

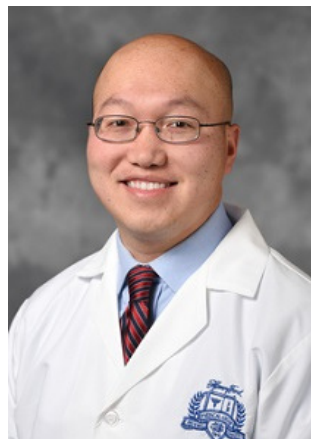
The Report

News from the MRS

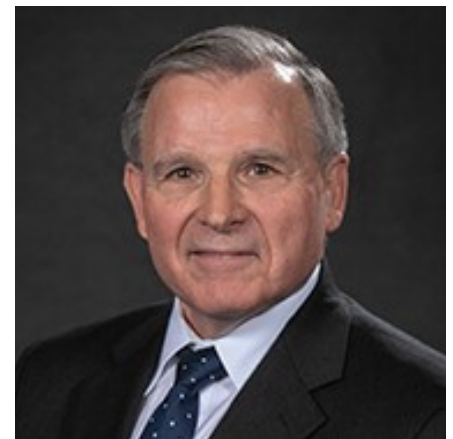
A bi-monthly publication of topics and events relevant to radiologists, radiation oncologists, and medical physicists that practice in Michigan.

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2020-21 term



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OUT-GOING PRESIDENT'S MESSAGE

Dear Fellow Michigan Radiological Society Members,

This is my final MRS newsletter President's message. It was a great honor and privilege to serve as your 99th President of the Michigan Radiological Society. As I reflect on this year, it has been a long and difficult year with many ups and downs. I realize that I am the only MRS President to have never presided over an in-person meeting as my term started with the pandemic and it also ends while we are still in a pandemic. With the pandemic seemingly nearing the end, I look forward to seeing all of you in person soon.

Despite these circumstances the MRS was able to continue our advocacy and educational efforts. I would like to highlight some of the accomplishments this past year.

- We met virtually with state legislators at our annual MRS legislative day on September 23. They were updated on important issues such as prior authorization, surprise billing, advanced practice nurses and chiropractors practicing beyond their scope of practice.
- Anticipated Medicare payment cuts due to evaluation and management coding changes were reduced from 10% to 4%, thanks to the combined advocacy efforts by the Michigan Radiological Society, American College of Radiology, and the medical coalition.
- The MRS promoted diversity, equity, and inclusion and raised awareness of health inequities this year through diversity statements and newsletter articles. Our vision is to achieve a radiology profession that celebrates diversity and actively promotes inclusion at all levels of training, practice, and leadership.
- Our membership numbers increased in a tough pandemic year. We gained an additional councilor and alternate councilor for the ACR annual meeting.
- Our medical student membership doubled thanks to outreach efforts by our Medical Student Section. Medical students are vital to the success of the MRS as these students will become our future colleagues and will be future leaders in MRS and the ACR.
- The MRS was awarded the ACR Chapter Recognition Award for Excellence in Quality and Safety category.
- Our MRS bimonthly Newsletter continues to grow. It is now called "The Report" and we now have a dedicated editor-in-chief editor Jessica Leschied, MD.
- The MRS Foundation gained IRS tax exempt status and just hired foundation administrators Amy Kim and Debbie Knox. The foundation will be essential to the future success of the MRS.
- Two MRS Gold Medals were awarded this year to Roger Gonda MD and Rojan Samudrala MD. They will receive the award at the Centennial Gala. (The Gala will celebrate the 100th anniversary of our society. Please save the date for a once in a lifetime event at the Dearborn Inn on the weekend of October 23 and 24)
- The MRS successfully nominated 7 MRS members for ACR fellowship. James Tomlinson MS, Annette Joe MD, Mark Weiss MD, Craig Stevens MD, PhD, Samir Parikh MD, Imad Zak MBBS, Ashok Srinivasan MD, were bestowed the prestigious honor of fellow of the American College of Radiology (FACR) at the ACR virtual convocation May 16.

None of these accomplishments would be possible without the generous support I received this year. Thank you to our members for your continued membership. Thank you to our MRS committee members and chairs for your participation and support.

OUT-GOING PRESIDENT'S MESSAGE (CONT.)

I would like to thank the MRS board of trustees and executive committee members (Ralph Lieto, Mark Weiss MD, Walter Sahjidak MD, Rocky Saenz DO, Perry Pernicano MD, Steve Kilanowski MD, Roger Gonda MD, Gaurang Shah MD, and Michael Kasotakis MD for their hard work and invaluable contributions. Immediate past MRS president Perry Pernicano was extremely helpful in guiding me through the year with his experience and wisdom. Finally, our executive director Shannon Sage was truly amazing and instrumental to our success. Without her, we would not have been able to hold the annual RFS conference, Preston M. Hickey Memorial lecture, and MRS Annual meeting. They were all held virtually for the first time and were all great successes.

At the MRS annual meeting, held on May 6, the new nomination slate and MRS bylaws changes were unanimously approved. The MRS Presidential gavel was passed on to Ralph Lieto. Ralph has the honor of being the first medical physicist to serve as MRS President and the 100th President of the MRS. Ralph gave a wonderful acceptance speech. I know our society is in good hands and I am excited for the upcoming year under Ralph's leadership.

The MRS delegation represented our membership at the virtual ACR Annual meeting May 15-19. We voted on changes to ACR bylaws, ACR practice parameters and technical standards, policies, and new officers. Congratulations to our very own Gaurang Shah MD on winning his election for a position on the ACR Council Steering Committee. In the ACR President's address, Geraldine McGinty announced the launch of the Radiology Health Equity Coalition, a new community-wide effort designed to support radiologists who aim to address health disparities in research, advocacy efforts, artificial intelligence development and medical student recruitment. She urged radiology professionals to commit to advance health care equity.

Thanks to our lobbyist, James Cavanagh JD, we had another fantastic and fruitful ACR Capital Hill Day. We met virtually with the offices of U.S. Senators Debbie Stabenow and Gary Peters and many U.S. Representatives representing Michigan. We lobbied for evaluation and management services code revaluation to prevent reductions in Medicare reimbursement, proposed amendment to the Protecting Access to Medicare Act of 2014, and the Dr. Lorna Breen Health Care Provider Act (S.610/H.R. 1667). They were extremely receptive to our concerns.

Additional content in the May-June newsletter:

- Leadership spotlight on Manuel Brown, MD, FACR
- The ALARA principle by Charlene Bremer, MS in Radiology Safety
- Legislative update by James Cavanagh, JD
- Update from the Medical Student Section
- Upcoming meeting CME meeting June 3, "Optimizing IPF Diagnosis and Assessment: Key Considerations For Radiologists" Jeffrey Kanne MD, FCCP

Wishing you a safe and happy summer!
Sincerely,

Danny Ma MD

INCOMING PRESIDENT'S MESSAGE

Greetings,

I want to thank you for the honor and confidence of becoming the 100th President of the Michigan Radiological Society (MRS) of the American College Radiology. This past year of a virtual chapter existence has been unusual and unique to say the least. Our Past-President, Danny Ma, has shown exemplary leadership in conducting and maintaining the MRS during an unprecedented professional and medical crisis. With cautious optimism we hope that the chapter will be able to resume some of our in-person activities, but the next few months will dictate to what degree this will occur. However, I feel very confident going into this new chapter year with an outstanding Executive Committee that includes your President-Elect Dr. Mark Weiss, Vice President Dr. Walter Sahijdak, Secretary Dr. Rocky Saenz, and Treasurer Dr. Andrew Woodrow.



There are many people that I would like to thank for their support, education, confidence, friendship, and mentoring that I was the recipient for over the past 40+ years. It began with my advisor in Nuclear Engineering, Glenn Knoll, and mentoring from nuclear medicine physicist, Jim Carey at the University of Michigan, and received strong foundations from Al Kasenter, chief of radiological physics, and William Eyer, MD, chairman, at Henry Ford Hospital. Since then, there have been innumerable physicians and medical physicists to whom I am indebted and appreciative.

This will be another unique year for the MRS – in my judgement – for two reasons. First, I have the distinct honor of being the first medical physicist president of the MRS. This privilege demonstrates the forward and diverse thinking that underlies this chapter. Second, the MRS will be celebrating its Centennial year this fall. Accordingly, we have begun activity to mark this important time in our illustrious history. More on that a little later.

There are many issues in the near future that are raising great concern to the practice of radiology, radiation oncology, nuclear medicine, and medical physics. The ACR has recently noted two priorities on the national scene being evaluation and management (E/M) re-evaluation occurring in Congress and the second being Maintenance of Certification for board certification. On the Michigan state scene, the issues are prior authorization, surprise billing, out-of-state telemedicine, and non-physician providers authorized to order or perform radiological studies without supervision. On top of pandemic and virtual past year, it seems that these are unending efforts to negatively impact our efforts to provide patient access and quality healthcare in our different types of practices. Despite these challenges, by supporting MRS and partnering with ACR, we can provide a strong advocacy for our members to counter these adverse influences on our medical practice.

On an encouraging note, there are a number of positive signs supporting what a beneficial asset being a member of MRS/ACR is. The MRS is among the largest and most active chapters in ACR. Unlike most other chapters and organizations, our membership has been stable or increasing over the past 3 years under the tremendous efforts of the Membership Committee lead by Mark Weiss. We are in a very healthy fiscal position to continue our professional and educational efforts yet maintain needed management support, and this requires a loud shout-out to the Budget and Finance Committee leadership of Randy Hicks and Gordon Beute.

INCOMING PRESIDENT'S MESSAGE (CONT.)

MRS was one of the first chapters to establish a Women and Diversity (just renamed Diversity, Equity, and Inclusion) Committee, which is among our most active. We have recently begun a Medical Student Section to not only provide a conduit for future radiologists and radiation oncologists but also educate those physicians, who do not enter radiology practice, on the appropriate criteria for ordering imaging, interventional, and therapeutic procedures. This has been a very positive effort and just shows the strong commitment of MRS to the support and mentoring of residents, fellows, and medical students as our future.

Also noteworthy, is MRS has several members actively participating at the College level in ACR commissions and committees and serving on its Council Steering Committee.

However, these efforts are not sustainable unless we have volunteers from diverse groups – diverse in gender, ethnic origin, radiological practice, radiological specialty – to actively participate in our various committees and inject new vitality into the chapter. This not only provides new vigor in our committees but also a path to be new leaders on the Board of the MRS and potentially in ACR leadership or its great honor of being elected Fellow. As President, I will be making committee appointments in the next few months – make me or any Board member or our Executive Director, Shannon Sage aware of your interests. No committee can be successful with only a chair or co-chair; it must have multiple and varied perspectives in order to achieve the committee charge. Please go to the MRS website (<https://michigan-rad.org>) under “About Us” tab for a list of committees and current members.

As co-chair of the Centennial Celebration Committee, I invite you to attend the Centennial Celebration of the MRS. We are amongst a few ACR chapters to have attained such a “golden” milestone. This is being planned as an in-person event to be held at the Dearborn Inn in Dearborn, on Oct. 22-23, 2021. The format will be a Friday night informal social icebreaker; Saturday will be a CE session of eight (8) presentations by “Michigan-MRS-connected” radiologists of national stature; ending with a Saturday evening Gala dinner. Registration info will be sent out around first week of June; check your email or the MRS website.

Please mark your calendars for Oct. 22-23 and plan to attend!

Finally, I had great trepidation when asked to run for MRS office and breaking the physician tradition of President. So, I would like to give a special expression of gratitude to the previous MRS presidents – Mike Kasotakis, Danny Ma, Perry Pernicano, Guarang Shah – who have been great sources of counsel and encouragement in the course of becoming your president.

In closing, I again want to thank you for the distinct privilege to serve as your 100th President. We can look forward to an eventful year with your input and help.

Best wishes for a safe and enjoyable summer!

Ralph P. Lieto, MS FAAPM FACR,



LEADERSHIP SPOTLIGHT

MANUEL L. BROWN, M.D., F.A.C.R.

This month, the Leadership spotlight features *Manuel L. Brown, MD FACR, the Chair of Radiology at the Henry Ford Health Hospital and Health Network.*

Welcome Manny and thank you for agreeing to participate in the MRS Newsletter's Leadership Spotlight Feature. You are the Chair of Radiology at Henry Ford, please tell us about your department.

Dr. Brown: *"Henry Ford Health System consists of the flagship Henry Ford Hospital, a tertiary and quaternary hospital along with four community hospitals. The Henry Ford Medical Group Department of Radiology is responsible for the radiology done at the Henry Ford Hospital, Henry Ford West Bloomfield Hospital, Henry Ford Macomb Hospital and numerous satellite locations. Our group consists of over 100 radiologists all subspecialty trained, and 10 clinical medical physicists. We do approximately 1.2 million studies per year."*

Please tell us about yourself and your background.

Dr. Brown: *"I was born in Detroit and grew up in Southfield. My undergraduate degree was from the University of Michigan in Zoology. Initially I thought I was going to be a chemist, then maybe law. It was in my junior year that a friend and I took a semester off and went to Europe. It was at The Hunterian Museum at the Royal College of Surgeons in London, that had a fantastic collection of anatomy and pathology that I decided to go into medicine. My medical degree is from Wayne State University. I did an Internal Medicine internship at St. Joseph Mercy Hospital in Ann Arbor where I initially considered Cardiology, but upon rotating through the radiology department, I found my true calling. My Radiology residency was in Rochester New York, both at Rochester General Hospital and Strong Memorial Hospital. I then came back to Michigan and did a Nuclear Medicine Fellowship at the University of Michigan. Not knowing if I wanted to go into private practice or academics, I thought a year or two at the Mayo Clinic would be a good place to figure it out. I ended up staying at Mayo for 14 years where I knew that an academic practice with trainees and research opportunities was where I wanted to be. At Mayo I rose to the rank of Professor of Radiology. I then moved to Pittsburgh, and was Division Head of Nuclear Medicine and Vice Chair of the Department of Radiology. In 2001 I moved back to Detroit where I became the Chair of Radiology at the Henry Ford Health System and Professor of Radiology at Wayne State University"*.

How would you describe your leadership philosophy/style?

Dr. Brown: *"My style of administration and practice is best described as:*

Servant Leadership (A servant-leader focuses primarily on the growth and well-being of people and the communities to which they belong. While traditional leadership generally involves the accumulation and exercise of power by one at the "top of the pyramid," servant leadership is different. The servant-leader shares power, puts the needs of others first and helps people develop and perform as highly as possible*),

Collaborative team-building. Collaboration includes collaborating in all aspects of clinical, research and educational endeavors And **Transparency** as it reinforces every message and process as it requires consistency".

Did you have a mentor? Please describe the impact he or she had on your career.

Dr. Brown: *"I have had many wonderful mentors throughout my training and career. In nuclear medicine, there was Dr. John Keys, my mentor in the science of imaging, and Dr. James Thrall, who was a mentor in all things clinical. When I went to Mayo Clinic, Dr. Heinz Wahner, head of Nuclear Medicine, as well as Dr. Glen Hartman and Dr. Robert Hattery in Radiology served as my mentors. Each one helped me understand the philosophy of patient care in an academic environment.*

The biggest challenge I see facing the practice of Radiology are changes in patient and referring provider expectations. Patients want a seamless process to schedule their exams when and where they want it. The patient may also want to speak to the radiologist about their study and its findings.

Referring providers now expect value added reports, not merely a listing of findings. For the clinical specialist, the radiology report from a subspecialist is often more helpful as it can combine the imaging findings with the clinical questions. The advantage of having a very large subspecialty practice as we have at the Henry Ford Health System, is that we have the subspecialty radiologists reading cases in their specialty. This may be problematic in smaller private practice settings where it is difficult or near impossible to have every study read by a subspecialist. The potential solutions to this problem include merging into a larger group, or finding ways to utilize the appropriate subspecialty radiologists in the department, even when they are at a different site and this may be less efficient.

A second challenge is reimbursement. In order to provide the type of services that are required around the clock there must be appropriate monies available from insurers and health-systems and radiology departments need to be structured to deliver this type of care".

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

Dr. Brown: *"The emphasis on productivity/turn-around time is one issue. While I understand the vital role radiology has in patient care, the focus on being a slave to the work list can have an impact on the individual and lead to burnout. Additional challenges include turf issues, reimbursement cuts and all of the messy stuff of the business side of the practice of radiology".*

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

Dr. Brown: *"Our college, the ACR, and the MRS assist in several ways. One of the major ways they offer assistance is through the socio-economic and government affairs area. It is important that someone or some group work on educating state legislators, Congress and CMS to understand the unique issues related to radiology and fight for appropriate reimbursement. There is no other organization in radiology that can do what our College and MRS does".*

Is there anything else that you would like to add?

Dr. Brown: *"It has been an honor and joy to have been a radiologist and to witness all the exciting advances in our specialty over my career. Thank you for this opportunity to discuss this with our membership".*

**<https://www.greenleaf.org/what-is-servant-leadership/>*

MRS FOUNDATION

MRS FOUNDATION: Let's start with the WHY

- Declining membership in the MRS and as a result of declining funds
- Harder to continue the educational and young physician leadership development in the future.
- Increasing corporatization of the radiology landscape tends to decrease membership in societies.
- Decreasing Academic institutional membership involvement. Competing sources for CME and MOC development.
- Goal is to provide a source of funding that will propagate the young physician educational mission of the MRS.

Mission and Vision Statement

- The Michigan Radiological Society Foundation is dedicated to carrying out the educational and charitable interests of the Michigan Radiological Society. By serving the more than 1,400 radiologists, radiation oncologists, and medical physicists in our state, the MRS works to: advance the science, education, and practice of radiology; improve radiologic imaging services to patients and the medical community; foster close fellowship among radiologists; address the economics of radiology; and to establish and maintain high medical and ethical standards in our practice.

Board of Directors

- Goal is to have well respected and highly networked radiologists of the Michigan community preferably with service currently or in the past to the MRS.
- Diverse board representing geographic, gender, practice, and age diversity.

Incentives

- Educate future physician leaders to engage in health care reform, providing high quality healthcare delivery to the population of Michigan in a sustainable financial model.

Here is what we need from you:

- In the coming months we may be reaching out to you and/or your practice. We hope to start a conversation and build a relationship that will meet your needs while fulfilling the mission of the foundation. The time is right, and the time is now to ensure our future as a profession. On the centennial anniversary of the founding of our state society, the Foundation will ensure that we will be relevant and active in providing the best possible imaging and therapeutic care to our patients for the next 100 years.

Michael J. Kasotakis, MD,
Perry Pernicano, MD,
Stephen Kilanowski, MD,
Co-chairs and Board members,
MRS Foundation



LEGISLATIVE UPDATE

by James Cavanagh, JD,
Lobbyist

OVERVIEW

The Legislature is in full swing and is scheduled to be in session until its summer break, on or around the end of June. During the months of February and March, the Legislature was busy negotiating and eventually passing appropriations for COVID relief, taking testimony on the upcoming FY 2021-22 budget, and having the House pass and send to the Senate a 15 bill health care access and transparency package. Pressure continues from the GOP controlled Legislature to have the State open up more business, educational, sporting and social activities. On the other hand, the Department of Health and Human Services (DHHS) has resisted such efforts and has been gradually easing restrictions. Unfortunately, Michigan still leads the nation in new COVID cases, even though more people are receiving the COVID vaccine and in spite of the restrictions imposed by DHHS. The relationship between the Legislature and the Administration is frosty at best. Only last week, legislative leaders and the Governor met in person for the first time in eight months. Legislative leaders are generally not including the Governor or her staff in budget negotiations. This atmosphere not only makes it difficult to predict what items will emerge and escape from the Gubernatorial veto, but the same can be said for the \$5.6 billion that will be appropriated from the most recent federal COVID Rescue package.

LEGISLATION

Drug Pricing Transparency:

The Speaker of the House made it clear at the beginning of the session that his major priority was passage of a drug pricing transparency package. Unfortunately, a few bills, and two in particular, managed to wangle their way into the package, even though they do not concern drug pricing. HB 4359 would allow nurse anesthetists to practice without supervision of a physician under certain circumstances.

Legislative Update (cont.)

The other is HB 4355, which would significantly expand the use and availability of telemedicine. Under this bill, an out-of-state provider would be allowed to provide services in Michigan as long as the provider was authorized to practice in his/her jurisdiction and received the consent of the patient. This open ended legislation would in essence eviscerate Michigan's licensing laws and their governing boards. Moreover, this legislation does not address public safety, which should be of paramount concern. The bill passed the House by the slimmest of majorities, only reaching the 56th vote after the tote boards were left open for nearly 45 minutes. I have spoken with the Government Affairs Director of the Michigan State Medical Society (MSMS). MSMS is generally opposed. I have also spoken to the Governor's office and it is, at this time, opposed. I am developing a grassroots message and urge MRS members to contact members of the Senate Health Policy Committee in opposition to the bill.

Prior Authorization:

Last year, Sen. Curt VanderWall (R-Ludington), the Chair of the Senate Health Policy Committee, introduced legislation calling for procedures and protocols to be established before the use of prior authorization by insurance companies. MRS has been a member of the "Health Can't Wait" coalition which has been advocating prior authorization reform. Unfortunately, major insurers such as Blue Cross/Blue Shield were successful in amending last session's version of the legislation to the point where even the Coalition opposed its passage. Consequently, the bill died at the end of session. In March, Sen. VanderWall introduced SB 247, a revised version of last session's bill. While SB 247 is not as strong as last session's bill as originally introduced, it is still supported by the Coalition. Last week, SB 247 unanimously passed the Senate and was sent to the House. In an attempt to get the best final product, it is anticipated that legislation on the subject will also be introduced in the House, which will be more to the Coalition's liking. The strategy here is to leverage the House legislation in negotiations with the Senate.

Scope of Practice:

As of this date, there has not been legislation expanding the practice of chiropractic. However, we are continuing to be vigilant.

Mammography:

Last month, I reported that I had received word a bill was being drafted that would require insurance coverage for mammography examinations for women 35 years of age and older every calendar year. The current law requires coverage for women 40 years or older. That bill has not yet been introduced, but I am keeping close tabs on the situation.

James Cavanagh, JD, Lobbyist

jcavanagh@wnj.com,

517-679-7410

Radiological Safety Section

The ALARA principle

The ALARA principle currently refers to the management of radiation dose to the patient while ensuring the medical purpose is fulfilled. Its application is widely used when referring to medical exposures to radiation. This was not the initial intent of the use of the term ALARA. The initial intent of the principle was based on occupational radiation exposures and exposures to members of the public. It wasn't until ICRP publication 73 (1996) that the ALARA principle was applied to medical exposures. The publication introduced the use of diagnostic Reference Levels (DRLs) in place of dose limits.



Charlene Bremer, MS

Per 10 CFR 20.1003 (paraphrased): ALARA (acronym for "as low as is reasonably achievable") means making every reasonable effort to maintain exposures to radiation as far below the dose limits with technologic advancements, economic and socioeconomic considerations taken into account.

The ALARA principle is equivalent to the principle of optimization of protection of the ICRP. The concept of reference levels, not limits, were discussed in ICRP publication 26. The most common forms of reference levels noted were recording levels, investigation levels and interventional levels.

Each NRC licensee is responsible for setting their own ALARA action levels (called "Investigation Levels") below the occupational dose limits. In Nuclear Medicine, Investigation Levels are typically set at 10% and 30% of the annual occupational dose limits (see Reg. Guide 10.8, appendix G). These Investigational Levels have also been applied to occupational exposure due to ionizing radiation produced by radiation machines. The exposure to fluoroscopy accounts for most exposure from machine radiation.

Annual Occupational Exposure levels: (per 10 CFR 20.1201 and state of Michigan R 333.5057)

- Effective dose equivalent – 5 rems (0.05 Sv)
- Dose equivalent to an individual organ/tissue other than the lens of the eye – 50 rems (0.5 Sv)
- Shallow dose equivalent – 50 rems (0.5 Sv)
- Lens dose equivalent – 15 rems (0.15 Sv)

ALARA limits:

Dose Equivalent (location where assigned exposure was received)	ALARA I Notification (10% Regulatory limit) (per quarter)	ALARA II Notification (30% Regulatory limit) (per quarter)	Regulatory limit (per annum)
Deep Dose Equivalent DDE – 1 cm	125 mrem	375 mrem	5000 mrem
Lens Dose Equivalent LDE – 0.3 cm	375 mrem	1125 mrem	15000 mrem
Shallow Dose Equivalent SDE – 0.007 cm	1250 mrem	3750 mrem	50000 mrem

****Note that the annual exposure level regulations are states in both SI units (Sv) and traditional (rem) but only reported in rem and mrem on the Occupational Dose Record (NRC Form 5).**

Radiological Safety (cont.)

The investigational levels are typically evaluated on a quarterly basis in order to identify exposure trends. The Radiation Safety Officer (RSO) performs these reviews and prepares a summary report to present to the Radiation Safety Committee (RSC). The following actions may be taken by the RSC:

- Exposures below Investigational Level I are considered ALARA.
- Exposures above Investigational Level I but below Investigational Level II should be reviewed by the RSO in comparison with others performing the same tasks and reported at the next RSC meeting. No action is necessary unless deemed appropriate by the RSO and/or the RSC.
- Exposures above Investigational Level II should be investigated in a timely manner and, if warranted, action taken. The exposure and actions taken should be reported at the next RSC meeting.
- If a worker or group of workers' doses need to exceed an Investigational Level, a new, higher level may be established for that individual or group on the basis that it is consistent with good ALARA practices. The new levels must be justified and approved by the RSC.

Although the ALARA principle relating to occupational exposures has its roots in nuclear medicine, RSOs may also be responsible for reviewing the dosimetry reports for employees in radiology departments. Effective January 2019 The Joint Commission (TJC) has added an Element of Performance to the Leadership accreditation requirements:

Standard LD.04.01.05 #25:

The hospital designates an individual to serve as the radiation safety officer (rso) who is responsible for making certain that radiologic services are provided in accordance with law, regulation, and organizational policy. This individual has the necessary authority and leadership to do the following:

- Monitor and verify compliance with established radiation safety practices (including oversight of dosimetry monitoring)
- Provide recommendations for improved radiation safety.
- Intervene as needed to stop unsafe practices
- Implement corrective action.

Note that this radiation safety officer (little rso) is not to be confused with the RSO mentioned above. The RSO can serve as the rso but it doesn't necessarily have to be the same individual.

In addition, per Standard EC.0202.01 #17, organizations that provide CT, PET and NM or fluoroscopy services, the results of staff dosimetry monitoring must be reviewed quarterly. This is to assess whether staff radiation exposure levels are ALARA and below regulatory limits.



PLEASE MARK YOUR CALENDARS FOR OCTOBER 22-23, 2021 AND PLAN TO ATTEND OUR MRS CENTENNIAL CELEBRATION!

The general planned activity for the Centennial is an in-person event to be held at the Dearborn Inn in Dearborn, on Oct. 22-23, 2021. The format will be a Friday night informal social icebreaker beginning around 6 pm.

Saturday will be a CE session of eight (8) presentations by "Michigan-MRS-connected" radiologists of national stature scheduled from 8 AM - 3 PM. The currently planned program presentations are:

SPEAKER	TITLE
Reed Dunnick, MD	Radiology in Michigan: People and Progress
Safwan Halabi, MD	Artificial Intelligence in Radiology: Panacea or Snake Oil?
Safwan Halabi, MD	Challenges of Creating, Validating, and Deploying Artificial Intelligence Tools into Radiology Practice
Ella Kazerooni, MD	Towards Equitable Patient Care in Radiology
Debra Monticciolo, MD	Breast Cancer Screening: Addressing Disparities and Screening for Average Risk
Debra Monticciolo, MD	Use of Breast MRI in Women of Higher-than-Average Risk
James Thrall, MD	Reinventing Radiology in the Twenty-first Century
Kay Vydareny, MD	Women in Radiology: Looking Backward and Forward

We will end with a Saturday evening Gala dinner, which will include a short recognition program and ample opportunity to socialize and renew acquaintances. Registration and accommodations information will be sent out in early June; check your email or the MRS website.



Centennial Display:

Greetings MRS Colleagues: I am putting together a small display of "artifacts" from the practice of radiology over the years and would love to hear from you if you have something you would like to share. I have old dictation machines, hot lights, film boxes, old glass teaching slides, a stereoscope and other good stuff. Shannon has an old x ray tube courtesy of Dr. Biren Shah. Looking for some old fluoro goggles, mirrors or anything else that harkens from a simpler, analog time.

Roger Gonda MD FACR,
 Past President
 rogerg@southfieldradiology.com



Medical Student Section

The new Medical Student Section (MSS) of MRS, launched in the fall of 2020, is co-Chaired by Rocky Saenz DO, FAOCR, and Katherine (Kate) Klein MD. FACR. The primary mission of the MSS is to support our Michigan medical students by enhancing their knowledge of radiology practice and its specialties. Our goals are to sponsor seminars on learning radiology, create opportunities for medical students to display their talents, and help medical students be more competitive for radiology residency application. We had an inaugural meeting in the fall of 2020, followed by a meeting in March 2021, which had medical students presenting engaging case presentations. We also hosted a Q&A panel with five students across the state of Michigan who had just finished successfully matching in the 2021 NRMP Match into radiology. Our first MSS Symposium happened on **May 25th, 2021**, which showcased six medical students' radiology cases. We hope that medical students take advantage of our meeting and opportunities. We also appreciate any input or assistance with new programming. If you have interest, please contact us!

May 25, 2021 Presenters

Raymond Sun MS III

An Unusual Case of Subacute Heart Failure
University of Michigan Medical School

Ayden Harris MS -III

Hemoptysis: An uncommon case of a common presentation
Michigan State University - COM

Austin Maas MS III

Lower Extremity Swelling
University of Michigan Medical School

Joshua Volin, MS III

Dyspnea and Pleuritic Chest Pain
Oakland University William Beaumont School of Medicine

Gabe Walker MS III

Vision Changes, Facial Drooping and Word Finding Difficulty
University of Michigan Medical School

Rishika Polasani MS III

Role of Bowel Ultrasound in Diagnosis of Necrotizing Enterocolitis
Wayne State University School

[Click here](#) to watch the recorded event.

Upcoming EVENTS



OPTIMIZING IPF DIAGNOSIS AND ASSESSMENT: KEY CONSIDERATIONS FOR RADIOLOGISTS

JUNE 3, 2021
6:00 P.M.

JEFFREY P. KANNE, MD, FCCP

PROFESSOR AND CHIEF OF THORACIC IMAGING,
VICE CHAIR OF QUALITY AND SAFETY, DEPARTMENT OF RADIOLOGY,
UNIVERSITY OF WISCONSIN SCHOOL OF MEDICINE AND PUBLIC HEALTH
MADISON, WI

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