring Chapter Updates

Texas Gulf Coast Chapter-New

Contact: Gloria Andrews, Anjelica Alvarado

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Lead technologists Angelica Alverado and Gloria Andrews have set their Chapter up to welcome new members and recruit non-members in their local regions of Humble and Kingwood, Texas. Their drive to have a voice in the medical field is no doubt going to attract a great crowd.

Virginia Chapter VAAVIR

Contact: Mike Kelly

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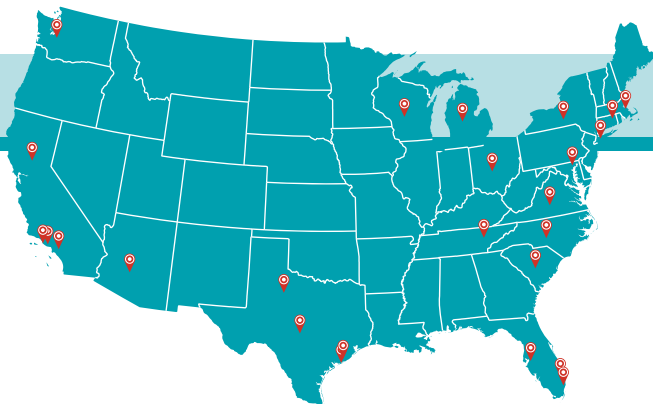
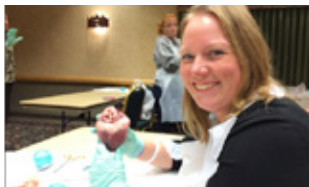
The 13th Annual VA AVIR conference was held at the Great Wolf Lodge November 13, and 14 2015. This meeting included students and instructors from Rad Tech, RN, RCIS, and IR. There were over 100 attendees both Friday and Saturday night as well as 21 Sponsor tables.

Friday night was geared towards students in which we shared with them the world of Interventional Medicine. Topics covered were; What is Interventional Medicine, Team Roles and Dynamics in a lab, special equipment used, etc. They even had the opportunity to talk with industry representatives, Interventional professionals, and other hospital affiliates.

We incorporated an interactive game throughout the conference in which attendees could use their phones to answer questions regarding the presentations. Winners were posted and prizes were awarded.

Besides normal Interventional Radiology presentations we added a presentation on TAVR and even had a hands on heart dissection lecture. Both of which were big hits with the attendees.

This past year's event was really good and working on the grass roots initiative with the students was a big success. We look to continue that and already have next year's date booked November 11-13, 2016. Again at the Great Wolf Lodge in Colonial Williamsburg, VA. Yawl come over!



And last but not least...from the Badger State...

Wisconsin Southeast Chapter

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Email: Kristen.Welch@froedert.com

The SEW-AVIR will be holding it's annual spring symposium March 12th, 2016 at the Clarion Hotel in Milwaukee. We are very excited about our topics which include Musculoskeletal Intervention and Pain Management. These treatments and technology are evolving at an amazing pace. Dr. Sean Tutton will be presenting. We will hear about nanoparticles and their role in Interventional Oncology from Dr. Sarah White. Dr. Dhruvil Pandya is presenting Endovascular Management of Hemorrhagic Stroke. We will then hear from Dr. Brian-Fred Fitzsimmons on Neurointerventional Treatment of Acute Ischemic Stroke. We are very happy to have Dr. Patricia Burrows talk about Pediatric AVMs. Dr. Burrows is Internationally recognized for her work and treatment of AVMs. Dr. William Lea will be introducing us to cutting edge technology with his lecture on MR Guided Focused Ultrasound. We will hear about Politics and Radiation from two representatives of the Wisconsin Society of Radiologic Technology Vicki Mullins and Sandra Helinski. Jo Ann Browne is going close with education about what we should all know about pharmacology in Interventional Radiology. We are expecting right around one hundred attendees. Our participants include Interventional Technologists, Interventional RNs, Interventional Radiology Interns, Nurse Practitioner students, Nurse Practitioners, and our vendors who help make it all possible.

2016 Meetings Around the World

Date	Meeting	Website	Location
April 1 - 4, 2016	Association of Vascular Interventional Radiographer 26th Annual Scientific Symposium	AVIR.org	Vancouver, BC
April 1 - 4, 2016	ARIN 2015 Convention & Imaging Review Course	www.arinursing.org	Vancouver, BC
April 1 - 4, 2016	Society of Interventional Radiology 40th Annual Scientific Meeting	sirmeeting.org	Vancouver, BC
April 15-17, 2016	Outpatient Endovascular and Interventional Society 3rd Annual Meeting	www.oeisociety.org	FontaineBleu Hotel, Miami Beach
April 17-22, 2016	American Roentgen Ray Society Annual Meeting	www.arrs.org	Los Angeles, CA
April 22-23, 2016	Current Concepts in Vascular Therapies; 2016 Mid Atlantic Conference	www.conceptsinvasculartherapies.com	Hilton VB Oceanfront, Virginia Beach, VA
April 23-24, 2016	Advanced Topics for Vascular Specialists and Other Healthcare Professionals	www.ucdmc.ucdavis.edu/cme/course_pages/VAS/vtech-pagelink.html	UC Davis Davis, CA
April 26-29, 2016	Charing Cross International Symposium	Website: www.cxvascular.com/cxsymposium	London, UK
May 4-7 2016	SCAI 2015 Scientific Sessions	www.scai.org	Orlando, FL
May 5-8 2016	GEST2016 Global Embolization Symposium and Technologies	www.gestweb.org	New York, NY
May 13 2016	SITE: International Symposium on Endovascular Therapies	www.sitesymposium.org	Barcelona, Spain
May 12-14, 2016	Hands-On Practicum on Hemodialysis Access	www.vasamd.org	Chicago, IL
May 15-19, 2016	American College Radiology Annual Meeting	www.acr.org	Washington D. C.
May 25 2016	Pacific Northwest Endovasucalar Conference 2016	www.pnec-seattle.org	Seatl, Washington
June 1-3 2016	New Cardiovascular Horizons 17th Annual	www.ncvh.org	Roosevelt Hotel; New Orleans, LA
June 29-July 1 2016	Society For Imaging Informatics in Medicine Annual Meeting	www.siiim.org	Portland, OR
June 2-3 2016	MEET Congress(Multidisciplinary European Endovascular Therapy	www.meetcongress.com	Nice, France
June 8-11 2015	Society Vascular Surgery Annual Meeting 2016	www.vascularweb.org	Gaylord Place, Washington D.C.
June 15-18, 2016	SVM 27th Scientific Sessions	www.vascularmed.org	Long Beach, CA

Inform

Date	Meeting	Website	Location
June 23-26, 2016	American Society of Radiologic Technologist Annual Educational meeting	www.asrt.org	Las Vegas, NV
June 8-11 2016	Society Vascular Surgery Annual Meeting 2016	www.vascularweb.org	Gaylord Place, Washington D.C.
June 28- July 1 2016	12th Annual C3 Conference	www.c3conference.net	Orlando, FL
July 18-21, 2016	Chicago EndoVascular Conference (CVC)	www.cvcpyd.com	RadisonBleu; Chicago, IL
July 25-29, 2016	SNIS 13th Annual Meeting	www.snisonline.org	Boston, MA
July 31 - August 3 2016	AHRA 44rd Annual Conference	www.ahraonline.org	Nashville, TN
August 10-13 2016	AMP 6th Annual Amputation Prevention Symposium	www.AMPtheCLImeeting.com	Chicago, IL
September 10-14,2016	CIRSE 2016	www.cirse.org	Barcelona, Spain
Nov 27- Dec 2 2016	RSNA 102nd Scientific Assembly & Annual Meeting	www.rsna	Chicago, IL

AVIR Fiscal State 2015/2016

Dan Bernard R.T.(R)(VI), AVIR Secretary/Treasure



It's that time of year again. I'm very excited to share the most recent financial update with our members. Over the last few years the AVIR board of directors have followed a plan to ensure financial stability for the future. The goal was to increase membership by bringing a quality product for our members to enjoy and benefit from. With recent requirement

changes by the ARRT and Changes within the industry itself we sought out to match the educational needs by our members.

The board of director's main focus has always been to provide quality education by utilizing different technology platforms. As technology has advanced the board has been proactive at staying at the forefront. Over the last year we launched the much anticipated AVIR app. Not only can you manage your membership while

on the go, but the app also allows you to obtain your CE credits. AVIR has most recently collaborated with JVIR to offer you up to 20 credits. This encompasses around other learning opportunities such as article reviews, live webinars, and discounts to various meetings. The board also has recently appointed an educational committee to assist with bringing fresh and creative ideas for obtaining your credits.

As we continue to evolve I encourage you to take advantage of this opportunity. For those of you contemplating membership or renewal I urge you to join us and make this your AVIR. Remember we are dedicated Vascular Interventional techs like yourselves who take pride in our modality. It is your ideas that help us thrive.

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Legislation Proposing Medical Device Priority Review Moves to Full Senate

March 9, 2016—Senators Orrin Hatch (R-Utah), Michael Bennet (D-Colorado), and Richard Burr (R-North Carolina) announced that the US Senate's Health, Education, Labor, and Pensions Committee has sent the bipartisan Advancing Breakthrough Devices for Patients Act to the full Senate. The proposed law, which the three Senators cosponsored, seeks to accelerate the approval process for new medical devices so patients have greater access to the care they need.

According to the Senators, the Advancing Breakthrough Devices for Patients Act builds on the Advancing Breakthrough Therapies for Patients Act—another bill sponsored by Senators Hatch, Bennet, and Burr that the Senate passed in 2012. Both the 2012 legislation and this bill share similar principles, including the “all-hands-on-deck” approach to devices. But this bill also expedites the development and review of breakthrough products by enhancing existing tools to approve medical devices, such as priority review.

The text of the bill, S.1077, is available online [here](#). A summary of the legislation is available on Senator Burr's website [here](#).

The summary advises, “This bipartisan legislation amends the Food, Drug, and Cosmetic Act to require US Food and Drug Administration (FDA), at the request of a device sponsor, to expedite the development of and

provide for priority review of devices that represent breakthrough technologies, for which no approved alternatives exist, offer significant advantages over existing approved or cleared alternatives, or the availability of which is in the best interest of patients.”

In the announcement, Senator Hatch stated, “This measure ensures that FDA can help Americans benefit from the latest life-saving research and innovative devices developed by the medical community. By providing a clear path by which innovators can get breakthrough devices to patients in as timely a manner as possible, we're giving more patients a fighting chance to improve their lives.”

Senator Bennet commented, “This bill will help spur innovation and ensure these potentially lifesaving and life-changing breakthrough medical devices are safe and available to the patients that need them. It complements the highly successful Breakthrough Therapies program we passed with the help of Senators Burr and Hatch by streamlining the review process and ensuring the most effective and safe devices are helping patients.”

Senator Burr added, “This bill will help patients get the lifesaving medical devices they need faster. Several years ago, I worked on legislation that expedited the approval process for innovative new drugs that patients need. We know that this process works. The bill that passed out of committee today takes the lessons we learned and applies them to medical devices. Bottom line—this legislation is in the best interest of patients.”

AVIR Board of Directors | 2016–2017

Inform

Dear Members,

The AVIR is pleased to introduce its 2016-2017 AVIR Board of Directors! We're excited about the unique skill set each one brings to our mission and membership.

This year, the goal for our organization is to collaborate with technologists to grow their passion for interventional radiology; strengthen their commitment to patient care, and lead them in their pursuit of continued learning and innovation.

We look forward to meeting the challenges of 2016 with you. We are confident that our board possesses the innovation that will lead to the continued growth of the AVIR. In addition to our traditional board positions, the AVIR has also instituted an Educational Committee, who under the guidance of the Vice President, will work to fulfill one of our most important responsibilities, providing relevant and engaging continuing education credits and opportunities to our members.

Looking forward to a great 2016!

Regards,
David Nicholson, RT(R)(CV)
President, AVIR

Alisha Hawrylack, RT(R)(VI)
Vice President, AVIR

Please Welcome our 2016-2017 Board of Directors



David Nicholson, RT(R)(CV)
President

I have worked at the University of Virginia Medical Center Interventional Radiology Department since 2000. Currently, I am the Clinical Coordinator for the Charles J. Tegtmeier School of Interventional Radiology and Special Procedures. Over the past 10 years I have spoken at several regional and national conferences. I have also participated in research projects as well as book chapters, abstracts, and manuscripts. My interest in education and in growing the field of interventional radiology has allowed me to be part of significant educational advances within the AVIR. It is my goal over the next year to continue to develop and grow our educational outreach; positioning the AVIR as an invaluable educational network for both our membership and our educational partners.



Alisha Hawrylack, RT(R)(VI)
Vice-President

I have been employed by the University of Virginia Division of Vascular and Interventional Radiology since 2008. In 2015, I became the Program Director for the Charles J. Tegtmeier Program of Interventional Radiology and Special Procedures, a position that has allowed me to pursue my passion for teaching and education. I believe that in order to stay relevant and engaged, technologists should be provided with educational opportunities that mirror the dynamic challenges our field provides. As the field of Interventional Radiology continues to evolve, so should continuing education. I enjoy the privilege of serving on the AVIR Board of Directors, and I am thankful for the opportunity to collaborate with fellow technologists whose goal is to continue to grow an organization that provides relevant and exciting meetings, conversation, and educational opportunities for their members so that they in turn may continue to provide excellent patient care.



Robert M. Sheridan, RT(R)
Immediate Past President

Mr. Sheridan is the Director of Clinical Operations for Interventional Radiology at the Massachusetts General Hospital (MGH), a 900 bed academic medical center located in Boston. Massachusetts General Hospital is Ranked # 1 by US World News Reports and is the primary teaching hospital for Harvard Medical School.

Mr. Sheridan has 18 years' experience in Interventional Radiology and is responsible for the overall strategic planning and operations for 15,000 image guided procedures for 6 IR divisions, and 4 clinical units.



Stefanie Rockwood RT(R)
Secretary/Treasurer

From the first day I was about IR I was fascinated at all the innovative procedures that could be done without cutting open the body. Almost 11 years later, I still love what I do. It a career that keeps your mind sharp; there's constantly new techniques and technology used to create a desired outcome. I'm the person who stays up late reading or watching IR cases because I want to be the best at what I do. If elected, I look forward to working with the leadership at AVIR in advancing and expanding our professional scope.



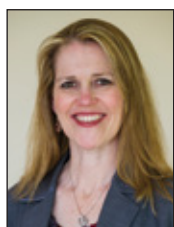
Mike Kelly, RT(R)(VI)RCIS
Director at Large

My interest in the AVIR is a result of wanting to help be a part of the continued growth of our profession and this amazing society. Having worked in a multi-disciplinary department (IR, Cardiac, and Neuro) for almost 10 years, I fully believe that the AVIR is a valuable resource to all of those in the world of Interventional Medicine. My vision would be to have more chapter to chapter interaction; helping each chapter learn from one another. I also envision more student involvement within the AVIR.



Kristen Welch, RT(R)(VI)
Program Chair

Last year I was fortunate to attend the national meeting and got a glimpse of AVIR on the National level. I would love to serve on this board, not only for my own professional and leadership development, but to help impact Interventional Radiology on a larger scale. My goal is to promote this profession through education and communication to other healthcare professionals as to the importance of interventional radiology in the medical field.



Dana Bridges
Corporate Liaison

Currently working as VP of Client Development for SurgPro, a southern medical device distributor. We offer a wide array of vascular and interventional products and strive to deliver tomorrow's technology today.

Professional accomplishments: Published author in journals (i.e., Developmental Psychology & The Sport Psychologist), periodicals (i.e., Nephrology News & Issues), and a developmental psychology text book (Social Development in Childhood and Adolescence: A Contemporary Reader).



David S. Douthet, RT(R)(CV)
Publications Chair

I have been involved in Interventional Medicine since X-Ray School when we were using Schonander Film Changers and had to pull the patients on a wood board, which was sitting on the X-ray table. It has been many Angios ago. After working in 3 different Hospitals and several different clinics for 20 some years, I ended up in the commercial end of the business. Again 3 different commercial companies, to be currently working at W.L. Gore & Associates with in the Endovascular end of the business doing the EVARs and TEVARs. I keep my license current as you always want to leave a backup plan at hand. I have been active in the AVIR since 1993 and have been the Publication Chair since 1995. I have had the pleasure of working with a lot of great folks over the years and look forward to every year. This is hands down the best thing I have ever done and I love doing it.



Lora Cheek, RN, CNRN
Associate Representative

I am a Registered Nurse who has been fortunate to have experienced 22 years of growth at The University of Maryland Medical Center in downtown Baltimore. I am honored to participate in the diverse evolution of AVIR as the Associate Representative. I believe we can accomplish amazing feats in healthcare with our clinical teams through situational awareness, mutual support, and open communication promoting every team members voice. My professional experience includes 14 years in the Neurocare ICU, 2 years as the UMMC Stroke Coordinator and the last 6 years as a Senior Clinical Nurse in the dynamic environment of Intervention Radiology. The treatment of acute Stroke and intensive care of the Neuro patient is one of my passions and I have been privileged to have participated as the UMMC onsite coordinator for the Closure clinical trial. Over the last 10 years I have also lectured on these subjects at Local, State and National conferences including AVIR and ARIN.



Izzy Ramaswamy, MS, RT(R)(CV)
Media Chair

A true IR advocate, currently taking on a director of radiology role where I can broaden my professional scope to the ever-changing field of imaging services. It has been my life's passion to deliver the best of care through my dedication to radiologic technology and all that it encompasses. I look forward to another great year working with you and this amazing team.

Education Committee

Chair: Alisha Hawrylack, VP
David Pillar RT(R)(CV)
Brian Holben RT(R)(VI)



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Attention All Writers

The Interventional Informer is offering \$100 to the best article. This is awarded for each issue of the Informer. The article should be originals. No limit in size, but they must pertain to Interventional Medicine. Just submit your article with name and address for the AVIR Board of Directors to review.

Best of Luck!

Editors Award Winner

AVIR would like to acknowledge the following writer for their publication in the past issue.

We Love Our Corporate Sponsor!

Dana Bridges Kanfoush

Congratulations

AVIR Local Chapter Has Benefits

In appreciation of those chapters providing Regional or Local Meetings with a minimum of 7 hours of continuing education for the chapter's attendees, the AVIR is going to extend one FREE registration to the Annual Scientific Meeting of that year per year.

The category A credit hours will have to be approved by a RCEEM recognized by the ARRT (AVIR being one of these) and will need to be submitted to the AVIR office prior to the AVIR/SIR registration deadline.

Any questions concerning the formation of new chapters or existing ones please call the AVIR office at 703 234-4055 or the

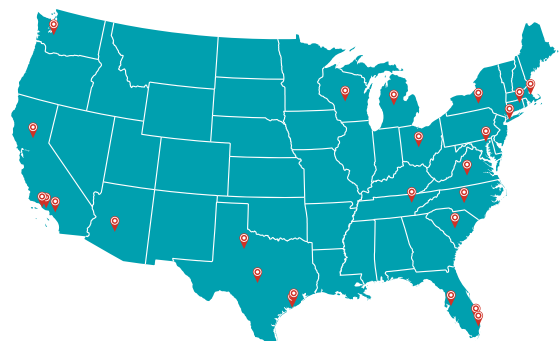
Director at Large:

Mike Kelly AVIR

Email: mikekelly041@yahoo.com

Phone 757 753-4110

Again, thank you



Proposed Changes To Cardiac-Interventional Radiography Content Specifications And Clinical Requirements

By: Alisha Hawrylack, RT (R) VI



(February 4, 2016) The ARRT requests assistance from educators and those working in cardiac-interventional radiography in reviewing and revising the draft content specifications and clinical requirements for Cardiac-Interventional Radiography certification and registration.

The Cardiac-Interventional Radiography

Practice Analysis Advisory Committee began working on these documents in May, 2015 and will complete their work later this year, after which the proposed changes will be reviewed by the ARRT Board of Trustees. The revised content specifications and clinical requirements are scheduled to go into effect on July 1, 2017.

Our goal is to produce comprehensive, accurate and fair documents that cover the knowledge and cognitive skills required of radiographers. Examinations are required to be practice-related. That is, a topic can be included only if knowledge of that topic is directly related to a clinical activity typically required in practice.

When reviewing the drafts, you will note that the proposed changes are either underlined (additions) or lined out (deletions). Notable changes include:

1. Content Specifications:

- The content categories were retitled and rearranged into three major sections to make them consistent with the major category titles in all ARRT disciplines.
- Topics regarding access assessment in the Patient Care section were added.
- Topics concerning patient management were moved from the Procedures section to the Patient Care section and retitled as documentation.
- Topics concerning cardiac life support were removed from the Patient Care section.
- The Equipment and Instrumentation section was retitled Image Production.
- Angiography acquisition and processing topics in the Image Production section were expanded.
- Topics regarding optical coherence tomography (OCT) and intracardiac echocardiography (ICE) were added to the Image Production section.

- Radiation protection topics were added to the Image Production section.
- Topics regarding devices and monitoring equipment were moved from the Image production section to the focus of questions list in the Procedures section.
- Topics concerning contrast administration included in the focus of questions list in the Procedures section have been moved to the Patient Care section.
- Topics concerning Image acquisition, enhancement, and processing included in the focus of questions list in the Procedures section have been moved to the Image Production section.
- Carotid angiography, transcatheter aortic valve implantation (TAVI/TAVR), and valvuloplasty have been added to the list of examinations included in the Procedures section.

2. Clinical Experience Requirements:

- Demonstration of current advanced cardiac life support (ACLS) certification was added as a clinical requirement.
- The number of mandatory right heart catheterization procedures was reduced from 20 to ten.
- The minimum number of electives procedures was increased from 70 to 80.
- Optical coherence tomography (OCT), intracardiac echocardiography (ICE), transcatheter aortic valve implantation (TAVI/TAVR), distal protection device placement/retrieval, valvuloplasty, carotid angiography, and aortography were added to the list of elective procedures.
- Radial angiography was removed from the list of elective procedures.

Links to drafts of the proposed documents appear below. Interested parties are invited to review the documents and enter comments via the survey link by March 18, 2016. Direct any questions about these proposed changes to ARRT staff at (651) 681-3150.

www.arrt.org/news/articles/pdfs/CI-Content-Specifications-2017-Draft.pdf

www.arrt.org/news/articles/pdfs/CI-Clinical-Experience-2017-Draft.pdf

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Award of Excellence

“Go the extra mile, it is never crowded.”

-Anonymous

The AVIR recognizes the irreplaceable value of technologists who consistently go the extra mile. Technologists who see in each challenging situation an opportunity to serve, to grow, and to then share their experience with others.

There are countless ways to serve in an IR Division, and sometimes it is a seemingly small act that makes the biggest difference for our patients, and for each other. Whether it is transporting a patient, providing support during a difficult case, covering call, teaching, or simply being there for someone to share the joy and heartache that healthcare brings, our support of each other is crucial to positive patient outcomes.

The AVIR Award of Excellence is designed as an opportunity for technologists to honor and acknowledge those among us who consistently make every effort to support in any way possible.

The Award for Excellence is presented annually by the AVIR to one outstanding Interventional Radiographer. The prestige of this award lies in the fact that the winner is nominated by his or her peers. The application does not have to be completed by an AVIR member, but by anyone who feels that the nominee goes above and beyond the call of duty and demonstrates a dedication to his or her job and profession. Every year the AVIR receives applications from several worthy candidates, and the competition often comes down to the smallest details. The Award of Excellence Committee reviews each application, narrows down the field, then contacts the final nominees for a telephone interview. Choosing only one winner is usually a difficult job because of the high quality of nominees. The Award is presented at our annual meeting each year. If you know of someone that you would like to nominate for next year's Award for Excellence visit avir.org and download the application listed under 'Home' tab. The minimum requirements for the nominee include at least one year of continuous membership in the AVIR and must be involved with direct patient care.

AVIR Fellowship

The AVIR recognizes the invaluable partnership we share with fellow technologists, and the crucial role they play in advancing our field, and furthering our mutual goal of continued learning and innovation.

As such, the AVIR has an established Fellowship category for members who have made significant strides in our field and organization. AVIR fellows include individuals who have dedicated themselves to striving for quality and improvement in interventional radiology as leaders, educators, authors, and committee members.

The AVIR Fellowship recognizes Interventional Radiographers who demonstrate a continuing pursuit of excellence in the IR profession. The commitment begins at the hospital level, moves on to the local AVIR chapter and national levels. A point system is used to evaluate the contributions of the candidate in three areas: Personal qualifications (education, experience), contributions to the AVIR (national and local chapters), and contributions to the profession (other than AVIR). Once the minimum amount of points is reached, an application may be submitted to the Fellowship Committee for review.

The Fellows award is presented at the annual meeting. Applications can be obtained from the AVIR website, avir.org.



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Inform

“If You do what You love...You will never work a day in Your Life”

By Deb Sepanski R.T. (R) CV FAVIR



I read an article recently in our local news paper about a book a local Neurologist Dr. Ted Barber wrote titled “The Doctor’s Stories”. The book is a collection of short stories – tales of memorable patients and experiences that shaped his career and his medical

philosophy. The stories were taken from a journal he kept over his career about his memorable patients that made him laugh, and the ones that made him cry. It made me think about my job and why I do what I do. I want to tell you “I love my job”, I am very fortunate to work with a great staff, physicians, hospital, and patients.” I will always remember my Radiology Instructor who told our class “Remember you are in a job that will help people and save lives.” I have never forgotten what she told her class. Recently one of our favorite patients in the IRAD department we celebrated his birthday, because we knew this would be his last birthday. David has come twice a week for over 6 months for us to drain his ascites fluid because of his abdominal tumor. He always

looked forward to coming to IRAD and talking to all of us whom we have become his friends. He was a Barbecue King and his sauce won a reward. He smoked Pulled Pork for the department and the IR department had a B-Day potluck that day for David. We made his day and tears came to his eyes along with all of the staff when we sang Happy Birthday to him in our recovery room. We had a great lunch and the IR staff realized this is why we do what we do for our patients. David passed away several days later. This past year we lost several patients whom came to us on a regular basis and we develop relationships, we are on first name basis and we know when we might not see them next week. What I want to leave with you is “Why you need to love what you do” - There are important reasons to love your job.

- At least a half of your waking hours are spent at work. If you are upset about being at work because you don’t love what you do, you are on average a sad person. That is no way to live.
- You will never be truly great at what you do. If you do not have passion for your work, and you are not spending time and energy upgrading your skills, how will you ever improve in your field.
- You will lack fulfillment. If you spend your time doing something other than what you love to do, you will always have that feeling you are missing out on something.

I believe you should love what you do because that is why you come to work and truly believe what a difference you will make a difference to patients every day. We did in IRAD with David he thanked us for making his day.

Realize that your job does not define you, but how you do it does. There is a lot to said about attitude, Your attitude at work and the way you treat people does not go unnoticed.

Stop focusing on the money. Getting paid is only one small part of what you do, your work has to be more than a paycheck to be fulfilling.

Always remember why you took the job in the first place.

Interventional Radiology has been a job that I love for many reasons. Number one what IR does is helping people, to make a difference in their lives, and we truly save lives. I love to talk to the patients and their families and perform procedures that make a difference in their lives. As a R.T. through out my career I did routine radiology, mammography, surgery, fluoro, and then I found IR. Today I also lecture to high school students and at our technical college on the field of Radiology, and then I move into the field of Interventional Radiology and tell them why it is so important to find a job you love, and how fortunate I did.

“Your work is going to fill a large part of your life, and the only way to be truly satisfied, is to do what you believe is Great Work, the only way to do Great work is to love what you do.”

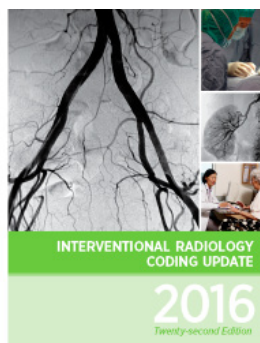
— Steve Jobs

2016 Interventional Radiology Coding Update

The 2016 edition of the Interventional Radiology Coding Update, a valuable resource (free for members) that includes expanded information critical to physicians, administrators and coders. This e-publication also provides a full review of new codes including:

- Intracranial endovascular interventions
- Intravascular ultrasound
- Genitourinary procedures
- Percutaneous biliary procedures

It also features common clinical scenarios and useful FAQs.



W. L. Gore & Associates Congratulates Rita Howard

2016 recipient of The Association of Vascular and Interventional Radiographers

Award of Excellence

Thank you, Rita, for going the extra mile in the field of interventional radiology, taking action to improve daily life for patients, peers, physicians and hospital staff. Your compassion and professionalism are an inspiration to those in your hospital and community.

Gore proudly sponsors the AVIR Award of Excellence. Founded in 1958, Gore Medical is devoted to exceeding expectations — through superb product design, a culture of collaboration and utmost dedication to customers. Gore knows excellence when it sees it, and sincerely appreciates others who are also always working for a better solution.

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Award of Excellence

“Go the extra mile, it is never crowded.”

-Anonymous

The AVIR recognizes the irreplaceable value of technologists who consistently go the extra mile. Technologists who see in each challenging situation an opportunity to serve, to grow, and to then share their experience with others.

We are honored to announce Rita Howard as this year's winner of the AVIR Award of Excellence. A true advocate of IR Education, Rita organizes monthly educational sessions for her colleagues, and consistently challenges them to grow not only themselves but their entire division. Additionally, she has been actively involved with the Virginia AVIR Chapter for several years.

Perhaps even more importantly, Rita ensures that her education extends to her patients; she understands her invaluable role as a patient advocate and makes sure each of their questions are answered before, during, and after their procedure.

Her kindness and compassion extends beyond the IR suite. She volunteers her time at her local church, acts as an educator within the community regarding health issues, and works with the American Heart Association in their Legs for Life campaign.

Her colleagues describe her as “dependable, a true role model, an invaluable support, and true pillar of their department.” She is trusted and respected by staff and Physicians alike, and we are proud to name her as this year's recipient of the AVIR Award of Excellence.

Inform

Thank you to our Vendor Partners!

By Dana Kanfoush, Corporate Liaison

The AVIR Board of directors and community of radiographers would like to extend a sincere thank you to all of our corporate sponsors. Without these strong partnerships year after year, our annual national meetings would not be possible. Through their generous funding, technologists here in the United States and abroad are given the opportunity to further their education in an ever-changing and growing field. We especially want to thank our first-time sponsors: BioDerm, UreSil, DFINE, and Medcomp. We also want to thank the following companies for their loyal and continued support: Bard Peripheral Vascular, Cook Medical, WL Gore & Associates, Medtronic, Mobile Aspects, Cordis/Cardinal Health, Boston Scientific, and Penumbra. Even in tight economic

times, these companies realize the importance of supporting interventional and vascular radiographers. If you're attending the meeting in Vancouver this year, please stop by and thank these companies for their generous partnerships!! If you're not able to be there in person, thank your local reps so they know how much we appreciate all they do to continue to strengthen AVIR and our membership!!



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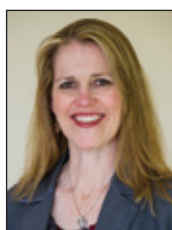
Cordis is now a Cardinal Health Company

As of October 2015, Cordis is proud to be a Cardinal Health company. This acquisition brings together two important players in the healthcare industry, creating an unmatched offering in the cardiovascular space that will ensure greater access to quality products and services worldwide.

**Learn more at [SIR booth #1112](#) and
cardinalhealth.com/cordis**

Welcome New AVIR Partners!

By Dana Bridges



We are so fortunate to work with a number of wonderful corporate partners whose support makes our annual conference possible. Today I'd like to feature four of our newest sponsors.

BioDerm

BioDerm develops products that make life easier for people with personal and private medical conditions. Many of these conditions are associated with trauma and taboo. They work closely with patients, caregivers, and healthcare providers to ensure that they create solutions that provide superior outcomes to these conditions. Additionally, through education, discussion, and understanding; they seek to eliminate the taboo associated with many of these conditions. BioDerm's business currently includes urology and continence care, skin interface, and catheter securement and stabilization products. One of the most popular devices for the interventional radiology world is a catheter securement device called CathGrip®.

CathGrip® is the only true universal catheter securement system. The device is made from BioDerm's proprietary hydrocolloid that is hypoallergenic, latex free, and moves like a second skin with wear time of up to 7 days. Their skin-friendly adhesive helps prevent skin tearing and irritation unlike other acrylic based securement devices. Other products that may claim to be hydrocolloid are actually only partially hydrocolloid. CathGrip® is 100% hydrocolloid and therefore a much gentler application.

With soft no-slips grips that secure tubes from 2-47Fr and three sizing options for the hydrocolloid base, CathGrip® can meet all patients' securement needs in only 11 SKUs making it the new standard of care sought after by physicians, nurses, staff, and purchasing teams.

BioDerm will have a table set up outside the AVIR & ARIN sessions Sunday through Tuesday so please stop by to take a look at their innovative products. They will also be participating in the "Vendor Product Showcase" on Monday night from 5:30-6:30 outside Room 301 in the convention center. For more information about their product selection, check out their website at www.bioderminc.com.

UreSil

UreSil's mission as a medical device development, manufacturing and distribution company is to serve the needs of physicians who perform minimally invasive procedures. Through innovation and relationships they strive to provide high-quality devices that improve patient care and reduce overall treatment costs.

Historically, UreSil was built on a foundation of aggressive, innovative research and development as a division of Becton Dickinson & Company. UreSil became an independent company in 1986. Since then, it has expanded from a product development enterprise to a fully integrated development, manufacturing and distribution company.

Their product focus has been in the area of interventional radiology, and more specifically, a comprehensive product offering comprised of devices for abscess, nephrostomy and biliary drainage. UreSil trademarked products include the UreFlex® Drainage Catheters with the Tru-Set® locking system, Tru-Close® Thoracic Vent, and the Tru-Close Suction Drainage Bags.

All of UreSil's products are "Made in the USA" and have US FDA 510K clearance as well as CE certification for European distribution. UreSil will be participating in the "Vendor Product Showcase" on Monday night from 5:30-6:30 outside Room 301 in the convention center. Also, be sure to stop by UreSil's booth #904 in the exhibit hall or check out their website at www.UreSil.com to get more information.

DFINE

Founded in 2004, DFINE, Inc. is a privately held medical device company dedicated to improving patient quality of life through the development of innovative, minimally invasive therapeutic devices used to treat pathologies of the vertebrae.

DFINE is the developer of Radiofrequency-Targeted Vertebral Augmentation™ (RF-TVA™), a novel approach to stabilizing vertebral compression fractures, relieving pain, and improving patient mobility. Performed with the company's flagship StabiliT™ Vertebral Augmentation System, RF-TVA™ provides physicians greater control in the treatment of vertebral compression fractures through site- and size-specific cavity creation, ultra-high viscosity bone cement with extended working time, and a unique, remotely controlled cement delivery system.

DFINE launched the STAR™ Tumor Ablation System in April of 2012. This new product line was designed specifically for the spine in palliative treatment of cancer patients. The product provides minimally invasive, localized tumor ablation for symptomatic spinal metastases, offering patients the potential for significant and immediate pain relief.

DFINE will be participating in the “Vendor Product Showcase” on Monday night from 5:30-6:30 outside Room 301 in the convention center. Also, be sure to stop by DFINE’s booth #801 in the exhibit hall or check out DFINE’s website www.dfineinc.com to get more information.

Medcomp

Medcomp® is the premier developer, manufacturer and supporter of cutting-edge vascular access devices that meet and exceed the clinical demands of today’s medical specialties, particularly in the fields of interventional medicine and dialysis.

Medcomp’s engineering and applications expertise provides superior products whose progressive designs accommodate advances in medicine and whose quality anticipates the requirements of their professional clients and the patients they serve. Currently one of the world’s largest manufacturers of dialysis and centrally terminating venous catheters, Medcomp is, and always has been, on the cutting edge of new vascular access device technologies.

In everything Medcomp does, from research and development to manufacture, packaging, delivery and support, their first consideration is the patient. By continually improving on existing technology, Medcomp is able to provide a catheter to suit every medical requirement while also considering the patient’s comfort. Patients, physicians and nurses can rely on a Medcomp device to do its job.

Medcomp will be participating in the “Vendor Product Showcase” on Monday night from 5:30-6:30 outside Room 301 in the convention center. Also, be sure to stop by Medcomp’s booth #502 in the exhibit hall or check out Medcomp’s website www.medcompnet.com to get more information.

Navigate... Ablate... Palliate.

With STAR™ Tumor Ablation System



**Steerable and navigational
RF ablation instrument**



**Dual thermocouples
for active temperature
monitoring on a
single instrument**



**Compatibility with StabiliT®
when augmentation indicated**



STAR Clinical Studies Demonstrate¹⁻⁴:

- Fast, durable pain relief
- Rapid improvement in mobility and quality of life
- Reduction or discontinuation of pain medication
- Site-specific ablation zones and real time temperature monitoring
- May be combined with radiation and/or chemotherapy



DFINE® Targeted Vertebral Solutions

www.dfineinc.com

Visit us at booth #801

Indications for Use: The STAR™ Tumor Ablation System is indicated for palliative treatment in spinal procedures by ablation of metastatic malignant lesions in a vertebral body. As with most surgical procedures, there are risks associated with the STAR procedure, including serious complications. For complete information regarding risks, contraindications, warnings, precautions, and adverse events please review the System’s Instructions for Use.

¹ Pain Physician 2014 Jul-Aug; 17(4):317-27

² Radiology 2014 Oct; 273 (1): 261-7

³ J. Vasc Interv Radiol 2015; 18: 573-581

⁴ Pain Physician 2015; 18: 573-581

Vancouver Fun – Top Tourist Attractions!

Looking for something fun to do in your down time in Vancouver? Look no further than this list! Whether you want to be outside and see the majestic beauty (weather permitting, of course!) or you want to experience some of the cultural highlights, there's plenty to see in the beautiful city of Vancouver.



Stanley Park –

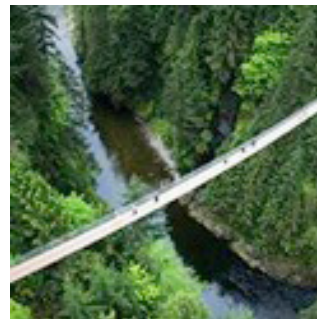
Ideally situated on a peninsula at the northwestern edge of downtown Vancouver, Stanley Park is one of the city's main tourist destinations, featuring lovely beaches, miles of well-maintained paved and dirt trails, and Canada's largest aquarium. This 400-hectare (1,000-acre) haven is recognized as one of the greatest urban parks in the world. As Vancouver's first park, with its ever-blooming gardens, pristine coastal areas and roughly 500,000 cedar, fir and hemlock trees, Stanley Park has continued to live up to its "greenspace" designation for almost 130 years. For these reasons and more, this tranquil oasis is the perfect city escape.



Vancouver Aquarium -

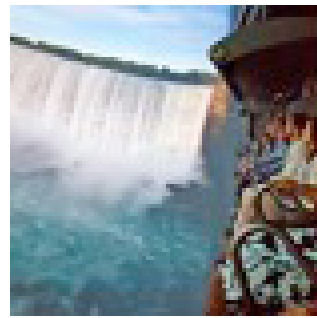
With a worldwide reputation as a leading marine science center, the Vancouver Aquarium was the country's first public aquarium when it opened in 1956, and is Canada's largest. It

is home to over 50,000 fascinating creatures from the Arctic to the Amazon. Be sure to catch daily beluga whale, dolphin and sea otter shows, and for an unforgettable extra, try a hands-on animal encounter. The numbers are impressive, but it's the actual wildlife — the whales, otters, snakes, dolphins and more — that amaze the hundreds of thousands who pass through the door of the aquarium each year.



Capilano Suspension Bridge -

A 15-minute drive from downtown Vancouver, the iconic Capilano Suspension Bridge is a Vancouver landmark. Since 1889, visitors and locals alike have flocked to this famous swinging bridge across Capilano Canyon, making it one of Canada's most popular attractions. Make your way across the swaying suspension bridge, which stretches 137 meters (450 feet) across a canyon and the Capilano River 70 meters (230 feet) below. Then explore the beautifully lush fir- and fern-carpeted forests via a series of elevated suspension bridges in the Treetops Adventure and the thrilling Cliffwalk.



FlyOver Canada -

See Canada like never before at this must-see attraction! FlyOver Canada is a breathtaking, all-age, virtual flight simulation ride like no other. Take off into a huge dome screen

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with the latest in projection and ride technology to enjoy a breathtaking flight across Canada's most spectacular sights complete with wind, scents, and mist which combine to make you feel as if you truly are flying. Conveniently located in the older convention center, don't miss this fun thrill ride!



Vancouver Lookout Tower -

Where else can you enjoy a 360° aerial view of Vancouver, "the most beautiful city in the world?" Your adventure starts with a 40 second glass elevator ride, whisking you 553.16 ft (168.60 m) skyward to the panoramic observation deck. Enjoy intimate views of cosmopolitan Vancouver, historic Gastown and bustling Coal Harbour. Look beyond for enchanting views of our stunning natural landscape including world famous Stanley Park, the Pacific Ocean, the majestic North Shore Mountains and the Olympic Peninsula Mountains. Located in the downtown Harbour Centre, the Vancouver Lookout Tower is the perfect place to survey the city and plan your day.



Vancouver Art Gallery -

This highly-acclaimed collection of national and international contemporary art is worth spending at least an afternoon exploring. Located in a stunning, turn-of-the-century heritage building in the heart of downtown Vancouver; the Gallery

showcases four floors of inspirational art pleasures. 2016 Highlights include: MashUp: The Birth of Modern Culture, Picasso: The Artist and His Muses, Harry Callahan: The Street and In Dialogue by well-known British Columbian artist, Emily Carr.

Grouse Mountain -

Just 20 minutes from downtown, The Peak of Vancouver offers the perfect mountaintop destination for a truly rewarding and memorable experience. From sophisticated entertainment to unspoiled nature, Grouse Mountain is the pre-eminent all-in-one, four-season mountain resort with a little something for everyone. Once visitors arrive, the famous Grouse Mountain Skyride (North America's largest aerial tram system) takes visitors on a 1,600 meter (1 mile) aerial journey up the mountain to the Alpine Station, 1,100 meters (3,700 feet) above sea level. Breathtaking panoramic views of the city, sea and surrounding mountains unfold as you climb, culminating with a summit altitude of 1,250 meters (4,100 feet). Grouse Mountain was named by a visiting hiking party in 1894, after they encountered a blue grouse bird on the alpine slopes. Today, Grouse Mountain is one of Vancouver's most visited attractions.



Editor's note

By David Douthett



As I look thru the literature and see the vast amounts of changes, referrals, suggestions and upgrades, I wanted to review just a few of them that may need some attention. This is also just some highlights of the last few years.

First I would like to give a big shout out to a friend from last year who has made us feel comfortable in their home city of Vancouver. Cheryl Greenhalgh RT from the Royal Columbian Hospital in the suburbs of Vancouver, was able to help us get to the city and a wonderful tour of their hospital and specifically the IR department. Most interesting thing was we realized that what they are doing is everything we got going on in the states. Not sure what I was expecting but it certainly was refreshing to see this progressive department is a central hub of all the complex work for the health authority.

One interesting challenge I saw was the split access to a multipurpose biplane room shared by cardiac and neuro programs. How about that now, I do not know about you but could you actually see either of those two practitioners getting along in your hospital.

It was interesting to know that RTR's in British Columbia (BC) are unregulated. However, the BC government has recently announced formation of a regulatory college for RTR's (in conjunction with four other paramedical professions). This regulatory college should be implemented in the next year and would be provincial in scope as opposed to federal.

I thought interesting enough, as maybe yawl, that the government is the only payer for healthcare but this isn't the case. In fact, many Canadians have private insurance or use some other third party payer. Worker's compensation care is handled differently as well. Thanks again Cheryl for turning us on to your lab and hope to see you at the conference.

This brings me to reimbursement here in this country and how we better get both eyes wide open or open up your wallet. Fee for service has ruled the health care industry,

and that has put us all in a comfortable position for years. Financially when you have charge based, volume driven fee for service reimbursement system, the more cases you do, the more money you make.

A change a few years ago, however put somewhat of a wrench into that. The Patient Protection and Affordable Care Act (ACA) and other health care reforms are moving incentives away from volume driven cases and services. The new model is looking at rewarding for health care delivered with care and minimizing resources used. This is all about the quality of care while doing it inexpensive and at the same volume.

We have to better understand the cost involved to do a procedure or service. Especially in this capitated system we currently are in today. Care in this managed system has been measured in quantity of cases instead of the success of procedure and treatment for medical conditions. We need to reward for value, as defined by achieving excellent health outcomes delivered at lower cost.

This system of value-based delivery and payment models is one part of what the accountable care organization (ACO) is working on. As they have designed thru again capitated system with a set amount reimbursed for admission, supervisor by a group that over sees value and quality of care thru out. Cost get that extra control internally. This way all departments get under control.

Now interesting enough there is a Hospital Readmission Reduction Program created by the ACA to apply penalties to the health systems for readmitted patients with 30 days for treatments of specific conditions. Great thing is the CMS (Centers for Medicare & Medicaid Services) is tracking 30-day readmission rates also.

Speaking of CMS, they, whether we want to believe or not set the scale of reimbursement. Now yes, Medicare and insurance companies determine what they will reimburse a physician for a procedure based on its CPT code and the relative value unit (RVU) assigned to that code by a panel of experts. Which this all got set up thru some big wigs of the (AMA) American Medical Association's RVU committee.

Informers

However, not sure we understand CMS sets the conversion factor that converts RVU's to a dollar payment.

So, with all this said do you know how much it cost to do a Renal Stent in your department or say care for diseased SFA that may need Atherectomy, PTA, and then Stented. Will this last procedure with its high RVU value make money for your department or will the renal stent make more at it RVU value. These answer you should have down to the nickel. Hospitals & other industries are doing this using TDABC. Time-driven-activity-based costing measures the actual cost of delivering care to a patient with a given medical condition from the bottom up. In this method you know if you take the unit of a product, plus what percentage of manpower, fixed costs such as machines, transportation costs and then add in your profit margins than you truly understand costs and better understand what is fair to charge a patient.

Imagine taking and knowing this information about every procedure you do and then having a discussion with payers. This will have you in a better situation for justification and or rolling in the dice. So lending off the previous discussion of being or supporting an ACO in your hospital. You can now see how having these numbers in front of you to establish the true cost of procedures can help in determining what equipment and supplies can be used to perform them and alternatively may give you your choice to choose what you want to use.

The synopsis I took out of this is when you are asked to decrease costs because reimbursements may get lowered. You need to understand your operations are running efficient and providing high value medical care so that the discussion with your payer can be a two way street not just you be directed.

Costs are important but we all understand that to get anything back we first must correctly code. Interesting enough if you code enough you come across a procedure that just does not fit the fold. So you most likely fudge it close to something that resembles what you did. Well there are Unlisted Procedure codes. Interesting thing is using these more likely to generate payment denials. However if you know the payers specific requirements and gather the appropriate documentation to support your claim you can work fairly well with them and get the reimbursement.

There are 19 unlisted procedure or service codes within the radiology portion although only a few have anything

to do with our field. A few that may or could be used are -76496, Unlisted fluoroscopic procedure leg, diagnostic, interventional; - 76497, Unlisted computed tomography procedure leg, diagnostic, interventional; - 76499, Unlisted diagnostic radiographic procedure; - 76999, Unlisted ultrasound procedure leg, diagnostic, interventional; these only represent a few of what is in the book. Any time you use these codes make sure when you giving your supporting documentation that you compare it with a similar service with a dedicated CPT code. However; as it is there are modifiers, which most likely will do what you need without testing the waters with these Unlisted Codes.

Like if you need to just add more time to a procedure use a modifier 22. Consequently if you need to reduce the services rendered during a procedure than use modifier 52. But do not let modifier 53 be confused with it. This modifier is used when you need to discontinue the procedure due to patient at risk. Now with any of these modifiers plenty of documentation needs to support these decisions.

Last but not least in this wonderful coding world do not fail to remember before using an Unlisted code look to make sure there is not already a Category III CPT code that would describe emerging technologies and allow for data tracking. Whatever your way of coding is remember when doing anything out of the ordinary always support it with imaging reports, doctor's order, simple straightforward explanation of what was done and why. You can through in pictures, copy of articles, and your own diagrams. I mean just know what you payer requirements are and support that.

This issue we also are talking about a new code for Endovascular Stroke Therapy, which is expanding at a rapid rate. Dr. Katherine Krol does a great job of explaining this and is the resident expert for the SIR in Coding. I believe with the hot interest in Trauma that we will see more elaboration on coding and reimbursement in this area, cause as you know this is where the modifiers and Unlisted service and codes get used. With all the different and unusual things we do in a Trauma case sometimes there is just no other way to explain it.

I hope this little abbreviated explanation of my quick review of cost, reimbursement in the literature of late has helped. We here at the AVIR look forward to everybody's comments and input to help make our organization stronger. Let's all pitch in to support our field for together we are stronger!

Association of Vascular and Interventional Radiographers

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