Meaningful Use not Entirely Meaningful for Radiology

ALSO INSIDE:

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AAWR ANNOUNCES 2010 AWARDS

The American Association for Women Radiologists (AAWR) has announced its 2010 award recipients.

AAWR past-president Ewa Kuligowska, M.D., a professor of radiology at Boston University School of Medicine and a radiologist at Boston Medical Center, received the Marie Sklodowska-Curie Award. Dr. Kuligowska is a contributor to Radiology and Radiographics.

The Lucy Frank Squire Distinguished Resident Award in Diagnostic Radiology was presented to Hui Jenny Chen, M.D., of the David Geffen School of Medicine at the University of California, Los Angeles. Yuriko Ann Minn, M.D., of Stanford University, received the Eleanor Montague Distinguished Resident Award in Radiation Oncology. Dr. Minn is an RSNA 2010 Roentgen Resident/Fellow Award recipient.

The AAWR Research & Education Foundation also presented awards. Gayatri Joshi, M.D., Member-in-Training Award for Outstanding RSNA Presentation in Diagnostic Radiology, Ann Likhacheva, M.D., Outstanding American Society for Radiation Oncology Presentation in Radiation Oncology, Elizabeth Arieo, M.D., Member-in-Training Award for an Outstanding American Roentgen Ray Society Presentation in Diagnostic Radiology, Elizabeth A. Sadowski, M.D., Professional Leadership and Chi Wan Koo, M.D., AAWR Research & Education Foundation Seed Grant.

The AAWR Research & Education Foundation also presented awards:

- Kuligowska E et al. AAWR Research & Education Foundation Seed Grant.

HIE USA Incorporated

The Integrating the Healthcare Enterprise (IHE) USA announced its 12th annual IHE North America Connection Conference last month. See Page 22 for coverage of the Connection and Conference, which highlighted the organizations and leaders driving the adoption of standards-based health IT solutions.

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Vincent B. Ho, M.D., M.B.A.
President, North American Society for Cardiovascular Imaging

Pamela K. Woodford, M.D., F.A.C.R.
Immediate Past-president, North American Society for Cardiovascular Imaging

EDITOR’S NOTE:
Eight organizations participated in the American College of Cardiology Foundation Appropriately Use Criteria Task Force: RSN. Dr. Ho would like to acknowledge them all. In addition to NASCI and SCCT, the group includes the American College of Radiology, American Heart Association, American Society of Echocardiography, American Society of Nuclear Cardiology, Society for Cardiovascular Magnetic Resonance, American Society of Cardiac and Interventional Cardiology, and the Society for Cardiovascular Magnetic Resonance.

RANZCR Bestows Honors

The Royal Australian New Zealand College of Radiologists (RANZCR) announced several awards at its recent annual meeting.

The gold medal was awarded to former RANZCR president Lizbeth Kenny, M.D., FRANZCR, a senior radiation oncologist at the Royal Brisbane and Women's Hospital, clinical lead, radiology, at Queensland Health and medical director, Cancer Services Queensland, at Queensland Health. Dr. Kenny was named an RANZCR Honorary Member in 2009 and serves on RANZCR’s International Advisory Committee.

The Roentgen Medal was awarded to Clement McCormick, M.B.B.Ch., and Frederick (John) Palmer, M.B.Ch.B. Dr. McCormick is a honorary research fellow in the Department of Anatomy and Human Biology at the University of Western Australia and a visiting consultant radiologist at the Royal Perth Hospital. Retired since 1999, Dr. Palmer is world renowned for his pioneering study of non-ionic and ionic contrast media. Dr. Palmer served as head of the radiology department at Prince Henry and Prince of Wales Hospital for more than 20 years.

Honorary Fellowship was awarded to Marc S. Levine, M.D., chief of gastrointestinal radiology at the Hospital of the University of Pennsylvania and a professor of radiology at the University of Pennsylvania School of Medicine. A former associate editor of Radiology, Dr. Levine is a frequent contributor to the journal.

VIP Group Makes Long-term R&E Commitment

Catawba Radiology, a member of the Visionaries in Practice (VIP) program of the RSNA Research & Education Foundation, has pledged to give at the silver ($25,000) level annually through 2014.

RSNA Board Liaison for Publications and Communications William T. Thomas Jr., M.D., program of Catawba Radiology, a practice of 18 physicians in Hickory, N.C. The practice has supported the VIP program at the silver level since the program’s inception in 2005. Dr. Thorwarth served as chair of the VIP subcommittee of the Foundation from 2005 to 2009 and was instrumental in persuading numerous practices from North Carolina to also join.

“Developments directly related to R&E-funded research have provided me and yours with new tools and reimbursable procedures,” said Dr. Levine. “I hope to continue to build on our success.”

Catawba Radiology joins the Alliance for Safety in Pediatric Imaging in its 2011 membership year.

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RSNA Board of Directors Report

At its meeting during RSNA 2010, the RSNA Board of Directors celebrated the success of the Society’s 96th annual meeting while looking ahead to the next annual meeting and other RSNA plans for 2011.

 Imaging Biomarkers Reach Next Step RSNA remains committed to helping radiologists prepare for initial certification by quantitating practice. Two biomarkers focused on by the Quantitative Imaging and Biomarkers Alliance, volumetric CT and FDG-PET, are in the early stages of review to be qualified by the U.S. Food and Drug Administration for use in clinical trials. A two-year, $2.4 million grant from the National Institute of Biomedical Imaging and Bioengineering is supporting RSNA’s quantitative imaging efforts, which include a corporate visit program to encourage vendors to incorporate quantitative imaging biomarkers into their equipment and software algorithms.

 Education Offerings Grow in Number, Variety RSNA’s education excellence continues to grow, with expanded offerings this year. Earlier March 31 deadline for submission of abstracts for the annual meeting enables the Scientific Program Committee to work with the Refresher Course Committee to develop more series courses—popular annual meeting offerings that combine education and science in a single session. Original educational programming accessible throughout the year remains a priority—RSNA volunteers and staff continue to develop targeted educational offerings such as ethics and physics learning modules.

With regard to Maintenance of Certification, RSNA is working to increase the number of self-assessment modules (SAMs). SAMs offer a new Content Advisory Panel is studying how existing educational material can be converted into the SAM format. Meanwhile, RSNA interactive education programming has been enhanced to allow for easier searching by subspecialty area, keyword and other parameters.

 Technology Enhances Annual Meeting The RSNA annual meeting remains the premier event in radiology. More than 27,000 people attended RSNA 2010, up about 2 percent from the year before. Professional registration exceeded 27,000 and international registrants made up about 35 percent of those in attendance.

Participating in the RSNA 2010 Technical Exhibition were 678 companies, including 108 who exhibited at the RSNA annual meeting for the first time. More than 170 members of the medical media news media also attended RSNA 2010. Popular stories included a study that indicated walking slows the progression of Alzheimer disease and another reporting that hefty fat puts women at risk for osteoporosis.

Technological innovations unveiled at RSNA 2010 made the meeting more user-friendly. New touch screen “wayfinders” helped attendees find their destinations within McCormick Place—more than 5,800 searches were performed by users looking for educational sessions and 380,000 searches located the location of specific technical exhibition booths. Also new at RSNA 2010 was help via text message. The Help Center received almost 100 messages seeking general meeting information, while another 59 messages sought shutselle information. The new RSNA annual meeting mobile site was a popular online destination, with 1,380 logins and 200,000 pageviews during the annual meeting week.

Again looking ahead to RSNA 2011 and its “Celebrate the Image” theme, RSNA is already developing more mobile applications and a virtual meeting.

Solutions Improve Workflow, Compliance RSNA continues to provide technological solutions to radiologists on the job challenges. The Integrating the Healthcare Enterprise (IHE) Image Sharing Demonstration was a popular RSNA 2010 destination, with about 700 people stopping by to see the latest developments in this patient-controlled image archive poised to a day replace cumbersome, file-based image storage. IHE, which just marked its independent incorporation (see Page 1), held its 12th annual Connectathon last month (see Page 22) and continues development of a radiology and monitoring profile.

Meaningful use—those health information technology requirements physicians must fulfill to qualify for federal incentive payments—was an important hot topic at the annual meeting. See Page 13 for more on this topic and how radiologists are being advised to qualify.

Foundation Celebrates Successful Year In 2010, the RSNA Research & Education Foundation honored 70 grants totaling $2.2 million. Helping achieve the goal were approximately 3,600 Foundation donors, who gave a combined $2.5 million. The private practices that make up the Foundation’s Visionaries in Practice (VIP) program gave $350,000 last year (see Page 2). Individual members and friends donated more than $1 million in 2010.

Membership Reaches New Heights RSNA members now number a record 46,000, approximately double the membership of 20 years ago. About 20 percent are international members, up from just 5 percent in 1990. RSNA has published a list of countries included in its discounted membership dues option at RSNA.org/apply.

My Turn

The Value of Communication

Radiologists add value by obtaining relevant clinical data, making an informed interpretation and transmitting useful information to the people who need it.

“Radiologists add value by obtaining relevant clinical data, making an informed interpretation and transmitting useful information to the people who need it.”

Richard E. Buenger, M.D.

1987 RSNA President Richard E. Buenger, M.D., died Dec. 9, 2010 at the age of 88. He pioneered the clinical application of angiography, led the way toward the development of a radiation-free cardiac angiography test and received the RSNA Gold Medal in 1988.

Richard E. Buenger, M.D.

IN MEMORIAM

Richard E. Buenger, M.D.

1987 RSNA President Richard E. Buenger, M.D., died Dec. 9, 2010 at the age of 88.

A lifelong resident of Winnetka, Ill., Dr. Buenger began his career at Presbyterian Hospital of Chicago (later Rush-Presbyterian-St. Luke’s Medical Center) and later served in the U.S. Army. Dr. Buenger is a former chair of the Department of Diagnostic Radiology and Nuclear Medicine for 20 years. He pioneered the clinical application of angiography, led the way in subspecializing radiology at his institution and helped obtain the first CT and MR units in Illinois.

Dr. Buenger also served as president of the Illinois Radiological Society and the Society of Chairs of Academic Radiology Departments. He received the RSNA Gold Medal in 1988.
Brazil Awes, Enlightens Visiting Radiology Professors

Some might have been daunted at the prospect of working deep in the jungle, but three radiology professors who visited a small clinic at the mouth of the Amazon River in Brazil say the experience was the high point of an already exciting trip to the South American country.

“De Goiania was huge, awesome, powerful and absolutely fascinating,” said Erik K. Paulson, M.D., vice-chair of clinical services and chief of the Abdominal Imaging Division in the Department of Radiology at Duke University Medical Center in Durham, N.C. “We realized that despite the cultural and language differences, the Brazilian radiologists have the same thirst for knowledge and zeal for life that we have.”

Dr. Paulson was one of three doctors who traveled to Brazil as part of RSNA’s International Visiting Professor (IVP) Program, which annually sends teams of North American professors to lecture at national radiology society meetings and meet with radiology residency training programs at selected host institutions in developing nations. The trip was hosted by the Brazilian College of Radiology and Diagnostic Imaging.

The Amazon excursion was the last stop on the two-week trip devoted to educating Brazilian radiologists and assessing the state of healthcare in a country facing challenges much different than the U.S.

“Infectious diseases such as TB and the waterborne infection schistosomiasis are common in Brazil,” Dr. Paulson said. “There’s a different spectrum of diseases than we’re accustomed to seeing in the U.S.”

One-on-One Time is Valuable

The trip began at the Brazilian Congress of Radiology National Meeting in Rio de Janeiro, where each team member gave several lectures. Translators were provided for the Brazilian audience.

“The highlight of our time in Rio was a tour of the city, which included all of its famous sites and was delightful,” Dr. Paulson said.

Next, the team traveled to Clínica da Imagem de Goiania in central Brazil, where the physicians presented lectures and case conferences to a group of residents and attending radiologists from the area.

Along with the chance to meet colleagues from other institutions, the experience offered a wonderful opportunity to present MR cases to radiology staff at the clinic, which are not widely available, according to team member Donna Blankenbaker, M.D., an associate professor of musculoskeletal imaging in the Department of Radiology at the University of Wisconsin in Madison.

“The best part was getting to know the residents and spending time on a personal level and discussing radiology training,” Dr. Blankenbaker said.

Discrepancy in Care Revealed

The team’s tour of government and public hospitals in Goiania revealed a huge discrepancy in the quality of care for the insured versus the non-insured. Staffed primarily by radiology residents, the public hospital was significantly underfunded compared to the private facility, according to team members.

“The private clinics generally have imaging equipment very similar to that in the U.S., while government hospitals have considerably fewer resources,” according to team member Robert Hurst, M.D., director of interventional neuroradiology at the Hospital of the University of Pennsylvania in Philadelphia.

For example, there is no public health system for managing chronic disease in Brazil, he said. In terms of radiology, Brazil’s public hospitals offer general radiology and limited access to CT scanners but no MR imaging, which is done in private hospitals, Dr. Blankenbaker said.

“The technology offered in private imaging hospitals is great—similar to what we have in the U.S.,” Dr. Blankenbaker said. “They are right up to date.”

The last stop was Belem, at the mouth of the Amazon River, where the team visited a private imaging clinic, Clínica Lobo, where team members conducted two days of talks for trainees and practicing radiologists and visited Belem’s government hospital, assessing the facility’s resources.

“We were able to fly over the area around Belem in a small plane piloted by a local radiologist to get an idea of the geography and some of the challenges involved with providing medical care to areas outside of cities that make up the majority of the country but are quite isolated,” Dr. Hurst said.

Cultural, Educational Exchange a Success

Despite the exotic locale, team members agree the highlight of the trip was interacting with radiology residents and attending physicians in Goiania and Belem.

“The Brazilians were hungry for our teaching material and were interested in all aspects of American radiology and culture,” Dr. Paulson said. “Likewise, we were very interested in Brazilian practice patterns, expectations and culture. The trip was extremely successful as a cultural and educational exchange.”

The programs and lectures were “very well received at each location we visited,” according to Dr. Hurst, adding, “I would be happy to return to Brazil or other countries with similar programs.”

“I would definitely go back if I ever had the opportunity,” Dr. Blankenbaker concurred. In addition to Brazil, 2010 IVP teams traveled to Mexico, the Philippines and Thailand: In 2011, IVP teams will travel to Lithuania, Malaysia, Myanmar and Mexico. Other recent trips have included Estonia, China, Nigeria and Vietnam.
Path to Clinical Excellence Paved with Ethics, Communication

The national conversation about using Transportation Security Administration (TSA) scanners in airports should serve as a reminder to radiologists about the responsibility that goes along with everyday access to sensitive, private patient information, presenters of an RSNA 2010 session stressed.

"The typical air traveler’s decision whether to be scanned or patted down should also cause radiologists to reflect on their own actions related to patient privacy," said Nabile Safdar, M.D., presenter of the Associated Sciences session called "Ethical Dilemmas: The Vital Role of Ethics in Clinical Excellence."

"This dialogue reminds radiologists that we have a much more invasive view of our patients and research subjects than TSA screeners do," Dr. Safdar said. "However, the process is obscured, meaning that often the patients don’t realize someone has access to their private, sensitive information. We’ve been privileged over the years to have been entrusted with that data. It is something we should take seriously."

Hazards Emerge as Technology Evolves

Dr. Safdar is principal investigator of the Bioengineering Initiative at Children’s National Medical Center/Sheikh Zayed Institute for Pediatric Surgical Innovation in Washington, D.C. A musculoskeletal radiologist and imaging informaticist, Dr. Safdar participates in the institute’s interdisciplinary bioengineering team. The research team’s collective experience, he said, has taught them that moral hazards in medicine and radiology evolve as technology changes.

Dr. Safdar cited the work of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research done in the mid-1970s, which led to the Department of Health and Human Services (HHS) revising and expanding its regulations for the protection of human subjects. Issued in 1978 as "Ethical Principles and Guidelines for the Protection of Human Subjects of Research," the HHS report offered three guiding principles, Dr. Safdar said. "Researchers must respect patients’ autonomy and maintain the principles of beneficence and justice," he said. For example, these principles come into play when obtaining informed patient consent. Dr. Safdar said. "Informed consent is not the signature at the bottom of the page which allows you to do research or allows you to do a procedure. Informed consent is a conversation, at a level a patient can understand, about risks and benefits to make sure people are truly aware of what it means to be involved in that research or to undergo a procedure."

Even in a retrospective study involving case review, physicians need to be mindful of privacy guidelines and norms related to access to patient medical information, Dr. Safdar said. "With mounting economic pressures to attract and keep research dollars, he added, ethical dilemmas can arise in the roles of fabrication, falsification and plagiarism."

"You would think that people wouldn’t even approach fabricating or falsifying data but there are some subtleties and certainly people in radiology research and the larger scientific community have done those things," he said. "There’s a lot of pressure for researchers to produce, and that can lead to things like self-plagiarism where researchers use the same material over and over."

Radiologists need to be mindful of privacy guidelines and norms related to access to patient medical information, said Nabile Safdar, M.D., Ph.D., during his RSNA 2010 presentation. Expanding on a similar message at a separate session, presenters (above, from left) Richard Gundersen, M.D., Ph.D., and Joseph Tashjian, M.D., stressed that radiologists may also need to develop skills in delivering difficult information directly to patients and their families.

Prep are to Deliver Difficult News

Along with sensitivity to privacy, radiologists may also need to develop skills in another delicate area of patient care: delivering difficult information directly to patients and their families.

Radiologists who are becoming increasingly visible in the healthcare process could find themselves in the situation of delivering cancer diagnoses to patients and their families, said Richard Gundersen, M.D., Ph.D., during the RSNA 2010 refresher course, "Difficult Conversations in Medicine: Practical Tips to Enhance Your Practice." The course was sponsored by the RSNA Professionalism Committee.

"Some would say radiologists should just keep their noses to the grindstone and avoid interacting with patients," said Dr. Gundersen, vice-chair of radiology at Indiana University-Purdue University Indianapolis.

"I count myself in the other group of people who think the future of radiology probably will involve more interaction with patients. Radiologists may become important patient educators."

Radiologists can prepare by rehearsing what to say when delivering unwanted news, Dr. Gundersen said. At the meeting, physicians should: introduce themselves to the patient; help the patient understand the role a radiologist plays in their healthcare; notify the patient of what was discovered through the imaging process; and explain the next steps.

RSNA’s Patient-centered Radiology courses and campaigns such as the American College of Radiology’s “Face of Radiology” have created momentum toward bringing radiologists into more frequent contact with patients and other professionals. "Radiologists have been in the shadows for a long time. Now we’re acknowledging our responsibilities to patients are no different than those of any other physician," said Stephen Brown, M.D., an assistant professor of radiology at Harvard Medical School. "If it’s in the best interest to communicate something directly to the patient, that’s what radiologists should be doing."

That includes addressing medical errors directly with the patient, Dr. Brown stressed.

The ethics of such disclosures were addressed by Constance Lehman, M.D., Ph.D., a professor and vice-chair of the Department of Radiology at the University of Washington School of Medicine and director of imaging at the Seattle Cancer Care Alliance. "Patients need truthful and accurate information," she said. "They also need a sincere apology when an error has been made."

Avoid Bad Workplace Situations

Other so-called “difficult conversations” can crop up between colleagues or partners, and effective communication can help radiologists avoid inadvertent adverse workplace situations, said Joseph Tashjian, M.D., past-president of St. Paul Radiology in St. Paul, Minn.

One example was of a radiologist buying a pastry for a certain technologist every morning in an attempt to be friendly and collaborative. Unexpected consequences resulted from the action, including speculation among colleagues that the two were having an affair.

Other types of potentially challenging conversations that can occur with colleagues include informing a co-worker about a mistake, admitting to a mistake you made yourself or challenging the judgment of a requested exam or procedure you feel is inappropriate, said Donald Bachman, M.D., director of Women’s Imaging at MetroWest Medical Center in Framingham, Mass.

"You radiologist your career on the line," Dr. Bachman said. "Sometimes you believe you are right and if, for whatever reason, it turns out you are wrong, then you’re going to feel foolish. Your emotions get in the way.”

Keep communication professional, even in uncomfortable situations, by controlling your temper and taking time to compose proper responses, he said.

“I count myself in the other group of people who think the future of radiology probably will involve more interaction with patients. Radiologists may become important patient educators.”

Stephen Brown, M.D.
Hospitals’ Ties Increasingly Risky for Radiology Groups

It was one of the most enduring partnerships in radiology—for more than 80 years, Radiological Associates of Sacramento (RAS) provided radiology services to Sutter Health, a large network of hospitals and physicians in northern California.

But the partnership ended abruptly on April 1, 2010, when Sutter officials chose to let their contract with RAS expire. Despite a unanimous vote of confidence from the medical staff at Sutter Roseville Medical Center, RAS was replaced by the hospital’s newly formed radiology group along with a teleradiology firm hired to pick up the slack.

“This was an issue of control,” said Fred Gashem, M.B.A., executive vice-president of RAS. “The physicians were very happy with our work, but the administration was trying to tell us how to staff a clinic. Eventually, they got tired of negotiating with us.”

The decision was based not on control but on improved integration of medical care, according to Patrick D. Browning, M.D., chief of the division of medical imaging for the Sutter Medical Group.

“RAS and Sutter had different PACS and transferring images either way could be very problematic,” he said. “Dr. Browning, who was not involved in Sutter’s decision to end its contract with RAS, ‘I don’t feel controlled at all by Sutter. The idea here is to take imaging into the next millennium by integrating care for patients.”

RAS is just one notable example of the changing dynamic between community-based radiology groups and hospitals. Other groups, including Florida Radiology Associates and Consulting Radiologists Corporation, have also seen longstanding relationships come to an end as hospitals opt to form their own radiology groups and/or contract with teleradiology companies.

“Radiologists don’t have the same security and stability that they had in the past,” said Cynthia S. Sherry, M.D., chair of the Radiology Department at Presbyterian Hospital in Dallas, who also served with RAS.

“Vigilance means looking at teleradiology as a way to pare down expenses.”

Proactiveness Equals Protection

This trend has hardly gone unnoticed among leaders in the radiology community. Based on her work with the ACR task force, Dr. Sherry recommends that radiology groups be proactive in order to protect their position in the hospital. (See sidebar)

“The most important thing we must do is increase our understanding of the situation,” she said. “Radiology education poorly equips radiologists to run a practice. We need more leadership training to interact with hospitals and administrators and weave ourselves into the social and political environments of a hospital.”

This process will require a concerted effort from radiologists who have a tendency to spend their workdays interpreting images and reading reports in their offices, according to Dr. Sherry.

“Radiologists do a good job of spreading work out evenly within their groups, but they need to make time to allow their group members to go to meetings, be on medical staff committees and just mingle and build rapport with the other hospital staff,” she advised.

Besides making an effort to interact, Dr. Sherry said that radiology groups should strive to improve their level of service whenever possible, including in terms of report turnaround time and the number of hours onsite in a department.

“Some radiusology groups are finding out the hard way that it’s easier than ever before for a hospital to replace them.”

Cynthia S. Sherry, M.D.

Teleradiology “Snuck in the Back Door”

Community-based radiology groups sprang up within a decade of the 1895 discovery of X-rays and became fixtures in hospitals across the U.S. and Canada during the 20th century.

The new millennium ushered in a teleradiology boom that, along with increased imaging volume and lower reimbursements, dramatically changed the practice of radiology. In 2001, Nighthawk Radiology began offering teleradiology services from Australia to cover night shifts at U.S. facilities. New companies like Radiosphere and Imaging Advantage added onsite radiologists to their teleradiology services and hospitals began taking them up on their offers of lower costs and around-the-clock access to subspecialists.

“At times, radiologists were their own worst enemies,” said Steven R. Renard, president and CEO of Diagnostic Radiology and Oncology Services, a consulting firm based in Roseville, Calif. “When older members of the group didn’t want to handle night calls or emergency room cases, teleradiology snuck in the back door. Some hospitals liked the change. Fast-forward five to 10 years later and you see hospitals looking at teleradiology as a way to pare down expenses.”

Community-based radiology groups have seen longstanding relationships come to an end as hospitals opt to form their own radiology groups and/or contract with teleradiology companies.

“Radiology groups are going to have to think outside the box,” he said. “The ones that have been successful acknowledge that they are a commodity and can be sold down the river at any time. They have to constantly prove themselves. The days of sitting back and letting hospitals develop ideas are over.”

Personal Interaction Still Unbeatable

While there are anecdotal reports of substandard care from radiology services companies, the long-term effects on patient care remain to be seen. But as Dr. Sherry points out, teleradiology services and locum tenens radiologists are no substitute for the interaction between radiologists and referring physicians for the benefit of patients in a hospital setting.

“Serving a person shows up at the hospital with right lower quadrant pain and we need to know if this is appendicitis or not, or if it’s a perforation or an abscess,” she said. “In this situation, it is really valuable when the surgeon can talk with the radiologist he or she is working with and has confidence in.”

Patient care, along with all the other services onsite radiologists provide—from tailoring exams for specific patients to providing input on expensive equipment purchases—make Dr. Sherry and others in the field confident that reports on the demise of community-based radiology groups are greatly exaggerated.

“I’m an optimist and I think the pendulum is swinging back toward radiology groups,” she said. “Radiologists have gotten wiser and are improving the level of service they provide and hospitals have a growing appreciation of the value added by radiologists.”

“Some radiology groups are finding out the hard way that it’s easier than ever before for a hospital to replace them.”

Cynthia S. Sherry, M.D.
Image Gently™ Campaign Advises “Pause and Pulse” in Pediatric Fluoroscopy

The Alliance for Radiation Safety in Pediatric Imaging has launched the fourth phase of the Image Gently™ campaign. “Pause and Pulse” focuses on diagnostic procedures that use fluoroscopy.

“The Pause and Pulse Campaign reminds medical professionals to pause—for careful planning and preparation before starting the study—and to pulse at the lowest possible frame rate, which also means using dose-saving features whenever possible, as last-image hold, instead of taking radiographic exposures,” said Marta Hernanz-Schulman, M.D., a professor of radiology and pediatrics at Vanderbilt University Medical Center and chair of the fluoroscopy campaign. Dr. Hernanz-Schulman is a member of the Pediatric Radiology Subcommittee of the RSNA Scientific Program Committee.

The availability of endoscopy and CT has reduced the number of fluoroscopic procedures, but fluoroscopy sometimes provides the only noninvasive method of making a diagnosis or monitoring treatment. The international push to lower radiation dose has spurred tremendous innovation, Dr. Hernanz-Schulman said, with the latest equipment often achieving significant reductions in dose while maintaining—and sometimes improving—image quality.

The Pause is one of the greatest dose-saving measures in fluoroscopy and is especially important to children with smaller bodies and greater vulnerability to radiation,” Dr. Hernanz-Schulman said. “But even before this, radiologists need to pause and make sure the study is indicated for the clinical problem. As with any test, there should be clear reasons to request fluoroscopy. In some situations, ultrasound, or occasionally MR, could provide similar information without exposing a child to radiation.”

Understanding Goals, Limiting Study Time are Among Suggested Techniques

Campaign leaders suggest numerous techniques radiologists can use to significantly decrease the amount of radiation to which children are exposed, while still allowing diagnostic-quality images.

• Have a clear initial understanding of the patient’s condition and the expected study.
• Is the facility accredited by the American College of Radiology?
• Are the technologists certified?
• How frequently does the facility perform the requested fluoroscopic study in children?
• Is a board-certified radiologist with pediatric experience or a pediatric radiologist performing and interpreting the study?

Physicist, Technologist also Key to Reduction Success

A medical physicist, having a background in physical sciences as applied to medicine, is uniquely positioned to help optimize the fluoroscopy procedure, including radiation safety, said Ishfaq Hussain Bercha, M.S.C., lead medical physicist on the fluoroscopy phase of Image Gently and a medical physicist at The Children’s Hospital in Aurora, Colo.

“The bottom line is that the physicist should work very closely with all of the professionals involved,” Dr. Bercha said. What must also be considered, he said, is potential radiation exposure to the fluoroscopist and other personnel, such as those who assist when child is being immobilized and positioned for a procedure.

The radiologic technologist also has a key role in the team effort to reduce dose, said Greg Morrison, M.A., RT(R), CNMTE CAE, chief operating officer of the American Society of Radiologic Technologists (ASRT) and a member of the alliance steering committee. “Acquiring an optimal pediatric fluoroscopy exam with minimal radiation dose to the patient must be a coordinated effort between the radiologist, physicist and the radiologic technologist,” he said.

Since its inception three years ago, the Alliance for Safety in Pediatric Imaging has grown into an international coalition of 57 member medical societies. In previous campaign phases, Image Gently reached out to radiologists, referring physicians, medical physicists, radiologic technologists, and parents, to spotlight benefits and potential risks related to medical imaging in CT (January 2007) and interventional radiology (August 2009), and to promote medical literacy among parents (January 2008).

DOSE REDUCTION IN PEDIATRIC CARDIAC CT PRESENTED AT RSNA 2010

Organ doses lower than 1 mSv are possible for high-pitch, dual-source cardiac CT in pediatric patients without compromising the image quality, according to research presented during the last RSNA annual meeting.

Researchers at the Radiological Institute at the University Hospital of Erlangen in Germany investigated the dose and image quality of pediatric cardiac protocols by varying the tube voltage and pitch factor. Using pediatric phantom and a 20 dose calculation software tool, researchers were able to determine organ and effective dose for children who were 0, 1, 5, 10, and 15 years old.

“The aim of our work was to provide a fundamental study on the effective dose assessment and optimization in pediatric cardiac examination,” said lead author Yulia Smal, M.Sc. “By evaluating dose dependence on pitch and tube voltage factors for different pediatric cardiac examination parameters, we tried to find the optimal combination of these parameters. We performed an image quality evaluation and calculation of the effective dose values and proposed a figure of merit for overall performance measured by contrast-to-noise ratio per effective dose.”

For each age group, researchers observed a reduction in effective dose of up to 92 percent when increasing the pitch factor from 0.17 to 3.4 for constant tube voltage. Researchers also found that for all age groups, effective dose decreased by up to a factor of 5 with the increase of tube voltage from 80 kV to 140 kV for constant pitch, and that doses decreased with increasing child age. Smal presented research showing that scanning with 100 kV and a pitch of 0.22 resulted in effective dose of 7.7 and 3.0 mSv for neonates and 15-year-olds, respectively, doses in lung, heart and breast (females only) were equivalent to 24.4, 25.7, and 22.8 mSv, respectively, for neonates, and 10.5, 13.6, and 10.0 mSv, respectively, for 15-year-olds.

While improved technology allows multidetector CT to provide noninvasive heart studies in a single breath-hold, physicians must not lose sight of the drawbacks, Smal said. “Patient sedation and administration of beta-blockers may become a thing of the past” she cautioned. “Nevertheless, the improved diagnostic capabilities have resulted in an increasing number of CT examinations both in adults and children. Knowing dose ranges in pediatric cardiac examination is critical and in keeping with efforts such as the Image Gently campaign,” Smal said.

“With modern technology we can work at low doses even in traditionally ‘high dose’ examinations,” she said. “By varying a few parameters to reduce radiation dose, a radiologist shows that she or he really cares about a patient.”

Knowing dose ranges in pediatric cardiac examinations is critical and in keeping with efforts such as the Image Gently campaign, said lead author Yulia Smal, M.Sc., who presented her research during an RSNA 2010 session.

Pulsing the X-ray is one of the greatest dose-saving measures in fluoroscopy and is especially important to children with smaller bodies and greater vulnerability to radiation.”

Marta Hernanz-Schulman, M.D.

Image Gently representatives note that for referring physicians and parents, the key is ensuring that a qualified, experienced and credentialed medical team is performing the fluoroscopy examination with equipment suitable to children:

• Is the facility accredited by the American College of Radiology?
• Are the technologists certified?
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www.imagegently.org

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The money at stake is not insignificant. Qualifying for Medicare incentives is central to the daily practice of radiology, said Dr. Dreyer, a member of RSNA’s RadLex® Steering Committee and chair of the American College of Radiology (ACR) IT and Informatics Committee—Government Relations Subcommittee. Since the program’s inception in 2009—and most recently in January—ACR has urged the Office of National Coordinator for ONC HIT Policy Subcommittee to revisit the meaningful use vision for radiology.

"Because the first phase of the provision does not apply to radiology in any meaningful way, we requested a number of changes that we hope will redirect the focus of meaningful use as it applies to the daily practice of radiology," Dr. Dreyer said.

For example, under Phase 1, which requires physicians to have a certified electronic health record (EHR) that meets federal eligibility requirements, criteria include meeting the 15 “core” measures, five of 10 “meaningful use” measures and six of 44 “quality” measures, each with specific objectives. Even though radiologists may be excluded from a number of these measures, they are still required to possess certified EHR technology that meets all 25 meaningful use objectives—even those from which they’re excluded.

"Why buy IT-based equipment you are not going to use?" Dr. Dreyer asked. "Practitioners should be working with vendors to develop systems we use, which are RIS and PACS systems. We’re not being offered any choices for radiologists, Dr. Mendelson said. "Any IT technology can be submitted for certification, but it can’t be certified or to purchase new equipment that meets federal standards."

Other websites offering meaningful use information include:
- Centers for Medicare & Medicaid Services (www.cms.gov/EHRIncentivePrograms)
- Office of the National Coordinator for Health Information Technology (www.healthit.hhs.gov)
- American College of Radiology (www.acr.org)

**Meaningful Use not Entirely Meaningful for Radiology**

While the vast majority of radiologists are eligible for federal "meaningful use" incentives for adopting health information technology (HIT), organized radiology contends the provisions are not directed at the specialty and is urging federal agencies to revisit the recommendations.

Most than 90 percent of all radiologists are considered eligible for the more than $20 billion in health information technology (HIT) incentives up for grabs under the meaningful use policy issued by Centers for Medicare & Medicaid Services (CMS) as part of the 2009 American Reinvestment and Recovery Act. Registration for meaningful use got under way Jan. 3 in the first of a three-phase rollout of the program.

However, radiologists have "a big hill to climb" in qualifying for incentives under the current rules, according to Keith Dreyer, D.O., Ph.D., vice-chair of radiology for informatics at Massachusetts General Hospital and an associate professor of radiology at Harvard Medical School in Boston.

Meaningful use provisions are granted primarily toward primary care physicians, according to Dr. Dreyer, a member of RadLex steering committee, and chair of the American College of Radiology (ACR) IT and Informatics Committee—Government Relations Subcommittee. Since the program’s inception in 2009—and most recently in January—ACR has urged the Office of National Coordinator for ONC HIT Policy Subcommittee to revisit the meaningful use vision for radiology.

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- American College of Radiology (www.acr.org)
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Principles of and Advances in Percutaneous Ablation

Increasing interest in tumor ablation has been accompanied by advances in energy delivery, application technique and therapeutic combinations with the intent to improve the efficacy and/or specificity of ablative therapies.

In an article in the February issue of Radiology (RSNA.org/Radiology), Muneeb Ahmed, M.D., of Beth Israel Deaconess Medical Center and Harvard Medical School in Boston, and colleagues provide a conceptual framework for the broad basic principles and underlying rationale that govern focal tumor therapies and percutaneous oncologic intervention.

Specifically, the authors discuss methods such as chemical ablation, cryosurgery, high temperature ablation (radiofrequency, microwave, laser and ultrasound) and irreversible electroporation and detail advances in techniques including combination therapies, tissue property modulation and the role of computer modeling for treatment optimization.

Imaging of Cancer Predisposition Syndromes in Children

Advances in genetics and the development of new imaging techniques have led to better understanding and early detection of cancer predisposition syndromes (CPSs) and offer the potential for preclinical diagnosis of any associated tumors. As a result, imaging has become an essential component of the clinical approach to CPSs and the care of children suspected of having such a syndrome or with a confirmed diagnosis.

In an article in the January-February issue of Radiographics (RSNA.org/Radiographics), Johanna Monsalve, M.D., and colleagues at the Hospital for Sick Children and University of Toronto in Ontario, present the most common CPSs of childhood with emphasis on genetics, specific clinical scenarios, new imaging techniques and current recommendations for screening and surveillance.

Specifically, the authors discuss:
• Neurofibromatosis type 1
• Beckwith–Weidemann syndrome
• Multiple endocrine neoplasia
• Li–Fraumeni syndrome
• von Hippel–Lindau syndrome
• Familial adenomatous polyposis

“Radiologists should be familiar with these syndromes, their common associated tumors, the new imaging techniques that are available, and current screening and surveillance recommendations to optimize the assessment of affected children,” the authors conclude.

FEBRUARY PUBLIC INFORMATION ACTIVITIES FOCUS ON HEART HEALTH

In February, RSNA distributed the “60-Sec-ond Checkup” audio program to nearly 100 radio stations across the U.S. The segments focused on the use of CT to diagnose and predict the course of cardiac disease.

CT image obtained three months after ethanol instillation shows focal tumor necrosis with minimal peripheral enhancement (arrow). (Radiology 2011;258;2:201–209; RSNA, 2011. All rights reserved. Printed with permission.)

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RSNA 2010 Attendance Stays Strong

Despite a sluggish economy, attendance at RSNA 2010 remained very strong, even setting a new record for the number of radiologists in attendance.

Member attendance was 11,465, a 2 percent increase over 2009, while 15,801 radiologists at the meeting set an all-time record for the number of radiologists attending. The overall attendance of 58,044 marked a 2 percent increase over the 2009 annual meeting.

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RSNA 2010 Attendance Stays Strong

Despite a sluggish economy, attendance at RSNA 2010 remained very strong, even setting a new record for the number of radiologists in attendance.

Member attendance was 11,465, a 2 percent increase over 2009, while 15,801 radiologists at the meeting set an all-time record for the number of radiologists attending. The overall attendance of 58,044 marked a 2 percent increase over the 2009 annual meeting.

用车 modeling for treatment optimization.

In an article in the February issue of Radiology (RSNA.org/Radiology), Muneeb Ahmed, M.D., of Beth Israel Deaconess Medical Center and Harvard Medical School in Boston, and colleagues provide a conceptual framework for the broad basic principles and underlying rationale that govern focal tumor therapies and percutaneous oncologic intervention.

Specifically, the authors discuss methods such as chemical ablation, cryosurgery, high temperature ablation (radiofrequency, microwave, laser and ultrasound) and irreversible electroporation and detail advances in techniques including combination therapies, tissue property modulation and the role of computer modeling for treatment optimization.

FEBRUARY PUBLIC INFORMATION ACTIVITIES FOCUS ON HEART HEALTH

In February, RSNA distributed the “60-Sec-ond Checkup” audio pro-
gram to nearly 100 radio stations across the U.S. The segments focused on the use of CT to diagnose and predict the course of cardiac disease.
Media Coverage of RSNA 2010

RSNA 2010 Media Coverage Summary as of 1/20/2011

Research showing the effectiveness of CT in uncovering drug male payloads and that belly fat puts women at risk for osteoporosis were among the news-conferences that drew the most media attending during RSNA 2010.

More than 6,000 stories about RSNA 2010 have been carried by print, broadcast and online media outlets reaching more than 2 billion people.

News conferences at the annual meeting resulted in coverage in publications such as The New York Times, the Los Angeles Times, The Daily Mail and The Daily Telegraph, as well as broadcast outlets including CNN Headline News, NPR, BBC World and the CBS Radio Network. Stories also appeared on Web sites including The New York Times, TIME, WebMD and The Wall Street Journal.

Preliminary Coverage Summary of RSNA 2010

Print: • The New York Times • Los Angeles Times • The Daily Mail • The Daily Telegraph • The Globe and Mail (Toronto) • Vancouver Sun • The Edmonton Journal

Broadcast: • Today • CNN • CNN Headline News • NPR • CBC World • CBS Radio News • USA Radio Network

Online: • WARC-TV (New York) • KABC-TV (Los Angeles) • New England Cable News • WLS-TV (Chicago) • WMAX TV (Chicago) • WWB-TV (Chicago) • WFLD-TV (Chicago) • WGN- TV (Chicago Superstation) • Associated Press • Reuters • United Press International • Targeted News Service • Asian News International • Dow Jones News Service • States News Service

• The New York Times • TIME • WebMD • The Wall Street Journal • USA Radio Network • States News Service

DIGITAL PRESENTATIONS ARE INTERACTIVE, ENGAGING

Responding to a call for RSNA 2010 attendees’ reports of their best meeting experiences, Mindy M. Hor- row, M.D., director of body imaging in the Department of Radiology at Albert Einstein Medical Center in Philadelphia noted: “The best session I attended was the genitourinary (digital scientific presentations in the Lakeside Learning Center) during the lunch hour on Wednesday. I am on the Genitourinary Radiology Subcommittee of the Scientific Program Committee and the person who was supposed to oversee this session had to cancel at the last minute. I thought all that I had to do was make sure the monitors were working and collect CME tickets. Instead, I attended the most interactive session of the meeting. Small groups of attendees and presenters talked about their work and discussed protocols and different ways of working up cases. We had medical students, radiology residents and many other radiologists, some of whom are well published in academic circles. People asked questions and voiced their opinions. It was just what a meeting should be about.”

The Value of Membership

Graduated Dues Ease Transition for Resident Members

Not only do members-in-training receive free RSNA membership, they also have the opportunity to transition into a paid membership through RSNA Graduated Dues Program.

The program gives resident members time to settle into the profession before paying full membership dues. “The graduated dues program is essential in encouraging senior residents to maintain their involvement,” said program participant Junsoo Chino, M.D., an assistant professor in the Department of Radiation Oncology at Duke University Medi- cal Center in Durham, N.C. “The first year out of residency, there are many competing interests vying for one’s attention, and the reduced fees make it easier to commit to maintaining RSNA membership.”

Beginning with the first full year after residency or fellowship, dues for existing resident members are $100, in the second year, $200. Resident members do not remit full dues until their third year of full membership.

Under the program, residents receive all the benefits of full membership, including subscriptions to Radiology, Radiographics and RSNA News, free admission to the annual meeting and free access to CME credit on IntraMed2.

For more information about graduated dues, contact the Membership Department at 1-877-RSNA-MEM (1-877-776-2650) or membership@rsna.org.

For Your Benefit

RSNA Education Product Catalog Now Online

The RSNA Education Center’s new 2010-2011 product catalog is now accessible online. The catalog includes complete descriptions of refresher courses recorded from previous RSNA meetings available on CD-ROM. Bundled into a top-seller and sold at significant savings, the collections offer a cost-effective way for radiologists to build a library of the best educational content. The collections were among the most popular catalog items at RSNA 2010.

Each course is offered on CD-ROM and can be viewed on most PCs or laptop computers. Audio recordings of speakers and their slides are accompanied by optional written transcripts for easy reference. AMA PRA Category 1™ credits are available for all recorded refresher courses. This year, the collection has expanded to more than a dozen sets available for purchase.

For more information or to purchase the CD-ROM collections, go to RSNA.org/Education/catalog or call the Education Center at 1-800-272-2920.

For More Information About Graduated Dues, Contact the Membership Department at 1-877-RSNA-MEM (1-877-776-2650) or membership@rsna.org.

Fellows Corner

“Business of Radiology” Course Tailored to Trainees

A new, free online course helps prepare radiology trainees for the economic, financial, and leadership challenges they will face in the private practice or academic setting after graduation.

Residents and fellows enter their new careers vulnerable to and ignorant of pitfalls in establishing a radiology office, purchasing equipment, negotiating contracts, ensuring accurate billing and collection and evading potential medicolegal entanglements,” wrote David M. Yousem, M.D., M.B.A., in his application for RSNA Research & Education Foundation funding to develop the program. Dr. Yousem, a professor in the Department of Radiology, vice-chair of program development and director of neuroradiology at Johns Hopkins Hos-
RSNA Introduction to Research for International Young Academics

The RSNA Committee on International Relations and Education (CIRE) seeks nominations for this program that encourages young radiologists from countries outside North America to pursue careers in academic radiology by:

- Introducing residents and fellows to research early in their training
- Demonstrating the importance of research to the practice and future of radiology
- Sharing the excitement and satisfaction of research careers in radiology
- Introducing residents to successful radiology researchers, future colleagues and potential mentors

The program consists of a special four-day seminar held during the RSNA Scientific Assembly and Annual Meeting. CIRE recommends 15 international young academicians for consideration by the RSNA Board of Directors each year. Complimentary registration, shared hotel accommodation for the duration of the program and a stipend to help defray travel expenses are awarded to successful candidates.

Eligible candidates are residents and fellows currently in radiology training programs or radiologists not more than two years out of training who are beginning or considering an academic career. Nominations must be made by the candidate’s department chairperson or training director. Fluency in English is required.

Nominations forms are available at RSNA.org/IRIYA.

RSNA Eyler Editorial Fellowship

Deadline for nominations—April 15

Named after William R. Eyler, M.D., a former editor of Radiology, the fellowship is designed to provide an opportunity for a mid-career radiologist to further his/her experiences young radiologists from countries outside North America to pursue careers in academic radiology by:

- Introducing residents and fellows to research early in their training
- Demonstrating the importance of research to the practice and future of radiology
- Sharing the excitement and satisfaction of research careers in radiology
- Introducing residents to successful radiology researchers, future colleagues and potential mentors

RSNA and SNM will co-sponsor “Breast Cancer Imaging: State of the Art 2011: Diagnosis, Therapy and Beyond,” a two-day symposium addressing the need for synergism between diagnostic radiology, nuclear medicine and new molecular imaging modalities as applied to the care of breast cancer patients. Speakers will include expert diagnostic radiologists, nuclear medicine physicians and scientists, medical oncologists, surgeons, economists and radiation oncologists. Experts will review the current state of imaging in breast cancer, from the screening mammography controversy and advanced screening technology to local and distant staging and response to treatment.

For more information, go to www.molecularimagingcenter.org.

2011 IHE Connectathon Offers Unique Testing Opportunity

Offering an ideal opportunity for users and developers of health information technology (HIT) systems to learn about achieving interoperability and meeting meaningful use requirements, the 13th annual Integrating the Healthcare Enterprise (IHE) North America Connectathon Conference 2011, was held Jan. 18 in Chicago.

Keynote speaker Doug Fridsma, M.D., Ph.D., (above) director of the Office of Standards and Interoperability in the Office of the National Coordinator for Health Information Technology, spoke on topics including:

- Considerations and challenges for planning and launching a health information exchange
- Solving interoperability challenges using IHE
- Using IHE to achieve meaningful use
- Enabling patient control with IHE

New this year, industry leaders led breakout sessions on: Creating an IHE Profile, Solving Interoperability Challenges Using IHE and Enabling Patient Control. The 2011 event featured 350 engineers and 120 attendees.

Medical Meetings

March – May 2011

MARCH 3–7

VISIT THE RSNA BOOTH European Society of Radiology (ESR), European Congress of Radiology (ECR), Austria Center, Vienna • www.esr.org

MARCH 6–9

Society of Thoracic Radiology, Annual Meeting, Hyatt Regency, Coconut Point, Bonita Springs, Fla. • www.str-online.org

MARCH 20–25

Society of Gastrointestinal Radiologists (SGIR) and Society of Uroradiology (SUR), Abdominal Radiology Course, Four Seasons Resort-Akara, Carlsbad, Calif. • www.suir.org

April 6–10

International Diagnostic Course, Davos, Switzerland. Main Course Topics: Diseases of the heart and chest, including breast satellite courses. • www.ddx.ch

April 7–10

Japan Radiological Society (JRS), 70th Annual Meeting, Yokohama, Japan • www.jrs.or.jp/en/index.html

April 12–15

VISIT THE RSNA BOOTH Association of University Radiologists (AUR), 58th Annual Meeting, Westin Boston Waterfront Hotel • www.auro.org

April 14–16


April 14–17

American Institute of Ultrasound in Medicine (AIUM), Annual Meeting, New York Marriott Marquis Hotel • www.aium.org

April 20–21

Canadian Association of Radiological (CAR), 74th Annual Scientific Meeting, Hyatt Regency Hotel, Montreal • www.car.ca

April 23–25

RSNA, ASTRO, Cancer Imaging and Radiation Therapy Symposium: A Multidisciplinary Approach, Atlanta Marriott Marquis • www.cancerimagingandradiationtherapyconference.org

APRIL 28–MAY 1

Canadian Association of Radiological (CAR), 74th Annual Scientific Meeting, Hyatt Regency Hotel, Montreal • www.car.ca

APRIL 27–30

RSNA, ASTRO, Cancer Imaging and Radiation Therapy Symposium: A Multidisciplinary Approach, Atlanta Marriott Marquis • www.cancerimagingandradiationtherapyconference.org

Technology Forum

RSNA, SNM Co-Sponsor Breast Cancer Imaging Symposium
Join Army of RSNA Volunteers

The backbone of RSNA, the many dedicated volunteers who donate their time and expertise to help RSNA carry out its mission are always in demand. Currently, 892 volunteers serve on RSNA’s 89 committees and subcommittees with subjects ranging from molecular imaging and scientific programming to professionalism and public relations.

Volunteers must be an RSNA or American Association of Physicists in Medicine member to serve on an RSNA committee. Applications are submitted to the RSNA Board of Directors for consideration.

Make 2011 the year you make a difference. For the full roster of RSNA committees and subcommittees and to apply online, go to RSNA.org.

Pediatrics Focus of Website

Curated by Michael P. D’Alessandro, M.D., of the Division of Pediatric Radiology at the University of Iowa Children’s Hospital, PediatricRadiology.com offers a digital library where users can search, learn, communicate and more. Along with accessing separate search engines for peer-reviewed pediatric and general radiology information, users can connect to the Pediatric Commons blog which offers a community of pediatric learning, teaching sharing and collaborating.

COMING NEXT MONTH

Despite uncertainty in healthcare reform, radiologists need to prepare for changes including increased mandatory utilization rates and self-referral prohibitions. Next month, experts from the RSNA 2010 presentation, “When the Dust Settles: Radiology After Health Care Reform,” decipher the new law and extract changes most likely to affect radiology.
There’s a Reason

And there are just as many reasons you will want to join the more than 800 healthcare institutions that rely on InSite One’s InDex® Intelligent Enterprise Archive Solutions.

Maybe you acquired a new facility or are transitioning your PACS and you are ready to simplify and consolidate with the industry’s only intelligent data management solution.

Maybe you need to image enable your HIE or enterprise data sharing initiative and want the only patient-centric, clinically intelligent solution available today.

Maybe you need a partner who has always been standards-based and vendor neutral. We support DICOM, IHE XDS/XDS-I, HL7 and emerging standards.

Maybe you’re tired of updating your storage systems every few years and want automatic migration to the latest technologies.

Maybe you’re looking at a new imaging initiative and need the industry’s best total cost of ownership to make it work.

Whatever your reason, whatever road you are trying to cross, there’s a reason why nearly every one of our customers have stayed with InSite One for the last 10 years, so it stands to reason that we’re worth a closer look.

Need a reason to contact us? How about a free whitepaper on “Leveraging The Enterprise Archive”? If that sounds good, contact us at www.insiteone.com/free.