

Highlights

2014 ACR Meeting Highlights p. 2

TRS PAC: Quiet? Think Again p. 4

TRS 101st Meeting Highlights p. 6

Joint Commission Update p. 8

TRSF: Create Your Legacy p. 9

Choosing Wisely for Rad. Onc. p. 10

A Coke and a Smile p. 11

Tilden L. Childs III,
MD, FACR,
President, TRS



President's Message: Attend, Participate, *Make Your Voice Heard*

TRS Mission

The purpose of the TRS, as a chapter of the ACR, shall be to serve the specialty of radiology in Texas by: advancing the science, education and practice of radiology; improving radiologic service to patients and the medical community; fostering closer fellowship among radiologists; addressing the economics of radiology; and establishing and maintaining high medical and ethical standards.

Advocacy (from Wikipedia): "Advocacy is a political process by an individual or group which aims to influence public-policy and resource allocation decisions within political, economic, and social systems and institutions. Advocacy can include many activities that a person or organization undertakes including media campaigns, public speaking, commissioning and publishing research or conducting exit poll or the filing of an amicus brief."

Many of the activities described above are conducted on your behalf by various medical organizations. You are therefore directly or indirectly involved with advocacy if you belong to one or more medical organizations. Changes will continue to occur in the healthcare system and these changes can and will be influenced by those who exercise their advocacy rights. Today, I want to share with you my personal, first hand observations about a recent issue to illustrate how various medical organizations are working on your behalf to influence and effect state and national policies. I will conclude by explaining how you can become more involved in advocacy, either directly or indirectly.

Many of you are familiar with the National Lung Screening Trial (NLST), an NIH funded (\$240M) randomized control trial which showed a 20% reduction in lung cancer mortality by low-dose CT scan (LDCT) screening of a specific, high risk patient population aged 55 to 74. This was a multi-institutional trial involving 33 sites and over 50,000 patients. The evidence from this study was so

compelling that the trial was terminated early by the National Cancer Institute's Data and Safety Monitoring Board. Subsequently, in December 2013, the United States Preventive Services Task Force (USPSTF) issued a (favorable) grade B rating for low-dose CAT scan screening for lung cancer in high risk patients aged 55-80, based on empirical data, including the NLST. Under the guidelines of the Patient Protection and Affordable Care Act (PPACA), coverage for this screening study must be provided by private carriers by January 2015. However, this mandate does not apply to CMS (Centers for Medicare and Medicaid Services), thereby excluding patients 65 years and older from this screening benefit.

My involvement with this issue began at the 2014 American College of Radiology (ACR) Annual Meeting and Chapter Leadership Conference (AMCLC) in Washington, DC in April. The Wednesday of each AMCLC meeting is devoted to advocacy on Capitol Hill by the attendees. This year, our message included a request for Representatives and Senators to sign letters urging CMS to issue a favorable National Coverage Determination (NCD) for low-dose CT scan screening for lung cancer. Ironically, on that very Wednesday April 30, the Medical Evidence Development and Coverage Advisory Committee (MEDCAC), which advises CMS, issued an unfavorable recommendation with regard to coverage for LDCT scanning for lung cancer. Ultimately, a bipartisan mix of 45 Senators

Continued on page 3

Welcome New TRS Members

Thanks to the following members who joined the TRS between November 1, 2013 and June 1, 2014! We look forward to serving you for years to come!

Suhny Abbata, MD
Jonathan Adkison, MD
Aamir Ahmad, MD
Jeffrey Albert, MD
Mohammed Aljallad, PhD
Alfredo Arraut, MD
April Bailey, MD
Vivek Bansal, MD
Jaideep Barge, MD
Tharakeswara Bathala, MD
Logan Boatman, MD
Jeffrey Brace, MD
Jett Brady, MD
Ashley Bragg, MD
Ruth Brush, MD
Maanasi Burak, MD
Nathan Busse, PhD
Gordon Butler, MD
Harry Butters, MD
Jesus Calleros Macias, MD
Kiran Chang, MBBS
Sadaf Chaudhry, MD
Will Close, MD
Paul Compton, MD
Lindsay Compton, MD
Cynthia Day, MD
Lara Dennis, MD
Jesus Diaz, MD
David Dunaway, MD
Emily Eads, MD
Miguel Fabrega, MD
Miles Foltermann, MD
Tanja Foster, MD
Jonathan Friedman, MD
Aaron Fritts, MD
Shannon Fritz, MS
Traci Fritz, MD
Dhakshinamoorthy Ganeshan, MD
Xavier Garcia-Rojas, MD
Karen Gerlach, MD
Gautam Gohel, MD
Sarah Goldberg, MD
Jordan Goss, MD

(continued on page 3)



New Fellows (L to R): Lava, Dockery, Teh, Frostenson, Lowry, Ullissey, Cohen, Jhingran, Silva, Oshman; Not pictured: Cade, Hicks, Nuesch

2014 ACR Annual Meeting & Chapter Leadership Conference

Mary Ann Mullican, MD, FACR

The American College of Radiology's Annual Meeting and Chapter Leadership Conference (AMCLC) was held on April 26-30, 2014 at the Washington Hilton Hotel in Washington, DC. The first day featured a categorical course, "Radiological-Pathological Correlation in Genitourinary, Neuro-radiology and Musculoskeletal Imaging." A Chapter Leaders workshop and a Radiation Oncology Symposium, "The Future of Radiation Oncology in the World of Value Based Care" were also held the same day.

This year, thirteen TRS members were inducted as Fellows at the



impressive New Fellows Convocation, which

was followed by a President's Reception. The TRS honored our new fellows with dinner on Saturday night at Smith & Wollensky, where the new inductees and their guests were able to mix and mingle with the rest of the Texas delegation.

Caucus meetings and a New Fellows Breakfast started the day on Sunday, following which, the

ACR Council convened. There was a Presidential address by Dr. Albert L. Blumberg and candidates for the election were introduced.

Monday was a busy day with many events, including a Chapter Leaders breakfast, ACR elections, and Reference Committee open sessions. Texas' own



Paul Ellenbogen, MD, FACR was elected ACR President, and Richard Strax, MD, FACR was elected to the Council Steering Committee. Texas is proud to have three members serve on the ACR's Board of Chancellors, including Cynthia Sherry, MD, FACR, Debra Monticciolo, MD, FACR, and Paul Ellenbogen, MD, FACR.

The Moreton Lecture on Value-Based Health Care Delivery was presented by Michael E. Porter from the Harvard Business School. This was followed by a government relations update, a legislative update, and preparation for Capitol Hill visits.

The ACR Council convened on Tuesday with Reference Committee reports and an Economic Forum featuring reports from members of the

Commission on Economics, including Texan Zeke Silva, MD. The guest speaker was Leah Binder, CEO of the Leapfrog Group. Controlling Costs and Improving Health Care was discussed by Helen Darling, President of the National Business Group on Health Care. A RADPAC reception ended the day on a gala note.

On Wednesday, stalwart visitors to Capitol Hill braved the rain to discuss issues affecting radiology with Senators and Congressmen, including imaging provisions in H.R. 4302, a permanent SGR Repeal, and CT Lung Cancer Screening for Medicare patients.



The 2014 meeting was the last meeting in our current venue. Mark your calendars and look forward to a new and expanded



format for the ACR's 2015 meeting scheduled for May 17-21, 2015 at the Marriott

Wardman Park Hotel, Washington, DC.

Make Your Voice Heard (continued from front page)

and 134 Representatives signed these letters.

Two days later, on Friday, May 2, I attended the Texas Medical Association (TMA) Annual Meeting (TEXMED) in Fort Worth. Months earlier, I had volunteered to be on a reference committee for the TMA. Reference committees are tasked to take public testimony and to evaluate the evidence and testimony presented concerning committee reports and resolutions and to then make recommendations for action by the House of Delegates. By chance, I was assigned to the Science and Public Health (SPH) reference committee. One of the resolutions for this committee to consider was adoption of the USPSTF guidelines for LDCT screening for lung cancer. Having attended the ACR AMCLC and participated in the Capitol Hill Advocacy Day, I was familiar with the issues regarding LDCT scanning for lung cancer. Therefore, I was able to give insight to the committee and help shepherd the resolution through the committee to the House of Delegates. Additionally, as a Tarrant County Medical Society (TCMS) alternate delegate to the TMA, I was able to participate in

the Tarrant County caucus at the TMA where I provided further support for this resolution. The TMA House of Delegates subsequently passed the resolution in support of LDCT screening for lung cancer in high risk patients. On the Monday following TEXMED, I contacted the Texas Radiological Society (TRS) lobbyist Michael Grimes. Working with Michael and the TMA, the TRS was able to have an item placed in the Friday May 16 TMA Action email, helping to bring this issue to the attention of the TMA membership.

Coincidentally, some months earlier I had been asked to join the ACR delegation to the American Medical Association (AMA) as an alternate delegate. Consequently, I also attended the annual AMA meeting in Chicago on June 7-11. A large part of ACR delegation activities is devoted to identifying and studying the issues pertinent to radiology, attending reference committees, and garnering support for the position of the ACR with respect to these issues. A resolution in support of LDCT screening for patients at high risk for lung cancer was introduced by the Florida delegation and was

assigned to Reference Committee A as Resolution 114. Although the majority of the testimony heard during the reference committee was in support of Resolution 114, the reference committee subsequently recommended for referral. As this was occurring during the 90 day comment period prior to CMS making a National Coverage Determination in November of this year, your ACR delegation was determined to overcome the reference committee recommendation. The ACR delegation worked very hard to strategize and subsequently garner support for Resolution 114 by communicating and networking with many of the other delegations. One of the important overriding concerns voiced by the ACR delegation was the idea that evidence-based medicine should be accepted and that the NLST was indeed good evidence-based medicine. Subsequently, on the floor of the House of Delegates, a substitute resolution was introduced by the Florida delegation, again supporting LDCT screening for lung cancer. After much positive support was voiced, the resolution that Medicare (also Medicaid and private insurance) provide

Continued on page 8

New TRS Members

(continued from page 2)

James Gregg, MD
Julia Grossman, MD
Madhup Gupta, MD
Erin Happ, DO
Ross Harper, MD
Jody Hayes, MD
Sandra Heard, MD
Jennifer Hester, MD
Keith Hulsey, BS
Becky Huang, DO
Sheena Jain, MD
Pavan Jhaveri, MD
Allen Joseph, MD
Michael Jubang, MD
Megan Kalambo, MD
Sanjeeva Kalva, MD
Megan Kaplan, MD
Rashmi Katre, MD
Joao Kazan Tannus, MD
Brian Kelley, MD
Michael Kim, MD
Michelle Kim, MD
Nitasha Klar, MD
Jeannie Kwon, MD
Daniel Lankford, MD
Euyen Latour, MD
Felix Lin, MD, MPH
Xinming Liu, PhD
Michael Lloyd, MD
John Loizeaux-Witte, MD
Jeffrey London, MD
Jocelyn Luongo, MD
Michael Maiers, MD
Patrick Marcin, MD
Jennifer Mayne, MD
Matthew McCurdy, MD
Margaret McKernan, MD, PhD
Adam Morales, MD
Darrin Morris, MD
Jason Moss, MD
Bilal Mujtaba, MD
Anatoliy Nekoz, DO
Michael Newberry, MD
Robert Oberle, MD
Leena Pande, MD
Chirag Parghi, MD
Ankitkumar Patel, MD
Rajan Patel, MD
Nirav Patel, MD
Niraj Patel, MD
Thomas Pirtle, MD
Casey Pollard, MD

(continued on page 4)

Texas Radiological Society Welcomes New Officers

The Texas Radiological Society Welcomes 2014-2015 Officers:

Congratulations to the following TRS officers who took office at the TRS annual meeting in March!



(L to R): Kirk, Childs, Brown, John, Silva, Mullican, Connor, Teh, Hatab and Riesz

President: Tilden L. Childs III, MD, FACR
President Elect: Susan D. John, MD, FACR
First Vice-President: Stephen L. Brown, MD, FACR
Second Vice-President: Ezequiel Silva III, MD, FACR
Immediate Past President: I. Ray Kirk, MD, FACR
Secretary: Mary Ann Mullican, MD, FACR
Treasurer: Greg Connor, MD
Chief Councilor: Clayton Trimmer, DO, FACR
Radiation Oncology Section Chair: Bin Teh, MD, FACR
Medical Physics Section Chair: Mustapha Hatab, PhD
Historian: Peter B. Riesz, MD, FACR

New TRS Members

(continued from page 3)

Shashank Prasad, BS, MB
 Aliya Qayyum, MD
 Tiffany Rabe, MD
 Dhiraj Rajkumar, MD
 Stephen Reis, MD
 Richard Rosenblum, DO
 Sharjeel Sabir, MD
 Anastacio Saenz, MD
 Steven Sax, MD
 Kurt Schoppe, MD
 Melvyn Schreiber, MD
 Christian Sell, MD
 Mudassir Shafi, MD
 Nadia Shah, MD
 Eddie Shell, MD
 Shervin Shirvani, MD, PhD
 Kapil Shroff, MD
 Michael Sickels, MD
 Ramandeep Singh, MD
 William Sory, MD
 Sotirios Stathakis, PhD
 Deborah Stedman, MD, MBA
 Eric Strom, MD, FACR
 Patrick Sutphin, MD
 Craig Thiessen, MD
 Chiara Thompson, MD
 Nowice Trexler, MD
 Awais Vance, MD
 Clayton Vandergriff, MD
 Reena Vashi, MD
 Jason Wachsmann, MD
 Justin Whisenant, MD
 Hugh White, MD
 Jeffery White, MD
 Jason Wolf, MD
 Gerald York, MD
 David Zorinsky, MD

Think This Year is "Quiet" on What Affects Your Practice? Think Again!

Bruce Lowry, MD, FACR, TRS PAC Chair

As many of you are already aware, Texas has a biennial legislature that meets regularly for the first five months of each odd numbered year. It is easy to assume in an off year, like 2014, that there is nothing going on in politics or policy-making which should concern you, your practice, or your family.

This mistaken idea is too often what guides the political decisions made by those in highly regulated professions like radiology.

First and foremost, 2014 is proving to be the most active election season this state has seen in decades. Texans will be electing a new governor and lieutenant governor for the first time in a dozen years, and almost every non-judicial statewide

elected office is changing hands. New candidates can bring a fresh perspective to governance, but the loss of institutional knowledge

creates a daunting challenge for radiology in maintaining the standards important to our practice.

Because of this, TRS PAC is more active this election cycle than in past campaign seasons. It is important for us to continue to recognize the efforts of those who support the medical community and to invest our resources in the successful election of candidates we support.

Second, and equally important from a policy-making perspective, is participation in this "interim"

period between legislative sessions, when a tremendous amount of work is done behind the scenes. Active, continued involvement, with the potential to significantly impact our well-being, is essential for legislative success in 2015.

One example of this "out of session" policy-making activity is the work of the Texas Sunset Advisory Commission, the legislative agency responsible for reviewing each state agency's functions and making recommendations to the legislature regarding continuation of those agencies. (More information about the Sunset Commission can be found on the agency website at <https://www.sunset.texas.gov>.)

continued on page 5



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 2014:

☐ \$100 ☐ \$250 ☐ \$500 ☐ \$750 ☐ \$1,000 ☐ Other: _____

☐ Check (made payable to "TRS PAC")

☐ Credit Card: ☐ Visa ☐ MasterCard ☐ American Express

Card Number: _____ Expiration Date: _____



Billing Address: _____

Billing Zip Code: _____

Name on Card: _____

Signature: _____

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

Think Again! (continued from page 4)

During this current 2014-2015 review cycle, all of the agencies under the Texas Health and Human Services Commission are being evaluated. You may wonder, since radiology is primarily overseen by the Texas Medical Board, why would the review of these agencies matter to me? It is a reasonable question considering the subject matter we typically deal with, but regulation is not always a reasonable endeavor.

During the course of the review of the Department of State Health Services (DSHS), the staff of the Sunset Commission recently recommended the discontinuation of the licensure of Medical Radiologic Technologists (MRTs) and Licensed Medical Physicists (LMPs). This ill-advised and misinformed policy recommendation will go before the ten legislative and two public members of the Sunset Commission for potential approval later this summer. If adopted, this policy measure would be recommended to the entire legislature for statutory approval and adoption during the 2015 legislative session that begins in January of next year. Should such a recommendation pass, from that point forward there would be no required regulatory oversight, training standards, or protection for the patients under the care of these healthcare professionals. These are your patients!

Since learning of this poorly justified policy recommendation, our TRS staff and our PAC

consulting team at Imperium Public Affairs have mobilized efforts and are working with all stakeholder groups, including the American College of Radiology, the Texas Medical Association, and the groups representing MRTs and LMPs, to provide decision makers with the accurate information necessary to appropriately alter this policy while continuing to require licensing of these critically needed professionals. This rapid and coordinated response effort is just one example of how the TRS PAC is working for you.

Having a team in Austin ready to get to work and navigate the political and policy-making processes gives TRS a greater chance for success in all our endeavors. Contributions to the TRS PAC from members like you are what make it possible for us to have the highly effective staff and consultants at IPA in place and ready to lead at a moment's notice.

Please take a minute to consider your participation in the TRS PAC. Is it enough to ensure success? Are you doing everything possible to provide the care your patients deserve? Have you given this year? If the answer to any of these is no, then get involved today. Make a difference by supporting TRS and the TRS PAC.

Texas Radiology Movers and Shakers

Texas Muscle at the American College of Radiology (ACR)

Paul Ellenbogen, MD, FACR (Dallas) is the President of the ACR, and Chair of the Commission on Government Relations and the Commission on International Relations. He will continue his service on the ACR's Board of Chancellors (BOC).

Cynthia Sherry, MD, FACR (Dallas) continues her service on the ACR's BOC as an appointed member and as Chair of the Commission on Leadership & Practice Development.

Debra Monticciolo, MD, FACR (Temple) continues her service on the ACR's BOC as an appointed member and as Chair of the Commission on Quality & Safety.

Darlene Metter, MD, FACR (San Antonio) has been reappointed to serve a 2nd one-year term on the ACR's Council Steering Committee (CSC).

Ezequiel Silva III, MD, FACR (San Antonio) has been reappointed to serve a 2nd one-year term on the ACR's Council Steering Committee (CSC).

Richard Strax, MD, FACR (Houston) begins a two year term on the ACR's Council Steering Committee (CSC) as an elected member.

Texas Muscle in the AMA

Tilden L. Childs III, MD, FACR (Fort Worth) has been appointed to the ACR's Delegation to the AMA as an alternate delegate.



Star Radiology Groups!

The TRS would like to recognize and thank the following radiology groups, who believe in the missions of the ACR and TRS enough to pay dues on behalf of their members:

Austin Radiological Association

Bryan Radiology Associates

Diagnostic Imaging Associates

Greater Houston Radiology Associates

Pinnacle Radiology PLLC
Radiology and Imaging of
South Texas

Radiology Associates of
Wichita Falls

Radiology Associates of
Beaumont

Radiology Associates of North
Texas PA

Radiology Consultants LLP

San Angelo Radiologists PA

South Texas Radiology Group

Synergy Radiology Associates
PA

Texarkana Radiology
Associates

Texas Radiology Associates
LLP

University of Texas Medical
Branch

Valley Radiologists &
Associates

Victoria Radiology Associates

To set up group billing for
your group's members, please
contact the ACR's membership
department at (800) 347-7748
or email Barney Lau at
BLau@acr.org.

Dedicated Planning Committee - Thanks!

Program Chairs Phan Huynh,
Bin Teh, Russ Tarver and
Kanchan Phalak

Education Council Chair:
Susan John

Local Arrangements Chair:
Rod Bowman



Congrats to the Unknown Case Winners

Resident: Blair Winegar - Univ.
of Texas Health Science Center
at San Antonio

Practicing Radiologist:
Jonathan Kern - Balcones
Imagine Consultants, PA



101ST ANNUAL

February 28 - March 2, 2014

Quality Speakers

- Guest Speakers including Jay Baker, Mauricio Castillo, John Goodman, Melissa Rosado de Christenson, Richard Gunderman, Geoffrey Smith and David Wazer
- Great attendance: 252 attendees and 44 spouses/guests



Valuable CME

- Up to 20 hours of CME and MEPs offered, including Self Assessment Module (SAM) and Ethics credits
- Fun and interactive CME sessions using an audience response system
- Resident Session and Medical Jeopardy attended by 47 residents
- Radiation Oncology/Medical Physics program attended by 40 attendees
- Diagnostic Radiology program attended by 204 physicians
- Congratulations to Sadia Choudhery from UT Southwestern who won the Audience's Favorite Poster Award



MEETING HIGHLIGHTS

Legacy Marriott, Plano, Texas

Camaraderie

- Peter B. Riesz, MD, FACR receives the 38th TRS gold medal for his outstanding service to the TRS in his role as TRS historian for over 16 years.
- 6 TRS Gold Medalists joined in the celebration
- 7 Past Presidents were also in attendance



Special Thanks!

The Texas Radiological Society would like to thank our exhibiting companies who participated in the Exhibits Program and thus, financially supported our meeting. Attendees greatly benefited from the "one-stop shopping experience" provided by the wide array of products and services in the exhibit hall from hardware to software, and medical books to business services.

A special thanks to the following for their gold level (\$5,000) participation:

Fujifilm
GE Healthcare
Siemens Medical Solutions
Zotec Partners

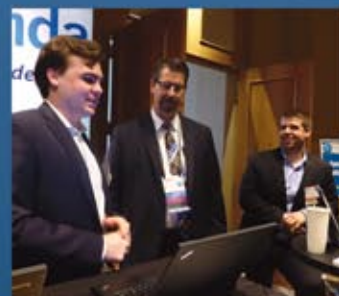
Thanks also to the following company for their generous educational grant (\$3,000):

Varian

We look forward to continued partnerships in the future!

Informative Exhibits

28 exhibiting companies with
62 vendor participants



Productive Leadership Meetings

TRS Board members discussed issues, formulated TRS policy and guided your organization during a ½ day leadership meeting



In Memoriam

The Texas Radiological Society regrets the loss of the following members, and extends condolences to their family, friends and colleagues.

Chusilp Charnsangavej, MD
Houston, 3/5/2014

Kenneth M. Jensen, MD
Houston, 4/8/2014

Jay P. Sackler, MD
Dallas, 3/6/2014

New TRS Staff!



Emily S. Mathews, CMP has over 20 years of experience as an association

and society professional in the areas of membership and member care; writing and communications; event planning and trade show management; venue negotiations; financial management; and sales.

A native of the New York City suburbs, she received her BA in English from The College of Wooster (Ohio) and her Certified Meeting Professional designation in 2004. Mathews is a two-time winner of the Committee Chair of the Year award from the Texas Hill Country Chapter of Meeting Professionals International. She has lived in Texas since the early 1990s and currently lives in Round Rock, Texas. Emily joins the TRS team as a part-time contractor whose primary focus will be on membership, the TRS PAC, and onsite staffing of the annual meeting.

Make Your Voice Heard (continued from page 3)

coverage for LDCT screening for patients at high risk for lung cancer was overwhelmingly passed by the AMA House of Delegates by a 73.8% majority. Consequently, AMA policy was influenced and effected by your ACR delegation. This was done in a timely manner with the result being that the voice of the AMA would be heard by CMS in support of LDCT scanning during the 90 day comment period prior to the CMS National Coverage Determination.

As you can see by this example, healthcare policy can be affected at the state and national levels, which supports both our patients and our practices, through participation in various medical organizations. However, we are only as strong as our voice in these organizations. At the ACR, the voice of the TRS is measured by the number of TRS councilors; this is in direct proportion to the number of TRS members. If you know someone who is eligible but is not a member of the TRS and the ACR, then please ask them to join! At the AMA, the voice of the ACR is measured by the number of ACR delegates; this is based on the number of ACR members who are also members of the AMA.

You can help to increase the ACR representation at the AMA by joining the AMA. Additionally, if you are a member of the TMA, then the Texas Medical Association also represents you at the AMA with a strong voice and is actively trying to improve the AMA. The TMA representation at the AMA is also proportionate to the number of TMA members who are also AMA members. If you are not a member of the TMA, then please consider joining the TMA as well as the AMA. Indeed, at both the recent TMA annual meeting in Fort Worth and at the recent ACR AMCLC meeting in Washington, DC, requests were made for TMA and ACR members respectively to join the AMA in order to increase the representation of these organizations at the AMA. So, please become as active as you can in the financial support of and in the active participation in your local, state, and national medical organizations. **Attend** meetings; you will make new friends. **Participate** on committees, you will help make policy. **Make your voice heard.** You can do it! **You can** make a difference in the future of our healthcare system.

New Joint Commission Standards Delayed

Jessica Clements, MS, DABR

Director of System Medical Physics and RSO - Texas Health Presbyterian Hospital Dallas

In May of 2013, the U.S. Government Accountability Office (GAO) issued a report on advanced diagnostic imaging accreditation (<http://www.gao.gov/products/GAO-13-246>). The GAO found that CMS did not establish minimum national standards for the accreditation of suppliers of advanced diagnostic imaging services. The Joint Commission (TJC) disagreed with the report's findings and methodology. Shortly after the publication of the GAO report, TJC released draft standards for diagnostic imaging services to become effective July 1, 2014, with additional changes to be phased in by 2015. The new and revised standards were issued in prepublication in December of 2013. The draft changes for diagnostic imaging services incorporated much of the California Senate Bill 1237 and also addressed some of the deficiencies identified in the GAO report.

In May of 2014, TJC postponed the 2014 implementation of the new and revised diagnostic imaging standards. According to a press release (located at <http://goo.gl/L3Rqm8>), TJC expects that the 2015 requirements will be published with the majority of the 2014 postponed requirements to be implemented as currently written. Several areas of the new accreditation standard have received public comment from individuals as well as national organizations. In the re-write process, TJC will focus on the following areas related to radiation safety:

- 1) Documentation of the radiation dose
- 2) Annual equipment performance evaluations by a medical physicist or MR scientist
- 3) Minimum qualifications for RTs who perform CT exams
- 4) Requirements that align with California's law for organizations performing CT scans

The 2015 changes will be published approximately 6 months before the implementation date on TJC's website.



TEXAS RADIOLOGICAL SOCIETY FOUNDATION



TRS Foundation Update: Creating *Your* Legacy

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

As we look ahead to future generations of radiologists, new technology, medical advances, and more, we are inspired to act now to ensure an ongoing level of excellence in radiology in Texas. For over 100 years, Texas Radiological Society has supported radiologists with cutting edge training, fellowships, scholarships, and much more, and we want to ensure future radiologists receive the same opportunities.

We ask that you will look forward with us and consider how you can impact radiology in Texas and the communities we serve. Maybe you are interested in 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 return, it would be our pleasure to commemorate this lasting legacy by attaching your or your group's name to a lectureship, fellowship, or other appropriate entity supporting the mission of the TRS Foundation. For example, you or your practice may want to memorialize a prominent leader in Texas radiology.

Our planned giving program allows you to make arrangements for a gift to be made after your passing. The various options offer tax and financial benefits in your estate and portfolio planning. More importantly, you will also make a tremendous and lasting impact on present and future radiologists leading Texas for the next 100 years!

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 Texas Radiology, thank you for your thoughtful consideration and support. We hope to hear from you soon!

TRS Foundation staff would like to meet with you to make your legacy a reality! Please contact Christy McDonald with the TRS Foundation at 512-297-9587 or christy@txrad.org.

JT Rutherford Fellow



Evans Heithaus, MD, a resident at Baylor Dallas, was chosen from among a group

of highly qualified candidates to participate in the JT Rutherford Fellowship at ACR headquarters in Washington, DC. Dr. Heithaus' one-week fellowship will take place this fall, and he will share his experiences during a presentation at the 102nd TRS Annual Meeting. Each year, TRS Foundation sponsors one Texas resident to participate in this prestigious fellowship.

RLI Scholarships

Three Texas radiologists were chosen to receive scholarships to attend the 2014 Radiology Leadership Institute Leadership Summit in August, 2014, at Babson College in Wellesley, MA. The RLI Leadership Summit will provide an in-depth look at the healthcare ecosystem and the revolutionary new solutions that will help answer today's difficult challenges. Congratulations to Andrew Reifsnnyder, MD (Austin Radiological Association), Susanna Spence, MD (UT Houston), and Mark Willis, MD (Baylor College of Medicine). We look forward to learning about your experiences at the RLI Leadership Summit!

TRS Foundation has committed to providing scholarships for three TRS members to attend RLI each year for the next five years. Look for information about the scholarships for the 2015 RLI Leadership Summit in spring of 2015.

2014 TRS Foundation Contribution Form

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

Name (please print): _____

Phone: _____

Email: _____

I would like to make a contribution to the TRS Foundation in the following amount:

☐ \$100 ☐ \$250 ☐ \$500 ☐ \$750 ☐ \$1,000 ☐ Other: _____

☐ Check (made payable to "TRS Foundation")

☐ Credit Card: ☐ Visa ☐ MasterCard ☐ American Express

Card Number: _____ Expiration Date: _____

Billing Address: _____ Billing Zip Code: _____

Name on Card: _____

Signature: _____



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New Podcasts Prepares Radiologists for ICD-10

The requirement to use the ICD-10-CM coding system now takes effect Oct. 1, 2015, and while the extension offers some practices much needed breathing room, the ACR and TRS are urging members to move forward with preparations for adopting the new coding system.

The ACR's ICD-10 Physician Documentation Improvement Training is a series of 20 audio and video podcasts, which range from 5-10 minutes in length and cover topics including documentation for arthritis, mammography, osteoporosis, myocardial infarction and various other topics. The podcasts are designed specifically for radiology physicians and provide information needed to ensure proper documentation for ICD-10-CM diagnosis coding. **ACR Members get a 50% discount.**



Visit <http://www.acr.org/Advocacy/Economics-Health-Policy/Billing-Coding> to purchase the Podcast Series, or to find more resources on ICD-10 conversion.

Five Radiation Oncology Treatments to Question as Part of Choosing Wisely® Campaign

In 2013, the Texas Radiological Society officially signed on to support the American College of Radiology (ACR), the Texas Medical Association (TMA), the American Society for Radiation Oncology (ASTRO) and a host of other state and national organizations in advancing the Choosing Wisely campaign among Texas physicians.

In this issue, we will focus on the five radiation oncology-specific treatments that are commonly ordered but may not always be appropriate. The list identifies five targeted treatment options that ASTRO recommends for detailed patient-physician discussion before being prescribed.



• Don't initiate whole breast radiotherapy as a part of breast conservation therapy in women age ≥50 with early stage invasive breast cancer without considering shorter treatment schedules.

Whole breast radiotherapy decreases local recurrence and improves survival of women with invasive breast cancer treated with breast conservation therapy. Most studies have utilized "conventionally fractionated" schedules that deliver therapy over 5-6 weeks, often followed by 1-2 weeks of boost therapy. Recent studies, however, have demonstrated equivalent tumor control and cosmetic outcome in specific patient populations with shorter courses of therapy (approximately 4 weeks). Patients and their physicians should review these options to determine the most appropriate course of therapy.

• Don't initiate management of low-risk prostate cancer without discussing active surveillance.

Patients with prostate cancer have a number of reasonable management options. These include surgery and radiation, as well as conservative monitoring without therapy in appropriate patients. Shared decision-making between the patient and the physician can lead to better alignment of patient goals with treatment and more efficient care delivery. ASTRO has published patient-directed written decision aids concerning prostate cancer and numerous other types of cancer. These types of instruments can give patients confidence about their choices, improving compliance with therapy.

• Don't routinely use extended fractionation schemes (>10 fractions) for palliation of bone metastases.

Studies suggest equivalent pain relief following 30 Gy in 10 fractions, 20 Gy in 5 fractions, or a single 8 Gy fraction. A single treatment is more convenient but may be associated with a slightly higher rate of retreatment to the same site. Strong consideration should be given to a single 8 Gy fraction for patients with a limited prognosis or with transportation difficulties.

• Don't routinely recommend proton beam therapy for prostate cancer outside of a prospective clinical trial or registry.

There is no clear evidence that proton beam therapy for prostate cancer offers any clinical advantage over other forms of definitive radiation therapy. Clinical trials are necessary to establish a possible advantage of this expensive therapy.

• Don't routinely use intensity modulated radiation therapy (IMRT) to deliver whole breast radiotherapy as part of breast conservation therapy.

Clinical trials have suggested lower rates of skin toxicity after using modern 3-D conformal techniques relative to older methods of 2-D planning. In these trials, the term "IMRT" has generally been applied to describe methods that are more accurately defined as field-in-field 3-D conformal radiotherapy. While IMRT may be of benefit in select cases where the anatomy is unusual, its routine use has not been demonstrated to provide significant clinical advantage.

Choosing Wisely
An initiative of the ABIM Foundation

American Society for Radiation Oncology
ASTRO
Five Things Physicians and Patients Should Question

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Clinical Care and a Carbonated Beverage

Wayne Lindstrom, MD, UTHSC San Antonio Diagnostic Radiology PGY-4

TRS Resident Fellow Section Vice-Chair

My dad always told me that any article he read was more interesting when the author included a personal story, so that is what I will do.

About 6 months ago, I was on an ER rotation. It was 2 AM on a Tuesday, and I was about to head upstairs to grab a Coke Zero. As I passed by the CT scanner, I saw that the technologist and trauma team were hard at work positioning a patient for a head CT. As I returned, content with Coke Zero in hand, I saw the trauma resident explaining to the intern and medical students the type of hemorrhage they were seeing. I glanced at images and returned to my reading room without uttering a word.



It is so easy to stay in our dark caves and avoid the well-illuminated regions of the hospital and therefore the personal relationships with the very clinicians that use our services. I am not saying that we need to be at the CT scanner for every exam that is performed. Far from it! I am saying that when the perfect time arises (e.g., not busy, walking in a corridor with a carbonated beverage in hand), we need to seize the moment to showcase our value to both the patients and our colleagues. Beyond that, these moments are a great opportunity to build a relationship that is not based on a brief telephone call at 2 AM. I am writing this not only for myself, but as a challenge to my fellow residents and all radiologists to not make the same mistake that I made.

Five minutes later, as I dictated that very study, I realized several things:

1. The trauma resident was about 80% correct, but the hemorrhage along the interhemispheric fissure was subarachnoid, not subdural as he was suggesting.
2. I had deliberately avoided the perfect opportunity to offer immediate clinical information in my field of expertise.
3. I had circumvented direct, personal interaction with my fellow medical colleagues in favor of a Coke Zero and a dark room.

At that point, as I cordially delivered the results to the resident via telephone, I vowed to never let that happen again.

On another note, I am sincerely excited about Imaging 3.0, the Radiology Leadership Institute, and the amazing opportunities that both the TRS and ACR are offering residents to learn not only about the business of medicine, but also how to navigate the political environment. I encourage residents to research these opportunities and to educate themselves beyond the clinic and prepare themselves for real world practice. Showing up to the game is half the battle; having the right tools and skills to fight is just as important... even if it is with a carbonated beverage in hand!

P.S. I have no financial disclosures. Coca-Cola did not pay me to write this article.

More Texas Radiology Movers and Shakers

Texan Muscle at the American Board of Radiology



Milton J. Guiberteau, MD, FACP assumed Presidency of the ABR on July 1st, 2014. Dr. Guiberteau is chief of nuclear medicine and academic chief, Department of Medical Imaging, St. Joseph Medical Center, Houston. He is also professor of radiology and nuclear medicine at Baylor College of Medicine, Texas Medical Center, Houston. Dr. Guiberteau served as TRS President from 1999-2000, and was awarded the TRS Gold Medal in 2005.

Geoffrey S. Ibbott, PhD was elected to a second term as secretary-treasurer of the ABR. Dr. Ibbott is professor and chair, Department of Radiation Physics, Division of Radiation Oncology, the University of Texas MD Anderson Cancer Center, Houston.



New! JACR® iPad App



With the new Journal of the American College of Radiology (JACR®) iPad app, read and share JACR articles from anywhere in the world, receive automatic notification of new content, search locally stored content, watch in-article videos and more. Download the app from iTunes today.

New! ACR Lung Cancer Screening Center Designation



Show your facility is committed to providing quality screening care to patients at the highest risk for lung cancer by applying for the new ACR Lung Cancer Screening Center designation. Distinguish your medical imaging to providers, payers and patients. Qualified facilities must have an active ACR CT accreditation in the chest module and meet other specific requirements. For more information about the Lung Cancer Screening Center designation, visit acr.org/Quality-Safety/Lung-Cancer-Screening-Center.



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Six-Time Winner!

The TRS has earned the American College of Radiology's Overall Excellence Award (Div. D) for the 6th time!

We have also won awards for excellence in:

- Membership (2012, 2008, 2003)
- Communications (2009, 2007)
- Meetings/Education (2005)
- State with most contributors to RADPAC (2012)

Upcoming Radiology Meetings of Interest

Society of Breast Imaging: Case-Based Review & Advanced Breast Imaging Course

- September 20-21, 2014, Las Vegas, NV

North American Society for Cardiovascular Imaging

- September 20-23, 2014, New Orleans, LA

Society of Computed Body Tomography & Magnetic Resonance: 37th Annual Course

- September 27 – October 1, 2014, New Orleans, LA

6th Annual ACR-RBMA Forum: Thriving in the New Value Paradigm

- October 17-18, 2014, Seattle, WA

Society of Radiologists in Ultrasound: Annual Meeting

- October 24-26, 2014, Denver, CO

ACR Data Registries Forum & Webinar

- October 28, 2014, Reston, VA

ACR Annual Imaging Informatics Summit

- October 29-30, 2014, Washington, DC

Texas Radiological Society 102nd Annual Meeting

- March 6-8, 2015, Hilton Austin, Austin, TX

Winner of



2013, 2011, 2010, 2009,
2008, 2007