President’s Message: The Doctors We Must Be

Radiology has been under siege since the Deficit Reduction Act of 2005. It’s been a proverbial “death by a thousand cuts”. The opportunistic bureaucrats and politicians have taken advantage of our vulnerable position. Indiscriminate and ill-conceived across the board payment cuts, including such thoughtless schemes as the Multiple Payment Procedure Reduction (MPPR), are having a real and deleterious impact on radiology and, one could argue, patient care. Whether you agreed with the TRS and ACR efforts to combat self-referral over the past decade or not, it was driven by a realization that not limiting inappropriate utilization would eventually consume us all.

We are now living that reality. The wide swath of destruction caused by the Affordable Care Act, aka Obamacare, is only adding to that chaos by expediting the national trend of health-care consolidation, evidenced by contraction in some markets through multiple mergers and acquisitions. Our ability as small businesses to serve multiple masters is being significantly challenged as merged organizations either demand strict loyalty in their exclusive service, or we become mere employees whose loyalty is inevitable.

Many of our traditional alliances are confused or even fractured. Can we emerge from this manure pile and maintain the increasingly elusive goal of career satisfaction through some control over our professional lives and destiny? I think so, but it will be a long and arduous pathway requiring all of us on “team radiology” to fully invest of ourselves in this great profession. The past is gone. The future will be determined by what we do and don’t do now.

Fortunately, our many radiology trade organizations, not only scientific, but policy and political as well, are working alongside us. The ACR, RBMA, RSNA, RADPAC, and others, including local and state societies, deserve our participation and support. As the dust settles and the fog lifts, our research, data analysis, and leadership should give us a seat at the table of accountable care and bundled services.

Radiology’s burden is unique in medicine. It’s time to get back to the basics and allow the past to serve as a guide to the future. We must remember the doctors we must all be in order to succeed:

1. The Patient’s Doctor. Better yet, the patient’s personal radiologist. Patient satisfaction and good outcomes are the quickest route to recognition and reimbursement security in the new paradigm. All radiologists, whether they perform procedures or not, should extricate themselves from their PACS and introduce themselves as “the radiologist interpreting your study.” Women’s imagers, oncologic radiologists, and interventional radiologists often engender fierce loyalty from satisfied patients who consider these individuals to be “my radiologist.” Is there a better way to advertise ourselves to the system than this?

continued on page 8
What’s Coming Up with CMS in MPPR and PQRS
Darlene F. Metter, MD, FACP

As an academic educator with a limited economic background, I often struggle to understand the Centers for Medicare and Medicaid Services (CMS) reimbursement proposals and their potential financial ramifications on radiology. Hence, for those ACR members with a similar handicap, the following is a “nuts-n-bolts” of what is potentially coming up with CMS and its Multiple Procedure Payment Reduction (MPPR) and the Physician Quality Reporting System (PQRS).

Reimbursement consists of a technical component (TC) and a professional component (PC) which have separate payments. As you know, the TC MPPR has been in effect since 2006, but more recently a PC MPPR has been implemented. Both the TC and PC MPPR result in payment reductions applied to advanced imaging procedures (CT, MR, Nuclear Medicine, PET, Ultrasound) performed on the same session on the same patient. Under the TC MPPR, the highest technical component (TC) is paid in full, while subsequent procedures in the same session on the same patient are reduced by 50%. In 2012, CMS implemented MPPR on the professional component (PC) paying in full the highest cost PC, followed by a 25% reduction for subsequent studies performed on the same day on the same patient and read by one or more radiologists in the same group.

On November 27, 2013, CMS released the final rule for the 2014 Medicare Physician Fee Schedule (MPFS). The 2014 CMS impact on payment for radiology services is:
-2% diagnostic radiology,
-2% interventional radiology,
0% nuclear medicine, and
+1% radiation oncology.

These advanced imaging MPPR reductions will not affect the 2014 payment on lower cost imaging studies (i.e. radiographs) performed on the same day on the same patient. Significant cuts were seen in new bundled and revalued CPT codes, such as those for breast biopsy procedures, with the PC component cuts ranging from 29-54%. The entire family of spine and brain MR codes were also identified by a CMS/RUC screen and revalued, triggering TC reductions of 40-50% across the families. In the end, the overall impact on radiology services would have been more severe if the ACR had not met with CMS and worked closely with the AMA Relative Value Scale Update Committee (RUC).

But this is not the total picture. The 2005 Deficit Reduction Act (DRA) set a maximum CMS payment for certain in-office imaging to be the lesser of MPFS or the Hospital Outpatient Prospective Payment System (HOPPS). Of note, HOPPS is a complicated system where hospital expenses are lumped into larger ambulatory payment classifications (APCs) which allow hospitals to offset lower costs in one APC with higher costs in another. In 2010, CMS created new cost centers for CT and MR. For 2014, CMS has chosen to use the 2011 cost data for CT and MR reimbursements. Because the CT and MR cost center data under-represents actual costs, the result is a payment decrease in HOPPS reimbursement. CMS, however, is not allowing the use of cost data where hospitals are using an inappropriate square footage allocation method and is giving hospitals a four year grace period to revise this data before all of it will be used. In effect, this policy has reduced the magnitude of the CMS reimbursement cuts by over one-half. These changes to the HOPPS schedule are of particular importance due to the 2006 implementation of the DRA, which tied MPFS to the HOPPS, so that decreases in the HOPPS payment cause decreases in the physician office payment.

In 2007, CMS created a voluntary value based payment program called the Physician Quality Reporting Initiative (PQRI) for Medicare Part B (covering medical necessity and preventive services) which required the successful reporting of certain listed quality measures. The program was renamed the Physician Quality Reporting System by the Affordable Care Act. In 2013, three quality measures are required with successful reporting submitted on 50% of the practice’s applicable patients. Physicians not participating in this performance metric during 2013 will receive a 1.5% penalty in their 2015 Medicare Part B reimbursement for all services. For the 2014 reporting period, CMS has proposed that an eligible professional (EP) or group must now successfully report...
MPPR and PQRS (continued from page 2)

measures to prevent a future CMS penalty of 2% in 2016. A 0% performance rate on a listed measure will be not counted against a physician.

The performance reporting mechanisms are confusing for both Eligible Professionals (EPl and group practices (2 or more physicians), whether by claims reporting (likely to be phased out), electronic health record, measures groups (at least 20 patients), or a new qualified clinical data registry. ACR is requesting that CMS reconsider the 2014 proposed 9 measures be reduced to 4 or 5 with a gradual phasing in of additional measures in the future.

So what does one see as a potential bottom line for 2016? If one hypothesizes according to the 2014 CMS rule AND if there are no further reductions in 2015 reimbursement, an EP or group who has not met the 2013 PQRS reporting measures will be facing a payment reduction of the current 2014 rule percentages noted above AND an additional 2%

Lastly, CMS has also proposed changes to the Value-based Payment Modifier (VM) program, which will be required by all physicians in 2017. This involves a penalty of 1% to 2% in 2016 with the 2015 VM penalty based on 2013 PQRS performance. This in itself is a complex program involving groups and quality tiering. Of note, CMS will not apply the VM to groups of physicians with 10 or more EPls, rather than the 100+ required in 2013.

And lastly, due to the fiscal cliff negotiations, CMS recently increased the equipment utilization rate assumption to 90%, which will add further reductions in imaging service reimbursement. This is on top of the across the board 2%

decrease in payment caused by the sequestration.

As one can see, if you add up the above penalties, plus reductions related to Meaningful Use, there can be significant payment reductions for non-participating physicians and groups...

"...if you add up the above penalties, plus reductions related to Meaningful Use, there can be significant payment reductions for non-participating physicians and groups...

6%. Although this is not a pretty picture, physicians must be proactive with PQRS to avoid a 4% non-participation penalty and minimize future CMS reductions.

Many thanks to Zeke Silva, MD for his expertise and guidance with this article.

Texas Radiology’s Movers and Shakers

Congratulations to Matthew T. Ballo, MD, who has accepted a position as the Chairman of Radiation Oncology at the University of Tennessee in Memphis, and Medical Director of Radiation Oncology at Methodist Le Bonheur Hospital and the UT West Cancer Center.

Congratulations to Joel Sullivan Dunnington, MD, of the University of Texas MD Anderson Cancer Center, for receiving the TMA Award for Excellence in Academic Medicine (Gold-Level Achievement) at TMA’s annual meeting in May.

TMA Award for Excellence in Academic Medicine

TMA is eager to recognize Texas physician leaders who have simultaneously dedicated their lives to the care of their patients and to the preparation of the physician workforce of tomorrow. The TMA Award for Excellence in Academic Medicine recognizes teaching physicians who are clinicians and have a record of TMA leadership, scholarly activity, mentoring, professional development, advocacy, and community service.

If you have questions on how to apply, application deadlines, etc., contact Jennifer McHaney at TMA at (512) 370-1451 or jennifer.mchaney@texmed.org.

Renew Your 2014 Membership Online Today!

The TRS works to protect and improve the practice of radiology in Texas, and we cannot do it without the help of our strong leadership and your membership! Please renew your memberships in the ACR and TRS, and keep your radiology professional organizations working for you. Online renewal is available by visiting www.acr.org/renew. For login assistance or TRS/ACR dues questions, please contact the ACR’s Membership Services department at (800) 347-7748 or membership@acr.org. Your continued support of the ACR and the TRS is greatly appreciated. Thank you!
The Political Cycle Will be Churning Through 2014
Michael Grimes, Imperium Public Affairs

Politics, like history, is often cyclical and repetitive. This is easy to forget or disregard, especially when the Republican Party has exclusively controlled statewide Texas politics for two decades. In fact, the last time someone other than a Republican held a statewide elected office in Texas, Ann Richards was the unlikely and unconventional Democrat governor. For those who remember political history, Richards should probably not have had a realistic chance to win that 1990 race against Republican oilman Clayton Williams. The Republican held an 11 percent advantage and appeared to be coasting towards election before making an ill- advised joke about rape – derailing his campaign, giving Richards the win, and firmly placing him in the political graveyard. Richards was subsequently defeated in 1994 by challenger George W. Bush and holds the distinction as the last Democrat elected statewide in Texas. Since then, Republicans have controlled all 28 statewide offices, most notably in the historic 14 year tenure of current Governor Rick Perry.

Perhaps a political change will occur because of a shift in demographics and political ideologies. Maybe the younger generations possess a different political perspective than their parents. More likely, the change will have a much simpler explanation, one we are experiencing today. Incumbents who have held office for long periods will leave office and challengers will emerge, making political races more wide open and competitive. In a state like Texas, without term limits, political inertia is not unexpected and not altogether bad for public policy, but change is inevitable. As candidates and officeholders like Clayton Williams and Ann Richards have learned throughout history, taking the rights and responsibilities of elective office for granted can be a recipe for defeat. It is equally important for TRS PAC members to keep a realistic perspective during this next election cycle by focusing support on those candidates who will support the radiological community once elected.

continued on page 5

Join the TRS PAC Today!

Please return this contribution form along with payment to:
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I would like to make a contribution to the TRS PAC in the following amount for the Fiscal Year 2014:

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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.
The Political Cycle (continued from page 4)

Regardless of partisan politics, current events will change the statewide political atmosphere as the filing period for office began November 9th, 2013. Governor Perry’s retirement and long-time Comptroller Susan Combs decision to forego reelection have created a domino effect, with many currently elected officials running for a different office. Attorney General Greg Abbott has announced for Governor, pitting him against several Republicans in the primary and facing Senator Wendy Davis in November 2014. The Attorney General’s move creates a vacancy that has Senator Ken Paxton (R – McKinney), Representative Dan Branch (R – Dallas) and Railroad Commissioner Barry Smitherman all running against one another for that seat. The Comptroller’s race involves Senator Glenn Hegar (R- Katy) and Representative Harvey Hilderbrand (R – Kerrville) and Tea Party hopeful Debra Medina. Perhaps the most heated race is the coveted Lt. Governor’s seat – with three current statewide officials and a well-known Senator Chairman on the ballot. Incumbent David Dewhurst is running to keep his seat but will face Agriculture Commissioner Todd Staples, Land Commissioner Jerry Patterson and Tea Party favorite Senator Dan Patrick in the Republican primary. Each of these soon-to-be vacated offices will also have contested Republican primaries and likely general election challenges.

The legislature is also facing a significant turnover of membership and loss of institutional knowledge. In the Senate, Finance Committee chairman Tommy Williams announced his resignation recently, heading a list of prominent members of the Senate who will leave to chase their political aspirations for higher office. This leaves the potential for as many as six new members of the Senate, including the possibility of a new Lt. Governor. This turnover, combined with five newly elected senators in the last election cycle creates one of the most significant changes this body has seen in decades. Retirements in the House of Representatives include chairs of major committees and long-serving leaders from both parties, and several competitive races could see incumbents defeated by a restless electorate seeking new leadership. The state representatives who show up in 2015 for the legislative session will likely be thrust into new roles for which they have had little preparation or experience.

Ann Richards was not supposed to beat Clayton Williams in 1990, but it happened, and a Democrat was elected against the odds. There is a lesson history teaches us here – it can and will happen again, possibly as soon as 2014. For this kind of political upheaval to benefit Democrats in this election cycle, they must be organized and ready. To avoid this kind of upset, Republicans must be self-aware and prepared. Both parties should heed the warning of George Bernard Shaw, who once said, “If history repeats itself, and the unexpected always happens, how incapable must Man be of learning from experience.”

This cautionary statement should also serve as a reminder to all members of TRS that political activity is as important as it is difficult. The TRS PAC is charged with helping members analyze political situations, determine successful policy strategies, and act as a resource to make good electoral decisions. I have said it before, and I will say it again: knowing and understanding the true policy positions of candidates and the issues they will fight for once they are elected is an invaluable resource provided by TRS PAC to TRS members. Help TRS help you navigate the treacherous 2014 campaign season by contributing to the TRS PAC today!

Free CME on Culturally Competent Care

The U.S. Department of Health and Human Services Office of Minority Health offers physicians an opportunity to receive up to nine hours of free CME credits through this self-directed training course. The modules in the course will provide training to assist physicians in meeting the needs of the increasingly diverse patient population.

A variety of self-assessments, case studies, video vignettes, learning points, pre- and post-tests are offered. In addition, you have the opportunity to submit your feedback and see what other participants think about the cases and the content.

For more information and to take advantage of the free CME credits while increasing your awareness of cultural competence in the provision of health care, log on to the site at: ccm.thinkculturalhealth.hhs.gov

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!

On October 21st you were sent a “key contact” survey via e-mail asking about your existing relationships with legislators and public policy makers. Please take the time today to complete the survey which can also be found at http://www.instant.ly/s/GV322.

Your participation will help us develop a “key contact” program linking you, our key contacts with key policymakers. This program is critical in ensuring the success of TRS policy and political objectives in the future. Thank you in advance for your participation.
If you haven’t been to Plano in the last 5 years or so, then you’re in for a big surprise. Plano’s trendy Shops at Legacy area, where our meeting will be held, has become a destination and culinary landmark for visitors and residents alike. The Shops at Legacy offers a high-spirited day and nightlife, no matter what day of the week you visit. You’ll find intimate sidewalk cafes and wonderful upscale restaurants for your dining pleasure. Creative boutiques and unique shops are located conveniently just steps away from the Marriott hotel. Complimentary self-parking and a very reasonable hotel rate of only $149 make this meeting very affordable and even more attractive.

Robust educational programs have been planned for diagnostic radiologists, radiation oncologists, medical physicists, and residents alike (see below for more details). 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 your SAM, ethics and modality credits!

You will also have plenty of time to network and catch up with friends and colleagues at the social events. 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 2014 TRS Gold Medal recipient, Peter B. Riesz, MD, FACR. On Saturday night we will have a happy hour at Sambuca 360 – a trendy grill with a rockin’ atmosphere and great food. Stick around after 9:30 PM to see the grill transform into a dance club with live music featuring a fun, high-energy pop cover dance band.

The TRS's 101st Annual meeting promises to be a spectacular meeting leading us into our 2nd century, so register today by visiting our website at www.brad.org/meeting.html if you haven’t already done so.

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Diagnostic Radiology Program Highlights
Phan Huynh, MD, Program Committee Chair

The diagnostic radiology program committee has put together an excellent, informative agenda with sessions on Pancreatic and Hepatic Tumors (in conjunction with radiation oncology), MSK, Interventional Radiology, Cardiac/Chest, Neuro/Spine, GI, and Breast MRI/Tomosynthesis.

Dr. Melissa Rosado de Christenson, Professor of Radiology, University of Missouri - Kansas City, will deliver the Moreton lecture. Titled, “Imaging of Thoracic Tuberculosis,” Dr. Mauricio Castillo, Professor of Radiology and Chief of Neuroradiology at the University of North Carolina, and Dr. Jay Baker, Professor of Radiology and Division Chief of Breast Imaging at Duke, will be additional featured speakers.

This year, we are adding a new element to our program – credits for those interested in Leadership Development via the ACR’s Radiology Leadership Institute (RLI).

continued on page 7
Diagnostic Radiology Highlights

The mission of the RLI is to prepare leaders who will shape the future of radiology to ensure quality, elevate service, and deliver extraordinary patient care. Dr. Richard Gunderman, Professor and Vice Chair of the Department of Radiology at Indiana University, with faculty positions in Pediatrics, Medical Education, Philosophy, Philanthropy, and Liberal Arts, will be our first TRS RLI speaker. He will lead sessions on “Answering the Call to Leadership” and “Money, Success and Excellence.”

President of the ACR, and Dr. Milton Guiberteau, President-Elect of the ABR, will provide updates on the activities of the ACR and ABR, respectively.

Last, but certainly not least, Jan Hargrave, EdS, MA, BS, nationally known expert on body language, will address the importance of nonverbal communication between physicians and patients. These speakers, along with several other top Texas speakers, will provide a unique and exciting program that we know you will want to attend. We thank you in advance for your support, and look forward to seeing you at the 2014 TRS meeting in Plano!

Dr. John Goodman, President and CEO of the National Center for Policy Analysis and author of the new book Priceless: Curing the Healthcare Crisis will deliver the inaugural Charles Craig lecture (cosponsored by the TRBMA) titled, “Living with the Affordable Care Act.” Dr. Geoffrey Smith, Vice President of the ACR, and Dr. Milton Guiberteau, President-Elect of the ABR, will provide updates on the activities of the ACR and ABR, respectively.

Radiation Oncology & Medical Physics Program Highlights

The combined Radiation Oncology and Medical Physics program at the 2014 TRS Annual Meeting promises to be exciting for all radiation oncology and medical physics members and residents. It will kick off with the joint session with diagnostic radiology focusing on pancreatic and hepatic tumors. Dr. Jeffery Meyer will address the advances and controversies in radiotherapy for pancreatic cancers. Dr. Snehal Desai will then give us an update on stereotactic body radiotherapy (SBRT) or stereotactic ablative body radiotherapy (SABR) in the management of primary and metastatic liver malignancies.

This year, our program primarily focuses on breast cancer radiotherapy, and our visiting professor is Dr. David Wazer, Chairman, Professor, and Radiation Oncologist-in-Chief at Tufts University School of Medicine. Dr. Wazer, an internationally renowned expert in breast cancer radiotherapy, will address the advances and controversies in breast cancer radiotherapy in his plenary lecture. In addition, he will also give us an update on accelerated partial breast irradiation (APBI) and critically review case presentations by residents. The attendees will certainly gain a lot from his presentations and experience. A unique aspect of the breast cancer radiotherapy session will be breast radiologist Dr. Andrea Placzek, who will review target delineation in breast cancer radiotherapy planning as well as the role of MRI in APBI.
The Doctors We Must Be (continued from front cover)

2. The Doctor’s Doctor. I’m sorry to say, many in radiology today have no memory of how our clinical colleagues once enjoyed the daily ritual of stopping in the radiology department to consult us on their patients’ imaging studies. This reinforced our status as a respected consulting colleague interested in patient care, but also fostered an environment of professional collegiality and friendship. When we are at the negotiating table of accountable care, we are going to need friends who appreciate our value in providing efficient care. I encourage you to welcome your clinical colleagues’ phone calls and visits. Assist them with both a diagnosis and a plan. Focus not only on the images, but also on the big picture of their patients’ needs.

3. The Hospital Leadership’s and Administration’s Doctor. This role has quickly become critical for our very survival. We must not allow ourselves to be perceived as hospital ancillary personnel quietly doing our shift. Hospital administrators and system leadership are going to demand radiologists be highly visible physician leaders assisting to manage costs related to radiology in the transition to patient-centered care where outcomes are more important than output. This is THE major culture change enveloping all of us in radiology. While we have obsessed over RVUs, we will now be expected to devise and implement performance metrics related to quality and safety, process improvement, and utilization management. We either shift from volume to adding real value to their systems, or we will become a commodity they can barter in a cannibalistic marketplace.

4. The Politician’s Radiology Doctor. Our state medical associations and clinical colleagues long ago mastered this skill, and it has served them well. No organization in the USA better demonstrates this than the TMA. Nearly every politician involved in healthcare policy now has a constituent physician serving as an unofficial policy advisor. Now that healthcare is a highly publicized political football, do radiologists fully comprehend how essential our engagement in our state capitals and in Washington, DC has become for our very survival? Through our legislative efforts, we are no longer viewed entirely with suspicion as another self-serving physician group asking for fewer cuts in our reimbursement. Rather, radiologists are earning a much deserved reputation of offering solutions to the quality and cost conundrums. Politicians are fascinated by what we do, our unique status, and the myriad of data, information, and tools we bring to the table. Yes, our TRS PAC (and RADPAC at the federal level) has helped buy that seat near the head of the table to make our case. However, it remains a very precarious position, unless all of us continue to contribute. Get acquainted with your State Representative or Senator as well as your Congressman so you, too, can become their radiologist.

5. The Radiologist’s Doctor. “Physician Heal Thyself!” None of what I present is possible without first taking good care of ourselves, our families, and those we love. These are stressful times, but only our own good health habits will enable us to thrive. Make that appointment for your annual checkup. Your family looks to you to secure their future. Your partners look to you to lead the team. You can do it, but you must take care of yourself first.

Don’t despair, as tough times never last forever. The demand for our services and expertise is guaranteed to grow. How we address that demand and shape it to assure radiology’s role as a respected profession in the house of medicine is the task before all of us. The TRS and ACR are there to guide us through these perilous times and provide us with tools essential to the task. The TRS has earned an outstanding reputation for leading throughout a century now. I urge you to join me in Plano for our 101st Annual Meeting on February 28th, 2014 to experience the beginning of the next 100 years of radiological excellence in Texas!
$500,000 Centennial Fundraising Goal - Almost There!

I. Ray Kirk, MD, FCR, TRS Foundation President

A little over two years ago, we set out with an ambitious goal to raise $500,000 over the course of two years with the TRS Foundation Centennial Campaign, culminating at the TRS 101st Annual Meeting in Plano. We’re on our way to meeting that goal, with almost $400,000 raised to date. Now we need your help to fully accomplish our goal and create a lasting legacy to ensure the future of the Texas Radiological Society. We want to continue the success of the 2013 TRS Foundation Centennial Gala by achieving our Centennial fundraising goal by the end of the TRS Meeting in Plano. The mission of the TRS Foundation is to carry out the educational and charitable interests of the TRS, and we do this through funding programs that foster leadership in our members, supporting educational endeavors of the TRS, resident education and research, etc.

There are many ways to give to the TRS Foundation, and one you may not know about is through our planned giving society, the Legacy Society. The TRS Foundation Legacy Society enables individuals to make planned charitable gifts to the TRS Foundation and leave a legacy for future generations. Planned giving provides you with multiple ways to support the Foundation including bequests, charitable remainder trusts, gifts of life insurance and retirement assets. Whatever the amount of your gift, your bequest will greatly benefit the Foundation and ensure a promising future for radiology in Texas.

Gifts to the TRS Foundation are tax deductible and directly help us fulfill the mission of TRS, the organization that represents the interests of the over 2,200 radiologists, radiation oncologists, medical physicists and residents in our state.

Please donate today and help us accomplish our $500,000 Centennial Fundraising goal!

2014 TRS Foundation Contribution Form

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

Name (please print):

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I would like to make a contribution to the TRS Foundation in the following amount:
☐ $100 ☐ $250 ☐ $500 ☐ $750 ☐ $1,000 ☐ Other:

☐ Check (made payable to "TRS Foundation")

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Card Number: ____________________ Expiration Date: ______________

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Name on Card: __________________________

Signature: __________________________

The TRS Foundation is a 501 (c)(3) tax-exempt organization with a public charity status under 509(a)(3). Donations are tax-deductible to the extent provided by the law. Federal EIN 76-035382.

In Memory of Vernon Medlin

Vernon Leon Medlin, MD, FACR passed away peacefully on August 18, 2013 at the age of 82, with his family at his side.

Born in Nashville, Tennessee, Dr. Medlin completed his undergraduate studies at Vanderbilt University, before attending the University of Tennessee Medical School Memphis where he earned his MD degree in 1955.

After medical school, Dr. Medlin completed three years of military active duty as a Captain with the United States Air Force serving as Flight Surgeon in the Strategic Air Command. While a radiology resident at the University of Mississippi Medical Center, Jackson, he continued military service as Flight Surgeon in the Mississippi Air National Guard.

In 1961 Dr. Medlin joined the radiology practice now known as the Radiology and Imaging Center of South Texas. He later practiced radiation oncology until his retirement in 2007.

Dr. Medlin organized the cancer center and registry program which lead to the development of the CHRISTUS Spohn Cancer Center. He also served as president of the Nueces County Medical Society and the TRS. Dr. Medlin was awarded the TRS Gold Medal for outstanding contributions in the field of radiology in 1990.
TRS Joins the ACR and TMA to Advance Choosing Wisely® Campaign

Recognizing that patients sometimes ask for tests and treatments that are not necessarily in their best interest, and that physicians often struggle with decisions about prescribing tests and procedures as a way of covering all possible bases, the ABIM Foundation has joined with leading medical specialty societies to develop evidence-based lists of tests and procedures for patients and physicians to question as part of Choosing Wisely®. First launched in April 2012, the campaign aims to help physicians, patients and other health care stakeholders think and talk about overuse of health care resources in the United States. Ultimately, Choosing Wisely aims to help patients choose care that is supported by evidence, not duplicative of other tests or procedures already received, free from harm and truly necessary. Sixty specialty societies have joined the campaign.

As part of its ongoing efforts to ensure safe, effective and appropriate use of medical imaging, the American College of Radiology (ACR) identified a list of five imaging exams whose necessity should be discussed before being ordered. The list provides evidence-based recommendations to support physicians working with patients to make wise choices about medical imaging care.

The ACR’s list of “Five Things Physicians and Patients Should Question” was developed after many months of careful consideration and review of existing professional guidelines and published evidence. TRS’s own Debra Monticciolo, MD, FACP, co-chaired the task force of expert physicians drawn from ACR membership.

ACR recommendations address the following:

- Imaging for uncomplicated headache absent specific risk factors for structural disease or injury
- Imaging for suspected pulmonary embolism (PE) without moderate or high pre-test probability of PE
- Pre-operative chest X-rays without specific reasons due to patient history or physical exam
- Computed tomography (CT) to evaluate suspected appendicitis in children until ultrasound is considered an option
- Follow-up imaging for adnexal (reproductive tract) cysts 5cm or less in diameter in reproductive-age women

Our radiation oncology colleagues have their own list, developed through the American Society for Radiation Oncology, which addresses the following:

- Use of shorter fractionation schedules for breast cancer
- Consideration of active surveillance for low risk prostate cancer
- Avoiding prolonged (>10 fractions) treatment schedule for bone metastases, and considering single fractions for appropriate patients
- Avoiding proton therapy for prostate cancer outside of a clinical trial
- Avoiding routine use of IMRT for breast cancer

Visit http://www.texmed.org/choosingwisely/ to download the ACR and ASTRO lists of “Five Things Physicians and Patients Should Question,” as well as to see the lists of more than sixty national medical specialties that have joined the campaign.

The Texas Radiological Society officially signed on to support the ACR and the Texas Medical Association in advancing the Choosing Wisely campaign among Texas physicians. Consumer Reports, the nation’s leading independent non-profit consumer organization, has also joined the campaign to provide resources for consumers and physicians to engage in important conversations about utilizing the most appropriate tests and treatments.

Resources are available to you for free download including a flyer on imaging tests for headaches, and a flyer in Spanish and English on using chest x-rays before surgery. To access these resources, visit http://www.acr.org/Quality-Safety/Resources/Choosing-Wisely-Resources.

To learn more about the Choosing Wisely campaign, visit: http://www.choosingwisely.org.
TRS Resident and Fellow Section Update
Kanchan Phalak, MD, Chair, Resident Fellow Section

This has been an eventful year for us as radiologists-in-training, from the 100th year celebration of the Texas Radiological Society (TRS) to changes in health care to the first ever American Board of Radiology computer-based Core Exam administration. For these reasons, I especially look forward to the Resident Fellow Section (RFS) session at the upcoming 2014 TRS meeting, February 28 – March 2 in Dallas, Texas.

In this special session for residents and fellows, Dr. Paul Ellenbogen, Chair of the ABR Board of Chancellors, will talk about the ACR and how to help protect our roles as radiologists. Dr. Milton Gubertetour, President-Elect of the ABR, will address the residents about the updated board exams and analysis after the first administration of the 2013 Core Exam. Additionally, residents will hear distinguished lecturers, including Dr. Maurice Castillo, who will talk about Neuroimaging, and Dr. Melissa Rosado de Christenson, who will present a topic on Thoracic Imaging specifically geared toward residents and fellows.

Our 2014 TRS RFS meeting also marks the creation of the first ever RFS Governing Council, which will include a representative from each radiology residency in Texas in an effort to promote more inter-residency interaction and broader resident participation in the TRS. This year, a new RFS Vice Chair will be elected specifically from this group of representatives by the general RFS assembly. Residents will also have the opportunity to present posters, mingle at the resident social, and participate in the annual RFS Radiology Jeopardy game, which is always a fun and lively event. I look forward to seeing you there!

Resident Poster Session: Call for Abstracts

Texas residents are invited to submit an abstract to the Resident Poster Session to be held during our 101st Annual Meeting in Plano, February 28 – March 2, 2014. Only work performed primarily by you during your residency or fellowship will be accepted. The purpose of the poster session is to showcase your research/interests, and thus the poster session is not limited to original (never-before-shown) work. A prize will be awarded to the presenter that wins the audience favorite poster award.

The full abstract application and more details can be found at www.bxrad.org/meeting.html, click on Attendees, then Resident Program. The abstract submission deadline is December 27, 2013. Contact christy@bxrad.org with questions.

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Upcoming Radiology Meetings of Interest

North Carolina Radiological Society: Breast Imaging Weekend Review Course
- January 10-12, 2014, Charlotte, NC

Society of Breast Imaging: Digital Breast Tomosynthesis Case-Based Review & Advanced Breast Imaging Course
- January 16 - 19, 2014, Orlando, FL

Society of Nuclear Medicine & Molecular Imaging: Mid-Winter Meeting
- February 6 - 9, 2014, Palm Springs, CA

ACR Annual Conference on Quality & Safety
- February 14-15, 2014, Scottsdale, AZ

Texas Radiological Society: 101st Annual Scientific Meeting
- February 28 - March 2, 2014, Legacy Marriott, Plano, TX

Society of Interventional Radiology: 39th Annual Scientific Meeting
- March 22 – 27, 2014, San Diego, CA

The Society of Abdominal Radiology (SAR): Annual Meeting & Educational Course

American College of Radiology Annual Meeting and Chapter Leaders Conference
- April 25-30, 2014, Washington, DC