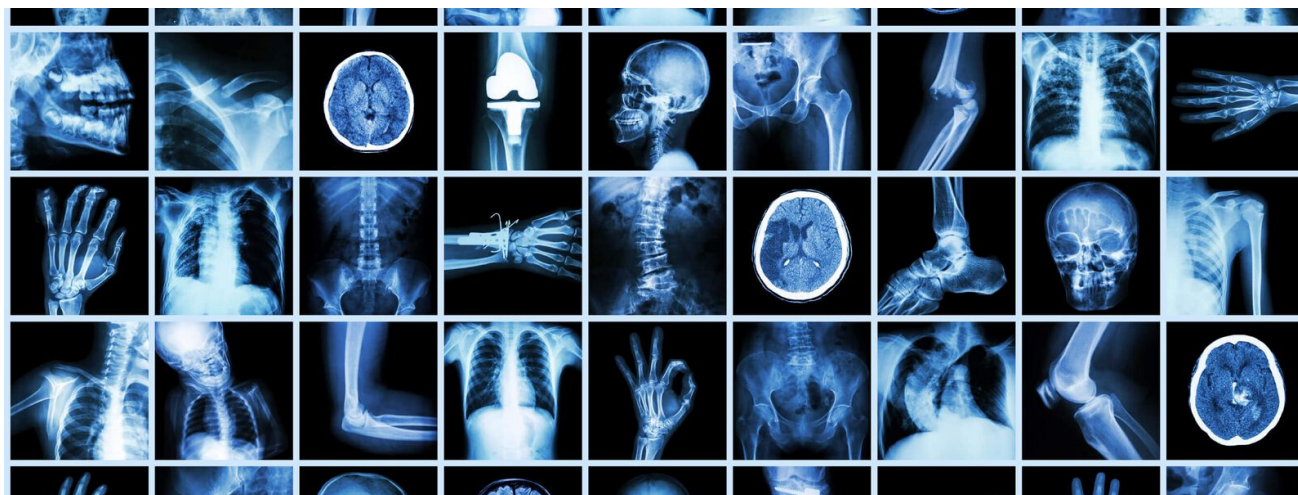


MICHIGAN RADIOLOGICAL SOCIETY NEWS

Bi-Monthly Newsletter for Members of the M.R.S.



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A MESSAGE FROM THE PRESIDENT

BY PERRY PERNICANO, M.D., F.A.C.R.



Perry G. Pernicano, M.D., F.A.C.R.
Michigan Radiological Society President

My Fellow Michigan Radiological Society Members,

Your Society has been very busy and active since the last newsletter. A committed group of members fulfilled our advocacy mission making the trek to our State Capitol in Lansing for **Legislative Day** on September 25, 2019.

Our lobbyist James Cavanagh prepared talking points and had a full slate of meetings set up for us. We met with numerous State Senators including Tom Barrett (R-Charlotte), John Bizon (R-Battle Creek), Winnie Brinks (D-Grand Rapids), Stephanie Chang (D-Detroit), Jeff Irwin (D-Ann Arbor), Michael MacDonald (R-Macomb), Sylvia Santana (D-Detroit), Lana Theis (R-Brighton), and Curt VanderWall (R-Ludington). Below is a group of us with Senator Jeff Irwin from Ann Arbor.



We discussed the importance of continued support for graduate medical education, issues pertaining to prior authorization, and pending legislation regarding surprise billing. As you can see from these photos, half of the participants were residents. Witnessing the engagement and involvement of these dedicated young physicians definitely had a positive impact on our State legislators.

Following the activities of Legislative Day, we convened a **Board of Trustees Meeting** at the Michigan State Medical Society building in East Lansing.

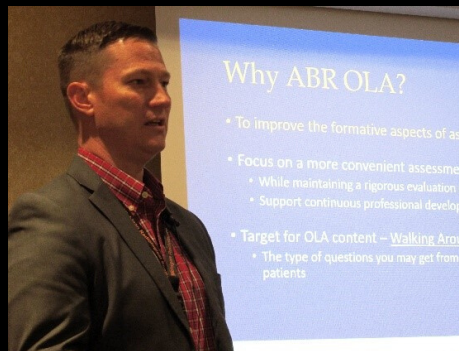




This meeting was quite eventful. Due to our previous web hosting company going out of business and based on the recommendation of the website committee, the Board approved moving to GoDaddy as our new web hosting company, so be on the lookout for the upcoming redesigned and improved website. The Board approved establishment of a Medical Student Section as well as a Senior and Retired Section. The Board also approved investing \$80,000 into a higher yield account.

A few short weeks later, the very successful **UpNorth Conference**, part of our education mission, was held at the Great Wolf Lodge in Traverse City. The weekend's activities were kicked off on Friday evening October 11, 2019 with a social event at The Filling Station Microbrewery. This was a lot of fun, with plenty of great food and fantastic entertainment provided by Dr. Roger Gonda and his son.

The meeting convened first thing Saturday morning with outstanding presentations from our guest speakers Dr. Mark Michalski, Executive Director of the MGH & BWH Center for Clinical Data Science, discussing Artificial Intelligence; Randall Juip and Anthony Pignotti from Foley, Baron, Metzger, & Juip, PLLC discussing malpractice issues; and David Laszakovits from the ABR discussing online longitudinal assessment.



Also on Saturday, we held a Head and Neck Cancer Symposium featuring Dr. Suresh Mukherji, a Neuroradiologist, Dr. Michelle Mierzwa, a Radiation Oncologist, and Dr. Danielle Gainor, a Head & Neck Surgeon.



We had a second fabulous social event Saturday evening, a wine tasting at Chateau Chantal on the scenic Old Mission Peninsula. A good time was had by all.



The meeting reconvened Sunday morning with another session of outstanding presentations. Our guest speaker Dr. Mark Michalski gave his third talk of the conference on Artificial Intelligence. Dr. Shadi Azar gave an update on the activities of the MRS's Commission on Women and Diversity in Radiology Committee, which he chairs. Dr. Gaurang Shah gave updates on both the use of gadolinium and on economics. Dr. Roger Gonda gave a presentation on leadership and two residents, Dr. Casey Branach from the University of Michigan and Dr. Jonathan Chapman from Beaumont Health, presented their award winning research abstracts..



Credit and thanks for the great success of the whole UpNorth Conference goes to a combination of the efforts and thoughtfulness of the planning committee, the diligence and excellence of the speakers, the involvement and participation of the 50 attendees, and the commitment and financial support of our sponsors which included Boston Scientific, Change Healthcare, iCAD, Delta Medical Systems, Healthcare Administrative Partners, and Foley, Baron, Metzger, & Juip Attorneys.

The next Society event was a complimentary dinner and CME lecture, "**Diagnosing and Assessing IPF: Role of the Radiologist,**" presented by Dr. Stephen Hobbs from the University of Kentucky held on Thursday November 7, 2019 at the Michigan State University College of Human Medicine Secchia Center in Grand Rapids. The event was sponsored by a grant from the Rockpointe Corporation, a science-based medical education company, in collaboration with the Pulmonary Fibrosis Foundation.



A Board of Trustees Meeting was also held that evening. Drs. Michael Kasotakis and Stephen Kilanowski made a presentation on the ongoing work of the MRS Foundation Committee, a motion was approved to appropriate up to \$10,000 to pay for the legal fees associated with establishing the Foundation. This motion was not taken lightly, but was viewed as an investment in the future of the Society. Some of the functions of the Society can eventually be supported by funds donated to the Foundation. President Elect Dr. Danny Ma, Chair of the Program Committee, reported on the work of the committee having selected Dr. Richard Duszak as the speaker for the Hickey Lecture on Thursday March 12, 2020 and Dr. Matthew Hawkins as the speaker for the Annual Meeting on Thursday May 7, 2020. Watch for additional information regarding both of these upcoming meetings in the New Year.

Many commemorations and holidays have recently occurred or are forthcoming. As mentioned in the last newsletter, October was **Breast Cancer Awareness Month** which I think everyone is familiar with. However, I think that fewer people are aware that November is **Lung Cancer Awareness Month**. Lung cancer is the leading cancer killer of both men and women, and lung cancer kills more people annually than breast, colon, pancreas, and prostate cancer combined. As radiologists, we can make a difference and play a pivotal role with Lung Cancer Screening. The American College of Radiology, the American Cancer Society, and the American Lung Association all have websites that contain valuable information that we can use regarding lung cancer and lung cancer screening.

November 8, 2019 was the **International Day of Radiology** and the 124th anniversary of the discovery of the X-ray by Rontgen. Governor Gretchen Whitmer also proclaimed it as the Day of Radiology for the State of Michigan.

INTERNATIONAL DAY OF RADIOLOGY 2019



Wilhelm Conrad Röntgen

November 11, 2019 was **Veteran's Day**. We should all feel proud and privileged when we have the opportunity to care for one of these brave heroes that helped protect our country and fight for our freedoms, particularly those of us that work routinely at one of the many VA facilities throughout the State.

Thanksgiving is tomorrow, and I am sure that we all have much to be thankful for. In addition to our families and profession, I think that we all should be thankful to be members of such active and dynamic organizations as the ACR and MRS. As President of our Society, I am particularly thankful for all of you and your continued membership, involvement, and support of our Society. I am also very thankful for the exemplary Executive Committee that I have to help me and for all the work that Shannon Sage does on our behalf. Thanksgiving not only brings with it several commercial "holidays" such as Black Friday and Cyber Monday, but also the newer concept of **Giving Tuesday**. This year the ACR Foundation is starting a new campaign to coincide with Giving Tuesday on December 3, 2019 called "**10 for Tuesday**." Please see additional information regarding this important campaign later in the newsletter. Also later in the newsletter, please checkout the "**Leadership Spotlight**," the newest addition to the newsletter. Dr. Vikas Gulani, Chair of Radiology at the University of Michigan, is the featured leader for this edition.

Finally, I want to wish everyone a happy, healthy, and safe **Holiday Season** in December.

Sincerely,

Perry G. Pernicano, MD, FACR

President Michigan Radiological Society

DIVERSITY IN RADIOLOGY

by Karen Grajewski, M.D. & Jessica Leschied, M.D.

Strategies for Recruiting a Diverse Workforce: Resident Selection

The business world has recognized that a diverse organization is more successful when harnessing the collective experiences of people from many walks of life to achieve a common goal. The medical community has been slower to catch on to this initiative, but in the last few years, the medical literature and the social media engine have been buzzing with evidence and discussions surrounding the benefits of a diverse and inclusive work environment. From improved patient care to better problem-solving strategies, we now know that successful health systems need to recruit and retain a diverse community of health care providers.

With the residency recruitment and selection process upon us, we thought we'd take a moment to survey a few of the larger radiology residency programs in the Southeast Michigan area to find out their thoughts on diversity in residency training and what strategies they implement during this season to ensure a diverse mix of residents in their program.

The programs we surveyed unanimously agreed that diversity improves the learning experience for residents by promoting unique approaches to clinical work, education and research. Most programs formally participate at some level in a health system-wide Diversity, Equity and Inclusion committee through either staff or resident representation, and the radiology departments at Michigan Medicine and Henry Ford Health System offer support groups specifically for women radiology residents that assist with mentoring, leadership and career development.



Kara Udager, M.D.



Priyanka Annigeri, M.D.

With regards to recruiting and selecting residents, Dr. Kara Udager, Program Director at Michigan Medicine, emphasizes interviewing a large applicant pool and specifically, inviting greater numbers of interviews to women and under-represented minority candidates. Dr. Udager also stresses the importance of a diverse recruitment committee and formal Unconscious Bias training for all members involved in the selection process. Other strategies mentioned by our survey respondents include rewarding volunteer service, perseverance/grit, leadership skills and teaching experience over education pedigree or research success in the selection equation. Once diverse radiology trainees are successfully recruited to a program, Dr. Priyanka Annigeri, Chief Radiology Resident at Henry Ford Health System, encourages women and underrepresented minority residents to attain house officer leadership positions, become active in formal mentoring programs, and attend department-sponsored lectures on diversity and inclusion.

If you have thoughts or suggestions on recruiting or retaining a diverse radiology workforce, please email us below:

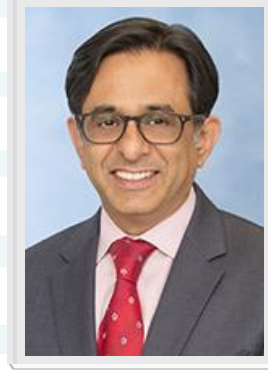
Jessica Leschied MD
jessicale@rad.hfh.edu

Karen Grajewski MD
karenguy@med.umich.edu



LEADERSHIP SPOTLIGHT

THIS MONTH THE LEADERSHIP SPOTLIGHT FEATURES VIKAS GULANI, M.D, PH.D, THE FRED JENNER HODGES PROFESSOR AND CHAIR OF RADIOLOGY AT THE UNIVERSITY OF MICHIGAN.



Welcome Dr. Gulani, thank you for agreeing to participate in the MRS Newsletter's Leadership Spotlight feature.

You are the Chair of Radiology at the University of Michigan, please tell us about your department.

Dr. Gulani: "Michigan Radiology consists of around 190 clinical and basic science faculty, approximately 1100 staff members, and approximately 100 trainees, for a total team of around 1400 people working together to enable our tripartite mission."

Please tell us about yourself and your background.

Dr. Gulani: "I have a pretty diverse background. I grew up in Delhi, India till I was 11, moving to Irvine, California to complete my schooling. Making this major move at 11 gave me a permanent dual cultural background. I am comfortable in Hindi/Urdu or English, follow cricket avidly, and at the same time am at ease in and love the culture in the US. After high school, I started with an undergraduate from UCLA in Chemical Engineering, before making a major switch to the MD/PhD program at the University of Illinois at Urbana-Champaign, with a PhD in Physiology under Dr. Paul Lauterbur. I am a physician-scientist and at Illinois I began my lifelong love for MRI and MRI research. I came to the University of Michigan for Residency in Radiology and Fellowship in Body MRI, taking a year in the middle to do a postdoctoral fellowship year in the Department of Physics at the University of Würzburg in Germany, the birthplace of radiology (Röntgen discovered X-Rays there). After fellowship, I moved to the University Hospitals of Cleveland, and Case Western Reserve University, where I worked for 13 years before returning to my roots at Michigan Radiology."

How would you describe your leadership philosophy/style?

Dr. Gulani: "It is said often, and with good reason, that culture trumps everything. I believe in a collaborative, kind culture which respects people. We are working hard in the Department to set up a culture which puts people first – our patients, but also our own 1400+ people that work here. We spend more waking hours at work than at home, and life is too short to do so at an unhappy place. And merely avoiding burnout is not a positive. We need to strive for better. So, we are working to set up initiatives that will hopefully tell our people over the years to come that, the goal of the Department is to set up an environment where they can be happy."

LEADERSHIP SPOTLIGHT CONT.

If we are successful in maintaining this atmosphere, I am very confident that people will band together in reaching excellence in our tripartite mission of clinical medicine, teaching, and research, and achieve things much bigger than any individual can alone. I believe in collaborative leadership which makes use of the multiple talents all around me. I give my leadership team a lot of freedom and try to avoid micromanagement. I hope to share accolades, and take personal responsibility for the failures."

Did you have a mentor and please describe the impact they had on your career?

Dr. Gulani: "I have had numerous influential mentors; I will discuss a few. My PhD advisor, Dr. Paul Lauterbur, can only be described as a genius. He invented MRI, won the Nobel Prize, and yet was a down to earth, kind man. He would invite the entire lab of 50-70 people to his home for Thanksgiving dinner, because worried that people from all over the world working there may not necessarily have a place to go for this important holiday. Dr. Andrew Webb was a research collaborator and mentor who would shift seamlessly from helping me and advising me, to a friend with whom I could relax in the evening and discuss just about anything, personal or professional. Dr. Rich Cohan here in the Department was my Program Director when I arrived at Michigan. He taught me how far kindness can go. He genuinely cared about every resident in the program and we could feel it. When I asked him if I could take a year to go to Germany for postdoctoral research in Physics, his knee jerk reaction was not to say no as I expected, but rather to work with the Chair Dr. Dunnick to enable this. This was a life-long lesson in how much enabling leadership can do; the work I started in Germany as a resident turned into a career defining pathway for me. Dr. Janet Bailey replaced Dr. Cohan as Program Director, and she encouraged me to take boards despite my daughter being seriously sick and requiring surgery; the resilience I learned became a lifelong strength. Dr. Hero Hussain, who was the Director of Body MRI here, taught me how I think and approach a case clinically. Another key mentor is Dr. Jeff Duerk, who was the Director of the Case Center for Imaging Research and recruited me to Case Western Reserve University. He went on to become Chair of Biomedical Engineering, then Dean of Engineering, and then moved to the University of Miami as Provost. I saw in him how to run programs efficiently yet ethically; that it is possible to be a good administrator and yet normal person at the same time."

What do you see as some of the biggest issues or challenges currently facing the practice of Radiology or your department in particular?

Dr. Gulani: "There is an impending shift from fee for service (FFS) to value based care. The threat to us is that we can go from a huge profit center for the medical care system, to a giant cost center. This potential problem affects radiologists whether we are in private practice or academics. There is the perceived threat of Machine Learning/Artificial Intelligence based interpretation destroying radiology, a doomsday perception fueled by influential (and in my opinion irresponsible) thinkers such as Dr. Izekial Emmanuel. Another huge threat is that in the ever expanding and enlarging health care systems, the people who work within them can be lost, and turned into mere cogs in the machine. This is the potential for corporatization of medicine, if you will. We need to guard against that."

How do you think the ACR and/or the MRS can assist in addressing these issues/challenges?

Dr. Gulani: "I think that proving the value of the discipline of Radiology is critical in the shift from FFS to value based models. We as radiologists know that we have value, but that is not enough. All large societies should be working to demonstrate this value. They should also be encouraging models where radiologists are at the front line of care and more closely mingled with patient care teams. The radiologist sitting only in a dark room reading images is probably prioritizing present value over future value. Machine learning/AI is a perceived threat more than real threat. I do not think radiology is at the threat of extinction, though it must change to incorporate new technology and new ways of thinking. However, dinosaur radiologists who do not adapt to technology are indeed at threat of extinction. Luckily radiology has a long history of being one of the earliest adapters of technological innovation. This pretty much defines our field. ACR, MRS, and others need to continue to enable research in this field, and make sure that radiologists have a seat at the table regarding adaption, regulation, and use of these technologies. The hardest challenge to face is that of the corporatization of medicine; this is making people unhappy and, is at the core of the frustration and unhappiness people feel working in the medical system. It is not enough to fight burnout; we should be striving for more than this. It is hard for professional organizations to fight such issues, but the key is to at least keep them in our discussion and not lose sight of them. Successful strategies need to be discussed at meetings so that others may benefit from and adopt them in their own practices."

LEGISLATIVE UPDATE

by James Cavanagh, J.D.

OVERVIEW

This month, there seemed to be a slight thaw in the frigid relationship between the Republican legislative leaders and the Governor. It is clear that, at the very least, a supplemental bill is needed to replace and add to the nearly \$1 billion in appropriations the Governor had line item vetoed. The Governor indicated that she would be willing to rescind many of her previous line item vetoes. In addition, she would seek legislative approval before using the Administrative Board to make transfers of legislative appropriations as she did last month.

Legislative leaders seemed to positively respond to the Governor's "olive branch," but it remains to be seen whether any action on supplemental appropriations will come any time soon.

LEGISLATION

PRIOR AUTHORIZATION DUE PROCESS SAFEGUARDS

Last week, Sen. Curt Vander Wall (R-Ludington), chair of the Senate Health Policy Committee, introduced SB 612, which regulates prior authorization procedures. Among other things, it:

- Requires an insurer to make current prior authorization requirements accessible on the insurer's website.
- Mandates that such requirements be set out in detail and be based on National Specialty Society Guidelines.
- Requires insurers to keep statistics regarding prior authorization approval and denials and make those statistics available.
- Places a time limit on the insurer to impose prior authorization on a procedure.
- Requires that the opinion of a medical expert be respected before a step therapy process is instituted.

The sponsor will champion the bill and shepherd it through the legislative process. The coalition expects a hearing on the bill by the first part of next year.



SURPRISE BILLING

Legislation is sweeping around the country aimed at reducing the number of unanticipated out-of-pocket expenses for patients.

There have been instances where patients believed their procedure would be covered by their insurance and the providers were "in-network" only to find out that some specialty services, most notably anesthesiology, were out-of-network. Thus, the patient would be served with a "surprise bill." HBs 4459, 4460, 4490 and 4491, sponsored by Representatives Roger Hauck (R-Mt. Pleasant) and Frank Liberati (D-Allen Park), would end this practice.

Unfortunately, reimbursement for out-of-network physicians would be tied to the Medicare reimbursement rates. MRS President Perry Pernicano, M.D., along with the President of the Michigan State Medical Society and other physician specialty groups, signed a letter addressed to House leadership opposing the legislation as written and offering to work with the sponsors of the bills toward better public policy.

The bills will be reported from the House Health Policy Committee on November 7, and they will then be referred to the House Ways and Means Committee.

NEW LEGISLATION

The MRS Legislative Committee has been sent a bill draft for its consideration. The proposed legislation was then introduced by Rep. Sherry Gay Dagnogo (D-Detroit), and requires a person who is providing a radiography service to provide notification to a patient of the availability of a protective guard. In addition, the legislation calls for the posting of a notice of the availability of a guard in each examination room. The bill has been referred to the House Health Policy Committee.

REGULATORY UPDATE

CERTIFICATE OF NEED COMMISSION

There will be a computed tomography workgroup meeting in Lansing to review volume requirements. The next meeting of the full Commission will be December 5.

RADIOLOGIC SAFETY

by MICHAEL VOTRUBA, M.D.

MRI Safety

Video capsule endoscopy, introduced in 2001, has become a relatively common procedure. By the end of 2014, more than 1.5 million capsules were used. With the increased use of the devices, the risk of a patient presenting with an endoscopic capsule for an MRI has increased as well. Patients undergoing video capsule endoscopy should not undergo MRI until passage of the capsule out of the GI tract has been verified. There are potential risks of heating, migration, bowel injury or perforation that have not been studied, although according to a few reports of inadvertent MRI exposure, no harm was observed.

The User Manual for the PillCam Capsule Endoscopy Device states: "Undergoing an MRI while the PillCam video capsule is inside the patient's body may result in serious damage to his/her intestinal tract or abdominal cavity. If the patient did not positively verify the excretion of any PillCam video capsule from his/her body, he/she should contact the physician for evaluation and possible abdominal X-ray before undergoing an MRI examination."

Besides patients undergoing uncomplicated capsule endoscopy examination, prolonged endoscopy capsule retention in the range of 1-1.7% has been reported. Patients with Crohn disease, neoplastic lesions, NSAID induced enteropathy, prior radiation treatment or extensive surgery, stenosis, adhesions, extensive diverticulosis, GI perforations and fistulas, are especially at risk.



The video capsules are easily detectable radiographically and cause metallic susceptibility artifact on magnetic resonance imaging. Therefore, the following actions may reduce the risk of exposing a patient to the MRI environment:

1. Adding a question on the MRI screening checklist regarding whether the patient has undergone a video pill endoscopy examination, the date of use and the date it was passed from the GI system.
2. If there is any question whether an endoscopic capsule is present, obtain an x-ray prior to the MRI
3. Make the MRI technologist staff aware of the possibility and instruct them to stop a scan if they see an unexpected ferromagnetic susceptibility artifact on the MRI images.

References:

World J Gastroenterol 2016 December 7; 22(45): 9898-9908

Case reports: Proc (Bayl Univ Med Cent) 2013;26(3):270–27, and Korean J Gastroenterol Vol. 67 No. 4, 207-211

PA-PSRS Patient Safety Advisory—Vol. 4, No. 1 (March 2007)





Started in 2012, **#GivingTuesday** has now become the biggest giving collaboration in the world, raising \$380M in one day in 2018. It is celebrated on the Tuesday following Thanksgiving and is designed to inspire and prompt generosity and giving after the deluge of shopping on Black Friday and Cyber Monday. **#GivingTuesday** takes place on December 3, 2019 this year.

What is 10 for Tuesday?

The ACR Foundation is joining the **#GivingTuesday** movement with our latest fundraising campaign, 10 for Tuesday. All gifts made during the 10 for Tuesday campaign will support health policy research through the Harvey L. Neiman Health Policy Institute. The campaign is ongoing and will end on the day of **#GivingTuesday**, December 3. Our goal with this campaign is to inspire a giving movement within the radiology community that helps secure our profession's future. By giving just \$10 each, radiologists across the country can come together to collectively take an active role in ensuring that the radiology profession not only survives, but thrives.

Why Support Health Policy Research?

By supporting the ACRF's health policy research initiatives, you and your fellow radiologists are helping the NHPI produce real data that informs real decisions. Without credible, evidence-based research, we cannot effectively inform policy that supports the value of radiology in the evolving team-based health care model. The most significant impact to date is the critical role that evidence-based research played in rolling back the Multiple Procedure Payment Reduction (MPPR) from 25% to 5%, restoring more than \$50 million per year in reimbursements to radiologists.

Join the 10 for Tuesday Movement.

How Can I Help Spread the Word?

You can help us spread the word about the importance of health policy research by:

- Tweeting about **#10forTuesday** and tagging 10 of your fellow radiologists asking them to give as well. Don't forget to tag **@RadiologyACR**
- Sharing this **PowerPoint presentation** and **flyer** with your chapter or practice.
- Asking your practice, academic institution or chapter to make a pledge to support 10 for Tuesday by completing **this form**.



call for abstracts

**23rd Annual Resident & Fellow Section
Conference and Research Forum
February 7, 2020
Marriott Auburn Hills Pontiac**



Residents and Fellows are invited to submit a research project for the 23rd Annual Resident Research Forum. Abstracts will be reviewed and four will be selected to present at the conference on February 7, 2020 at the Marriott Auburn Hills Marriott.

Research may be new or previously submitted work. Four abstracts will be selected to give a 10 minute presentation at the conference and will receive a \$100 monetary award. Two final winners will be selected and will present at the 83rd Annual Preston M. Hickey Memorial Lecture, which will be held on March 12, 2020 at Meijer Garden, Grand Rapids.

Submit abstracts electronically to shannon@michigan-rad.org, by January 5, 2020. Please include name of each author, residency program, and a photo. Include the following items in the body of the abstract: Introduction, Methods, Results, and Conclusion

All submitted abstracts will be on display electronically at the event.



Save-the-Date!

**MICHIGAN RADIOLOGICAL SOCIETY
11TH BI ANNUAL
BREAST IMAGING CONFERENCE**

November 7 & 8, 2020

Marriott Auburn Hills Pontiac

More information coming soon

www.michigan-rad.org