

The Annual Convention for the American Osteopathic College of Radiology was held at The Palazzo Resort-Hotel-Casino in Las Vegas from April 23-27. An outstanding program was presented under the direction of Dr. Paul Willman of Wayne Memorial Hospital in Goldsboro, N. C. The educational experience was exceptional, and I was warmly received by a record number of attendees of 330 radiologists.



ACGME

Information regarding ACGME's position on postgraduate education of osteopathic applicants has been under discussion for almost a year. The initial position has not been completed as of this date, although

the final vote on this was expected by June 2012. It appears to be under reconsideration with the final vote rescheduled to September 2012. There are great concerns from all areas of radiology, both on the osteopathic and allopathic side, regarding the ACGME position that is preliminary but could have far reaching effects on all radiology. Your college has assigned an ACGME Task Force to assist in overcoming the undesirable effects of this recent ACGME proposal. Dr. Bruce Wolf will chair this task force under the supervision of your board of directors. As this unfolds, we will provide you with any substantiated information.

POSTGRADUATE EDUCATION

With the rapid development of new osteopathic colleges of medicine, it is essential that our profession initiate and develop additional training sites for postgraduate education. Please consider this a request to evaluate your hospital or practice community for initiating radiology residencies or fellowship programs. It is my goal as your president to initiate and develop at least 20 percent more radiology residency programs under the osteopathic flag during my tenure.

CONTINUING MEDICAL EDUCATION

2012 initiated an outstanding start in educational programs for our profession with the recently completed Las Vegas meeting. Make your plans for attendance in some wonderful programs on the horizon.

This includes the 2012 Mid Year CME program which will be held in Novi, Mich., at the Baronette Renaissance Hotel Thursday, Oct. 11, through Sunday, Oct. 14. You will be able to earn 27 Category 1-A CME credits at "Multimodality Women's Imaging Including Multidisciplinary Breast Health." The co-program chairs will be Claire McKay, DO, and Rocky Saenz, DO.

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AOCR Executive Director Announces Plans to Retire in 2013



*Executive Director
Pamela A. Smith*

At the 2012 Annual Meeting of the Board of Directors, AOCR Executive Director Pam Smith announced plans to retire next summer following 35 years of service with the College. Following four years as the Administrative Assistant to the President of the Kirksville College of Osteopathic Medicine, Pam joined the AOCR staff as its first full-time employee on Dec. 1, 1978. In 1986, she also assumed administrative responsibility for the AOBR as well as the AOCR Education Foundation which was incorporated that year.

"Leaving will be difficult, but I am so proud of the staff and I know that I am leaving the organizations in very capable hands," Pam stated. Throughout the coming months Pam will be training the staff to take over her roles. Next summer, Carol Houston will become the new AOCR Executive Director and Erin Maulsby will assume responsibility for the AOBR. The AOCR Education Foundation will be under the direction of Jessica Roberts.

"I have enjoyed watching the organizations grow over the years and the opportunity to represent our members," Pam said. "The staff and members have become a second family and I will miss everyone." She is looking forward to spending her retirement with her family and friends as well as spoiling her grandchildren as often as possible.

**THE VIEWBOX will be
going digital. SEE PAGE
PAGE 19 TO CONTINUE
RECEIVING A PRINTED COPY.**

Upcoming CME

Multimodality Women's Imaging Including Multidisciplinary Breast Health

The Baronette Renaissance Hotel

Novi, Mich.

Co-Program Chairs: Claire McKay, DO, and Rocky Saenz, DO

October 11-14, 2012

Offering 27 Category 1-A credits

This is the last remaining CME activity in the 2010-2012 cycle.

Radiology Essentials

The Westin Beach Resort & Spa

Fort Lauderdale, Fla.

Program Chair: Les Folio, DO

April 22-26, 2013

Offering a minimum of 30 Category 1-A credits

AOCR CME Requirements

Per the AOCR Bylaws, "Active, Associate and Candidate members who are subject to the Continuing Medical Education (CME) requirements of the AOA shall maintain the required 120 hours during a designated three (3) year period, of which a minimum of 25 hours shall be AOCR sponsored CME activities in Category 1-A. Life, Retired/Active and Retired/Associate members shall be exempt from AOCR-CME requirements."

AOCR Examination Schedule

CERTIFICATION EXAMINATIONS

EXAM	DATE/LOCATION
DIAGNOSTIC RADIOLOGY WRITTEN EXAM Part I - Physics (Sunday) Part II - Diagnostic Imaging (Saturday)	September 22-23, 2012 Hilton Chicago O'Hare Chicago, IL
RADIATION ONCOLOGY WRITTEN EXAM	September 22-23, 2012 Hilton Chicago O'Hare Chicago, IL
DIAGNOSTIC RADIOLOGY ORAL EXAM	May 16-18, 2013 Chicago Marriott Suites O'Hare Rosemont, IL
RADIATION ONCOLOGY ORAL EXAM	May 16-18, 2013 Chicago Marriott Suites O'Hare Rosemont, IL
SUBSPECIALTY (CAQ) EXAM	May 16-18, 2013 Chicago Marriott Suites O'Hare Rosemont, IL

RE-CERTIFICATION EXAMINATIONS

EXAM	DATE/LOCATION
DIAGNOSTIC RADIOLOGY	October 13, 2012 The Baronette Renaissance Hotel Novi, MI <i>Held in conjunction with the AOCR Mid Year Conference</i>
	May 15, 2013 Chicago Marriott Suites O'Hare Rosemont, IL <i>Held in conjunction with the AOCR Oral Examinations</i>
RADIATION ONCOLOGY	May 16-18, 2013 Chicago Marriott Suites O'Hare Rosemont, IL <i>Held in conjunction with the AOCR Oral Examinations</i>
SUBSPECIALTIES (CAQ)	May 16-18, 2013 Chicago Marriott Suites O'Hare Rosemont, IL <i>Held in conjunction with the AOCR Oral Examinations</i>

Now Accepting Nominations for Fellowship

Due Oct. 1

Members who by outstanding contribution to the healing art, to the practice of radiology, to research, or for such other meritorious services have reflected credit upon this organization and the osteopathic profession at large may be nominated for fellowship. Any member of the college may nominate another member. Each nomination is presented to the Committee on Ceremonial Procedures, Fellowship, Honors, and Memorials for evaluation.

Nominees for fellowship are due no later than Oct. 1 each year. Nominations must include a CV, completed FAOCR Criteria Sheet, letter of recommendation and a photo suitable for publication. The FAOCR Criteria Sheet is available through the AOCR office by contacting carol@aocr.org or 800-258-2627.

viewbox

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MISSION STATEMENT

The AOCR is committed to representing and advocating the interest of osteopathic radiologists.

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Multimodality Women's Imaging
Including Multidisciplinary Breast Health

Renewed your membership?

The 2012-2013 dues statements have been sent out. Please renew your membership to ensure uninterrupted member benefits.

Payment options include:

- Check made payable to the AOCR
- Credit card by telephone (Visa, American Express, MasterCard, or Discover)
- Online at www.aocr.org via your member portal

If you have any questions about your membership status or if you have misplaced your dues statement, please contact the AOCR office at 800-258-2627 or email carol@aocr.org.

Between Surgery, Pathology, Radiology, Medical Oncology, and Radiation Oncology

Thomas M. Anderson, DO, FAOCR

The American Osteopathic College of Radiology's section of radiation oncology members comprises only a small percentage of our total college membership. However, we represent the AOCR/AOBR on issues related to therapeutic radiology and are frequently asked to review policy changes related to our sub-specialty. Just as over the past decade the field of radiology saw many changes and advancements, the field of radiation oncology has made significant advancements through the development of many modern radiation therapy techniques and equipment.

Over the past decade our field has seen the development of intensity radiation therapy techniques (IMRT), on-board imaging for daily positioning and localization (IGRT), sophisticated computerized planning for both external beam radiation therapy and the development of stereotactic radiosurgery, a marked increase in radiation therapy implant techniques (brachytherapy), and the development of many targeted therapies in conjunction with our medical oncology colleagues.

Approximately 60 percent of all patients diagnosed with cancer will receive radiation therapy during their course of initial therapy or subsequently during their treatment process. The number of radiation therapy facilities has grown and the demand for additional radiation oncologists is high. The management of a cancer diagnosis is a team approach. Each patient deserves a multidisciplinary team approach before embarking on a definitive course of therapy.

Currently, the American Osteopathic Board of Radiology (AOBR) has 26 AOBR certified radiation oncologists. Nine members have obtained time-limited board certification, which came into effect in 2002. The AOBR radiation oncology section has prepared a two hour oral recertification examination that will be given annually during the oral board examinations, typically administered in May. The examination will cover eight sections in the field of radiation oncology and upon successful completion the candidate will become recertified. Additional information regarding the recertification process can be found on the AOCR website under the AOBR tab.

I encourage our AOCR radiation oncologists to become involved with our college and board and ask, if interested, that you contact the AOCR or AOBR office. We appreciate members willing to review policy changes, submit written questions for the written board examination and assist with the oral examination process.

...continued from page 1

The 2013 Annual Convention will be held April 22-26, 2013, in Fort Lauderdale, Fla., at the Westin Beach Resort and Spa. The program is "Radiology Essentials" and program chair will be Les Folio, DO, from the National Institute of Health in Bethesda, Md.

RECOGNITION

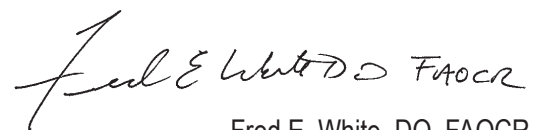
At the awards ceremony, I recognized Pam Smith, our executive director, Rhonda Boehner of the Committee on Post Graduate Education, Carol Houston of the Committee on Evaluation and Educational Standards, and Jessica Roberts of communication integration for their outstanding contributions to their college. We are so fortunate to have these individuals on our corporate team.

Fellowship of the college was awarded to Drs. Ronald Alexander and Deborah Hellinger. Dr. Mark Finkelstein received the Dr. Floyd J. Trenery Memorial Medal for his service to the AOCR didactic program. Many awardees' family members and friends were in attendance to recognize their wonderful contributions to the college.

As your 63rd president, I was fortunate to have many family members and friends in attendance. I presented a short overview of the growth of the osteopathic profession and correlated it to

happenings within our country during those time frames. After the awards ceremony, an outstanding reception was enjoyed by all with significant participation. By the end of the evening, it was interesting to note many people were still in attendance when they essentially asked us to leave the reception hall. The wonderful evening was sponsored by Apex Radiology of Southern California, Michelle C. Walters, DO, Osteopathic Physicians and Surgeons of California, and UNT Health Science Center-TCOM.

As we proceed through 2012, we have many challenges in medicine, and certainly in the profession. As always, it is a time of greatest demand that the profession always stands tall and takes the high road to accomplish those things that are beneficial to our patients' medicine and to our college. Please join with us to fight to keep our profession in our nation as the model and leadership of the world.



Fred E. White, DO, FAOCR

Scientific Exhibits

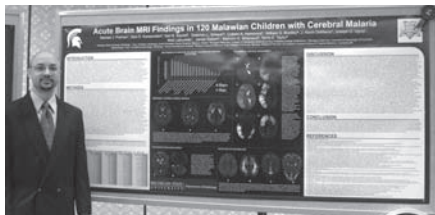
Thank you to all the residents who presented scientific exhibits at this year's annual convention! There were many praises on our outstanding residents and their exhibits.

1st Place - Joseph Ugorji, DO

Henry Ford Macomb Hospitals MEP
Warren, Mich.

Acute Brain MRI Findings in 120 Malawian Children with Cerebral Malaria

There have been few neuroimaging studies of pediatric cerebral malaria (CM). We undertook a prospective study of CM to characterize its MRI features. Children admitted with traditionally defined CM (parasitemia, coma without other coma etiology) were eligible for this study. The presence of malaria retinopathy was determined. MRI findings in patients with retinopathy-positive (Ret+) CM were compared to those with retinopathy-negative (Ret-) CM. 152 children had clinically defined CM. 120 were Ret+, and 32 were Ret-. Abnormalities were more common with Ret+ cases. MRI findings of patients meeting strict criteria of CM has implications for disease pathogenesis and treatment.



2nd Place - Dianna Yu-Ning Yang, DO

Henry Ford Macomb Hospitals MEP
Warren, Mich.

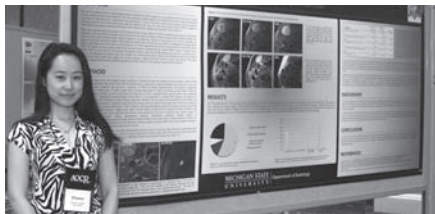
Association Between Carotid Plaque Characteristic with Risk of Major Adverse Cardiovascular Events

Purpose: Identify atherosclerotic plaque characteristics with increased risk for Major Adverse Cardiovascular Events (MACE).

Method: Retrospective study of 100 patients with greater than 50% carotid stenosis, who were originally screened with 3T MRI for different plaque characterization such as intraplaque lipid rich necrotic core (LRNC), hemorrhage, calcification and fibrin cap. Incidence of MACE was collected from patient's medical records.

Result: No statistically significant difference was detected between patients who developed MACE and asymptomatic patient for plaque characteristics such as LRNC, intraplaque hemorrhage and calcification. However, there is a statistically difference for thin or ruptured fibrin cap with P-value of 0.027.

Conclusion: Thin or ruptured fibrous cap is associated with increased risk of developing MACE.

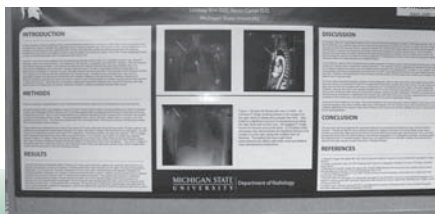


3rd Place - Lindsey Kirk, DO

McLaren Oakland
Pontiac, Mich.

First and Second Rib Fractures Clinical Significance Regarding Vascular Injury when Evaluated with Chest CT in Trauma Patients

In the evaluation of trauma patients a first or second rib fracture is felt to be a harbinger of major trauma



Resident's Corner

Annual Reports

Annual Reports are due 30 days after completion of the contract year.

The forms are available at bit.ly/AOCRAnnReports

Subspecialty Training

If you have completed subspecialty training, you may receive AOA approval of your training and subsequently apply to sit for the AOBRR certificate of added qualifications (CAQ) examination. To receive AOA approval of your subspecialty training, complete and submit a form titled "Approval of ACGME or Federal Residency Training (Years PG Y2 & Beyond)" which is available on the AOA website.

Free Job Listing

A free professional development service is offered to AOCR residents and fellows in training. The advertisement will be posted for one year on the website under members seeking new opportunities. Advertisements should include your qualifications, type of position desired (general radiology or subspecialty field), desired location (if any), date of availability, CV available upon request, and contact information including name, address, telephone numbers, and e-mail address(es). Please limit your advertisement to one paragraph. Contact the AOCR office for more details.

and has generally been accepted as a reason to exclude other significant injuries, including vascular injury. The majority of the previous research has been performed using chest radiographs. In our study we evaluated the incidence of vascular injury with first and or second rib fractures using chest CT. Based upon our research we found no association between the two. This is important because it should save the patient additional interventional or CT angiographic evaluation.

Awards Sponsored by the AOCR Education Foundation.

ACR Fellowship

Congratulations to the following DOs were awarded fellowship in the American College of Radiology

Keith Dreyer, DO, PhD
Valerie Jewels, DO
Clayton Trimmer, DO
Cliff Whigham, Jr., DO

NOAC Dedication

Les Folio, DO, attended the National Osteopathic Advocacy Center dedication on behalf of the AOCR. The AOCR joined other specialty colleges in contributing to a conference room at the center. The U.S. Surgeon General was present and available for members to ask questions. Dr. Folio also spoke with the AOA president, executive director and staff.

2012 Annual Highlights



Paul A. Willman, DO, and Lynwood W. Hammers, DO



Paul A. Willman, DO, and Keith J. Dreyer, DO



Patricia L. Abbitt, MD

The 2012 Annual Convention was a great success thanks to the efforts of Program Chair Paul Willman, DO, and his outstanding faculty. This program was record setting, with a total of 330 registrants.

The program included lectures from Patricia L. Abbitt, MD, Sheri L. Albers, DO, Kevin Carter, DO, Joseph A. Ciacci, DO, and Lynwood W. Hammers, DO. The topics included CT, MR, US, and MSK. A detailed schedule of all the lectures can be found on the AOCR website.

Two webinars were presented in conjunction with the conference which allowed physicians to earn category 1-A credits from home. Les Folio, DO, presented "Recent Developments in CT of Penetrating Trauma" and William E. Shiels II, DO, presented "Pediatric Liver Tumors: Radiologic-Pathologic Correlation." The AOCR plans to continue to offer webinars at future CME activities. Check the AOCR website or emails to obtain a schedule for upcoming webinars. An audience response system was also incorporated in the program and used during many of the lectures including Dr. Eduard Kotlyarov's Nuclear Radiology Cases of the Day.

AOA President Martin S. Levine, DO, discussed the current state of osteopathic medicine. The program also included lectures on Osteopathic Continuous Certification by Michael Wilczynski, DO, Meaningful Use and Informatics Initiatives of the ACR by Keith J. Dreyer, DO, and Accountable Care Organizations by George Erbacher, DO, and Frederick White, DO.

The conference concluded with presentations from Wade H. M. Wong, DO, and Deep G. Bassi, MD. Thank you to all who attended! It could not have been a success without you.



Deep G. Bassi, MD



Wade H. M. Wong, DO



*Eduard V. Kotlyarov, MD, PhD, Paul A. Willman, DO,
William E. Shiels II, DO, and Joseph A. Ciacci, DO*



Sheri L. Albers, DO, and Kevin R. Carter, DO



Les R. Folio, DO

2012 Annual Award Ceremony



Ronald D. Alexander, DO, and Deborah Hellinger, DO, received AOCR fellowship. They are shown with their sponsors Michael Cawthon, DO, and Thomas Gleason, DO, and Immediate Past President George E. Erbacher, DO.



George E. Erbacher, DO, transferred the gavel to Frederick E. White, DO, as he was inaugurated as the 63rd president of the AOCR. Dr. White also took the oath of office and gave his inaugural address.



Paul Willman, DO, received the program chair plaque for the 2012 Annual Convention.



George E. Erbacher, DO, received the president's jeweled key for serving as president of the AOCR for two years.



Mark S. Finkelstein, DO, received the 2012 Dr. Floyd J. Trenery Memorial Medal.



Michael Cawthon, DO, received the past president's medallion for his many years of service to the AOCR.

Thank you to the following for your support!

AOCR Education Foundation

APEX Radiology Medical Group, Inc.

Lippincott, Williams & Wilkins

Orion HealthCorp, Inc.

Osteopathic Physicians and Surgeons of California

UNT Health Science Center—TCOM

Medweb

Michelle Walters, DO



*Top Row: Steve Min, DO, Frederick E. White, DO, Michael W. Keleher, DO, George E. Erbacher, DO, Pawel P. Gruca, DO, Michael Cawthon, DO, Neil Halin, DO, Sheri L. Albers, DO, and Ronald D. Alexander, DO
Bottom Row: Claire McKay, DO, Pamela A. Smith, executive director, and Michelle C. Walters, DO*

Highlights From the AOCR Board of Directors Annual Meeting

George E. Erbacher, DO, convened the 2012 Annual Meeting of the AOCR board of directors held on Sunday, April 21, at The Palazzo Resort-Hotel-Casino in Las Vegas. The board met with several constituent organizations to receive an update on their activities and projects during the past year and to facilitate future collaboration. The constituents included the AOCR Education Foundation represented by Michelle Walters, DO, treasurer, the American Osteopathic Board of Radiology represented by Michael Wilczynski, DO, AOBR secretary-treasurer, and the American Osteopathic Association represented by Martin Levine, DO, president, and John Crosby, JD, executive director.

Paul J. Chase, DO, AOCR Education Foundation president, who completed his final term on the foundation board was recognized for his many years of service. New foundation board members elected included Steve Min, DO, and Rocky Saenz, DO.

Dr. Wilczynski outlined AOBR's OCC plan which will be implemented on January 1, 2013. He summarized the overall performance of examination candidates and changes that will be incorporated into the examination process in the future.

AOA leadership provided an in-depth report on AOA's efforts to address the new ACGME proposed language which will impact osteopathic GME, if approved. President Erbacher reviewed the tremendous response and efforts of AOCR members to oppose the ACGME's action. Incoming President Fred White, DO, indicated that he would appoint a task force to monitor the ACGME issue and work with appropriate constituents to address ACGME

actions. AOA President Martin Levine, DO, also addressed the AOCR membership on Monday morning.

In other action, the board approved the proposed five-year budget as recommended by the Finance Committee and recommended several actions to reduce expenses. This included converting the Viewbox to digital format rather than print. A print version will be available to members at a cost of \$100 per year. The Strategic Plan was approved and a number of objectives were selected as top priority and will be implemented over the next two years.

The new Journal of AOCR has been an overwhelming success and welcomed by the AOCR membership. The Editorial Committee was directed to work with the AOA in an effort to establish eligibility to receive CME credit for the JAOBR in the future. The board approved several changes to the scientific exhibits presentation at the Annual Convention which will be implemented over the next two years.

A resolution was approved supporting the efforts of the Texas Osteopathic Medical Association to oppose the development of a MD degree program on the campus of the University of North Texas Health Science Center. The board approved a transition plan in anticipation of the retirement of the executive director next summer.

The final action of the board was to honor and recognize George E. Erbacher, DO, for his guidance, counsel and leadership during his tenure on the board and specifically during the past two years in which he has served as president.

AOCR Receives the AOA STAR

The Strategic Team Award and Recognition, known as “STAR” is bestowed upon AOA affiliate organizations that make significant contributions to advancing the profession-wide objectives identified in the AOA Strategic Plan.

This year two awards were handed out—one to a state affiliate, and the other to a specialty college. The American College of Osteopathic Radiology has responded to all requests for information and has made significant contributions in advancing the profession-wide goals. Particularly, the AOCR was instrumental in advancing efforts to reengineer the osteopathic CME system, influence health system reform, and create a social networking plan to unite members of our profession. AOCR President Fred White, DO, and Executive Director Pam Smith accepted the award at a luncheon during the AOA House of Delegates on July 20, 2012.



Education Foundation Thanks Dr. Chase For His Many Years of Service

I wish to take this opportunity to congratulate and thank Paul Chase, DO, for his years of selfless and dedicated work as president of the American Osteopathic College of Radiology Education Foundation. His leadership, wisdom and tireless commitment to the foundation has led in no small part to so many successful programs that include implementation and completion of the COBE Project, the resident distance learning lecture series, and support of resident board reviews to name a few. His shoes will be difficult to fill. I wish to thank Dr. Chase for agreeing to remain as a cherished advisor to the board of trustees. His wisdom will be sought in the days to come as we continue to work diligently to maintain the progress and success he commanded as president.

Tom Gleason, DO, FAOCR
AOCR Education Foundation President

New Staff Member

Mary Lentz joined the AOCR staff on June 25 on a part-time basis in the postdoctoral training department. She will begin working full time on September 1. Mary recently graduated from Creighton University in Omaha, Neb., with a Bachelor of Science in Business Administration and Human Resources. We are very happy to have her join the staff and look forward to working with her.

AOBR Honors Patrick Para, DO



Jeffrey Wilseck, DO, presenting Patrick Para, DO, with a plaque and crystal.

The American Osteopathic Board of Radiology honored retiring member, Patrick Para, DO, FAOCR, at a banquet held in his honor on May 7, 2012, at Gibson's Steakhouse in Chicago. Dr. Para has been a member of the Board from 2003-2012 and served as chair from July 2010 to July 2012.

Dr. Para was presented a plaque and crystal in honor of his years of service and leadership. Joining board members and examiners for the special recognition of Dr. Para were his wife, Mary Jo, his son, Stephen, and his Mother-in-law, Dr. Joann Gruca.



Patrick Para, DO, received a plaque his son, Stephen, created for the occasion.

The incoming AOBR Chair Jeffrey Wilseck, DO, FAOCR, presented the awards to Dr. Para.

AMERICAN OSTEOPATHIC BOARD OF RADIOLOGY

Osteopathic Continuous Certification (OCC)

Diagnostic Radiology & Subspecialties

Effective January 1, 2013

Osteopathic Continuous Certification (OCC) is a continuous certification program, developed by the American Osteopathic Association (AOA), that advances quality and the lifelong learning and self-assessment of board certified specialty physicians by focusing on the core competencies of patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism and systems-based practice. The goals for OCC are to assure high standards for patient care; to provide physicians with the means to continually assess and improve their abilities; to assure stakeholders that physicians are being assessed by reliable and valid measures; and to be transparent to the public and communicate information about physicians' competence.

OCC is a program of lifelong learning and on-going self-assessment in which AOBDR diplomates must demonstrate their rigorous commitment to achieving quality clinical outcomes for patients in a responsive, patient-focused setting. It includes methods of evaluating physician knowledge and skills applied to practice. OCC cycles will consist of a 10 year time period coinciding with the diplomates' ten year time-limited primary certificate expiration date.

The only new requirement for AOBDR diplomates is *Component 4 – Practice Performance Assessment and Improvement*. Many physicians are currently participating in practice performance assessments in their department which may qualify to fulfill Component 4.

Each of the five OCC Components are outlined below:

Component 1 – Professional Status

Each diplomat will be required to hold a valid, active license which is neither revoked nor suspended in one of the 50 states or Canada. A diplomate must also adhere to the AOA's Code of Ethics. *This component is already a requirement in order to maintain board certification through the American Osteopathic Association (AOA).*

Component 2 – Lifelong Learning/Continuing Medical Education

Diplomates must adhere to AOA CME requirements to maintain certification, which are 120 credit hours per 3-year CME cycle, of which 30 must be Category 1-A, and 50 must be Category 1 or 2 primary specialty credit hours. Of the 50 specialty hours, OCC will require that the diplomate obtain a minimum of 25% in their CAQ subspecialty area, if applicable. OCC will also require a specific number of the CME credit hours to be SAMs (Self-Assessment Modules). The number of required SAMs is based on the year your certification expires. Specific SAM requirements can be found under the AOBDR portion of the AOCR website. SAMs are educational venues, i.e. CME activities, workshops, reading assignments, online offerings, etc. usually offered by radiologic societies. Each SAM must include a self-administered examination and the diplomate must meet the minimum performance level determined by the organization offering the SAM. SAMs will count toward the CME requirement, as well as fulfilling the SAM requirement. *This component is already a requirement in order to maintain board certification through the AOA. OCC requires more specific types of CME than AOA certification requirements.*

For a more detailed breakdown of the CME requirements please go to the AOBDR section on the AOCR website (www.aocr.org).

Component 3 – Cognitive Assessment – Diagnostic Radiology

A diplomate will be required to demonstrate through a formalized, secure examination, that he/she has the fundamental diagnostic skills, medical knowledge and clinical judgment to provide quality care. Time-limited diplomates will be required to take and pass the OCC Cognitive Exam prior to the expiration of their certificate. Diplomates may begin taking the OCC Cognitive Exam up to three years prior to the expiration date of the certificate. The new certificate will be issued upon the date of the expiration of the former certificate and will be valid for an additional 10 years. *This component is already a requirement in order to maintain time-limited board certification through the AOA.*

Component 4 – Practice Performance Assessment and Improvement

Assessments of physician's practice that:

- includes an initial assessment of an eligible professional's practice that is designed to demonstrate the physician's use of evidence based medicine
- requires a physician to implement a quality improvement intervention to address a practice weakness identified in the initial assessment and then to re-measure to assess performance improvement after such intervention

Each diplomate will be required to successfully complete a qualified OCC practice performance assessment every three years or a total of three projects per 10 year cycle using the diplomates own patient data. Patient data must be gathered within the three year project period. The goal of the practice performance component is to demonstrate performance improvement in radiological knowledge and skills, including assessment activities of AOA specific core competencies. Each diplomate will be required to demonstrate that they can assess the quality of radiological care they provide compared to peers and national benchmarks and then apply the best evidence or consensus recommendations to improve that radiological care using follow-up assessments.

A diplomate must select a project from one of the following categories:

- Patient Safety
- Accuracy of Interpretation
- Practice Guidelines & Technical Standards
- Referring Physician Surveys
- Reporting Timeliness

Choose a project that presents a challenge or perceived gap in your practice. Projects may be selected from a variety of existing projects sponsored by national organizations and societies or self-directed by the diplomate. Lists of projects are available on the websites of many organizations including the AOA CAP Program, RSNA, ABR, Image Gently Campaign and national subspecialty societies. Links to the mentioned available projects will be available at www.aocr.org under the AOBR section.

Sponsored projects, including registries, are preferred for use in OCC by either individuals or groups. They have standardized formats for use by the diplomate and offer project specific templates to be followed throughout their completion.

The AOBR will randomly audit OCC participants. It is incumbent upon the physician to retain the source data of each of his/her projects in the event of an audit. *This component is the only component that is a new requirement to AOA diplomates; however, the majority of diplomates are most likely already participating in some sort of project within their group or department.*

Examples for each of the practice performance project categories can be found on the AOCR website (www.aocr.org) under the AOBR section.

Component 5 – Continuous AOA Membership

Each diplomate will be required to maintain continuous and uninterrupted membership in the American Osteopathic Association (AOA). *This component is already a requirement in order to maintain board certification through the AOA.*

AOBR diplomates should consider OCC as an investment that will ensure continuing education, instill confidence, and promote the best interests of the patient. Again, the OCC Program developed by the AOBR is contingent upon AOA approval.

AOBR OCC Enrollment

Those with time-limited certification are required to enroll in OCC as of January 1, 2013; however, they may voluntarily enroll in 2012 to qualify for the CMS Incentive Program. Those with non-time-limited certification may voluntarily enroll at any time.

Enrollment forms are available on the AOCR website (www.aocr.org) under the AOBR OCC section.

Enrollments forms must be submitted with the \$400 enrollment fee which will represent the diplomates' first yearly payment. OCC cycles will consist of a 10-year time period coinciding with the diplomates' ten year time-limited certificate. A yearly fee of \$400 will be collected at the beginning of each calendar year. The OCC yearly fee will be waived for the year in which the diplomate takes the cognitive exam.

CMS – Physician Quality Reporting System Maintenance of Certification Program Incentive

Physicians who are incentive eligible for the PQRS can receive an additional 0.5% incentive payment when Maintenance of Certification Program Incentive requirements have been met for the 2012 calendar year. For additional information regarding the requirements please visit the AOBR section on the AOCR website (www.aocr.org) or contact the AOBR office at 660-265-4011.

AOA Annual Business Meeting

BOSS Meeting

AOCR President Fred White, DO, Pam Smith, executive director, and Michael Cawthon, DO, attended the AOA Bureau of Osteopathic Specialty Societies (BOSS) in Chicago on July 15 under the leadership of Kenneth Heiles, DO. The BOSS provides specialty affiliates with a forum to exchange information and a structured and consistent opportunity to participate in AOA policy development.



Board of Trustees Meeting

The AOA board of trustees held its 2012 Annual Business Meeting in Chicago July 17-19 under the leadership of AOA President Martin S. Levine, DO, and President-elect Ray E. Stowers, DO. There were many AOCR members in attendance including AOCR President Fred White, DO. The AOA board of



Gregg Silberg, DO, Fred White, DO, Pam Smith, executive director, Gilbert S. Bucholz, DO, and Kenneth Jones, DO

trustees acted on all 31 resolutions it faced and recommended actions to the House of Delegates on its own 138 resolutions.



Fred White, DO, with Mark Baker, DO. Dr. Baker is an AOCR member and AOA board of trustee's member.

House of Delegates Meeting

The 92nd Annual Meeting of the AOA House of Delegates was held on July 20-22. Gilbert S. Bucholz, DO, served as the delegate for the AOCR and AOCR member Bruce A. Wolf, DO, served as the delegate for Michigan Osteopathic Association. Many resolutions were passed during the three days of delegation. More details on the resolutions can be found on the AOA website.



President Fred White, DO, and Bruce A. Wolf, DO

ACGME Update

President Fred White, DO, recently met with AOCR leadership and the AOCR Task Force Chair Bruce Wolf, DO, to assess the status of recent ACGME/AOA negotiations. In April, Dr. White appointed the task force to monitor and facilitate the progress of negotiations with the Accreditation Council for Graduate Medical Education (ACGME) regarding its proposed Common Program Requirements. The requirements, if approved, will limit the ability of osteopathic postdoctoral trainees to transfer to ACGME training programs including ACGME fellowship programs. The final charge of the task force is to address the recent action of ACGME to disqualify osteopathic trained and certified physicians from eligibility to continue serving as ACGME faculty.

As you know, in November AOCR members, together with other stakeholders including the AOA, specialty colleges, medical organizations, and several ACGME trainers, submitted statements to the ACGME objecting to the proposed Common Program Requirements. Through the AOA's concerted efforts, the AOA, AACOM and ACGME leadership met on Jan. 23 to discuss the proposed requirements. ACGME stated that they would follow their process as planned which included the review of the comments by the Council of Review Chairs in February. That Council's recommendations would be forwarded to the Committee on Requirements and the Committee's recommendations would subsequently be forwarded to the ACGME board of directors for consideration and/or action in June.

AOA continued its advocacy to withdraw or amend the ACGME's proposed Common Program Requirements through a series of meetings with ACGME. The most recent meetings included AOA and ACGME leadership engaging in an in-depth discussion focused on various scenarios of interaction between the two GME accreditation organizations. Both sides agreed that the meetings were productive and agreed to continue the discussion until September. As a result, the ACGME board postponed any action on their proposal until late September. The AOA will have the opportunity to present our opposition at this meeting.

The American Medical Association's House of Delegates, whose meeting in Chicago concluded June 20, approved a resolution related to the ACGME proposed rule. While the ACGME's proposal would limit DOs' ability to train in their programs, the resolution calls upon the AMA to partner with stakeholder organizations, including the ACGME and the AOA, to develop and revise residency and fellowship accreditation standards in order to recognize the alignment of the educational experience of allopathic and osteopathic residents. The AMA is a parent organization of the ACGME, but this resolution will not compel the ACGME to withdraw its proposed rule. However, the AOA sees this resolution as a positive action in support of our efforts to resolve the ACGME crisis and preserve access to ACGME programs for DO graduates.

AOCR leadership supports the AOA's efforts as they continue to aggressively address this issue with the goal of withdrawal or modification of the language. The AOCR ACGME Task Force will continue to monitor AOA's progress and advise AOCR leadership as further action is necessary.

AOCR members can help by sharing any experience resulting from the ACGME proposed Common Program Requirement by emailing Jessica Roberts, AOCR communications director, at jessica@aocr.org.

Governmental Affairs Update – Stop 25% Cut to Reimbursement

Fellow Radiologists:

I am writing to inform you of the impending further undermining of our profession by CMS. I am encouraging you to fully understand the planned reduction in our professional remuneration for our services. More importantly, I want all to know how this ill-advised policy will undermine one of the most important tenants of medical practice:

Continuity of Care!

In July 2011, after consulting earlier MedPAC recommendations, CMS included provisions in the 2012 Medicare Physician Fee Schedule Proposed Rule to impose a 50 percent multiple procedure payment reduction (MPPR) to the professional component of select advanced diagnostic imaging services (i.e. CT, MRI, and ultrasound). CMS's proposed policy would result in an inappropriate and unsubstantiated reimbursement cut for radiologists. The value of physician-radiologist interpretations of examinations that usually contain hundreds of images, as well as providing the results of these analyses into the final written medical report for the referring physicians, will be severely undermined. Despite tremendous opposition from the ACR, CMS ultimately included a 25 percent MPPR reduction to the professional component in its final physician fee schedule rule released in November. CMS also used the final rule to expand the scope of the 25 percent MPPR so it applies to both individual and multiple physicians interpreting multiple imaging procedures on the same patient on the same day irrespective of practice setting. Although on Dec. 16 CMS announced that it would no longer apply the MPPR to different interpreting physicians in the same practice, the 25 percent reduction remains in effect for a single physician interpreting multiple images from the same patient, during the same session, on the same day. **The 2013 Medicare Physician Fee Schedule Proposed Rule reverses this change so the 25 percent reduction will apply when two different radiologists, regardless of practice setting, interpret multiple images from the same patient, during the same session, on the same day.**

Application of an MPPR to the professional component of diagnostic

imaging services performed on the same patient on the same day is an arbitrary and imprecise tool to control Medicare spending. This rule overestimates perceived efficiencies within the professional component, is not supported by sound data, and was not developed with substantial physician input. Since each imaging study produces its own set of images requiring individual interpretation, the radiologist is ethically and professionally obligated to expend the same amount of time and effort regardless of the date of service. The reduction to the professional component primarily impacts radiologists and fails to adequately address inappropriate utilization by non-radiologists offenders.

Do not be led into the misconception and illusion of safety that because you may belong to a large group, university program or public employed position you will not be affected by this ruling.

IT WILL ADVERSELY AFFECT ALL OF US!

Join in AOCR's grassroots efforts by responding to AOCR Advocacy Alert emails. We will soon be alerting you to contact CMS and your U.S. representative and senators to voice your concern and opposition to the planned policy. Ask them to support HR2369 in the House of Representatives and S2347 in the Senate to combat this proposed cut in our reimbursement.

I also strongly encourage you to contribute to RADPAC. This is the government relations arm of the ACR directed by our good friend and protector, Josh Cooper. Josh and his excellent staff have been stalwart defenders of our profession and need our help.

Colleagues do not let this CMS ruling survive by remaining idle or apathetic. The impact will be negative and long lived for all.

Respectfully,
Thomas R. Gleason, DO, FAOCR
Chair, Committee on Governmental Affairs

2012 ACR AMCLC

AOCR President-elect Wade Wong, DO, attended the 2012 American College of Radiology Annual Meeting and Chapter Leadership Conference April 22-24. The meeting included open sessions which covered 44 resolutions. The lengthier discussions included resolution 22 which required sending a patient a prompt report, and resolution 23c which recommended that women over the age of 40 have annual mammograms. Dr. Wong also attended the open microphone lunch session which centered on quality for cost.

There were many lectures and presentations on the current state of healthcare. Some of the presenters included Bruce J. Hillman, MD, FACR, who gave the keynote lecture, and James L. Reinersten, MD, who presented the Moreton Lecture. Dr. Hillman presented on the uncritical use of medical imaging and Dr. Reinersten discussed the government's focus on reducing health care costs. Other presenters included Bibb Allen Jr, MD, FACR, and Lawrence R. Muroff, MD, FACR. Dr. Allen spoke about confronting irrational government policies concerning health care reimbursements. He discussed the government's efforts to limit reimbursements through measures such as bundling and multiple procedure payment reductions. Dr. Muroff emphasized the need to be able to make changes now to adapt to declines in future health care reimbursements or face the consequences.

More information from the meeting including videos and summaries can be found at amclc.acr.org.

New Members

The AOCR congratulates members who were elected to membership or elevated to a new level. We welcome the following:

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New Life Members

Life membership may be granted by the Board of Directors to any Active or Retired member who has held continuous membership for the immediately preceding ten years and who has reached the age of 65 or who for good and sufficient reason has retired from active practice. The AOCR congratulates the following Life Members:

Joseph R Alexander, DO
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In Memoriam

Thomas W. Deurloo, DO, 79, of Staton, Mich., passed away Feb. 5, 2012. Dr. Duerloo earned his doctor of osteopathy degree from what is now known as A. T. Still University of Health Sciences Kirksville College of Osteopathic Medicine in 1958. Dr. Deurloo completed his internship at Grand Rapids Osteopathic Hospital in 1959. He completed his radiology residency at Flint Osteopathic Hospital from 1976-1979.

Dr. Deurloo practiced general medicine in Edmore, Mich., for many years, and radiology at Sheridan Community Hospital, Sheridan, Mich., where he served as chief of staff. He retired in 1996.

He was certified in Diagnostic Roentgenology in 1981 by the AOB. He became an Active Member of the AOCR in 1981 and a Life Member in 1997.

Dr. Deurloo is survived by his wife of 54 years, Joan; daughter, Kathy O'Brien and husband Bert; grandchildren, Jason O'Brien, Callie O'Brien, Brendan O'Brien, and Carrie Powell and husband Gabriel; great-grandson, Ethan Powell; brothers, Russell Deurloo and James Deurloo; and sister-in-law, Norma Carey.

Lloyd England, DO, 86, of Davenport, Iowa, passed away July 5, 2012. Dr. England earned his doctor of osteopathy degree from what is now known as A. T.

Still University of Health Sciences Kirksville College of Osteopathic Medicine in 1952. Dr. England completed his internship and residency at Kirksville Osteopathic Hospital from 1952-53, 1954-57. He practiced at Davenport Osteopathic Hospital from 1958 until his retirement after nearly 40 years.

He was certified in Roentgenology in 1959 and Radiology in 1973 by the AOB. He became an Active Member of the AOCR in 1959 and a Life Member in 1990.

Dr. England is survived by his wife of 62 years, Caroline; daughter, Mary Beth (Dircks); son, Dan; grandchildren, Zach, Heidi, Chelsea, Susan, and Katie, and great-grandchildren Gavin and Finn.

Albie Hitrys, DO, 76, of Mashpee, Mass., passed away April 13, 2011. Dr. Hitrys earned his doctor of osteopathy degree from what is now known as Kansas City University of Medicine and Bioscience College of Osteopathic Medicine in 1962. Dr. Hitrys completed his internship at Lancaster Osteopathic Hospital in 1963. He completed his radiology residency at Grand Rapids Osteopathic Hospital from 1964-1967. Dr. Hitrys practiced radiology in Philadelphia and Massachusetts until his retirement.

He was certified in Radiology in 1970 by the AOB. He became an Active Member of the AOCR in 1970 and a Life Member in 2000.

Dr. Hitrys is survived by his wife, Rhonda; children, Lisa O'Neil and husband Tedd, and David Hitrys and wife Laurie; grandchildren, Shaun, Craig, Shannon, Courtney, Jared, and Lindsay; and four great grandchildren.

Stanley Rowe, DO, 64, of Davison, Mich., passed away Nov. 4, 2011. Dr. Rowe earned his doctor of osteopathy degree from the Oklahoma State University Center for Health Sciences College of Osteopathic Medicine in 1986. Dr. Rowe completed his internship at Bay Osteopathic Hospital in Bay City, Mich., in 1987. He completed his diagnostic radiology residency at Oakland General Hospital Madison Heights, Mich., from 1987-1990. He also completed an interventional radiology fellowship at Oakwood Hospital in Dearborn, Mich., from 1990-1991. Dr. Rowe became an Associate Member of the AOCR in 1996.

Dr. Rowe was the Chief of Radiology at Helen Newberry Joy Hospital in Newberry, Mich., from 1992 until his retirement in 2011.

Dr. Rowe is survived by his wife, Debby Rowe; mother, Valda Rowe; sister, Sharon Amundsen; niece, Sarah Amundsen; stepdaughter, Kimber Spradlin; and grandchildren, Cole, Zander and Phoenix.

continued on next page...

Arthur Simon, DO, 81, of Chagrin Falls, Ohio, passed away May 28, 2010. Dr. Simon earned his doctor of osteopathy degree from what is now known as Des Moines University College of Osteopathic Medicine in 1953. Dr. Simon interned at the Green Cross Hospital in Akron, Ohio, 1953-1954. He completed his residency in 1958 at Des Moines General Hospital, Des Moines, Iowa. He was certified in Radiology in 1961 by the AOBRR.

Throughout his career, Dr. Simon served as chairman of the Department of Radiology at Doctors

Hospital, Houston, Texas, Des Moines General Hospital in Des Moines, Iowa, and Youngstown Osteopathic Hospital in Youngstown, Ohio. He also served as a member of the faculty of the College of Osteopathic Medicine and Surgery in Des Moines, Iowa.

In 1961 Dr. Simon became an active member of the college and served as chairman and member of various committees. He was elected to the board of directors in 1971 and became president in 1977. Dr. Simon became a life member in 1994 and received

fellowship in 1979 and the Dr. Floyd J. Trener Memorial Medal in 1982.

Dr. Simon is survived by his wife, Joann, 150 W Orange Hill Cir, Chagrin Falls, OH, 44022; children, Donald Simon and wife Helene, Judy Simon and husband Pedro Diaz, and Andrea Desberg and husband Gary; grandchildren, Robert and Stacey Simon, Sara and David Desberg.

Strategic Plan

The AOCR has completed the 2012 Strategic Plan. The plan was approved by the board of directors at the 2012 Annual Meeting and committees have begun working on completing the objectives. Eighteen objectives were selected as the highest priority for the 2012-2013 fiscal year. Each of the objectives has been assigned to a committee to begin developing a plan with costs and metrics. The goal is to have the highest priority objectives implemented or in progress by the 2013 Annual Meeting.

The Strategic Plan along with the highest priority objectives is available online at <http://bit.ly/N2j6B1>. A comment form is also available online.

Dr. Robert Koenigsberg Inducted Into Tenet Heroes Hall of Fame

Robert Koenigsberg, DO, was inducted into the Tenet Heroes Hall of Fame. He was selected from more than 90 nominees for his extraordinary character and focus on quality. One example of his extraordinary skill and dedication was when Dr. Koenigsberg was asked to operate on a 3-year-old girl with a gunshot wound late one night over the Fourth of July weekend. Without hesitation, Dr. Koenigsberg performed the surgery that saved her life. He conducts his practice with the utmost integrity, keeping the best interests of his patients at the forefront and maintaining relationship with mutual respect with his professional colleagues. Congratulations!

Donated to the COBE Project

The COBE Project is the newest project of the AOCR Education Foundation and donations earmarked for the COBE Project will be segregated from general Foundation contributions. All contributions to the Education Foundation are tax-deductible.

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Multimodality Women's Imaging Including Multidisciplinary Breast Health

WEDNESDAY, OCTOBER 10

4:00–6:00 pm Registration

THURSDAY, OCTOBER 11

7:30–10:00 am Registration and Continental Breakfast

8:00–9:00 am Level 1 OB Ultrasound, The AIUM Standards
Strachowski

9:00–10:00 am PET/CT of Breast Cancer
Robinson

10:00–11:00 am OB Emergencies, The Role of Sonography
Strachowski

11:00am–12:00 pm PET/CT of Gynecologic Malignancies
Robinson

12:00–1:30 pm Lunch

1:30–2:30 pm Acute Pelvic Pain in the Nongravid Female
Strachowski

2:30–4:00 pm Interesting Women's Imaging Cases
Saenz

FRIDAY, OCTOBER 12

7:30–10:00 am Registration and Continental Breakfast

8:00–9:00 am Fetal Cardiac Ultrasound
Moses

9:00–10:00 am MR of the Uterus
Albers

10:00–11:00 am Update on Bone Densitometry
Walters

11:00am–12:00 pm MR of the Ovaries
Albers

12:00–1:00 pm Lunch

1:00–2:00 pm Imaging the High Risk Patient
Rebner

2:00–3:00 pm Breast MRI Accreditation
Rebner

3:00–4:00 pm Breast MRI Interpretation
Rebner

SATURDAY, OCTOBER 13

7:30–10:00 am Continental Breakfast

8:00–9:00 am Multidisciplinary Breast Center
McKay

9:00–10:00 am Identifying High Risk Patients
Chatham

10:00–11:00 am Hereditary Breast Cancer Syndromes
Chatham

11:00am–12:00 pm Breast MR, Breast PET and Tumor Marker
Trapeni

12:00–1:00 pm Lunch

1:00–2:00 pm Breast Interventional
Trapeni

2:00–3:00 pm Automated Whole Breast Ultrasound

3:00–3:30 pm Techniques of Freehand Interventional Breast Sonography: A "Hands-On" Course
Shiels

3:30–6:30 pm Hands-on-Workshops: Interventional Breast Sonography and Automated Whole Breast Ultrasound

SUNDAY, OCTOBER 14

7:30–10:00 am Continental Breakfast

8:00–9:00 am Surgical Techniques for Treatment of Breast Cancer
Grove

9:00–10:00 am Pathologies and Surgical Procedures
Grove

10:00–11:00 am Tomosynthesis: The Future of Breast Imaging
Trapeni

11:00am–12:00 pm Breast Cases: Patient Problem to Pathology
McKay

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"Multimodality Women's Imaging Including Multidisciplinary Breast Health"

Novi, MI

October 11-14, 2012

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**Multimodality Women's Imaging
Including Multidisciplinary Breast Health
The Baronette Renaissance, Novi, Mich.
Oct. 11-14, 2012**

This CME activity has been designed for physicians who specialize in breast imaging as well as the general diagnostic radiologist who interprets breast imaging studies. Two days of this CME activity will offer 16 hours of instruction and hands on experience in women's breast imaging and intervention and will meet the current MQSA requirements of breast MRI, digital mammography and ultrasound. The program will offer a total of 27 hours.

Physicians should come away from this meeting with new and improved ideas for being involved in a multidisciplinary breast center including diagnosis, imaging, interventions, oncology, genetic counseling, and surgery.

OBJECTIVES:

- Understand current applications and diagnosis of breast and women's GU malignancies with PET imaging
- Understand current applications and diagnosis of gynecological cross-sectional pathology
- Review and understand obstetrical diagnosis/pathology utilizing ultrasound
- Understand new imaging techniques including automated whole breast imaging and tomosynthesis
- To be introduced to risk assessment and hereditary cancer syndromes
- Review standard imaging of the breast including mammography, ultrasound, MRI and nuclear imaging
- Review the interventional breast biopsy indications and techniques
- Know the purpose of the multidisciplinary approach to a successful breast center

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