

NYSRS Committee and Section Reports

March 22, 2024





NYSRS Diversity and Inclusion Committee Report March 22, 2024

Executive Summary / Accomplishments:

Informational Items:

We would like to welcome new member:

Shama Jaswal, a radiology resident at Cornell (via NYSRS portal)

Informational Items:

1. Nolan Kagetsu moderated the RHEC meeting on 2/21/24. Peter Millock and I learned about wonderful work by Massachusetts residents.
2. We will discuss Resolution 60 on Abortion as a Central Component of Healthcare
3. Nolan Kagetsu participated in the ACR student event on Saturday, January 27 (with keynote speaker William Herrington) <https://pages.acr.org/Medical-Student-Symposium-012724-Registration-Page.html>
4. Nolan Kagetsu participated in an event at NYU February 15 supported by ACR to introduce students to radiology. (Dr Bello gave a virtual keynote.)
5. Judy Yee presented on The Need for Diversity in Radiology at the ECR 2024 meeting.

Discussion/Action 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/>

Contributors to Report:

Judy Yee, MD and Nolan Kagetsu, MD

Keywords: Diversity, Health Disparities



Diversity, Equity and Inclusion Goals

Increase women and URM membership in the Society

Encourage women and URM involvement in Society committees

Use Society Member meetings to focus on diversity, equity and inclusion issues

Foster women and URM membership on the Board and the Executive Committee

Increase women and URM opportunities for leadership and other training

Encourage radiology departments to form diversity, equity and inclusion committees

Foster mentorship and sponsorship of women and URM in radiology

RADIOLOGY HEALTH EQUITY COALITION



2023-2024 — Interim Report Radiology Health Equity Coalition

Coalition Update:

- **Membership:**
 - The Coalition has grown to include 43 active member organizations, encompassing national radiology/radiation oncology societies, state radiology societies, specialty societies, and community health organizations.
 - **Mobilization Team**
 - The American Association of Physicists in Medicine (AAPM)
 - The American Board of Radiology (ABR)
 - The American College of Radiology (ACR)
 - American Medical Association Radiology Section Council
 - American Society of Radiologic Technologists (ASRT)
 - The Association of University Radiologists (AUR)
 - NMA Section on Radiology and Radiation Oncology
 - The Radiological Society of North America (RSNA)
 - Society of Chairs of Academic Radiology Departments (SCARD)
 - The Society of Interventional Radiology (SIR)
 - The Society of Nuclear Medicine and Molecular Imaging (SNMMI)
 - **Coalition Partners**
 - American Society for Radiation Oncology (ASTRO)
 - The Academy for Radiology & Biomedical Imaging Research (The Academy)
 - The Association of Program Directors in Radiology (APDR)
 - The American Society of Neuroradiology (ASNR)
 - The American Roentgen Ray Society (ARRS)
 - The Council of Affiliated Regional Radiation Oncology Societies (CARROS)
 - The Florida Radiological Society (FRS)
 - Georgia Radiological Society (GRS)
 - HRS (Hawaii Radiological Society)
 - Maryland Radiological Society (MRS)
 - Massachusetts Radiological Society (MRS)
 - Michigan Radiological Society (MRS)
 - Minnesota Radiological Society (MRS)
 - Missouri Radiological Society (MORADS)
 - The New York State Radiological Society (NYSRS)
 - The Ohio Radiological Society (ORS)
 - The Pennsylvania Radiological Society (PARAD)
 - The Radiology Business Management Association (RBMA)
 - The Radiological Society of Connecticut (RSC)
 - The Society for Advanced Body Imaging (SABI)
 - Radiological Society of Puerto Rico (SOCRAD)
 - The Society for Pediatric Radiology (SPR)

RADIOLOGY HEALTH EQUITY COALITION



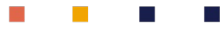
- Virginia Radiological Society (VRS)
- Washington State Radiological Society (WSRS)
- Wisconsin Radiological Society (WRS)
- Radiology Academic Departments
 - Montefiore Radiology Department
- **Community Health Partners**
 - Cancer Action Coalition of Virginia (CACV)
 - Florida Lung Health Coalition
 - LGBT Cancer Network
 - The Primary Care Coalition
 - The Promise Fund of Florida
- **Educational Resources Development**
 - Efforts are underway to compile lectures and articles, collaborating with the AMA Ed Hub and Rad Health Equity Coalition, to curate webinars available free of charge on the website, aiming for accessibility to a broad audience.
- **Project Health Equity (PHE) Collaboration**
 - In 2023, a strategic partnership was established between The Promise Fund of Florida and the Florida Radiological Society (FRS) with a fundamental goal of improving healthcare accessibility for women across Florida.
 - Objectives and Collaborative Efforts:
 - **Enhancing Accessibility:** The core focus of this collaboration lies in devising strategies to improve healthcare accessibility for women throughout the state.
 - **Low-Cost Mammography Readings:** Both organizations are actively collaborating to design a strategy that facilitates affordable mammography readings for patients at the Promise Fund Women’s Health Center. This initiative involves leveraging the expertise and resources of FRS members.
 - **Model Replication and Expansion:** The Promise Fund is diligently constructing a playbook intended for the replication of their successful model in other communities. Notably, they foresee the potential for expansion beyond Florida’s borders. The initial steps involve deploying navigators within Federally Qualified Health Centers (FQHCs) and identifying nearby services amenable to patient participation. Additionally, they aim to secure local funding sources to support patient navigation initiatives.
 - This partnership signifies a concerted effort between The Promise Fund of Florida and the Florida Radiological Society to not only improve healthcare accessibility within the state but also to develop a replicable model with potential nationwide implications.
- **Coalition Partner Network**

RADIOLOGY HEALTH EQUITY COALITION



- The Coalition is establishing a network tailored to radiologists and community health partners. This network will offer quarterly sessions focused on specific health equity topics.
- **Partnership with Cancer Action Coalition of Virginia (CACV)**
 - Equity in Cancer Care Presentation: As part of this alliance, RHEC delivered a presentation focused on Equity in Cancer Care during the CACV's annual meeting. This presentation served as an impactful introduction to the joint efforts toward addressing disparities in cancer treatment.
 - Invitation to Lung Cancer Taskforce: RHEC's involvement has extended further with an invitation to participate in CACV's Lung Cancer Taskforce. This invitation holds significant promise for extensive collaboration opportunities, indicating a deeper engagement in initiatives combating lung cancer disparities within Virginia.
 - The establishment of this strategic alliance signifies RHEC's commitment to partnering with regional entities such as CACV, leveraging joint expertise to tackle critical healthcare disparities in cancer treatment. Moreover, the invitation to join CACV's Lung Cancer Taskforce presents a valuable avenue for collaboration and impact in addressing these disparities.
- **Health Equity Educational Resources**
 - RHEC has developed various educational resources, such as the Community of Practice Webinar Series and the Diversity in Clinical Research Symposium. The webinar series delves into innovative community partnerships, workforce diversity, and research equity.
- **Mammography Campaign Impact for Underserved Populations**
 - During the initial nine weeks of a three-month mammography screening campaign for underrepresented communities, PSA dissemination reached 156 million verified audiences through radio placements. This includes free and paid airings across US stations, valued at nearly \$300,000 if purchased. Additionally, 402 bonus airings were secured through paid placements.
- **Lung Cancer Screening Campaign for Underserved Populations**
 - In the initial four weeks of a five-month lung cancer screening campaign for underrepresented communities, radio PSAs aired 1,211 times across 146 stations, reaching an audience of 37 million. The advertising value of a free PSA audience equates to almost \$250,000.
- **Cancer Equity Atlas**
 - RHEC and the Harvey Neiman Policy Institute have joined forces to establish the Cancer Equity Atlas initiative, demonstrating a shared commitment to addressing disparities in cancer care.
 - Support from Amazon Web Services: This ambitious initiative has garnered support from Amazon Web Services, indicating a significant backing to leverage technological resources for the project's success.

RADIOLOGY HEALTH EQUITY COALITION



- The primary goal of the Cancer Equity Atlas project is to expand access to crucial cancer screening procedures and therapies within communities that are typically underserved or marginalized.
- This joint effort between RHEC and the Harvey Neiman Policy Institute, with the support of Amazon Web Services, showcases a concerted endeavor to improve access to essential cancer care services, ultimately aiming to reduce disparities among marginalized communities.
- **Coalition Outreach**
 - RSNA 2023 - Shared and distributed specialized Coalition resources among 400 conference participants, including medical students, radiologists, radiation oncologists, technologists, and industry suppliers.
- **Integrating Cervical Cancer Control into Global Health**
 - The RHEC has sponsored a workshop on cervical cancer slated for presentation at the upcoming annual meeting of the Consortium for University Global Health in Los Angeles on March 7th. The workshop's primary objective is to explore the integration of critical components of cervical cancer control, including medical imaging and radiation oncology, within sustainable public health and clinical care initiatives.
- **Communities Crushing Cancer (CCC)**
 - In November 2023, a collaborative effort involving over 70 radiology residents from eight programs across Massachusetts was undertaken to actively engage with patients, their families, and community members regarding the significance of early screening for breast, lung, and colorectal cancer. This initiative, conducted in partnership with the Resident and Fellow Section of the Massachusetts Radiological Society and an RHEC member, aimed to disseminate vital information, distribute informational brochures, and facilitate connections to pertinent resources. The feedback received from participating residents was notably positive, underscoring the success and impact of the endeavor.
 - The Coalition is actively pursuing the replication of this outreach campaign in additional states. The strategy involves enlisting the participation of radiology and radiation oncology programs to extend the reach of this vital outreach initiative.



Nuclear Medicine Section Report

NYSRS

March 2024

The nuclear medicine community is awaiting the disposition of a Resolution brought forward to the AMA 2023 Interim House of Delegates meeting regarding the two-pronged effort to obtain appropriate reimbursement for the numerous novel PET diagnostic radiopharmaceuticals which have been approved for use in the past.

The decision of whether the AMA endorses the “Facilitating Innovative Nuclear Diagnostics Act of 2023” aka “FIND Act” and/or similar advocacy directly with the Centers for Medicare & Medicaid Services will be decided by the AMA Board of Trustees at its meeting in April 2024.

The action prompting this was Resolution 229, an item of business at the AMA-HOD 2023 Interim Meeting in National Harbor. The resolution was brought forward and authored by Alan K. Klitzke, MD, FACNM, FACR, who is the Delegate to AMA HOD for American College of Nuclear Medicine (ACNM). The Resolution is entitled “Facilitating Appropriate Reimbursement of Diagnostic Radiopharmaceuticals.” The fate of the AMA advocacy is due to passage by the AMA HOD at their November meeting which voted to “Refer for Decision” of the Resolution.

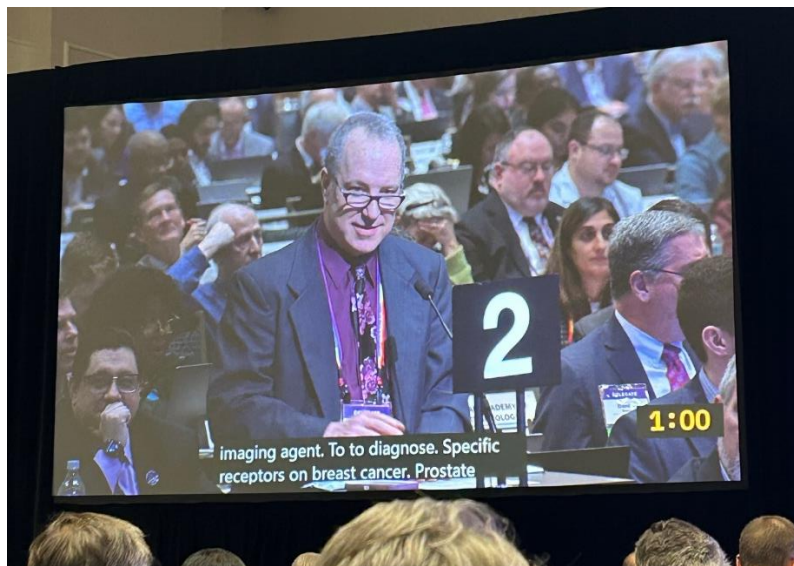
This Resolution is asking for immediate relief from the vast underpayment of diagnostic radiopharmaceuticals. Resolved clause 1 asks for advocacy with CMS to fix the payment structure or classification within the OPPI and Resolved clause 2 asks for advocacy on current bicameral bipartisan legislation to perform a similar fix in Congress.

The language of the action items of the Resolution are as follows:

RESOLVED, That our American Medical Association advocate with Congress and with the Centers for Medicare and Medicaid Services to change the categorization of diagnostic radiopharmaceuticals by the Hospital Outpatient Prospective Payment System from “supplies” to correctly classify them as “drugs,” as would be consistent with the Medicare Modernization Act of 2003, and which will allow diagnostic radiopharmaceuticals, similar to other drugs, to similarly be paid separately for costs above the packaging threshold of \$140 per day (Directive to Take Action); and be it further

Resolved, that our AMA advocate for congressional efforts to urgently separate payment requirements for diagnostic radiopharmaceuticals under the Medicare prospective payment system for hospital outpatient department services to apply to diagnostic radiopharmaceuticals that are appropriate for the

cost of radiopharmaceuticals and that carry a cost above that applied to them as supplies by Outpatient Prospective Payment System (Directive to Take Action)



Testimony at AMA-HOD 2023 Interim on Resolution 229

Below is a an expansive explanation of the Resolution and testimonies at the 2023 Interim HOD, and it is included here to better understand the issues faces this urgent patient care access problem.

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The following supplemental written testimony was sent to the AMA Board of Trustees members following the November Interim AMA HOD:

I am including some background information which you may find helpful for the decisions and advocacy for Resolution 229 which was Referred for Decision at Interim 2023 on November 14, 2023.

This Resolution is asking for immediate relief from the vast underpayment of diagnostic radiopharmaceuticals. Resolved clause 1 asks for advocacy with CMS to fix the payment structure or classification within the OPSS and Resolved clause 2 asks for advocacy on current bicameral bipartisan legislation to perform a similar fix in Congress.

Novel Radiopharmaceuticals

Through decades of dedicated work by scientists and radiochemists and medical researchers from around the world our doctors and patients recently have been provided novel tools in Molecular Imaging to diagnose, and better diagnose, many conditions such as Parkinson's disease, advanced cardiac

disease, glioblastoma, pheochromocytoma, prostate cancer and breast cancer among others, and there are newer agents which are pending approval with the FDA.

Many of these imaging agents may be familiar to you and have been utilized to great effect over the past few years. These radiopharmaceuticals are novel agents that typically have bound positron emission radionuclides, which enable them to be imaged by PET or PET/CT. CMS bundles the diagnostic radiopharmaceutical as a supply for the PET/CT rather than allowing a separate payment for the radiopharmaceutical, even though it is actually the radiopharmaceutical which is the modality of imaging. This results in a vast under-reimbursement of these radiopharmaceuticals which have an inherent cost of thousands of dollars and are typically reimbursed at a rate of \$274.64.

The process of pass-through reimbursement by CMS for the first three years following FDA approval originally facilitated use of these agents, and during this pass-through period these tests have transformed the way in which these diseases are diagnosed and treated. These irreplaceable diagnostic agents are no longer being offered or used in many places now, because they are no longer being reimbursed. As these agents come off of pass-through payment, they have become practically unaffordable for diagnosis as they are currently reimbursed at less the 10% of the cost of the individual radiopharmaceuticals.

The scope of the problem and the vast underpayment is well illustrated and can be rapidly understood by looking at a chart tabulation of these agents. I have included a one-page table of these radiopharmaceuticals (*“Ensure Patient Access to Innovative Imaging Drugs; CY 2023 OPPTS Precision Dx RP Payment is a Fraction of Actual Cost”*) which was prepared last spring, appended at the end of this document. It clearly shows the dramatic difference in cost due to bundling of the radiopharmaceutical with the procedure used to image the agent.

This is a problem that needs to be rectified now. Hospitals simply are no longer allowing such agents to be ordered, as they stand to lose thousands of dollars with each order. Our patients need the urgent help of our AMA to help correct this urgent patient care access issue. We MUST NOT let our patients down.

Facilitating Innovative Nuclear Diagnostics (FIND) Act of 2023

I’ll address Resolved clause 2 here first, as it is the most urgent. There are two bicameral bipartisan bills introduced this year, namely H.R.1199 and S.1544, each entitled “Facilitating Innovative Nuclear Diagnostics Act of 2023” aka “FIND Act” to address fixes for this issue, which would establish separate payment requirements for diagnostic radiopharmaceuticals under the Medicare prospective payment system for hospital outpatient department service. These bills requirements would apply to diagnostic radiopharmaceuticals approved after 2008 which have an average daily cost of \$500 or more in 2024, and which would be adjusted based on a specified fee schedule factor in each year thereafter.

The House bill has 35 co-sponsors. Attached is a 3-page description of these bills entitled, “Ensure Patient Access to Innovative Diagnostic Imaging Drugs,” which was created by the Society of Nuclear Medicine and Molecular Imaging (SNMMI) early this year, which consists of a one-page description followed by 2 pages containing a long list of supporting organizations for these bills. I am informed by SNMMI that the list of supporting organizations is now at least 126 in number.

The current bills are also similar to bills introduced in 2021, entitled the “Facilitating Innovative Nuclear Diagnostics Act of 2021”. They did not come up for vote then and the 2023 bills are still in Committees this year. Numerous specialty societies of our House of Medicine have been advocating to have these bills considered and passed. We are asking that our AMA make this issue a priority to help get these bills passed this year. Our patients are being left behind.

Resolved Clause 2 is written with language to exactly advocate for the FIND Act of 2023. The \$500 amount was removed to generalize the advocacy effort, so that our AMA would have language that would allow similar advocacy in the event that the threshold dollar amount be altered during the evolution of these bills through Committees and Congress.

Resolved, that our AMA advocate for congressional efforts to urgently separate payment requirements for diagnostic radiopharmaceuticals under the Medicare prospective payment system for hospital outpatient department services to apply to diagnostic radiopharmaceuticals that are appropriate for the cost of radiopharmaceuticals and that carry a cost above that applied to them as supplies by Outpatient Prospective Payment System (Directive to Take Action)

The Complete (longer term) fix: CMS Reclassification and/or separate unbundled payment for Diagnostic Radiopharmaceuticals

The first Resolved asks for advocacy with CMS to fix the problem of under-reimbursement of Radiopharmaceuticals by changing the classification from the incorrect classification of “supplies,” and changing it to the classification of “drugs,” or to change the treatment of Radiopharmaceutical payment in the same manner as it is from drugs, which, in 2024, would unbundle them when they have an average daily cost of \$140 or more.

RESOLVED, That our American Medical Association advocate with Congress and with the Centers for Medicare and Medicaid Services to change the categorization of diagnostic radiopharmaceuticals by the Hospital Outpatient Prospective Payment System from “supplies” to correctly classify them as “drugs,” as would be consistent with the Medicare Modernization Act of 2003, and which will allow diagnostic radiopharmaceuticals, similar to other drugs, to similarly be paid separately for costs above the packaging threshold of \$140 per day (Directive to Take Action)

We would advocate that, whether CMS would change the classification to drugs or something else, that the advocacy ask is to have radiopharmaceuticals have the same unbundling rules as drugs, so that these novel radiopharmaceuticals may be reimbursed at a level that facilitates use of these disease and treatment-altering diagnostics.

Radiopharmaceuticals are Not Contrast Media (and PET/CT is not a single Imaging modality)

During Reference Committee Hearings at 2023 Interim AMA-HOD, there was testimony suggesting that radiopharmaceuticals could be lumped into existing AMA policy on “contrast media.” This cannot be the case; radiopharmaceuticals have no conceptual relationship to contrast media. Contrast media are aptly named substances that can be optionally utilized in anatomic imaging, and they include radiodense materials used with Radiography and CT, agents which produce changes in local magnetic susceptibility

in Magnetic Resonance Imaging and microbubbles of gas in Ultrasound imaging. All of these agents may be used in such anatomic imaging modalities to augment portions of the generated images to add visible contrast distinction to the anatomic structures imaged and to help delineate vessels and vascular perfusion.

It is important to understand the reason why radiopharmaceuticals are not and could not be considered “contrast agents.” PET imaging, unlike Radiography, CT, MRI or Ultrasound is not a “stand alone” modality, it is one tool used to make images of various radiopharmaceuticals, which themselves are the individual imaging modalities.

Imaging with Radiopharmaceuticals constitute an ever-expanding group of imaging agents which are distinct from one another. Injected radiopharmaceuticals are imaged with cameras that can detect photons of energy emitted by radionuclides undergoing photon emission as part of radioactive decay. The cameras used to generate images from these various modality RPs are Gamma cameras and SPECT/CT cameras for single-photon-emitting radiopharmaceuticals and PET or PET/CT machines for positron-emitting radiopharmaceuticals.

A PET machine is a digital camera which can image high energy photons created by positron emission. Specifically, it is a camera that photographs energy emitted from the annihilation reaction of positrons as they collide with electrons, whereby both particles are fully converted from mass to energy, becoming high-energy photons (nonvisible light energy) which are then registered as pixels on the digital camera array. The array of the many pixels thus generated by a radioisotope undergoing positron emission radioactive decay then becomes the 3D photograph that is the resulting PET image.

*Without a Positron-emitting Radiopharmaceutical, there is nothing to image. The machine will provide no PET image of a patient lying within the machine unless there is an injected positron-emitting radiopharmaceutical within the patient. Each PET imaging radiopharmaceutical imaged with a PET/CT machine is its own stand-alone diagnostic imaging study. Therefore, PET imaging is an expanding category of imaging modalities with each radiopharmaceutical imaging agent creating an entirely distinct and unique imaging study from every other radiopharmaceutical agent imaged using a PET machine.

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The CT portion of a PET/CT (*PET/CT is not a type of CT)**

It is also important to make the distinction of CT and PET/CT. PET imaging can be performed without the use of hybrid anatomic CT portion. For the first 25 years of the utilization of PET imaging, PET was performed without the use of hybrid imaging, with the first commercially available hybrid PET/CT machine coming to market in the year 2001. Thus, when the Medicare Modernization Act of 2003 was passed, most all PET imaging was still performed using a stand-alone PET machine. A radioactive rotating transmission source (e.g., 68Ge/68Ga or 137Cs) was used for attenuation correction (which corrects for the amount of radioactivity lost by attenuation of energy traveling through tissues and bones within the body before the activity can be photographed by the 3D camera surround the patient).

Now, most all PET studies are performed with the use of a PET/CT hybrid machine. The CT component of the hybrid machine is used for attenuation correction, and for anatomic localization. The “low-dose, non-breath-hold, non-diagnostic” CT image is obtained separately using the same patient position. The separately acquired PET images and CT images are then sent to a PACs (picture archiving and communication system) station as two separate sequences.

Interpreters of PET/CT then use one of a number of available software programs to create a fused set of images so that the PET information can be most accurately (approximately) matched to specific anatomic structures of the patient. Thus, the (separately acquired) CT portion serves to anatomically localize the activity of the particular PET imaging agent to assist the interpreter of the hybrid to best interpret the PET imaging agent. In summary, **the CT portion is for included for anatomic localization, and is not part of the PET study information.** *

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The confusion may be understandable for those who are not involved in nuclear medicine or diagnostic imaging. Contrast agents used in imaging machines, often located within the same hospital or outpatient facilities which perform anatomic imaging, are correctly labeled as supplies, as they are supplied products, which are injected, and used in adjunctive context with the anatomic imaging modality (eg. CT, MRI, radiography, fluoroscopy, ultrasound). It may be this idea of conceptualizing the injected diagnostic radiopharmaceuticals as being lumped into the same category as contrast media supplies which has prevented CMS from correcting the classification of Diagnostic Radiopharmaceuticals from “supplies” to “drugs.”

The contrast media are inherently different than Radiopharmaceuticals, which are instead the actual injected imaging agents, which can then be imaged with one or more types of cameras. It may take some time to understand the almost reverse logic which, on the surface, may appear to be the same thing—injecting something as part of an imaging study. Congress viewed radiopharmaceuticals as distinct (“drugs”) when they passed the Medicare Modernization Act of 2003. We ask that CMS look at that designation and the logic provided for the separate or special designation of diagnostic radiopharmaceuticals.

Right now, this is about diagnosing Glioblastoma, Breast Cancer, Parkinson’s Disease, Neuroendocrine tumors, Alzheimer’s Disease, Prostate Cancer and Pheochromocytoma. Tomorrow there will be more diseases that will benefit from developing diagnostic radiopharmaceuticals.

Quality patient care in Oncology, Surgery, Urology, Neurology, Endocrinology, and Cardiology all across the United States is being adversely affected by this issue right now. Our patients with these diseases know about these radiopharmaceutical diagnostic tests. Your hospital right now is denying patients access to the best or only diagnostic test to help diagnose and/or guide therapy for their disease. This needs to be fixed now, with our urgently directed AMA advocacy.

(See table below)

Ensure Patient Access to Innovative Imaging Drugs CY 2023 OPPS Precision Dx RP Payment is a Fraction of Actual Cost

HCPCS Code	CY 2023 Long Descriptor	Radiopharmaceutical Use	Transitional Pass Through Payment From CMS Claims Data - Expired	Transitional Pass Through Payment From CMS Claims Data - 2023	Final CY 2023 APC Packaged Payment	Portion of Final 2023 APC Payment Associated w/ Policy Packaged Dx RP Drugs	Payment Fraction After Transitional Pass Through Expires	Proposed End of Transitional Pass Through Payment in CY 2023 OPPS Final Rule
A9584	Iodine i-123 ioflupane diagnostic, per study dose, up to 5 millicuries	Parkinson's Disease	\$1,974.93	Bundled	\$1,327.27	\$353.85	18%	
A9582	Iodine i-123 iobenguane, diagnostic, per study dose, up to 15 millicuries	(Pheochromocytoma and Glioblastoma Cancers) and Heart Disease	\$2,394.59	Bundled	\$1,327.27	\$353.85	15%	
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	Alzheimer's Disease	\$3,028.84	Bundled	\$1,489.35	\$274.64	9%	
A9515	Choline C 11, diagnostic, per study dose	Prostate Cancer	\$5,700.00	Bundled	\$1,489.35	\$274.64	5%	
A9587	Gallium ga-68, dotatate, diagnostic - 0.1 millicurie	Neuroendocrine Cancer	\$3,604.00	Bundled	\$1,489.35	\$274.64	8%	
A9588	Fluciclovine f-18, diagnostic, 1 millicurie	Prostate Cancer	\$3,895.50	Bundled	\$1,489.35	\$274.64	7%	
Q9982	Flutemetamol F18, diagnostic, per study dose, up to 5 millicuries	Alzheimer's Disease	\$3,498.00	Bundled	\$1,489.35	\$274.64	8%	
Q9983	Florbetaben F18, diagnostic, per study dose, up to 8.1 millicuries	Alzheimer's Disease	\$2,968.00	Bundled	\$1,489.35	\$274.64	9%	
A9591	Fluoroestradiol F 18, diagnostic, 1 millicurie*	Breast Cancer		\$3,869.00	\$1,489.35	\$274.64	7%	Pass Through Payment Expires 9-30-23
C9067	Gallium ga-68, dotatoc, diagnostic, 0.01 mCi**	Neuroendocrine Cancer		\$3,456.00	\$1,489.35	\$274.64	8%	Pass Through Payment Expires 9-30-23
A9592	Copper Cu-64, dotatate, diagnostic, 1 millicurie***	Neuroendocrine Cancer		\$3,673.00	\$1,489.35	\$274.64	7%	Pass Through Payment Expires 12-31-23
A9593	Gallium ga-68 psma-11, ucsf****	Prostate Cancer		\$3,664.00	\$1,489.35	\$274.64	7%	Pass Through Payment Expires 6-30-24
A9594	Gallium ga-68 psma-11, ucla*****	Prostate Cancer		\$3,588.00	\$1,489.35	\$274.64	8%	Pass Through Payment Expires 6-30-24
A9595	Piifu f-18, 1 millicurie*****	Prostate Cancer		\$5,022.00	\$1,489.35	\$274.64	5%	Pass Through Payment Expires 12-31-24
A9596	Ga-68 Gozetotide (Ilucicx)*****	Prostate Cancer		\$4,982.00	\$1,489.35	\$274.64	6%	Pass Through Payment Expires 6-30-25
A9800	Gallium ga-68 gozetotide, diagnostic, (locamet), 1 millicurie*****	Prostate Cancer		\$4,240.00	\$1,489.35	\$274.64	6%	Pass Through Payment Expires 9-30-25

* OPSS Pmt Rate \$644.833/1 mCi per 6 mCi Dose.
 ** OPSS Pmt Rate \$8.64/01 mCi per 4 mCi Dose.
 *** OPSS Estimated Pmt Rate \$918.205/1 mCi per 4 mCi Dose.
 **** OPSS Estimated Pmt Rate \$732.859/1 mCi per 5 mCi Dose.
 ***** OPSS Estimated Pmt Rate \$717.545/1 mCi per 5 mCi Dose.
 ***** OPSS Estimated Pmt Rate \$558.031/1 mCi per 9 mCi Dose.
 ***** OPSS Estimated Pmt Rate \$996.40/1 mCi per 5 mCi Dose.
 ***** OPSS Estimated Pmt Rate \$848.00/1 mCi per 5 mCi Dose.

References:

- <https://www.congress.gov/bill/118th-congress/house-bill/1199>
- <https://www.congress.gov/bill/118th-congress/senatebill/1544?q=%7B%22search%22%3A%5B%22S.+1544%22%5D%7D&s=1&r=1>

Reference for additional review:

- https://en.wikipedia.org/wiki/Positron_emission_tomography

Respectfully submitted (2024-03-20),

Alan K. Klitzke, MD, FACNM, FACR
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NYSRS Board Meeting – March 22nd, 2024

Social Media and Communications Committee

Executive Summary:

Website:

- Continuing to update website with help of enthusiastic medical students and residents.



- Please contact us at nysrs.web@gmail.com, if you have feedback, suggestions, corrections, etc. for the website.

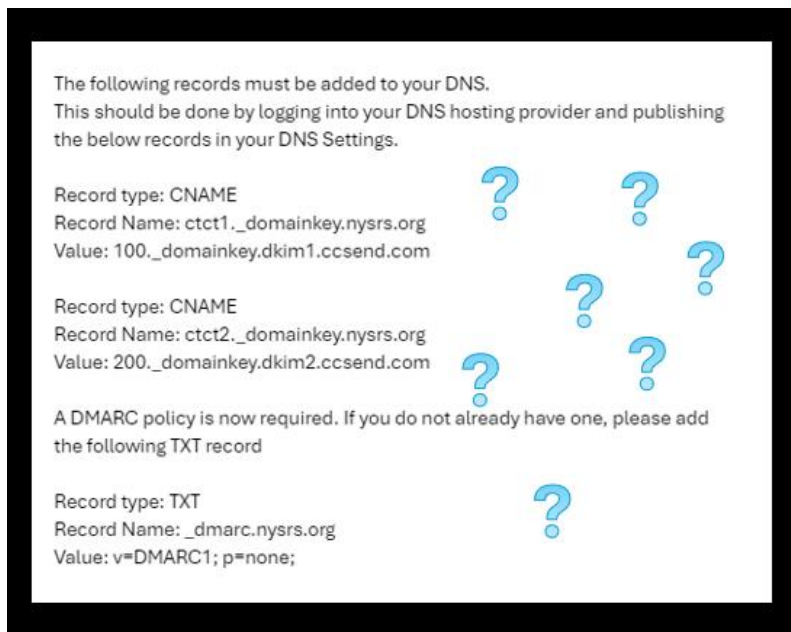
Social Media:

Unified the look of posts



Email:

- Working on setting up an email account with a nysrs.org domain name for our email program [Contant Contact](#)
- Perhaps not as easy as we might have initially thought.



Informational Items:

Social media accounts:

Please follow us! (not too many people currently do)

Please tag us in your posts, when applicable! (no one ever does)

[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

Committee / Section Name: NYSRS Breast Imaging Committee Quarterly Report March 2024

Executive Summary / Accomplishments: (e.g. what committee has done over the past quarter, references to key information below): Participated in NYSRS Lobby Day with advisement Kayla and Bob Reid successfully helping to move

UPDATE 3/2024:

-Breast Density as medical necessity for supplemental screening breast ultrasound Medicare coverage: Bills S2917 (Cleare) A2516 (Paulin) to which we wrote in support has successfully passed through the Senate Health Committee this year, now through the Insurance Committee and second referenced to the Senate Finance Committee. There was no discussion but it passed with bipartisan support.

The NYSRS Breast Imaging Committee suggested a change in the language of the above bill to address language that may have limited which LIP could order a screening breast ultrasound when notified of dense breast tissue to the radiologist rather than inclusive of other LIPs (OB/GYN; PCP) who, when notified of a patient's having dense breast tissue may order supplemental screening. Assemblymember Paulin has amended her bill with our suggested changes following lobby day meeting. We are working with the Senate sponsor's office to request that they similarly amend their bill.

In addition, we helped to prepare a Sign-On memo to share with other groups that are likely to be supportive of A2516/S2917. This draft was adapted from the Society's memo to be slightly more general given the range of organizations that we'd like to sign on. We began circulating with other groups and collecting their organizational logos for addition at the top of the memo to demonstrate broad support for the legislation.

Persaud S2465 This bill would mandate certain insurance policies and Medicaid to allow patients a one hundred twenty-day window for additional breast exams when the provider deems another breast exam is needed. It would also allow a repeat exam within 120 days for an abnormal mammogram. The bill retains language currently in state law that the supplemental imaging still be "subject to the insurer's determination that the mammogram is medically necessary" which would apply to the supplemental imaging. This may not address denial issues we are seeing for screening breast ultrasound for dense breasts by private insurers in NY. Coordinating with our lobby support firm and government relations committee will be the next steps in attempts to get this to pass in both the Senate and Assembly with first steps being meeting with the Insurance Committee, aligning patient advocacy group representatives, and reaching out to the ACR as this will impact other states. In addition, institutions and practices in NY that are seeing both denial by Medicare and private insurers are encouraged to gather data on the numbers of exams performed, in addition to the number of patients paying out of pocket and patients forgoing the exams due to denial.

Informational Items: (e.g., important information related to the charge of the committee / section such as legislation, important literature)

MESF/MSSNY Women Physician Leadership Academy (WPLA): Virtual academy fall and spring sessions focused on developing leadership skills, communication skills and physician wellness.

Spring session: March 2, 2023; March 9, 2023; March 16, 2023

<https://www.mssny.org/learn/public-health/>

MESF/MSSNY Women Physicians Leadership Academy

Educational objectives:

- Describe methods to improve women physicians' communications skills within work or professional settings including the C-Suite.
- Identify professional skills to enhance advocacy of self and the development of professional networking.
- Develop leadership skills.
- Outline methods to enhance physician wellness.

DISCUSSION ITEMS: Impact of FDA mandate on NY state practices re patient notification of breast density, required language, NYS health law, state requirements vs federal and getting something out to practices re guidance and compliance before September 2024 when the rule is in effect. Legal counseling to assure compliance.

Committee Members/Contributors:

Dr. D'Alessio (C) Dr. Autz Dr. Caravella Dr. Coffey Dr. Danahy Dr. Danilenko (R) Dr. David Dr. DeSilva (R)
Dr. Destounis Dr. Dodelzon Dr. Feigin Dr. Goldman (R) Dr. Lawrence Dr. Lee
Dr. Lee Dr. Litvack Dr. McGinty Dr. Mehdikhani (R) Dr. Moy Dr. Raia Dr. Reichman Dr. Rosenblum (YP)
Dr. Samreen Dr. Sheth (YP) Dr. Stauber (R) Dr. Tran (R) Dr. Tuvia-Baron (YP)

Key Words: Breast imaging, advocacy, breast cancer screening, mammography

Respectfully submitted by
Donna D'Alessio, MD
Chair, NYSRS Breast Imaging Committee



**Young and Early-Career Professionals Section Report
NYSRS Board of Directors Meeting
March 22, 2024**

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

Executive Summary/Accomplishments:

- Recently organized a virtual talk “Radiology Advocacy: Why I Do It” by Alex Podlaski, MD on March 5th.
- Dr. Podlaski was honored with the 2023 Howard Fleishon MD, MMM, FACR, Radiology Advocacy Network (RAN) Advocate of the Year award

Informational Items:

- Soliciting YPS applications for ACR RLI Summit

Discussion Items:

- None

Committee Members:

- Dr. Monica Bhattacharjee
- Dr. Christopher Song
- Dr. Justin Holder
- Dr. Shari Jawetz
- Dr. Grace Lo
- Dr. Jessica Rosenblum
- Dr. Naziya Samreen
- Dr. Joel Thompson

Keywords: YPS, radiology advocacy

Respectfully submitted,
Luke Ginocchio



Accomplishments:

Code for Interactions with Sponsoring Companies

To be presented March 23, 2024

“Ethical and Medicolegal Issues of AI”

Jonathan Mezrich, MD
Associate Professor, Dept. of Radiology and
Biomedical Imaging
Yale School of Medicine

“Ethical Issues in Radiology Reporting and Incidental Findings”

Stella Kang, MD
Associate Professor of Radiology
NYU Grossman School of Medicine

Topics previously presented by the Ethics Committee:

Presented October 15, 2022 – “Release of Reports to Patients, What Radiologists Need to Know and Do”

Presented on April 9, 2022 – “Tactical Advantages for Healthcare Cybersecurity”

Presented on December 15, 2021 in conjunction with Diversity and Inclusion - New York State Radiological Society’s Diversity Forum – Transgender Patients & Imaging

Suggested topics to consider for presentation at upcoming meetings:

Direct and Indirect Ethical Concerns of Physician Burnout

Are burned-out physicians “impaired?” If yes, are there legal or OPMC implications? Who is responsible for corrective measures, Physician, Employers, shared responsibility?

Ethical Considerations for an Expert Witness

An Overview of the ACR Committee on Ethics: From Hospital Contracts to Expert Witness Testimony

[J Am Coll Radiol 2005;2:424-427](#)

When Does Expert Witness Testimony Constitute a Violation of the ACR Code of Ethics?

[J Am Coll Radiol 2006;3:252-258](#)

Ethical Concerns Regarding the Treatment of Those Refusing Vaccination

Vaccine Mandates Covid-19 Vaccine Ethics

Dr Arthur Caplan is an ethicist at NYU Langone. He is Professor of Bioethics in the Department of Population Health at NYU Langone and has been writing and speaking a fair amount in the media regarding ethical issues related to COVID. Here is a recent presentation at Lehigh University.

<https://www2.lehigh.edu/news/renowned-medical-ethicist-arthur-caplan-to-deliver-lecture-in-ethics>

Corona Virus Ethics

<https://cbhd.org/content/coronavirus-vaccine-ethics>

Coronavirus Ethics and Policy Insights and Resources

<https://bioethics.jhu.edu/research-and-outreach/covid-19-bioethics-expert-insights/>

Cybersecurity (from the perspective of what additional ethical questions does lack of cybersecurity pose)

Ethical dimensions of telemedicine/teleradiology

Communicating with Patients and Families about Errors and Adverse Events

Stephen D. Brown, M.D.

Boston Children's Hospital Department of Radiology 300 Longwood Avenue Boston, MA 02115

Sharing and Selling Images

Sharing and Selling Images: Ethical and Regulatory Considerations for Radiologists

[J Am Coll Radiol 2021; 18:298-304.](#)

Additional Resources

Ethical dimensions of artificial intelligence in radiology (presented March 23, 2024)

AI in medicine needs to be carefully deployed to counter bias – and not entrench it. Ryan Levi, Dan Gorenstein

<https://www.npr.org/sections/health-shots/2023/06/06/1180314219/artificial-intelligence-racial-bias-health-care>

Ethics of Artificial Intelligence in Radiology: Summary of the Joint European and North American Multisociety Statement. J. Raymond Geis , Adrian P. Brady, Carol C. Wu, Jack Spencer, Erik Ranschaert, Jacob L. Jaremko, Steve G. Langer, Andrea Borondy Kitts, Judy Birch, William F. Shields, Robert van den Hoven van Genderen, Elmar Kotter, Judy Wawira Gichoya, ...

<https://pubs.rsna.org/doi/full/10.1148/radiol.2019191586>

Artificial Intelligence in Radiology—Ethical Considerations. Adrian P. Brady and Emanuele Neri

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7235856/>

Hackensack Meridian Health Doctor, Bioethicist Publishes Surgery Decision-making Piece in New England Journal of Medicine

<https://www.hmsom.org/2022/10/07/hackensack-meridian-health-doctor-bioethicist-publishes-surgery-decision-making-piece-in-new-england-journal-of-medicine/>

Please keep those suggestions coming.

Respectfully Submitted

Mark J. Adams, MD, MBA, FACR
David Axelrod, MD
Shabnam Fidvi, MD
Rona Orentlicher Fine, MD
Betsy Jacobs, MD
Amita Kamath, MD

Jiyon Lee, MD, FSBI, FACR
Catherine Maldjian, MD
Elizabeth Maltin, MD, FACR
Douglas N. Mintz, MD FACR
Bill Schloss, MD
Peter Millock



April 15 for the CAC Network Breakfast Meeting at the 2024 ACR Annual Meeting

Annual ACR CAC Network Breakfast Meeting on Monday, April 15th at 7 am.

CMS Update

March 8, the Senate passed a 2024 appropriations package that included a provision that mitigated about one-half of the 3.4% Medicare fee schedule conversion factor that became effective on January 1. The Centers for Medicare & Medicaid Services has updated its [website](#) to reflect the new Medicare Physician Payment Schedule conversion factor. This is a result of the Consolidated Appropriation Act, 2024, which starting March 9 included an additional 1.68 percent update to the 2024 conversion factor that offset a portion of the 3.37 percent cut that went into effect on January 1, 2024. The 2024 conversion factor for dates of service January 1 through March 8, 2024, was \$32.74. CMS has now established the new conversion factor of \$33.2875 for dates of service March 9 through December 31. The conversion factor for 2023 was \$33.89. CMS is also releasing updated payment files, including the MPFS and associated abstract files, the Ambulatory Surgical Center FS, and Anesthesia file.

The current situation illustrates the need to keep up the pressure on Congress to enact comprehensive Medicare physician payment reform.

Statement attributed to:

Jesse M. Ehrenfeld, MD, MPH

President, American Medical Association

“While we appreciate the challenges Congress confronted when drafting the current 2024 appropriations package, we are extremely disappointed that about half of the 2024 Medicare physician payment cuts will be allowed to continue. There were many opportunities and widespread support to block the 3.37 percent Medicare cuts for physician services that took place Jan. 1, but in the end Congress opted to reverse only 1.68 of the 3.37 percentage payment reduction required by the Medicare Fee Schedule. The need to stop the annual cycle of pay cuts and patches and enact permanent Medicare payment reforms could not be more clear.

Independent Dispute Resolution Cases

Pro

The U.S. Departments of Health and Human Services, Labor and Treasury recently released data files detailing the usage of the federal independent dispute resolution (IDR) process for the first six months of 2023. The IDR process was initiated by the No Surprises Act (NSA) and is intended to be a tool for providers and payers to determine appropriate payments for certain out-of-network services without putting the patient in the middle.

The data provided by the departments illustrates that providers prevailed in more than three quarters of initiated disputes, a strong indication that payers involved in the disputes are underpaying providers for out-of-network services. In addition, the prevailing offer was higher than the qualifying payment amount (QPA) in more than 80% of determinations. The QPA is the median in-network rate as calculated by payers based on 2019 payment rates and adjusted for inflation. The calculation methodology as outlined in rulemaking in July 2021 was flawed and led to a lawsuit by the Texas Medical Association. The court agreed and overturned several regulatory provisions related to the QPA calculation; however, the government has appealed this decision.

The majority of IDR cases were related to emergency services, while imaging services represented approximately 17% of federal IDR disputes in the first six months of 2023. The median prevailing offer for imaging services was more than 300% of the QPA, illustrating the flaws in the QPA calculation methodology.

The departments indicate that the volume of disputes initiated in the first six months of 2023 was far greater than anticipated and determining whether the disputes were eligible for federal IDR was extremely complex. The departments issued new proposed rules for the IDR process operations in October and anticipate technical and operational improvements to the process that will make it more efficient when the rules are finalized. The American College of Radiology submitted [comments](#) on these proposals in December.

The ACR continues to work with the departments to ensure the NSA is implemented as intended, protecting patients from surprise bills and making sure providers have the opportunity to negotiate adequate in-network and out-of-network payment rates. Inaccurate and artificially low QPAs lead to lower in-network payment rates and make contract negotiations difficult for providers. Additionally, providers of low-dollar claims should not face financial barriers to the IDR process in the form of high administrative fees.

Con

A new Harvey L. Neiman Health Policy Institute [study](#) found that radiologists who dispute insurer payments under the NSA will typically pay fees in excess of recovered payments. Across affected medical specialties, only one-half to two-thirds of out of network (OON) claims would result in any net return if submitted through the NSA's IDR process, demonstrating this is not a financially viable option to resolve payment disputes. This American Journal of Roentgenology study was based on 1.5 million commercial OON claims (2017-2021) for individuals covered by a large commercial payer and focused on specialties most affected by the NSA: anesthesiology, emergency medicine, hospitalist, intensivist, laboratory, neonatology, pathology, and radiology.

For more information or if you have questions, contact [Katie Keysor](#), ACR Senior Director of Economic Policy.

The consequences of the economic crisis in radiology

[Insights Imaging](#). 2015 Dec; 6(6): 573–577.

Published online 2015 Oct 1. doi: [10.1007/s13244-015-0434-9](https://doi.org/10.1007/s13244-015-0434-9)

PMCID: PMC4656240

PMID: [26427377](https://pubmed.ncbi.nlm.nih.gov/26427377/)

European Society of Radiology (ESR)

The effects of the economic crisis have led to complex problems in radiology. The crisis has led to a reduction in the turnover of imaging equipment. This reflects on the quantity and quality of output, an aspect which is worsened by the contraction of the radiology market, late payments on supplies, and competitive procurement of medical goods centralized on a regional or national level. Many local and national institutions have operated with significant reductions of reimbursement for procedures, forcing a reorganization of facilities, manpower, and equipment. The reduction in operating margins of the industry has resulted in a reduction of invested capital for projects of industrial R&D and direct or indirect sponsorship. The quality of care will be affected with less comfortable conditions, reduction of local availability of radiologists, and failure to invest in lower dose equipment to control population medical radiation exposure. The crisis resulted in a reduction in the number of graduates in medicine and scholarships for specialization induced by linear cuts will result in a drastic reduction of radiological specialists. This will favor the development of teleradiology services, with the risk of accelerating the de-medicalization of radiology departments, and isolation of the professionals.

Main messages

- *The economic crisis has led to reduction in the turnover of imaging equipment.*
- *The economic crisis has led to reductions of reimbursement for procedures.*
- *The economic crisis has led to reductions in operating margins of the industry.*
- *The economic crisis has led to contraction of quantity and quality of output.*
- *The economic crisis resulted in de-medicalization of radiology departments and isolation of professionals.*

National Government Services:

[DL35936](#): Facet Joint Interventions for Pain Management comment period ends: 03/23/2024

Announcement

Virginia Muir retired from NGS on February 14. Please contact Crystal Bennett, in the Medical Policy Unit, with future CAC and Open Meeting related questions or changes in representation on the CAC for your state.

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

VIR Committee

NYSRS BOD and All Members Meetings

March 22-23, 2024

Please join me in welcoming two new members to the Committee:

Dilijot Dhillon, DO is an IR resident in the Northwell Mather Program

Athena Masi, M.S., OMS-III is a medical student at Touro College of Osteopathic Medicine

I will solicit volunteers from the Committee to review relevant Resolutions for review for the upcoming ACR Caucuses

Athena Masi has volunteered to report back and update us at the All Members meeting that will be held following the SIR meeting. This will summarize the discussion planned regarding the issue of Interventional staying within the confines of Radiology. As you may recall, Dr. Min led an informative discussion stemming from December's Town Hall and left us with the "tease" that there will certainly be more to come at the SIR meeting this Spring. I will not be attending in person, but plan to purchase the video course and should have access. I believe the perspective of a student headed into IR, now as an independent training program will offer a unique angle on these issues to complement that of the established IRs. I look forward to this follow up of this potentially evolving and dynamic relationship between IR and DR.



Quality and Safety Committee Report – March 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) We welcome two new committee members:
 - a. Dr. Robert Pacheo (Radiology resident at Albany Medical Center)
 - b. Dr. Camille Dumas (Associate PD, Albany Medical Center)
- 2) We hosted our Inaugural Quality & Safety Committee guest lecture by Dr. Nina Kottler on “The Intersection of AI and Quality & Safety” on February 8, 2024. Our committee has voted to continue with this lecture series bi-annually.
- 3) Committee Co-chair Dr. Goldberg-Stein served as Co-Editor of the January 2024 JACR Focus Issue on Quality and Safety,
- 4) We met virtually as a Committee on March 14, 2024. Attendance is below.

<i>Committee Members</i>	
Victor Scarmato, MD (Co-Chair)	Present
Shlomit Goldberg-Stein, MD (Co-Chair)	Present
Ali Noor, MD	-
Eric Wilck, MD	Present
Bari Dane, MD	-
Yasser Mir MD	Present
Josh Moosikasuwana, MD	Present
Peter Rosella, MD	Present
Justin Holder, MD	-
Stephen Waite, MD	-
Robert Pacheo, MD	Present
Camille Dumas, MD	Present

Discussion Items:

- I. JACR published a controversial article on the failure of OPPE to produce meaningful change, by Lane F. Donnelly et al. Abstract is below.

Abstract

Objective

To evaluate the estimated labor costs and effectiveness of Ongoing Professional Practice Evaluation (OPPE) processes at identifying outlier performers in a large sample of providers across multiple health care systems and to extrapolate costs and effectiveness nationally.

Methods

Six hospital systems partnered to evaluate their labor expenses related to conducting OPPE. Estimates for mean labor hours and wages were created for the following: data analysts, medical staff office professionals, department physician leaders, and administrative assistants. The total number of outlier performers who were identified by OPPE metrics alone and that resulted in lack of renewal, limitation, or revoking of hospital privileges during the past annual OPPE cycle (2022) was recorded. National costs of OPPE were extrapolated. Literature review of the effect of OPPE on safety culture in radiology was performed.

Results

The evaluated systems had 12,854 privileged providers evaluated by OPPE. The total estimated annual recurring labor cost per provider was \$50.20. Zero of 12,854 providers evaluated were identified as outlier performers solely through the OPPE process. The total estimated annual recurring cost of administering OPPE nationally was \$78.54 million. In radiology over the past 15 years, the use of error rates based on score-based peer review as an OPPE metric has been perceived as punitive and had an adverse effect on safety culture.

Conclusion

OPPE is expensive to administer, inefficient at identifying outlier performers, diverts human resources away from potentially more effective improvement work, and has been associated with an adverse impact on safety culture in radiology.

[The Joint Commission's Ongoing Professional Practice Evaluation Process: Costly, Ineffective, and Potentially Harmful to Safety Culture - Journal of the American College of Radiology \(jacr.org\)](#)

2. The ACR Peer Learning (PL) Committee published a JACR article by Goldberg-Stein et al, on how they applied Implementation Science to design the ACR PL Pathway. The basis for the need for PL as an alternative to Peer Review (PR) was the notable lack of data demonstrating PR improved the quality of patient care.

Ref: [Applying Implementation Science Principles to Design the ACR Peer Learning Pathway: A Case Study - PubMed \(nih.gov\)](#)

3. In our March meeting, Committee members also explored the topics of:
 - a. Predictors of preterm birth on OB US (Ref: [https://www.ajogmf.com/article/S2589-9333\(24\)00024-7/fulltext](https://www.ajogmf.com/article/S2589-9333(24)00024-7/fulltext))
 - b. PIRADS categories- RSNA 2023 oral presentation by committee member Josh Moosikasawan, MD

Respectfully submitted,

Shlomit Goldberg-Stein, MD

Victor Scarmato, MD



NYSRS Executive Committee Meeting: *Resident and Fellow Section Report*

Committee / Section Name: Resident and Fellows Section

Executive Summary / Accomplishments:

Applications for the ACR Radiology Leadership Institute (RLI) open:

The NYSRS Foundation has agreed to support two members-in-training to attend the 2024 RLI Summit in Boston, MA on September 5-8, 2024. The RFS has begun accepting applications with a deadline of March 29, 2024.

RFS members publish in *Current Problems in Diagnostic Radiology Journal*:

Congratulations to Drs. Michael X. Jin, Ali Z. Kidwai, Matthew J. Wu, James Frageau, Kevin Tan, Graham Keir, Emmanuel Jnr Amoateng, and Kimberly Feigin for their recent publication titled “Radiology Advocacy: Promoting Collaboration Between Trainees and Professional Societies,” which can be accessed online at: <https://www.sciencedirect.com/science/article/pii/S0363018824000525>

Upcoming Events:

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. Now back in person, federal lobby day on Capitol Hill (Wednesday, April 17) will be a highlight, and all residents and fellows are welcome to attend. The RFS is encouraging resident attendance from across NY state.

Albany lobby day

Members of the RFS will join experienced NYSRS members in Albany, NY on May 15, 2024 to observe the legislative process, joint legislative meetings, and learn how specific policies impact the practice of radiology. The RFS is encouraging resident attendance from across NY state.

Discussion Items: None.

Committee Members:

Dr. Kimberly Feigin, Faculty Advisor
Dr. Loretta Lawrence, Faculty
Dr. Douglas Mintz, Faculty

Dr. Esther Zusstone, RFS President
Dr. Rhianna Rubner, RFS Vice President
Dr. Jin Yoon, RFS Secretary/Treasurer
Dr. Rouzbeh Mashayekhi, former RFS President
Dr. Graham Keir, former RFS President

Dr. Jason Adleberg
Dr. Emmanuel Jnr Amoateng

Dr. Kyle Berliner
Dr. Robbie Brooks

Dr. Sheila Chandrahas
Dr. Ketan Dayma
Dr. Diljot Dhillon
Dr. Shane Endicott
Dr. Gabriel Felder
Dr. James Frageau
Dr. Yuan Gavin
Dr. Mark Hamilton
Dr. Abtin Jafroodifar
Dr. Aman Jaiswal
Dr. Shama Jaswal
Dr. Michael Jin
Dr. Graham Keir
Dr. Ali Kidwai
Dr. Connie Lu
Dr. Colleen McNally

Dr. Benjamin Morrish
Dr. Ahmed Mussanna
Dr. Robert Pacheco
Dr. Nate Patel
Dr. Adil Omer
Dr. Emmanuel Owusu
Dr. David Payne
Dr. Poojitha Reddy
Dr. Sunny Rishi
Dr. Sagnelli
Dr. Samia Sayyid
Dr. Kevin Tan
Dr. Jessa Tunacao
Dr. Colin Woolard
Dr. Matthew Wu

Keywords: Residents, Fellows, RFS, ACR