NYSRS
Committee and
Section Reports

January 5, 2024

- Diversity, Equity, and Inclusion
- Radiation Oncology
- Interventional Radiology
- Young Professionals
- Resident and Fellow
- Social Media and Communications
- Economics
- Quality and Safety

NYSRS Diversity and Inclusion Committee Report
January 5, 2024

Executive Summary / Accomplishments:

We co-sponsored a social event and have generated discussion items.

Informational Items:

1. Dr. Yee worked with NYSRS foundation to sponsor 2 excellent candidates for the ACR RLI Leadership Accelerator course
2. Dr. Kagetsu participated in a session on social media for PIER students on December 7, 2023 (moderated by Daniel Margolis from Cornell) It is available on demand https://pages.acr.org/LinkedIn-and-Virtual-Professional-Presence-101223-On-Demand-Page.html
3. The RHEC created an update which was submitted to NYSRS on Nov 8 (attached)
4. Nolan Kagetsu will be participating in the ACR organized student event on Saturday, January 28 (with keynote speaker Bill Herrington) https://pages.acr.org/Medical-Student-Symposium-012724-Registration-Page.html Please help spread the word.

Discussion Items:

1. We learned that medical school neurology interest groups are directly supported by AAN. We would like to pursue this model for radiology, perhaps with NYSRS facilitating this.
2. How can we support CUNY students interested in radiology/rad onc/VIR (contact is student advisor Lily Lam llam@med.cuny.edu)
3. The ACR PIER program is active (Headed by Michelle Johnson from Yale) Please encourage first year med students to participate.
   https://www.acr.org/Member-Resources/Medical-Student/Medical-Educator-Hub/PIER-Internship
   Please consider volunteering.
   https://app.smartsheet.com/b/form/f79f87819b864f0db023dd5b9eca396c
4. We would like to solicit collaborations with other committees and ideas for future events/projects.
5. MGH has this program for students to get involved with research
   https://irlab.mgh.harvard.edu/
   It would be great if NYC programs could do something similar or collaborate with MGH.
6. We encourage members to review the RHEC website https://www.radhealthequity.org/

To give you an overview of the current status, we have 37 organizations (including one academic department which is Montefiore) that have joined the RHEC. In order to help you, I've attached the most recent RHEC overview slides for you to look over.

Additionally, I would like to share some supplementary notes detailing the significant work that RHEC has accomplished throughout the year. This information may offer valuable insights into our ongoing efforts.

- Project Health Equity: The Promise Fund of Florida's partnership with the Florida Radiological Society, previously known as Halo Logic, is now referred to as Project Health Equity. This project collaborates closely with the Black Women's Health Imperative and the Hispanic Health Alliance to increase access to care for all women, aligning their goals, missions, and data collection efforts.

- Maryland Radiology Bills: Two bills were passed in Maryland radiology, one sponsored by Coleman and one by Redmond. Updates were provided on health equity initiatives in radiology, including a bill passed through the Maryland state legislature to provide cost-sharing, eliminate cross-sharing in breast cancer screening and diagnostic procedures, and propose policies to improve patient safety and promote health equity released by CMS. A signing ceremony with the governor is anticipated.

- Rad Health Equity Emerging Leaders (HEEL) Taskforce: This workgroup focuses on medical students, fellows, residents, and early-career radiologists. Carla encourages nominations of residents/fellows interested in joining this group along with other workgroups dedicated to community health outreach, research, and education.

- Educational Resources: The group is compiling lectures and articles in collaboration with the AMA Ed Hub and Rad Health Equity Coalition to provide webinars on the website, making them accessible to everyone for free.

- Learning Network: The Coalition is working on creating a learning network for all radiologists and community health partners, allowing them to participate in quarterly sessions focused on specific health equity topics.

- Membership Growth: To date, the Coalition has 37 active member organizations, including national radiology/radiation oncology societies (11), state radiology societies (15), specialty societies (8), and community health organizations (4).

- National Lung Cancer Screening Day: As a co-sponsor with the NLCRT (National Lung Cancer Roundtable), Go2 for Lung Cancer, and the ACR LCS Steering Committee, the RHEC is collaborating with several sites in underserved areas to launch this year's National Lung Cancer Screening Day.

- Cancer Atlas Project: RHEC is actively involved in the development of the Cancer Atlas Project in collaboration with the Harvey Neiman Health Policy Institute. This project aims to engage two distinct categories of stakeholders: (1) community members and leaders with firsthand experience of health equity needs and (2) stakeholders capable of utilizing project data for program and policy development.

- Partnership with the Cancer Action Coalition of Virginia (CACV): RHEC has recently formed a strategic alliance with the Cancer Action Coalition of Virginia, focusing on addressing cancer treatment disparities within the state. I had the privilege of delivering a presentation on Equity in Cancer Care at their annual meeting. Furthermore, RHEC has been invited to participate in CACV's Lung Cancer Taskforce, which presents significant opportunities for collaboration and impact.

- Educational Resources: RHEC has produced several educational resources, including the Community of Practice Webinar Series and the Diversity in Clinical Research Symposium. The Community of Practice Webinar Series covers innovative approaches to community and stakeholder partnerships, as well as improvements in workforce diversity and research equity.

- Impact Report: Additionally, the RHEC Annual Impact Report can be found here: https://www.radhealthequity.org/-/media/RHEC/Files/Resources/2022-RHEC-Annual-Report.pdf

Contributors to Report:
Judy Yee, MD and Nolan Kagetsu, MD
Keywords: Diversity, Health Disparities

Submitted, Thursday, January 4, 2024
From: NYSRS Radiation Oncology Section Chair, Dr. Luqman Dad, Assistant Professor of Radiation Oncology and Co-Director of Head and Neck Cancer, Columbia University

Radiation Oncology Report:

American Society for Radiation Oncology 68th Annual Meeting, will take place in Washington, D.C., September 29 – October 2, 2024. The meeting theme is: *Targeting provider wellness for exceptional patient care*.

Advocacy and the Alternative Payment Model
On January 1, millions of dollars in additional Medicare payment cuts went into effect. Since 2013, Medicare has cut payments for radiation oncology services more than 23%. New legislation (HR 6883) would fix the conversion factor cuts that started January 1.

Workforce Trends
A new analysis of the U.S. radiation oncology workforce projects a relative balance between the supply of radiation oncologists and the demand for radiation therapy services through 2030. The report was produced by Health Management Associates (HMA), a consulting firm commissioned by the American Society for Radiation Oncology (ASTRO) to conduct an independent assessment of the radiation oncologist workforce, published in the March 8, 2023, *IJROBP*.

VIR Committee

NYSRS BOD meeting, Jan 5, 2024

Informational Items: The following is the link to the recorded Dec 6 Town Hall-IR and DR: Better Together or… ?

https://acr-1.wistia.com/medias/ic094ws5sk?utm_medium=email&utm_source=marketo&utm_content=banner&utm_campaign=GENL-EML-121123%20Missed%20You&mkt_tok=NTk4LVRSQS0yNDQAAAGP-W_nyHMQ8iFbFrfqyYezxig9BKkaoY5kMk_2DbFS9sU9A4aK2VKWPloGEVbKkPMHxgHt-hPXftuEPeHPYIyTJb3gzD-j-G7TJxqzbMxy_JZE

Discussion items: A Town Hall meeting was held on Dec 6 as a joint effort between ACR and SIR. The topic of discussion was whether IR should remain a part of Radiology. The discussion has been stimulated in part by some of the following factors:

1) The new direct IR pathway making IR its own primary specialty.
2) Perceived conflict of interest in some groups as follows:
    a. IR's increasingly valuing comprehensive longitudinal clinical care as opposed to DR groups being faced with overwhelming staff shortages and increasing DR volumes.
    b. Personal gratification in IR being undermined by business models that do not seem to value the practice of IR equally to that of DR
3) RVU based models that attach little or no value to some of the demands of an IR (call including commuting and off-hours phone calls and procedures, consultations, consents, paperwork, etc.)
4) The perception (or reality) that in an RVU-based model, DR supports IR

Arguments are presented for and against IR remaining with DR. To summarize, the advantages IR brings to practices mentioned in the meeting included a necessary in house representative in what could otherwise be a mostly remote-working group (e.g., the face of the group), leverage for contracts with hospital administration and other clinical services, the privileges and expertise to interpret certain diagnostic studies that pertain to the IR practice (e.g., vascular lab), some IRs enjoy doing diagnostic work. Some disadvantages mentioned are the frustrations some IRs encounter with convincing DRs to invest in infrastructure that does not directly result in revenue (e.g., a clinic), IR procedures competing with time that can be used reading which can lead to disincentivizing IR practice development within a group.

Some ways to make IR/DR practices more palatable included ways to increase the RVU productivity of IRs incorporating OBLs into practices to increase the revenue associated with outpatient procedures and technical fees in addition to professional fees, incorporating a vascular lab as a gateway to vascular procedures, and defining the differences and associated tasks of an IR vs DR workday. Some of these, such as OBLs and in house vascular imaging also make independent IR practice a viable option.

Young and Early-Career Professionals Section Report
NYSRS Board of Directors Meeting
January 5, 2024

Section Name: Young and Early-Career Professionals Section (YPS)

Executive Summary/Accomplishments:

- Planning "Radvocacy: How and Why I Do It" virtual talk by Alex Podlaski, MD, date TBD (Feb?)
- Dr. Podlaski is a new member of our section and was honored with the 2023 Howard Fleishon MD, MMM, FACR, Radiology Advocacy Network (RAN) Advocate of the Year award

Informational Items:

- Applications for the Bruce J. Hillman, MD, Fellowship in Scholarly Publishing open until February 29, 2024: https://www.acr.org/Member-Resources/fellowships/Hillman-Fellowship

Discussion Items:

- Candidate for YPS Chair position

Committee Members:

- Vice Chair: Dr. Angela Tong
- Dr. Monica Bhattacharjee
- Dr. Mobeen Farooq
- Dr. Shari Jawetz
- Dr. Justin Holder
- Dr. Grace Lo
- Dr. Alex Podlaski
- Dr. Jessica Rosenblum
- Dr. Naziya Samreen
- Dr. Christopher Song
- Dr. Joel Thompson

Keywords: YPS, radiology advocacy

Respectfully submitted,
Dana Lin
Angela Tong

NYSRS Physics Committee Report (1/5/24)

Executive Summary:

1) As part of the Committee's regulatory outreach efforts, we have continued to stay abreast of the NYSDOH's work to update Part 16 of the NY State Sanitary Code. One proposed change of interest is the Bureau's intent to require accreditation of all cone beam computed tomography (CBCT) units (including dental CBCT) to ensure that all users of such equipment provide the necessary quality and safety practices to their patients, just as is the case with users of multidetector CT units. After acquiring Board approval, the Committee has drafted a letter from NYSRS in support of this accreditation requirement to be sent to key NYSDOH personnel.
2) To continue the Committee's efforts to increase medical physicist membership and involvement in NYSRS and ACR, the Committee plans to deliver a presentation for the members of RAMPS, the local chapter of AAPM for New York City, at a future chapter meeting.

Informational Items:

AAPM Public Education website goes live

1. After several years of development, the AAPM Public Education committee has released a website to provide information about medical physics to the general public, which can be found here: https://www.medicalradiationinfo.org/.
2. The website covers topics such as the history of medical physics and the role of physicists in medicine, medical radiation, radiation safety, career information for students, and even an "Ask the Experts" function where the public can submit their questions to be answered by a panel of medical physics experts.

Patient gonadal and fetal shielding update

3. The AAPM Communicating Advances in Radiation Education for Shielding (CARES) committee was formed following the AAPM's position statement advocating the discontinuation of patient gonadal and fetal shielding during radiological imaging. Final documents, including lectures, are available at https://w3.aapm.org/cares/.
4. The position statement has been endorsed by several medical stakeholder organizations, including the ACR.
5. NYC and NYS regulators have also adopted this position in their guidance to radiology practices, allowing for discontinuation of these shielding practices, provided that it is outlined in facilities' policies and procedures.
6. AAPM CARES has recently released a series of education modules that provide greater detail into this topic and how it may be implemented in clinical practice. They can be found in the ACR Catalog under "Patient Gonadal and Fetal Shielding Education Modules".
7. Bob Pizzutiello has presented lectures on this topic to NY State Department of Health (including representatives from NYCDOHMH) and the NYSED Boards for Medical Physics and Dentistry.

Regulatory outreach

1. Committee members remain engaged with City and State Health Departments.

Discussion Items:

None

Committee Members:

Daniel Long, Chair
Dylan DeAngelis, Vice-Chair
Bob Pizzutiello
Tom Petrone
Raja Subramaniam
Matthew Pacella

Keywords: Physics, membership, video, CBCT, outreach

NYSRS Executive Committee Meeting:
Resident and Fellow Section Report

Committee / Section Name: Resident and Fellows Section

Executive Summary / Accomplishments:

Annual Dr. Sara Abramson Career Workshop
The 2023 annual career workshop was held virtually on Tuesday November 7th, 6-8pm with approximately 60 attendees from various New York programs. Healthcare attorney Justin Pfeiffer discussed contract negotiation followed by a question and answer session with a panel of radiologists from diverse practice settings. The event was a success with lots of positive feedback from attendees. Thank you to our panelists Dr. Raja Cheruvu, Dr. Jesse Chusid, Dr. Richard Friedland, Dr. Bonnie Litvack, Dr. Robert Rapoport, and Dr. Ellen Wolf for generously sharing their experience with us.

New subcommittee of the RFS for medical students:
A new medical student subcommittee of the RFS has formed to interest medical students in the field of radiology, to introduce them to the work of the Society, and to expand the base of future members and leaders of the Society. A medical student from Stony Brook, Austin Young, has been appointed to serve as a liaison.

Secretary/Treasurer Announcement & RFS Officer Turnover:
Welcome again to our newest RFS officer, Dr. Jin Yoon, a first-year radiology resident at Columbia. We look forward to working with him.

Upcoming Events:

All member meeting
The NYSRS all member meeting will be held on March 23, 2023. The RFS will encourage resident attendance from across NY state.

ACR Annual Meeting
The ACR annual meeting will be held on April 13-17, 2024 in Washington, D.C., with a registration deadline of April 1, 2024. The RFS will encourage resident attendance from across NY state.

Discussion Items: None.

Committee Members:
Dr. Kimberly Feigin
Dr. Loretta Lawrence
Dr. Douglas Mintz
Dr. Rouzbeh Mashayekhi
Dr. Esther Zusstone
Dr. Rhianna Rubner
Dr. Jin Yoon

Keywords: Residents, Fellows, RFS, ACR

NYSRS Board Meeting – January 5th, 2024

Social Media and Communications Committee

Executive Summary:

Website:

- Continuing to update website
- **Please send us content!!!**
- Please contact us at nysrs.web@gmail.com, if you have feedback, suggestions, corrections, etc. for the website.

Social Media:

- Continuing to build out our social media branding (have a Canva account).

Email:

- Plan on continuing to send Newsletters using Contant Contact

Quality and Safety Lectures:

- We look forward to working with the Quality and Safety Committee on their lecture series

Informational Items:

Social media accounts:

Please follow us!
Please tag us in your posts, when applicable!

Twitter

Instagram

LinkedIn

YouTube

Facebook

Discussion Items:

N/A

Report Contributors:

Benjamin Hentel, MD
Keith Hentel, MD MS FACR

Committee Members:

Dr. K. Hentel (C), Dr. B. Hentel (C), Dr. Dodelzon, Dr. Madsen, Dr. Farooq, Dr. Jin, Dr. Dayma, Dr. Emmanuel Amoateng, Austin Young (MS), Dr. David Boyajian, Arvind Dev (MS at Albert Einstein College of Medicine), and Aidan Pierce (MS at Stony Brook)

Keywords:

IT, Social Media, Website, Twitter, LinkedIn, YouTube, Instagram, Facebook

NYSRS Economics Committee **5 January 2024**

ACR Releases Preliminary Radiology-Specific Summary of Medicare Physician Fee Schedule Final Rule

The CMS released its 2024 Medicare Physician Fee Schedule (MPFS) Final Rule Nov. 2. The ACR has prepared a radiology-specific preliminary summary of the rule, which indicates 32.74 PFS conversion factor in 2024, a $1.14 decrease from the 2023 conversion factor of $33.89, or a decrease of approximately 3.4%.

The College continues to review the proposed rule and will provide a detailed summary in the coming days. If you have questions, contact Angela Kim, ACR Senior Director, Economics and Health Policy.

ACR Releases Preliminary Summary of HOPPS Final Rule

The CMS released its 2024 Hospital Outpatient Prospective Payment System (HOPPS) Final Rule Nov. 2. The ACR prepared a radiology-specific preliminary summary of the final rule, which increases the conversion factor from 2023 by 3.1% to $87.382 for 2024.

The agency also created a 2024 HOPPS final rule fact sheet .

The College continues to review this final rule and will provide a detailed summary in the coming days. If you have questions, contact Kimberly Greck, ACR Senior Economic Policy Analyst.

Will Congress Address Medicare Physician Payment Cuts?

The CMS finalized a 3.37% cut in Medicare physician payment in the Calendar Year 2024 Medicare Physician Fee Schedule (MPFS) final rule in November, which led to increased pressure by the ACR and the physician community at large for Congress to stop the full cut.

The College led a coalition of physician and non-physician groups in a communication to congressional leadership, urging Congress to stop the full cut, which is the result of efforts to increase payments for primary care. In addition, ACR members have also been contacting their lawmakers through a call-to-action which urges lawmakers to address the cut.

Despite a year-long effort by the ACR and the house of organized medicine, Congress has not addressed looming Medicare conversion factor cuts before the end of 2023. As such, the CMS-finalized -3.37% conversion factor reduction will have gone into effect beginning Jan. 1, 2024. The ACR will continue to

work with the entire provider community to pressure Congress to mitigate these planned cuts and expect the House and Senate will address this issue when the Congress debates the next government-wide funding Continuing Resolution that expires on Jan. 19, 2024. The ACR anticipates that once Congress finally votes on this payment issue, claims will be adjusted retroactive to Jan. 1, 2024.

Although there is no congressional consensus yet, ACR is encouraged by the various proposals to address these cuts. On Nov. 8, the Senate Committee on Finance voted in favor of the Better Mental Health Care, Lower-Cost Drugs, and Extenders Act, which included a 1.25% increase to the 2024 Medicare physician payment conversion factor. More recently, the House Energy and Commerce Committee voted in favor of a similar proposal, H.R. 6545, the Physician Fee Schedule Update and Improvements Act, that also includes a 1.25% increase to the conversion factor. Lastly, a bipartisan group of legislators, led by Rep. Greg Murphy, MD (R-NC), introduced H.R. 6683, the Preserving Seniors' Access to Physicians Act—legislation, that if enacted, would completely eliminate the scheduled 3.37% physician payment cut. It's possible that one of these proposals will be voted on and finalized in January.

The ACR asks to stay tuned to updates on this highly fluid Congressional situation. For more information, contact Rebecca Spangler, ACR Senior Government Affairs Director.

Feds Appear to Acknowledge Radiology Surprise Billing Implementation Concerns in New Proposed Rules

The U.S. Departments of the Treasury, Labor, and Health and Human Services issued a new proposed rule Oct. 27, that outlines policies related to the No Surprises Act (NSA) independent dispute resolution (IDR) process. The rule addresses disclosure of claim eligibility information by insurers, communication during the open negotiation period, collection of administrative fees and batching multiple claims into a single IDR dispute.

On initial review of the proposed rule, the departments appear to address the concerns raised by the ACR with regard to lack of communication about claim eligibility, IDR backlogs and access to the IDR process for low-cost claims, including batching requirements. The government proposes to expand batching to allow multiple codes from a single patient encounter. In addition, the departments propose to allow batching by groupings of CPT codes, rather than single CPT codes. These are positive changes, but ACR remains concerned about other proposals, including limiting batching to 25-line items in a single dispute.

The Republican members serving on the U.S. House Committee on Ways and Means sternly demanded in a Nov. 9 letter that the Biden administration follow lawmakers' clear intent in implementing the No Surprises Act, legislation passed in 2020 to protect patients from surprise medical bills.

ACR continues to review the details of this proposed rule and will provide a detailed summary. For more information or if you have questions, contact Katie Keysor, ACR Senior Director of Economic Policy.

Federal Government Resumes Independent Dispute Resolution for Batched Claims

The CMS announced Dec. 15 that the portal for providers and insurers to file payment disagreements related to the No Surprises Act is again open for the initiation of new batched claim disputes. CMS temporarily suspended the independent dispute resolution (IDR) process Aug. 3, following the U.S. District Court for the Eastern District of Texas' decision in the lawsuit known as Texas Medical Association (TMA) IV; that decision vacated regulations related to batching provisions and the administrative fee that must be paid to file a disputed claim. The portal was reopened for single claims Oct. 6.

The American College of Radiology strongly opposed the extended pause of the IDR process for batched claims, as many imaging claims eligible for dispute are less than the current $50 administrative fee required to be paid to initiate the process. While the College is pleased that the federal IDR portal is now completely reopened, there are significant concerns with the 20 business-day extension allowed for claims where the initiation deadline fell on any date between Aug. 3, 2023, and Dec.15, 2023. Parties only have until Jan. 16, 2024, to initiate batched disputes that have been on hold since August.

When the federal IDR portal reopened for single claim disputes in October, a 20 business-day extension was provided and was not enough time for stakeholders to submit disputes for claims that were on hold for more than two months. Batched claim disputes were on hold for twice as long and are being held to the same 20 business-day extension, occurring during the winter holiday season. The ACR is working with the American College of Emergency Physicians and the American Society of Anesthesiologists to communicate with CMS that additional time is needed.

For more information or if you have questions, contact Katie Keysor, ACR Senior Director of Economic Policy.

CMS Finalizes Pause to Imaging Appropriate Use Criteria Program

The Centers for Medicare and Medicaid Services in the 2024 Medicare Physician Fee Schedule final rule finalized its proposal to pause the implementation of the Protecting Access to Medicare Act (PAMA) imaging appropriate use criteria (AUC) program. CMS continues to have concerns with the real-time claims processing aspect of the act. The final rule emphasizes the agency's support of the PAMA AUC program, but says more time is needed to reevaluate the program to ensure that imaging claims are not inappropriately denied.

The PAMA imaging AUC program, passed by Congress and signed into law in 2014, requires ordering providers to consult AUC developed by provider-led entities through a clinical decision support mechanism when ordering advanced diagnostic imaging, including CT, MR, PET and nuclear medicine, for Medicare Part B patients. It was designed as an alternative to prior authorization to decrease inappropriate imaging. If the program were to be fully implemented as currently written in law, payment for imaging services that do not contain the appropriate AUC consultation information on applicable claims would be denied. The program has been operating in an "educational and operations testing period" without payment penalties in place since Jan. 1, 2020. The decision to pause the program includes pausing the ongoing educational and operations testing period, effective January 1, 2024.

Despite the implementation barriers necessitating the reevaluation of the program, CMS recognizes the value of AUC to improve utilization patterns for Medicare beneficiaries. The rule states, "We want to acknowledge and emphasize the value of clinical decision support to bolster efforts to improve the quality, safety, efficiency and effectiveness of health care. We welcome and encourage the continued voluntary use of AUC and/or clinical decision support tools in a style and manner that most effectively and efficiently fits the needs and workflow of the clinician user. Across many specialties and services, not just advanced diagnostic imaging, clinical decision support predates the enactment of the PAMA and, given its utility when accessed and used appropriately, we expect it to continue being used to streamline and enhance decision making in clinical practice and improve quality of care."

CMS states multiple times within the final rule that they will "continue efforts to identify a workable implementation approach and will propose to adopt any such approach through subsequent rulemaking, including implementing any amendments Congress might make." Providers are urged to continue use of Clinical Decision Support tools.

For more information, contact Katie Keysor, ACR Senior Director, Economic Policy.

Committee Members

Mark J. Adams, MD, MBA, FACR - CAC, CMS
Rohan Biswas, MD, PhD
Manjil Chatterji, MD - MIPs, QPP, MACRA
Raja Cheruvu, MD – Medicaid
Ketan Dayma, MD
Amichai Erdfarb, MD
Atul Gupta, MD, FACR - Workers Comp
Ari Jonisch, MD
Joshua Kern, MD
Victor Scarmato, MD, FACR - Managed Care
Reza Sirous, MD

Acknowledgment: ACR, which served as a resource in preparing this report

Quality and Safety Committee Report
January 2024

Executive Summary:

The Quality and Safety Committee goal for 2024 is to improve patient care by convening experts, increasing engagement, and expanding its quality and safety activities.

Informational Items:

1. New Q&S+I Lecture Series

Dr. Shlomit Goldberg-Stein introduces a new NYSRS Quality and Safety + Informatics Lecture Series. This will be a membership benefit and open to all trainees. The first lecture will be held virtually, featuring Dr. Nina Kottler on 2/8 at 5:30-6:30 PM EST.

TITLE: The Intersection of AI and Quality & Safety

OBJECTIVES:

- Depict why AI will be an important component of our profession
- Describe and assess the limitations of AI
- Highlight a hidden component of AI quality, AI orchestration
- Illustrate AI use cases in radiology
- Propose a vision for a tech enabled radiology future

BIO:

Dr. Kottler has been a practicing radiologist specializing in emergency imaging for over 18 years. Combining her clinical experience with a graduate degree in applied mathematics, she has been using technological innovation to drive value in radiology. As the first radiologist to join Radiology Partners, Dr. Kottler has held multiple leadership positions within her practice and is currently the associate Chief Medical Officer for Clinical AI. Dr. Kottler is also an associate fellow at the Stanford AIMI Center and serves on committees for RSNA, ACR, RADeqal, and SIIM. Dr. Kottler is passionate about promoting diversity and creating a culture of belonging. As an industry expert, Dr. Kottler consults for companies in aerospace, materials science, and healthcare and is a frequent international lecturer discussing imaging AI.

2. Our committee met virtually on 12/13/23 for one hour. We discussed the items reported below and compared notes on clinical implementation of AI.

3. We welcome a new Q&S committee member, Robert Pacheo, PGY-3 (Albany Medical).

Discussion Items:

1. The ACR National Radiology Data Registry (NRDR™) is a CMS-approved Qualified Clinical Data Registry (QCDR) for the Merit-Based Incentive Payment System (MIPS) for 2023.

Thirteen QCDR measures spanning across two NRDR data registries and 9 additional licensed measures have been approved for inclusion in the QCDR, along with 38 MIPS measures.

Recent ACR MIPS participation Webinar: https://www.acr.org/Advocacy-and-Economics/Advocacy-News/Advocacy-News-Issues/In-the-Oct-14-2023-Issue/2023-MIPS-Participation-Webinar-Available-Now

Jan. 31, 2024, is the deadline for users of the ACR QCDR to finalize data upload for the 2023 Merit-Based Incentive Payment System performance year. Reporting fees for MIPS will be billed the first week of January. Payment must be received before users are eligible to submit data to CMS. The deadline for finalizing payment and completing submission to CMS is March 31.

Users should review their measure data for accuracy and confirm their selections for Improvement Activities prior to submission. Once complete, users can review their MIPS preliminary score for 2023 to include Performance Improvement reweighting as well as small/rural practice status. The score will not include the Cost category, which is calculated and attributed by CMS after March 31.

2. RN in California injured in MRI incident:

https://padailypost.com/2023/10/20/kaiser-redwood-city-fined-after-mri-machine-injures-nurse/

“Once the patient was prepped, the nurse began to move the bed toward the door to the MRI room. However, the door was open, and as the nurse got closer to the door with the metal bed, she and the bed were suddenly flung toward the machine, pinning her between the machine and bed, according to various witness reports to Cal/OSHA.” Cal/OSHA fined Kaiser $18,000 for not having a plan to make sure the door between the prep area and MRI room stayed closed.

3. Contrast Safety

Update on Gadolinium Based Contrast Agent Safety, From the AJR Special Series on Contrast Media

Starekova et. al. review GBCA pharmokinetics and the four safety concerns with GBCA administration. Acute allergic-like reactions are the most common and concerning safety concern. Nephrogenic Systemic Sclerosis (NSF) occurs only in patients with kidney failure and after the use of Group 1 agents. The risk of NSF with Group 2 and Group 3 agent use is negligible regardless of renal function. Gadolinium deposition occurs in tissues (primarily the brain) regardless of type of agent used and regardless of real function. More deposition occurs with linear agents. Even within the same class of agent, there are varying amounts of deposition. However, no data supports adverse biological or clinical effects regardless of renal function. Symptoms Associated with Gadolinium Exposure (SAGE) is based on anecdotal evidence, without support from the literature. A direct causation is not supported by literature, and thus these symptoms are not described as a true disease entity—SAGE replaces gadolinium deposition disease. Future alternative agents based on Fe and Mn are potential GBCA replacements, but with the excellent safety profile of Group 2 and 3 agents, the risk of missing a diagnosis outweighs any potential harm from a GBCA.

Starekova J, Pirasteh A, Reeder SB. Update on Gadolinium Based Contrast Agent Safety, From the *AJR* Special Series on Contrast Media. *AJR* 2023 Oct 18 [https://doi.org/10.2214/AJR.23.30036]. Accepted manuscript. doi:10.2214/AJR.23.30036

Risk of Acute Kidney Injury Following IV Iodinated Contrast Media Exposure: 2023 Update, From the AJR Special Series on Contrast Media

McDonald et. al. review the current risk factors, prophylaxis, and management of CI-AKI and CA-AKI in regards to ICM. CI-AKI is AKI caused by contrast. CA-AKI is AKI that occurs coincidentally with a contrast administration. CI-AKI incidence and risk is overstated, and no evidence supports risk for CI-AKI in patients with eGFR $\geq$ 45 ml/min/1.73 m^2. Furthermore, CI-AKI does not increase the risk of CKI, dialysis, or mortality. Risk factor for CI-AKI is CKD. Risk factors for CA-AKI are CKD, DM, hypovolemia, nephrotoxins, hypotension, albuminuria, and heart failure. IV hydration is not effective in preventing CA-AKI in patients with moderate to severe renal insufficiency, but studies do not include eGFR<30. Little evidence supports stopping nephrotoxic medications prior to and after ICM. No “compelling” evidence to support use of IOCM over LOCM to reduce CI-AKI. Most current guidelines recommend eGFR cutoff of <30 to prevent risk of CI-AKI, “no specific cutoffs exist whereby ICM use is absolutely contraindicated.” CI-AKI risk is not an absolute contraindication to ICM administration—particularly where benefit exceeds risk.

McDonald JS, McDonald RJ. Risk of Acute Kidney Injury Following IV Iodinated Contrast Media Exposure: 2023 Update, From the *AJR* Special Series on Contrast Media. *AJR* 2023 Oct 4 [https://doi.org/10.2214/AJR.23.30037]. Accepted manuscript. doi:10.2214/AJR.23.30037

Management of Severe Allergic-Like Contrast Media Reactions: Pitfalls and Strategies, From the AJR Special Series on Contrast Media

Asch, et. al. reviews common pitfalls and tips for diagnosing and managing acute contrast reactions. The pitfalls described are:

1. Unmprepared to manage a reaction—not enough training, not reviewing treatment frequently enough, appropriate equipment and medications, availability of emergency response, use of quick visual aids in treating reactions.
2. Errors in medication administration—errors in not administering epinephrine fast enough, administering the wrong dose of epinephrine via the wrong route, failure to remember to use bronchodilators in bronchospasm, and not being trained in the use of autoinjectors (adult v ped, actual use).
3. Documentation—appropriate documentation includes type of reaction (physiologic vs alleric-like), severity (mild, moderate, severe), specific contrast agent, and treatment administered.
4. Adverse event that is not allerigic-like reaction—physiologic reactions can occur or other medical sympoms/conditions can occur that are unrelated to contrast.

Asch D, Callahan MJ, Thomas KL, Desai S, Pahade JK. Management of Severe Allergic-Like Contrast Media Reactions: Pitfalls and Strategies, From the *AJR* Special Series on Contrast Media. *AJR* 2023 Oct 11 [https://doi.org/10.2214/AJR.23.30044]. Accepted manuscript. doi:10.2214/AJR.23.30044

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