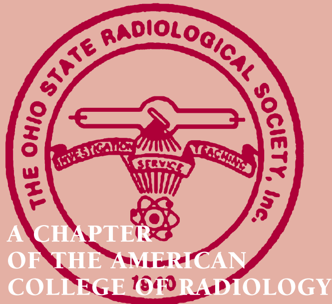

A CHAPTER
OF THE AMERICAN
COLLEGE OF RADIOLOGY

The BULLETIN

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PRESIDENT'S MESSAGE

Michael Seider, PhD, MD

What would you want your professional society to do for you and your practice? The question that I am asked all the time when I am trying to recruit new members is "What does the Ohio Radiological Society (ORS) do for me?" This message is not going to list the numerous benefits of either the ORS or the American College of Radiology (ACR). One simply can go to the web site (www.acr.org) and read them. What is interesting is that the list of accomplishments is impressive. What I find interesting is that most non-members have no idea what we do for them nor do they seem to care. Unfortunately, I feel that this is our fault. We (the members) need to be much more proactive when talking to our colleagues about what the society does for them. When I meet a radiologist or radiation oncologist, I always ask them if they are a member of ACR and ORS (and even RADPAC on occasion). After receiving the usual (and expected) "no" I always follow up with a "why not?" The bulk of the responses are usually "what have they done for me" or "I already belong to _____ professional society and why should I spend more money to belong to another professional society."

While the ACR has been a leader in research, education and advancement of radiology and radiation oncology I feel the best reason to join ACR and ORS is that it provides us with a voice in the political process. Without that voice and muscle, our specialty would long ago have been sliced and diced up by anybody possessing a radiology machine. As it stands now, this very situation is one of our gravest challenges. That is, how do radiologists and radiation oncologists maintain excellence in patient care in an environment where everyone is opening up imaging and therapy centers of unknown quality? Furthermore, how do we get payers to recognize this? This is what we need to discuss with our non-member colleagues again and again. The more members we recruit, the louder our voice becomes and the more impact we have on the policy makers who will determine our future. Radiology is not a commodity and we cannot let it become one. Thus, we need to recruit everyone we can.

So how do I recruit? I talk to potential members. I have data and statistics available so that if I'm asked the inevitable question "what have you done for me" I can answer it with several facts. I usually include monetary information since it seems to always be a prime motivator for some physicians. However, the best technique I have found is just to keep contacting the same person and reiterating the advantages of belonging to an organization that has his/her interests at heart. With any luck I even get them to join!

One of my goals this year is to get all of the membership to talk to at least 1 non-member and get them to join both ORS and ACR. In my next message, I will talk about getting new members to consider becoming leaders in these organizations.

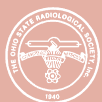
Radiation Oncology

Michael Seider, PhD, MD

As financial forces press even harder on the house of medicine, physicians of all specialties are looking to enhance their income in non-traditional ways. This would include selling medications and vitamins in their offices and setting up imaging facilities where they can collect technical and sometimes professional fees. Radiation Oncology is not immune to these pressures. Last year, an entrepreneur set up an arrangement in which urologists could refer their patients to a freestanding surgical center for prostate treatment using radioactive iodine seeds. The urologist would use an employed radiation oncologist to help with the seed implant. The urologist and entrepreneural's company would then share in the technical and professional fees. By billing under a single provider number this arrangement attempted to circumvent the Stark II laws on self referral.

The expansion of the above concept has continued this year. Now groups of specialists are banding together and are placing high energy accelerators in their "office". They are now referring their patients to their "in office" treatment facility. Since they own the equipment, they collect all technical fees. They may have arrangements with a local hospital to provide technologists and physics support and even a radiation oncologist (as an employee). Thus, in Akron the urologists will have high energy accelerator to provide radiation treatment to their patients next year.

It is obvious that this concept can be expanded. If urologists, why not neurosurgeons and general surgeons. In essence, any specialty group could under the aegis of an "in office treatment facility" place accelerators, HDR machines or brachytherapy suites in a building and treat their patients. So what is the downfall to radiation oncology of this scenario? I can envision that before long, the specialty residency programs (surgical, urological, neurosurgical) will insist that radiation treatment for their particular specialty be included in their training programs and that these new residents be certified to deliver radiation treatment without the need for a radiation oncologist. If one does not believe that this is likely to happen, just dial back several years to vascular brachytherapy (remember that?). The cardiologists wanted to be certified to deliver the vascular radiation without the need of a radiation oncologist after "appropriate" training (40 hours??). The NRC blocked the cardiologists after intervention from ASTRO, ABS and ACR. This issue never came to a head because vascular brachytherapy was superseded by drug eluting stents, thereby obviating the need for vascular radiation.



Unless we organize and become proactive, the training programs for radiation oncology may disappear for two reasons. First, as multiple specialty radiation centers are set up, fewer and fewer patients will be referred to training programs. Secondly, as specialties outside radiation oncology become certified to treat their patients with radiation there will be less need for radiation oncologists. Neither of these outcomes bodes well for radiation oncology.

Immediate Past-Presidents Report

Fredrich Dengel, MD

POLICY MAKERS, NOT POLICY TAKERS

Organizations can exist in a static form, hoping their environment remains stable, or they can evolve in attempt to remain relevant to the individuals they serve. Both paths have some risk. A stable (static) system may risk becoming irrelevant as the membership finds alternative means for solving new problems. On the other hand in an attempt to meet the perceived needs of the membership, an organization might be providing answers to questions that have not yet been asked. The Ohio Radiological Society has chosen to evolve. The membership has spoken loudly over the last few years, with sharply diminished attendance at our annual CME meeting, indicating the membership has taken advantage of new methods of obtaining high quality CME. Internet based learning and travel to resort venues come to mind. As a result, the ORS Executive Committee has voted to modify the annual, Fall meeting. We will expand existing roles that have always been important such as leadership development, political watchdog, policy influence and socioeconomic functions, eliminating CME functions until such a time arises that the membership expresses a renewed need. As always we value the input of the membership and are eager to hear from you as we change in response to your needs.

Leadership development will be emphasized during the coming year. Those who are interested in any facet of training the next generation of Radiology leaders should plan on being in Columbus for the October ORS meeting. We have a very active group of residents in Ohio who I feel could make great future contributions to our specialty within the state and nationally. Mentoring and encouragement should not be neglected.

We have made a few housekeeping changes at ORS during the past year. Our Bookkeeping functions have been outsourced to OSMA, with the oversight by the elected ORS Treasurer. Maintenance of our tax-exempt status has been outsourced to Benesch, Friedlander, Coplan & Aronoff LLP, with the oversight by the executive committee.

I am completing this column from RSNA. This year's convention has reminded me of the importance of promoting the proper education of Radiologists in training. Those of us accustomed to providing diagnosis based on the morphology of disease are going to see significant changes in the not too distant future, with a shift in the science of imaging toward a focus on the discovery and characterization of subclinical disease based on pathophysiology and function rather than shape, size and density and/or signal intensity. Emphasis on research during training has never been more important and the support of research by the greater body of Radiologists never more important. Please choose to support the RSNA research funding efforts.

EXECUTIVE COUNCIL WELCOMES RESIDENTS TO THE OSR EXECUTIVE COUNCIL MEETING

Dr. Dengel welcomed and was pleased to see residents taking an interest in the society and getting involved at a national level. The following residents attended the Executive Council meeting which was held at the Columbus Marriott Northwest on October 8, 2005: Krikor Malajikian, MD, Robert Kittyle, MD, Chuck Marlin, MD, Rahal Desai, MD, Brad Cushnyr, MD, Luis Jancovski, MD, Craig Johnson, MD, Darlene Holden, MD.

Legislative Update

Ohio State Medical Association

MEDICARE

Congress failed to head off a cut in Medicare physician payments after the U.S. House failed to reconvene for a second vote on the 2006 budget reconciliation bill.

On December 19, the House approved a budget bill that included a one-year freeze on 2006 physician payments at 2005 rates. The measure would have averted a 4.4% Medicare physician payment rate reduction scheduled to take effect January 1.

The U.S. Senate voted to approve a similar bill on December 22, but procedural maneuvering prevented the bill from being forwarded to President Bush for his signature.

Many believed passage of the bill was close at hand, but the possibility of a second House vote was in question since most House members had already returned home for the holidays.

Without House consent, a 4.4% cut in physician payments will take effect as scheduled on January 1. AMA, however, is urging Congress to make the physician reimbursement freeze retroactive to January 1. AMA has also requested that CMS not require physicians to resubmit claims once the legislation is passed.

OSMA is urging Congress to address this issue immediately after it reconvenes in January. The House is scheduled to return on January 31st. The Senate will reconvene on January 18th.

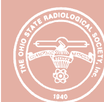
MEDICAL LIABILITY/TORT REFORM

Over the past three years, the OSMA has been the leading voice for physicians at the Ohio Statehouse on the issue of medical liability reform. The OSMA has helped engineer nearly 20 different medical liability reforms that provide Ohio physicians long-term relief from the medical liability crisis.

As a result of OSMA's efforts, two new insurance carriers have entered the Ohio market; liability premium increases in 2005 were in the single digits, while some specialties reported as much as 10% premium reductions. In addition, the number of medical liability lawsuits cases filed in Cuyahoga County, the third most litigious county in America, was down nearly 30% from 2002.

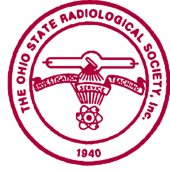
While these achievements are significant, OSMA continued to work on reforming Ohio's civil justice system in 2005. We successfully sought sanctions against personal injury lawyers and plaintiffs who file frivolous lawsuits. We've set up a Court Watch program to help defend our landmark tort reform bill (SB 281) against constitutional attacks by the personal injury bar. We also worked to change an Ohio Rule of Civil Procedure that will now require all medical lawsuits to be accompanied by an "affidavit of merit." And we worked collaboratively with the AMA in helping to advance federal tort reform through the U.S. House of Representatives.

Finally, OSMA continued work on the development of legislation that will create new opportunities for alternative dispute resolution like mediation or arbitration.



Treasurer's Report

Dr. Kathryn Gardner was unavailable to give the treasurer's report. The treasurer's report was tabled until the next council meeting.



If you would like to help support Ohio Radiology as a player in the Ohio political arena, mail your check today to:

ORSPAC
c/o Billie Fiori, Treasurer
88 East Broad Street, 9th Floor
Columbus, OH 43215

$200.00 Club ($200 or greater donation)
Sustaining Membership ($75 or greater donation)
Resident Membership ($10 or greater)

Note: Contributions to PAC organizations are not tax deductible, and should be made by personal check.

Membership Committee Report

July 2005 - December 2005

In the absence of Dr. Yogesh Patel, Anitra Metheny, ORS staff submitted the membership report as follows:

NEW MEMBERS

Louis P. Caragine, MD
Li-Fen L. Chang, MD, PhD
Todd David Greenberg, MD
Paul Nicholas Grooff, MD
Amaresha Muniyappy, MD
Shetal N. Shah, MD
Donald C. Simon, MD
Gareth Williams, PhD
Steven Albert Young, MD

TRANSFERRED TO OHIO

Sanjay Kumar Jain, MD
Jerry Tobler, MD, PhD
Darryl A. Zuckerman, MD

TRANSFERRED FROM OHIO

Michael E. Berlow, MD, FACR, MBA
Kathryn Ann Bryan, MD
Arthur Paul Ciacchella, MD
Edrick J. Ferguson, MD

In Memory Of Dr. Stanley J. Lucas

Since the last Bulletin was sent to the membership Doctor Stanley J. Lucas a very strong advocate for practicing radiologists who devoted much of his energy to enhancing their ability to render good patient care died at home after a long illness on May 14, 2005.

Dr. Lucas practiced Radiology in Cincinnati, Ohio after board certification in 1957, retiring in 1999.

In 1967, as president of the Cincinnati Radiologic Society, he led a successful campaign against a proposed Blue Cross program to limit pre-admission testing only in a hospital setting. In addition, this activity resulted in coverage for x-rays performed for trauma in a private office, as opposed to only in a hospital setting. This effort had national implication beneficial to the practicing radiologist.

In 1976, he served as president of the Cincinnati Academy of Medicine and was active in the AMA for 18 years, serving on the Radiology section, as well reference committees on Judicial and Ethical Affairs, as well as Finance. He became president of the Ohio State Medical Association in 1992 after an active career as delegate and counselor. He was awarded the silver medal of the Ohio Chapter of the ACR and was a fellow of the American College of Radiology.

Dr. Lucas had a special interest in the history of Radiology in Cincinnati, and published in this area. In addition he had an extended collection of memorabilia which is now on permanent loan to the Medical Heritage Center of the University of Cincinnati.

Dr. Lucas was a caring individual, who personally greeted every person in his office. One patient told him, “You are not just my radiologist, you are also my psychiatrist.”

Dr. Lucas was married for 52 years to Judy Schulzinger. They had five children, including Dr. Daniel Lucas, a radiologist in Scottsdale, Arizona, and Dr. Marvin Lucas an internist in Cincinnati, Ohio.

Stan, you will be missed, and all Radiology and Medicine is better because of your efforts.

Jerome F. Wiot, MD