

FRS President's Message

B. Nicholas Hatton, M.D.



I would like to begin by thanking the Florida Radiologic Society (FRS) Officers, Executive Committee, Board Members, Counselors, Alternate Counselors, and Members in Training for all of their hard work over the past year. Under the outstanding leadership of our 2015-2016 FRS President, Jeffrey Stone, M.D., FACR, our Florida state chapter was recognized by the American College of Radiology (ACR) by being awarded the "Excellence in Meetings and Education" award at this year's annual ACR AMCLC meeting in Washington, DC.

This year's FRS annual meeting at Ritz-Carlton, Amelia Island August 5-7, 2016 entitled "Light at the End of the Tunnel: Train or New Beginning?" was an extremely successful and enlightening conference offering excellent talks by renowned National and Florida speakers with opportunities for attendees to earn CME, RLI and SAM credits. We had record-breaking attendance at this year's meeting which included, 79 FRS member attending physicians, 17 non-member attending physicians, 66 resident and fellow physician FRS members, 33 FRBMA members and 62 vendors for a total of 257 participants. I would like to thank all of the corporate sponsors and vendors for their support that is so vital to the success of our meeting. Thank you to all of the radiologist, radiation oncologists, physicists, residents, fellows, and business managers who attended this year's meeting for their participation.

It is certain that Radiologist and Radiation Oncologist membership to FRS and ACR are salient to the success of our respective specialties. There are approximately 2500 practicing radiologists in the state of Florida but only one of every three of them is an FRS member. As we are all aware, there is strength in numbers. I would therefore like to ask all FRS members to interact with their Radiologist and Radiation Oncologist colleagues who may not yet be members and encourage them to join ACR and FRS. By standing united in greater numbers, our continued efforts and involvement in Tallahassee and Washington, DC will have a positive effect on the inevitable changes our specialty will face. Our FRS Lobbyist, Alison Dudley and the FRS Legislative Committee continually monitor Florida legislation and attempt to positively influence issues that affect our delivery of services to our patients. Alison resides and practices in Tallahassee allowing her to be an integral part of the political community. She stays abreast of current legislative issues affecting our specialty and is constantly working to serve our collective best interest. I implore all of our members to be politically active and engaged and to lend both personal and financial support to Allison as she works to overcome current and future legislative challenges. Contributing to the FRS Political Action Committee (FRS PAC), hosting fundraisers, and cultivating relationships with

FRS President's Message continued on page 1

FRBMA President's Message

By Jeff A. Younger, MHA, FRBMA, FACHE



I want to thank the Florida Radiology Business Management Association Board (FRBMA) for its service these past two years under the leadership of Ed Goodemote, our Past President. Ed's work has helped us continue a history of achievement and success. The Board has been focused on giving back to its constituents.

We just completed our combined State Meeting in August with the Florida Radiological Society. FRBMA brought in sponsored speakers Frank Lexa, MD, Richard Duszak, MD, Will Latham, Dave Jakielo, and others. Several of them painted a picture of change for radiology going forward, which is not unusual, but with an optimistic focus. "The Light at the End of the Tunnel..." was the theme.

Many groups around the state are concerned about issues like "What will the Balanced Billing legislation mean to us as we try to negotiate with Managed Care Plans?", "How will the upcoming national election affect Obamacare and reimbursement?", "What affect will bundled payments have relative to hospitals employing radiologists?", "Will artificial intelligence like IBM's Watson begin to have an impact?" To me, the theme of the meeting kept coming back to the long history of resiliency in our field. We see opportunities, adapt, and move forward in a positive way for the many customers we serve.

Our field has weathered many changes and will continue to do so in the future. My biggest concern are the groups who do not attend the meetings either at the state or national level, are not staying current with articles about our field, including things like MIPS, MACRA and more. Some have developed a certain level of complacency. Many look at their current situation and feel that because their compensation has remained the same (or even gone up this year) and days off have not changed, that experts in our field are simply crying wolf. To me, complacency is one of our biggest challenges. How do we as CEO's/business managers and physicians help ensure that everyone recognizes the urgency that the federal "Volume to Value" initiative will bring? Business as usual will not generally bring success in 2017 and beyond.

Jeff A. Younger, MHA, FRBMA, FACHE
President, Florida Radiology Business Management Association

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FRS President's Message

continued from cover

key political players are all vital to gaining ground on the challenges that our specialty faces. Please refer to Alison's Legislative Update in the following pages for detailed discussion of ongoing battles and recent victories.

It is also clear that our presence is necessary in other venues for our voice to be heard by policymakers and legislators. Far too frequently, decisions that directly affect Radiology are based upon policy and opinion referenced from the American Medical Association (AMA) and the Florida Medical Association (FMA) with little or no input from radiologists. With this reality in mind, one of the initiatives that I will undertake during my term as FRS President will be to encourage our members to become AMA and FMA members. The reason that our membership to these non-radiology associations is so important is that with increased FRS membership in FMA we will be allotted a larger number of FRS seats in the FMA House of Delegates. A larger number of seats in the FMA House of Delegates will allow us to have greater influence on FMA policy development. There is no doubt that increased radiology participation in crafting FMA policy will be much to our advantage.

While there are certainly changes on the horizon such as balanced billing, telemedicine, and further reimbursement cuts, it is as well clear that we can be winners. In answer to the title of this year's FRS annual meeting, the "Light at the End of the Tunnel" is indeed a "New Beginning". Our challenge in radiology and radiation oncology will be to adapt to the inevitable evolution of changing landscape in the delivery of services to our patients and reimbursement issues. Our mission must be, to find innovative ways to provide more value to our patients, hospitals, third-party payers and referring physicians thereby solidifying our rightful place as vital expert consultants.

I look forward to serving you as your FRS President during the coming year. I will strive to achieve a positive outcome for our specialty during these changing times.

Sincerely,
B. Nicholas Hatton, M.D.
President, Florida Radiologic Society

Resident Letter

By Ashish Sethi, M.D., M.H.A.

The Florida Radiological Society continues to outdo itself year after year and is the flagship of state chapter societies! The FRS program included highly regarded speakers including Drs. Richard Duszak, Tan-Lucien Mohammed, Matthew Hawkins, Frank Lexa, Lawrence Muroff, Daryl Eber, and Mary Swain. The speakers covered a large breadth of topics including clinical practice, business in medicine, career opportunities, and navigating change in the healthcare system.

Our annual meeting on Amelia Island demonstrated an incredibly robust chapter with an increase of resident attendance along with a total of 48 resident research poster presentations. We welcomed many new enthusiastic attendees to the meeting and witnessed representation from every radiology residency program throughout the state.

I am excited to welcome the new Executive Committee of the Resident and Fellows Section. The new officers are Vice President Dr. Jacob Roshanmanesh, Treasurer Dr. Aria Ghaffari, Secretary Dr. David Wymer, and Communications Officer Dr. Victoria Villescas.

This year, we will continue to build upon the successes from the last three years by increasing awareness about the Florida Radiological Society. Demonstrating the importance and value of having a unified organization is an important step towards expanding our presence for residents in Florida. Our top three goals for the year will include creating a strong medical student mentorship program, developing a platform for in state job opportunities, and increasing PAC contributions.

I am honored to serve as President for the Resident and Fellows Section to help create a legacy for the future of radiology. As I begin my third year on the Executive Committee, I am prepared to wholeheartedly serve the Resident and Fellows Section of the Florida Radiological Society and look forward to seeing many more devoted residents at next year's meeting in Sarasota!

Respectfully yours,
Ashish Sethi, M.D., M.H.A.
University of Florida - Gainesville

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Meet Your 2016-2017 Executive Committee



President: Nicholas Hatton, M.D.

Nicholas Hatton, MD, is board certified in diagnostic radiology by the American Board of Radiology with Certificate of Added Qualification (CAQ) in Nuclear Medicine. He is Fellowship trained in Imaging Research, Nuclear Medicine, and Magnetic Resonance. Dr. Hatton completed his residency in Diagnostic Radiology at the Mount Sinai Medical Center Miami, a NCI fellowship in MRI Oncology Imaging at University of Arizona Tucson, a fellowship in Nuclear Medicine at Emory University in Atlanta, Georgia and a MRI fellowship at NSI Orlando. Dr. Hatton was a practicing Radiologic Technologist and Nuclear Medicine Technologist for 10 years prior to attending medical school and continues to hold current ARRT certification in both disciplines. Following medical school and residency, he was a Diagnostic Radiologist and Director of Nuclear Medicine at Bayfront Medical Center in St. Petersburg, FL. In 2010, Dr. Hatton began practice at Florida Hospital Memorial Medical Center in Daytona, FL as a Diagnostic Radiologist, Chief of MRI and Director of Nuclear Medicine. He was also a member of FHMMC

Cancer Care Committee and Radiation Safety Committee until 2015 when his group merged with Radiology Specialist of Florida, his current practice, and now serves patients in multiple Florida Hospital facilities in central Florida. Dr. Hatton became adjunct faculty in 2015 at the University of Central Florida, Orlando, FL. He is a published author and has presented at numerous National and International Radiology Conferences. He was awarded Magna Cum Laude in Neuroradiology at the Radiologic Society of North America 2009 Annual Conference for his presentation of MRI of Multiple Sclerosis. He chaired the 2012 FRS/FRBMA Annual Meeting and currently belongs to the following FRS Committees: Musculoskeletal Radiology, Neuroradiology, Nuclear Medicine, Finance, and Program and Education. Dr. Hatton has served as the FRS Society Secretary, Treasurer, and President-elect.



President-Elect: Daryl Eber, M.D.

Dr. Daryl Eber grew up in Jacksonville, Florida and attended the University of Florida. He completed medical school at the University of Miami and his Radiology Residence and Nuclear Medicine Fellowship at University of Miami – Jackson Memorial Hospital. Dr. Eber is an associate radiologist at Digital Radiology, an ER Radiology Attending at Mt. Sinai hospital, and a Trauma Radiology Attending at Jackson South Community Hospital. He is the President of Aqua Radiology in Miami Beach, Florida, and is an executive officer for the Florida Radiologic Society and an active member in multiple other national organizations.



Treasurer: Steven DePrima, M.D.

Dr. DePrima earned his medical degree from Emory University School of Medicine in Atlanta, Georgia. He completed his residency in Diagnostic Radiology in the U.S. Air Force at David Grant Medical Center. He completed Fellowships in Neuroradiology and Interventional Neuroradiology at the University of Miami/Jackson Memorial Hospital, where he also served as Assistant Professor of Radiology in the section of Neuroradiology. He currently holds the appointment of Assistant Clinical Professor of Radiology at the University Of Miami Miller School Of Medicine.

Dr. DePrima is a senior member of the American Society of Neuroradiology and holds a Certificate of Additional Qualification in Neuroradiology. He has served as a member of the Board of the Florida Radiological Society since 2007. He also currently serves on the American College of Radiology Accreditation Committee for MRI. His private practice has been in association with the Miami Neuroscience Center since completing his Fellowship, where his interests include interventional neuroradiology, Gamma Knife radiosurgery, and the imaging of intracranial malignancies.



Secretary: Patricia Mergo, M.D., FACR

Dr. Pat Mergo, a native of Sanford, Florida, and a Rollins College and USF Morsani College of Medicine graduate, has practiced Radiology in the state of Florida since completing her post-graduate training. She completed a residency in Diagnostic Radiology and was Chief Resident at Eastern Virginia Medical School in Norfolk, Virginia. Following residency, she completed a fellowship in Body Imaging at the University of Florida in Gainesville, Florida in 1994. Upon completing her fellowship training, Dr. Mergo joined the faculty of the University of Florida College of Medicine in Gainesville and was a member of the Body Imaging division until 2009, when she joined the faculty at the Mayo Clinic in Jacksonville, Florida. She is currently the Division Chief in Cardiac and Thoracic Radiology and a member of the Body Imaging Division at Mayo Clinic Jacksonville and was inducted as a Fellow of the American College of Radiology in 2014.

Dr. Mergo has practiced academic radiology and been involved with radiology resident education for over twenty years. She is most thankful for the opportunity to work with and train many residents and fellows over her twenty-year career in the state of Florida. Her goal in participating in leadership in the Florida Radiological Society is to help shape the practice of Radiology in the state of Florida, making it a current and future model for optimal practice and patient care.



Immediate Past President: Jeffrey Stone, M.D., FACR

Dr. Jeffrey Stone is a Diagnostic and Interventional Neuroradiologist specializing in spinal disorders at Mayo Clinic Florida. He is an Associate Professor of Radiology at Mayo Medical School (Rochester, MN) and is a Consultant at the Jacksonville campus. Prior to coming to Mayo Clinic in 2007, Dr. Stone practiced for 8 1/2 years in Augusta, Georgia at the Medical College of Georgia and served as President of the Medical Staff, Director of the Neurointerventional service, and as a member of the Board of Trustees. He also held several elected offices within the American Society of Spine Radiology including President from 2009 to 2010. Dr. Stone has been an ACR councilor for Florida since 2011 and served as councilor representing ASSR from 2006-2009. He has been a member on the ACR Economics Committee on Coding and Nomenclature and the Economics Committee on Interventional Radiology and Interventional Neuroradiology since 2006 and is the chair for the Committee on Pain, MSK and Pain Management as part of the ACR Task Force for Clinical Practice of Interventional Radiology and Interventional Neuroradiology. He currently also serves on the Radiology Committee and Coding Committee for the North American Spine Society and is a Florida Medical Association Delegate representing the FRS. Dr. Stone is a member of the board of directors for the Jacksonville Humane Society.

THE FRS MISSION STATEMENT

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- Positively influencing the socio-economic factors affecting the practices of the House of Radiology in Florida via
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 - B. Educational efforts and communication with the FRS membership.
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FRS PAC

LEGISLATIVE REPORT

On Tuesday, January 12th, the 2016 Legislative Session commenced. As you may recall from my previous E brief article, there was a special session in June, to complete the budget, as the House left midweek on an acrimonious note and the budget was not completed. Many major pieces of Legislation did not pass. They came back in June and passed the budget. Due to the legal challenges to the congressional and state senate maps there were multiple special sessions to redraw those maps which had the Legislature in session on and off all the way through November. The rewriting of the congressional and senate maps led to many politicians deciding to run for higher office. It also shortened the time incumbents could fundraise as they cannot raise campaign money while in session. These factors made for a very fast paced session.

This session there were 1814 bills filed and only 279 passed. The Governor vetoed 3 of the 279.

The committee process started in September overlapped by the reapportionment special sessions through November. The balance billing issue was brought back before the legislature by Representative Carlos Trujillo, Republican, in House Bill 221. It is to be noted Rep. Trujillo is very close to Speaker-Designee Corcoran and this issue is one the Speaker-Designee has been pushing ever since he achieved office. The companion measure was introduced by Senator Rene Garcia, Republican, in Senate Bill 1442 and it is important to note that Senator Garcia is Chairman of the Senate Health and Human Services Appropriations Committee.

The bill as originally filed prohibited balance billing for emergency care. The Chief Financial Officer's consumer advocate, Sha'Ron James, was supporting the bill. The ER doctors took the lead on the issue, as they were most directly affected, with the radiologists, anesthesiologists, FMA, and Sheridan Health Care actively working against the bill as well. Dr. Epstein and I personally met with the CFO, Jeff Atwater, in Ft. Lauderdale to outline our grave concerns about the bill and its effect as proposed on physicians being able to successfully negotiate contracts with an insurance company. He assured us he understood our concerns. To favor one side or the other would be detrimental to all in the market place. He indicated he was not weighing in on the subject and that his consumer advocate worked on behalf of consumers and her approach to solving the problem might be more reactionary to the concerns she was hearing from consumers. The challenge for many was the "surprise" of finding out what their insurance did not cover and what must come out-of-pocket. The term balance bill, as the medical providers know it, was different than the surprise bill problem the legislature was trying to solve. The mixed message made it a very difficult bill to work on. The challenge being multi-fold, but it was clear that any bill received for services rendered was a "surprise".

Ironically, the Emergency Air Flight Transportation and HMO's going bankrupt which were two of the egregious examples the Consumer Advocate, Sha'Ron James, used in her presentation to the Legislature were never addressed in the bill.

The bill moved as anticipated in the House with no favorable concessions made to our team and it moved out of Senate Health Policy with several senators voting favorably on the bill for their friend Sen. Garcia who was writing the Health Care budget at the time the bill was up. Privately, the majority of senators did not feel the bill would move forward in the process.

At about the halfway mark of the session the FMA called a meeting and gave all the specialties society representatives compromise language crafted by and endorsed by the ER doctors, HCA hospitals and Aetna which extended the balance billing prohibition to non-emergency settings, and had insurance companies pay non-

contracted physicians their usual and customary charge for services rendered, and created a dispute resolution process. This was heatedly discussed amongst the specialty societies and the FMA board voted to support this proposal over the objections of the radiologists and anesthesiologists.

The language also expanded its effect to hospitals, ambulatory surgical centers, specialty hospitals, and urgent care centers.

The FMA compromise on the bill ended up costing us the bill. A coalition of radiologists, anesthesiologists, Sheridan, and U.S. Anesthesia Partners worked diligently to kill the bill. We had the bill derailed by placing two separate amendments on the bill on the floor of the Senate that the House would not take. Sen. Negrón's amendment was the prior authorization language, that the FMA supported, and another amendment by Sen. Latvala that carved radiologists and anesthesiologists out of the definition of who could not balance bill. The Negrón amendment had been tried in full appropriations and failed. The two leaders agreed to support each other's amendments to ensure passage. Unfortunately, the Senate President weighed in and the Latvala amendment was stripped off but the Negrón amendment was left in place. The last day of session, during the last hour of the session, the Senate President cut a deal with the House and stripped the Negrón amendment off and put the insurance language that benefitted children with Down syndrome on the underlying bill. Once that happened there was no stopping it (He has a child with Down). It was the second to last bill that passed before the Legislature adjourned. Sine die.

It now remains to be seen how the market place will respond. The bill is law but, the rule making on the dispute resolution process is nowhere near completion. AHCA has not released the proposed rule which should have been in place by July 1 of this year.

Telehealth was filed again this year. SB 1686, by Senator Bean, Republican, Senate Health Policy Chairman, filed the bill to create a Telehealth study bill. CS/CS/CS 7087 Rep. Sprowls, Republican, filed his companion measure which would have allowed anyone anywhere to practice medicine in Florida as long as they registered for \$150 and became licensed through the Department of Health. The Senate at the end of the day would not agree to the House language and the study bill passed.

The report is due back from the Telehealth council to the Governor, the President of the Senate, and the Speaker of the House of Representatives on or before October 2017.

Also contained in the legislation, the Agency for Health Care Administration shall compile surveys and research findings and submit a report of such findings to the Governor, the President of the Senate, and the Speaker of the House of Representatives on or before December 31, 2016.

We were opposed to the House version and neutral on the Senate version. The bill became Chapter Law No. 2016-240.

The breast density legislation was filed again this year by Senator Ring, D, SB 266 and companion measure by Representative Shevron Jones (D) HB 521. This bill would have mandated that radiologists include special notice of breast density in their mammography reports and recommended that the patient may benefit from supplementary screening tests including breast ultrasound, breast MRI or both. The bill also stated that if the patient had any questions or concerns they should talk to their doctor. We were opposed to the bill as written and it failed to pass.

Senator Grimsley, Republican, filed SB 676 relating to expanding the scope of practice for advanced registered nurse practitioners and physician assistants to prescribe controlled substances. Rep. Pigman, Republican and a practicing ER physician, filed the companion bill, HB 423. This has been a hard fought battle for many years. The FMA was neutral on the bill this year and so was the FRS. The bill passed.

Senator Gaetz, Republican, filed SB 1084 and Rep. Harrison, Republican, filed the companion measure, HB 963, relating to health care protocols, fail first, and prior authorization. This bill was the FMA priority bill which we supported. The prior authorization language was a non-starter in the House so it was removed from the bill. The bill was never heard in the House. The bill moved through two committees of its three references but ended up not making it through its third reference which killed the bill.

Senator Bradley, R, filed SB 1496 and Rep. Sprowls, R, filed the companion measure HB 1175 relating to transparency in health care pricing. We were neutral on the bill as it primarily related to hospitals providing quality service measures and financial information. This bill passed.

The 2016 – 2017 Session will start March 7th and end on May 5th. I would anticipate seeing the below issues potentially in the 2017 Session:

- Prior Authorization/Fail First
- DENSE Breasts
- Telemedicine
- State Employee Health Insurance
- More issues on Price Transparency & Costs

It is a Presidential election year and due to reapportionment and many politicians retiring or moving onto higher office, all 27 Congressional seats have races and a large amount of House and Senate seats have races. Many of these races will be decided in the Primary on August 30th. The Republicans are anticipated to retain control of the House and Senate but a number of Republican seats are anticipated to flip to Democrat control. What happens at the top of the ballot with turn out and how that affects down ballot races is anyone's guess. If you have any questions on who we are supporting, please feel free to contact me at alisondudley@dudleyandassociates.com.



We had a wonderful group of residents, Drs. Tasneem Kaleem (Mayo), Joseph Limback (Florida Hospital), Lindsay Thorton (UF Health – Jacksonville) and Matt Jenson (University of Florida), come visit Tallahassee and watch the Legislative process live. They were able to meet many of their elected officials and hopefully left with a better understanding of the political process and the importance of being involved. Above they are pictured with Senator Aaron Bean, (R) Jacksonville Health Policy Chairman.

Please remember to vote in the General election on Tuesday, November 8th.

PAC CONTRIBUTIONS

The following list of Doctors and Groups have contributed \$1,000 or more to the FRS PAC for 2016.

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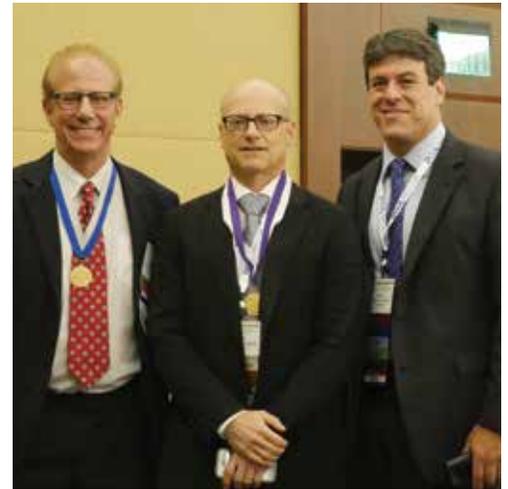
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Robert Entel, M.D., FACR with Gold Medal recipient David Epstein, M.D., FACR and FRS President, Jeffrey Stone, M.D. FACR



Program Chair, Doug Hornsby, M.D. and Resident of the Year, Dr. Aaron Kline, M.D.



Incoming FRS President, Dr. B. Nicholas Hatton with outgoing FRS President, Dr. Jeffrey Stone.



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Jeffrey A. Stone, M.D., FACR

CHARLES D. WILLIAMS, M.D., FACR LEGACY LECTURE

Mary E. Swain, M.D., FACR

RESIDENT POSTER PRESENTATIONS:

HIGHEST HONORS - Lindsay Thornton, M.D.

"Radiation Safety and ALARA In The Emergency Department: Analysis Of Emergency Medicine Residents' Awareness and Patient Dialogue"

2ND PLACE HONORS - Chris DeClue, M.D.

"Descriptive Analysis Of Liver MR Enhancement Following Various Chemoembolization Techniques In Patients With Hepatocellular Carcinoma"

3RD PLACE HONORS - Geetika Klevos, M.D.

"Supplemental Screening With Hand-Held Bilateral Breast Ultrasound Following a Negative Mammogram In Women With Dense Tissue Who Are Not At High Risk For Breast Cancer"

Golf Tournament Winners

First Place Team with a Score of 62:

**Gregg Baran
McLean Baran
Bing Herald
Kyle Platt**

Closest to the Pin:
Kyle Platt

Longest Drive:
Jim Farris



Florida Radiological Society, Inc.

Minutes of the Board of Directors Meeting

Friday, August 5, 2016

The meeting was called to order by President, Dr. Jeffrey Stone at 2:00 pm on August 5, 2016. Members of the Board of Directors present were: Drs. Bancroft, Baran, Benator, Bowman, Broderick, Caserta, Cernigliaro, Chen, DePrima, Eber, Feranec, Hatton, Hornsby, Kedar, Kline, Ludwig, McCook, Mergo, Miles, Morin, Muroff, Porter, Raskin, Sandhu, Sensakovic, Shah, Stone, Swain, Vallow, Wasserman and C. Williams, FRS Lobbyist Alison Dudley, FRBMA Representative Al Falco, FRS Executive Director Steve Hunter, and FRS Society Administrator Lorraine Roger.

Welcome and President's Report, Jeffrey Stone, M.D., FACR

Dr. Stone welcomed Past President of the Michigan Society, Dr. Shah and thanked him for supporting the RLI speaker. Dr. Shah invited everyone to the Michigan Society Meeting in September. Dr. Stone attended the FMA Meeting as a Florida Delegate and shared a resolution introduced by the Duval Medical Society regarding licensure or regulations for ultrasonographers in the State of Florida. There were discussions with the writer of the resolution, James St. George, MD who expressed interest in working with the FRS to craft a resolution that may satisfy all societies and members of FMA. Another resolution regarding credentialing linked to hospital contracts was discussed. As hospitals are bought out by other entities, often contracts and credentialing go hand-in-hand, and if you lose the contract, then you lose the credentials. The resolution proposes to pass legislation that would prohibit loss of hospital credentials without proper cause solely based on the contract with the hospital. The FRS will monitor this proposal as it could have significant ramifications for radiologists. FRS will have a greater presence at FMA given the bylaw change to grant 1 delegate for every 40 members who are FRS and FMA members. The annual FMA meeting is also extremely useful for networking and to make allies for future issues. Please approach Gregg Baran, Dan Broderick or Jeffrey Stone with questions. More people should join the FMA and get involved.

Secretary's Report, Stephen DePrima, M.D.

MOTION: TO SUSPEND READING AND ACCEPT THE MINUTES OF THE JANUARY 30, 2016 BOARD MEETING AS PUBLISHED.

Seconded and Passed.

Treasurer's Report, Daryl Eber, M.D.

Dr. Eber deferred to the Executive Director's report.

Executive Director's Report, Steve Hunter

Membership numbers are projected to be up by year end. Projected meeting revenue is \$95k, projected expenses are \$130k leaving a \$35k deficit. A conscious decision was made years ago to hold the annual meeting in Amelia to better serve the requests of membership. The overall budget deficit for the year is projected at \$16k. Our investment account is up \$6,500 and dues will increase for next year. We need to continue to recruit new members to our chapter. The FMA reported over 2000 practicing radiologists in Florida with 800 active FRS members. Dr. Stone personally contacted dropped members to get them to rejoin the ACR and FRS.

FRBMA Report, Al Falco

Jeffrey Stone attended the 2016 winter retreat. Nick Hatton will attend 2017. The FRBMA sponsored the Steven Miles lecture.

MOTION TO EXIT FOR THE LOBBYIST REPORT

Seconded and Passed

Lobbyist Report, Alison Dudley

The session commenced in January this year. Balanced Billing was a huge issue this past session. The bill passed as HB 221 by Rep Trujillo with Senator Garcia offering the companion bill SB 1442. This is a bill we strongly opposed along with the anesthesiologists, but the FMA compromised on the bill along with the ER doctors, surgeons, and hospitals half way through the session which ended up costing us the bill. The Scope of Practice Bill passed with FMA approval which gives APRN's advanced prescribing authority.

Telemedicine – Passed as a study bill. Limiting to Florida licensed doctors arguments have worked to date, but the trend is not in our favor. The bill was passed by Rep Sprowls and the companion was by Senator Bean.

Licensure compact language has been raised as a consideration by the FMA. Feedback is needed on this concept.

The DENSE Breast legislation was again defeated but anticipates seeing the bill again next session.

Prior Authorization, retroactive denial and Fail First language were in an FMA proposed bill sponsored by Senator Gaetz and Rep Harrison and was unable to pass. \$15k in the PAC to date.

Legislative Report, Daniel Singer, M.D., FACR

Dr. Singer was not in attendance and was briefly covered by Alison Dudley during her Lobbyist Report.

MOTION TO GO BACK INTO OUR SESSION

Seconded and Passed

Program and Education Committee Report, Dr. Phil Cook, M.D., FACR; Douglas Hornsby, M.D.

Last year we had 63 residents and it increased to 74 this year. Overall attendance increased to 155 this year, up from 142 last year. Dr. Raj Kedar is the Program Chair along with Dr. Hatton for 2017. The Daytona Group, Radiology Associates of Florida and Digital Radiology were acknowledged for lecture support of \$2,500 each year. The FRS meeting is recognized nationally for RLI. Membership will be surveyed regarding an interest in purchasing a jump drive to earn CME credits. Drs. Eber, Hatton, Hornsby, Morin, Muroff, Sensakovic, and Executive Director Steve Hunter will discuss further.

NEW BUSINESS

Membership Dues, Jeffrey Stone, M.D., FACR

Dr. Stone reported that an electronic voting survey was sent to voting members of the board and was passed. The two approved items were proceeding with unified ACR billing for 2017 FRS dues as they do for most state chapters. An increase of \$10 a year in dues for all classes was also passed and will help offset of the nominal cost of the ACR billing. We pay ACR \$5 per member for those who renew.

Management Contracts, Nicholas Hatton, M.D.

The Finance Committee Task Force reviewed the Lobbyist and Meeting Management contracts. Consensus was both contracts were reasonable and good.

MOTION TO SUPPORT THE DECISION OF THE CONTRACT COMMITTEE TO APPROVE AND RENEW LOBBYIST AND MEETING MANAGEMENT CONTRACTS

Seconded and Passed

MOTION NOT TO RENEW RETAINER WITH PAUL HAWKINS IN THE BUDGET

Seconded and Passed

In the future should there be a need to use a legislative attorney will be determined on a case-by-case basis which will go before the Executive Committee.

MOTION FOR THE EXECUTIVE COMMITTEE TO RESPOND TO THE NEED OF A LEGISLATIVE ATTORNEY TO ASSIST ALISON ON A PARTICULAR ISSUE. THE AMOUNT IS AT THE DISCRETION OF THE EXECUTIVE COMMITTEE.

Seconded and Passed

Foundation Update, Gregg Baran, M.D., FACR

The Foundation received \$22k in public and private donations. Public donations must stay above 33%. This year we are at 36%. M. Northup Award, an award of \$500 for a resident to attend the annual meeting was developed. The past FRS president will be their mentor and they will attend the board meeting. The purpose of this award is to promote leadership. This is a living memory of Dr. Northup who had a passion for residents' education and a Foundation was created at UF in his name. The RLI scholarship application submission will close on August 10th. The award is for \$1,000 to be used towards RLI meetings. Currently have 3 applicants.

Social Media, Jeffrey Stone, M.D., FACR

The FRS will adapt a policy regarding social media similar to that of North Carolina (distributed at meeting). Copyright materials should not be used on our website. RFS Officers have been monitoring social media. Dr. Eber will be involved and submit a policy at the winter board meeting.

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

continued from page 8

NEW BUSINESS (CONTINUED)

Nominating Committee, Laura Bancroft, M.D., FACR

Dr. Pat Mergo is the new Secretary for 2016-2017. New Councilor is Dr. Mary Swain. New Alternate Councilors are: Dr. Johnny Sandhu and Dr. Laura Vallow.

Carrier Advisory Committee, Dr. Porter

Dr. Epstein is the Diagnostic Radiology Representative and Dr. Porter is the Radiation Oncology Representative. Dr. Freeman from Naples helped to defend radiologists at this meeting. It is important to be there at these meetings to represent us. They are now bundling reimbursement codes which in the past were not.

Mammography Committee, Martin Landry, M.D.

Dr. Landry asked if the board was willing to submit a letter to various insurance carriers requesting reimbursement for breast tomosynthesis. Dr. Landry will provide data to support his request. In the past, the Mammography Committee had a mixed response. Dr. Stone recommended that the Committee first discuss the issues at hand and make a recommendation to the board. Dr. Landry will work with Dr. Swain and the mammography committee.

Dr. Phil Cook thanked Dr. Stone for all his work this year.

Dr. Cook asked Dr. Kline to initiate a drive for the residents at the meeting to give \$5 each to the PAC and a match was offered by Dr. Hornsby.

MEETING ADJOURNED AT 4:16 PM

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Kinfolks, Home Folks And Childhood

Charles Williams, M.D., FACR



There are many people and events that touch our lives over the years. They all play a part. One day we notice we've grown up and something is missing. We then realize it's our childhood and we then find ourselves lookin' back 'bout as often as we are lookin' ahead.

One person who touched Pedro's life was his other grandmama, Grandmama Murphy. Mama was a Murphy before she married. One time somebody asked Pedro what was his mama's name before she was married. Pedro replied that he didn't have a mama before she was married. Grandma and Grandpa Murphy lived mostly off the land and mostly around Coolidge, Georgia. They were poor and uneducated, but it has been said that literacy ain't everthang. They, like most folks around there, were Baptist. There didn't seem to be too much difference between the Baptists and the Methodists. They both sinned, but the Baptists had more trouble enjoying it.

One time when Pedro had gotten home from church, Grandma Murphy was there waiting. She hugged Pedro real tight and asked him, "What did the preacher talk about in his sermon?" Pedro replied, "I don't know. He never did say." Pedro then went on inside, took off his Sundry-go-to-meetin' clothes and put on some hand-me-downs. He rolled up his britches legs, went back outside and started playing in the dirt. Later mama hollered outside and said grandma was thinkin' 'bout takin' him home with her for a few days and that he would need to come back inside and get a bath. Pedro hollered back, "Can't we wait and find out for certain first?"

In her older years Grandma Murphy left Coolidge and moved into the housing project in Moultrie, Georgia. Even to this day Pedro looks back and still misses her. He was there three days before she died. It was late August 1962. Dog days had set in. Pedro had finished Mercer University and was the only one workin' at the cotton gin with a college degree. Kinfolks were beginning to sit in her place on the front porch. Usually a bad sign. Lights were dim on the inside. Another bad sign. Pedro went inside and she stuck out her weak, frail wrinkled hands clutching his. He held them closely and said, "Grandma, I'm going to medical school this fall and it's going to be hard." She pulled out a handkerchief from under her pilla'. Both ends were tied in a knot. She asked Pedro to untie one of the ends and out fell a fifty-cent piece. She said, "It's not much, but I want to help and it's yours." Pedro replied, "Grandma, thank you. Ever' little bit helps and I love you." Even though he had been told this his whole life, it was at that moment that Pedro truly learned that it was not the amount of the gift that counted, but it was the love, thought and caring behind the gift. Also, at that moment Pedro knew that Grandma Murphy had received a special blessing.

Pedro got a lot of gifts from a lot of folks over the years when he was getting' his educashun. Ever' little bit did help and it all added up and a lot of blessings were received.

There were other folks who also gave gifts to Pedro and one which comes to mind is Ms. Godbee. She gave him the most noblest gift of all - herself. She pushed, inspired, encouraged, molded and guided him and other young people through their childhood and made Moultrie, Georgia a better place to live. Some folks called her a second grade school teacher. Mama called her an angel.

Ever' single person, whether they were your grandmama or your second grade school teacher, seemed to play a part. Ever' single thang and ever' little bit contributed to make a whole and to make an adult. The days became years, the boy became a man, and the child arrived into adulthood. Pedro can't seem to separate himself from his kinfolks, his home folks, and his childhood. Sometimes it's a thorn in the side, but most of the time it is a comfort and a source of guidance and strength. Childhood may have been physically left behind but the experiences of childhood persist and can't be separated from the adult. I guess Pedro will always have in him a little touch of Grandma, a little touch of Pearlie and Willie, a little touch of Ms. Godbee and a whole bunch of Millard, Dillard and Willard.

Odds are that half of you reading this will get sued for medical malpractice sometime during your career (1). Perhaps that's not a nice thought to start your day with, but the medical malpractice system in the United States is not about to quickly change in the near future. If you keep that in mind, you can take some positive steps to mitigate the risk of litigation. First and foremost is to understand why radiologists get sued and where they are most vulnerable.

FAILURE TO DIAGNOSE

Failure to diagnose is the number one reason why radiologists get sued, as it is alleged in three out of four radiology lawsuits (2). Prepare yourself by understanding that there are two major categories of radiologic errors:

1. Perception errors are the most common reason for a radiologist's failure to diagnose, accounting for 60-80% of radiologists' errors. These cases are usually settled because the radiologist loses more than half the time if the case does go to a jury trial. It is important to understand the influence that reading a prior report may have on your perception (3). Also, be aware that errors will occur even with the best-trained radiologists.

2. Interpretation errors can occur when an abnormality is perceived but it is incorrectly described. These types of errors are cognitive errors rather than perception errors. A normal structure may be called abnormal. Radiologists win most of the time if these cases go to trial. An appropriate differential diagnosis may help, especially if the correct diagnosis is included in your differential.

HOW CAN WE IMPROVE?

As radiologists, we should be constantly striving for ways to do better. One thing we can do is improve perception if we look at the imaging studies before reading prior reports. The accuracy of perception may be improved when the radiologist is given pertinent clinical information. However, the greatest dilemma is trying to ascertain why a finding that is readily apparent in retrospect is so often inexplicably missed. This is akin to "Where's Waldo?" It becomes easy to see once you know where to look. Likewise with perception, interpretation may be improved with clinical information (4). Interpretation errors can be minimized through continuing education. If you've never heard of, for instance, pneumocystis carinii pneumonia, you are less likely to ever make that diagnosis. Do understand that more things are missed because they are not thought of, rather than because they were unknown.

FAILURE TO COMMUNICATE

Failure to communicate is one of the greatest problems facing radiologists today. It has been quoted that it was a causal factor, although not the primary factor, in approximately 80% of lawsuits. However, according to more recent studies, based on a 2013 survey conducted by the ACR, show a much lower number, as did a large study involving approximately 30% of closed medical malpractice claims (5). The courts have consistently held that timely communication may be as important as the diagnosis itself (6). Failure to communicate an urgent finding is rarely ever the reason for a medical malpractice lawsuit against a radiologist. However, failure to communicate an unexpected finding is often the reason. Based on reported case law, radiologists face liability for inadequate communication, independently of the ACR practice parameter (6).

The *ACR Practice Parameter* suggests three scenarios where the radiologist should directly communicate with the ordering physician (7):

- Findings that suggest a need for immediate or urgent intervention;
- Findings that are discrepant with a preceding interpretation of the same examination and where failure to act may adversely affect patient health;
- Findings that the interpreting physician reasonably believes that may be seriously adverse to the patient's health and may not require immediate attention but, if not acted on, may worsen over time and possibly result in an adverse patient outcome.

ACTIONABLE FINDINGS

Actionable findings are those that require special communication with the referring clinician and should be communicated as soon as reasonably possible. Three categories of urgency were developed and endorsed by the ACR depending on the severity of the disease process (8). However, none of the case law cited in the ACR Standards, Guidelines, or Practice Parameters, base their decision on severity, or artificial time constraints (7). We can use information technology to report actionable findings, but is that good enough? Patients can't understand why physicians can't communicate with each other when they can reach any one of hundreds of their friends and colleagues in a matter of seconds from their smartphone. They expect us to report critical results as fast as they can tweet it or share in on any other social media platform.

Even though the stated purpose of the practice parameters is that they are educational tools, and not to establish a legal standard of care, other courts have found that published standards or guidelines of specialty medical organizations are useful in determining the duty owed, or the standard of care, applicable in a given situation (9). The standard of care has always been, and will continue to be, determined by expert witness testimony by a fellow radiologist. The trial courts have mostly allowed guidelines into testimony as relevant to the decision-making process in the case, but not as a document that defines the standard of care (10). Nevertheless, this has not stopped Plaintiff attorneys from using our own document against us in a court of law. This is especially so if there was an available course of action that was ignored by the radiologist, or an available list containing the finding that wasn't mentioned in the report. The courts have consistently held that unexpected findings need to be communicated, without any time constraints. It has been rare for any guideline to be introduced in a court of law as supporting the conduct of the radiologist, but it is not rare for it to be used against the radiologist. Communication errors of reporting critical results have the greatest negative impact on the delivery of good patient care. These errors continue to occur even when there is a well-established policy in place, such as a guideline for communication of critical results (1).

HERE'S WHAT YOU CAN DO TO MITIGATE YOUR RISK

- Understand that both perception and interpretation may be improved with clinical information.
- Become familiar with the *ACR Practice Parameter for Communication of Diagnostic Findings* now, not when you are sued.
- Document all non-routine or direct communication.
- Have a written policy on critical result communication, and follow that policy.

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Since the FRS was founded, a major mission of the FRS has been to educate its members, the public and the medical community. In addition, it has also encouraged Radiologist-In-Training to attend and participate with our society in a meaningful manner.

The sad fact is that nothing in life is really free. These goals, as laudable as they are, require adequate funding to be successful. As we all know from our own residencies, radiology residents are not always able to attend and participate due to time and financial constraints.

It seems as though every year the FRS board along with the FRBMA scrambles to enlist individual and corporate support for these goals.

With regard to funding, as an incentive, the idea was promoted by members of the FRS board to create a tax deductible FRS Educational Foundation which would at the least provide a tax deductible means of supporting these goals.

I am happy to announce, that in 2011, the FRS created the FRS Educational Foundation which was incorporated with this **mission statement**:

The FRS Educational Foundation is an organization that shall be operated exclusively for charitable, educational and scientific purposes that comply with the Articles of Incorporation. The Foundation's proposed activities will include:

- Providing educational scholarships and grants to individuals for the purpose of paying their tuition and related educational expenses
- Educating the public and medical community of advances in radiology science and medicine through sponsoring distinguished speakers and funding radiology research
- General promotion and advancement of the medical practice and science of radiology

Our FRS Educational Foundation is now open for business and we respectfully ask that you consider a donation to this fund. You may make a donation directly from this link <http://store.flrad.org/frs/donation/frs-donation/>. Should you have a question or comment, please do not hesitate to contact us. You are encouraged to talk with us directly or by calling 813-806-1070 and our FRS liaison will forward your message to us. Please submit your contribution to: FRS Educational Foundation, Inc. • 5620 West Sligh Ave • Tampa, FL 33634-4490

I look forward to seeing your name or corporation on our donor's list.

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FRS DUES NOTICE

FRS membership dues are now processed through the American College of Radiology.

Please contact Membership Services at (800) 347-7748 to pay your 2017 society dues.

In order to offset the increased cost of administrative fees, FRS dues will increase \$10.

This modest increase will be reflected in your next billing cycle.

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THE RESIDENT AND FELLOW SECTION: An Invitation to Submit Posters

by Kurt Scherer, M.D.

Dear Residents and Fellows:

We invite you to submit a poster for the Resident and Fellow Poster Symposium at the annual FRS/FRBMA Meeting in Sarasota, FL, July 21-23, 2017. Please submit an abstract of 250 words or less to Lorraine Roger @ lroger@flrad.org by end of business Thursday, June 22, 2017. Include a complete mailing and email address with your submission. **The FRS also provides a meeting related hotel expense stipend to the first 40 radiology residents, fellows and medical physics residents who register and attend the meeting (\$200 for residents that submit a poster or \$150 for residents that do not submit a poster). Hotel receipt must be submitted after the meeting in order to receive either stipend. You must be a radiology resident, fellow or medical physics resident in a Florida program at the time of the annual meeting in order to be eligible for this stipend.**

- Authors will be notified once a decision has been made regarding acceptance.
- Accepted posters will be displayed at the Annual Meeting. **Posters are to be no larger than 4'x4'.**
- Posters will be displayed throughout the meeting and must be removed by the end of the meeting on Sunday. Any posters left on the display boards will be discarded. It is the responsibility of the author to set up and remove the posters.
- More information can be found at: <http://www.flrad.org/resident-poster-session/>

We look forward to hearing from you!

Kurt Scherer, M.D.