Michigan Radiological Society News

MARCH 2017

INSIDE THIS ISSUE:

Michael Kasotakis, MD
President, MRS

The Silent Epidemic: Burn-out in Radiology

"Though this be madness, yet there is method in it." Hamlet, William Shakespeare

March has always been a month of change, disruption, and "madness". Shakespeare tells us about the "ides of March", the day on the Roman calendar that corresponds to 15 March. It was marked by several religious observances and became notorious as the date of the assassination of Julius Caesar in 44 BC. In contemporary western culture March is also associated with a college basketball competition known as "March Madness". The definition of madness comes to us from the early 14th century where they describe it as insanity, dementia, or rash or irrational conduct, a sense of "foolishness".

Is there "madness" in healthcare? Is there a silent epidemic lurking in our midst? The answer is yes, and it takes the form of burn out and disengagement.

Physician burn-out is at an epidemic level threatening health care delivery. From 2011 to 2014 burn-out has increased considerably. According to a recent Medscape survey from 2017 nearly 49% of radiologists are burnt-out. The severity of radiologist burn out averaged 4.2 on a scale of 7. The top three causes of radiologist burn out according to the survey were: too many hours at work, feeling like a cog in the wheel, and too many bureaucratic tasks.

Burn out is defined as having a low sense of personal accomplishment, depersonalization, and emotional exhaustion all leading to decreased effectiveness at work. Burn out differs from depression in that it is related to our work environment and not our global life. Burn out is related to lower career satisfaction and longevity, decrease in job performance and effectiveness, and many other stress-related problems including physical and mental illnesses. Left unchecked burn out can lead to depression, illness, and even suicide.

Who is to blame? Is it the doctor's fault or the medical system? Up until now we have mostly blamed the physician and directed our corrective efforts towards them. Eat better, exercise more, lose weight, meditate, and eat more granola. Unfortunately this has not proven effective. We must stop blaming and start addressing the underlying causes of burn out. We must change the vernacular from victim to active participant in leadership change. Only with active and engaged physicians can we change our broken healthcare system and ensure that we protect our most precious asset from harm.

Most importantly, and perhaps our only hope in the end, is to look within. We must find and re-define our purpose and mission as human beings and physicians. In his book, Life on Purpose: How Living for What Matters Most Changes Everything, Victor J. Strecher, a professor at the school of public health at the University of Michigan, makes the connection between purposeful living and proven scientific evidence. He gives us real and tangible tools that we can use to change our philosophy and perspective. I recommend that we all read this book.

As president I am dedicating the month of March and this newsletter to raise awareness of physician burn-out. This will coincide with our annual Hickey Lecture on March 9th where we will have physicians speak to us about burn-out and physician well-being. Dr. Vita McCabe, a cardiothoracic surgeon, will talk about her own personal struggles with physician burn-out and what she did to persevere. Dr. David Steinberg, current chief of staff at St. Joe's Ann Arbor, will take us on a journey of empathy and emotional intelligence. We will even learn techniques such as mindfulness from Dr. Steven Thiry that we can use to better engage in our surroundings and empathize with our patients and peers. In our newsletter you will also find a thoughtful eulogy written about one of our own past presidents as he struggled with addiction only to succumb in the end.

To close with another Shakespeare quote we must find "method in this madness". We must look for signs and symptoms of burn-out not only in our peers, colleagues, medical students and residents, but also in ourselves. Please seek professional help if you need it before it's too late. And, if you have the capacity or emotional reserves, help find a method in this sea of madness and advocate for a safe, effective, and sustainable healthcare environment that protects our most precious asset from harm. Ultimately it would behoove us as healthcare professionals to take a bit of our own advice: Primum non nocere.

Sincerely,
Michael Kasotakis, MD
President, Michigan Radiology Society

RADIOLOGY RECRUITMENT AND RETAINMEMT IN THE AGE OF DISRUPTION — Part I: Recruitment

Michael Kasotakis, MD
President, MRS

Radiology has undergone three major disruptors with the past ten years. They include: the continued corporatization and commodization of medicine, healthcare reform and alternative payment models, and the rise of automation and technology allowing remote image sharing and interpretation.

For the most part we have prospered in this early phase of disruption. We have gotten more efficient, become more subspecialized, and expanded our service delivery to all hours of the day. This Imaging 2.0 period saw the technological advancement of radiology coupled with large increases in imaging volumes and utilization. We became the paragon of our own success and the envy of other specialties. We were one of the most sought after and competitive residencies in medicine. Recruiting and retaining the best physicians was easy. We were too big to fail.

The exponential rise in radiology, however, saw a declining role and relevance of the radiologist. We became "invisible" RVU generating machines, highly efficient and accurate. Our modus operandi was getting through a stack of films at breakneck speeds creating turn-around-times that would make Olympic sprinters envious. Imaging shot through the roof and with it, our salaries and ego.

This invisible, machine-like radiologist is incompatible with the brave new world of imaging 3.0. In the 3.0 era, the emphasis is on adding value to the healthcare system, proving our relevance, becoming stewards of appropriate imaging and utilization, and protecting the public from harmful radiation. Pressures of service delivery and sub specialization coupled with an environment of healthcare reform, disruption of employment structures, and continuous automation have redefined our roles as medical imagers. To address this change we must redefine and reexamine our recruiting efforts and practices. So which radiologist is most likely to succeed in the 3.0 world?

Todays "future" radiologist must not only be an expert, highly accurate and productive, but also extol excellent citizenry and leadership. In the 2.0 world a radiologist would be highly successful having one or two of these traits. It was difficult, if not impossible to fail. Today, you need all four. Our future radiologist must not only be an excellent radiologist, but also be an informed and engaged member of the healthcare delivery team.

Leadership must be taught, encouraged, and emulated at the medical school and residency level. Once in practice, we should provide early and ample leadership opportunities for our radiologists to grow professionally. Opportunities for engagement can include serving on committees, joining your local state radiology society, and attending leadership conferences such as the radiology leadership institute. Most importantly, we need to provide leadership mentors to our young whom will provide appropriate and effective feedback.

In part II of my article next month I will discuss the factors that create desirable practice parameters. The foundation of a desirable practice setting is vital to retain the best radiologists providing them personal and professional satisfaction. Our "future" radiologists are millennials, one of the largest and most highly educated generations in history. To be successful we will need to prove that we can communicate in their language and understand their greatest fears and wishes.

Michael J. Kasotakis, MD
President, Michigan Radiology Society

RESIDENT SECTION

Rosan Patel, MD

It has been an honor to serve as the 2016 President of the Resident and Fellow Section (RFS) for MRS. We have accomplished so much this year that deserves mention. For the last couple of years, we have battled state legislation on Advanced Practice Registered Nurses that would have allowed them to order, perform and interpret medical imaging. We succeeded in defeating the proposed legislation by arguing for patient safety and that the privilege of imaging interpretation should be reserved for board certified radiologists.

At ACR 2016, we supported the USPSTF Transparency and Accountability Act. This law would make the methodology for screening recommendations public and allow for stakeholders such as physicians to provide feedback. This law is critical to ensure that the USPSTF makes appropriate evidence based recommendations in the future to guarantee that patients continue to receive insurance coverage for proven screening exams that save lives.

We also fought for patients by advocating for the CT Colonography Screening for Colonoscopy Cancer Act. Alternatives to colon cancer screening were not assigned a specific grade and therefore not covered by insurance. Currently only 60% of Americans get screening for colon cancer. Our goal is to offer CT Colonography as an alternative screening tool and to ensure that it is reimbursed by insurance as an alternative to colonoscopy. If patients have the option to choose colonoscopy or CT colonography, patient compliance with colon cancer screening will increase and more lives will be saved.

Our calendar year concluded with the 20th Annual Resident meeting on February 10, 2017. It was an honor to have Dr. Bibb Allen President of the American College of Radiology as our keynote speaker. His lecture highlighted the new healthcare environment that radiologists will thrive in. While healthcare policy authorities such as Dr. Ezekiel Emmanuel view technology and artificial intelligence as a clear threat to radiology, Dr. Allen urged us to embrace this challenge. Beyond imaging 3.0, Dr. Allen advocated for our field becoming the gatekeepers to technology and medical data in the future.

We were also delighted to have Ted Burnes from RADPAC speak to us. His message was clear, RADPAC is our voice in the United States Congress, and we must step up to support it. Ted introduced a potential new strategy of RADPAC supporting candidate Dr. Stephen Ferrara for a 2018 Arizona House of Representatives congressional seat. Dr. Ferrara is an interventional radiologist, retired Captain, and former Chief medical officer of the Navy. It is the belief of the ACR and RADPAC that a win by Dr. Ferrara will greatly impact legislation in the favor of all radiologists.

We ended our meeting with current MRS President Dr. Michael Kasotakis. As a neuroradiologist and recruiter for Huron Valley Radiology, he offered residents advice on succeeding in finding new jobs. He echoed the sentiments of many groups that are hiring in saying that a once tight job market is loosening.

Reflecting back at my journey, I am most proud of the renewed interest by residents and fellows throughout Michigan for our society. With the help of our resident board and all of the members of MRS, we had an extremely successful year and for that I would like thank all of you. As the RFS presidency transitions to Dr. Elias Taxakis, I am confident that the RFS will continue to grow and remain an anchor for MRS. We must never forget that the future of Radiology is in our hands, and we cannot stand by to let others dictate what is best for our patients.

Thank you,
Rosan Patel, MD
President, MRS Resident Section

RESIDENT SECTION (CONT)

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RFS President's Message

Hello MRS members. My name is Elias Taxakis. I am honored to be the Michigan Radiological Society Resident and Fellow Section (RFS) president for the 2017 - 2018 year. Our last president Rosan Patel did an excellent job and I will work hard to ensure that we continue to build upon the foundation that he established. A top priority for us this year will include increasing resident participation in the RFS. We are also actively seeking new avenues to increase networking between Michigan Radiology residencies. As always, we will continue to fiercely advocate for our specialty on a local, state, and national level. I'm looking forward to a fantastic year for the MRS! Please feel free to contact me at etaxakis@med.umich.edu with any suggestions, comments, or questions.

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Michigan Radiological Society Resident Section

IN OUR MIDST

Dan Shumaker had it all. He had a wonderful wife and family. He was a great radiologist. He was a chief resident, chairman of a department and president of the Michigan Radiological Society. He enjoyed boating, fishing, golf, and sports. He was active in his church. He was an all around good guy - everyone loved Dan.

Dan and I were great friends. We spent a lot of time together. We talked nearly everyday about radiology, our practice, and our families and of course the Lions and Tigers sports teams. We socialized outside of work. Yet I did not see anything to make me think that there was something wrong. His decline was gradual – something was off but I didn't know what. Dan died last spring as a result of alcoholism.

Many alcoholics are high-powered, hard-working, and successful professionals. Alcoholism or addiction is often not suspected, even if you know the person intimately over a long period of time. Addiction is complex and its consequences are devastating but recovery is possible. So how can we help each other?

Alcoholics can spend years in denial. It is easy to rationalize that as long as they can manage a family and career and fulfill their daily responsibilities, there is no way they could have a problem. Sometimes they may feel entitled to indulge as a reward for their hard work or to ease stress. They may surround themselves with others who have similar issues and consequently will not see their behavior as out of the ordinary. Regardless, denial sustains the problem.

Addicts are masters at concealing their problem but despite their best efforts, things eventually break down. It may be subtle changes in behavior that are uncharacteristic of their sober selves, such as skipping social events, a change in attitude or a lack of focus. Physical manifestations include insomnia, shakiness, paranoia or other health concerns. For others, it could be sloppiness at work, missing deadlines and obligations, increased frequency of sick-days or well-rehearsed excuses for mistakes. Recognition is the first step but family and friends often fail to see the problem, which can perpetuate its denial.

Once we recognize the problem, the inadvertent enabling can stop. It can sometimes be difficult to help - either we don't know what to do or the alcoholic/addict does not want our help. We can support, encourage and love but only the alcoholic/addict can initiate treatment and recovery. It may take a rock-bottom event (e.g., loss of a job, estrangement from family, legal problems) to force the issue and motivate them to seek help.

Many of us are at risk for addiction, especially with the stresses of our profession. I suspect each one of us has or will experience a similar situation. I did not recognize that Dan had a problem until it was too late. Understanding some of the behaviors associated with addiction and realizing that addictions are a real part of life will allow the problem to be addressed. What Dan despised the most about alcohol addiction was the "stigma". Addiction is not a matter of willpower or lack of moral compass – it is a disease that needs treatment and support. Hopefully, Dan's story will help break down some barriers and make seeking help easier for those to confront their addiction.

Author:
Joseph Junewick, MD, FACR

MRPAC

Steve Kilanowski,
Chairman
Legislative Affairs Committee
Vice President of MRS

Fellow Members of the Michigan Radiological Society (MRS),

With the potential for major healthcare legislative changes on the horizon with the new administration, now is an important time to have a seat at the discussion table. This is made possible in Lansing by your generous donations to the Michigan Radiology Political Action Committee (MRPAC). There is potential for states to have significant impact on the delivery and shaping of future health care legislation, and by clicking here to contribute to MRPAC, you facilitate our influence on the issue. You can also mail a check to:

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

This month also is the annual RADPAC March Madness Campaign. RADPAC is the national equivalent of MRPAC and serves as a voice for radiology in Washington, D.C. Click here to learn more about RADPAC, and click here to donate to RADPAC. Each new donor to RADPAC earns our state chapter points toward winning the March Madness Campaign.

Thank you for your time, generosity, and membership.

Sincerely,

Stephen Kilanowski, M.D.
Chairman, Michigan Radiology Political Action Committee

SAVE-THE-DATE

2017 UpNorth Conference

October 14 & 15, 2017

Great Wolf Lodge,
Traverse City, Michigan