“The Only Thing That is Constant is Change”

The wheels of change are upon us once again and continue to roll forward for medicine and our country in general. The presidential election was something of a spectacle and the results will impact the future of medicine for years to come. President Elect Donald Trump has proposed a repeal of Obamacare in its current form. Will this derail the current MACRA agenda and launch medicine into the capital free market platform? Doubtful, as some hybrid of the two will likely evolve. The fate of medicine has succumbed to political objectives and executive orders. As physicians, we can find consolation and comfort in practicing our trade as the platform of our future payment system is negotiated.

On the national front, the American College of Radiology continues to monitor the progress of change with Centers for Medicare & Medicaid Services (CMS) and the private insurance industry. CMS continues to adjust payment schedules in a stable but negative reimbursement trend. We have observed loss of medical services codes via bundling and reduction in billable codes. At this time, CMS economic incentives are directed toward hospital-based practices and accountable care organizations. With radical change in the form of a new President and his newly appointed cabinet, not to mention the House and Senate controlled by the Republicans, could this possibly evolve in a positive fashion? Hope is an emotion that feeds the spirit. Prayer is an action that nourishes the soul.

Insurance companies have continued to develop new Medicaid exchange products to appease the Obamacare initiative of providing universal health care coverage. What is the end result? American taxpayers bear the ever-increasing burden of medical expenses with double-digit increases in premiums and unsustainably high co-pays and out-of-pocket expenses. Will this be completely abandoned? Allegedly, a majority of the Obamacare plan will be repealed and/or reversed by executive orders. There is talk that coverage of pre-existing conditions and coverage of children under their parent’s or guardian’s policy until the age of 26 will be maintained. Stay tuned.

In an effort to reduce the cost of Medicaid exchange polices, the insurance industry continues to negotiate narrow networks of physician providers (exclusive contracts), accentuating the balance billing “out-of-network” problem. Public outrage with higher premiums and out-of-pocket expenses is growing. This anger was initially directed at physicians. But slowly, as legislators and consumers are educated on the issue, the frustration is rightly being redirected to the federal government and the insurance industry.

A relatively new issue adding to this growing frustration is known as the seamless conversion of senior coverage. It is legal for an insurer to transfer a consumer’s commercial plan to a Medicare product with only a 60-day written notice. If the person does not opt-out, the enrollment takes place automatically. Most seniors don’t know they have different coverage until they receive an out-of-network bill or a Medicare Advantage membership card with a new primary care provider listed. At the end of October, Medicare announced it would temporarily bar new insurers from seamless conversion. We don’t know yet how all this will play out.

continued on page 11
“Island Time” awaits you in Galveston for the TRS 104th Annual Meeting April 7-9, 2017 at the Moody Gardens Hotel & Spa. Take advantage of the many activities Galveston and our venue have to offer! The resort has a plethora of attractions awaiting you, including nearby Moody Gardens, which showcases the Rainforest, Aquarium, and Discovery pyramids.

The Annual Meeting program includes a series of robust sessions 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. The audience response system and Break the Case will keep the sessions engaging, interactive and fun, all while getting your SAM, ethics and modality credits. And, of course, we have built in plenty of time for you to reconnect with old friends and colleagues in a relaxed setting. A welcome reception is planned for Thursday evening. On Friday night, we will have our Awards Banquet where, among other things, we will honor our 2017 TRS Gold Medal recipient, Dr. Cynthia S. Sherry, and award our 3rd annual Guiberteau Award for Resident Excellence. On Saturday evening, you’ll be on your own to enjoy the many sights and sounds of the island or stay put to enjoy the amenities our venue has to offer. Soak in local history in just one of the many museums, shop on the Strand, play on the Pleasure Pier or savor some delicious Gulf coast seafood – there’s a little something for everyone!

The TRS 104th Annual Meeting is sure to be a spectacular meeting. Look for registration details in your inbox and your mailbox in early 2017!
The combined Radiation Oncology and Medical Physics program will be a strong educational experience for radiation oncologists, medical physicists, and residents training in these fields.

Beginning on Friday, April 7th, the meeting will start with an integrated joint session. The lectures will include discussions and case presentations of prostate cancers, a lecture on leadership within large practice groups, and a presentation over lunch on value added medicine for the radiologist.

On Friday afternoon, Dr. David Sher from UT Southwestern Medical Center will offer a review course in head and neck cancers. This will be followed by a medical physics session where some of the technical challenges associated with head and neck (HN) cancer radiotherapy will be discussed. Dr Neil Kirby will discuss deformable registration and dose summation in HN cancers, followed by two resident lectures on the use of MRI for HN planning and novel methods for QA of HN IMRT plans. The afternoon will conclude with four radiation oncology resident presentations.

On Saturday, the lectures will focus on lymphoma, beginning with a review course offered by Dr. Christopher Kelsey from Duke University Medical Center. Dr. Kelsey is the visiting professor this year. Dr. Courtney Pollard will continue the morning session with a review and discussion of interesting lymphoma cases. After our coffee break, we will continue with the medical physics portion of the lymphoma theme with Dr. Melinda Chi discussing the role of modern radiotherapy techniques in the treatment of lymphoma. Two medical physics resident presentations on TBI planning and delivery techniques will conclude the lymphoma session.

Finally, we will have two radiation oncology resident presentations, the first on the Impact of Baseline Cachexia in NSCLC on Radiation Therapy Utilization & Survival, and the second on SBRT vs. Lobectomy in Veterans with Stage I Non-Small Cell Lung Cancer.

After lunch, the meeting will conclude with two joint education presentations in the form of updates from the ACR and ABR.

We hope you will join us for this exciting program in Galveston!

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2017 Gold Medalist

Cynthia S. Sherry, MD will receive the TRS Gold Medal for her thoughtful and dedicated service to both the field of radiology and healthcare. Through her leadership, Dr. Sherry has helped the TRS and the ACR share our voice and expertise in key leadership roles and negotiations. Additionally, the culmination of her efforts produced the ACR’s Radiology Leadership Institute. Dr. Sherry has been a tireless advocate and scholar in promoting the advantages of radiology in leading healthcare reform.

Business Managers Also Welcome in Galveston!

Because we know the value your business leaders bring to your practice, the Texas Radiology Business Manager’s Association (TRBMA) is excited to invite them to join their Chapter Meeting which is being held in conjunction with the TRS Annual Meeting at the Moody Gardens Hotel in Galveston. They will not only participate in a valuable educational program with content specific to radiology business management, but also have the opportunity to develop professional networking contacts and resources which will be valuable to your practices’ success.

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2017 SCHOLARSHIP OPPORTUNITIES AVAILABLE

Moody Gardens Hotel & Spa | Galveston, Texas | April 6-7, 2017

Available to first time attendees or attendees that have not attended in the past 5 years. Limit 2 per company. Includes:

- Conference
- Thursday Night Networking Event
- Hotel Accommodations

For details, visit, like or follow rbma.org/texas or @trbma.

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2016 Interim Leadership Meeting
Renita Fonseca, CMP, Executive Director, TRS

Thirty-one TRS leaders met at the La Torretta Lake Resort & Spa in Montgomery, Texas for the 2016 TRS Interim Leadership Meeting over the weekend of August 19-21, 2016.

Various boards and committees met over the course of the weekend, including the Finance Committee, the TRS and TRS Foundation Boards, the Board of Advisors, and the Texas Council to the ACR. In addition, the TRS Foundation conducted its very first Strategic Planning Retreat on Friday.

When members were not in meetings, they were able to take advantage of the beautiful spa and other resort attractions along with their family members. On Saturday night, the group enjoyed a lovely dinner overlooking Lake Conroe at the Lakeside Restaurant.

Some of the issues discussed at the Interim Meeting include:

- Obtaining licensure for Radiologist Assistants through the Sunset process
- Continuing efforts to get the remaining private payors to provide reimbursement for Digital Breast Tomosynthesis
- Strategies for addressing the Balance Billing issue in the next legislative session
- Selecting the new Omni Frisco Hotel as the venue for the 2018 TRS Annual Meeting
- Moving forward with technological improvements, including a more reliable email system for TRS staff and a new association management software for managing TRS member data, meetings and donations
- Participating in the ACR’s new online community - Engage
- The need for TRS members to participate in the field review process for ACR’s Practice Parameters & Technical Standards
- Clarifications on the qualifications for ACR fellowship, and
- The ACR and TRS’s opposition to the VA proposal to expand practice authority to APRNs

The new governance structure of the TRS has proven to be effective in making the TRS leadership meetings more productive while still keeping volunteer leaders engaged and in-the-know about state and national issues affecting their practice. We want to remind everyone that all TRS leaders pay their own way to these meetings, and so we take this opportunity to thank our wonderful TRS leaders for donating their time, treasure and talent to serve the TRS!

RFS Monthly Webcasts
Tessa Hudspeth, DO, Chair, Resident & Fellow Section

Back by popular demand! Monthly webcast lectures sponsored by the TRS and organized by the Resident & Fellow Section have resumed for the 2016-2017 academic year. To kick off this year’s lecture series, Dr. Aliya Qayyum from MD Anderson Cancer Center spoke on Cystic Diseases of the Liver.

Each month, a Texas radiology residency program hosts a clinical conference which is simultaneously broadcast to other programs. The goal of this program is for residents across the state to benefit from the best and brightest professors and lecturers each program has to offer. Topics have varied in the past with the goal of making them beneficial for trainees at all levels. While we primarily focus on fundamental radiology topics, we also try to include at least one business or finance-related lecture each year. In October we were excited to welcome Dr. John Heymann from UTMB who discussed financial and retirement planning for young doctors.

These monthly webcast lectures have been overwhelmingly popular with residents and we are excited for the year ahead! Look for more information on the TRS Resident Section Facebook page.
Greetings from Galveston!

I encourage you to attend the upcoming TRS Annual Meeting, April 7-9, 2017, at the Moody Gardens Hotel and Spa right here in Galveston! As a resident, I have attended the last two conferences and have been impressed with the excellent and informative lectures and enjoyed meeting with residents from different programs all over the state. The meeting is also a great opportunity for residents to present posters, which I highly recommend.

As a current resident at UTMB, I can attest to the great weather that time of year, with cool mornings and highs in the 70s. Outside of attending the conference, there are many leisure activities to enjoy, including shopping on The Strand, taking your family to Moody Gardens, and of course enjoying the excellent local seafood, perhaps while taking in the scenic view of the Gulf of Mexico. April can be a bit chilly for a trip to the beach, but you might try bird watching at High Island, a world-famous locale for observing the height of the neotropical spring bird migration.

As some of you are currently applying for a fellowship position, I wanted to mention my recent experiences of applying for a position through a non-match process. It was difficult approaching this type of application, as most medical school and residency applications use a match system. The timeline for when applications opened varied from program to program, each with different requirements, so it took a bit of effort to find all this information. Because of these varying timelines, I received offers from some programs before other programs had even looked at my application. This made for a difficult decision: whether to accept an offer or risk declining an offer to see what another program could provide. The non-match process makes for a lot of headaches, indecision, and “what if” moments, but there are also a few good features to this process. One is that you can secure a position much earlier and can stop interviewing, which can save money and precious vacation days. On the other hand, you may not get the opportunity to interview at other programs because of short offer deadlines.

In the end, I accepted an offer that worked best for me, but it was an interesting process. My biggest recommendation is getting your paperwork done ahead of time and applying early. This is critical as programs can fill quickly. Good luck to the residents currently applying!

**DID YOU KNOW?**

### Crazy Cool Kaleidoscopes

Dr. Paul Ellenbogen, past president of both the TRS and the ACR, is a collector of fine kaleidoscopes. According to Dr. Ellenbogen, “Kaleidoscopes are optical instruments that use mirrors to produce changing symmetrical patterns. Most accounts credit the invention of the kaleidoscope to Sir David Brewster, a Scottish physicist, in 1816. The name comes from the Greek words *kalos, eidos* and *skopios* meaning beautiful, form, and view, respectively. I began collecting scopes in 1989, and my collection now includes 36 kaleidoscopes with my most recent acquisition in 2015.”

Dr. Ellenbogen notes that each one is distinct. He chose the scopes that he owns based on several factors, including unique design elements, the exterior beauty of the device, and the beauty of the optical pattern. Some are wooden; others are ceramic, metal or glass. The optical patterns are round, rectangular or multifocal. “The best scopes contain oil so that movement of the optical pattern is smooth and continues for a short time after you move the device,” says Paul. “These works of science and art are displayed throughout my home. I am a member of the Brewster Kaleidoscope Society and I have constructed one kaleidoscope myself.”

The photo shows Dr. Ellenbogen with some of his favorite kaleidoscopes.

Do you have an interesting story, passion or hobby that you’d like to share? Feel free to email Courtney Velek at Courtney@txrad.org or post on the TRS Facebook page.
It is simple: If you’re early, you’re on time. If you’re on time, you’re late. If you’re late, don’t bother showing.” Hall of Fame NFL coach Vince Lombardi is credited with that quote, and he knew how to motivate and inspire his players to succeed. This quote rings true for the legislative process in Texas as well - timing is everything. As radiologists, we need to be prepared with our agenda early so that we are “on time” to advocate on behalf of our patients and our profession.

Legislators will report to Austin for the 85th Legislative Session on Tuesday, January 10, 2017, and will conclude just five short months later on Monday, May 29th. That brief timeline is compressed even further when you consider the various deadlines and rules under which legislators operate. All of this means that there is a very short timeframe in which we can influence the policy makers who have the power to support or oppose our professional interests and those of our patients.

We are already monitoring potential legislation from health plans and misguided legislators that would undermine our right to collect fair payment for our services.

In contrast to the 2015 session, policy makers will be greeted with a much tighter budget situation than was forecast two years ago. Current revenue collections continue to decline, and with no major economic relief in sight, the budget outlook continues to worsen and the pressure on legislators will only increase. Additionally, legislators have a number of big ticket items they didn’t fully fund last session that will need to be paid for right when they arrive. These budget constraints will impact the entire session, touching every policy area. Plainly speaking, the budget can, and very well might, push all other issues to the sidelines.

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 2017:

$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: __________  CVS 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.
Historically, radiation oncology facilities were located in basements of hospitals, where shielding wasn’t as much of an issue. Like radiologists in their dark rooms, earlier radiation oncologists were rightly accused of not getting out in the sun much. Dr. Lee Schlichtemeier, radiation oncologist in Bryan, Texas, did more than step out in the sunshine; he holds an unusual distinction of being a world class skydiving judge. The obvious question is, “How does one get to be an international skydiving judge?” Lee started at the beginning with me.

About 25 years ago, at age 45, Lee took his first jump. He had bought his wife, Carol, a tandem jump as a birthday present, and after she went, she encouraged him to go, too. After about two weeks of wrestling with various fears, especially fear of heights and of further injury to his back and neck, the male ego won out and he made his first tandem jump. He was hooked.

Lee made 4 tandem jumps before taking solo lessons. When asked to describe the experience, he said, “On the first three jumps I was relatively calm on the airplane ride to altitude, only developing anxiety when the door on the airplane was opened and we were ready to jump. On the fourth jump, I was anxious on the ride to altitude and calmer when the door opened. From then on, throughout my skydiving career, if you saw me in the airplane on the ride to altitude, you would think it was my first jump, me always checking my rig (harness, container, parachutes) and fidgeting around. As soon as the door was opened, my pulse slowed, my blood pressure dropped, and I knew that I was ready to jump. It is as if I feel more comfortable in freefall than in an airplane.”

He elaborates, “Skydiving is a completely unique experience, unlike anything else that I have ever done. The physical feeling is about the same as if you stood up in the back of a pickup traveling about 90 miles per hour and spread your arms out to catch the wind,” but with a much different adrenaline rush.

When asked about the danger factor, Lee said, “You prepare for it by assessing the risks involved and then doing everything you can to minimize the risks and maximize the benefits. You control the risks of driving an automobile by being a careful driver, wearing seat belts, not driving while intoxicated, obeying the traffic rules, driving defensively, not doing distracting things. You prepare for skydiving, or any other adrenaline sport, by doing the same type of things. When you do that, the risks are quite small.”

In 1993, Lee and Carol created Skydive Dallas, northeast of Dallas, and owned it for 23 years, selling it in 2016. Skydive Dallas was the host drop zone for several of the skydiving disciplines for the 1995 and 1997 National Skydiving Championships. Lee stated he had always had an interest in competition, though he was never a national competitor himself. In 1997, he was elected the Southwest Region Director of the United States Parachute Association and almost immediately was chosen to be team manager of the U.S. Parachute Team to compete in Croatia at the 1998 World Parachuting Championships. One of the senior judges came to him and said it was about time for him to get a judge rating, so he did! Lee served on the USPA Board of Directors for 16 years.

Apparently, there are several different skydiving disciplines and one can be rated to judge at regional, national and international levels. After judging for many years nationally in various events, a friend urged him to get a Canopy Piloting (the ‘swoopers’ that you see on TV) rating, so he did that, in Houston, in 2009. Lee has subsequently judged every national canopy piloting championship since that time, and two years ago received his international judge rating in that discipline.

His first World Parachuting Championship judging was in Dubai in 2012, which he called “a fabulous experience, both at the highest level of skydiving judging and also to be in Dubai for 16 days.” He doesn’t still skydive himself, though. “My neck is in such poor shape (and I have had surgery, too) that the risks are just too great to go back to jumping. But, I do miss it greatly.”

Lee’s total judging activities (in various skydiving disciplines) have included fifteen U.S. National Championships, three Collegiate National Championships, and three International Championships. In September, 2016 he was the assistant meet director for the World Parachuting Championships with 800 competitors and over 1,000 total attendees.

This year, Lee was selected by the U.S. Parachute Association Board of Directors to receive the 2016 USPA Lifetime Achievement Award, the highest award of the USPA. He will receive the award in February, 2017. Congratulations!
For over 100 years, the Texas Radiological Society has supported radiologists with cutting edge training, fellowships, scholarships, and much more, and the TRS Foundation wants to ensure future radiologists receive the same opportunities.

We ask that you look to the future with us and consider how you can impact radiology in Texas and the communities we serve. Consider making a Legacy Society gift so you can start seeing the benefits of your generosity today! The Legacy Society honors major gifts of $50,000 and above in a special way, as they ensure a significant legacy and a promising future for generations of radiologists in Texas.

Your major gift can be commemorated in any number of ways, such as attaching your or your group’s name to a lectureship, fellowship, scholarship, or other appropriate vehicle supporting the mission of the TRS Foundation.

Alternatively, our planned giving program allows you to make arrangements for a gift to be made as part of your estate. Estate gifts can provide significant tax benefits for your heirs. Equally important, you will make a tremendous and lasting impact on radiology in Texas for generations to come.

I hope you will consider supporting the future of radiology in Texas by joining the Legacy Society or by including the TRS Foundation in your estate planning. Of course, ongoing contributions of any amount are also welcome. On behalf of the TRS Foundation, thank you for your thoughtful consideration and support. We hope to hear from you soon!

Please contact Christy McDonald with the TRS Foundation at 512-297-9587 or at

2017 TRS Foundation Contribution Form

Please return this contribution form along with payment to:
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☐ $100  ☐ $250  ☐ $500  ☐ $750  ☐ $1,000  ☐ Other: __________________________

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Card Number: ___________________________ Expiration Date: __________

Billing Address: ___________________________ Billing Zip Code: __________

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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.
Doctors Must Reinstill Sense of Duty
Sidney C. Roberts, MD, FACR

I am a physician. Being a doctor defines me. Whether I am seeing patients in my Cancer Center or dining at a restaurant, I am Dr. Roberts. I have expectations of myself in my role of physician, certainly. But the broader community has expectations of me, as well - expectations of competence, compassion and especially availability. Surveys and patient satisfaction scores, however, show that physicians are not meeting those expectations.

I see two broad reasons for this disconnect. One is related to how we practice medicine in the 21st century (in front of a computer rather than in front of our patients). The other has to do with what we see our role to be as physicians.

As a member of my hospital’s Performance Improvement Committee, patient safety is our primary concern. Too often, though, we get bogged down in an ever-increasing slough of statistics. Some data we need to track (mortality rates, infection rates, etc.) but other data (such as whether patients think the bathroom is clean enough) are, to put it mildly, distracting.

Chasing data has become the focus of American medicine, and the individual patient has been lost in the process. On top of this is the stress and frustration of working with a bloated and perversely incentivized health-care bureaucracy that views every failure to dot an “i” or cross a “t” as fraud and abuse. Not surprisingly, not only has patient satisfaction declined, but physician satisfaction with the practice of medicine has tanked as well.

It isn’t simply about computers and bureaucracy. Since I started practice in 1991, the percentage of physicians in private practice has dropped dramatically. “The New England Journal of Medicine’s” CareerCenter website posted that physicians coming out of residency are increasingly gravitating toward contracted rather than private practice positions. Anecdotal reports put the desire to be employed as high as 80 percent. Various reasons are given, including the uncertain direction of health-care reform, declining reimbursement and rising overhead costs. Increasingly, physicians just want to show up at work, practice medicine (without having to deal with administrative and insurance issues), and then go home. They believe that employed positions offer a more predictable work schedule than private practice.

This growing employment model, not just among millennials, coincides with a major shift in attitude among physicians about their role - dare I say duty? - when it comes to patient care. “Becker’s Hospital Review,” an industry magazine, noted that physicians increasingly expect their affiliated hospitals to provide compensation for on-call coverage, which used to be an expectation of all physicians who had hospital privileges. By 2001, nearly two-thirds of health care organizations provided call pay to at least some physicians.

In our hospital committee meetings, we - the self-selected 10-percenters who are involved in medical staff leadership - bemoan the loss of a sense of citizenship among physicians. We opine on the privilege of being on a medical staff, and that there are responsibilities that come with those staff privileges. Ultimately, we just want our fellow physicians to “do what is right.” That simple ethical imperative is the heart and soul of the practice of medicine. Not just doing what is expedient. Certainly not just doing what you hope (or demand) to get paid for.

I fear this is where we are in medicine today. Being a physician is no longer a profession - a calling, a responsibility - it is simply a job. The art and practice of medicine has been reduced to a series of individual transactions, each separately identified in an ever-complex system of billing codes, rather than an ongoing relationship not just between doctor and patient, but between doctor and community.

How can we recover the profession? How do we reinstill a sense of duty? Of moral obligation?

Medical schools have the initial obligation to provide a strong ethical foundation for the practice of medicine. But organizations that provide ongoing training and continuing medical education are responsible as well. The Texas Medical Board requires two ethics and/or professional responsibility CME credits every 24 months as part of a total of 48 credits required.

continued on page 11
Only Constant is Change (Continued from front page)

On the local front, we are facing even more issues as the 85th Texas Legislature convenes in January. Budgetary issues will be the main focus of this legislature. The issue of balance billing is being addressed at the state level by the Texas Medical Association (TMA) and TRS liaisons. This is a unifying issue among the members of the Texas house of medicine. The TMA has identified that the insurance industry regulatory body, the Texas Department of Insurance, has been largely ineffective in its designated role.

TRS lobbyist Michael Grimes, in conjunction with the TMA and other special interests, is providing insight and the appropriate direction for TRS board and membership to address these issues. As a TRS member, we encourage you to reach out to your local and federal representatives in support of the TRS position on balanced billing and narrow networks. We can provide talking points to you when the time comes to make these calls. The TRS will stay abreast of these important issues and remain active as we move into 2017.

Also on the horizon, we have the 104th Annual TRS meeting in Galveston (April 7-9, 2017) and the Annual ACR meeting in Washington, DC (May 21–25, 2017). Mark your calendars now for these two great meetings.

I wish you all a happy and prosperous New Year in 2017.

Thank you for your participation in the TRS!

3 Actions for Radiologists to Prepare for MIPS

The MACRA Final Rule requires that physicians begin reporting under the new payment system as early as January 1, 2017, so radiologists need to be proactive.

1. Participate in ACR’s National Radiology Data Registry (NRDR), a Qualified Clinical Data Registry (QCDR), to help your facility compare its data with Registry (QCDR), to help your referring clinicians, introduce imaging appropriateness, clinical decision support, and radiologist led education to your fellow caregivers.

2. Participate in R-SCAN to help build collaborative relationships with referring clinicians, introduce imaging appropriateness, clinical decision support, and radiologist led education to your fellow caregivers.

3. Utilize the Neiman Health Policy Institute Inpatient Cost Evaluation Tool (ICE-T) Study costs across multiple clinical condition groups and compare your practice’s own charges and costs.

http://goo.gl/nBsVu6
https://rscan.org
http://www.neimanhpi.org

Sense of Duty (continued from pg. 9)

The Texas Medical Association, which has more than 48,000 physician and medical student members, offers 62 ethics-related CME courses ranging from communication skills and dealing with difficult patients to stress and burnout and HIPAA compliance. However, there is not a single course on basic ethical principles, which have guided the practice of medicine in Western civilization for centuries. Maybe that is because an ethical imperative to “do what is right” presupposes we know (and are willing to agree on) what “right” is.

The United States Conference of Catholic Bishops produced a document - Ethical and Religious Directives for Catholic Health Care Services - which guides all Catholic healthcare institutions, including CHI St. Luke’s Health hospitals. Physicians of all faiths would be well served to read and abide by these directives, which first and foremost stem from a sacred view of human dignity. If nothing else, physicians should re-read the Hippocratic Oath, which for centuries has united physicians in a common, patient-centered cause.

Finally, we should look to physician role models around us. The Lufkin/Angelina County Chamber of Commerce hosts an annual Salute to Healthcare banquet where they honor a Healthcare Professional of the Year, Nurse of the Year, Individual of Merit, and a Lifetime Achievement Award winner. In November, I had the honor again of emceeing the event. As I announced the Lifetime Achievement award recipient, I emphasized the award is not just about showing up at work for 40 years and then retiring. That’s just doing your job. What we honor each year is the extra - the above and beyond - that exemplifies a career marked by service not just to patients but to society. I hope that by honoring those who set a great example of leadership, compassion, and generosity over and above medical skill, younger physicians will be inspired to follow these examples of care beyond the dollar.

I challenge my physician colleagues, young and old alike, to “do what is right” by all patients. This is your profession, if you will still claim it.
The TRS has earned the American College of Radiology’s Overall Excellence Award (Div. D) seven times in the last nine years!

We have also won awards for Excellence (Div. D) in:
- Communications (2009, 2007)
- Meetings/Education (2005)
- State with Most Contributors to RADPAC (2012)

Upcoming Radiology Meetings of Interest

NC Radiological Society: 19th Annual Ultrasound Weekend Review Course
• March 3-5, 2017, Charlotte, NC

Society of Interventional Radiology: 42nd Annual Scientific Meeting
• March 4-9, 2017, Washington, DC

AIRP Thoracic & Cardiovascular Categorical Course
• March 20-23, 2017, Silver Spring, MD

The Society of Abdominal Radiology (SAR): Annual Meeting & Educational Course
• March 26-31, 2017, Hollywood, FL

Texas Radiological Society 104th Annual Meeting
• April 7-9, 2017, Moody Gardens Hotel & Spa, Galveston, TX

ACR2017 Crossroads of Radiology
• May 21-25, 2017, Washington, DC

AAPM Annual Meeting
• July 30-August 3, 2017, Washington, DC

Winner of


The ViewBox Winter 2016-2017
 Sidney C. Roberts, MD, FACR, editor