



Michigan Radiological Society News

MARCH 2018

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Roger Gonda, Jr., MD, FACR
President, MRS

March in Michigan. One day its 60 degrees and the next there is 5 inches of snow. Crazy.

Sort of like the folks in charge of quality reporting. At the recent ACR Practice leaders meeting held in Phoenix in January we were told that the quality metrics change like the weather. As soon as everyone is reporting them they change the metrics so you have to learn new ones. Sounds just like JACHO...as soon as you comply with all the rules they invent new ones...to keep themselves relevant, maybe?

Anyway, March is the time of year for the Hickey Lecture. Detroit and Michigan was and still is a hotbed of private practice and academic radiology opportunity, quality and research. Dr. Gunderman was the featured speaker and in his typical fashion educated and informed us on many levels. Who knew "The McDonaldization of Radiology" could be so entertaining and provocative.

Our Gold Medal Award winner this year is Dr. James J Karo. Dr. Karo was a pioneer in ultrasound and many of us still call him friend, mentor, teacher. I call him JJK as he was Chairman at my hospital and on the teaching faculty at Providence and before that Henry Ford Hospital for years and years.

The appellate judge heard our appeal on March 13, 2018 and we will have more to report after that. There is interest in this case at the highest levels of the ACR. See page 5 for more details.

A disturbing trend with insurance companies directing your patients to "lesser cost" facilities continues. The ACR and MRS will always oppose any insurance company directing any patient anywhere and interfering with any physician-patient relationship. See page 5 for full article on Anthem Rescinding Pay Cuts for Same-Day Services

We are excited to report that this year's Annual Meeting held on May 3 will feature MSK Radiologist Murray Howe MD (the son of hockey legend Gordie Howe) as the keynote speaker. He will present excerpts from his book "Nine Lessons in Life I Learned From My Father" and especially how they apply to radiology. He'll have copies of his book for sale and promises lots of god old fashioned fun.....something we desperately need around here! [Click here](#) for more information.

Finally, see this month's RAVE submission on page 4.. The "Grandma Rule"

All the best. Expecting more wacky government regulations, reimbursement rules and weather.

LEGISLATIVE UPDATE



James Cavanagh, JD,
MRS Lobbyist

OVERVIEW

Governor Rick Snyder proposed his eighth and last State of the State address to a joint session of the Legislature on January 23. Among other things, the Governor heralded Michigan's economic comeback and urged continuation of the Medicaid expansion program, called the Healthy Michigan Plan. On February 7, he proposed his eighth Executive Budget as well. It calls for a slight growth in spending in most areas, most notably education and human services.

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 form opposition strategy. The House approved this legislation and it is with the Senate Committee on Health Policy.

CONTINUING CERTIFICATION REINTRODUCED

HB 4134, sponsored by Rep. Ed Canfield, D.O. (R-Sebewaing), is a reintroduction of a bill that died last 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. The bill has been referred to the House Health Policy Committee. The Chair of that Committee has indicated to me that he will give this measure a hearing but that a Committee vote is unlikely.

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.

EFFORT TO ADDRESS PRIOR AUTHORIZATION

MRS is participating 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 will be asking for financial assistance from MRS, other physician groups and patient advocates to support an effort to curtail the arbitrary use of prior authorization. Your thoughts on this project are welcome and will be presented at the next work group meeting. Work group members are weighing the best time for a bill introduction, as 2018 will be a big election year.

WHAT'S IN STORE FOR MEDICAID?

When President Trump took office and the Republicans gained the majority in both Houses of Congress, it was widely assumed that the Affordable Care Act (ACA) would be repealed and replaced with a more conservative alternative. There was great talk in Lansing of block grants to states to pay for Medicaid, allowing states more flexibility to administer the program and requiring more of recipients. It appears that the Michigan Medicaid expansion program, which serves approximately 670,000 people, will remain "as is" for now. However, it is still unclear what effect Congressional passage of the Republican tax revision package will have on the Medicaid program. The concern is two-fold for advocates of a Medicaid health program. First, proponents are concerned that the \$1.5 billion tax cut will force lawmakers, if not in 2018 then shortly afterward, toward entitlement revision aimed at drastically cutting Medicaid, Medicare and Social Security, for starters. The second concern is in the tax legislation itself as it removes the insurance mandate, one of the underpinnings of the Affordable Care Act. No telling what effect that will have on Medicaid.

In addition, there is more debate now over revisions to the regular Medicaid program and the Healthy Michigan Plan. Toward that end, Rep. Gary Glenn (R-Midland) has introduced HB 5317 which would impose a recipient work requirement in order to qualify for and receive benefits from the Medicaid program. The bill has been referred to the House Appropriations Committee.

Another initiative, HB 5487, sponsored by Rep. Canfield, requires the State to create a universal credentialing program for Medicaid providers. At this time, the State is 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 been referred to the House Committee on Health Policy.

OTHER

CERTIFICATE OF NEED

The Special Certificate of Need Commission hearing originally scheduled for January 25 has been rescheduled for February 8 at 9:30 a.m. in Lansing. At that meeting a report will be given on the public comment concerning MRI services. In addition, a presentation will be given by the U-M Health System and Beaumont Hospital on Megavoltage Radiation Therapy Services and, specifically, proton beam therapy.

RAVE



Roger Gonda, Jr, MD, FACR
President, MRS

RAVE: Radiology Adds Value Everyday**The Grandma Rule**

Have you ever had this question from one your associates or residents?

Resident: I understand that I have to call all critical results but how do I know which other results to call that may be important, but not “critical”?

I always tell my associates and residents to use the “Grandma Rule”

If the result is important enough that you would hope and/or expect your Grandma’s radiologist to call her ordering physician with similar results.....it’s important enough to call today with your patient’s findings.

Simple rule, easy to remember. Everybody has or at least had a Grandma. These are (were) my Grandmas.



ANTHEM RESCINDS PAY CUT - CORPORATE PRACTICE LAWSUIT UPDATE

Anthem Rescinds Pay Cut for Same-Day Services

The American Medical Association (AMA) announced February 23, 2018, that Anthem has decided not to move forward with its policy to reduce payments for evaluation and management (E&M) services reported on the same day as clinical procedures with a Current Procedural Terminology (CPT) modifier 25.

Anthem's decision represents an important step forward toward addressing ongoing disputes with Anthem over a variety of policies that have a negative impact on patient care. It came in response to organized medicine's strong objections to the E&M services policy.

In December, the AMA announced Anthem had adjusted its proposed policy to reduce payments for E&M codes appropriately reported with a CPT modifier 25 by 25 percent instead of 50 percent, as originally planned. The AMA and other physician organizations continued to voice strong objections to this reduction in physician payment and presented additional analyses of the relevant codes and services to Anthem. The policy was scheduled for implementation on March 1.

The American College of Radiology, along with the AMA and many other stakeholder groups, will continue to oppose Anthem's restrictive policies for advanced imaging in hospital outpatient facilities, retrospective denial of payment for emergency room visits, including advanced diagnostic imaging services, and the denial of payment for monitored anesthesia care or general anesthesia for cataract surgery.

[Click here](#) to view the full article.

MICHIGAN RADIOLOGICAL SOCIETY V OMIC, d/b/a OAKLAND MRI COURT OF APPEALS ARGUMENT/MARCH 13, 2018

Today, the Court is being asked to consider three questions that, actually, can be boiled down to two because they apply to both Defendants in this matter:

Must a for-profit limited liability company, in this case, Oakland MRI, offering medical services to the public be owned and managed by a licensed physician?

Does the Plaintiff have standing to bring an action against Oakland MRI for declaratory ruling and equitable relief in the form of temporary and permanent injunction?

To answer the first question, a review of the history of the Corporate Practice of Medicine Doctrine must be examined. This doctrine is over a century old and is rooted in the precept that profit making priorities should not influence medical judgment or the delivery of health care. Without this "firewall", patients face potential risk and harm.

[Click here](#) to read the full content.



2018 RESIDENT SECTION CONFERENCE

On February 16, 2018 the MRS Resident Section hosted their 21st Annual Resident Section Conference and Research Forum. Eliot Siegel, MD, spoke about *Artificial Intelligence* and Four abstract winners were selected to present at the conference with two finalists chosen to speak at the 81st Annual Preston M. Hickey Lecture, MD that was held on March 15th at the Inn at St. John's in Plymouth.



Michael Kasotakis, MD, MRS Immediate Past President; Elias Taxakis, MD, Resident Section President



Eliot Siegel, MD, Keynote Speaker



Elias Taxakis, MD, Resident Section President

Abstract Winners:

Diagnostic Radiology Winners:

Vanessa Campbell, MD, William Beaumont

Validity of Cholescintigraphy Gallbladder Ejection Fractions Stimulated with Ensure Plus Fatty Meal

John Nguyen, MD, MSU - St. John Providence Hospital

Hunting Down the Culprit: Quality Initiative to Identify the Sources of Error and Improve the Transcription Process of Image Requisition Documentation in the Outpatient Setting, Phase II

Radiation Oncology Winners:

Joon Lee, MD, Henry Ford

Voxel-Based Texture Analysis of Multiparametric MRI for Entraprostic Tumor Volume Delineation

Charles Vu, MD, William Beaumont

Automatic Segmentation of Thoracic Organs-At-Risk Using Convolutional Neural Networks



2018 RESIDENT SECTION MEETING SPONSORS

THANK YOU TO THE SPONSORS OF THIS YEAR'S RESIDENT SECTION CONFERENCE

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Radiology Business Solutions



Southfield Radiology Associates



Southfield Radiology Associates

UPCOMING EVENTS

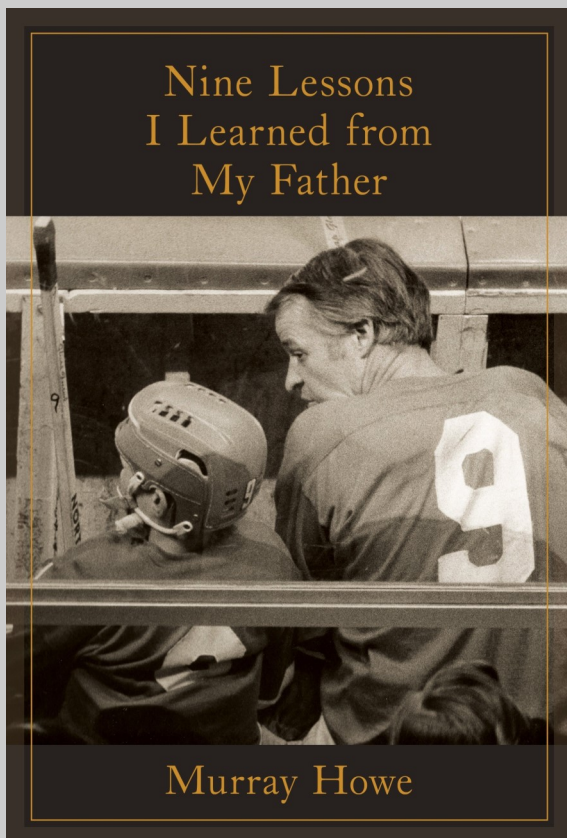


April 11, 2018
Sloan Museum, Flint, Michigan

Keynote Speaker:
Steve Min, DO

“New Paradigm of Radiology Practice”

There is no cost for this event.
[Click here](#) to RSVP now.



MICHIGAN RADIOLOGICAL SOCIETY BOOK SIGNING AND AUTHOR TALK

May 3, 2018
Marriott Auburn Hills Pontiac Campus
3600 Centerpoint Parkway
Pontiac, MI 48341

Please join us for an evening with Murray Howe, MD, author of *Nine Lessons I Learned from My Father*. Dr. Howe will show a powerful video about Mr. Hockey, and for the first time ever, will share a few of Mr. Hockey's remarkable radiologic imaging findings.

Click for
More Information

2018 BREAST IMAGING CONFERENCE



2018 Breast Imaging Conference

NOVEMBER 10 & 11, 2018

INN AT ST. JOHN'S, PLYMOUTH

Please join us at the Inn at St. John's in Plymouth, Michigan for a comprehensive and in-depth Breast Imaging course. Our Nationally renowned faculty include Rachel Brem, MD; Daniel Kopans, MD and Jean Seely, MD, as well as other Breast Imaging experts from across the State. Our speakers will address the latest Breast imaging technology topics targeted for radiologists in private practice or academic settings, as well as technologists, nurses, residents and fellows.

15 AMA Category 1 and 15 ASRT Category A credits are pending approval.

Agenda Coming Soon!

Location:

[Inn at St. John's, Plymouth](#)

44045 5 Mile Road, Plymouth, MI 48170

Tuition	Before	After
	1-Sep	1-Sep
MRS Member	\$450	\$495
MRS Member - (Sat. or Sun Only)	\$225	\$270
Non-Member	\$500	\$545
Non-Member - (Sat. or Sun Only)	\$250	\$295
Resident/Fellow	\$225	\$250
Resident/Fellow - (Sat. or Sun Only)	\$115	\$240
RN	\$225	\$250
RN - (Sat. or Sun Only)	\$115	\$250
Radiologic Technologist	\$190	\$210
Rad Tech - (Sat. or Sun Only)	\$95	\$115

The MRS has secured a reduced room rate at \$159 per night. To reserve a room at the Inn at St. John's, call 734-414-0600 and reference the event: **2018 Breast Imaging Conference**. The cut-off for room reservations is **October 25, 2018**.

Registration Information:

[Click here](#) for more information or to register online.

Sponsor Information:

[Click here](#) for more information on sponsoring the event