

NYSRS Committee and Section Reports

July 26, 2024





Accomplishments:

Code for Interactions with Sponsoring Companies

Topics previously presented by the Ethics Committee:

Presented March 23, 2024 - "Ethical and Medicolegal Issues of AI"

Presented March 23, 2024 - "Ethical Issues in Radiology Reporting and Incidental Findings"

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.](#)

Boutique Imaging

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

NYSRS Physics Committee Report (7/26/24)

Executive Summary:

NYS Part 16 Regulatory Update

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. The committee has maintained a strong professional relationship with Alex Damiani, Director of the Bureau of Environmental Radiation Protection, and he has kept the Committee abreast on the BERP's efforts to revise Part 16 of the New York Sanitary Code for the past few years. In February of this year, we were informed by Alex that the new regulations would most likely be out for public comment in April.

Armed with this knowledge and given the success that the NYSRS had in building a coalition when NYCDOHMH revised its Article 175 regulations, Dan Long, Physics Committee Chair, organized a series of meetings with leadership of stakeholder societies across the state, including NYSRS, RAMPS, GNYCHPS, UNYAPM, and WNYHPS. Each society agreed to join to make unified comments when the public comment period opened for the new Part 16 regulations, and informed their respective memberships that commenters were needed. A master list of commenters was collected by Dan and five working groups divided by technical expertise were created, each led by a captain (four of whom are members of the NYSRS Physics Committee).

The comment period opened on April 10th, and each working group began generating comments in each of their areas of expertise, with multiple meetings being conducted by Dan and the other captains to ensure the process was moving along in a timely fashion. The coalition was also heavily supported by NYSRS counsel, Justin Pfeiffer, and lobbyist Kayla Bogdanowicz, who assisted Dan in drafting the cover letter for the comments as well as assisting in communications with the NYSDOH. In the end, the coalition generated nearly 200 comments, and each of the five societies' presidents signed the cover letter supporting the comments that were sent to NYSDOH. With assistance from Kayla, Dr. Mark Adams, and Bob Pizzutiello, we were also able to secure a letter of support from MSSNY as well.

A little over a month since the comment period ended on June 10th, Alex Damiani reached out to Dan and the other working group captains to have a series of follow-up meetings to discuss the coalition's comments and lay out the roadmap for the final rule being published. The first meeting was held on July 18th, and the second is to be scheduled for the week of July 29th.

NYSRS Physics Outreach to RAMPS

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 in September or October of this year.

Informational Items:

None

Discussion Items:

None

Committee Members:

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

Keywords: [Physics](#), [membership](#), [NYS Part 16](#)



**Young and Early-Career Professionals Section Report
NYSRS Board of Directors Meeting
July 26, 2024**

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

Executive Summary/Accomplishments:

- Radiology Advocacy session on March 5, 2024 “Radiology Advocacy: Why I Do It”; speaker: Alex Podlaski, MD, RWJBH Medical Group
- Upcoming in September: Personal Finance session, speaker: Sachin Dheer, MD

Informational Items:

- ACR 2024 YPS Meeting Recap
 - <https://www.acr.org/Member-Resources/yps/YPS-News/ACR-2024-YPS-Annual-Meeting-Recap>
- Integrating Personal Fulfillment and Career Growth
 - <https://www.acr.org/Member-Resources/yps/YPS-News/Integrating-Personal-Fulfillment-and-Career-Growth>

Discussion Items:

- Soliciting YPS Applications for ACR RLI Summit
 - September 6-8, 2024, Seaport Hotel, Boston, MA

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, financial planning

Respectfully submitted,
Luke Ginocchio



NYSRS Diversity and Inclusion Committee Report July 27, 2024

Executive Summary / Accomplishments:

We met on 7/12/24 and have generated discussion items.

Discussion Items:

We revisited the DEI goals and would like to propose the following.

NYSRS Diversity, Equity and Inclusion Goals

Promote inclusive membership

Promote inclusive leadership (committee chairs, Board, and Executive Committee within NYSRS)

Use society member meetings to focus on diversity, equity, and inclusion issues

Offer inclusive opportunities for leadership and other training

Encourage radiology departments to form diversity, equity, and inclusion committees

Foster inclusive mentorship and sponsorship in radiology

We noted that the Massachusetts chapter residents have an initiative; Communities Crushing Cancer. We would like to encourage something like this in NYS.

We would like to work with RFS on another event in the fall.

We are planning a webinar for the fall.

Informational Items:

1. We congratulated Dr. Yee for her efforts regarding Medicare approving reimbursement for CT colonography.
2. Nolan Kagetsu participated 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.

3. 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.
4. How can we support CUNY students interested in radiology/rad onc/VIR (contact is student advisor Lily Lam llam@med.cuny.edu)
5. 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>
6. We would like to solicit collaborations with other committees and ideas for future events/projects.
7. 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.
8. 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

NYSRS Board Meeting – July 26th, 2024

Social Media and Communications Committee

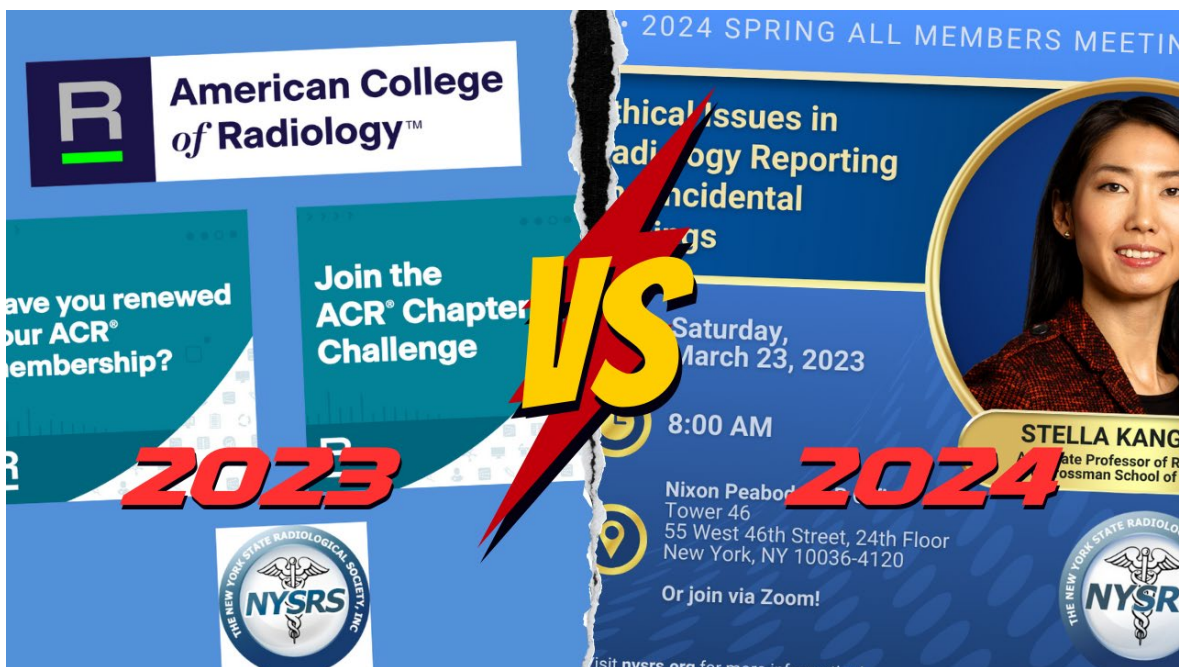
Executive Summary:

Website:

- Continuing to update the website
 - Add new content
 - Update style
- Let us know if you want to add any content or make changes
 - The team is very responsive to requests

Social Media:

- We previously unified our look for social media posts using the online graphic design tool [Canva](#).
- Now, we are trying to improve that unified look.



- Hoping to increase frequency of our posts in future

Email:

- New email authentication requirements went into effect in February 2024
 - Protect people against scams and phishing
- We are now compliant with requirements
 - Can now send emails using accounts with the nyrs.org domain name
 - Should decrease the number of our mails that are hit SPAM boxes

Informational Items:

Social media accounts:

- Please follow us! (would be nice to have more than a few followers)
- Please tag us in your posts, when applicable! (no one ever does, but maybe someday someone will)

[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. 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



Quality and Safety Committee Report – July 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 one new committee member: Dr. Charles Roche, Radiologist at Roswell Park.
- 2) We encourage all members to register for the ACR Quality and Safety & Informatics Conference to be held Sept 18-21 in Washington, DC. The conference theme is “Shared Goals, Improved Outcomes”. The conference is in-person and virtual. Registration link is here: [2024 Quality, Safety & Informatics Conference \(acr.org\)](https://www.acr.org/quality-safety/informatics-conference)
- 3) We met virtually as a Committee on July 22, 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	-
Josh Moosikasawan, MD	Present
Peter Rosella, MD	Present
Justin Holder, MD	Present
Stephen Waite, MD	-
Robert Pacheo, MD	-
Charles Roche, MD	Present
Camille Dumas, MD	-

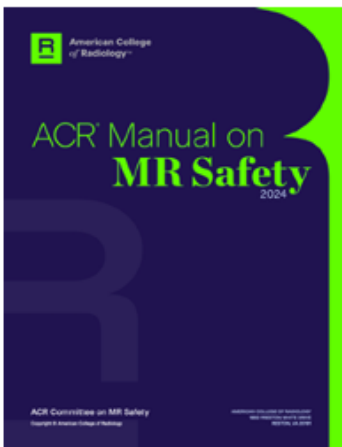
Discussion Items:

I. MRI Safety Week

MR Safety week is celebrated July 21 through July 27. It is held the last week each July to recognize the anniversary of the tragic MR incident in 2001, during which a MR Unsafe oxygen cylinder was brought into Zone 4 and killed 6 year-old Michael Colombini. Despite advances in MR safety knowledge and policy, MR incidents continue to occur. MR safety week aims to heighten awareness and remind everyone of the potential dangers within the MR environment.



ACR Manual on MR Safety 2024 is available for download at <https://www.acr.org/-/media/ACR/Files/Radiology-Safety/MR-Safety/Manual-on-MR-Safety.pdf>. The manual was first released in 2020 updating the “ACR Guidance Document on MR Safe Practices: 2013”. Since its first release, the manual underwent a major revision in 2023. The 2023 draft was released for comment by the MR safety community at large. After reviewing over 700 comments, the ACR MR Safety Committee released its 148 page final living document in June 2024.



The manual represents a consensus of MR safety experts and should serve as a template for MR safety guidance and policy at all MR facilities. There is extensive guidance on developing site specific MR safety policies and procedures. The manual was reorganized into chapters, and there are now “Key Point” summaries at the end of each chapter. More images, diagrams, and figures are included to help explain complex concepts. The manual is more of a teaching tool and more readable than past releases.

There is updated information regarding MR personnel training levels and required elements of MR safety training. The manual further defines the roles of the MRMD, MRSO, and MRSE. The manual provides guidance on staffing of MR facilities, with a new section on remote technologist scanning. The manual updates and expands upon information regarding objects, implanted devices, and equipment in the MR environment. There is new appendix to help with risk assessment of patients with implanted devices that have unclear MR conditions.

As in the past, the manual provides education regarding static magnetic fields, time varying magnetic fields, RF energies, and cryogenics.

II. How to Maintain Quality in a Workforce Shortage

- Consider flexible hiring options with hybrid remote and onsite radiologists
- Consider recruiting retired radiologists for flexible part time work

• References:

- [How Will We Solve Our Radiology Workforce Shortage? | American College of Radiology \(acr.org\)](https://www.acr.org/press-releases/2024/07/01/how-will-we-solve-our-radiology-workforce-shortage?_ga=2.141111111.1729111111.1729111111.1729111111)

- [Radiology Workforce Shortage: The “Silver Squad” Option - Journal of the American College of Radiology \(jacr.org\)](#)

III. Decision Support can decrease compliance with Breast Imaging Guidelines –

- Annals of Internal Medicine article demonstrating decreased compliance with recommended screening annually >age 40 after decision support/informed consent
- Reference: [Mammography Screening Preferences Among Screening-Eligible Women in Their 40s: A National U.S. Survey: Annals of Internal Medicine: Vol 0, No 0 \(acpjournals.org\)](#)

Respectfully submitted,

Shlomit Goldberg-Stein, MD

Victor Scarmato, MD



Calendar Year (CY) 2025 Medicare Physician Fee Schedule Proposed Rule

The Centers for Medicare and Medicaid Services (CMS) released the calendar year 2025 Medicare Physician Fee Schedule (MPFS) [proposed rule](#) with [fact sheet](#) July 10. The agency [describes changes to payment provisions](#) and to policies for the Medicare Shared Saving Program, Prescription Drug Inflation Rebate Program and provider overpayments.

CMS estimates a 2025 conversion factor of \$32.3562 compared to the 2024 conversion factor of \$33.2875, a decrease of 2.8%. This was calculated by removing the 1.25% provided by the Consolidated Appropriations Act of 2023 that applied to services furnished Jan. 1 through March 8, 2024, and a 2.93% payment increase provided by the Consolidated Appropriations Act of 2024 that applied to services furnished March 9, 2024, through Dec. 31. CMS then applied a positive 0.05% budget neutrality adjustment.

CMS estimates an overall impact of the MPFS proposed changes to radiology, nuclear medicine and radiation oncology to be a neutral 0%, while interventional radiology would see an aggregate decrease of 2% if the provisions within the proposed rule are finalized.

The American College of Radiology created an [initial summary](#) of all provisions of the MPFS proposed rule that have a direct impact on imaging practices.

The overall conversion factor reduction once again demonstrates that the current Medicare payment system is not sustainable. ACR will continue to work with Congress to encourage substantive changes to the Medicare physician payment system to ensure patients continue to have access to high quality care.

The ACR plans a detailed summary to be provided in the coming weeks. For questions about the proposed rule, contact [Katie Keysor](#), ACR Senior Director of Economic Policy.

Other Provisions in the 2025 Medicare Physician Fee Schedule Proposed Rule

CMS is proposing that beginning January 1, 2025, an interactive telecommunications system may include two-way, real-time audio-only communication technology for any telehealth service furnished to a beneficiary in their home if the distant site physician or practitioner is technically

capable of using an interactive telecommunications system, but the patient is not capable of, or does not consent to, the use of video technology.

CMS is proposing that, through CY 2025, they will continue to permit the distant site practitioner to use their currently enrolled practice location instead of their home address when providing telehealth services from their home.

CMS is proposing, for a certain subset of services that are required to be furnished under the direct supervision of a physician or other supervising practitioner, to permanently adopt a definition of direct supervision that allows the physician or supervising practitioner to provide such supervision through real-time audio and visual interactive telecommunications. CMS is specifically proposing that the physician or supervising practitioner may provide such virtual direct supervision for services furnished incident to a physician's service when they are provided by auxiliary personnel employed by the physician and working under his or her direct supervision and for which the underlying HCPCS code has been assigned a PC/TC indicator of office or other outpatient visit for the evaluation and management of an established patient who may not require the presence of a physician or other qualified health care professional. For all other services furnished under the direct supervision of the supervising physician or other practitioner, CMS is proposing to continue to define "immediate availability" to include real-time audio and visual interactive telecommunications technology only through December 31, 2025.

CMS is proposing to continue their current policy to allow teaching physicians to have a virtual presence for purposes of billing for services furnished involving residents in all teaching settings, but only in clinical instances when the service is furnished virtually (for example, a three-way telehealth visit, with the patient, resident, and teaching physician all parties in separate locations) through December 31, 2025. This virtual presence will continue to meet the requirement that the teaching physician be present for the key portion of the service.

CMS Proposes Inclusion of Coverage for CT Colonography Screening in 2025 Medicare Physician Fee Schedule Proposed Rule

In addition to the other payment provisions, the MPFS rule includes a proposal to cover screening CT colonography for colorectal cancer for Medicare beneficiaries. The ACR has long advocated for [Medicare coverage of screening CTC and applauds the proposal](#).

ACR Releases Preliminary Summary of HOPPS 2025 Proposed Rule

The Centers for Medicare and Medicaid Services released its 2024 Hospital Outpatient Prospective Payment System (HOPPS) [proposed rule](#) July 10. The American College of Radiology prepared a [radiology-specific preliminary summary](#) of the proposed rule, which proposes to increase the conversion factor from calendar year 2024 by 2.6% to \$89.379 for 2025.

CMS in its [press release](#) says this year's proposed rule includes proposals that align with several key goals of the Biden administration, including addressing health disparities, expanding access to

behavioral healthcare, improving transparency in the health system, and promoting safe, effective, and patient-centered care. The agency also created a [2025 HOPPS PR fact sheet](#). The final rule will be issued in early November.

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

ACR Encouraged by Senate Committee on Finance White Paper on Medicare Payment Reform

U.S. Senate Committee on Finance Chairman Ron Wyden (D-OR), and Ranking Member Mike Crapo (R-ID), recently released a white paper, [Bolstering Chronic Care through Physician Payment: Current Challenges and Policy Options in Medicare Part B](#), related to Medicare physician payment reform. Their paper outlines areas of interest the committee views as an opportunity for reform. These include:

- Creating sustainable payment updates to ensure clinicians can own and operate their practices.
- Incentivizing alternative payment models that reward providing better care at a lower cost.
- Rethinking how Medicare measures quality care.
- Improving primary care.
- Supporting chronic care benefits in Medicare fee-for-service.
- Ensuring continued access to telehealth.

The American Medical Association and the American College of Radiology assert that year-over-year, statutorily-mandated cuts to the Medicare Physician Fee Schedule demonstrate the Medicare payment system is broken and a permanent fix is urgently necessary. ACR is encouraged that the committee is taking thoughtful steps toward payment reform and will provide feedback on the white paper to the committee.

If you have any questions, contact [Rebecca Spangler](#), ACR Senior Government Relations Director.

National Government Services LCD Updates

ID	Title	Contractor	Updated On	Effective Date	Revision History
L35936	Facet Joint Interventions for Pain Management	National Government Services, Inc.	06/03/2024	08/01/2024	Released from draft to Final LCD.

		(MAC Part A & B)			
A59773	Response to Comments: Facet Joint Interventions for Pain Management	National Government Services, Inc. (MAC Part A & B)	06/03/2024	08/01/2024	
A57826	Billing and Coding: Facet Joint Interventions for Pain Management	National Government Services, Inc. (MAC Part A & B)	06/03/2024	08/01/2024	
A52863	Billing and Coding: Pain Management - injection of tendon sheaths, ligaments, ganglion cysts, carpal and tarsal tunnels	National Government Services, Inc. (MAC Part A & B)	05/22/2024	04/01/2024	Effective 4/01/2024, all references to trigger point injection procedures have been removed. Please refer to Article A59487 - Billing and Coding: Trigger Point Injections (TPI).
A59233	Billing and Coding: Sacroiliac Joint Injections and Procedures	National Government Services, Inc. (MAC Part A & B)	05/20/2024	01/25/2024	Under Coding Guidance, Diagnostic and Therapeutic procedures, 6th paragraph, removed "G0260 should be reported with an imaging code specific to the imaging modality employed" and "Report CPT 77002 for fluoroscopic guidance or CPT 77012 for CT guidance in the ASC and the hospital outpatient department" and added, "The medical record must contain documentation that fluoroscopic guidance or CT guidance was used with HCPCS code G0260" and "Image guidance is packaged into G0260, and no separate payment is made to the ASC or OPSS hospital outpatient

				<p>department for CPT codes 77002 and 77012."</p> <p>Under CPT/HCPCS Codes Group 3 Paragraph, verbiage was revised to read, "For ASC facility and OPPS hospital outpatient department claims only:"</p> <p>Under Group 3 Codes CPT 77002 and 77012 were deleted. Under ICD-10-CM Codes that Support Medical Necessity Group 1: Paragraph, verbiage was added "CPT codes 27096, 64451 and HCPCS code G0260".</p>
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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



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

Committee / Section Name: Resident and Fellows Section

Executive Summary / Accomplishments:

ACR 2024 Annual Meeting:

Six trainees from New York State registered for the annual ACR meeting held in April. The meeting had a varied and robust resident and fellow program, with numerous opportunities for trainees to network and learn about the ACR. We also had residents participate in Capitol Hill day. Thank you to the Society for inviting the residents to the fellow dinner.

Albany Lobby Day:

Thank you to the NYSRS Foundation for sponsoring RFS members to attend the Albany lobby day on May 15, 2024. Two of our members were able to attend the event and felt it was a unique opportunity to observe the legislative process.

ACR Radiology Leadership Institute (RLI) Summit:

Thank you to the NYSRS Foundation for generously sponsoring two residents to attend the 2024 RLI Summit. This year's summit will be held September 5-8 at the Boston Seaport Hotel. The sponsored residents are: Mudassir Mumtaz (R3, Mount Sinai) and Esther Zusstone (R4, New York University).

Upcoming Events:

Autumn Social:

We are excited to hold the autumn social this year at Bella Union on Thursday, September 12 from 6-8 pm. The event is co-sponsored by the DEI committee and will be a great opportunity to bring residents from across the New York programs together. An email with RSVP link will be sent out in August.

Secretary/Treasurer Recruitment and RFS Officer Transition:

As the 2023-2024 term will soon come to a close, we are proud to announce that Dr. Rhianna Rubner from Montefiore/Albert Einstein will be the new RFS President and Dr. Jin Yoon from Columbia/New York Presbyterian will be the new RFS Vice President. We will be actively recruiting the new Secretary/Treasurer this autumn.

Discussion Items:

- The RFS is seeking board approval for the autumn social budget. In 2022 and 2023, the budget was \$6,000, with the event ultimately coming in under budget at around \$4,000. This year's contract with the venue is once again priced at a minimum spend of \$3,000, at \$80 per person.

- The NYSRS Membership Committee has proposed starting an email directory of fellows in training in an effort to improve membership retention and enrollment.

Committee Members:

Dr. Kimberly Feigin, Faculty Advisor
Dr. Loretta Lawrence, Faculty
Dr. Douglas Mintz, Faculty
Dr. Jenny Bencardino, 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. Jason Adleberg
Dr. Emmanuel Jnr Amoateng
Dr. Narain Badhey
Dr. Kyle Berliner
Dr. Robbie Brooks
Dr. Sheila Chandrasah
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. Ali Kidwai
Dr. Raksha Kulkarni

Dr. Connie Lu
Dr. Colleen McNally
Dr. Benjamin Morrish
Dr. Mudassir Mumtaz
Dr. Ahmed Mussanna
Dr. Adil Omer
Dr. Emmanuel Owusu
Dr. Robert Pacheco
Dr. Nate Patel
Dr. David Payne
Dr. Poojitha Reddy
Dr. Sunny Rishi
Dr. Adrian Rosenberg
Dr. Matthew Sagnelli
Dr. Samia Sayyid
Dr. Rebecca Scalabrino
Dr. Kevin Tan
Dr. Jessa Tunacao
Dr. Colin Woolard
Dr. Matthew Wu

Keywords: Residents, Fellows, RFS, ACR

Summary of recent SIR Town Hall, prepared by Athena Masi, medical student member of the NYSRS VIR Radiology Committee

DR/IR; better together?

Conversations continued regarding the diagnostic radiology (DR) and interventional radiology (IR) professions; how are we alike, where do we cross paths, and how are we different?

Some talking points:

- Physicians generate more money for hospital reading; whether IR or DR physician
- Pressure to not do higher level cases due to lesser pay (IR)
- DR leaving to online work and subsequently leaving their reads to IRs to do between cases
- Less clinical IR to be done when there's less DR present to read

Interventional Oncologist points (Southern FI):

- Future of DR vs IR workforces: IR can bring more value as an independent entity rather than tied to DR (without DR roles). IR would need its own budget, own division, etc.
- Caveat- IR would be responsible for own finances
- On private practice side: DR combined group allows decisions to be made by DR even for IR
- Conclusion: IR should be independent from DR

General room comments/ discussion on this topic:

- ***IR is a clinical specialty. In today's healthcare if you're not seeing patients and following them it's not good. We (IR) are bringing patients into hospitals and acting like clinicians, we are not ***"just a service"*** anymore.

Hard time to keep up with procedures and resources ***plus*** DR. If you get resources under the DR financial bucket, you're not going to get what you need (from personal experience).
- **Better support from higher ups when you're more known as your own practice vs under DR.
DR doesn't carry IR, only if the IR doesn't have proper value (as seen by the hospital/ entity overseeing) it may but if the right infrastructure is present that won't be the case.
- ***"Dr. Min- IR ***AND*** DR are clinicians" (panel discussion points below)

Rural community IR/ DR points:

- IR has really good relationship with DR. IR hasn't been reading DR anymore as his practice has been growing and DR hasn't had an issue with it.
- Admin recognizes the diff between the IR and DR and they function as separate depts. IR and DR should be able to decide ***on their own per institution***. More libertarian view. "Just let people practice medicine."

Clinical 10 talking points:

- Benefits or disruptions between ir and dr?

imaging is a division like heme one.

Support services in hospital and local regional therapies more complex care like

10

Negotiations have more context when DR is at the table, more financials available for funding/ resources

IR and DR should work together especially on the 10 side for total funding (seems to be related back to having administrative side recognize the IR financial need and hear the talking points made when DR is at the table)

- As an IR working for a diagnostic group with autonomy in a private practice: Built an OBL after the company merged with a new group.

Another point brought up:

Rad one is completely separate and grew up like IR originally combined and is now separated.

- What is the best future state for IR?
- We don't need to prove to DR that we are worthy to practice alone.
- The only future is a devotion to longitudinal clinical practice with clinical excellence.
 - And subspecialization (like 10)

Discussions are ongoing and the room seems to still be torn on a "decision" regarding the future of IR and DR as a group. Many leaned toward the idea that the best way may be a hospital/ location based conclusion following the needs of the community.



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

Executive Summary / Accomplishments: (e.g. what committee has done over the past quarter, references to key information below):

**Together with our government relations support, represented NYSRS in meetings with legislators to modify language and receive approval of the Breast Cancer Screening Bill S2465-B/A1696-B (Persaud/Hunter) mandating insurance coverage of supplemental imaging for women with dense breasts including ultrasound and MRI without cost sharing. The bill has moved through the Assembly and the Senate and is awaiting approval/acceptance from Governor Hochul.

**Together with our government relations support met with NYS Health Commissioner McDonald and staff to bring awareness to and address issues pertaining to radiology including scope of practice. We discussed the Persaud/Hunter Breast Cancer Screening Bill, reporting that the bill has passed both the Assembly and Senate and is with Governor Hochul. We asked for support and consideration of this bill in discussions with the Governor.

**Together with counselor support, navigated updating the MQSA dense breast notification requirements to be compliant with both state and federal notification language. We posted and circulated the required language for both to all member practices and contacts via NYSRS and posted the memo to the NYSRS website for reference. There is ongoing editing and updating being performed before required change date of September 10, 2024.

UPDATE 7/2024:

**After NYSRS May 2024 lobby day meeting with Persaud and Hunter office staff, we were offered the opportunity to amend the language of the bill to add strength and increase likelihood of acceptance. Our suggested language was accepted and included in the proposed bill which subsequently passed both the Assembly and the Senate votes.

The bill now adds the following language for insurance coverage purposes:

upon the recommendation of a physician, screening, and diagnostic imaging, including diagnostic mammograms, breast ultrasounds, or magnetic resonance imaging, recommended by nationally recognized clinical practice guidelines for the detection of breast cancer. For the purposes of this item, "nationally recognized clinical practice guidelines" means evidence-based clinical practice guidelines informed by a systematic review of evidence and an assessment of the benefits, and risks of alternative care options intended to optimize patient care developed by independent organizations or medical professional societies utilizing a transparent methodology and reporting structure and with a conflict of interest policy.

Please refer to Government Relations report from Kayla Bagdonowicz for specifics.

****MQSA mandated language for dense breast notification:**

Key points:

MQSA mandated language for BOTH dense and non dense breast (this is a change from NYS requirement which did NOT have required language for non-dense breast tissue).

NYS mandated language- For women with dense breasts, MQSA language meets requirement for compliance with NYS public health law with the addition **in a separate line of “A report of your results was sent to your physician.”**

Effective date: September 10, 2024

To satisfy both federal and state notice requirements, providers of mammography services should send the following notification to patients whose mammograms demonstrates:

Dense breast tissue (BI-RADS categories C and D):

Breast tissue can be either dense or not dense. Dense tissue makes it harder to find breast cancer on a mammogram and also raises the risk of developing breast cancer. Your breast tissue is dense. In some people with dense tissue, other imaging tests in addition to a mammogram may help find cancers. Talk to your healthcare provider about breast density, risks for breast cancer, and your individual situation.

A report of your results was sent to your physician.

NON-DENSE breast tissue:

Although New York State law does not require notification to patients with non-dense breast tissue (BIRADS Category A and B), the new federal regulations require a specific notification for this group, effective September 10, 2024:

Breast tissue can be either dense or not dense. Dense tissue makes it harder to find breast cancer on a mammogram and also raises the risk of developing breast cancer. Your breast tissue is not dense. Talk to your healthcare provider about breast density, risks for breast cancer, and your individual situation.

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. **ACR VIRTUAL TOWN HALL WITH FDA/MQSA August 8, 2024 4pm ET**

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

Respectfully submitted by
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