

FRS & FRBMA *focus*

FALL 2006

Florida Radiological Society • Florida Radiology Business Management Association



FRBMA President's Message

by Charles Allan

As we meet and discuss common goals and problems we collectively develop ideas and methods to make each individual practice more efficient, profitable and rewarding. I challenge each FRS member to ensure your practice administrator meet with us on February 23, 2007 for our winter retreat in Daytona Beach. National RBMA has adopted new policies to provide assistance to affiliate chapters and we will be discussing how to best use this assistance.

Dr. Cook has challenged each person in attendance at last years FRS/FRBMA annual meeting to bring one person to the 2007 meeting. Let's start inviting our radiologists and fellow administrators now to be able to meet this goal.

FRS President's Message

by Philip S. Cook, M.D., FACR

As I write this on the eve of the anniversary of 9/11, I begin to think about priorities. My heartfelt thoughts to those we lost and their families. I would like to take a moment for us all to remember and reflect upon what is important. How quickly events can change our perspective. Such events make us realize that now is the time to make changes to the quality of our personal and professional lives.

The focus of my tenure as your president will be you, the membership. The FRS will focus upon identifying and enhancing member benefits. For this next year, we target an increase in our membership along with retention of current members. Our ongoing FRS legislative, lobbying, regulatory, and educational efforts will continue seamlessly. We seek your more active participation in your state society and your attendance at the annual meeting. In short, you, the members of the FRS, are the foundation and driving force of our efforts.

Several thoughts come to mind for those who may wonder why the FRS is important to you. The FRS successfully had Florida's Public Medical Assistance Trust Fund (PMATF) assessment overturned on your behalf. As a result, an estimated \$30,000,000 out of a total \$90,000,000 from the PMATF was returned to radi-



You, the members of the FRS, are the foundation and driving force of our efforts.

ologists. The FRS unsuccessfully attempted to get legislation passed for mammography tort relief, but successfully promoted legislation that empowered the governors' task force concerning access to mammography. The FRS continues to lobby for tort reform. We effectively monitor and represent radiology interests in Tallahassee, Washington, and within the ACR. We continue to work to ensure fair compensation for professional services rendered, and to evaluate and develop standards and consensus for appropriate utilization of radiological exams for our patients. We are actively promoting our Resident and Fellow Section of the FRS

to address the needs and skills of new radiologists and to ensure the development of new and informed leaders of radiology for our state. All of the activities of the FRS flow from the members. We are a volunteer professional organization. Our success at representing you and protecting your interests depends upon you. More member participation means more energy and wisdom. You can contribute ideas, raise local issues, and share organizational and business perspectives through committee participation or presentations to the board meetings. Through your participation in the FRS, you could become an alternate and then a counselor to the ACR and participate nation-

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Signing a Colleague's Report

by Michael M. Raskin, M.D., M.P.H., J.D.

QUESTION: On occasions, I sign a colleague's report when they are not available. I have been told that I may be sued if my colleagues missed something. Is that true?

ANSWER: Yes, it's true, you can be sued. According to the Health Care Financing Administration (HCFA), the radiologist who performs the service must sign the interpretive report. In addition, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), mandates that the interpretive report have the author identified. It is not clear that JCAHO requires the author of the report to actually sign the report. However, it is quite clear that HCFA fully intends that the author of the report actually signs the report.

While most reports are actually signed by the interpreting radiologist, there is a "grey area" where the author of the interpretive report is not available in a timely matter and the report is signed by a colleague in order to expedite delivery of their report. The timeliness of reporting any radiologic examination varies with the nature and urgency of the clinical problem. When a colleague's signature is substituted for the author of the interpretive report, that colleague may or may not read the report. However, be aware that the American College of Radiology (ACR) Standard for Communication indicates that the final report should be proofread to minimize typographical errors, deleted words, and confusing or conflicting statements.

Signing a colleague's report only becomes problematic if that colleague is sued for malpractice as you will almost certainly be sued as well. Substituting your signature for the radiologist who actually did the interpretation is an invitation to the plaintiff attorney to name another physician in the lawsuit.

Although no Appellate Court decisions have been heard regarding the substituted signature of a radiologist, in 1987, a New Jersey Court concluded that by signing a report, a physician attests to the accuracy of the information that the report contains. This is an important holding as it matters not what disclaimers the physician may put before or after the signature. Even a juror knows that you "don't sign something unless you have read it and agreed to it." To afford a physician anything less, would let them off the hook for what every juror knows is "common knowledge."

If the author of the report will not be available within 24 hours after dictating the report, a system should be in place to electronically transmit the reports to the author. The author can then accomplish authentication by signature, written initials, or computer entry. By using technology that is presently available, it should be the rare occasion when the author of a report cannot authenticate it within 24 hours. In these rare situations, the radiologist who substitutes his or her signature for the author should review the films and make corrections to the report, if necessary, with the full understanding that he or she will most likely be held responsible for the contents of the report.


FRS President's Message continued from front page

ally. Your FRS experiences could help you become a Fellow of the ACR. The insights, contacts, and network of professionals you garner can only improve your practice and personal satisfaction as they have for many radiologists in the past.

More members equate to more financial strength to represent your interests through the political process. The catch, to borrow a famous presidential inaugural challenge, is to "ask not what your society can do for you, but rather ask what you can do for your society"! Too often we say and hear, "the FRS or ACR should do this or that." I can assure you that the FRS will do its part, but we are now, more than ever, seeking your help to achieve our common goals. As diverse as we are as individuals, it is only united and working together that we stand.


I would like to announce and acknowledge some of next year's activities and the key people involved. Next year's annual meeting will be at the The Ritz-Carlton, Sarasota July 13-15, 2007. The title is "Oncologic Imaging: PET/CT and Beyond". Dr. Lori Deitte is the program chair for what we anticipate will be an exciting, dynamic meeting. Co-chairs, Dr. Jesse Davila and Dr. Manny Rose, lead the FRS membership drive. Dr. Barbara Sharp has agreed to apply her literary, linguistic, and organizational skills as the new editor of the *FRS & FRBMA focus*. Please contact any of these dedicated volunteers to show your support and join in their efforts or join one of the other FRS committees.

I look forward to a stimulating and productive year as your President.



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Reasons to be careful of CCTA shared reading arrangements with cardiologists.

by Thomas W. Greeson, J.D.

The much discussed shared reading arrangements between cardiologists and radiologists for CCTA (Cardiac CT Angiography) interpretative services are problematic unless properly structured. The first thing one must understand is that billing and regulatory requirements dictate that any physician interpreting (and billing for the interpretation under one of the new CPT codes) must read and report the entire axial source image, not just the cardiac portion. The clinical examples used by the CPT Editorial Panel in adopting the new codes made clear that the performing and billing physician is responsible for reporting the findings after reviewing all the axial source images produced by these studies.

Medicare billing rules require that the name of the physician who actually performed a professional service correspond to the physician's name appearing on the Medicare claim form CMS-1500, which contains a certification signed by the physician that the services listed on the claim were both medically necessary and personally furnished by that physician.

False Claims

The regulatory concern is that a signed certification on the 1500 form could be characterized as false if the physician claiming the services did not personally perform all of those services that will be reimbursed by Medicare, i.e., did not personally interpret all the axial source images. Note that the Federal Civil False Claims Act provides for civil penalties in the amount of \$5500 to \$11,000 per false claim, as well as damages totaling three times the amount of damage sustained by the government as a result of the false claims.

Stark

There are also Stark issues affecting such shared reading arrangements. In order for cardiologists who have an ownership interest in the group practice to refer the professional component of the CTA study to the cardiology group when interpreted by an independent contractor, the referral must meet the "physician services" exception to the Stark anti-referral prohibition. Because a radiologist's so-called overread service as a "physician in the [cardiology] group practice" is as an independent contractor but is not provided pursuant to a valid reassignment, these arrangements do not appear to fit the required exception to the Stark rules. For the Stark requirements to have been met, the cardiology group's 1500 form would have to include the personal identification number of the interpreting radiologist who validly reassigned to the cardiology group. Those required elements of the Stark exception are not present in most shared reading arrangements.

This is not to say that genuine overreads are not possible. Under appropriate circumstances, an overread by a radiologist (or

a cardiologist) may be permissible, but only if the billing physician fully interprets and reports all of the images for the CCTA study. An overread arrangement is legitimate if it is structured with the following safeguards:

- The interpreting physician is solely responsible for generating the official, complete, signed interpretation report for the patient's file with the interpreting physician having read and reported all of the axial source images; and
- Any overread report should indicate that it is a secondary read of a previously interpreted, and complete, study.

Until new codes are promulgated to separate cardiac from noncardiac services as separate and distinct studies, or until Medicare accepts separate billing for the cardiologist's and the radiologist's shares of these studies using the -52 modifier, arrangements between cardiologists and radiologists should be structured as described above.



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Tallahassee Physician Elected Vice President of the American College of Radiology

Reston, Va. – The American College of Radiology (ACR) Council recently elected Charles D. Williams, MD, FACR, of Tallahassee, FL., vice president of the American College of Radiology during the ACR's 83rd Annual Meeting and Chapter Leadership Conference (AMCLC) in Washington, D.C.

Dr. Williams is a fellow of the American College of Radiology and is a member of the ACR Board of Chancellors. He is also a member of the ACR Ethics Committee, former chair of the ACR Commission on Human Resources, and former president of the Florida Radiological Society.

Dr. Williams is director of ultrasound at Tallahassee Memorial Hospital where he had previously served four terms as chair of the radiology department. He is also a pediatric radiologist at Radiology Associates of Tallahassee, P.A., where he has previously served two terms as group president.

"Dr. Williams has served with distinction in many leadership roles within the ACR, particularly as a member of the ACR Board of Chancellors. He is a leader in the field of radiology and in medicine as a whole. The ACR as an organization looks forward to his continued outstanding leadership as vice president," said ACR Executive Director Harvey L. Neiman, MD, FACR. We are proud to have Dr. Williams in this leadership role.

The FRS Needs You!

by Manny Rose, M.D., Membership Co-Chair

As Co-Chair of the Membership Committee of the Florida Radiological Society (FRS), I am working together with Co-Chair Dr. Davila FRS President, Dr. Philip Cook and the entire leadership of the FRS with the goal of increasing our membership toward 100% radiologist participation. We are all blessed with a great profession that is integral to health care and patient care, as well as a profession that is both intellectually challenging and financially rewarding. Special interest groups, however, are eroding our influence over our profession. It is only through the political process that we can maintain the stature of our profession that is being eroded by the government, business and insurance groups and even by other medical specialties. Our political influence grows with our involvement in our professional societies, specifically the Florida Radiological Society and the American College of Radiology.

I encourage every Radiologist in Florida to become FRS and ACR members. I encourage all members to be more active in your Society and your College by active participation, even if that means just getting non-members to become members. At the very least, getting every radiologist to be a member will improve our Society and our profession. With all this said, we, the current members of the FRS and ACR, must find out who is "not" a member and persuade them to become members of our Society.

I proposed to the FRS Board last summer and the Board approved that we start a "Postcard Campaign" to increase membership and get every Florida Radiologist involved with the FRS. This postcard Campaign will be mailed out shortly and I encourage you all to use some peer pressure to wake up our

colleagues who are not members, yet who benefit from our organizations and push them to at least become members and hopefully participate. Every single Florida radiologist should be a member of the FRS and the ACR!

The FRS Board also adopted a map of Florida where a regional member becomes involved in the Membership Committee to help the FRS increase members from their respective region. Co-Chair, Dr. Jesse Davila, and I cannot get everyone involved by ourselves, and we need the help of Regional Membership

Every single Florida radiologist should be a member of the FRS and the ACR!

Committee members. If you can help with simple phone calls or giving us names and contact information of non-member radiologists, the FRS staff can target these non-members with phone calls. The FRS needs your help and we hope every current member of the FRS will work to encourage and even push our professional colleagues to become active in our societies. Please feel free to email Jesse DaVila (jessedmd@aol.com), Steve Hunter (shunter@flrad.org), Elizabeth Trombetta (etrombetta@flrad.org) or myself (mrose@roseradiology.com) if you know any radiologist who is not a member of the Florida Radiological Society and our staff will do the rest!

Thank you and please help your Society by getting non-member Florida radiologists to become involved and members of the Florida Radiological Society.

Radiologist Assistant

by Alison Dudley, FRS Lobbyist

During the 2006 Florida Legislative Session, legislation was promoted by the Florida Radiological Society to create a radiologist physician extender known as a radiologist assistant. These RAs are to work directly for the radiologist. The radiologist assistant is an advanced level radiologic technologist who works under the supervision of a radiologist to enhance patient care by assisting the radiologist in a diagnostic imaging environment. The radiologist assistant is equipped with the skills and knowledge to perform a number of radiology procedures, and may make their observations known only to the supervising radiologist. The radiologist assistant does not interpret medical images. The radiologist assistant is a graduate of an academic program (baccalaureate or higher) that teaches an RA curriculum endorsed by the ACR and ARRT.

The radiologist assistant will be licensed through the Florida radiologic technologist licensure program, housed in the Bureau of Radiation Control, in the Division of Environmental Health at the Florida Department of Health. This licensure program has been in existence since 1978, and is considered nationally to be one of the most effective licensure programs. Since the radiologist assistant is a licensed radiologic technologist with additional education and certification it seems to be a natural fit to authorize the radiologic technologist licensure program to license radiologist assistants.

The program verifies the license of each radiologic technologist during the inspection of medical x-ray machines, nuclear medicine facilities and radiation therapy facilities and would also verify the license of the radiologist assistant using the same process.

The program receives counsel from the Advisory Council on Radiation Protection. The members of this council include radiologic technologists, radiologists, health physicists, hospital administrators, other physicians and public members appointed by the Secretary of Health. The Department of Health is authorized to impose penalties, fines and injunctions on licensees found after investigation to be noncompliant with the statutes and regulations regarding the licensure of radiologic technologists.

This legislation was sponsored by Representative Mike Grant (R-Punta Gorda) and Senator Jeff Atwater (R-North Palm Beach). Our heartfelt thanks go out to these men and their wonderful staffers in helping pass this legislation. Governor Jeb Bush signed the legislation into law and it became effective July 1, 2006.

This legislation is the result of many years of hard work by Dr Charlie Williams. He helped craft the nationally recognized model legislation by working with the American Registry of Radiologic Technologists (ARRT), ACR, and ASRT. Dr. Williams spent time with me in the Capitol meeting with the bill sponsors and testified in committee. The radiologist assistant, as envisioned, will alleviate some of the time pressures placed on radiologists as a result of their workforce shortages. If you have any questions about the RA program, please feel free to contact me at alisondudley@dudleyandassociates.com.

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CBIZ MMP — SETTING THE STANDARD

Call for Committee Participation

All FRS committee chairs are members of the FRS Board of Directors and as such become an integral part of the decision-making process within the society. Although no committee or any of its members may publicly represent the interests of the chapter without the express consent of the President, which is subject to future ratification by the Board of Directors, the input and activities of the FRS committees are vital to the success of the FRS.

FRS President Dr. Philip Cook is currently reviewing all committee appointments and would like to know if you are interested in becoming more involved in the FRS by participating on any of the committees* described on the following page. If so, please let the FRS office know via email at etrombetta@flrad.org or by faxing the form at the bottom of the page to 813-806-1071.

**Each standing committee presents a written report at the Annual Meeting. Ad hoc committees, established by the incoming President on a year-to-year basis, are rather self-explanatory and include Carrier Advisory, Corporate Support, FRS Newsletter, Finance, Interventional Radiology, Residents Section, and Delegates to the FMA and FMA Specialty Society.*

Bylaws Committee

This committee shall be responsible for a periodic review of the bylaws and provide recommended revisions when necessary.

Committee on Cardiovascular Radiology and Interventional

This committee shall be composed of members whose professional interest and expertise are in the field of cardiovascular and interventional radiology. The committee is charged with the responsibility of maintaining the high quality of practice within this sub-specialty of diagnostic radiology, representing the interest of the chapter before regulatory, legislative and educational agencies, as well as assisting the Insurance and Medical Economics committee with its presentations before regulatory, legislative and educational agencies under the direction of the President, the Executive Committee, and the Chair of the Committee on Insurance and Medical Economics.

Fellowship Committee

This committee shall be composed exclusively of Fellows of the American College of Radiology who shall annually review the membership of the chapter for the purpose of nominating members to Fellowship in the College. All nominations shall be approved by the Board of Directors and their applications signed by the President or the Secretary of the chapter.

Committee on General Body Imaging

This committee shall be composed of members whose professional interest and expertise is in the field of general body imaging. The committee is charged with the responsibility of maintaining the high quality of practice within the sub-specialty of diagnostic radiology as well as assisting the Insurance and Medical Economics committee with its presentations before regulatory, legislative and educational agencies under the direction of the President, the Executive Committee, and the Chair of the Committee on Insurance and Medical Economics.

Gold Medal Committee

This committee shall receive and evaluate Gold Medal Award nominations from the membership and make award recommendations to the Board of Directors.

Insurance and Medical Economics Committee

This committee shall represent the FRS on the Medicare Carrier Advisory Committee, the Medical Liaison Committee, and any other temporary or permanent committees that may be needed to represent the society with any other governmental or private health or regulatory insurance agencies. The committee shall include representatives and alternate representatives to the Medicare Carrier Advisory Committee and the representatives to the Medicare Liaison Committee. This committee will monitor the activities of governmental, private and regulatory insurance agencies and, when appropriate, recommend legislative action to the Committee on Legislation and Public Policy and also to the Executive Committee.

Committee on Judicial Affairs

This committee shall consider charges of unethical conduct involving a member of the chapter and shall transmit its recommendations to the Executive Committee of the chapter. The Judicial Affairs committee shall be composed of three members appointed by the President with the approval of the Executive Committee. Where possible, except for the Chairman, members of the Executive Committee shall not be appointed to the committee on Judicial Affairs.

Legislation and Public Policy Committee

This committee should anticipate and review legislation proposed in the state that affects the practice of radiology. This should include monitoring activities of the legislature and regulatory agencies.

Committee on Mammography

This committee shall be composed of members whose professional interest and expertise is in the field of

mammography. The committee is charged with the responsibility of maintaining the high quality of practice within this sub-specialty of diagnostic radiology, representing the chapter before regulatory, legislative and educational agencies, as well as assisting the Insurance and Medical Economics committee with its presentations before regulatory, legislative and educational agencies under the direction of the President, the Executive Committee, and the Chair of the Committee on Insurance and Medical Economics.

Membership Committee

This committee shall review application for all classes of membership in the chapter and shall report its recommendations to the Board of Directors at any regular meeting. Recruitment activities shall be generated by this committee.

Committee on Musculoskeletal Radiology

This committee shall be composed of members whose professional interest and expertise is in the field of musculoskeletal radiology. The committee is charged with the responsibility of maintaining the high quality of practice within the sub-specialty of diagnostic radiology as well as assisting the Insurance and Medical Economics committee with its presentations before regulatory, legislative and educational agencies under the direction of the President, the Executive Committee, and the Chair of the Committee on Insurance and Medical Economics.

Committee on Neuroradiology

This committee shall be composed of members whose professional interest and expertise is in the field of neuroradiology. The committee is charged with the responsibility of maintaining the high quality of practice within the sub-specialty of diagnostic radiology as well as assisting the Insurance and Medical Economics committee with its presentations before regulatory, legislative and educational agencies under the direction of the President, the Executive Committee, and the Chair of the Committee on Insurance and Medical Economics.

Nominating Committee

This committee shall present nominations to the annual meeting for all offices established in the bylaws and shall, when possible, consist of the Immediate Past President, one other Past President appointed by the President, and three members elected from the membership at large. Election of nominating committee members will be done at the annual meeting. The committee will serve for one year and present its nominations at the next annual meeting.

Committee on Nuclear Medicine

This committee shall be composed of members whose professional interest and expertise are in the field of nuclear medicine. The committee shall be charged with the responsibility of maintaining the high quality of practice within

this sub-specialty of diagnostic radiology, representing the Chapter before regulatory, legislative and educational agencies, as well as assisting the Insurance and Medical Economics committee with its presentations before regulatory, legislative and educational agencies under the direction of the President, the Executive Committee, and the Chair of the Committee on Insurance and Medical Economics.

Committee on Pediatric Radiology

This committee shall be composed of members whose professional interest and expertise is in the field of pediatric radiology. The committee shall be charged with the responsibility of maintaining the high quality of practice within this sub-specialty of diagnostic radiology, representing the Chapter before regulatory, legislative and educational agencies, as well as assisting the Insurance and Medical Economics committee with its presentations before regulatory, legislative and educational agencies under the direction of the President, the Executive Committee, and the Chair of the Committee on Insurance and Medical Economics.

Committee on Physics

This committee shall make available to the membership the names of individuals qualified in radiation facility surveys, facilities planning, radiation disaster planning, and other consultative services associated with the physics of diagnostic imaging and radiation oncology, and shall advise the Board of Directors of the chapter on such matters.

Program and Education

This committee will prepare programs for the chapter meetings and socio-economic workshops for residents.

Radiologist Assistants and Technologists Advisory Committee

This committee shall assist organizations and individuals in projects and programs undertaken to advance Radiologist Assistants as well as radiologic technology after such have been approved by the Board of Directors. It will also be responsible for furnishing names of radiologists to survey educational programs of radiologic technology to the Joint Review Committee on Education in Radiology Technology.

Committee on Radiation Oncology

The officers of the section shall become the Radiation Oncology committee of the chapter and the Chair shall sit on the Executive Committee of the Board of Directors. They shall not adopt a policy or take public positions inconsistent with those of the Florida Radiological Society or the American College of Radiology. This committee shall be comprised of members whose professional interest and expertise is in the field of radiation oncology. The committee is charged

continued on next page

Committee Participation *continued.....*

with the responsibility of maintaining the practice within the sub specialty of Radiation Oncology as well as assisting the Insurance and Medical Economics Committee with its presentations before regulatory, legislative and educational agencies under the direction of the President, the Executive Committee, and the Chair of the Committee on Insurance and Medical Economics.

Committee on Ultrasound

This committee shall be composed of members whose professional interest and expertise are in the field of diagnostic ultrasound. The committee shall be charged with the responsibility of maintaining the high quality of practice within this sub-specialty of diagnostic radiology as well as representing the interests of the chapter in this field before regulatory, legislative and educational agencies under the direction of the President and the Executive Committee.

**Yes, I'm interested in being on a committee!
I've made my committee selection below:**

Name: _____

Phone: _____

Group/Practice Name: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Email Address: _____

Fax: _____

- | | |
|--|---|
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Physics |
| <input type="checkbox"/> FMA Specialty Society | <input type="checkbox"/> Gold Medal |
| <input type="checkbox"/> FRS Newsletter | <input type="checkbox"/> Musculoskeletal Radiology |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Radiologist Assistant and Technologists Advisory |
| <input type="checkbox"/> Program and Education | <input type="checkbox"/> Neuroradiology |
| <input type="checkbox"/> Legislation and Public Policy | <input type="checkbox"/> Radiation Oncology |
| <input type="checkbox"/> Corporate Support | <input type="checkbox"/> Fellowship |
| <input type="checkbox"/> Carrier Advisory | <input type="checkbox"/> Interventional Radiology |
| <input type="checkbox"/> Delegate to the FMA | <input type="checkbox"/> Nominating |
| <input type="checkbox"/> Insurance and Medical Economics | <input type="checkbox"/> Residents Section |
| <input type="checkbox"/> Cardiovascular and Interventional Radiology | <input type="checkbox"/> Finance |
| <input type="checkbox"/> Pediatric Radiology | <input type="checkbox"/> Judicial Affairs |
| <input type="checkbox"/> Mammography | <input type="checkbox"/> Nuclear Medicine |
| <input type="checkbox"/> General Body Imaging | <input type="checkbox"/> Ultrasound |

Please email your selection to the FRS office at etrombetta@flrad.org or fax this form to the FRS Office at 813-806-1071.

Breast Specialists: "Unite!"

The FRS needs to be prepared for any important issues so that we as physicians will be poised for legislative action. Your Committee on Mammography is here for that purpose. We need your involvement so that the FRS can have the latest information regarding breast services access, fellowship enrollment, reimbursement difficulties, standards of care, equipment standards, tort fears, practice management and other key issues.

The Committee on Mammography meets by email communication, conference calls and face to face at the summer FRS meeting, to be held this year in Sarasota, on July 13-15, 2007. We as mammographers must be united in order to protect our patients and our practices. Please email or call me to become involved or if you have a concern for the Committee.

Barbara Sharp, M.D., Mammography Committee Chairwoman
My email address is:
blsharp.sharpsack@Comcast.net
and my phone number is 904-504-2587.

Resident and Fellow Section Update

by Shawn Fibkins, MD, Chair, RFS

Since its inception in 1996, the Resident and Fellow section (RFS) of the Florida Radiological Society (FRS) has steadily grown in number of members, and is now an active participant at the annual FRS meeting. Over 25 residents from all over the state of Florida attended the most recent meeting in Jacksonville. The members of the RFS are also active in the local and national efforts of organized medicine. The outgoing Chair of the RFS, Dr. Christopher Hancock, had the prestigious honor of recently serving as a Rutherford Fellow with the American College of Radiology. Many other elected officers of the RFS serve as representatives for the Florida Medical Association and American Medical Association.

The RFS is now making significant academic contributions to the annual FRS meeting. Residents submitted over 20 poster presentations for display in the vendor area during the meeting, many of which have been published in peer-reviewed journals. In addition, Dr. Loren Laybourn, a senior resident from the University of Miami, gave an excellent presentation reviewing his original research on "Multi-sequence Reconstruction MRI".

All of the residents who attended the annual meeting traveled on their own dime. We are once again grateful to M.A. Financial

Continued on next page

Codes and Committees

by David H. Epstein, M.D.

The Medicare Carrier Advisory Committee and the Medicare Liason Committee has been extremely busy over the last several months on a number of important issues.

RAC:

A large number of practices across the state began last spring to receive requests for refund from the Recovery Audit Contractor (aka RAC), an independent contractor contracted by CMS to look for and request refunds for overpayments to doctors. This effort is being tested in three states, California, New York, and of course, Florida. The contractor for Florida, Health Data Insights, sent out many requests that were justified, such as incorrect discounting of multiple surgical codes, improper billing for bundled services, etc. However, many more of the requests were, to put it simply, nonsense that resulted from the incorrect interpretations of

Medicare coverage policies in place in 2002, the approximate date range that their review commenced. With the assistance and diligent background work by Tracy Sanders and LaDonna Nichols, I contacted the CEO of Health Data Insights and was able to secure their agreement to stop implementation of most of the request for refunds, as well as an agreement to work with the FRS to review further requests that may arise from their program-based review processes.

If you receive any requests for refunds from the RAC contractor, and do not agree with their review, do not refund any fees to them. Please notify me or Tracy Sanders, with a description of your understanding of the issues involved and we will attempt to resolve the problem.

Local Coverage Determination reviews:

The following LCD's came for review during the last 6 months. They can be reviewed in either final or comment form on the Part B site at www.floridamedicare.com. For most, indications were expanded or clarified. Several highlights are included below.

- Positron Emission Tomography Scan Myocardial Imaging
- Treatment of Varicose Veins of the Lower Extremities (*Combined several codes and attempted to liberalize indications for foam sclerotherapy and eliminate size ranges for laser ablation.*)
- Computed Tomographic (CT) Colonography (*CT scanner specifications implemented.*)
- Magnetic Resonance Imaging of Upper Extremity, Spine, Brain.
- Magnetic Resonance Angiography (MRA)
- Magnetic Resonance Imaging of the Orbit, Face, and Neck
- Transthoracic Echocardiography (TTE) (*2D and Doppler indications combined*)
- Duplex Scanning (*Technologist/lab credentials added*)
- Non-Invasive Evaluation of Extremity Veins (*Technologist/lab credentials added*)
- Non-invasive Extracranial Arterial Studies (*indications for pre-op cardiac surgery and syncope added; Technologist/lab credentials added*)
- Computed Tomography of the Thorax
- Duplex Scan of Lower Extremity Arteries (*Technologist/lab credentials added*)
- Noninvasive Physiologic Studies of Upper or Lower Extremity Arteries
- Computed Tomography Scans of the Head of Brain
- Ibiritumomab Tiuxetan (*Zevalin™*) Therapy
- Computed Tomographic Angiography of the Chest, Heart and Coronary Arteries: (*new policy, technical specifications included*)

Resident and Fellow Section Update *continued*

and the FRS for their continued financial support of Florida Radiology Residents by paying for hotel rooms and attendance at the Gold Medal Reception.

During the meeting, elections were held to elect new officers. Congratulations to John Murray (Vice-Chair), Amar Patel and Julian Medina (Co-Secretaries), Clark Diffendaffer (Research Coordinator) and Gabriel Arcila (Treasurer)!

Since the annual meeting, the RFS of the Florida Radiological Society has been

hard at work. The radiology residencies across the state of Florida are in the process of electing a resident representative from each program to serve as a "conduit" of information regarding FRS issues.

For the first time, the RFS is initiating a fund-raising drive. Our officers are in the process of identifying radiologists in their local communities who may contribute funds to support: (a) hotel expenses for residents attending the annual meeting who are traveling from out of town,

(b) cash prize(s) for the research poster symposium, and (c) the "Tallahassee Fellowship" (information forthcoming).

I believe that we can continue to increase the number of posters presented, and potentially the number of residents in attendance by adding a cash award(s) to the poster symposium. In addition, many program directors may allow a resident to attend if that resident were presenting a poster, or giving a talk on their research.

2006 FRS/FRBMA Annual Meeting



AWARD WINNERS

Resident and Fellow Section Leadership Award Winner

Lori A. Deitte, M.D.

FRBMA Above and Beyond Award

sponsored by MEGAS
Pat Epting

Resident of the Year

sponsored by M.A. Financial
Shawn Fibkins, M.D.

Special FRBMA Award

presented to Margie Weaver

FRS President's Plaque

presented to outgoing President David Epstein, M.D.
by incoming President Philip S. Cook, M.D., FACR





On the green



Low Net
Chet Baran
Gregg Baran
Donna Dion
Roger Dion

Low Gross
Warren Amos
Bradley Barnes
Robin DeVito
Anthony Tabacco



FLORIDA RADIOLOGICAL SOCIETY, INC.

MINUTES OF THE BOARD OF DIRECTORS MEETING

Friday, July 28, 2006

The meeting was called to order by the President, Dr. David Epstein, at 8:11am on July 28, 2006. Members of the Board of Directors and guests present were: Drs. Amos, Arterburn, Baran, Benator, Buskirk, Davila, Deitte, Entel, Epstein, Miles, Morin, Muroff, Northup, Pevarski, Raskin, Schiering, and Sharp.

Stephen Hunter and Elizabeth Trombetta represented the Executive Director's Office, Dr. Charles Allen represented the Florida Radiology Business Manager's Association, and Alison Dudley attended as FRS Lobbyist.

READING OF THE MINUTES

(Winter Meeting January 21, 2006):

MOTION: TO SUSPEND READING AND ACCEPT THE MINUTES OF THE JANUARY MEETING AS PUBLISHED.

- *Seconded and passed.*

SECRETARY/EXECUTIVE DIRECTOR'S REPORT

Steve Hunter brought the following items up for discussion:

FRS & FRBMA focus: Receiving content has been an issue. Need to recruit an Editor and have a Newsletter committee. Editor should be added to Board. It was agreed to allow three issues (instead of four) to be published each year.

Website: A request was made to be able to change the log in. Allowable postings for the Job Board were discussed along with an appropriate fee.

MOTION: POSTINGS BY NON-MEMBERS WILL COST \$250 FOR THE INITIAL POSTING AND \$20 PER WEEK THEREAFTER. NO HEADHUNTERS OR RECRUITERS WILL BE ALLOWED.

- *Seconded and passed.*

TREASURER'S REPORT/ INVESTMENT MANAGER'S REPORT

Steve Hunter presented the Annual Meeting financials as well as the Society financials to date. Jason Burke, Northwestern Mutual, presented the investment account financials and agreed to provide Quarterly reports to the Finance Committee.

COMMITTEE REPORTS:

LEGISLATION AND PUBLIC POLICY

Dr. Epstein expressed gratitude to Alison Dudley and Dr. Charlie Williams for their diligent work on the Radiologist Assistant bill.

Alison Dudley, FRS Lobbyist, gave the following report:

As you are all aware at the Board's direction legislation was filed and pursued to create a new physician extender for the radiologists known as a Radiologist Assistant. We were successful in passing this legislation with the help of Rep Mike Grant and Sen Jeff Atwater. It was signed by the Governor and became law July 1.

Much thanks goes to Dr Charlie Williams for his time and effort nationally and in Florida to make this legislation a reality.

As you may recall we were successful in passing legislation that created a mammo study committee. The outcome of that committee's report was used by Rep Don Brown to continue to try and get radiologists providing mammography legal protection. That effort was not successful and this past year we did not pursue the issue. The DOH has recreated the mammo work group to continue studying the issue especially as it pertains to low income women not taking this potentially life saving test. Dr Sharp is participating and monitoring this group and we will see if any legislation is pursued.

Thanks to all for their help and support.

RESIDENT SECTION

Dr. Deitte reported that three residents attended the ACR meeting. There are 15 poster submissions for this year's Annual Meeting.

FELLOWSHIP

Dr. Muroff reported that we had great submissions this year. A total of nine applications were forwarded to the ACR for review. Dr. Muroff asked the Board to submit additional names for consideration for next year.

GOLD MEDAL AWARD

Dr. Muroff reported that there were no candidates for this year. The question arose regarding qualifications for consideration and it was noted that Dr. Tom Hawkins created the Gold Medal Award to honor those members who have a very long standing, sustained contribution to the profession or specialty at the state and national level.

LEGAL COUNSEL

Dr. Raskin discussed HB 561 regarding Medical Directors. ACR Practice and Guidelines may dictate what you can and can't do. Please provide comments to the ACR on this important issue.

RADIATION ONCOLOGY

Dr. Buskirk would like to see more Resident involvement and also would like to do further research as to the number of Radiation Oncology members.

BYLAWS

Dr. Raskin thanked everyone who participated in the Bylaws revisions. The revisions will go before the membership for approval during the Business Meeting on Sunday. Dr. Raskin also summarized the new Committee Chair appointment terms so that the terms will be staggered by 2009.

CARRIER ADVISORY

Dr. Epstein discussed ICD codes. Tracy Sanders, FRBMA, reported that Data Insights has been hired to get money back for procedures that were paid incorrectly in 2002. Letters were sent notifying practices of the money that was due. Data Insights findings were disputed and the practices received another letter stating they would not be required to pay.

PHYSICS

Dr. Morin reported that the Physics section is in the process of reorganization. Dr. Morin reported that he had attended the CRCPD meeting (Radiation Control Directors) and the requirements regarding the training and experience necessary to perform fluoroscopy will be changing. A draft of the change should be available by the Winter Board Meeting.

MAMMOGRAPHY

Dr. Sharp reported that there are access issues for mammo exams. Would like to see data on mammographers collected on the dues statements. Dr. Sharp is interested in finding others who would like to serve on the mammo committee.

NOMINATING

Dr. Entel presented the slate of Officers for 2006-2007: President—Dr. Philip Cook, President-Elect—Dr. Richard Benator, Treasurer—Dr. Richard Morin, and Secretary—Dr. Gregg Baran. The Councilors nominated for 2006-2007 are as follows: Drs. Deitte, Epstein, Northup, Sharp, Baran, Schiering, Rose, Cernigliaro, Amos, Kotsenas, Buskirk, Raskin, Benator, and Davila. Alternate Councilors nominated for 2006-2007 are as follows: Drs. Rosenbach, Odzer, Albright, Katz, Cook, Ruzek, Morin, Stenzler, Pevarski, Miles, Williamson, Williams, Meader, and Carbonell.

MOTION: TO ACCEPT THE SLATE OF OFFICERS, COUNCILORS, AND ALTERNATE COUNCILORS AS PRESENTED.

- *Seconded and passed.*

The membership will vote during the Business Meeting on Sunday.

FRBMA REPORT

Charles Allan reported that the FRBMA continues to remain active and has a great turnout for this year's meeting. The FRBMA would like the two societies to be able to pair Practice Administrators to the Physicians and vice versa. The FRBMA will be having a coding meeting in the fall. Alabama, Georgia and South Carolina will also be invited.

PRESIDENT-ELECT REPORT

Dr. Cook reported that his Presidency will focus on Membership and Money. Dr. Cook plans to follow a business model that has a

defined plan and accountability. Format changes for the 2007 Annual Meeting have been implemented in order to increase attendance. A goal of 200 attendees has been set for the 2007 meeting. Drs. Rose and Davila have been named Membership Committee Chairs and will be implementing a "key contact" program for membership recruitment. Also, a membership postcard will be mailed to all current members asking them to help recruit their colleagues to become members. Dr. Northup has been named the Chair of the Vendor Support committee and is charged with increasing vendor support by 10%.

MOTION: EACH BOARD MEMBER TO BRING ONE ADDITIONAL MEMBER TO THE 2007 MEETING.

- *Passed by acclamation.*

A proposal was made regarding the ACR hosting a categorical course during the 2008 Annual Meeting. After much discussion the following motion was made:

MOTION: PURSUE ACR CATEGORICAL COURSE FOR THE 2008 ANNUAL MEETING AND WORK OUT DETAILS AGREEABLE TO BOTH PARTIES.

- *Seconded and passed.*

Provided a favorable agreement is made between the ACR and the FRS/FRBMA, further negotiations with Georgia to host a joint meeting in 2008 will be considered.

The meeting was adjourned at 12:30pm.

923.20 E849.6 365.44 443.9 610.0 831.04

756.0 596.0 767.4 719.83 606.8 401.1 558.9 198.89 756.0 596.0

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Ten FRS Members Approved for Fellowship in the ACR

The ACR announced that ten members of the Florida Radiological Society were approved for fellowship in the College. The following nine members of our Chapter will be inducted as fellows during convocation ceremonies at the 2007 ACR meeting:

Ricardo Bedoya	Mark Kransdorf
Richard Benator	Carlos Martinez
Robert Entel	Mary Swain
David Harding	David Wymer
Howard Jolles	

Our tenth member to be recognized, **Thomas Magee**, was approved for induction as an ACR fellow at the 2009 annual meeting.

The ACR believes that one of the highest honors it can bestow on a radiologist, radiation oncologist, or medical physicist is recognition as a fellow of the American College of Radiology. Unlike many other specialty societies, the designation of "fellow of the ACR" is difficult to

achieve. Only about 10% of College members achieve this distinction. ACR Fellows demonstrate a history of service to the College, organized radiology, teaching, and/or research. The Chapter is honored to have so many of its members recognized this year for their service and achievements.

The fellowship committee of the FRS is always seeking qualified candidates to submit to the ACR for fellowship consideration. If you wish to be considered for fellowship or have a colleague you wish to nominate, you may contact the fellowship committee of the FRS at 5620 West Sligh Avenue Tampa, FL 33634-4490 and request a fellowship nomination form; alternatively, the form may be downloaded from the ACR web site at www.acr.org. The fellowship committee requests that nominations be submitted, if possible, by December 22, 2006; applications filed after that date may be deferred to the following year.

SUPPORT THE PROFESSION THAT SUPPORTS YOU!

Remit to: FRS PAC, 5620 West Sligh Avenue, Tampa, FL 33634

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Occupation _____

Employer _____

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\$2,500 \$250
 \$1,000 \$Other: _____
 \$500

Contributions of \$1,000 or more will be recognized at the Gold Medal Reception at the Annual Meeting and in the **FRS & FRBMA focus**

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 Monthly Quarterly Annually

Payment Options: Personal check payable to FRS PAC
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Credit Card Number _____

Exp. Date _____

Signature _____

Corporate and professional corporation checks are not acceptable. Contributions are not deductible for Federal income tax purposes. *If you elect this option, your credit card will be charged automatically on a monthly, quarterly, or annual basis in an amount of your choice. Please note that this authorization will remain in effect until such time as you request in writing that it be discontinued.

“Sittin’ on the Front Porch”

Charles D. Williams, M.D. FACR

While traveling down highway 319 I noticed some folks sittin’ out on the front porch and my mind drifted back to the front porch in Simpler Times which was a place for gatherin’ and makin’ memories. It was a place where folks could get out of the hot sun and cool off. One could sit, rock, swing, swat flies, shell peas, and watch it rain. Neighbors and family could gather and talk about those who died, those who didn’t, and those who should’ve. Here Pedro heard the grown ups talk about their religion and their government.

On the front porch there always seemed to be enough time for ever’tang and there were more hours in a day than we actually needed. The pace was slow enough that a kid could sit and dream and make plans for the future. The front porch gave a kid a place and time to imagine, ponder, pretend, playlike, and evolve. It was such a good place to ponder and occasionally we pondered so hard we hardly had time to think. Other times we would jest sit and do nothin’ and become as worthless as a dead possum tail.

Pedro would sometimes sit on the porch and pretend that Grandma would live forever, that Daddy wudn’t have to work so hard, and that Pedro would grow up to be a doctor. He would pretend that he caught the biggest fish in all of Colquitt County and that his picture would come out in the Moultrie Observer. However, one time Pedro and Millard did go fishin’ and came home with some little ones. Millard told Grandma that he almost caught the biggest one in the whole pond, but he got away. Grandma smiled and turned to Pedro and asked, “Is Millard telling us the truth?” Pedro gave a grin as wide as a watermelon rind and said, “Yes, ma’am and I almost caught one bigger than that.”

Kinfolks would come and gather on the front porch and one time when Aunt Ethel and Uncle Arthur were coming, Mama told Pedro to come on inside and wash his face. She said that Aunt Ethel would never kiss him with a dirty face. Pedro, who always appeared to be busier than a barefooted boy in an ant bed replied, “That’s what I thought, too.”

It was not uncommon for kinfolks and neighbors to sit on the porch discussing and reflecting on their religion. Most of ‘em were Baptists and one time one of ‘em said that it was about time the Baptists got to pick the Pope. The Catholics had had him long enough. They asked Hazel if she had ever been Catheterized. She responded emphatically and said, “Of course not. I’m Baptist and I’m goin’ to stay Baptist.”

Among the men folks the talk would invariably shift to the weather, how dry things were, their crops and whether it would ever rain. Once they told Dad that his corn was awful yella and little. He quickly told them that he had planted the little yella kind.

The most heated arguments centered around politics. Dillard told ‘em that he had heard that you could lead a man to Congress, but you couldn’t make ‘em think. Grandma overheard the talkin’ and said that



Mr. Rogers said that we ought to be grateful that we didn’t get all the government we paid for.

The front porch brought families together and helped children to develop their values, their thoughts, and develop their dreams. We all sat around entertaining each other and learning from each other. This was our gatherin’ and thinkin’ spot. I can still remember Mama and Daddy and the kids sittin’ on the front porch watching the sun go down, hearing Mama give thanks and counting her blessings that we were all together, in good health, and had plenty to eat.

The front porch is almost gone now. We lost the front porch to airconditioning and television, but we really lost much more.

The front porch made very special memories. Even with the passage of time, I can still close my eyes and see Mama walk out on the front porch at night and hear her once again ask, “Are all the children in?”



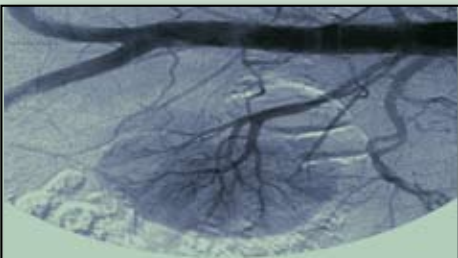
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The **FLORIDA RADIOLOGICAL SOCIETY** is committed to promoting an increased level of involvement in the Resident and Fellow Section.

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 publication of the FRS & FRBMA. It is anticipated that one paper will be published in each **FRS & FRBMA focus** edition.

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

by Lori Deitte, M.D.

The guidelines are as follows:

- Manuscripts, figures and tables should be submitted on-line to **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**.

WE LOOK FORWARD TO HEARING FROM YOU!

FRS & FRBMA *Focus*

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