I am writing this article having just finished the 2014 RSNA. Although this is not an advertisement for the RSNA, I have to say, I always come away with a renewed sense of purpose and a re-dedication to the specialty of radiology. The sheer magnitude of the RSNA annual meeting is always amazing. After all, where else can you party with 55,000 of your closest friends and acquaintances, find an expert in any subspecialty area of radiology to chat with, hear world-class lectures on current research, learn about current technologies and thoughts, as well as attend refresher courses, all on a scale and magnitude unmatched anywhere else in the world.

One of the highlights of the RSNA is the Annual Oration in Diagnostic Radiology. The presenter this year was Dr. David C. Levin. The topic of his lecture concerned the need for radiologists to take action to transition from a volume-based to a value-based practice of radiology. In the process, radiologists will regain their former role as true consulting physicians. However, as Dr. Levin stated, the status quo will not work going forward. In his opinion, it is time for radiologists to augment the practice of radiology to include quantifiable metrics of quality, to connect with non-physician care providers, to utilize the various tools currently available (such as the ACR Appropriateness Criteria), and to ensure supervision and monitoring of all advanced imaging exams. Interacting with other physicians and with patients in the delivery of imaging results will also help us to reclaim our role as consulting physicians.

After pondering over his message, it occurred to me that the breast imagers currently come very close to the practice scenario as outlined by Dr. Levin.

I see this, of course, as a part of the evolution of the practice of radiology in conjunction with the changing times and changing practice of medicine in general. The fee-for-service compensation model is opposed today by just about every special interest group except physicians. Even among physicians, the employment model has become significantly more popular. Approximately 50% of physicians in America today are employees, whether in private or group practice, academic practice, government settings, or myriad other models.

Compensation model aside, radiology residents today are worried about being able to find any form of employment. Further down the chain, it is difficult for medical school graduates to find a residency position, given the significant gap between the number of postgraduate medical education opportunities (residencies) and the number of medical school graduates. Although there will always be a need for physicians, I also believe that alternative opportunities within or aligned with the field of medicine may be at least a partial answer to the future for some physicians. Examples include combining the practice of radiology with or transitioning into leadership opportunities within practice environments, such as through the ACR’s Radiology Leadership Institute; obtaining an advanced degree leading to employment in...
The Live Music Capital of the World awaits you for the TRS 102nd Annual Meeting. Our venue will be the Hilton Austin hotel in the heart of downtown, just steps away from 6th Street and Austin’s hottest new entertainment district, Rainey Street. If you were looking for a good excuse to visit this action-packed, fast-growing city, then the TRS Annual Meeting is it!

Robust educational programs have been planned for diagnostic radiologists, radiation oncologists, medical physicists, and residents alike. Top speakers from around the state and across the country have been invited to bring you the most up-to-date information on the latest advances and technologies. Vendors will be in attendance to showcase their newest products and useful services. Back by popular demand, the audience response system and interesting cases will keep the sessions engaging, interactive and fun, all while getting you SAM, ethics and modality credits.

But “all work and no play makes Jack a dull boy,” right? Not to worry! In true Austin style, we have built in plenty of time for you to kick back and relax with your friends and colleagues. As is customary, a welcome reception is planned for Thursday evening. On Friday night, we will have our Awards Banquet where, amongst other things, we will honor our 2015 TRS Gold Medal recipient, Dr. John Montgomery, and award our very first Guiberteau Award for Resident Excellence. On Saturday night we’ll have...yes, you guessed it...music! Join us at Austin’s newest and very cool/classy jazz lounge, The Brass House, and you will be treated to some great jazz and blues music and a nice, rustic Italian dinner.

The TRS 102nd Annual Meeting promises to be a spectacular meeting, so register today by visiting our website at www.txrad.org/meeting.html if you haven’t already done so!
The combined Radiation Oncology and Medical Physics program once again promises to be an exciting and educational experience for all radiation oncology and medical physics members and residents.

Friday, March 6th, we kick off the meeting with an integrated joint session. The diagnostic radiologists will begin by focusing on head and neck imaging with discussions and unknown case presentations of head and neck cancers and radiographic findings of pseudoprogression. This is complemented by our own Dr. Snehad Desai highlighting the various aspects of multi-modal imaging in the management of head and neck cancers and then followed by some important physical aspects of adaptive radiotherapy by Dr. Niko Papanikolaou.

On Friday afternoon, Dr. Paul Brown from MD Anderson will be discussing brain tumors, followed by a CNS board review session on Saturday morning. This is further enhanced by a discussion regarding pseudoprogression by Dr. Desai and general neuro-oncology highlights by neuro-oncologist Dr. Brian Valliant.

Our visiting professor this year is Dr. David Brizel, Leonard Prosnitz Professor of Radiation Oncology at Duke University Medical Center. Dr. Brizel, an internationally renowned expert, will address the advances and controversies in Head & Neck cancer radiotherapy. In addition, he will help critically review Head & Neck research presentations by residents and lead the Interesting Case Review series as well.

Lastly, in addition to several excellent radiation oncology resident research presentations on both Friday and Saturday, the medical physicists will be discussing topics such as small field dosimetry as well as brain and spine SRS/SBRT. Dr. Stathakis will then end the program with a Physics Board Review session.

We hope you will join us for a very exciting program in Austin!

Where Do Your Treasures Lie? (continued from front page)

healthcare administration or in technical or executive positions with equipment and service companies; and business creation through entrepreneurship.

Which leads me to think, what is it that motivates you? Why did you go into the field of medicine? Why radiology or radiation oncology or medical physics? In this era of declining reimbursement and with many aligned against the fee-for-service practice model, what gives you professional satisfaction? And what about your personal satisfaction? For those now contemplating a medical career, recognition of these changing realities is important for an understanding of the potential future opportunities in the field of medicine. And perhaps, for those of us in practice today, the secret to future happiness and success in the practice of radiology, and medicine in general, may require a reconsideration of previous motivations and a realignment of priorities. Are you open to change?

At this time I would like to say thanks to the many dedicated people of the Texas Radiological Society who collectively work on our behalf to maintain and promote our state chapter. After all, the Texas chapter of the ACR did not achieve the ACR Chapter Recognition Program, Division D award for Overall Excellence six out of the last seven years by accident! It was through the perseverance and hard work of many people. Consequently, it has been a tremendous blessing, honor and privilege, and has given me both professional and personal satisfaction, to be your representative as President of the Texas Radiological Society. The opportunity to work with the many talented and dedicated people of our society on behalf of the radiologists, and indeed all physicians, of the State of Texas for the betterment of the care and well-being of our patients and the practice of medicine as a whole has been a highlight of my career.

Richard H. Wiggins III, MD, CIIP, FSIM
Director of Head & Neck Imaging
Director of Imaging Informatics
Professor, Dept. of Radiology, Otolaryngology, Head/Neck
Surgery & BioMedical Informatics
University of Utah Health Sciences Center
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Barbara Monsees, MD, FACR
Evens Professor
Dept. of Radiology
Washington University, St. Louis
St. Louis, MO

William T. Herrington, MD, FACR
Council Vice Speaker
American College of Radiology Radiologist, Athens Radiology Associates
Athens, GA
The 84th session of the Texas Legislature convening in January 2015 will likely be an active time for TRS. The TRS PAC has spent the interim between the end of the last legislative session in 2013 and the beginning of the next one building and improving relationships with key decision makers across the state. Between efforts including using TRS PAC resources to support the candidates who support the practice of medicine and creating “TRS Champions of Radiology” awards for legislators, we have been busy preparing for an active session with a significant number of new faces. Success in the legislature today requires managing all stakeholder groups that can directly influence our goals and objectives. How these interests are balanced is the key to achieving meaningful and beneficial outcomes.

As I have mentioned before, the elections resulted in significant turnover in the legislature. Almost one-third of the Senate will be new, and more than half of the House of Representatives have been elected since 2010. With such a high number of anticipated changes throughout the Legislature and statewide elected officials, TRS will be spending substantial time and resources educating these members about the modern realities of radiology. And many of our efforts can be enhanced by your participation. More on that in a bit.

A little background on the legislative policymaking system in Texas, which is specifically designed to limit the passage of bills. One factor contributing to this complex legislative environment is systemic—a bi-cameral legislature made up of “citizen” legislators that meets for 140 days every other year creates a small window of opportunity for introducing and passing new policy initiatives. Other factors include the rules regarding the process a bill must navigate to become law, with many steps designed to narrow down the volume of bills being considered for final passage. For example, within the 140-day legislative session, only certain priority bills (declared emergencies by the Governor) are allowed to be considered before the 61st day of the session, eliminating almost 43 percent of the session from that purpose. This leaves very few days for a lawmaker to navigate bills through a myriad of requirements that must be met before seeing their efforts become state law.

Legislative initiatives must pass both the House and Senate and be signed by the Governor (or at least not vetoed) to become law. Once a bill is filed, the process for passage from each house is very similar. Each legislative body has a policy committee process to analyze bills and make recommendations (via affirmative votes) for consideration of the full body of that house. Each body also has a “calendar” process in which bills must be affirmatively scheduled for consideration to be debated before the full membership of each body. To continue, a bill must be approved by a minimum number of votes (which varies depending on the subject and type of bill) in each chamber and is then referred to the other house. Each of these steps results in fewer bills being considered for continuation than are jettisoned through the process. If a bill successfully passes out of both chambers, it then goes to the Governor, who will choose to sign it, veto it, or allow it to pass without his/her signature.

Here’s where you can help. TRS will likely be pursuing legislative outcomes in 2015 that will require this organization to support some efforts and oppose others. We need assistance from you in any way you are willing to contribute. It could be as simple as giving feedback on the impact of certain legislation on your practice. It could be participating in efforts at the capitol to educate legislators directly. And it certainly should be your continued financial support of TRS PAC. Whatever you are willing to provide, it will make an impact. So get involved today, and help us help you.
Join the TRS PAC Today!

Please return this contribution form along with payment to:
TRS PAC • 6705 Hwy. 290 W. • Suite 502-243 • Austin, TX 78735 • or fax to (512) 276-6691

Name (please print):__________________________

Phone:_____________________________________

Email:_____________________________________

I would like to make a contribution to the TRS PAC in the following amount for the Fiscal Year 2015:

☐ $100  ☐ $250  ☐ $500  ☐ $750  ☐ $1,000  ☐ Other:_____________

☐ Check (made payable to “TRS PAC”)

☐ Credit Card: ☐ Visa  ☐ MasterCard  ☐ American Express

Card Number:__________________________  Expiration Date:__________

Billing Address:__________________________

Billing Zip Code:__________________________

Name on Card:__________________________

Signature:__________________________

Contributions to TRS PAC are strictly voluntary and can be made from a PA, PC or LLP, but cannot come from any corporate source. Contributions are voluntary and are not tax deductible. All contributions will be reported to the Texas Ethics Commission in accordance with state law.

Become a TRS Key Contact Today!

Do you currently have a relationship with state or national level elected officials, public policy decision makers and/or potential candidates for office? Are you interested in educating your elected officials on issues important to radiology and your radiology patients? If so, the TRS needs your help!
Contact Emily Mathews at emily@trrad.org to let her know of any relationships you have, and she will add you to our TRS “Key Contact” list. This list helps us link you, our key contacts, with key policymakers. This program is critical in ensuring the success of the TRS policy and political objectives in the future.
Thank you in advance for your participation.

Case In Point: SA-CME for FREE!

Michael Opatsowsky, MD

Are you struggling to find SA-CME credits to fulfill the requirements of your Maintenance of Certification (MOC) as required by the ABR? Well, struggle no more! The ACR has a daily, online teaching file - Case in Point - available free to all ACR members. Case in Point includes a wide variety of common (and not-so-common) diagnoses encompassing a wide spectrum of diagnostic and interventional radiology. Once you sign up, the case is delivered directly to your email account. How easy is that!

The short but informative cases are virtually effortless to read, and each and every one delivers concise teaching points and a brief but insightful discussion. Each case provides you the opportunity to earn SA-CME credit with the potential to earn as many as 60 SA-CME hours per year, including specific mammography credits! Hundreds of archival cases also provide you with additional CME if you need it.

Case in Point is read by thousands each day in this country and across the globe. A number of our very own TRS members are Case in Point associate editors, and they take great pride in bringing you this high quality, educational product. They include Drs. Michael Opatsowsky, Suraj Reddy and Joseph Philip from Baylor Scott and White/Texas A&M Health Sciences Center, Dallas and Dr. Brett Carter from MD Anderson Cancer Center. Don’t miss out on this wonderful membership benefit. Sign up for Case in Point at https://3s.acr.org/CIP/ and start racking up those SA-CMEs today!

Choosing Wisely® CME

Free for a Limited Time Only

The Texas Medical Association is offering free continuing medical education (CME) in conjunction with the Choosing Wisely® initiative for a limited time. Watching the Choosing Wisely CME webinars will earn you 3.75 AMA PRA Category 1 Credits™ and 3.75 credits in ethics and professional responsibility.

The TRS is a participant in the Choosing Wisely campaign which promotes dialogue between physicians and their patients. This physician-led movement attempts to eliminate unnecessary tests and procedures for patients based on evidence-based recommendations. These recommendations are from leading medical specialty societies (including the American College of Radiology) that have identified the most prevalent issues that patients should discuss with their physicians.

Follow the steps at www.texmed.org/ChoosingWiselyCME to claim your free CME before the offer expires! For more information about Choosing Wisely, visit www.texmed.org/ChoosingWisely.
2014 was a banner year for the TRS Foundation, as we quickly and diligently focused on fulfilling our mission. We provided scholarships for practicing radiologists to attend the Radiology Leadership Institute (RLI) Summit, sponsored a Texas resident to participate in the prestigious Rutherford Fellowship, and supported the Moreton, Charles Craig, RLI, and Radiation Oncology keynote lectures at the TRS Annual Meeting.

2015 brings with it much excitement as we prepare to introduce two new initiatives of the Foundation.

First, we will sponsor a Texas resident to participate in the Moorefield Fellowship in Economics and Health Policy in Reston, VA. This prestigious two-week fellowship provides a radiology resident/fellow direct exposure to, and hands-on experience with, the functions of the ACR’s Department of Economics and Health Policy and the Commission on Economics. The department is responsible for all ACR activities involving the reimbursement and health policy issues that affect radiologists’, radiation oncologists’ and medical physicists’ practices.

But our most exciting effort to date will be the launch of the Guibertea Award for Resident Excellence. The Guibertea Award is a new award for graduating Texas radiology residents, made possible by a generous endowment to TRS Foundation by Milton J. Guibertea, MD, FACR. Dr. Guibertea, a past president of both TRS and ACR and current president of the ABR, is known for his service and achievements in organized radiology, and a lifetime of personal mentoring and teaching of radiology residents in Texas, as well as his textbooks and writings, particularly in his subspecialty of nuclear medicine. The award will be presented annually during the TRS Annual Meeting Awards dinner. The inaugural 2015 Guibertea Award for Resident Excellence will be awarded to the Texas resident that best embodies the qualities of overall resident excellence in the categories of research/scholarly activities, leadership, and citizenship/humanitarianism.

These programs are only able to be offered because of donations from radiologists like you; radiologists who value our profession and are dedicated to continuing radiological excellence in Texas for years to come. Help us to maintain and grow this valuable asset for the TRS. Please consider giving a tax-deductible donation of any amount to the TRS Foundation today!
Breathing Easy with A New Tool: Lung-RADS

The first edition of lung-rads is out and ready to help practices implement their own programs. Ella A. Kazerooni, MD, MS, chair of the ACR Committee on Lung Cancer Screening, and Mythreyi Bhargavan-Chatfield, PhD, leader of the ACR Lung-RADS team, explain what you can expect from the atlas and why it's important for practices to adopt.

Q: Could you tell us a little about Lung-RADS? 
A: Kazerooni: Lung-RADS is a tool for standardizing the reporting and management of abnormal findings on lung cancer screening CT examinations and preparing for practice audits and benchmarking. It was strongly modeled after the success of BI-RADS®.

Bhargavan-Chatfield: The goal of Lung-RADS is to reduce ambiguity for clinicians who refer patients to radiologists. The tool, if effective, should minimize false positives and unnecessary biopsies.

Q: Why did the ACR create Lung-RADS? 
A: Kazerooni: We're providing a tool that radiologists critically need. We're on the precipice of widespread lung cancer screening in clinical practice. When the USPSTF gave the screening a B grade recommendation in December 2013, this meant insurers would be required to cover it under the Affordable Care Act (ACA) beginning in January 2015. CMS is not covered by the same terms of the ACA, and we are hopeful that CMS will also cover this procedure. Therefore, this is something radiologists will need all over the country soon. Without a tool like this, there could be much more heterogeneity in the way that lung cancer screening CT exams are interpreted and in the subsequent tests that are recommended.

Q: How was Lung-RADS developed? 
A: Bhargavan-Chatfield: Lung-RADS was created with the efforts of a disparate committee of lung cancer researchers from places such as the National Lung Cancer Screening Trial, the Lahey Clinic, and the International Early Lung and Cardiac Action Program. The committee worked together to synthesize available evidence and arrive at a consensus as to how radiologists should categorize their findings. This committee brings together national experts who have been working on lung cancer screening for years, and it was important to include everyone's perspective so that we would have a robust standard that everyone would be able and willing to use.

Q: How often will Lung-RADS be updated? 
A: Bhargavan-Chatfield: Lung-RADS will continue to be updated and revised as new evidence emerges. Since lung cancer screening evidence is being published at a fairly high rate, we expect frequent updates in the early years of Lung-RADS. The committee will determine which emerging evidence is valuable enough to warrant an update to Lung-RADS, balancing the need for a stable standard with accuracy in reporting on radiologic findings.

Q: Why is it important that imaging specialists use Lung-RADS? 
A: Kazerooni: Screening is applied to a large swath of the population, in this case, older smokers, who are at a high risk for cancer. As a result, screening is rolling out to a large number of practices and patients very quickly. Radiologists need the tools to practice to consistent and high standards — otherwise, there could be widespread variation in practice, resulting in poor quality, unnecessary testing and procedures, and failure to achieve the kind of results seen in the National Lung Screening Trial.

Another important component of Lung-RADS is guidance on a practice audit. In the longer Lung-RADS document, which will be published by early 2016, there will be instructions on the types of data a practice needs to collect to participate in one of the ACR’s National Radiology Data Registries that we’re developing on lung cancer screening. By using the updated version of Lung-RADS, practices will be able to benchmark themselves to other practices in their region or even nationally in terms of positive screening rates, callback rates for additional imaging, and lung cancer diagnosis rates. This will help practices and radiologists understand Lung-RADS, learn to use it better, and standardize reporting even more than just using the Assessment Category table that is now published.

Q: Where can you access Lung-RADS? 
A: Bhargavan-Chatfield: Right now, version 1.0 is available. As of press time, it exists as a PDF document and contains the assessment categories and management recommendations for each assessment. You can access the document for free by visiting http://bit.ly/LUNG-RADS.

The Benefits of Your Membership!
Emily Mathews, TRS Membership, Speaker & Meeting Logistics Coordinator

Best wishes and a heartfelt “thank you” for being a part of TRS. This is the time of year for New Year’s resolutions, planning for the year ahead, and, of course, that annual (albeit very affordable) dues bill. Yes, it’s dues renewal time, and the TRS wants to assure you that you’re still getting a superhighway’s worth of mileage from your membership dues – dues that are no higher in any category than $200. I myself belong to an organization for event planners and pay almost twice that much! But I pay it, because I like and need what I get. And we hope you like what you get from the TRS as well.

Do you enjoy reading The View Box? We keep it short and sweet because we respect your time. Yet we bring you the most relevant and timely information affecting your practice, while bringing the membership together on the same literal and figurative page to educate and to fight for our livelihoods when the need arises. More on that later.

And what about the annual meeting? Just about every organization has an annual meeting, and we’re no exception. But as with everything the TRS strives to do, what you get for your money is insane (in a good way). We’re talking in excess of 55 sessions on topics you actually care about, for no more than $350!

Says Dr. Susanna Spence with UT Health Science Center in Houston, “The TRS provides fabulous opportunities for networking and CME at the annual meeting. Everything from state-of-the-art imaging to the business of medicine is covered by many great state and national speakers, in a convenient local setting. It’s great value for both money and time, and always a fun experience!”

Medical physicist Jessica Clements agrees: “I appreciate the local flavor of TRS meetings and the camaraderie shared by TRS members across the state.”

What about CME? It’s critical to you, we know, and here’s what you get (for only about $17.50 per CME hour):
- Self-Assessment Module (SAM), modality, ethics, and Radiology Leadership Institute (RLI) credits...all in one place.
- Exciting, fast-paced twenty-minute sessions delivered by renowned speakers.

• Almost all your annual CME done in one weekend.

Back once more to the topic of bang for the buck: an early registration fee (Valentine’s Day is the big deadline for 2015!) is $300. Try finding quality CME for any less! Join us in Austin and use those savings for some great barbecue and a Shiner Bock or two.

What else does your membership provide? I think most of us can agree that the regulatory and legislative arena is the one our members perceive their membership to be extra valuable. Who could blame them? This is where the rubber meets the road and where your wallet is slammed or saved.

The TRS’s lobbyist, Michael Grimes with Imperium Public Affairs, is our watchdog in Austin, and his efforts and those of many of your TRS colleagues have directly affected you in a positive manner. Here’s how:
- The TRS recently helped stem the negative tide of payment reductions by Texas’ private insurers. TRS leadership played a direct role in fighting against a United Health Care policy change that would have involved a 25% reduction in payments to you if the expansion of MPPR to the professional component of imaging services had been implemented. The policy change has now been indefinitely delayed.
- The TRS was also involved in efforts that helped pass the American Medical Association’s resolution supporting Medicare coverage for low dose CT screening for lung cancer.
- Looking back to the most recent legislative session in 2013, we can’t forget that the TRS worked with other provider groups to ensure the failure of bills that would have implemented significant requirements for “price transparency” and damaged you economically.
- We supported the use of Medical Physics Assistants through Sunset Commission meetings and sent a formal position letter.

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Benefits of Your Membership (continued from page 8)

- We worked with several local and national medical physics associations to convince the Sunset Advisory Commission to update their recommendation to continue licensure for Professional Medical Physicists and the Medical Radiologic Technologists (they originally recommended that licensure be rescinded) and to transfer licensure from the Department of State Health Services to the Texas Medical Board (TMB). We will continue to pursue this effort in the upcoming legislative session.
- We petitioned the legislative budget board to increase Medicaid/CHIP physician payments.
- We gathered data showing inadequacy and inaccuracy of United Healthcare’s network and database.
- We have petitioned Texas private payors such as Cigna, BCBS, United Healthcare as well as Novitas to provide benefit coverage of digital breast tomosynthesis (DBT) as a medically necessary screening and diagnostic mammography service for the detection of breast cancer.

Few specialty society organizations can show such a direct benefit of membership as the TRS. Renew today at www.acr.org/renew or contact the ACR’s Membership Department at 1(800) 347-7748. If you have any TRS-specific questions, please contact me at Emily@txrad.org or (512) 769-0057.

Winner of

2013 Award  2011 Award  2010 Award

2009 Award  2008 Award  2007 Award


Online Renewal for 2015 Dues Now Available

A long time TRS member and supporter Wayne A. Wiatrowski, PhD, FACR recently shared with us: “My association with the TRS and its membership has been an absolute pleasure over the years and a highlight of my career. Of all the professional societies to which I belong, I value my association with the TRS most.”

2015 ACR and TRS membership dues are now available for members to renew online. We hope you find your TRS membership as valuable as Dr. Wiatrowski and will take this opportunity to renew your membership. Visit www.acr.org/renew to pay your 2015 membership dues and help us continue to serve you and your needs. For login assistance or dues questions, please contact the ACR Membership Department at membership@acr.org or 1(800) 347-7748. They can help you with both ACR and TRS dues.

TRS Resident and Fellow Section Update

Resident Program at Upcoming TRS Meeting
Sarfaraz Sadruddin, MD, Chair, Resident Fellow Section, PGYS, Baylor College of Medicine

This is an exciting time for radiologists-in-training. We now have two years of data on the computer-based Core Examination. There has been a general sigh of relief among residency programs as we all get increasingly comfortable with Core Examination preparation. All the while, innovation continues at its torrid pace, with broader incorporation of breast tomosynthesis into clinical practices, integrated solutions for lung cancer screening, and 3D printing becoming commonplace. Who knows, maybe there is a place for the Oculus Rift 3D virtual reality headset in radiology!

I especially look forward to the Resident-Fellow Section at the TRS 102nd Annual Meeting, March 8-8, 2015, in Austin. Special guest lecturer and inventor Dr. Paul Chang will enlighten residents on his journey to establish Stentor PACS, which was acquired by Philips Medical Systems. Another distinguished lecturer, Dr. Jonathan Berlin, will present Medico-Legal Challenges and the Imaging 3.0 Framework. Dr. Cynthia Sherry will update residents on the Radiology Leadership Institute (RLI) and the opportunities that it can afford residents to go beyond clinical radiology, and Dr. Ray Kirk will update us on opportunities offered to residents through the TRS Foundation.

The Resident and Fellow Section will hold elections for a new Chair and Vice Chair from the group of representatives of the RFS assembly. Residents will have an awesome opportunity to present posters, network, mingle at the resident social, and participate in the one-and-only Medical Jeopardy game – the time-honored crowd favorite. I hope you can join us in Austin!
ICD-10: A Step in the Wrong Direction

Sidney C. Roberts, MD, FACR, Editor and TRS Past President

My middle daughter is a graduate student in opera at Eastman School of Music. After October 1, 2015, if I go to hear her sing in an opera and get injured while there, a specific code must be used if my healthcare is to be paid. That code is Y92.253: "Opera house as the place of occurrence of the external cause."

Perhaps I will be at Lufkin’s Ellen Trout Zoo and get “Bitten by turtle, initial encounter” (W5921XA). And if, for some reason, I am stupid enough to get injured again by said turtle, there is a code for that, too: "Struck by turtle, subsequent encounter" (W5921XD). But the current favorite new code among pundits has to be V9027XA: "Drowning and submersion due to falling or jumping from burning water-skis, initial encounter." Really? Who comes up with this? Is this a sick joke?

Our current system of coding for clinical encounters in healthcare is ICD-9, which has been in use since 1979. ICD-9 contains around 13,000 diagnosis and 3,000 procedure codes, arguably more than we need already. But get ready, because ICD-10 jumps to 88,000 diagnosis and 72,000 procedure codes, including the ridiculous ones noted above. Luckily, the change to ICD-10 was delayed from October 1, 2014 to October 1, 2015.

The change to ICD-10 illustrates the problem of government involvement in healthcare. First, complexity increases exponentially while usefulness -- what I call the common sense factor -- plummet. Then, the government tightens the rule belt, so that if you do not code correctly (how did I know you were bitten by a turtle before!), you do not get paid. Not only that -- and this is what really galls me -- if you don’t do it correctly, as narrowly and obscurely defined as only the federal government can do it, it is labeled fraud and abuse.

Someone asked me, as I explained this to them, “How will the government know if you didn’t do it correctly?”

Simple. They contract out to firms that employ high school-educated workers to go out and look for “fraud and abuse”. These firms get paid for what they find -- whether or not what they find is really accurate -- and then the government takes back those “fraud and abuse” payments from the provider (the doctor or the hospital, for example). Then, the provider has to fight multiple levels of appeal in order to get their money back, if they can afford the appeal process.

This is how our federal government is “saving money” with healthcare reform: make the hoops impossible to jump through; only pay you if you manage to make it through the hoop; then take back what they pay you because someone else with an unfair incentive claims you didn’t really make it through the hoop after all.

Our healthcare system truly needs to be reformed, but so far, very little is happening that gives me hope that we are headed the right direction. I foresee an explosion of job opportunities starting October 1, 2015 and anyone with expertise with how to code under ICD-10 will be golden. Orthopedic surgery, for example, will see one code under ICD-9 – 821.01 Fracture of femur; shaft, closed – expand into at least twenty four possible codes under ICD-10, depending on laterality, displaced or non-displaced, location, fracture type (greenstick, comminuted, transverse), type of healing (routine, delayed, non-healing), malunion, nonunion, open or closed, and encounter type (initial or subsequent). Those who can play the game successfully will survive.

At a time when payment for healthcare services needs simplification, we are taking a major step in the wrong direction. Now, is that step left, or right? There’s probably a code for that.

Are You Ready for ICD-10?
If Not, Check Out These Podcasts

The ACR’s ICD-10 Physician Documentation Improvement Training is a series of 20 audio and video podcasts, which range from 5-10 minutes in length. The podcasts are designed specifically for radiology physicians and provide information needed to ensure proper documentation for ICD-10-CM diagnosis coding. ACR Members get a 50% discount. Visit http://goo.gl/4w56Yr to purchase the podcast series, or to find more resources on ICD-10 conversion.

continued in sidebar on page 11
Physics Licensure Update
Mustapha Hatab, PhD, Chair, Physics Section

In 2014 the Texas Sunset Advisory Commission released its 2014 Sunset Staff Report, which contained a recommendation to eliminate licensure for 19 occupations, including medical physicists and radiologic technologists. The Sunset Commission’s charge, an annual state-mandated process, is to “evaluate if an agency’s functions are needed, and if so, how the agency can work better and save money for Texans.” The report claims that the State’s deregulation of medical physicists would “have little impact on public health or safety” because medical physicists work in “health care facilities subject to numerous federal and state requirements” and “have private accreditation programs.” Also included in the report was the recommendation to remove the Licensure Board for Medical Physics from under the umbrella of The Texas Department of State Health Services (DHS), as it was felt that occupational licensing is not part of DHS’s charge and that such duties might impede DHS from completing its primary mission.

Texas currently licenses 607 medical physicists after verifying education, references and experience requirements for each licensee. If licensure requirements are rescinded, individuals in Texas will be allowed to administer medical radiation without completing any coursework in radiation protection, radiation safety and medical imaging physics. In addition, the state will lose its right to take administrative action against individuals who do not treat patients according to professional standards or administer radiation correctly.

The TRS, our lobbying firm Imperium Public Affairs, the American Association of Physicists in Medicine (AAPM), and the Southwest Regional Chapter of the AAPM (SWAAPM) joined other organizations for a June 25th public meeting in Austin to urge the Sunset Advisory Commission to maintain licensure standards for medical physicists. There were over 200 oral testimonies and 3,000 letters and emails sent to the Commission during the process and review. The goal of these efforts was to educate the Commission as to the work effort and importance of medical physicists on behalf of the patients and public of the state of Texas. Consequently, on August 13th, the Commission amended their recommendation and proposed instead to transfer the independent licensing board from DHS to an advisory committee under the auspices of the Texas Medical Board (TMB).

This relocation of physics licensure leaves the physics community with less control over their licensing process than they currently have, but it is better than the original alternative. A better scenario would be to have a licensure board under the TMB and not an advisory committee. Towards that end, continued in sidebar at right

Complex CPT Coding Changes (continued from page 10)

It is also unclear how private payors will implement the new CPT codes and G codes into their billing systems. Aetna, Bluecross/Blueshield, Cigna, Humana and United Healthcare will all accept the G-codes but only for freestanding outpatient centers. To help TRS members, the TRS will be reaching out to private payors with guidance. All members should stay aware as this situation develops. For a detailed description of the coding changes, the ACR has released the following document: http://goo.gl/yBJCKy.
Upcoming Radiology Meetings of Interest

NC Radiological Society: 17th Annual Ultrasound Weekend Review Course
- February 13-15, 2015, Charlotte, NC

AIRP Thoracic & Cardiovascular Categorical Course
- February 23-26, 2015, Silver Spring, MD

New Frontiers in Pediatric Radiology: 3rd Annual Comprehensive Course for Technologists and Radiologists
- February 27-28, 2015, Houston, TX

Society of Interventional Radiology: 40th Annual Scientific Meeting
- February 28-March 5, 2015, Atlanta, GA

Texas Radiological Society: 102nd Annual Scientific Meeting
- March 6-8, 2015, Hilton Austin Hotel, Austin, TX

NC Radiological Society: 3rd Annual Nuclear Medicine Weekend Review Course
- March 13-15, 2015, Charlotte, NC

The Society of Abdominal Radiology (SAR): Annual Meeting & Educational Course
- March 22-27, 2015, Coronado, CA

ACR2015: The Crossroads of Radiology
- May 17-21, 2015 Washington, DC