MICHIGAN RADIOLOGICAL SOCIETY NEWS

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



IN THIS ISSUE:

- 1 President's Message
- 2 Legislative Update
- 3 Radiologic Safety
- 4 Breast Imaging Tool Kit
- 5 2019 UpNorth Conference
- 7 Michigan Radiology Political Action Committee



A MESSAGE FROM THE PRESIDENT

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

My Fellow Michigan Radiological Society Members, The days are growing shorter, a sure sign that summer is almost over and that fall is upon us. This also signals the start of the Society's annual calendar of meetings and events. The events kickoff later this month on Wednesday September 25 when we will hold our annual Legislative Day in Lansing. Everyone is invited to join us for what is sure to be an interesting, informative, and productive day of meetings with our State Legislators in both the House and Senate set up by our lobbyist James Cavanagh. This will be followed just a few short weeks later by our next big event, the UpNorth Conference the weekend of October 12 & 13 in Traverse City at the Great Wolf Lodge. This will not only be an exceptional educational opportunity thanks to the outstanding faculty that we have assembled to present to you, but also a great weekend getaway with the beautiful fall foliage, a visit to the Chateau Chantal Winery, and the family friendly amenities of the Great Wolf Lodge.

During the summer hiatus, your Executive Committee was still active. We held an Executive Retreat in July.

At this meeting we had extensive discussions covering an eighteen item agenda. Foremost among these items was the MRS Foundation and the MRS Centennial in 2021. You will notice some changes in the current and upcoming issues of the now bimonthly newsletter that evolved out of ideas from the retreat. In addition to the Legislative Update and Diversity Feature that have been part of past newsletters, look for new sections on Radiologic Safety and Leadership. This issue's Safety Section discusses shielding and is presented by the Chair of our Radiologic Safety Committee Dr. Bradford Betz. I hope that you enjoy these new sections of the newsletter and the increased frequency of the newsletter.

I would also like to point out that October is Breast Cancer Awareness Month. This is an important reminder of women's health issues for all of us. I would like to take this opportunity to thank and recognize all of our dedicated and outstanding colleagues that practice primarily in Women's and Breast Imaging for their fine service. The ACR has put together a Breast Screening Toolkit that is available to all of us.

This resource is an example of our College working for us with valuable materials for patient and referring clinician education as well as public relations and media presentations. A link to the Toolkit is included later in this newsletter.



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

LEGISLATIVE UPDATE

by James Cavanagh, J.D.

OVERVIEW

While Governor Whitmer is trying to sell her proposal to "fix the damn roads," the Legislature is proceeding with its plans for a State Budget. In early March, the Governor proposed a phased in .45 cent gas tax hike in order to pay for the \$2.5 billion experts say is needed to fix our roads. Republicans who control both Houses say "no way," and have vowed to come up with their own proposal. The Governor insists road funding must be incorporated into any budget that hits her desk. Republican leadership is opposed to that linkage and is working toward placing a budget on her desk before the end of the month, which is the end of the fiscal year. GOP leadership will then see if the Governor will veto the budget, which has been presented.

LEGISLATION

PRIOR AUTHORIZATION DUE PROCESS SAFEGUARDS

Work continues on crafting a bill mandating patient and provider due process safeguards for prior authorization procedures. At a minimum, the legislation is aimed at establishing protocol for the imposition of prior authorization or other measures meant to delay or deny medical procedures. As part of the work group, we are urging that the legislation:

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





The coalition has found a sponsor who will champion the bill and shepherd it through the legislative process. The coalition expects a bill introduction yet this fall.

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, was out-ofnetwork. Thus, the patient would be served with a "surprise bill." HBs 4459 and 4460, sponsored by Representatives Roger Hauck (R-Mt. Pleasant) and Frank Liberati (D-Allen Park) would end this practice. There are still many options on the table with this legislation, including binding arbitration to settle disputes or a mandated fee schedule. The bills have been referred to the House Health Policy Committee, where a hearing is planned this fall.

REGULATORY UPDATE

CERTIFICATE OF NEED COMMISSION

The Department of Health and Human Services will hold a Commuted Topography Workgroup meeting on October 3, 2019 in Lansing, beginning at 9:30 a.m.

ANNUAL MRS LEGISLATIVE DAY

The annual MRS Legislative Day is scheduled for the afternoon of September 25, 2019 in Lansing. This is an opportunity for MRS members to speak with key legislators regarding issues of interest affecting patients, the medical profession and the Radiological Society. A Board of Trustees meeting will be held later that day at the Michigan State Medical Society.

RADIOLGIC SAFETY

by Bradfor Betz, M.D., F.A.C.R.

Time to drop the shield? Bradford W. Betz M.D., F.A.C.R.¹

Is gonadal shielding really protective? As radiologists, radiation physicists, and radiology technologists, radiation shielding is an entrenched practice for us. However, an article2 recently published in the American Journal of Roentgenology highlighted "the folly of continued use" of gonadal shielding, a position subsequently endorsed by the American Association of Physicists in Medicine (AAPM) 3 and later by the American College of Radiology, the Canadian Organization of Medical Physics, and the Health Physics Society. Perhaps not surprisingly, this reversal of long-standing conventional wisdom has generated considerable discussion.

Patient shielding was introduced in the 1976 U.S. Code of Federal Regulations as a technique to reduce germ line mutations that might have long-term hereditary consequences. Reducing the stochastic (oncogenic) effects of radiation were not considered in this recommendation. However, as the authors of the AJR article point out, no hereditary effects of medical radiation have ever been observed in humans. Furthermore, they point out that the stochastic effects of radiation are still not fully understood but that epidemiologic studies do not support the linear no-threshold model at doses < 100 mSv.

The authors also make other valid arguments against gonadal shielding. Extensive technological improvements in diagnostic imaging have substantially reduced dose levels since 1976. Most radiation exposure outside the primary x-ray beam is from scatter within the patient, which is not preventable by shielding. Gonadal shields are frequently positioned incorrectly for both girls and boys. The shields may obscure relevant anatomy, which increases repeat rates and has the potential to conceal pathology.





Finally, automatic exposure control carries the risk of increasing patient dose if the gonadal shield is placed within the path of the x-ray beam.

Patients and their families have come to expect gonadal shielding for their imaging studies and managing their expectations can prove as challenging as changing our own behavior—especially difficult in the context of ongoing media commentary about the excessive use and the dangers of medical radiation. Pre-emptive education is crucial. Before we discontinued the routine use of gonad shielding at our institution, we provided radiology technologists and non-adiology health care personnel with explanatory talking points about why we were changing our practice. We do not force compliance on anxious patients and families who insist on continuing to use the shields. Recall that radiology departments experienced similar turmoil in the past when bismuth shields were discontinued for CT—but this change was eventually accepted after we continued to provide fact-based information to patients.

The AAPM and the National Council on Radiation Protection and Measurements (NCRP) have formed committees to develop formal practice guidelines for gonadal shielding. Meantime, the FDA's Center for Devices and Radiological Health has proposed a repeal of the 1976 recommendation. 4 There does appear to be ample scientific evidence to finally drop the shield.

1 Medical Director, Department of Radiology, Helen DeVos Children's Hospital; Partner, Advanced Radiology Services, P.C.; Clinical Associate Professor, Department of Radiology, Michigan State University

ACR OFFERS NEW "TALKING TO PATIENTS ABOUT BREAST CANCER SCREENING" CME TOOLKIT

Doctors Can Earn CME Upon Completing Toolkit Module

To improve breast cancer outcomes, the American College of Radiology® (ACR®) has created a FREE "Talking To Patients About Breast Cancer Screening" toolkit for radiologists to share with referring doctors.



The customizable resources help providers:

- Identify and assess reliable breast cancer screening and outcomes data
- Discern actual breast cancer screening risks vs. benefits
- Discuss with patients when to be screened to avoid unnecessary death and treatment due to late breast cancer detection resulting from lack of screening
- Earn continuing medical education (CME) credit upon completing an online module

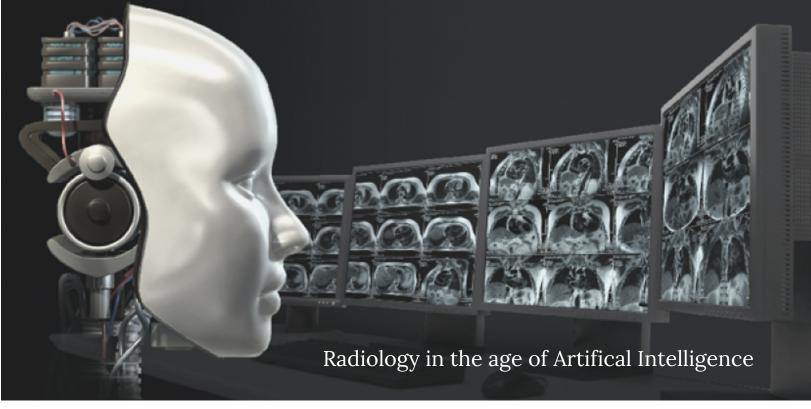
Many studies show that annual screening greatly reduces breast cancer deaths. Yet, 35 percent of women who should be screened choose not to get a mammogram — contributing to thousands of deaths each year. With conflicting screening guidelines and no modern randomized controlled trial (RCT) data, many doctors may not understand RCT and modern prospective study data on reduced mortality and morbidity due to screening. Providers may not know what to tell women regarding when and how often to be screened. This has contributed to confusion in women about when — or even if — they should get a mammogram.

Click here for more information.

2019 UPNORTH CONFERNECE

October 12 & 13, 2019 Great Wolf Lodge, Travesre City





Content is designed to appeal to all Michigan Radiological Society (MRS) members including diagnostic radiologists, interventional radiologists, radiation oncologists, fellows, residents, nuclear medicine physicians and medical physicists. This year the conference will focus on artificial intelligence, leadership & economics, and head & neck oncology.

Traverse City, Michigan is again the destination for this event timed to coincide with peak fall colors set against the beautiful backdrop of Northern Michigan's hills and Lake Michigan.

Bring your families to enjoy the water park and fantasy theme of the Great Wolf Lodge. Start the weekend with a family friendly "Meet the Board Mixer" on Friday, October 11th at The Filling Station Microbrewery. New this year will be live music by the Shady Tree Folk. Our very own past president Roger Gonda and Son will entertain with original songs with folks of all genres. Saturday evening satisfy mature palates with a wine tasting and small plate reception at Chateau Chantal. Transportation will be provided and childcare is available for children over the age of 2.

Between the relevant educational content, camaraderie and a picturesque location this will be a "must-do" "can't-miss" conference - see you there!

Click here for more information
Click here to download the agenda

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There are risks associated with all medical procedures. Potential complications with SpaceOAR Hydrogel include inflammatory reactions, infection, bleeding, and pain or discomfort from the injection.

1. Hamstra DA, Mariados N, Sylvester J, et al. Continued benefit to rectal separation for prostate radiation therapy: Final results of a phase III trial.

Int J Radial Oncol Biol Phys. 2017 April; 97(5): 976-85.

2. Hamstra DA, Mariados N, Sylvester J, et al. Sexual quality of life following prostate intensity modulated radiation therapy (IMRT) with a rectal/prostate spacer: Secondary analysis of a phase 3 trial. Pract Radiat Oncol. 2018 Jan - Feb;8(1):e7-e15.

CAUTION: The law restricts these devices to sale by or on the order of a physician

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MICHIGAN RADIOLOGY POLITICAL ACTION COMMITTEE

Can we count on you to help our cause?

More than ever before, the profession of radiology faces challenges that directly impact the quality of care for patients. Specifically, over the past several years other health professions have sought to expand their scope of practice to include the operation and interpretation of tests using all imaging modalities without qualification as to what kind of imaging. These individuals lack the education and training that radiologists possess. Thus far, we have been successful in beating back these efforts which would compromise patient care. However, the battle will continue next legislative session and we need your help more than ever. Your contribution to the Michigan Radiology Political Action Committee (MRPAC) allows us to join together to support policymakers who support quality care for patients. By banding together, we help advance the care and safety of our fellow citizens.

SUGGESTED ANNUAL CONTRIBUTION:

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

Note: Contributions to MRPAC must be individual in nature, and are separate from MRS dues.

Please consider making a generous donation to the MRPAC by clicking here or mailing a check to:

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



www.mrpac.org