

# FRS & FRBMA focus

FALL 2007

Florida Radiological Society • Florida Radiology Business Management Association



## FRS President's Message

by Richard M. Benator, M.D., FRCR

It is with immense honor that I take the mantle of the presidency of the Florida Radiology Society. I hope as your incoming president, I will serve this organization with as much dedication as those who served before me.

This is a time of great hope and opportunity in our selected field. We will be facing challenges of course, but I am confident that the members of this distinguished organization will meet these challenges head on with great tenacity.

The agenda for this year will again focus on improving membership, the lifeblood of our organization. Membership growth and involvement are essential in improving our organization and advancing our goals.

These goals will be advanced through the development of a FRS database. We hope to obtain not only the basic contact information, but also that of specialty interests and your practice settings. Such information is critical for the FRS, in ensuring that Florida's lawmakers are continually aware of issues which affect the practice of radiology in our state. It is hoped that this database will enable swift and direct communication with its members when important issues arise.

This initiative will dovetail with our legislative efforts. An example of the importance of keeping abreast of legislative issues can be seen in the recent legislative session when Senator Atwater sponsored the Physician Workforce Assessment bill. He and Representative Homan ensured that a questionnaire relating to the physician shortage in Florida be created to be part of a permanent, mandatory requirement of licensure. In particular, there will be specific questions related to the practice and delivery of mammography in the state of Florida. If you remember, these questions arose out of the FRS's efforts at highlighting the perception of dwindling mammography services by our members and the general public. You will see these mammography questions when you are in the process of renewing your medical license.

Political awareness is critical to our membership. As radiologists, we must be prepared to stand together to defend those who seek to threaten the viability of our practice. The FRS newsletter, e mail and website are valuable tools which should be utilized. These tools will augment the dissemination of critical information to our members and their billing offices.

I am excited about the continued development of the resident and fellow section of the FRS. This section will assist in educating our upcoming colleagues about the value and legis-



## FRBMA President's Message

by Charles Allan

It seems that every day we are faced with news that some new regulation will be changing the way we either conduct the business affairs of our medical practice or that we will be receiving less compensation for the same services. After the DRA has reduced the technical component for imaging, we are now faced with the proposed 9.9% reduction in the professional fees. If there was ever a time we need to be supportive of RADPAC this is it.

Radiologists must be more politically active to survive in the environment that each must face today. We, as administrators, can and should provide support and extra effort to ensure the radiology profession remains strong and viable. Contact Heather Kaiser of the ACRa staff at (888) 295-8843 or by email at hkaiser@acr.org to learn how you can set up a payroll deduction contribution for your radiologist and meet all the federal guidelines.

Once again, FRBMA is pleased to offer Interventional Radiology Coding Seminar on October 16, 2007. The meeting will be held at the Doubletree Guest Suites, 3050 North Rocky Point Drive West, in Tampa. Contact Ladonna Nichols, Program Chairman, at USER164539@AOL.COM for registration and details.

Each year, the FRBMA Retreat gives us time to share common issues and plan our activities for the upcoming year. In addition, we have that opportunity to get updates on topics such as personnel management. Mark your calendars for February 1, 2008 to meet at the Shores Resort in Daytona Beach.

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## Legislative Update:

by Alison Dudley, FRS Lobbyist

### Medical Quality Assessment Legislation:

This past Session Senator Jeff Atwater (Republican, North Palm Beach) and Representative Ed Homan (Republican, Tampa) passed legislation which would create a form for physicians to fill out while they are renewing their license to practice in Florida. This data would assist the Legislature in assessing physician workforce needs in Florida.

Senate Bill 770 passed and was signed into law on June 19, 2007, by Governor Charlie Crist.

This legislation was brought to the attention of the legislators by the Deans of the medical schools as they were all quite concerned that there will be a shortage of trained physicians, especially in certain critical areas, to meet the needs of Florida's population.

Senator Atwater recalled the struggle the radiologists faced in being able to ascertain accurately how many radiologists in the state of Florida were providing mammography and other advanced tests in this arena and specified in the law that the Department of Health ask and collect information specifically related to mammography.

Other medical fields specifically stated were ob-gyn's and emergency room physicians.

Dr. Barbara Sharp and I participated in a series of conference calls held by the Department of Health to work on the survey. A blind test was sent out to several radiologists to try to see if the survey "flowed" properly when completed.

The Department will be administering this survey and collecting information with this latest round of doctors renewing their licenses.

There were other questions that several of the specialties, including ours, had wanted to propose but the Department attorneys said those questions would have to go through the rule-making process as they were not slated in the law as passed. Those proposals, if adopted, could be included in next year's renewal process.

Thanks to all that helped with this project. Special thanks to Senator Atwater and his staff for making sure radiologists were specified in the law.

FRS President's Message continued from front page

lative issues which could potentially threaten the practice of radiology in the state of Florida. It is my hope that this section of fellows and residents will encourage the continued birth of leadership within the FRS.

The FRS board and I seek, with your help, continued passage of legislation aimed at assisting Florida radiologists in advancing our services. As you probably are aware, one additional recent piece of Florida legislation with which the FRS was actively involved, was the creation of the new radiologist assistant law. This was passed in the 2007 Florida legislative session. It provides a legal status in Florida for a radiologist assistant. This is seen as a positive step, in the view of our FRS board, the ACR, and ARRST to assist in the delivery of quality controlled radiological care to the citizens of Florida.

Over the last decade, there has been an approximately 8 to 10% increase in radiology services per year. However, the comparative radiology resident graduate rate of only 2% per year translates into a steadily increasing work load that we have all experienced. Thus, given the relatively limited number of radiologists, this legislation is seen as a critical step in the form of a physician extender for radiologists in the state of Florida. Hopefully, as these newly trained radiologist assistants enter the workplace they will allow us to increase our overall productivity.

Events on the horizon include the Annual FRS meeting coming up on July 11 -13, 2008 at the Disney Contemporary Resort in Orlando. Our program committee is actively in the process of developing this program in conjunction with the Florida Radiology Business Manager Association. We hope to address current medical and socioeconomic issues related to emergency radiological care in Florida. I am confident that it will be an interesting and productive meeting.

I want to take this opportunity to inform you that the FRS executive board and selected members of the general board will be attending a retreat in Tampa this fall to address strategic questions about the FRS mission and direction. To that end, I invite your comments and suggestions so that we may address those issues at the FRS strategic retreat on October 20-21, 2007.

In the same vein, as your new president, it is one of my goals to be accessible to all FRS members. Call me with your ideas and to discuss issues you feel are important in your practice. Call me if there is a legislative agenda that needs to be promoted or defended. My goal as your president is to serve you, the member, as best I can. With your help I am confident we will have a successful year. Thank you again for your trust in granting me the opportunity to serve as your president. Email: rben8497@aol.com

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# DRA Impact on Private Practice - Future Planning and Practical Decision Making

A little bit of panic and short notice to write this article brought me to my group's CEO and FRBMA member, Larry Smith CPA, with a humble request for help. Larry runs our large private practice and Tower outpatient imaging center operation in Tampa. I emailed Larry and asked for an outline of his carefully considered and executed strategy to offset the financial losses from the 2005 Federal Deficit Reduction Act (DRA). Here is Larry's Word document, which I eagerly opened and found the following:

## DRA SURVIVAL KIT:

Smoke, mirrors, bubble gum, band-aids and a rabbit's foot

That's it? Thanks a lot, Larry.

### The Smoke and Mirrors

Behind the sarcasm is a little truth. In May 2006, I attended the ACR meeting in Washington, D.C. I found incredible that a small committee in the 109th Congress of the United States could pass a bill in a closed door environment that would save 8 billion Medicare dollars phased in over a ten year period on the backs of health care providers involved with outpatient imaging. Knowing that the provisions of the DRA would not take effect until January 2007, I held out

hope that this outrageous act could be repealed. After all, neither the heads of Centers for Medicare and Medicaid Services (CMS) and Medicare Payment Advisory Commission (MedPac) recommended the DRA cuts to Congress.

What we have been given are significant cuts in the technical component (TC) payments for most of the imaging services performed in the physician office setting. Reimbursement for these services is capped at the lesser of the Hospital Outpatient Prospective Payment or the Medicare Fee Schedule Payment. The imaging services impacted includes x-ray, ultrasound, nuclear medicine (including PET), MRI, CT and fluoroscopy with TC reductions ranging between 25% and 45%. Another provision of the DRA reduces the second, lesser paid of contiguous body part studies. In January 2007, there was a 25% reduction to the TC component of imaging studies involving contiguous body parts within a family of codes that are grouped by modality. In January 2008, the contiguous body part reduction increases to 50%. The third Medicare provision in the DRA 2005 freezes the Medicare conversion factor at the 2005 rate. This replaces a CMS final rule that would have reduced all Medicare physician payments, beginning in January 2006, by 4.4%.

**DRA Impact on Private Practice - Future Planning and Practical Decision Making** continued on page 2



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At the 2006 ACR Legislative Day in Washington, our FRS delegation met our Florida congressmen with our talking points:

1. The DRA limits access.
2. Reduced payments will result in closure of imaging services, particularly in rural areas.
3. Mammography services, although unaffected by the DRA reimbursement cuts, will decline since these services are poorly reimbursed anyway and subsidized by the previously more profitable advanced imaging studies.
4. New technology in the community will be compromised due to declining markets for expensive equipment purchases which will also freeze research and development from equipment manufacturers.
5. Cancer patients who depend on imaging procedures for radiation treatment planning will have reduced access or longer travels for cancer treatment.

Most of the legislators and their staff with whom I met on our ACR Legislative Day were not aware of those cuts and were sympathetic to our plight. Most were willing to research the issues.

The next year in May 2007, the FRS delegation on the ACR Legislative Day met with the same legislators and staff who were by then well educated on the DRA impact on medical imaging. During the interval, these legislators had seen many other physician specialty groups, insurers, hospital associations, and medical equipment manufacturers affected by the DRA. We urged the legislators to support the Medicare Imaging Act of 2007, which calls for a two-year morato-

rium on the drastic medical imaging reimbursement cuts included in the DRA. The legislator's problem, as explained to us last May, was that the DRA cuts could not be restored to us without taking a Medicare cut from somewhere else. Though many legislators told us that Medicare is a broken system needing a major overhaul, none of the legislators with whom I met proposed any alternative to the cuts in medical imaging payments.

### The Bubble Gum and Band-Aids

If the DRA is a band-aid or a bubble gum seal on a leaking dam for Medicare, then it is a gaping wound for radiologists. How does the radiologist in a private outpatient practice survive these wounds? The following are some of the strategies implemented by our practice:

1. Make sure your practice's budget includes the worst-case scenario for all proposed budget cuts. While initially uncomfortable, it is best to adjust your expectations early rather than to be misled and disappointed later.
2. Review and consider renegotiating contracts tied to Medicare reimbursement rates. "Carve-out" and "lock down" reimbursements for modalities most affected by DRA. Anticipate possible future reductions from Medicare including those that may occur through conversion factors such as the relative value unit, (RVU), and sustainable growth rate (SGR). If you are contracted on a percentage of "prevailing" or "current year" Medicare, then reimbursements will be on an annual roller coaster ride of mostly decreases.
3. Intensify proper coding: better educate physicians on common denials and provide feedback to each physician.

ANNUAL MEETING

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4. Become large enough to withstand discount pressures from insurers. DRA will force weaker competitors to leave the market. Consider mergers with other radiology groups or investigate competitors as acquisition targets.

5. Negotiate aggressive discounts from all of your vendors. EVERYTHING is negotiable. Directly telling vendors why you need to renegotiate will not be a foreign topic to them. They are well aware of the effects of DRA and have already been approached by their other customers (your competitors)!

6. Carefully consider purchasing used equipment. New purchases may be a good option if realistic volume can justify the expense. Keep in mind that reimbursements will be the same on new and used machines in most cases. Choose equipment that is upgradeable.

7. Decrease costs of operations. While staff levels, productivity, and efficiencies are important and should be monitored, reduced reimbursement doesn't mean reduced patient flow or exam volumes. You still have to provide good customer service and maintain (or grow) your market-share. If you don't, you will compound the effects of reimbursement cuts by losing exam volumes.

8. Consider ACR credentialing for potential quality based reimbursements. Some payers are de-credentialing certain equipment, and, some are beginning to require ACR certification. While this may not have an immediate impact, you must anticipate and position yourself for future requirements.

9. Increase overall marketing of your practice and physicians. Stay competitive by operating with convenient scheduling, fast turnaround, and easy access to reading radiologists.

### **The Rabbit's Foot**

Success requires more than a rabbit's foot.

You are already a part of the process if you are a member of the FRS and FRBMA. Our memberships in these societies best serve our interests on the political and economic fronts, and fight the forces that continue to attack our specialty. Our strength is greater with greater membership. Get active in our societies and join us in Washington D.C. and Tallahassee. Write to your political leaders.

Support the PACs that support the politicians who support quality health care. The DRA is likely just the beginning of major changes in Medicare spending. I find it astounding that less than 10% of all radiologists participate in RADPAC and the FRS PAC. A fraction of the cost to a single radiologist in DRA cuts alone could pay for thousands of dollars in PACs contributions. Even if your practice is purely hospital based, these contributions could mitigate future losses that are likely with further Medicare professional and technical reimbursement cuts.

For RADPAC, contact Heather Kaiser of the ACR staff at [www.radpac.org](http://www.radpac.org). For FRS PAC, contact Elizabeth Trombetta of the FRS staff at [www.frad.org](http://www.frad.org).

Ask your congressmen to support the Medicare Imaging Act of 2007. If this legislation passes, we can convince the Congress to receive more input from medical experts, especially from the ACR. Our goal is to achieve better medical care through better access to the highest quality medical imaging.

Gregg Baran, M.D.

*FRS Treasurer*

*Radiology Associates of Tampa, P.A.*

Contributing to Bubble Gum and Band-Aids

*Larry Smith, CPA*

*Radiology Associates of Tampa, P.A.*

## **Masters Section**

Under the leadership of past President, Dr. Phil Cook, a senior Master's division of the FRS was formed. Goals include utilizing the talents of seasoned retired radiologists in a seamless transition to active participation in FRS events as a senior member. It affords the opportunity to stay abreast of changing technology, political and economic developments. As a non dues paying member Masters will have the same privileges as active participants and be eligible to hold office or committee assignments. They will be able to enjoy the company of peers at annual social functions and possibly hold a "breakaway" conference at the annual meeting as the numbers increase. Currently there are eight Masters members, including Chet Baran, Ron Clearfield, Lewis Immerman, Paul Mori, Larry Muroff, John Selph, Charles Snyder and Anthony Tabacco.

We would encourage all retired members to sign up and remain "involved". Please contact Elizabeth at [etrombetta@frad.org](mailto:etrombetta@frad.org). Another planned function of this group is to mentor residents. It is hoped that at the next meeting there may be an informal panel discussion of practical issues facing radiologists embarking on their first job. If anyone, Master, or senior active would be willing to participate in such a session please let Elizabeth know of your interest. Let us hear from you.

Chet Baran MD--Co-chair Masters Section

Paul Mori MD--Co-chair Masters Section

# FRS and ACR Involvement: Resident's Perspective

by Amar Patel, M.D. and Alfred Llave, M.D.

During my radiology residency at the University of Florida, Jacksonville, I attended the 2005 and 2006 Florida Radiological Society meetings in Orlando and Ponte Vedra as well as the national ACR meeting in Washington, DC in 2006. These meetings were eye-opening events for me and helped me to realize several of the important issues facing the profession, including the reimbursement cuts initiated by Deficit Reduction Act and issues with self-referral.

The Deficit Reduction Act of 2005 was discussed at length at the 2006 national ACR convention in Washington. This bill created drastic cuts in Medicare reimbursement that disproportionately affected radiology and especially outpatient imaging reimbursement. Many private insurance carriers base their reimbursement formulas on the Medicare fee schedule and therefore this bill will create severe financial hardships for many outpatient imaging facilities. The cut in reimbursement was well publicized in several articles but it was only through the ACR's emails and national meeting that many residents, including myself, discovered that the imaging cuts were slipped into the bill in the middle of the night one day in December 2004 just before the bill was brought to a general vote in Congress. None of the concerned parties were given an opportunity to respond to the changes in the bill. Since then, the ACR has worked diligently to try and rectify this excessive cut in imaging reimbursement. When the ACR lobbies members of congress, the message carries more weight

in proportion to the number of constituents they represent and that is one reason it is important for all of us to be members of the ACR.

Radiologists also need to be united to deal with the issue on self-referral. This topic was also heavily discussed at the 2006 ACR conference. Several speakers at the ACR conference mentioned that they were trying to help their congressmen understand the relationship between self-referral and over-utilization, and were pushing for an end to self-referral.

Aside from hearing about several of the issues facing our profession, the ACR conference was a great forum to meet residents and fellows from across the nation. The ACR Residents and Fellows section discussed several topics that were mentioned in the general ACR session as well as topics particular to physicians in training such as the need for more body MRI and cardiac imaging training. There were informal socials that allowed us to see how residency programs handled issues in their own unique manner.

I was very thankful for the opportunity to attend the 2006 ACR national meeting and learn information that I was able to pass on to my peers. Alfred Llave, another resident from our program, attended the 2007 ACR meeting and shares his experiences below.

Amar Patel, MD

MSK Fellow, Department of Radiology  
University of Florida - Jacksonville

The demands of a radiology residency ironically, could easily make someone lose perspective of the most important issue, "the profession of radiology." However, the recently concluded ACR meeting provided me an invaluable educational resource to help elucidate the variety of issues surrounding the profession. It served as a unique "beyond the learning scope" experience where one could witness both seasoned and budding radiologists passionately deliberate issues that would affect what we do today and our future practice.

The various socioeconomic and academic issues discussed were both timely and interesting and ranged from "commoditization of radiology" to the proposed restructuring of the radiology residency. Many of these issues are just not part of the "core curriculum," however, every resident needs to be familiar with these issues, if not be actively engaged in the process.

As part of the residents and fellows delegation, it was a heart-warming experience to be received collegially, and to have our propositions heard and respected. Also, the meeting was a great opportunity to meet fellow residents and practicing radiologists.

The highlight of the experience was the Capitol Hill trip where the ACR representatives, in visiting with legislators made certain that our voice was heard. The meeting experience instills you with a great sense of appreciation for the many members and leaders of the ACR, for making what radiology is today and for their vision in keeping the practice at the forefront of medicine. More importantly, you are driven to spread the news and get others to be actively involved. I am very thankful for having this opportunity and very encouraged by the recent FRS resolution to support more resident participants to the annual ACR meeting.

Alfred Llave, MD

Chief resident, Department of Radiology  
University of Florida - Jacksonville

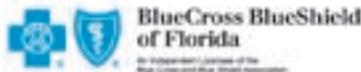
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# Is Entertainment Ultrasound “Risky Business” or “Mission: Impossible?” Part 1

by Michael M. Raskin, MD, MPH, JD, FACR

*This is a two part series: Part One will address the “official” response to “entertainment” ultrasound. Part Two will address what the “industry” is actually doing in Florida.*

## Part One

Some medical eyebrows were raised when actor Tom Cruise, star of the movie, *Risky Business*, disclosed to Barbara Walters in 2005 that he and his fiancée had purchased their very own ultrasound machine solely for the purpose of determining the sex of their unborn child.

### Why All the Fuss?

The medical community was concerned about the non-medical use of ultrasound devices that non-medical people could purchase. It seems that in Hollywood anything is acceptable and nothing is *Mission: Impossible*. This prompted immediate statements from the American Medical Association, American College of Radiology (ACR), the American Institute of Ultrasound in Medicine (AIUM), and the American College of Obstetrics and Gynecology, strongly opposing the non-medical use of ultrasound for “entertainment” purposes.

But this is nothing new. The Federal Drug Agency (FDA) notified the medical community and the ultrasound industry in August 1994 regarding its concerns about the misuse of diagnostic ultrasound equipment for non-medical purposes, and asked them to discourage their patients from having sonograms for non-medical reasons. In 1999, the AIUM issued an official statement concerning the prudent use of ultrasound which was later endorsed by the ACR. On March 19, 2007, the AIUM further strengthened this when they approved the following official statement:

*The AIUM advocates the responsible use of diagnostic ultrasound and strongly discourages the non-medical use of ultrasound for entertainment purposes. The use of ultrasound without a medical indication to view the fetus, obtain a picture of the fetus or determine the fetal gender is inappropriate and contrary to responsible medical practice. Ultrasound should be used by qualified health professionals to provide medical benefit to the patient.*

However, the so-called “keepsake” photographs or video clips have been provided to our patients for years during the course of a medically indicated ultrasound examination. In fact, in 1998, the AIUM produced an official statement that images of a portion of the ultrasound examination may be given to the mother, if requested.

### Where’s the Beef?

The real “fuss” has been caused by the unfettered and exponential growth of facilities that perform “keepsake,” “entertainment,” or “boutique” ultrasound studies which are not for any diagnostic purpose. There are 20 such facilities listed in Florida and all advertise as having the latest 3D/4D ultrasound equipment as well as many touting wide-screen movie theaters that seat up to 15 friends and family and serve popcorn and soda.

The FDA has stated that fetal ultrasound should be performed only for medical purposes with a prescription from an appropriately licensed provider. The FDA considers a diagnostic ultrasound device to be a prescription device. Any person who promotes, sells or leases ultrasound equipment for making “keepsake” fetal videos should be aware that the FDA considers this an unapproved use of a medical

device. However, the FDA is a regulatory agency and can only take actions against individuals in the form of a warning letter or a possible seizure of a medical device.

The ACR fully supports the opinion of the FDA that fetal ultrasound be performed only for medical purposes with a prescription from an appropriately licensed provider. They oppose the use of fetal ultrasound solely for entertainment videos or keepsake images. The ACR strongly considers that this is a patient safety issue, as ultrasound should not be used without a medical indication. Images of the fetus provide an opportunity to diagnose many problems before birth that may require treatment. This opportunity may be lost if the ultrasound images are not interpreted by qualified physicians. The ACR Council approved a resolution opposing the use of fetal ultrasound solely for entertainment videos or keepsake images during the ACR 81st Annual Meeting and Chapter Leadership Conference in Washington, D.C., in 2004.

The AIUM advocates the responsible use of diagnostic ultrasound for all fetal imaging. They recommend that:

Appropriately trained and credentialed medical professionals (licensed physicians, registered sonographers, or sonography registry candidates) who have received specialized training in fetal imaging perform all fetal ultrasound scans.

### Legislative Attempts to Regulate

Some states have tried to prohibit the sale of ultrasound devices to non-medical individuals. To date, only California has been successful in implementing this. Other states, such as Illinois and New York, have attempted to prohibit the non-medical use of ultrasound devices because of the potential to cause harm, based upon statements by the ACR, FDA, and AIUM.

Although the general use of ultrasound for medical diagnosis is considered safe, ultrasound energy has the potential to produce biological effects. Nevertheless, both the AIUM and ACR promote diagnostic ultrasound as a safe procedure and acknowledge that there is no convincing evidence of actual harm to a fetus.

### Where Do We Go From Here?

Does a problem exist in Florida? This is the first question that we need to address. Do the existing facilities have supervising physicians and qualified technologists? Do they require an order by a physician? The FDA has cautioned that anyone who subjects an individual to ultrasound exposure without a physician’s order may be in violation of State or local laws or regulations regarding use of a prescription medical device. Is it realistic to believe that this will be pursued by the State of Florida?

We Florida physicians have a duty and an obligation to protect the citizens of the State. There will continue to be increasing demand for “baby’s first picture.” The facilities that provide this service will not go away. On the contrary, they will continue to expand to fill the demand. Rather than an outright ban on the procedure, there should be regulation of the industry. We first need to show that there is more than just a perceived harm. Finally, some facilities may already be compliant with what the ACR and AIUM have requested.

(Part Two in the next issue will address the legal implications of compliance of facilities in Florida)

# Resident Research Presentation Awards

The Resident Fellow Section Research Presentations at the 2007 Annual Meeting of the FRS and FRBMA were a huge success! We saw over 20 poster presentations from residents representing 5 Diagnostic Radiology programs and one Radiation Oncology program. Winners were:

## Case Report:

Phil Young, MD, Mayo Clinic Jacksonville  
Gastrointestinal stromal tumor of the ileum appearance on multiphase contrast-enhanced MDCT: a case report.

## Retrospective Review (a tie):

Chris Hancock, MD, University of Miami  
Flexor femoris muscle complex spectrum of injury.

Brandon Runyan, MD, Mayo Clinic Jacksonville  
Cyclops lesions in the absence of ACL reconstruction.

## Prospective Study:

Chris Klassen, MD, University of Florida Jacksonville  
Rule out CAD: coronary CTA and calcium scoring in chest pain patients presenting to the emergency department.

We also had abstract presentations representing research from four of the six Diagnostic Radiology residency programs in our state.

## These were:

Carlos Rojas, MD, University of South Florida  
Reassessment of the craniocervical junction: normal values based on multidetector computed tomography.

Andrew Rivard, MD, University of Florida Gainesville  
MRI perfusion changes in the hypothermic isolated porcine heart: implications for extended donor heart preservation and cardiac transplantation.

Chris Hancock, MD, University of Miami  
Femoral acetabular impingement syndrome: indirect MR arthrographic correlation with arthroscopy.

Mateo Jurasic, MD, Mayo Clinic Jacksonville  
Incidence of bone metastases detected by scintigraphy in liver transplant recipients with known malignancy, and cost effectiveness of scheduled surveillance.

Thanks to all the residents who participated this year! We look forward to more exciting research presentations from our residents at next year's annual meeting in Orlando!

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# 2007 FRS/FRBMA Annual Meeting



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## Award Winners

### Resident and Fellow Section Douglas N. Hornsby Leadership Award

Lori A. Deitte, MD



### Resident of the Year Award,

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John Murray, MD



### FRS President's Plaque

Presented to outgoing President,  
Philip S. Cook, MD, FACR

by incoming President

Richard M. Benator, MD, FACR



### FRBMA Above and Beyond Award,

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### FRS Gold Medal Award

Steven G. Miles, MD, FACR

## Golf Tournament Winners

**1ST PLACE TEAM with a score of 65:**

Bradley Barnes, Mrs. Barnes, Gordon Goodman, Barbara Goodman

**CLOSEST TO THE PIN:** Bing Herald

**2ND PLACE TEAM with a score of 66:**

Robin Devito, Mike Robertson, Roger Dion, Donna Dion

**Longest Drive:** Bradley Barnes

# Florida Radiological Society, Inc. Minutes of the Board of Directors Meeting

Friday, July 13, 2007

The meeting was called to order by the President, Dr. Philip Cook, at 8:00am on July 13, 2007. Members of the Board of Directors and guests present were: Drs. C. Baran, G. Baran, Benator, Cernigliaro, Cook, Davila, Deitte, DePrima, Epstein, Hornsby, Katz, Kotsenas, Landry, Levine, Morin, Muroff, Porter, Raskin, Schiering, Sharp, Steel; FRBMA Past President, Jeff Younger; FRS Lobbyist, Alison Dudley; FRS Executive Director, Steve Hunter; FRS Associate Director, Elizabeth Trombetta.

## President's Report, Philip S. Cook, MD, FACR

A year ago I set out to run the Society as a business that was fiscally responsible. The focus of the year was on Membership, Marketing, Money and Meeting. Vendors are the life blood of the meeting and, therefore, the Corporate Support Committee is vital to the planning of the annual meeting. The Executive Committee will all be on the Corporate Support Committee.

## Secretary's Report, Gregg Baran, MD

---

**MOTION:** To suspend reading and accept the minutes of the January, 2007 board meeting as published.  
*Seconded and passed.*

---

## Treasurer's Report: Financial Statement and Long Range Planning, Richard L. Morin, PhD, FACR

The dues and meeting provide revenue stream. Once we reach our financial goal, what do we do to help radiology in Florida? What programs do we support? Other questions to consider: Should we offer special educational program for our Masters, Residents, and Fellows? By 2010, what do we want to do, where do we want to be? Recommend that we hold a Strategic Planning Retreat. The Executive Committee will decide location and time for the retreat.

## Executive Director's Report, Steve Hunter

Steve Hunter provided updates on membership, financials and the projections for the 2007 annual meeting. (A copy of the presentation will be archived with these minutes.)

## FRBMA Report, Jeff Younger, FRBMA Past President

FRBMA continues to work with Medicare regarding coding and reimbursement. Held annual Mid-Year Coding Meeting. Asks that LaDonna Nichols be included on the Corporate Support Committee. FRBMA works hard to secure vendors for the annual meeting.

## 2007 Annual Meeting Report, Lori Deitte, Program Chair

There are three changes to the 2007 annual meeting: Scientific Sessions moved to Saturday and Sunday; Passport program implemented in exhibit hall to increase vendor visitation; and a Resident representative from each of the programs to present abstracts during the General Session. Dr. Deitte would like to thank Amy Kotsenas for her help with the poster presentations, Dr. Cook and FRS staff for their assistance with planning, and the FRBMA for their help with scheduling speakers.

## Lobbyist Report, Alison Dudley

Senator Atwater passed the Physician Workforce Assessment bill and while doing so specifically mentioned wanting to make sure the Dept. of Health captured the information relating to radiologists that he has been interested in. The Dept. of Health requested my assistance with this. Dr. Sharp has agreed to help in crafting the questions. Any other member who would like to contribute to this effort, please contact me. The Dept. has a deadline of August 15.

Representative Mike Grant will be attending our meeting at my request. He was our sponsor of the RA issue brought to FRS by Dr. Williams and successfully passed by Rep Grant. He will be a part of my presentation.

## Legal Counsel Report, Michael Raskin, JD, MD, FACR

Dr. Raskin discussed the prompt pay issue. He also provided an update on the Keepsake Ultrasound issue. Dr. Raskin provided the packet from the January meeting to Florida Surgeon General Ana M. Viamonte Ros M.D., MPH. The FMA is not interested in pursuing and the ACR has taken a neutral position. Dr. Raskin recommends that the FRS no longer pursues this issue. Dr. Raskin provided information on the upcoming ACLM meeting. There will be a bylaws change regarding retired members which will be presented for a vote during the Business Meeting on Sunday.

## NEW BUSINESS

### ACR Managed Care Requests, Philip S. Cook, MD, FACR

Dr. Cook formally requests that the FRBMA agrees to send out emails to its members as needed to assist with ACR Managed Care requests.

### ACR Practice Database, Philip S. Cook, MD, FACR

**MOTION:** FRS to develop its own practice database.  
*Seconded and passed.*

Membership Co-chair, Jesse Davila, MD, requests a sub-committee of the Membership Committee be set up to assist with developing the database. Needs to be identified during the annual meeting and an action plan developed by the end of the weekend.

## OLD BUSINESS

### B.Y.O.B. Update and Proposal, Philip S. Cook, MD, FACR

Dr. Cook challenged each Board member to take another member to the annual meeting in an effort to increase participation and attendance.

---

**MOTION:** B.Y.O.B. (Bring Your Own Buddy) program be ongoing and apply to all members  
*Seconded and passed.*

---

## 2008 Summer Meeting,

### Richard Benator, MD, FACR and Amy Kotsenas, MD

Proposed topics for 2008 annual meeting are Body MRI at 3T or Breast MR. It was previously discussed to hold a joint meeting with Georgia and South Carolina; however, those states have indicated a 2008 joint meeting would not be possible, but maybe 2009. Goal to partner with the ACR for the 2008 annual meeting is to increase attendance and decrease expected expenditures. Dr. Morin indicated that the ACR would not lose money on the meeting or donate money to the chapter for the meeting as it goes against set policy. One major issue to consider is the registration fee; would have to have separate registration for ACR meeting and FRS activities. The FRS would still be responsible for the F&B minimum as well as all normal costs because we would still be having a regular meeting. The topic of the meeting also impacts attendance.

---

**MOTION:** Not partner with ACR for 2008 annual meeting, but will continue to investigate for future years. FRS program committee will plan 2008 meeting.  
*Seconded and passed.*

---

### Resident and Fellow Section Funding, Lori Deitte, MD

Dr. Deitte submitted a proposal for Resident and Fellow funding. (A copy of the proposal will be archived with these minutes.)

---

**MOTION:** To accept the proposal as written.  
*Seconded and passed.*

---

### Membership Committee,

#### Manny Rose, MD and Jesse Davila, MD

Dr. Davila reported that the goal was to increase membership by 10%; met 8%. Identified key contacts, sent postcard to all members to assist with recruiting new members, wrote an article for the newsletter, reviewed emails from dis-satisfied members, and worked with Dr. Williams to develop a phone script for calling members for renewal. We have 250 members who have not renewed for 2007. Challenge has been distributing the list to key contacts. The drop list will be divided up into sections of 10 and distributed, along with a fact sheet and script, to key contacts attending the meeting.

Dr. Rose reported that we need to improve the content on the website. We also need to schedule the meeting the same time each year or in the same location for predictability. Dr. Muroff recommends that all groups should mandate that each member of the practice be a member of the FRS and ACR.

### FRS/FRBMA Newsletter, Barbara Sharp, MD

Produced two issues this year. Reality is that it is hard to get people to provide articles. Dr. Sharp will be contacting Board members to write articles on the items discussed during the Board meeting.

### Nominating Committee, Gregg Baran, MD

On behalf of Dr. Entel, Dr. Baran presented the nominations for open positions: Secretary - Joe Cernigliaro, MD; Councilor - Joe Cernigliaro, MD, Philip Cook, MD, FACR, and Richard Morin, PhD, FACR; Alternate Councilor - Nolan Altman, MD, David Epstein, MD, Doug Hornsby, MD, Michael Katz, MD, Marty Landry, MD, Richard Levine, MD, Carlos Martinez, MD, Shawn Meader, MD, Steven Miles, MD, Dennis Pevarski, MD, Michael Raskin, MD, Daniel Singer, MD, Charles Williams, MD, FACR.

---

**MOTION:** To accept slate as presented.  
*Seconded and passed.*

---

The slate will be presented to the members for voting during the Business meeting on Sunday.

### Radiation Oncology, Alan Porter, MD, FACR

The Radiation Oncology Committee has been active this year: Participated in two meetings in Jacksonville with BCBS/Medicare; attended Carrier Advisory Committee meeting in Orlando; have 3 Radiation Oncology Fellowship applications being processed.

### Masters Section, Chet Baran, MD

Dr. Baran provided an update on the Masters Section. The report will be archived with these minutes.

### Gold Medal, Philip Cook, MD, FACR

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**MOTION:** FRS to adopt ACR's policy requiring gold medal winners to be present at the meeting to accept the gold medal.  
*Seconded and passed.*

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**The meeting was adjourned at 12:10pm.**

## FLORIDA RADIOLOGICAL SOCIETY, INC. MINUTES OF THE BUSINESS MEETING July 15, 2007

The meeting was called to order by President, Dr. Philip Cook at 11:00am on July 15, 2007.

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**MOTION:** To suspend reading the minutes of the previous Board of Directors' meeting and accept them as published.  
*Seconded and passed.*

---

Dr. Cook presented the bylaw changes for retired members. The change removes the restriction that allows retired members to serve on FRS committees and hold an office for only five years after becoming retired.

---

**MOTION:** To accept amendment as read.  
*Seconded and passed.*

---

Dr. Baran presented the slate of Officers, Councilors and Alternate Councilors nominated for open positions:

---

**MOTION:** To accept the nominating committee's recommended slate of officers, councilors and alternate councilors.  
*Seconded and passed.*

---

The new FRS President, Dr. Richard Benator, reported that his presidency will focus on membership, resident and fellows, increased communication, and political awareness.

**The meeting was adjourned at 11:15am.**

# FRS Mammography Committee Report

by Barbara Sharp, M.D., Chairwoman

The most important development from the mammography committee is FRS's contribution to Florida's new Physician Workforce Questionnaire. This questionnaire will be a component of every Florida physician's license renewal beginning in October 2007, and is required by the Physician Workforce Assessment Act of 2007, sponsored by Senator Jeff Atwater. The questionnaire will provide information regarding geographic location of practices within Florida, percentage of time spent by physicians on direct patient care, anticipated changes to license practice status, areas of specialty, and Board certifications.

The FRS worked successfully to create questions for the survey for mammography and other breast diagnostic services. The mammography questions will tell us how many Florida radiologists read mammograms, how many have completed fellowships, and how many read breast MRI's and perform MRI guided breast procedures. We will ask physicians who chose to avoid the practice of mammography why they have chosen so.

The inclusion of questions regarding mammography comes as the direct result of our Mammography Access Workgroup efforts. In 2004, Representative Carole Green worked with the FRS to create the legislation that created the Mammography Access Workgroup. Drs Mary Swain, Robert Entel and I represented the FRS on the Workgroup that met for 6 months to study the adequacy of mammography services for Florida's patients. Although physician members of the workgroup believed that there is a severe shortage of qualified mammographers, our efforts to convince lawmakers of this shortage were thwarted by the trial bar lawyers who insisted that the data was "anecdotal". The fact that no Florida physicians are choosing breast

fellowships was "anecdotal"; the fact that many practices cannot fill positions for breast radiologists was "anecdotal"; and that diagnostic centers in urban areas had long waiting times was "anecdotal".

The FRS and many concerned people in Florida government knew that we have a problem, but that we need better data. Senator Atwater promised to help and again he has pulled through for us. With the help of physician Representative Ed Homan, the workforce questions for mammography were adopted on September 19, 2007. The intent is to acquire data that will be instrumental in shaping Florida's future physician workforce policies.

The mammography questions would not have been inserted without the hard work of the FRS. Pivotal to our success were the efforts of Ms. Alison Dudley who works for the FRS. I want to thank the many physicians who have assisted Alison Dudley and me along the way. Your dues and political contributions have paid off! Please join me in thanking Senators Atwater and Homan with personal notes of thanks.

Senator Jeff Atwater  
824 US Highway 1  
Suite 210  
North Palm Beach, FL 33408

Representative Ed Homan  
9385 North 56th Street  
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# Simpler Times

## "Startin' Back to School"

by Charles D. Williams, M.D., FACR

When school started back this past Fall, I remembered another time and another era. There persisted in my mind images of Pedro's childhood and schoolin'. Perhaps they have become slightly richer and slightly exaggerated with time, but the main ingredient which stood out was that it was simple and uncomplicated.

When school started in Simpler Times, Mama and Daddy, like a lot of good folks, wanted Pedro to have the very best and Pedro agreed. The best included two pair of overalls and one pair of shoes which had to last all year. Pedro could make shoes last by going barefooted until it turned cold. Mama would look at Pedro with a tear in her eye and smile and tell him how proud she was that he was going to school.

A travelin' encyclopedia salesman must have heard 'bout Pedro starting school and dropped by to see Mama. He had already been by Pearlie and Willie's. The salesman said to Mama, "Now that you got Pedro in school, you will need to buy him an encyclopaedia." Emmett, who lived down the road was visiting and overheard this conversation and replied, "Nuthin' doing. Pedro ought to walk to school like the rest of us kids."

Back in Simpler Times, kids were glad to get back to school 'cause it got them out of the fields and out of the hot sun. They got to see their old friends and meet new ones. Pedro got to meet the oldest person in grammar school, Jerry Junebug Edwards. His real name was Junebug, but his Mama called him Jerry. His friends called him J.J. He had spent three years in the fifth grade and the fifth grade had been his senior year. He was stayin' in school only by the hair of his chinney-chin. The previous year he had made an F in rithmatic, writin' and readin', but he had gotten a D in sangin'. He told his friends that he spent too much time sangin'. Upon returning back to school, he went to see his teacher and said, "Ms. Watson, I don't mean to scare you, but Daddy said if I don't pass this year somebody's gonna get hurt." J.J. later dropped out of school and joined the Navy.

We started the day ever day sayin' the Pledge of Allegiance to the Flag of the United States of America, prayin' the Lord's Prayer, and sangin' a song and the two most favorites were "Church in the Valley by the Wildwood" and "Do Lord Oh Do Lord, Oh Do Remember Me." Then we

started workin' on our numbers. Pedro loved sangin' best next to recess. Recess was a special time in the morning and afternoon where we caught up on our marbles, drop-pin' the handkerchief, arguing and fightin'. The big boys usually won the arguing. Back then kids did not engage in good-natured knife and gun fights. We had more honor. We used our bare fists or either a stick. There were no metal detectors. Also, back then Teachers could discipline the students and the parents would support them. If we got punished at school, we would turn around and get the same punishment back at home. Now-a-days parents say that you can't spank their kids, cause they never hit them at home 'cept in self defense.

Ms. Watson was one of the best teachers in the whole wide world and she stayed on top of thangs. One time she noticed Emmett smackin' his chewing gum in class and she asked Emmett if he had enough gum to go around. He replied, "Yes ma'am. Right here under my desk." Another time Ms. Watson said, "Emmett, I've had to spank you ever day this week." She then asked, "Now what do you have to say for yourself?" Emmett then replied, "I thank the Lord it's Friday."

Often Ms. Watson would call on Pedro to say his numbers in front of the class, to lead the sangin', and to say the Lord's Prayer...she would give him extra work and Pedro one time thought he was being punished. She told Pedro that she did this for certain people for special reasons. Pedro didn't understand and Dad said, "jest do it." I now think Ms. Watson knew exactly what she was doing and Pedro had to git grown to see that.

Most of the good times Pedro had as a child and in school were simple thangs, like the pat on the head by the teacher, settin' a spell on the front porch with Pearlie and Willie, and gettin' a new pair of shoes. Back then we were able to enjoy Simpler Times cause we had known nuthin different to cause discontentment. Most images stored in our memories fade with passing time, but the mental picture of Pedro sayin' the Pledge of Allegiance and sangin' "Church in the Valley by the Wildwood" in front of Ms. Watson's class remain as clear as day. As I look back to my past, it dawned on me, Ms. Watson was looking ahead to my future.

# THE RESIDENT AND FELLOW SECTION: An Invitation to Submit Papers

by Lori Deitte, M.D.

The FLORIDA RADIOLOGICAL SOCIETY is committed to promoting an increased level of involvement in the Resident and Fellow Section.

As part of this ongoing effort, we would like to extend an invitation to all residents and fellows in Florida radiology training programs to submit a paper for publication in the FRS & FRBMA *focus*, a quarterly publication of the FRS & FRBMA. It is anticipated that one paper will be published in each FRS & FRBMA *focus* edition.

The guidelines are as follows:

- Manuscripts, figures and tables should be submitted on-line to [lori.deitte@jax.ufl.edu](mailto:lori.deitte@jax.ufl.edu).
- A title page should be submitted including the first and last names of the authors, academic degrees, and institutional affiliation. An address, phone number, fax number and e-mail address for the author responsible for correspondence should be included.
- The format is flexible and may include Introduction, Methods, Results and Discussion sections. Figures and tables should be numbered.
- The total manuscript length is flexible but generally should not exceed 3-4 pages (1000 - 1500 words).
- Original illustrations and figures are encouraged. Written permission to reprint in print and electronic media should be submitted for use of all previously published illustrations or figures.
- Suggested topics: practical practice related topics/clinical observations, case reports, evaluations of new technology, commentaries.

We are enthusiastic about developing the Resident and Fellow Section of the FRS & FRBMA *focus* and welcome your comments, suggestions and/or feedback via e-mail to [lori.deitte@jax.ufl.edu](mailto:lori.deitte@jax.ufl.edu).

**WE LOOK FORWARD TO HEARING FROM YOU!**

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