

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.

Elbow

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Summer 2023 | Issue 22



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Walter Sahjidak, MD, FACR
President
2023-24 Term



President's Message

Dear MRS Members,

It is my honor and privilege to be elected President of the Michigan Radiological Society (MRS) for the 2023-2024 term.

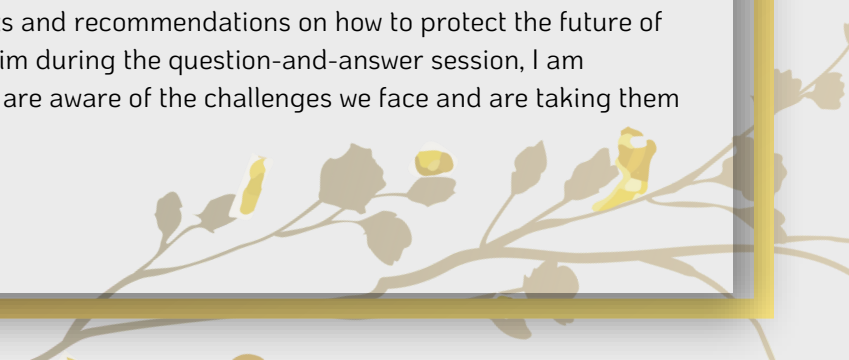
First and foremost, I would like to extend my congratulations to our past president, Mark Weiss, MD, FACR. His outstanding leadership guided the society through the challenges of transitioning out of the pandemic era. Under Dr. Weiss's direction, we made noteworthy progress on several issues, and I am grateful for his contributions. One notable achievement was the return of Michigan Radiological Society meetings to in-person format, which was a welcome development he oversaw. His work guiding the MRS advocacy on scope of practice issues at the state level must also be commended.

I want to express my appreciation in advance to the members of the 2023-2024 Executive Committee: President-Elect Rocky Saenz, D.O.; Vice President Andrew Woodrow, M.D.; Secretary Evita Singh, M.D.; and Treasurer Shadi Azar, M.D. Additionally, Dr. Weiss and Ralph Lieto, as immediate past presidents, will both be valuable resources during my term. The Board of Trustees, the core body for sustenance and growth of the MRS, will continue to provide their support and guidance as they have always done every year. Together, we will work towards advancing the interests of all our members.

Turning to the MRS and how it provides continuing value to members, our society remains focused on the following: advocacy for members with government and payors, educational initiatives, and the support at the grassroots for the future growth and prosperity of our specialty.

Advocacy is a fundamental benefit for all our members. Through direct interactions by the MRS with policy makers at the state level and by the American College of Radiology at the national level, we champion the interests of radiology. This includes interaction with federal and state government officials whose decisions affect our practices. A strong contingent of MRS members visited our representatives on Capitol Hill during the 2023 annual meeting of the ACR in Washington, D.C. to offer our perspectives and recommendations on a number of legislative matters. Our advocacy includes communication with and education of payors, including Medicare, so they understand our work effort and the cost of that effort in time and staff. Another priority has been the actions taken to monitor and influence the proposed Michigan legislation on scope of practice in health care to ensure our patients are getting appropriate care that only our members can provide with their unmatched, advanced training.

Educational meetings are a cornerstone of the MRS. Our biennial Up North conference is scheduled for October 14th and 15th at Boyne Mountain. This year's focus will be on emergency radiology imaging and a seminar by the Radiology Leadership Institute. I hope each of you will find time to join us there. Our 86th Annual Preston M. Hickey Memorial Lecture will feature another exceptional speaker in 2024, as we experienced in 2023 with Dr. Eric Rubin, Chair of the ACR Human Resources Commission, who provided valuable insights on radiology workload and staffing. At the 2023 Annual Meeting in Lansing, we were privileged to hear Dr. Alan Matsumodo's thoughts and recommendations on how to protect the future of radiology. Based on conversations we had with him during the question-and-answer session, I am confident that those of us practicing in Michigan are aware of the challenges we face and are taking them on directly.



Finally, I want to encourage every member to actively promote our specialty. My call to action is that we each try to personally advocate and advance our respective specialties at every chance possible. This can be as simple as engaging in meaningful conversations with our colleagues about how we can support and provide value to them and their patients. Whether it entails assisting in selecting the most appropriate imaging study to order, providing comprehensive interpretations of those studies, or offering recommendations for treatment that enhance patient care, we have incredible opportunities to demonstrate the extent of our capabilities and the positive impact we have on a patient's wellbeing.

The three MRS committees dedicated to medical students, residents, and young/early career physicians, also offer the means for each of us to contribute at the level of our organization to ensure the growth and vibrancy of radiology for years to come. Each of these groups work in concert with the committee for diversity, equity, and inclusion to make radiology's future secure. Please consider volunteering and contributing to these efforts; it is another way for each of us to advocate for our specialty.

I eagerly anticipate working with all of you this year during my term as president. Please do not hesitate to reach out to me or any member of the executive committee if there are any questions or issues where we may be able to help.

Sincerely,

Walter M. Sahjidak, MD
President, Michigan Radiological Society





MEET OUR NEW BOARD MEMBERS

The MRS Foundation is pleased to welcome and introduce our new Board Members to the MRS Foundation Board of Directors.

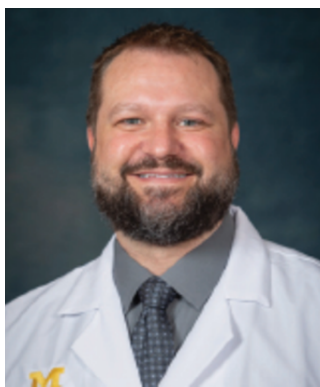


Norman Beauchamp Jr., MD, MHS

ABOUT DR. BEAUCHAMP

Norman J. Beauchamp Jr. is the Executive Vice President of Health Sciences at Michigan State University. Previous roles include serving as a professor of radiology, neurological surgery, and industrial and systems engineering at the University of Washington. His prior leadership roles include Dean of the MSU College of Human Medicine, Chair of the Department of Radiology at the University of Washington and Johns Hopkins University School of Medicine, Vice Chair and Chair of the University of Washington Faculty Senate, President of the University of Washington clinical practice and founding Medical Director of the Seattle/King County Free Clinic.

Dr. Beauchamp received his Bachelor of Science and Medical Degrees from Michigan State University and spent his third and fourth years of medical school and his internship in West Michigan. He completed a Residency in Radiology, and two Fellowships, Neuroradiology, and Interventional Neuroradiology, at Johns Hopkins. In addition, Dr. Beauchamp received his Master of Health Science degree from the Johns Hopkins School of Public Health.



Nick Rasmussen, MD

ABOUT DR. RASMUSSEN

Dr. Rasmussen serves as Treasurer on the MRS Resident and Fellow Section (RSF) Executive Board and, included in his responsibilities, as such, is serving on the MRS Foundation Board.

Dr. Rasmussen received his Bachelor of Science from Butler University and his Medical Degree from the University of Washington School of Medicine. He completed a residency in Internal Medicine at the University of Washington Boise and is currently completing a Diagnostic Radiology Residency at the University of Michigan.

We are honored to have both these physicians serving on the Foundation Board.

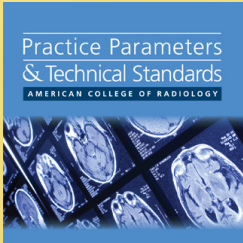
The Michigan Radiological Society Foundation is dedicated to carrying out the educational and charitable interests of the Michigan Radiological Society.

To learn more about the MRS Foundation or to make a donation, simply click on the Donate Now button below or visit our website at www.michigan-rad.org/foundation.

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The MRS Foundation is a 501(c)(3) organization, and all gifts are tax deductible.

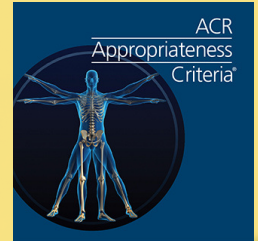
Yearly reminders for MRS members in 2023



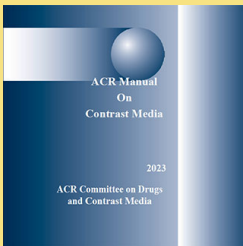
Don't forget the ACR Practice Parameters and Technical Standards are available online as a valuable resource.

<https://www.acr.org/Clinical-Resources/Practice-Parameters-and-Technical-Standards>

The ACR Appropriateness Criteria are available to help guide appropriate imaging or treatment decisions.



<https://www.acr.org/Clinical-Resources/ACR-Appropriateness-Criteria>



The Manual on Contrast Media is available online. The manual is available for download.

<https://www.acr.org/Clinical-Resources/Contrast-Manual>



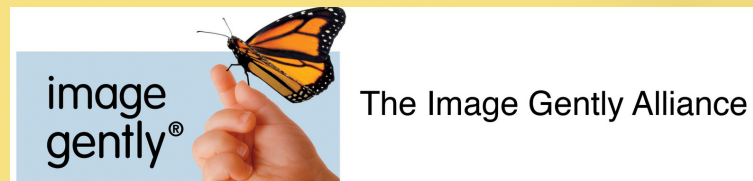
ACR Manual on MR safety is available online.

<https://www.acr.org/Clinical-Resources/Radiology-Safety/MR-Safety>



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John Kalabat, MD
Henry Ford Medical Group, Henry Ford Macomb
Chair, Michigan Radiological Society
Radiological Safety Committee

A History of Uterine Fibroids and Current Treatment Disparities

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Uterine fibroids, also known as leiomyomas, are the most common benign neoplasm of the uterus. They are estimated to occur in up to 70% of women by the time of menopause, though their true occurrence is likely underestimated due to insidious symptom onset and others who remain clinically asymptomatic. [1] Symptoms can vary but are generally grouped into abnormal bleeding or bulk related categories. The prior leads to heavy menstrual bleeding, anemia, fatigue and painful periods, while the latter can cause non-cyclic pelvic pain, pain with intercourse and issues with bladder or bowel function. Infertility and other pregnancy related complications are also known to occur.

While the true incidence and prevalence of uterine fibroids in the general population is unknown, studies have shown profound effects on healthcare costs, with an estimated 34.4 billion dollars spent annually in the United States alone. This doesn't include indirect losses from lost income due to time off work and disability, which are estimated to range between 1.6 and 17.2 billion dollars annually. [2]

Factors attributed to the development of fibroids include increasing age (up to menopause), nulliparity and black race. Of these, race has the strongest correlation with symptomatic fibroid disease which are three times more common in women of color. These patients also tend to present at a younger age, often with more severe symptoms and more frequently require hospitalization and surgical intervention compared to white women. [3] These issues are further exacerbated by reduced access to healthcare and socio-economic disparities.

Definitive hysterectomy remains a common surgical operation to this day, with around 600,000 done annually in the United States. Approximately 60% of these are done for conditions such as fibroid disease for which alternative therapies exist, of which 38% showed no prior documentation of attempting these alternatives in one study. [4] These findings are supported by recent study survey results indicating that women often suffered with symptoms for years before their diagnosis, and then arrived quickly at a decision for hysterectomy. [5] This highlights the importance of the initial discussions that patients have with their doctors.

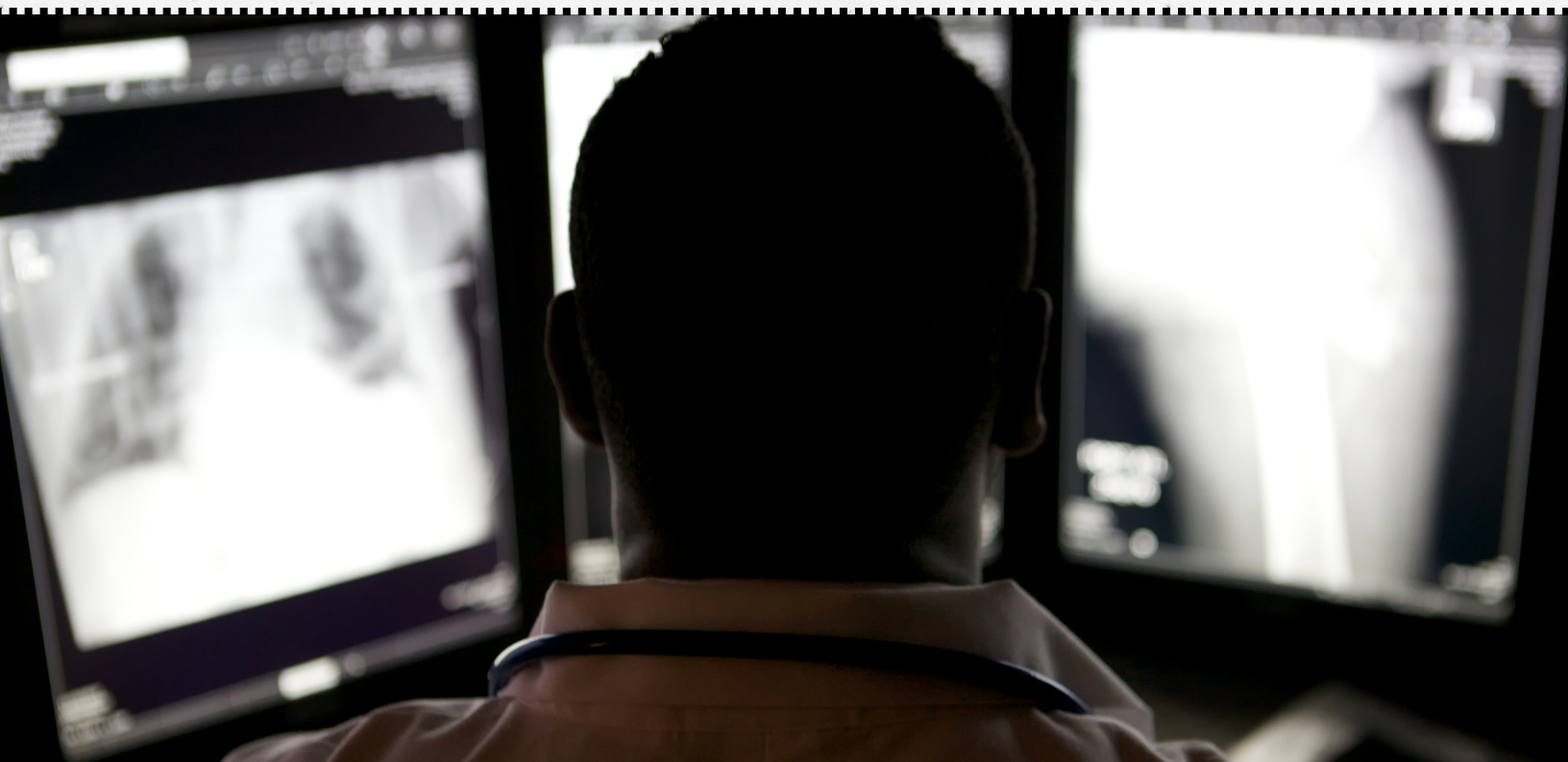
Uterine Artery Embolization (UAE) was first published in the United States as a treatment for fibroid disease in 1997 by Dr. Goodwin and Dr. McLucas out of UCLA. It is a minimally invasive uterine preserving procedure where a small catheter is guided under fluoroscopy into the uterine arteries. Embolization results in blocking the blood flow to the uterus and consequently the fibroids; this results in shrinking of the fibroids which also correlates with symptom improvement. Postprocedure patient satisfaction survey results are in the 85-95% range when done for bleeding and 75-85% range when done for bulk symptoms. A 2007 study by Dr. Edwards published in the New England Journal of Medicine compared UAE to standard surgical methods including myomectomy and hysterectomy, and found shorter hospitalization time and a quicker return to work with the UAE group. As of 2008 the American Congress of Obstetrics and Gynecology gave UAE level A evidence as an alternative to hysterectomy in the management of fibroids. Today patients treated with UAE are often discharged home on the same day or next day following their procedure. Ongoing research for UAE has also been shown effective in the treatment of adenomyosis, with reported symptomatic improvement of 74%.

Despite these great advancements in minimally invasive care for fibroid disease, UAE remains an underutilized and largely unknown treatment option, with approximately 25,000 procedures performed annually worldwide. A 2022 study published in the Journal of Vascular and Interventional Radiology by Dr. Jahangiri reviewed public internet search trends of UAE versus surgical myomectomy and found a diverging trend since the early 2000s with myomectomy outpacing UAE. [Z] This highlights the need for more outreach and patient education with regards to nonsurgical alternatives for fibroid disease.

Diagnostic radiologists are in a unique position to help raise awareness for patients and clinicians, as they are often the first to see and diagnose uterine fibroids through pelvic imaging. With the advent of digital medical records and patient portals, a patient's imaging history is no longer hidden. With the only absolute contraindications to UAE being untreated infection, malignancy and pregnancy, there are few if any patients who couldn't be considered for this treatment.

References

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2. <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-023-15765-x>
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7. [https://www.jvir.org/article/S1051-0443\(22\)01337-9/fulltext](https://www.jvir.org/article/S1051-0443(22)01337-9/fulltext)





LEGISLATIVE UPDATE

James Cavanagh, JD
MRS Lobbyist

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OVERVIEW

Both the House and Senate have passed their versions of the FY 2023–24 State Budget. It is anticipated that each House will reject the other's version of the Budget, ultimately sending it to Conference Committee. The goal is to have an enacted Budget on the Governor's desk by mid-June. One of the reasons for waiting is due to the mandated Revenue Estimating Conference scheduled for May 19. The conference consists of the State Budget Director, State Treasurer and the House and Senate Fiscal Agencies. The consensus of the Conference will form the basis for target figures for all departmental, K-12, and higher education budgets.

Finally, it is anticipated that policy issues, especially issues involving health policy, will be given a priority for the rest of the year. These issues include access to health care, health care equity pharmaceutical cost containment and pricing transparency and new insurance coverage mandates. It is noted that the access issue often involves attempts at "scope of practice" creep by nurses, chiropractors and others in health care. In fact, since the last report, legislation has been introduced essentially giving nurse practitioners the authority to practice medicine. This legislation will be discussed in this report.

LEGISLATION

Scope of Practice:

On April 20, Senator Jeff Irwin (D-Ann Arbor) introduced SB 279, which is a reintroduction of last session's SB 680. The bill has bipartisan co-sponsorship and has been referred to the Senate Committee on Health Policy. This legislation, in essence, allows nurse practitioners to practice medicine by granting them authority to diagnose and prescribe controlled substances without being under the supervision of a physician. It also specifically allows nurse practitioners to engage in "ordering, performing, supervising and interpreting laboratory and imaging studies."

Physician groups are adamantly opposed to this legislation and are already actively lobbying against it. The MRS Legislative Committee has discussed this bill at length and is preparing to offer alternative language which would not allow nurse practitioners to practice radiology. MRS, along with other physicians, specialty organizations and MSMS, will be waging a very vigorous, grassroots campaign in opposition.

HB 4316, SB 219, Pharmacist Allowed to Dispense Vaccines and Certain Diagnostic Tests:

These bills are identical and are sponsored by Rep. Alabas Farhat (D-Dearborn) and Sen. Sylvia Santana (D-Detroit). They enable a pharmacist to order and administer vaccines without the supervision of a physician. In addition, they allow the pharmacist to administer "diagnostic laboratory tests classified by the Food and Drug Administration as waived, advising the patient on the results, and referring patients to prescribers for follow-up care." I have worked with the MSMS lobbying team to protect imaging from the purview of that bill. It appears what is meant by diagnostic testing in this instance are tests exempted from the federal Clinical Laboratory Improvement Amendments (CLIA) which regulate testing and certification of clinical laboratories by the Centers for Medicare and Medicaid Services. It also appears that exempted testing are those tests approved for home use and those approved for a waiver by CLIA. Therefore, it would appear these tests have nothing to do with imaging, but rather are meant to be used by the general public, like home COVID tests. However, we are making sure that is the case. Together with MSMS, clarifying language will be offered. It also now appears that the vehicle bill will be SB 219, the Senator Santana bill. Last week the bill passed the Senate and was sent to the House.

HB 4071, Oral Chemo Therapy:

Rep. Samantha Steckloff (D-Northville) is sponsoring a bill that requires equal insurance coverage for oral cancer chemo therapy and intravenous therapy. This bill has been referred to the House Health Policy Committee where it remains after one hearing.

HB 4015, Insulin Co-Pay:

Sponsored by Rep. Jennifer Conlin (D-Dexter), places a limit on the co-pay of Insulin at \$35 for every 30-day supply. This bill remains with the House Insurance and Financial Services Committee.

HB 4276, Pharmacy Benefit Manager Regulation:

Rep. Farhat has introduced legislation calling for strict regulation of reporting requirements for pharmacy benefit managers. The bill remains with the House Health Policy Committee.

SB 27, Mental Health Parity:

Sponsored by Sen. Sarah Anthony (D-Lansing), requires health insurers to give equal coverage for behavioral health and substance use disorder services as that given for physical health. The bill has been referred to the Senate Committee on Health Policy.

Prior Authorization:

Providers, including physicians, will likely attempt to make further gains to reform the prior authorization practice. I see this occurring late this year or early next.

Radiation Technology Rules:

The Department of Labor and Economic Opportunity (DLEO) is promulgating administrative rules that will establish education and training requirements for operators of ionizing equipment. DLEO has sent formal notice of the same and an opportunity for public input will be provided at a public hearing to be held on August 16. The proposed rules do not, however, address the handling and administering of nuclear materials used in certain modes of imaging.



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