



Michigan Radiological Society News

FALL 2018

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Stephen Kilanowski, MD
President, MRS

Fellow members of the Michigan Radiological Society (MRS),

I am humbled and excited to have the opportunity to serve as president of the MRS for the 2018-19 term. I certainly have some big shoes to fill. Dr. Roger Gonda did an outstanding job as president and brought life, humor, and a breath of fresh air to our board meetings. It is an honor to have received the baton from him. If I could glean a fraction of what our 96 past presidents like Roger have brought to the table, I would consider it a success.

Inspired by past and current leaders in our professions, I hope to create a Michigan Radiological Society Foundation to help encourage scholarship, education, leadership, and service. Foundations like this have yielded great results in other states. There will be more on this over the coming year, and I am excited about the possibilities.

Representing and serving radiologists, radiation oncologists, and medical physicists across our great state is no small task and is certainly a team effort that requires as much participation and input as possible. It is with this in mind that we seek to increase membership and participation by these professionals across our state. Our membership is our greatest asset and magnifies our voice in Lansing to those who scarcely know what we do for a living, yet have the power to have great impact on our professions and our patients. Fostering young membership by those who will be the stewards of our professions in the future is particularly important.

Our legislative efforts remain one of the core reasons that many join the MRS, and we are fortunate to have an active legislative affairs committee continuing to keep our issues at the heart of the discussion table in Lansing. As always, we will continue to deal with scope-of-practice, licensing, reimbursement, insurance, safety, and other issues that invariably arise each legislative session. This is only made possible through membership and through the sacrifice of those giving their time to continue the effort.

We are living in interesting times, both for our professions and for our patients. One of the most important issues on the minds of young medical students considering radiology as a profession is artificial intelligence (AI). Will we be replaced by machines? It is a valid concern that has been the topic of many a book and movie. Years ago, similar questions were raised with the advent of computer-aided diagnosis (CAD). If past experience is to be trusted, we can remain at the forefront of implementing new technology as a tool in our proverbial tool box, rather than as our replacement. This is another reason strong membership and involvement are vital to our success.

There are several other issues on which we will remain focused over the next year. Physician burnout is a pervasive and increasing problem in our professions. We are currently working to either end or dramatically improve the current practice of prior authorization and have been approached by major insurers and others to help brainstorm solutions. We will continue and hopefully expand our partnerships with other state societies. I would also love for Dr. Gonda to continue his RAVE cases that really highlight why we do what we do.

I look forward to serving as the 97th president of the MRS.

Sincerely,

Stephen Kilanowski, M.D.

LEGISLATIVE UPDATE



James Cavanagh, JD,
MRS Lobbyist

OVERVIEW

The Michigan Legislature will be in session until the second week in October before it leaves to have its members campaign for the November 6 general election. Lawmakers are then scheduled to return the day after the general election to elect their own Caucus leaders. Thereafter, lawmakers are scheduled to be in session from late November until about a week before Christmas for "lame duck" session.

LEGISLATION

INTERSTATE MEDICAL LICENSURE COMPACT

As predicted, this legislation (HB 4066 and 4067) was reintroduced early this session after it died last session. These bills would allow for reciprocity in licensure for physicians for those states that are members of the compact. Many physicians including MRS members have serious concerns about this legislation and that opposition was a significant reason for its failure to get enacted last session. The chief sponsor of the legislation is Rep. Jim Tedder (R-Clarkston), who has the support of both Trinity and Ascension Health Systems. MRS is working in conjunction with MSMS to combine opposition of the bills as written. The House approved this legislation nearly a year ago and the bills have remained with the Senate Committee on Health Policy thanks to our opposition. We will be carefully watching these bills in lame duck session.

CONTINUING CERTIFICATION REINTRODUCED

HB 4134, sponsored by Rep. Ed Canfield, D.O. (R-Sebewaing), is a reintroduction of a bill that died last session and it looks as if it will die again this session. It prohibits continuing education as a condition for licensure or renewal of licensure for physicians. This legislation has split the physician community. Some physician specialty groups such as internal medicine and OB-GYN strongly support removal of the requirement because of the expense and bureaucracy involved in licensing renewal. Other specialty groups feel just as strongly that high standards should be kept, even if it involves expense and time.

CHIROPRACTORS SEEK REIMBURSEMENT

SBs 282 and 283 would eliminate the employer's authority to refuse reimbursement for chiropractic services to workers compensation and no-fault auto insurance matters. These bills were first assigned to the Senate Health Policy Committee but have now been re-referred to the Senate Insurance Committee where they have stayed for the past 18 months.

EFFORT TO ADDRESS PRIOR AUTHORIZATION

MRS continues to participate in a work group along with MSMS, other specialty physician groups and other interested parties in seeking a solution to the arbitrary use of prior authorization.

Prior authorization is used by some insurers to control costs. However, its use has become more commonplace and hinders the practice of medicine and at times the best health interests of the patient. Prior approval and other methods of discouraging access to modern medicine is not only becoming an issue with drug therapy, but with imaging modality as well. The legislation being drafted by the work group would, among other things;

LEGISLATIVE UPDATE (CONT.)

- Require an insurer to make current prior authorization requirements accessible on the insurer's website
- Mandate that the prior authorization requirements on the insurer's website be described in detail
- Require the insurer to make statistics available regarding prior authorization approvals and denials
- Place a time limit on the insurer for prior approval requests
- Prohibit an insurer from requiring an insured's or an enrollee's physician to participate in a step therapy protocol if the physician considers that the step therapy is not in the patient/insured's best interest

MSMS has asked for financial assistance from MRS, other physician groups and patient advocates to support an effort to curtail the arbitrary use of prior authorization. I will be discussing this matter with the Board.

WHAT'S IN STORE FOR MEDICAID?

SB 897, now Public Act 208 of 2018, imposed work requirements on those adults considered "able bodied" in order to obtain Medicaid benefits. The federal government has authorized similar work requirements in other states, most recently Kentucky. However, a federal district court overturned Kentucky's waiver approval by CMS, saying the decision did not take into account certain factors, did not follow the Administrative Procedure Act, and that work requirements were contrary to the purpose of Medicaid.

On September 10, the Michigan Department of Health and Human Services submitted to CMS the work requirement waiver request. However, the court's decision in the Kentucky case makes Michigan's waiver request problematic.

UNIVERSAL CREDENTIALING

Another initiative, HB 5487, sponsored by Rep. Canfield, requires the State to create a universal credentialing program for Medicaid providers. Originally, the State was opposed because it would require significant resources to create and administer the program. Currently, Medicaid health plans have a number of different credentialing programs. Providers, such as physicians, are concerned that they have to be credentialed by numerous agencies, depending upon the insurance company or health plan. A single credentialing program, it is believed, would give Medicaid recipients greater access to providers and thus health care. This bill has passed the House after it was substantially amended to first allow for a study to be conducted on the effect of universal credentialing. It is now with the Senate Health Policy Committee.

ACR CONFERENCE

Since I last reported to you, MRS members visited Congressional offices as part of the annual ACR Conference in Washington D.C. Members met both U.S. Senators and a number of members of Congress and/or their staff to discuss reimbursement for "virtual colonoscopy and adequate funding levels for the National Institute of Health. Thanks to all those who participated.

CERTIFICATE OF NEED

The Megavoltage Radiation Therapy Strategic Advisory Committee will meet in Lansing on October 3.

DIVERSITY IN RADIOLOGY

Michigan communities benefit when physicians can draw on their widespread cultural experiences to help care for an increasingly diverse patient population. Medical schools have been recruiting progressively diverse student bodies to meet these service challenges, yet Radiology continues to rank low among medical specialties in reflecting the trend toward greater inclusiveness. The Michigan Radiological Society Commission for Women and Diversity was established in October 2016 to develop strategies for improving such representation in our State. Our efforts are currently focused on providing all medical students with an earlier exposure to Radiology as an exciting and stimulating career choice. We have been invited to host outreach events at the Wayne State University School of Medicine, University of Michigan Medical School, and Michigan State College of Human Medicine. Also, our group is working with similar organizations within the ACR and throughout organized medicine to develop additional data-driven solutions to meet this challenge.

We welcome your input into this process. Contact Lisa Betz (lisabe@rad.hfh.edu) or Shadi Azar (shadiaza@med.umich.edu) if you would be interested in attending our next medical school outreach event—especially if you would like to share your experience as a radiologist or radiology trainee—scheduled for November 13 at the Michigan State College of Human Medicine.

**March 20, 2018
Radiology Diversity Event
Wayne State University
School of Medicine**

This meeting was hosted in partnership with the Michigan Radiological Society with the goal of increasing diversity in the field.

written by Saralyn Beckius, edited by Vishwas Tiwari

[Click here](#) to read the full article found on page 5 and 6.



DIVERSITY INTERVIEW



Vidya Pai, MD, FACR

Interview with Vidya Pai, MD FACR**Currently Breast Imaging Division at Beaumont****Henry Ford Hospital Fellowship Diagnostic Radiology Spc Imaging 1997****Henry Ford Hospital Residency Diagnostic Radiology 1996****The University of Toledo College of Medicine Medical School 1992**

As a woman in a leadership position in radiology, were there any specific challenges that you faced because of your gender? How did you manage to overcome these challenges?

I think overall women have a harder time accepting a leadership position. The opportunity is there. I feel that women are still the primary care giver at home (and want to be) and this can limit the time and flexibility they have. The main way to overcome these challenges is to have a supportive team behind you. This includes wonderful colleagues (who jump in to help), amazing mentors (who promote your abilities and are there for guidance), a supportive spouse (who fosters your goals) and an understanding family.

What advice would you give to women seeking leadership positions in radiology?

Women should be more active in voicing their opinion, should "lean in" in meetings rather than take a back row and have a strong work ethic which shows what you can do. Look for ways to improve your division/department, come up with a plan on how to make a change and then meet with your division head to implement it. If your suggestions are valid he/she will welcome them and look to you for more ideas. You have to put in the time and effort to demonstrate what you can do. Sometimes we can be our worst enemy as we tend to be more critical of ourselves than others and devalue our own opinions.

You have to be passionate about what you do. Everything else follows. I am passionate about breast imaging and providing the best care for my patients. This not only includes my daily clinical work but also every other aspect of running a Breast Center (scheduling, efficiency, availability, reporting, turn around time, billing, etc). We are constantly looking at improving our center my making tweaks here and there. Our focus is patient centered care and we never forget this.

The opportunities are out there, you need to be willing to take them. Volunteer to give the lecture, go to a health fair, visit a physicians clinic to educate them on utilizing your specialty, be the go to person, be involved in committees, step up to the plate and nothing will stop you. Each person has to show what they are capable of and in turn nothing is impossible.

LEGISLATIVE DAY



MRS Legislative Day Lansing, Michigan September 26, 2018

Once again we had a successful annual legislative day in our beautiful state capital of Lansing. Under the direction of the MRS lobbyist, Mr. Jim Cavanaugh, we had over 15 radiologists descend upon the steps of our capital visiting representative and senators of the Michigan legislature.

Issues discussed with legislators included the following:

PRIOR AUTHORIZATION

More and more, health insurers are using arbitrary and cumbersome prior authorization methods to delay or thwart patient access to needed diagnostic testing. MRS is part of a coalition of health care groups which will be pursuing legislation that would, at the very least;

- Require the insurer to justify its prior authorization decision.
- Make the criteria conform to a standard of uniformity for consistency.
- Provide for an appeal process with a definite time limitation for a decision on the appeal.



SCOPE OF PRACTICE

The practice of radiology is a specialty within the practice of medicine. Typically, a radiologist spends 10 years of post-graduate education and residency. Efforts by other professions whose members do not have the training or education required of radiologists should not be allowed to practice radiology. In the past, other groups have requested the Legislature to increase their scope of practice to include the "ordering, operating and interpreting of imaging." In the past, MRS has succeeded in convincing the Legislature not to expand the scope of practice for these professions as their members are not qualified to practice radiology and it would put the public at risk. Thank you for protecting the public and upholding the integrity of radiology. Please oppose any future efforts to compromise health care.

GRADUATE MEDICAL EDUCATION

MRS urges your continued support for adequate funding for Graduate Medical Education (GME). GME is needed to help keep our medical students in Michigan and give them and hospitals needed financial assistance to complete a student's education and training. GME funding has also been useful toward addressing physician shortages in underserved areas.

TELEMEDICINE

Any legislation allowing for the use of telemedicine for the treatment of patients must require that a Michigan licensed physician be in charge for accountability and patient safety.

CORPORATE PRACTICE OF MEDICINE

MRS urges the Legislature to look into strengthening Michigan's professional corporation and professional limited liability laws. More and more, out of state for-profit entities not owned by physicians as required by law are engaging in the practice of medicine through; Employee lease back arrangements; Building lease agreements; Equipment lease agreements

These arrangements defeat the purpose of the professional corporation statute and place the public at risk.



MICHIGAN RADIOLOGY PAC

Make a Difference

MRPAC

Michigan Radiology Political Action Committee

www.mrpac.org

Michigan Radiology PAC
Attn: Shannon Sage
1103 Sarah Street
Grand Blanc, MI 48439

Thank you for your time, generosity, and membership.

Sincerely,
Mark Weiss, M.D.
Chairman, Michigan Radiology Political Action Committee

Fellow Members of the Michigan Radiological Society (MRS),

Legislative battles are brewing in Lansing, and one of the most important ways for us to successfully fight them is to donate to the [Michigan Radiology Political Action Committee \(MRPAC\)](#). Our impact is especially vital in a gubernatorial election year.

One of the active issues underway is an attempt to overhaul or eliminate the prior authorization process in Michigan to reduce delays in patient care. Overhauling or eliminating the prior authorization process will improve access to patient care options, eliminate redundancy from the current process, and insure the process is transparent and evidence-based. This could have significant impact on a patient's ability to undergo imaging and radiation therapy. MRS will be joining MSMS in attempting to modernize this process.

Another recurring issue is INTERSTATE MEDICAL LICENSURE COMPACT, which is a proposed cost-cutting measure that could have a substantial impact on radiology contracts around the State and Country. Entities without a Michigan medical license—some corporate and not physician-owned, as we have seen in some institutions—could potentially apply for and compete for radiology contracts in Michigan.

There is a recurrent bill in the House sponsored by Rep. Ed Canfield, D.O. (R-Sebewaing), proposing eliminating continuing medical education (CME) as a condition of physician licensure in Michigan.

We need your financial help to be effectively involved in these and other issues. MRS needs a seat at the table to make certain diagnostic radiology, radiation therapy and interventional radiology have their interest heard. More importantly, patient care and evidence-based medicine needs to prevail.

Please consider making a generous donation to the MRPAC by [clicking here](#) or mailing a check to:

Suggested Contributions

Above and Beyond	\$500
Executive Committee	\$300
Contributor	\$200
Supporter	\$100

ORAL CHEMOTHERAPY



Paul Chuba, MD, PhD, FACP

Physician groups such as the MSHO and advocacy groups such as ACS CAN are fighting for Oral Chemotherapy Fairness in Michigan. 43 other states have passed legislature in support of Oral Chemo Fairness. Oral chemotherapy fairness would bring out-of-pocket costs for those receiving oral chemotherapy in line with those receiving traditional IV chemotherapy. These issues are important to Radiation Oncologists, Interventional Radiologists, and Diagnostic Radiologists as well. There will be a Health Policy Committee hearing on Dec 5, 2018. Please consider attending one or more of the events that are planned around this.

Currently, the out-of-pocket costs for oral chemotherapy medications versus IV medications provides a barrier for some cancer patients to use them. The out-of-pocket cost disparity between IV and oral chemotherapy can lead to patients making treatment decisions based on cost and not on what their doctor has recommended. Many patients that use oral chemotherapy medications are able to continue every day activities like working and traveling, that is not always the case with IV chemotherapy.

Additionally, there are certain cancers that are only treatable through oral chemotherapy medication.

Date: Wednesday, December 5, 2018

Where: Anderson House Office Building, 124 N. Capitol Ave, Lansing, MI 48933

Please Bring: A picture of a loved one, friend, or colleague touched by cancer to hold.

Tentative Agenda:

Check In	8:30 a.m. – 8:50 a.m. (House Office Building Lobby)
Health Policy Committee Hearing	9:00 a.m. – 10:30 a.m.
Stopping by Legislator Offices	10:30 a.m. – 12:00 p.m.
Lunch	11:00 a.m. – 1:00 p.m. (Binsfield Senate Building)
Talking to Legislators	12:00 p.m. – 2:30 p.m. (State Capitol)
Capitol Event	1:00 p.m. – 3:00 p.m.

Link to register:

http://action.fightcancer.org/site/Survey?ACTION_REQUIRED=URI_ACTION_USER_REQUESTS&SURVEY_ID=37832

Registration will be open until Wednesday, November 28 at the end of the business day.

JOBS BANK

The Michigan State University Department of Radiology is recruiting fellowship trained applicants for Assistant, Associate, or Full Professor Health Programs-Fixed Term interested in pursuing an academic affiliated career in Neuroradiology. Michigan State University enjoys excellent clinical and research resources. There is a robust research infrastructure within the university and department. The successful candidate will be a physician certified by either the American Osteopathic Board of Radiology or the American Board of Radiology, eligible for medical licensure in the State of Michigan and have successfully completed an ACGME-accredited Neuroradiology fellowship. The salary and rank are commensurate with experience.

[Click here](#) for more information.

The Department of Radiology at Michigan State University is seeking fellowship trained applicants for Assistant, Associate, or Full Professor Health Programs-Fixed Term in Musculoskeletal Radiology to fulfill a teaching position at our institution. We currently consist of 3 qualified and friendly fellowship-trained faculty members, in a growing subspecialty teaching service, who engage in all facets of musculoskeletal imaging and intervention, including ultrasound. A commitment to clinical excellence is essential. Applicants must be willing to participate in all areas of our practice, and be capable of adapting to new or emerging changes in Musculoskeletal Radiology. We have a close working relationship with orthopedic surgeons at Michigan State University and in the community, and applicants should also be willing and able to frequently engage referring physicians in a professional and amicable manner. Scholarly activity outside of teaching is strongly encouraged, and there are numerous opportunities for research with our exemplary research division. Benefits are excellent, and time-off and salary are competitive. Applicants must be board certified or board eligible, and be eligible for Michigan Licensure. Experience is desired, but not required.

[Click here](#) for more information.

The Michigan State University Department of Radiology is recruiting fellowship trained applicants for Assistant, Associate, or Full Professor Health Programs-Fixed Term interested in pursuing an academic career in Breast Imaging. The successful candidate will be certified by either the American Osteopathic Board of Radiology or the American Board of Radiology, be eligible for medical licensure in the State of Michigan and have successfully completed a Breast Imaging fellowship. Michigan State University enjoys excellent clinical and research resources. The Department recently opened a 7,000 square foot multidisciplinary Women's Imaging Center equipped with state-of-the-art mammography, ultrasound and DEXA. There is a robust research infrastructure. The faculty member will also be involved in teaching medical students, residents and fellows. The salary and rank are commensurate with experience.

[Click here](#) for more information.

The Michigan State University Department of Radiology is expanding and recruiting fellowship trained applicants for Assistant, Associate, or Full Professor Health Programs-Fixed Term interested in pursuing an academic affiliated career in Body Imaging. The successful candidate will be certified by either the American Board of Radiology or American Osteopathic Board of Radiology, eligible for medical licensure in the State of Michigan and have successfully completed a Body Imaging fellowship. The successful candidate would also be required to perform some general radiology and perform some minimally invasive procedures. Michigan State University enjoys excellent clinical and research resources. The faculty member will also be involved in teaching medical students, residents and fellows. The salary and rank are commensurate with experience.

[Click here](#) for more information.