

MICHIGAN RADIOLOGICAL SOCIETY NEWS

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



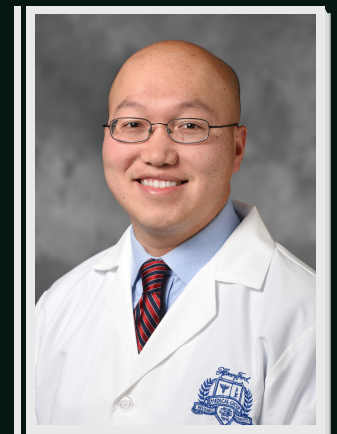
IN THIS ISSUE:

- 2 President's Message
- 3 Diversity in Radiology
- 6 Legislative Update
- 8 Leadership Interview
- 10 Radiologic Safety
- 11 Automation & Technology
- 12 MRPAC
- 13 Jobs Bank
- 14 New & Transferred Members



A MESSAGE FROM THE PRESIDENT

BY DANNY MA, M.D..



Danny Ma, M.D.
Michigan Radiological Society President

Dear Fellow Michigan Radiological Society Members,

The first day of fall was September 23 and also marked the first day of the MRS calendar year with our annual Legislative Day. The COVID-19 pandemic could not stop us from promoting radiology and advocate for issues that impact our daily practice. Our lobbyist, Jim Cavanagh, organized virtual Zoom meetings with your State Senators. We updated them on important issues such as prior authorization, surprise billing, and advanced practice nurses and chiropractors practicing beyond their scope of practice. See the legislative report for a complete update.

October is National Breast Cancer Awareness month. About 42,170 women in the U.S. are expected to die in 2020 from breast cancer. A big thank you to our breast imaging specialists and technologists for diagnosing breast cancers and saving lives. Look for the new American College of Radiology "Return to Mammography Care" resources for radiologists and referring providers coming October 1 on the ACR website.

The education of residents and fellows while imparting the importance of advocacy is of paramount importance to the Michigan Radiological Society. We are extending our mission efforts with our newly active MRS Medical Student Section. We are in need of volunteers to help mentor medical students. I have found mentoring a very personally rewarding endeavor and I hope you will join me. Medical student Natalie Skeiky's experience with the ACR PIER Internship is a great example of how mentoring can impact a student's life. Contact me at madanny@hotmail.com or Shannon Sage at shannon@michigan-rad.org if you are interested in mentoring.

In this issue, past MRS President, Roger Gonda MD, gives a very enlightening leadership spotlight. Evita Singh MD, member of the MRS Commission on Women and Diversity, offers an insightful piece on Racial Inequality in Healthcare. Chair of the Radiologic Safety Committee, John Kalabat MD, provides a very informative article on nuclear medicine VQ scanning and COVID-19.

Physician burnout was pervasive even before the COVID-19 pandemic. Undoubtedly the pandemic will exacerbate burnout conditions for many, and it is important for all of us to monitor our well-being. The ACR Radiology Well-Being Program does just that. You will be able to use the Well-Being Index survey tool from the Mayo Clinic and access other resources on the ACR website.

Flu season coincides with the fall season and there has never been a more important time to get your flu vaccination. The COVID 19 pandemic is predicted to surge in the fall and winter months. This expected surge, together with flu patients, can overwhelm our hospitals. We must be careful to not undo the progress against COVID-19 in the State of Michigan. Please remember to wear your mask, wash your hands, and maintain proper social distancing. Together we will eventually get through this.

Sincerely,
Danny Ma M.D.

DIVERSITY IN RADIOLOGY

PIER Internship

When you are little, the world is yours because your imagination is unfettered and you have not yet learned of limitations. This spring, as a young woman, I completed my first year of medical school online and isolated from my peers; I was acutely aware of limitations. In a few months, COVID-19 had completely altered every sector of society. As case numbers spiked, sporting events, conferences, graduations, and research projects were canceled. Yet, to my surprise, the PIER Program notified me and my fellow scholars that our summer radiology experience was not collateral damage; instead, it had been completely re-envisioned and restructured for a virtual platform. This was when I realized that radiology and innovation were, as the young kids say, "#RelationshipGoals".

The American College of Radiology (ACR) established the Pipeline Initiative for the Enrichment of Radiology (PIER) program to improve the degree to which the field of radiology reflects the increasingly diverse communities it serves. The idea is that if you introduce underrepresented minorities to radiology in their first year of medical school rather than during third-year clerkships or fourth-year electives, you can increase the likelihood that they pursue radiology residencies. Traditionally, PIER scholars were matched to a mentor – a practicing radiologist whom they shadowed, learned from, and did research with in person. This summer, I had four mentors at Henry Ford Health System (HFHS), but I never stepped foot in Michigan.

Every day, like a true radiologist, I sat in front of multiple computer screens. Monday through Thursday I was essentially on a virtual medical student radiology rotation, courtesy of my mentor Dr. Karyn Ledbetter. I completed several Radiology TEACHES modules. I learned how ACR Appropriateness Criteria could be leveraged to guide the selection of imaging studies given clinical presentation, medical history, radiation exposure, and cost. I also attended Noon Resident Conferences, which were a mixture of didactic sessions and patient cases. One of my favorite didactic sessions covered neuroradiology cases and was taught by my mentor Dr. Gauravi Sabharwal. Still, I really loved watching residents take cases, especially when they stumbled and the attendings had to guide their thought process until they uncovered the finding. It was a testament to active learning and on Wednesday mornings, I, along with third- and fourth-year medical students on their actual radiology rotations, got to take cases too!

WRITTEN BY NATALIE SKEIKY

Fridays were formal PIER program days that allowed all ten PIER scholars to reunite with PIER program directors, PIER mentors, and distinguished guests to learn about various aspects of radiology. Each Friday was themed and by the end of the summer we had covered everything from emergency radiology and women’s imaging to interventional radiology and radiation oncology. We even had special sessions: a talk with the Yale/RAD-AID IR initiative in Tanzania and a Q&A with leadership from the ACR’s Resident and Fellows Section. Therefore, these Friday sessions exposed us to the breadth of radiology in a way that the pre-COVID-19 in-person PIER program could and did not. We effectively had access to all PIER mentors and were introduced to several radiologists who were really excited to teach us about and encourage us to join their field. On the final Friday, all ten PIER scholars presented a Case in Point, which we submitted to the ACR. I had worked with my mentor Dr. Jessica Leschied to write up a case of Ollier Disease with malignant transformation to Grade I Chondrosarcoma.

Now, as a second-year student reflecting on my summer, I have to thank the PIER program for their innovative restructuring under the leadership of Dr. Michele Johnson. I also have to thank Dr. Denise Collins because she was my main mentor who welcomed me, made me feel important, and recruited three other pediatric radiologists to help me have a successful and memorable summer. This summer, I learned three things. First, radiology is a small field and people are not afraid to ask for or lend help.

Second, efforts like the PIER program are vital because they offer rich exposure; you cannot pursue what you are not aware exists. Third, there is nothing as powerful as people who care about, believe in, advocate on behalf of, and open doors for you. So, to the next cohort of PIER scholars, I say welcome to radiology!



Preceptors are an invaluable part of the PIER internship.

As a preceptor, you’ll supervise a PIER Student for eight weeks; help them develop and complete a research project for presentation and publication; and expose them to radiological practice at your institution.

If you are interested in becoming a preceptor for this program, please click on the link below. "

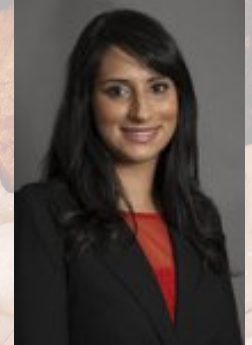
<https://www.acr.org/Member-Resources/Medical-Student/Medical-Educator-Hub/PIER-Internship>



DIVERSITY IN RADIOLOGY

Racial Inequality in Healthcare

EVITA SINGH, M.D.



On May 25, 2020, on the background of the COVID-19 Pandemic, George Floyd was killed by a knee to the neck during an arrest for allegedly using a counterfeit bill at a convenience store in Minneapolis, igniting fervor into the Black Lives Matter movement and nationwide protests. Doctors across the country took a knee in a social media campaign #whitecoatsforblacklives as the words “I can’t breathe” became immortalized.

The death of George Floyd drew attention to the numerous deaths of black citizens based on racial bias, prejudices, and hate and asked us all to evaluate our own biases in healthcare towards the black community. Medical and radiology societies released public statements addressing police brutality and inequity in healthcare as a public health emergency requiring a transformation of a system that contributes to poorer health for black Americans, further exemplified by the marked increase in risk for COVID-19 related morbidity and mortality in the black community.

In 2014, Radiology published that while the black community represents approximately 13% of Americans, they represent only 7% of medical students and only 2% of radiologists (**Current Status of Diversity by Race, Hispanic Ethnicity, and Sex in Diagnostic Radiology | Radiology**). These statistics force us as physicians and radiologists to analyze why exactly there is poor representation in our profession of the black population. The Women and Diversity Committee has worked to better this problem since our inception, but in light of the events of the last few months, we hope to delve into and share the personal experiences of our black colleagues in their journeys as black Americans, doctors, and radiologists, so we can better understand and break down our barriers.

On July 9, 2020, Michigan Gov. Gretchen Whitmer signed an Executive Directive requiring implicit bias training for all health professionals to address the racial disparities across Michigan’s health care system. In discussions on how to educate our residents and faculty regarding implicit bias, I was introduced to this self-directed free service provided by Harvard’s **Project Implicit** to assess one’s own implicit biases. I encourage you all to take a few minutes and do the assessment and share it with your trainees and colleagues as part of your implicit bias training and to guide discussions for change.

“Of all the forms of inequality, injustice in health is the most shocking and the most inhuman because it often results in physical death. I see no alternative to direct action and creative nonviolence to raise the conscience of the nation.” Rev. Martin Luther King, Jr. March, 25, 1966

Legislative Update



by James Cavanagh, JD



OVERVIEW

The House of Representatives will be in session till the end of September and then break in October to campaign. The Senate will meet for two weeks in October, as its members do not face the voters this November.

The Legislature is expected to pass a budget for FY 2020 – 2021. It's a good thing, because the new fiscal year begins on October 1. Policymakers were buoyed by the August 24 Revenue Estimating Conference that concluded the State revenue shortfall was only about one-third of the \$3.2 billion which was anticipated at the May Conference. Legislative leaders and the Whitmer Administration reached agreement on spending target figures for departments last week. However, "the devil is in the details," and there are some significant differences in the wording of boilerplate language that are being negotiated.

All 110 seats in Michigan's House of Representatives face the voters on November 3. The GOP holds a slim five seat majority and Democrats believe they can be back in the majority for the first time since 2010. Democratic Party optimism is also fueled by the fact that the top of their ticket, former Vice President Joe Biden, is, as of this date, enjoying a lead over Republican incumbent President Donald Trump by anywhere from 7 to 10 points, depending upon the poll. On the other hand, the race for U.S. Senate appears to be narrowing, with Democratic incumbent Gary Peters holding a tenuous 4 to 9 point lead over his Republican challenger, businessman John James.

The Legislature and the Governor are still at odds over the extent of the Governor's authority to issue executive orders with regard to a state emergency. Legislative leaders sued the Governor claiming she acted outside of her statutory and constitutional scope of authority when issuing executive orders to stay at home, mandate mask wearing in public, and prohibiting the opening to the public of certain places of business, to name a few. The lower courts ruled with the Governor and the matter is now before the Michigan Supreme Court.

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. The bill sponsor, who is Chair of the Senate Health Policy Committee, says he is committed to reporting the bill to the full Senate yet this fall.

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. When the bills reached the House Ways and Means Committee, the Chairperson was able to get a form of very limited arbitration. The bills passed the House with this limited form of arbitration. Since then, the Senate Insurance Committee reported its version of the bill to the Senate floor.

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 expanded 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 covered 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 codified 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. Like the Senate, the House passed the bill on a party line vote. As I predicted, the Governor vetoed the bill.

NEW LEGISLATION

Radiographic Technologists:

In an effort to improve the standards and qualifications of those who often operate imaging equipment, HB 6105 was introduced. The bill would require minimum education and training standards for radiographers, assistant radiographers, limited scope operators and nuclear technicians. The bill is being promoted by the American Registry of Radiographic Technicians and is sponsored by Rep. Randy Wakeman (R-Saginaw Township) and has been referred to the House Health Policy Committee. Those in support include MRS, MSMS and MAOPS, while the Michigan Health and Hospital Association is neutral.

OTHER

Virtual Legislative Day:

MRS conducted its virtual Legislative Day on September 23. Members discussed key issues of interest to the profession with Sen. Curtis Hertel (D-East Lansing), ranking Democrat on the Senate DHHS Subcommittee on Appropriations; Sen. John Bizon, M.D. (R-Battle Creek), member of the Senate Health Policy Committee and the DHHS Subcommittee on Appropriations; Sen. Curt Vander Wall (R-Ludington), Chair of the Senate health Policy Committee; and Sen. Winnie Brinks (D-Grand Rapids), ranking member of the Senate Health Policy Committee.

Leadership Interview



This month the Leadership Spotlight features Roger Gonda, Jr., M.D., F.A.C.R., Chairman of the Department of Radiology at Ascension Providence Hospital Southfield and Novi Campus.

Welcome Dr. Gonda thank you for agreeing to participate in the MRS Newsletter's Leadership Spotlight feature. You are the president and practice leader for Southfield Radiology Associates.

Please tell us about your practice:

Dr. Gonda *"Southfield Radiology is the professional corporation contracted to provide services at the Ascension Providence Hospitals in Southfield and Novi. Radiology at Providence in Detroit was officially started in 1934 when the hospital hired its first full time radiologist, Dr. William Irwin. Eventually he grew the practice and it became incorporated as Southfield Radiology Associates (SRA) in 1967. Many hospitals have seen their radiology groups turnover but we are a symbol of stability. Our group currently consists of 22 radiologists and 4 physician extenders. Thirty percent of our full time physicians are female. We oversee the Radiology Residency at Providence and enjoy a reputation of high quality work, leadership in philanthropy and excellence in interdepartmental relationships"*

An interesting bit of history:

During the early to mid- 1970's, SRA urged Providence Hospital to obtain a CT machine. At the time, there was only one other machine in the city at Henry Ford Hospital. Because of the high cost, the hospital declined, and Southfield Radiology purchased the equipment for their private office becoming only the second private practice in the entire United States to have been approved for a CT machine. In what may have simultaneously been the greatest philanthropic and worst private business decision ever, SRA donated the CT machine and CON to the hospital where it moved in 1980."

Please tell us about yourself and your background.

Dr. Gonda: *"My dad was an early member of Southfield Radiology and I had the great privilege of working with him during my residency. I chose radiology as a profession when it became clear that radiology and radiologists were an integral part of the medical team. I learned early on that the radiologist had to know everything about every specialty in order to interact with colleagues from Medicine, Surgery, OB-GYN, and all of the surgical subspecialties. I became fascinated with Interventional Radiology and all of its inherent advantages over conventional surgical methods and I did my fellowship in IR at University of Rochester in Rochester New York. My fellowship director was trained by Charles Dotter himself so I consider myself one generation removed from the "Godfather of IR"*

I'm getting so old now that I'm about one generation removed from the graveyard..."

How would you describe your leadership philosophy/style?

Dr. Gonda: *"I have always tried to lead by example. I strive for high quality and high efficiency when I am in the reading room and I expected my colleagues to try and follow that example. I never asked them to do things I would not. I participated in call, weekend and after hours duty and holiday duty with an equal share. When dealing with referring physicians and administrators I believed in always telling them yes to whatever request they hadand then figuring out later how to achieve it. When the same family practice physician complained about very minor issues over and over even though I fixed them...I made him my personal physician...and I never heard another peep. I believe in listening first, talking later. As Gordie Howe told the world "You can't learn anything if you're the one doing the talking!"*

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

Dr. Gonda: *"I think my Dad was a great mentor. He was (and still is) easy going and universally well liked. He never said the words "Be a nice guy and do a good job" but he lived them every day of his professional life. I have tried to do the same.*

Fred Cushing from St. John Hospital was inspiring, too. I did a pediatrics rotation at St. John as a medical student and I was amazed at the breadth of knowledge about every organ system and its pathophysiology. Non-imaging features, clinical findings and even pharmacology expertise were in his wheelhouse. I wanted to be a radiologist like Dr Cushing."

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

Dr. Gonda: *"I think all of the great advances in PACs and digital imaging have had the deleterious effect of removing the radiologist herself/himself from the front lines of patient care rounds. When you're out of sight you're out of mind. Clinicians are making decisions without the valuable input of radiologists. As a group we need to get in front of the clinicians at every turn. Put yourself on the floors. Be front row in the interdepartmental conferences and tumor boards. Make sure there are radiologists on every possible hospital committee. Run for elected office on your medical staff. Make sure the administrators know who you are and show them early and often how you add value."*

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

Dr. Gonda: *"By holding up best practices, innovative ideas and case based examples of value added the ACR and MRS can make a great impact. During my tenure as MRS president we had a segment of every meeting devoted to a RAVE case. **Radiology (or Radiologist) Adds Value Everyday** I think every practice could emulate this at every meeting. Administrators are usually blown away when they realize just how important we are and how much true value we add. **EVERYDAY!!***

Thanks for the opportunity. RG"



MICHIGAN RADIOLOGY

POLITICAL ACTION COMMITTEE

Current Contributors

\$500

Roger Gonda
Randy Hicks
Danny Ma
Andrew Moriarity
Michael Swofford

\$400

Nedi Gari

\$365

James Selis

\$350

Lisa Govila

\$300

Edsa Negussie
Evita Singh
Denise Collins
Rocky Saenz
Michael Votruba
Mark Weiss

\$200

Mathew Chakko
Mehran Salari
Matthew Osher
Alula Kenfe

\$100

Vikram Kinni
Sachit Malde
Brian Puzsar
Rani Bashti

www.mrpac.org

The MRPAC is committed to and working on:

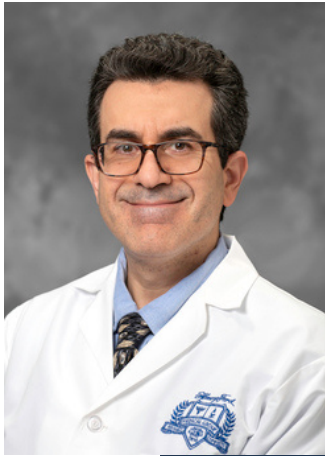
- Supporting candidates for public office who will put patient welfare above economic gain.
- Supporting candidates who believe in the importance of education and training for the art and science of medicine and particularly radiology. Candidate positions on health care cost, quality and patient access are determinative factors for MRPAC support.
- During this legislative session, MRS continues to work with other physician specialty organizations who share the same concerns. MSMS has advocated for equity and fairness in legislation regulating out-of-network health care provider reimbursement, otherwise known as "surprise billing" (HBs 4459 and 4460). But for these efforts, there would have been no arbitration alternative whatsoever to solve disputed claims.
- MRS has committed its efforts to safeguard the integrity of the practice of radiology from attempts by others, without the training or experience, to encroach our scope of practice. This is especially true in these times when a pandemic has given these individuals and groups an avenue of opportunity to claim they are needed to perform imaging in order to address "perceived" concerns about patient access. MRPAC can support candidates who support patient safety and quality healthcare. Non-radiologists will continue to engage in encroaching on the field of imaging and radiology. We MUST continue to be the voice of radiology and protect the public from those who are not qualified to practice our profession.

CLICK HERE to make a contribution online or mail check to:

MRPAC
c/o Shannon Sage
4045 E Carpenter Road
Genesee, MI 48506

RADIOLOGIC SAFETY

JOHN KALABAT, M.D.



Nuclear medicine Ventilation/Perfusion scans have several different protocols at different institutions. This not only includes different ventilation agents, but also different timing of the study (ventilation followed by perfusion vs. perfusion followed by ventilation.) Since the advent of COVID-19, concerns have been raised regarding the risk of spreading COVID during this exam. There are unknowns about the transmission of the virus using ventilation systems. Specifically, there is a potential for risk of transmissibility of the virus during the ventilation portion of the study to the technologists and other patients. The change of protocol in response to COVID-19 at different institutions has been variable. The latest ACR and SNMMI statements on this topic as of 9/6/2020 are reviewed.

First, screening before the study is even done can be important. At my institution, chest radiographs less than 24 hours old are reviewed along with patient history/reason for the order.

This is followed by a short discussion with the clinician. Renal function and possible allergies are discussed as it relates to viability of CTA. Often, after discussion, alternatives such as CTA chest and venous doppler are chosen.

If a "VQ" scan is indicated, nuclear medicine departments should consider not performing the ventilation portion of the study. Often a perfusion only scan is all that is needed. Normal perfusion scan rules out pulmonary embolism. Low probability perfusion only appearance is also usually helpful. A high probability perfusion appearance in the context of normal CXR is also helpful. Ventilation is not usually necessary in the above scenarios.

However, perfusion only scans can be indeterminate. A ventilation scan may be felt necessary to make a definitive interpretation, especially given the risks of anticoagulation in the population. In addition, ventilation images sometimes provide important information about airway patency and obstructive lung disease.

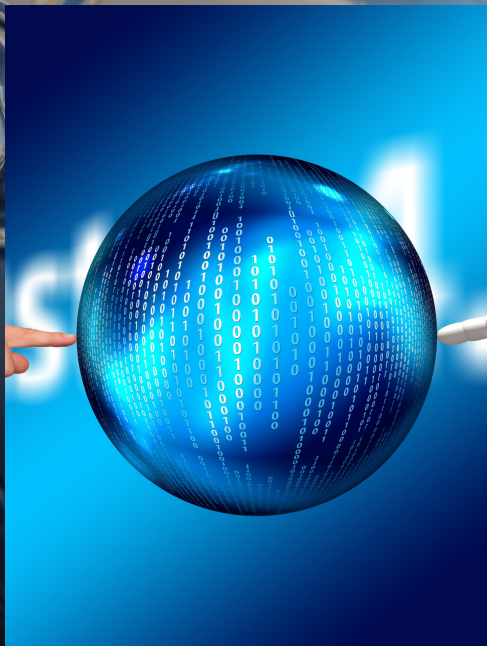
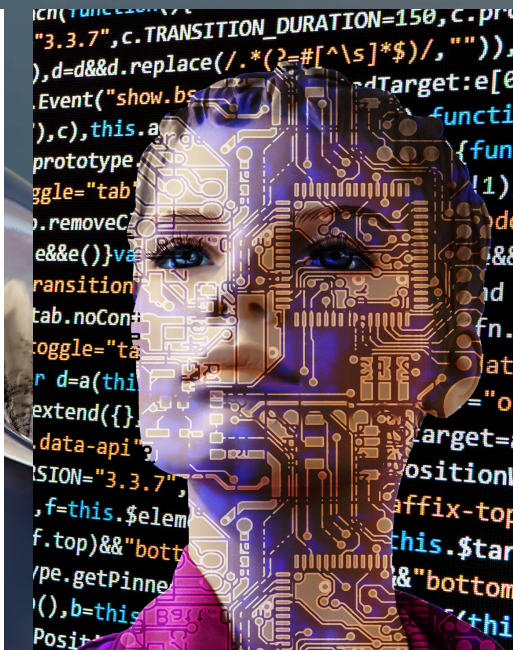
If a ventilation scan is considered to be helpful or necessary, multiple factors should be taken into account; these include a discussion with the referring clinician, hospital / department COVID-19 policies and procedures, and prevalence of COVID-19 in a specific area around the facility.

Obtaining a negative COVID -19 PCR test can be helpful. Technologists should wear PPE according to local policies.

Radiologic safety with COVID-19 is a fluid and changing subject. The links for the latest statements from the ACR and SNMMI regarding COVID-19 and VQ scans as of 9/6/20 are below.

<https://www.acr.org/Advocacy-and-Economics/ACR-Position-Statements/COVID19-Nuclear-Medicine-Ventilation-Scans>

<https://www.snmmi.org/NewsPublications/NewsDetail.aspx?ItemNumber=34462>



Automation & Technology

Dear Members of the Michigan Radiological Society,

As chair of the MRS Automation & Technology Committee, I believe we can provide value to our members by reporting the "State of AI usage in Diagnostic Radiology Practices in Michigan." In order to do that, I would like to ask you to please fill out a very short survey. This should take 1-2 minutes to complete.

Thank you,
 Andrew Woodrow, M.D., Chair

[CLICK HERE](#) TO COMPLETE THE SURVEY NOW!

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

Sparrow Hospital
1215 E Michigan
Lansing MI 48909
517-364-3925

[Job Listings](#)

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

Southeast Michigan Preview

Diagnostic Radiology Consultants, PC
Contact Person: Duff Jelsky
djelsky@drcrads.com

X-Ray Associates of Port Huron
609 Huron Blvd. Suite B
Port Huron MI 48060
Contact Person:
Leopold Fregoli, MD
alzaco@comcast.net

New Job Listings:

Diagnostic Radiology Consultants, PC
PO Box 267
Alden, MI 49612
586-573-5060
OPEN POSITION

X-Ray Associates of Port Huron
609 Huron Blvd., Suite B
Port Huron MI 48060
alzaco@comcast.net
OPEN POSITION

Rochester Radiology, P.C.
1101 W. University Dr.
Rochester MI 48307
kscharermd@gmail.com
OPEN POSITION



<https://michigan-rad.org/job-bank/>

Welcome New Members

LESLIE ALLEN
 HEATHER BORDERS
 JAREN CHRISTENSEN
 MARSHALL HAY
 KELLY HORST
 JACQUELINE HUYNH

August Birthdays

VJEKOSLAV MIKELIC, MD, FACR
 AY-MING WANG, MD, FACR
 WILLIAM E HENRY, MD, PHD
 DAVID A WILLIAMSON, MD
 SURENDER KURAPATI, MD
 ROMAN HYSZCZAK, MD
 DAVID L OSHER, MD
 ASHOK B JAIN, MD, FACR
 BRADFORD W BETZ, MD, FACR
 MICHAEL P BARTLETT, MD
 JEFFREY M SHULAK, MD
 MICHAEL A HENDERSON, DO
 MATTHEW L VISCONTI, MD
 DENIS R LINCOLN, MD
 EDUARDO R CROTTE, MD
 CHESTER WILSON JR, MD
 DAN F KREIDER, MD
 BALJIT S DEOL, MD
 SUBHASH CHANDER, MD
 KAREN L HADDLESEY, MD
 JOHN A FREEBY, MD
 ANTHONY A BENNETT, MD
 MOHAMMAD ASAD, MD
 JEFFREY M HINMAN, MD
 ZDRAVKO SKRTIC, MD
 CHARLENE BREMER, BBA, MS, MA
 BRIAN D BERGER, MD
 TIFFANY S LANGLAS, MD
 SHAWEZ GUL BOKHARI, MD
 MARCIO S CURVELO, MD
 JASON GRIFFITH, DO

EDWARD D SARA III, MD
 ALBERTO FARAH, MD
 FRANK A RANDAZZO, MD
 URSULA S KNOEPP, MD
 NATHAN D MCPARLAN, MD
 NAVEEN K MALAY, BS, MB
 DANIEL J BOSS, MD
 CORY Z TRIVAX, MD
 HEATHER L BORDERS, MD
 KATIA ASALI, DO
 LEAH C DAVIS, DO
 JENNIFER EM ROLLENHAGEN, MD
 MATTHEW S DAVENPORT, MD
 MATHEW N CHAKKO, MD
 TIMOTHY A MCKNIGHT, DO
 YULIA VOLOKHINA, DO
 JOHN M PIETILA, MD
 NICHOLAS R REESER, MD
 ELIZABETH LEE, MD
 SHEHBAZ SHAIKH, MD
 ZACHARY PLOTZ, MD
 KIMBERLY JOHNSON, MD
 ANTHONY H LIVORINE, MD
 MICHAEL GREEN, MD, PH.D
 ERIC ALBERT LIAO, MD
 ISAAC WANG, MD
 HRIDAY SHAH, MD
 ANGELA GONDA, MD
 LAWRENCE J BAHOURA, MD
 DANA GAFOOR, MD
 MAMDOUH KHAYAT, MD
 SHANE NEWBERGER, MD

September Birthdays

GARY E GALENS, MD
 DONOVAN M BAKALYAR, PHD, FACR
 GERALD M HILLMAN, MD, PHD
 YOGESH S MODY, MD
 LINDA L LAWRENCE, MD
 ROYCE J BIDDLE, MD
 VICTORIA A SWEGLES, DO
 THOMAS J ARCHAMBEAU, MD
 BETH A HARKNESS, MS, FACR
 GARY S GUSTAFSON, MD, FACR
 CAROLE ROSELAND, DO
 VLADISLAV JANKULOV, MD
 PAUL D SHREVE, MD, FACR
 KENNETH P TARR, DO
 JAMES E DENIER, MD, FACR
 PAUL J CHUBA, MD, PHD, FACR
 TYRE K JONES, MD
 ARVIND R PATEL, MD
 BRIAN C FEDESON, MD
 ERIC G HOOVER, MD
 JAMES LOUIS LANDI, MD
 ANN A KOSS, DO
 JEFFREY S TANIS, MD
 GORDON T LAWLESS, MD
 BRIAN J PUZSAR, MD
 DAWN M EDWARDS, MS
 JEFFREY V TRANCHIDA, MD, BA
 STEPHEN A MESSANA, DO
 DANIEL T MYERS, MD
 DAVID N PARRISH, MD
 JERALD W HENRY, MD
 ALIT J YOUSIF, MD
 ERIC C FERGUSON, MD
 JAMES M HECKSEL, DO
 SEAN E THEISEN, MD
 DALE LEE, DO
 ERIKA S LUSTER, MD

DONALD V LABARGE III, MD
 DAVID L REYNOLDS JR, MD
 BRANDON S TOMINNA, MD
 CRAIG N BASMAJI, MD
 PHILLIP A RADUAZO, MD
 MATTHEW A TIEDE, MD
 ROBERT R TAILA, MD
 FOAZ KAYALI, MD
 TERRENCE METZ, MD
 HEIDI C RAMOS, DO
 ROBERT T ARNOLD, MD
 ALEX A DOMBROWSKI, MD
 STEVEN F ZUSKA, MD
 JULIE A RUMA, MD
 JAMES MORRISON, MD
 FARHAAN MIR, MD
 BRIGITTE BERRYHILL, DO
 KRISTIN M CONSTANTINO, MD
 DANIEL J WALE, DO
 ANDREW K MORIARITY, MD
 MITCHELL T SCHEER, MD
 JORDAN C CASTLE, MD
 NITHIN THUMMALA, MD
 SALMAAN NOOR, MD
 TEJ DESAI, MD
 NICHOLAS BEVINS, PH.D
 RAFFAT AHMAD, MD
 LISA B AWAN, MD
 SARA ZHAO, MD
 NISHANT PATEL, MD, MBA
 RACHEL A SHIELDS, MD
 NICHOLAS SOUSARIS, MD