

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,

Well, it has been quite a year. This is my final President's message to you. It has truly been a tremendous honor and privilege for me to serve as your President this past year. I want to give all of you my heartfelt thanks for your continued membership and support. I also want to express my thanks to the **Executive Committee** and all of the various **Committee Members and Chairs** for their hard work throughout the year to make our Society successful. **Shannon Sage** has been my right hand the entire year and I could not have managed without her.

I would like to take this opportunity to review some of the major accomplishments and events of the Society that occurred over the course of the year. We increased the frequency of communication with the membership via this newsletter from quarterly to **bimonthly**. We added the **Leadership Spotlight and Radiologic Safety** sections to the newsletter. We completely redesigned the **website**. We established both the **Medical Student Section and the Senior and Retired Section**. We **invested** a portion of the Society's funds into a higher yield account. We pushed forward with establishing the **Michigan Radiological Society Foundation** by hiring a law firm which has already drafted the **Articles of Incorporation** and the **Bylaws** for the Foundation. The **Centennial Committee** continues its work as we look forward to this gala celebration in October 2021. We had a productive **Legislative Day** in **Lansing** in September 2019. We held an informative and fun **UpNorth Conference** at the Great Wolf Lodge in **Traverse City** in October 2019. We hosted a complimentary **CME event** on "Diagnosing and Assessing IPF: Role of the Radiologist" in **Grand Rapids** in November 2019. The **Annual Resident Section Conference, Resident Research Forum, and Quiz Bowl** (won by Henry Ford Hospital) were held at the Marriott in **Pontiac** in February 2020. The **Annual Preston M. Hickey, MD Memorial Lecture** featuring **Dr. Richard Duszak**, the current ACR Council Speaker, was held at the Meijer Garden in **Grand Rapids** in March 2020. **Gold Medals** were presented to **Drs. Kevin O'Brien and Gary Gustafson** at this meeting, which was the last live major Radiologic event in the State and possibly the Nation as the **COVID-19 pandemic** began to escalate.

This brings us to the more current events since the last newsletter in March 2020. The live April **Board of Trustees Meeting** had to be cancelled and converted to a conference call via Zoom. The **Annual ACR Meeting** in Washington DC also had to be cancelled and was converted to an entirely virtual meeting. I must admit that this was an interesting experience for all involved, but your **MRS Councilors and Alternate Councilors** did a great job representing your interests and participating in the elections and Reference Committee reports. MRS members running for ACR positions were victorious and include **Dr. Andy Moriarity** being elected the **Young Physician Section Representative** to the **Board of Chancellors** and **Dr. Roger Gonda** being elected to the **Council Nominating Committee**. In addition, **Dr. Vivek Kalia** was named the **Social Media Liaison** on the **Young Physician Section Executive Committee**. **Fellowship** of the ACR was awarded to MRS member **Dr. Robert Weinfeld**.



The live **Annual MRS General Membership Meeting, Election, and Transition of Officers** that was planned to be held at the Marriott in Pontiac had to be cancelled and was converted to a Zoom meeting held on Thursday May 21, 2020. At this meeting, the Board of Trustees made the difficult decision to cancel the Breast Imaging Conference planned for November 2020 also at the Marriott in Pontiac. I must express the gratitude of the Society to the **Marriott** for waiving the cancellation fees associated with the cancellations of both the Annual Meeting and the Breast Imaging Conference, this saved the MRS tens of thousands of dollars. The election took place and congratulations to the newly elected Board members including **Treasurer Dr. Rocky Saenz, Councilor Dr. Danny Ma, and Members At Large Drs. Edsa Negussie, Michael Votruba, and Harvey Yee.** I passed the virtual gavel to **Dr. Danny Ma, the new MRS President.** Dr. Ma thanked me for my service as President and then proceeded to give a fantastic acceptance speech which left no doubt that the Society is in good hands for the upcoming year.

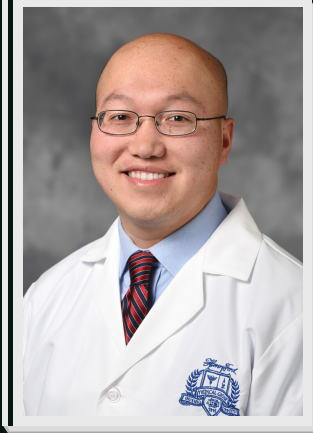
Earlier in the month on Tuesday May 12, 2020, the **Blue Angels** performed a flyover honoring all frontline and healthcare workers dealing with the COVID-19 pandemic. I was fortunate enough to witness this event.



However, the reality that led to this event is staggering. In Michigan alone, nearly 57,000 people have been infected and nearly 5,500 people have died. The economic impact is overwhelming. Our parent organization the ACR has numerous resources available to help us deal with this situation. One of the most recent documents is the “**ACR Statement on Safe Resumption of Routine Radiology Care During the Coronavirus Disease 2019 (COVID-19) Pandemic.**” Michigan’s own **Dr. Matthew Davenport** is the lead author of the paper which can be viewed at this link <https://doi.org/10.1016/j.jacr.2020.05.001>. Please continue to be safe, wear your personal protective equipment, wash your hands, limit touching your face, and practice social distancing. We will emerge from this catastrophe better and stronger as long as we stick together and support each other.

Sincerely,

Perry G. Pernicano, MD, FACR
Immediate Past President Michigan Radiological Society



Danny Ma, M.D.

Dear Members of the Michigan Radiological Society,

I am deeply honored to serve as president of the Michigan Radiological Society for the 2020-2021 term. I am forever grateful to the MRS Board of Trustees and our members for this opportunity and privilege to represent the Michigan Chapter of the American College of Radiology. The Michigan Radiological Society has a long and rich legacy since its founding in 1921 and it is quite humbling to be part of a long line of great Presidents beginning with the legendary Dr. Preston Hickey, presiding as our first President, to our most recent President Dr. Perry Pernicano.

I would like to acknowledge the outstanding work over the past year by our outgoing President Dr. Perry Pernicano. I hope to build upon the successes from the past year. Of course, no one does it alone. I am very fortunate to have an exemplary executive team to help me for the upcoming year. They are: President-Elect Ralph Lieto, Vice President Dr. Mark Weiss, Secretary Dr. Walter Sahijdak, and Treasurer Dr. Rocky Saenz. Our executive director, Shannon Sage, remains the backbone of our society and our board members and committee members provide crucial support.

Since its inception, the MRS has continued to promote and advance the science of radiology and maintain the highest standards of radiological practice for the benefit of the people of the State of Michigan. To fulfill our mission, we need your support to continue our legislative and advocacy efforts and education. I would like all radiologists, radiation oncologists and medical physicists in the state of Michigan to rally together to form a single unified voice for our profession. Radiation oncologists and medical physicists are vital to the Michigan Radiological Society. Most recently, radiation oncologists Dr. Paul Chuba is the 2013 past president of the society and Dr. Walter Sahijdak will be President of the society in 2022. Dr. Gary Gustafson was awarded the 2020 MRS Gold medal for his distinguished career and extraordinary service and served as past president of MRS in 2008. Ralph Lieto will become the first medical physicist to serve as MRS President in 2021. Continued support from radiation oncologists and medical physicists is essential for the success of our society and I will look to further promote their involvement.

We are facing increasing and unprecedented challenges in radiology. In addition to the usual hurdles of continual reimbursement cuts, the corporatization of medicine, nonphysician providers practicing beyond their scope of practice, artificial intelligence, and burnout, we are now dealing with one of the largest challenges of the century with the Covid-19 pandemic. This is wreaking havoc not just in radiology but throughout the entire healthcare system and world.

From this crisis comes an opportunity to help and make a difference. I would encourage all to come together and help in any capacity to help our profession protect our patients. Please continue supporting the MRS and ACR with your membership and participation. Donate to the Michigan Radiology Political Action Committee, educate your legislators and hospital administrators about how essential radiology is to healthcare, and provide leadership at your local hospital and demonstrate the amazing abilities radiologists are capable of. With your support, our past political advocacy, in concert with the ACR has resulted in successes, such as delays or forgoing reimbursement cuts and abandoning proposals allowing advanced practice nurses and certified nurse practitioners to interpret advanced medical imaging studies.

More than ever in these difficult times, the Michigan Radiological Society is essential to the communication of news and events in Michigan through our newsletters, newly redesigned website, social media, and through CME meetings. To network radiologists throughout our large state, we have held past meetings in Lansing, Grand Rapids, Kalamazoo, Traverse City, and Ann Arbor in addition to the metropolitan Detroit area. Our team at the MRS is already working hard on curating potential topics and speakers for the upcoming year for the Hickey meeting and Annual meeting.

We will try to hold as many in-person meetings as possible but be prepared for virtual meetings in the event we are not allowed to hold large gatherings yet. Our plans to commemorate 100 years of the Michigan Radiological Society with a 2021 Centennial celebration and the establishment of a Michigan Radiological Society Foundation are still in full swing.

MRS remains strongly committed to supporting and mentoring medical students, residents, and fellows as they are the lifeblood of the society and many will become future leaders in Michigan. The MRS Resident and Fellow Section (RFS) officers are active participants in the society including our board meetings, ACR annual meeting and legislative visits. Our Annual RFS conference brings residents together from all over state for education, exchange of ideas, and networking. I will focus on reaching out earlier to preclinical medical students to provide early exposure to radiology to ensure our profession continues to shine bright.

In closing, thank you for the privilege and great honor to serve and represent all of you as the 99th President of the Michigan Radiological Society. Please contact myself, Shannon, or any board member to share your thoughts or if you would like to participate.

I look forward to another great year with your help. It might be a bit more challenging with the Covid-19 pandemic, but we will get through this together...over 1,400 members strong.

Sincerely,

Danny Ma M.D.
President,
Michigan Radiological Society

Diversity in Radiology



Living and working in a COVID-19 world

Author: Evita Singh, MD

With the closing of winter came the Novel-Covid 19 pandemic and with it a new way of living and working. While radiology as a specialty was one of the first to coin “telemedicine,” many of us for the first time experienced the term “WFH” (work from home). Teleradiology companies have existed beyond this decade, but most of us were not prepared for the sudden transition. Not only were many non-procedural radiologists home, so were their children as schools closed for the remainder of the school year. Women radiologists especially were facing a new challenge of simultaneous mothering and doctoring; balancing Zoom lessons, homeschooling, and reading studies. For many, the physical burden included not having ergonomic workstation setups or dedicated reading rooms within one's homes. Emotionally, the stress and pressure not only related directly to the pandemic, but also to attempting to excel at both home duties and professional responsibilities without much preparation. Provided are some resources and guidance on managing this new work-life arrangement.

First and foremost, if you are reading from home, it is more important than ever to consider the ergonomics of your home workplace to minimize job-related injury. A local Ann-Arbor based ergonomics consulting firm has made available this “toolbox” which is a clean and easy reference on how to optimize your WFH setup.

<https://www.humantech.com/your-work-from-home-toolbox/>

Second, this new and unexpected way of life is a toll on us all mentally in ways we may not even realize, adding another roadblock to achieving physician wellness. Ten Percent Happier is providing free access during this pandemic and provides actionable ways to cope with stress, fear and anxiety with guided meditations, podcasts and talks.

<https://www.tenpercent.com/coronavirussanityguide>

And lastly, and maybe the most difficult, how do we keep the kids sane, entertained and ducated?! While there is no easy or correct answer in this time of “survival mode,” there are a plethora of YouTube videos, free local Zoom classes including Yoga and music, and much more.

Dr. Michelle Sakala has graciously shared this comprehensive list of resources for “**Life in the Time of COVID-19**” to address mental wellness, child engagement, WFH issues, charitable missions and more.

Life in the Time of Covid-19 Resources

As our state and our departments begin to reopen for elective services, many of us will return to working within hospital sites. With that comes additional responsibility and caution to protect ourselves and our families from work related COVID-19 exposure. Some simple suggestions include:

- Consider wearing scrubs full time in the hospital
- Have a dedicated pair of hospital only shoes that do not enter the home
- Tie hair back as it can be a fomite and also increases the number of times you may touch your face
- Place cell phone in a plastic ziploc bag which can then be disposed of daily or wipe phone when leaving hospital and when home with disinfectant
- Wipe down your workstation daily with disinfectant- especially dictaphone, keyboard, mouse, phone
- Shower upon arriving home
- Use mask, faceshield and PPE during patient contact as available to you and minimize objects exchanged between the patient, tech and you

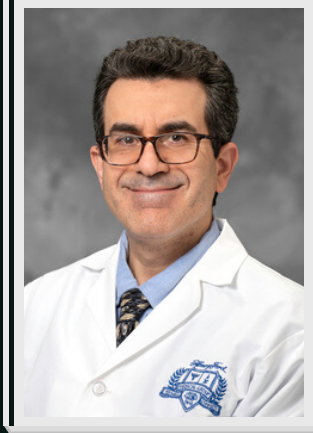
Additional guidance provided by the Michigan State Medical Society provided here:

https://www.msms.org/Portals/0/Documents/MSMS/Resources/For_Practices/COVID-19/COVID-19%20Safe%20Return%20to%20Work_FINAL.pdf?ver=2020-04-30-200405-910

As we reopen as a state and as a society, stay healthy, be cautious, and always be kind.



CORONAVIRUS (COVID-19)



RADIOLOGIC SAFETY

by John Kalabat, M.D.

TI-RADS Highlights

Thyroid nodules are very common, present in 68% of the adult population by screening ultrasound. In addition, there has been an increase in the incidence of papillary thyroid cancer resulting from increasing use of screening ultrasound. However, many thyroid malignant nodules are nonaggressive in behavior. Mortality has remained very low despite the increase in incidence of papillary cancer. Hence came the ACR attempt to risk stratify which nodules warrant FNA on the basis of predicting clinically significant malignancy. This may also have the effect of reducing the number of needless biopsies on benign nodules.

TI-RADS was developed. Each thyroid nodule is categorized as TR1 (Benign), TR2 (not suspicious), TR3 (moderately suspicious), or TR5 (highly suspicious for malignancy). 5 characteristics are evaluated for each nodule: composition, echogenicity, shape, margin, and echogenic foci. Points are assigned based on each characteristic. The more points assigned, the more suspicious the nodule. This may seem like a daunting task at first. But there is an online calculator available (<http://tiradscalculator.com>). In addition, use of templates during dictation can be extremely helpful.

Composition is categorized as cystic/almost completely cystic (0 points), spongiform (0 points), mixed cystic and solid (1 point), and solid/almost completely solid (2 points) with solid the most suspicious feature.

Echogenicity is categorized as anechoic (0 points), hyperechoic/isoechoic (1 point), hypoechoic (2 points), and very hypoechoic (3 points). Very hypoechoic is the most suspicious feature. Hypoechoic is in reference to thyroid. Very hypoechoic is in reference to neck muscles.

Shape is categorized as wider than tall (0 points) or taller than wide (3 points). Taller than wide is the suspicious feature and means ratio of >1 in AP diameter to horizontal diameter in transverse plane.

Margin is categorized as smooth (0 points), ill defined (0 points), lobulated/irregular (2 points), or extrathyroid extension (3 points). The last is the most suspicious feature.

Echogenic foci is categorized as none or large comet tail artifacts (0 points), macrocalcifications (1 point), peripheral/rim calcifications (2 points), and punctate echogenic foci (3 points). The latter is the most suspicious feature.

The points from all 5 above categories are added up for each nodule and a TR category is assigned for each nodule:

0 points	TR1
2 points	TR2
3 points	TR3
4-6 points	TR4
7 or more points	TR5

Another very important characteristic evaluated for each nodule is size. No points are assigned with size. The size is not used for TR categorization. But it is used to help determine if follow up or FNA is warranted.

And the size warranting FNA increases with decreasing TR category. If a nodule is TR5, the threshold size for FNA is 1 cm. For TR4 the threshold size increases to 1.5 cm. For TR3, the threshold increases to 2.5 cm. (No FNA indicated for TR1 or TR2 nodules no matter the size.)

Follow up is recommended for TR5 nodules ≥ 0.5 cm. TR4 nodules ≥ 1 cm, TR3 nodules ≥ 1.5 cm.

All nodules should be measured in 3 axes. These include largest dimension on axial, maximum perpendicular measurement on same axial image, and maximal longitudinal dimension. For multinodular thyroid glands, no more than 4 nodules with the highest ACR TI-RADS point scores that fall below size threshold for FNA are to be followed. Mentioning other nodules is unnecessary and these can be reassessed on follow up sonogram.

Growth is defined as increase of 2 nodule dimensions by at least 2 mm or 20% increase in at least 2 nodule dimensions.

No more than 2 thyroid nodules should be biopsied. These nodules for biopsy should be the nodules with the highest point totals that meets criteria for FNA. Size is not the primary criteria in this regard.

With more widespread implementation of the ACR TI-RADS Committee's recommendations, there will be improved standardization, with the aim of reduced unnecessary biopsies as well as lessening the "overdiagnosis" of the incidence of thyroid cancers, many of which are indolent.

References:

1. Tessler, F et al. ACR Thyroid Imaging, Reporting and data system (TI-RADS): White paper of the ACR TI-RADS Committee. J Am Coll Radiol 2017
2. Grant, E et al. Thyroid Ultrasound Reporting Lexicon: White paper of the ACR thyroid imaging, reporting and data system (TIRADS) committee. J Am Coll Radiol 2015;12:1272-1279 2015
3. <http://tiradscalculator.com>

Legislative Update



by James Cavanagh, JD

OVERVIEW

As of this date, Michigan enters its fifty-eighth day of being under a State of Emergency. The Governor and Legislature are at odds with regard to the extent of the Governor's authority to issue Executive Orders, which exacerbated the current situation. In fact, legislative leaders sued the Governor over the matter and on May 19, the Court of Claims ruled in favor of the Governor, saying she has broad statutory authority to issue executive orders including stay at home orders. Clearly, this is only the first round in a case that ultimately will be decided by the Michigan Supreme Court.

The fact that the Governor and legislative leaders are at odds is not a good sign with the problems they both must handle in the days and weeks ahead. Both parties must work together to balance the State's budget, which has taken a terrific hit due to the pandemic.

Last Friday's State Revenue Estimating Conference stated there will be a shortfall in revenue of at least \$2.5 billion. Combined with the forecast for the following fiscal year, the State is short nearly \$6.3 billion. This means significant cuts in state spending and hoped for relief from Washington for state and local governments. To add to the concern, claims for unemployment insurance benefits and a projected significant increase in Medicaid caseloads put the State on the hook for an additional partial funding obligation. Proposals such as Graduate Medical Education, Radiation Safety Enforcement and licensing enforcement will be vigilantly guarded so they do not undergo the budget axe. The days ahead in Lansing will be difficult.

LEGISLATION

Prior Authorization:

After three hearings, SB 612 remains in the Senate Health Policy Committee. The delay is due in most part to the pandemic and the fact that the Legislature is just now meeting on a more regular basis. It is also due to the bill sponsor's desire to neutralize any opposition from the Blue Cross/Blue Shield, a very potent political force.

Consequently, he has been negotiating with the Blues in an effort to at least achieve their neutrality. I look for a Committee vote on the bill yet this spring.

Surprise Billing:

House Bills 4459 and 4460 call for resolution of disputed reimbursement for "out of network" physicians to be tied to either the amount an in-network physician would receive for the procedure, or 150 percent of the Medicare rate. MRS has worked with other physician specialty groups and MSMS to obtain some form of arbitration for disputed claims.

Up to now, legislators have resisted that effort, especially as the bills went through the House Health Policy Committee. Now that the bills are with the House Ways and Means Committee, the Chairperson is seeking a form of very limited arbitration as yet to be determined. In any event, the bills have been held up due to opposition to tying reimbursement to an artificial fee schedule. I expect the bills to be reported to the House floor within the next month.

NEW LEGISLATION

Signage:

HB 5186 requires extra signage at facilities conducting imaging to inform the patient of the availability of protective covering. As a number of the members have conveyed to me, this is totally unnecessary legislation and, in fact, is contrary to protocols developed by experts. I have conveyed this to the House Health Policy Committee Chair and I am pleased to report the bill remains in this Committee.

Civil and Criminal Immunity:

SB 899 expands civil and criminal immunity for a “health care professional” and “health care facility” for injuries incurred during the course of treatment of a person during the course of a pandemic. This immunity covers treatment as long as the injury sustained as a result of the treatment was not incurred by gross negligence or willful wanton disregard for the patient’s safety. The bill would codify one of the Governor’s Executive Orders on the subject and would expand the immunity to all “health care professionals” and add certain health facilities. The bill passed the Senate on pretty much a party line vote with the majority Republicans voting in favor and Democrats opposed. The bill did receive a hearing this week before the House Judiciary Committee as it is on a fast track. I expect the bill to pass the House next week. It will in all likelihood however, be vetoed by the Governor.

OTHER

Virtual Capitol Hill Day:

With the cancellation of the ACR Annual Conference and Capitol Hill Day, the ACR is encouraging states to conduct a “Virtual Capitol Hill Day.” ACR Government Affairs has urged leaders and members of MRS to participate in either a conference call or a zoom conference with U.S. Senators who are members of the Senate Finance Committee. I am arranging such a “virtual meeting” with the Minority Chair of the Senate Finance Committee, Michigan’s own U.S. Senator Debbie Stabenow, to talk about the issues of concern to radiologists and radiology. Please let me know if you would like to participate and I will let ACR know.

11th Biennial Breast Imaging Conference

The conference scheduled for November 7 & 8, 2020 at the Marriott Auburn Hills Pontiac has been **canceled** due to the COVID-19 pandemic.

The next conference will be scheduled in the fall of 2022.

Below are some resources for obtaining CME credits online.

- <https://www.rsna.org/education/continuing-medical-education>
- <https://arrs.org/ARRSLIVE/Education>



Need a New Job?

Check out the MRS Job Bank!

Mid-Michigan Preview

Advanced Diagnostic Imaging, PC
3400 N Center Suite 400
Saginaw, MI 48603
Contact Person: Darlene Egerer
degerer@adirads.com
989-799-5600

Advanced Radiology Services
3264 North Evergreen Dr NE
Grand Rapids MI 49525
616-363-7339

McLaren Greater Lansing
401 West Greenlawn Ave
Lansing MI 48910
Contact Person: Michele Bishop
mlbishop@advancedrad.com
517-975-6000

Northern Michigan Preview

Alpena Regional Medical Center
1501 W Chisholm St
Alpena MI 49707-1401
Contact Person: Steve Smith
989-356-7000

Munson Medical Center
1105 6th St
Traverse City MI 9684-2386
Contact Person: Deb Glicken
231-935-5890

Radiology Muskegon, PC
605 Western Avenue
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Contact Person: Stephen Vaughan
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Southeast Michigan Preview

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Contact Person: Duff Jelsky
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X-Ray Associates of Port Huron
609 Huron Blvd. Suite B
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<https://michigan-rad.org/job-bank/>