A.I. has the potential to affect every aspect of healthcare, particularly diagnostic imaging. A.I. has the potential to affect everybody with both the way we practice medicine and live.

At this year’s Radiology Business Management Association Meeting in Chicago, much of the time was spent on Artificial Intelligence. In 2012, there were less than 20 companies focused on healthcare A.I. Now we have in excess of 65 companies, and growing. It is estimated that the market for Artificial Intelligence will grow annually at 60% per year. By 2020 it could be a $17 or $18 billion dollar per year market.

In the past, I have commented on the obvious effects of A.I. as it relates to our potential radiology workflow. However, there are many more applications, especially in the hospital setting, that could be significantly affected. For example, faster/more accurate compilation of patient information could flag certain clinical issues and reduce wait times in the Emergency Room, help eliminate Operating Room errors, and more.

Everything about this technology is not designed to replace people, although some of that will ultimately occur. If used appropriately, it could improve clinical outcomes.

G.E. currently has a team within its healthcare subsidiary working to develop and refine algorithms for plain film x-rays and CT Scans. Will this reduce the number of radiologists needed? Not necessarily, but it will highlight potential problems or positive findings on studies completed. We need to view this as another tool at our disposal, not a reality. We are now getting into the whole “right vs. privilege” debate as well.

We are now getting into the whole “right vs. privilege” debate as well. In the past, I have commented on the obvious effects of A.I. as it relates to our potential radiology workflow. However, there are many more applications, especially in the hospital setting, that could be significantly affected. For example, faster/more accurate compilation of patient information could flag certain clinical issues and reduce waits in the Emergency Room, help eliminate Operating Room errors, and more.

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FRS President’s Message
continued from cover

As we embark on our new year, I will continue the push for new membership, but also encourage our current members to help where needed. This could be through volunteer work on a committee, FRS/ACR mentorship to a young radiologist, or financial donation to the FRS PAC or FRS Educational Foundation. Our continued involvement in the FRS and ACR is key to the growth and stability of our specialty. We often find ourselves on the front lines of multiple battlefronts. The tremendous efforts by few should be applauded, but it is the combined effort of many volunteers that make our voices heard by legislators and policy makers in Tallahassee and in Washington, DC.

I look forward to serving you as your FRS president this year and will continue the great work of those that came before me. We will carry forward the traditions of the FRS and work hard for our fellow radiologists and radiation oncologists throughout Florida.

Daryl Eber, M.D.
President, Florida Radiological Society

FRBMA President’s Message
continued from cover

computer takes over the functionality of the spaceship and begins interacting like a human would. Ultimately, Hal the computer is destroyed. We do not want to be in a Hal-like situation, so involvement in policies and procedures for implementation will be critical.

In early August, Facebook temporarily shut down its Artificial Intelligence Research Division because two of the chatbots they created not only learned from their own communication but started speaking to each other in a strange unexplained language. This will be the type of challenges facing radiology. How do we harness the technology in a way that helps, not further complicates things?

IBM Watson probably receives the most publicity for competing in game shows and answering difficult questions in micro seconds. Will Watson have applications for radiology? Most likely. Again, we control the work environment and need to protect the patient. We also control the quality of work performed and should never delegate that to a machine.

In closing, cognitive insights are already developed that will influence and in some cases replace human decision making. You do not have to look any further than your smart phone or smart television to realize that. In 2019, $32 billion dollars will be spent on A.I. internal encryption and it will continue to change the way we live. The challenge will be to keep it under control, help our patients and improve the accuracy of the work we do. It is not going away, so we must be engaged. At our FRS/FRBMA Meeting next summer (2018), we will be addressing A.I., the benefits and challenges it presents. In the meantime, I encourage you to read everything you can on this topic.

Jeff A. Younger, MHA, FACHE, FRBMA
President-Florida RBMA
Florida RBMA

Resident Letter
By Jacob Roshanmanesh, M.D.

Our annual meeting of the Florida Radiological Society was an incredible success! This year’s meeting took place in beautiful Sarasota, FL at the Ritz-Carlton Hotel with 64 registered radiology residents and fellows! While the resident turnout was impressive, the resident contribution to radiology education and research was beyond words. The halls outside of the lecture room were overflowing with resident posters including case reports, innovative research, and educational reviews. I am very appreciative for the support provided to us by the Florida Radiological Society to facilitate resident participation in this meeting.

Those in attendance this year were treated to energetic guest speakers that presented a range of topics with unparalleled knowledge, wisdom, and enthusiasm. I would like to specifically acknowledge Dr. Steve Ferrara for his presentation. Dr. Ferrara is by any measure a great radiologist, a great leader, an inspiration for a new generation of physicians, and an American Hero. We salute you and thank you for your service to this great country.

This year the Douglas Hornsby Leadership Award was presented to Dr. Tan Lucien Mohammed. This award is well-deserved and recognizes Dr. Mohammed for his leadership and support of the Resident and Fellow Section. We are grateful to Dr. Mohammed for his support, his contribution to resident education, and for advancing the future of radiology through research.

I would like to recognize our new FRS-RFS officers: Dr. Craig Meiers as Vice President, Dr. Ashley Grindol as Treasurer, Dr. Kimberly Beavers as Communications Officer, Dr. Jacqueline Henkel as Secretary, and Dr. Brad White as Medical Student Outreach Director. We have a great team and I know that this year will be a great success. Dr. Kurt Scherer, our chair of the Resident and Fellows Section Committee, deserves special recognition for all of the hard work that he continues to do every year on behalf of the residents and fellows. We really appreciate his continued efforts and guidance.

Over the next year we will focus our attention on resident recruitment, increased participation opportunities for medical students with the development of resources for medical student education, and fund-raising for the FRS PAC. Our “Stand With Us” Campaign will be designed to encourage individuals and radiology practices around the state to match resident and fellow contributions to the FRS PAC over the coming year. Money is tight during residency and fellowship (as many physicians now out of training remember) but we are determined to keep radiology strong and politically relevant. Our hope is that our hard work, dedication, and determination will be matched by the supportive radiology community in our state. I am confident that we will be successful.

Sincerely,

Jacob Roshanmanesh, M.D.
Florida Radiological Society Resident and Fellows Section President
Meet Your 2017-2018 Executive Committee

**President: Daryl Eber, M.D.**
Dr. Daryl Eber grew up in Jacksonville, FL and attended the University of Florida. He completed medical school at the University of Miami. He completed Radiology Residency 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. Dr. Eber is the President of Aqua Radiology in Miami Beach, FL. Dr. Eber is an executive officer for the Florida Radiologic Society and an active member in multiple other national organizations.

**President-Elect: 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. He has practiced at the Miami Neuroscience Center since completing his fellowships, where he is Director of Imaging. His interests include interventional neuroradiology and neuro-oncology.

**Treasurer: 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.

**Secretary: Douglas Hornsby, M.D.**
Dr. Hornsby was enlisted in the Army as a Combat Medic and received additional training as a nurse prior to deploying to Vietnam. He attended the University of Tennessee College of Medicine and attended graduate school at Memphis State University where he founded several medical businesses in the Midwest. He returned to medicine and graduated from medical school a second time with an internship at the University of Tennessee. He was Chief Resident of Diagnostic Radiology at Mt. Sinai Medical Center and received fellowship training at Brigham and Women’s Hospital followed by a musculoskeletal fellowship at the University of Miami. Dr. Hornsby served as Chairman of Radiology at South Shore Hospital in Miami Beach and is on staff at several South Florida hospitals. He has served on the Board of the Florida Medical Association and has held several offices in several medical societies both in Florida and Tennessee. Dr. Hornsby currently serves as North Bay Village City Commissioner.

**Immediate Past 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, President-elect and President.

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**THE FRS MISSION STATEMENT**

To serve and represent the interests of the Florida House of Radiology by

- Committing efforts and resources to advocate for cost effective, safe and accurate imaging and patient care, thereby improving the quality of patient care statewide.
- Positively influencing the socio-economic factors affecting the practices of the House of Radiology in Florida via
  - Representation to government and commercial payers.
  - Educational efforts and communication with the FRS membership.
- Representing the Florida House of Radiology in coordinated efforts with other radiological and medical organizations at the local, state and national levels.
- Actively participating in relevant Florida medical government affairs to
  - Monitor, influence and propose appropriate legislation.
  - Monitor and influence state medical regulatory affairs regarding medical imaging and radiation therapy.
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FRS & FRBMA FOCUS • FALL 2017 3
The 2017 Legislative Session started on March 7th with President Joe Negron (R-Stuart) and Speaker Richard Corcoran (R-Lutz) presiding over their respective chambers. As all may recall we had just completed a very contentious Presidential election with the outcome being President Trump’s election which none of the main stream media or political pundit predicted properly throughout the entire campaign.

The entire Session was overshadowed by the political aspirations of the Governor, the Speaker and many key legislative leaders as they tried not to make any missteps as they prepare to run for higher office. This will be even more pronounced as we enter the 2018 Session with Speaker Corcoran, Senate Appropriations Chairman Jack Latvala, and Agriculture Commissioner Adam Putnam all having announced or intimidated their interest in running for Governor and Governor Scott looking towards a US Senate bid.

Many are still trying to understand the voters desires as the political world was turned upside down during the Presidential election.

The Session started on an acrimonious note with Speaker Corcoran going after the Governors key projects by defunding tourism marketing and business incentives legislatively and in the House budget proposal.

Keep in mind, the only piece of legislation the Legislature has to pass by constitutional mandate is the budget. The Governor starts out the budget process with his proposed budget which the House and Senate can use as a template to create their budgets. With the Speaker running for the Governor’s priorities the talk of going into overtime started at the beginning of the Session which is highly unusual.

President Negron focused on his desire to build a reservoir south of Lake Okeechobee to reduce the toxic algae discharges into estuaries along the east and west coasts and making Florida’s universities into world class schools.

Speaker Corcoran was interested in school funding (charter) and took aim at reforming lobbying and legislation and a desire for increased transparency.

The main issues this Session were tourism, economic development funding, education, medical marijuana, gambling, Lake Okeechobee water quality, the “wall” issue which was a push by Wal-Mart to allow retail stores to sell hard liquor which was opposed by Publix and ABC Liquors and the small independently owned liquor stores, and LIP/Hospital funding.

The budget is where the battles took place and the lack of agreement on the big issues drove the process into overtime.

The Florida House continued its attack on the House of Medicine by once again filing bills that would have allowed physician extenders to practice beyond their training. A few examples of legislative proposals were a bill to allow optometrists to do laser surgery, a bill to allow independent advanced practice registered nurses who met certain criteria to practice advanced or specialized nursing without supervision of a physician or protocol by registering with the Board of Nursing, Representative, ER doctor, Cary Pigman (R-Sebring) once again proposed through a committee bill to allow doctors licensed in another state to simply register with the Department of Health for $250 and practice telemedicine in Florida. None of these measures passed, but I anticipate that they will all be filed again for the upcoming 2018 Session which starts early, in January, as opposed to the traditional March Session start time. Committee weeks start in September.

During the 2016 Legislative Session a telehealth study bill was passed. The Telehealth task force is due to report back to the Legislature on or before October of this year.

DENSE Breast initiative language was filed in the Senate by Senator Steube (R-Sarasota), but it had no House companion measure so the bill did not pass.

Legislation was also introduced regarding retroactive denial, where the insurance companies authorize medical testing or work to be performed then do not pay as the patient has left their plan, but was covered at the time of the work being done. The legislation would have prohibited a health insurer from denying the claim under specified circumstances. This bill was an FMA and FRS priority bill, but it did not pass.

The Session did go into overtime on the budget. The Governor acted on the budget on June 2nd and called the Legislature into Special Session June 7-9th to address funding for K-12, job growth, and Visit Florida. The Legislature came into Session completed their work, overrode some of the Governor’s vetoes, and passed medical marijuana legislation.

On the election front, there are currently four Special elections happening with two in Miami, one in Orlando, and one in Plant City.

The Miami special elections were due to Senator Frank Artiles(R) having to resign due to some disrespectful racial remarks made to a sitting senior female African American legislator from Jacksonville. Representative Jose Felix “Pepe” Diaz has won the Republican primary for this seat and faces Annette Tadeo in the General September 26th. The FRS is supporting Representative Diaz. Representative Diaz’s open House seat is also going to be decided on September 26 as well. To date, we have stayed out of this race.

In Orlando, Representative Eric Eisenauge(R) was tapped to be a District Court of Appeals judge. That Primary will be held August 15th and the General will be October 10th.

In Plant City, Representative Dan Raulerson(R) resigned due to health concerns and that Special election has been set for October 10th for the Primary and December 19th for the General election.

Elections will be very much on everyone’s mind as we start the 2018 Session with a lot of political dominoes falling.

We had an excellent group of residents visit and learn about the state legislative process. They were able to watch the process live and meet with many members face to face. Special thanks to Dr. Williams and his beautiful wife Pat for always taking time out of their busy schedules to welcome the residents to Tallahassee.

This year’s residents were: Dr. Eric Pepin, University of Florida, Gainesville, Dr. Jordan Bryant, University of Florida, Jacksonville, and Dr. Kimberly Beavers, Florida Hospital, Orlando.

Below they are pictured with Representative MaryLynn Magar (R-Hobe Sound) and Dr. Charles and Mrs. Pat Williams.

If you have any questions on who we are supporting, please feel free to contact me at alisondudley@dudleyandassociates.com.
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Incoming FRS President, Daryl Eber with outgoing FRS President, B. Nicholas Hatton.

FRS Gold Medal recipients

LaDonna Nichols announces her retirement after 41 years with the FRBMA and 26 years with state meetings.

FRBMA Secretary, Sharon Martineau received the Above and Beyond Award.

Dr. Ashish Sethi (left) presents Dr. Tan Lucien Mohammed (right) with the Douglas Hornsby Leadership Award.

Program Chair, Dr. Rajendra Kedar, and his wife during the GM Reception.
Congratulations!

RESIDENT AND FELLOW SECTION DOUGLAS M. HORNSBY LEADERSHIP AWARD:
Tan Lucien Mohammed, M.D.

RESIDENT OF THE YEAR AWARD
Jacob Roshanmanesh, M.D.

CHARLES D. WILLIAMS, M.D., FACR LEGACY LECTURE
Timothy R. Williams, M.D., FACR

RESIDENT POSTER PRESENTATIONS:

HIGHEST HONORS - Chad Engel, M.D.
“Clinical Decision Support For Inpatient Imaging: The Benefits And Overcoming The Challenges Implementing It.”

2ND PLACE HONORS - Bo Liu, M.D.
“Prevalence Of Coronary Artery Disease In Adults Under 30 Presenting With Acute Chest Pains – A Retrospective Study.”

3RD PLACE HONORS - Ivey Royall, M.D.
“Investigation Of Fetal Dose Estimation Methods.”

James Cunningham, M.D.
“Patient Dose During CT Guided Procedures: Differences Between CT Fluoroscopy Versus CT Helical Imaging.”

GOLF TOURNAMENT WINNERS

First Place Team with a Score of 66:
Bradley Barnes, M.D.
Ed Goodemote, Ph.D., RN
Staige Hoffman
Robert Ribinski

Closest to the Pin:
Edem Chen, M.D.

Longest Drive:
Larry Dean
Welcome and President’s Report, Nicholas Hatton, M.D.

Dr. Hatton welcomed all to the board meeting and asked everyone to introduce themselves.

Secretary’s Report, Patricia Mergo, M.D., FACR


Treasurer’s Report, Stephen DePrima, M.D.

DePrima deferred to the Executive Director’s report.

Executive Director’s Report, Stephen Hunter

The ACR began billing for membership dues in 2017 which increased membership by 185 and revenue by $60k. The projected revenue for this year’s annual meeting is $83k. Projected expenses are $111k which leaves a $28k deficit. The net surplus is more than $40k. Additionally, the NW investment account made $16k so far, this year.

FRBMA Report, Al Falco

FRBMA is raising their annual meeting registration fees to match the FRS. LaDonna Nichols is retiring after serving 41 years with the FRBMA and 26 years doing annual meetings. This will be her last state meeting. If your practice is not participating in the ACR registries, then contact the ACR.

Lobbyist Report, Alison Dudley

Balanced billing legislation was passed last Session. Alison would appreciate anyone who has had contracting difficulties in negotiating new contracts with insurance companies or being subjected to claw back tactics by insurance companies due to the recently enacted legislation to please let her know so she can keep the FMA updated as we look for opportunities to fight this onerous law. DENSE Breast legislation was introduced by Senator Steube on behalf of a constituent, but he did not have a House companion bill and had no interest in pushing the Legislation. She has now decided she is interested in filing legislation for the 2018 Session and has asked Rep MaryLynn Magar to file the House measure. Alison is working with Dr. Swain and the FRS mammography work group on this issue. Rep. Cary Pigman had a committee bill that contained Telemedicine and also APRN scope expansion. Alison anticipates seeing a Telemedicine/Telehealth bill next Session and a push from Rep. Pigman to continue pursuing allowing out of state doctors to practice in Florida without being licensed in Florida. She would greatly appreciate help from members of the FRS on this issue. The FMA had legislation filed relating to the Fail first issue, retroactive denial, and HMO accountability. Sadly none of the measures passed, but she anticipates seeing bills on these issues filed again in the upcoming Session.

MOTION: TO SUSPEND FOR PAC REPORT AT 2:50 PM Seconded and Passed

Legislative PAC Report, Alison Dudley

There is currently $4k in the PAC and more is needed as we are going into the election cycle in 2018. Positions that are up are: Governor, Attorney General, and Agriculture Commissioner. All 120 seats in the House are up. Additionally, half of the 40 Senate seats are up as well. Senator Frank Artiles (R) had to resign his seat which created a Special Election. Jose Pepi Diaz (R) is running for that seat. The Primary is Tuesday, July 25th. The General will be September 26th. Now, it appears that Governor Scott may run against Bill Nelson for US Senate. Rep. Matt Gaetz may leave his Congressional seat to run for Attorney General. Senator Jack Latvala, Speaker Richard Corcoran, and trial attorney John Morgan are all looking at running for Governor. Agricultural Commissioner Adam Putnam has officially announced his bid for the Governor’s office. Senator Denise Grimsley has announced her bid to be the next Agricultural Commissioner. Representative Mike Miller has announced his bid for Congress looking to take out new Congressional member Amanda Murphy (D) Orlando who defeated longtime Congressman John Mica. These are just a few of the dominos to fall with a lot more to come. Please contribute to your FRS PAC.

MOTION: TO RESUME THE MEETING AT 3:02 PM Seconded and Passed

Program & Education Report, Phil Cook, M.D., FACR; Raj Kedar, M.D.

Dr. Kedar thanked Nick Hatton and Phil Cook for a great program and noted the great line up of speakers. He announced a last-minute change to the program. Dr. Ferrara is the first radiologist running for Congress in AZ. Dr. Ferrara will be at the Meet and Greet during the Wine and Cheese Reception, as well as, during the break tomorrow in the Exhibit Hall.

MEMBERSHIP DUES, NICHOLAS HATTON, M.D.

The ACR began billing FRS membership dues in 2017. The ACR and the FRS are working together to ensure membership count matches. With the ACR drop in June, this goal should be accomplished soon. The ACR provided a preliminary apportionment projecting an increase of 4 more Councilor seats. An official count should become available in November. Dr. Pevsner was approached by residents in Miami who have created a survey -- “The Clinicians perception of Radiologists and Radiologists perception of Clinicians”. Dr. Pevsner forwarded the survey to the FRS and asked us to forward on to our society. A decision was made to write a simple line to include the link in the Ebrief. The society agreed that they would not endorse the survey. Either the President or Editor can add the link in the Ebrief.

NEW BUSINESS

Best Practices - Steven DePrima, M.D.

While in Washington, DC, Dr. DePrima attended the AMCLC Workshop for Chapter Leaders. One of the topics presented was “Best Practices”. The Texas Radiological Society shared a single page info graphic that they use to communicate the benefits of joining their state chapter. Additionally all of their chapter leaders read the book “Race for Relevance” and realized that they needed to make changes within their organization.

ACR Proposal, Joseph Cernigliaro, M.D., FACR

Dr. Cernigliaro presented a proposed affiliation agreement between the chapters and the ACR. The board reviewed and did not find anything in the language that they felt would be in opposition to policy or bylaws.

COMMITTEE REPORTS

Bylaws, Michael Raskin, M.D., FACR

Raskin reported that last year while the bylaws were amended to allow electronic voting, a paragraph was inadvertently left out and will be added back in.

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

Bancroft welcomed Dr. Hornsby as the new Secretary and proposed the new roster of Councilors and Alternated Councilors as of the 2017 ACR Annual Meeting.

MOTION TO APPROVE ALL Seconded and Passed

ACR Fellowship Committee, Lawrence Muroff, M.D., FACR

Muroff announced 6 chapter nominees for 2018. He asked that everyone look within their practices for those who are deserving. The ACR has made it easier for those who have a break in membership to come back. If you have 10 years in a row sequentially, plus whatever years you have now, you can go for Fellowship.

FMA Update, Jeffrey Stone, M.D., FACR

Dr. Stone reported that this year’s meeting is at Loews Sapphire Falls in Orlando, August 4-6, 2017. The FRS has 11 delegates, one for every 40 eligible members in the FRS.

Resident Stipend Recipients, Kurt Scherer, M.D.

Dr. Scherer announced that there were 3 recipients of the Legislative & Government Program and 7 ACR Annual Meeting recipients in Washington, DC for 2017.

MEETING ADJOURNED AT 4:30 PM

FRS & FRBMA FOCUS • FALL 2017
Suing the Radiologist for “Bad News”

By Michael M. Raskin, MD, JD, MPH, MBA, FACR

No, this is not “fake” news. It was recently reported that a radiologist in Israel was found liable for malpractice in a lawsuit after the patient read the report perceived as “bad news” and died as the result of suicide (1). The radiologist was aware that the patient was undergoing psychiatric treatment for depression and was receiving radiation following lung resection for carcinoma.

Historically, radiology reports were sent only to the treating physician and not to the patient. Radiologists and clinicians were not comfortable with patients directly receiving their reports, especially if there were abnormal findings. This attitude has softened over the years, especially after the Mammography Quality Standards Act in 1999 which mandated that patients must receive a summary of their report, in plain language, within 30 days of their mammogram. Initially, physicians were concerned that receiving certain abnormal test results could place patients at risk for psychological harm, it has been a federal law since 2014 that physicians and hospitals alike must provide copies of medical records to patients upon request. Despite a federal law to the contrary, one of the most frequent HIPAA violations is failure to provide a patient with a copy of their report within 30 days.

Delivering “bad news,” either in person or in writing, is an extremely difficult task. Additionally, radiologists should be aware that a written report may contain findings that some patients may consider, or mistakenly perceive, as “bad news.” This could be, for instance, a report that is suspicious for malignancy, or a report that describes a recurrence or progression of a known tumor. What constitutes “bad news” is based on the patient’s viewpoint, not what is actually contained within the report. Remember, “Perception is reality,” as they say. When creating your reports, try to put yourself in their shoes and think: how would you or a family member respond to the same news? Carefully choose your words. Be careful in your choice of the adjectives and adverbs you use. However, it’s equally as important to remember not to gloss over or otherwise hide the facts. This can result in an incorrect diagnosis of the actual problem. Say what must be said with compassion and in a considerate way. Radiologists should strive to be more deliberate in the wording of their written reports. Realize that many patients who are undergoing cancer treatment may already be depressed. Be honest and direct. The report should be dictated without unreasonable delay. “Bad news” should not come as a complete surprise, but patients tend to think the worst. For us, these reports are part of our job, but for them, even if the report contains no “bad news,” it is a nerve-wracking experience from beginning to end.

Could this happen in the United States?

To date, there has not been a malpractice case in the United States because a radiologist sent a report that was considered “bad news” by a patient. But that doesn’t mean that it can’t occur. Now that patients have the right to receive their medical records, including the radiology report, they may receive “bad news” before the ordering physician has explained the result to them. Radiologists should expect that their reports will be increasingly read by patients. The potential for patients acting on perceived “bad news” will only increase because of this.

Another potential but highly unlikely pitfall could be the tort of intentional infliction of emotional distress. However, in order to prevail on such a charge, it would have to be alleged that the radiologist acted intentionally or recklessly, and the conduct of the radiologist was extreme and outrageous. The tort of negligent infliction of emotional distress is a controversial cause of action, which is available in nearly all U.S. states but is severely constrained and limited in the majority of them. The underlying concept of this tort is that the radiologist has a legal duty to use reasonable care to avoid causing emotional distress to the patient.

Handling “bad news”

There have not been any malpractice lawsuits filed against a radiologist in the United States because the report contains findings which may be considered “bad news.” The legal pathway to prevailing on such a tract is murky at best. Nevertheless, it would be foolish to believe that it can’t happen here. “Be prepared” is an old Boy Scout motto, and it is still vastly appropriate and applicable today in many situations, particularly situations of this kind. Proofread your report for accuracy, especially if you think you will become the bearer of “bad news,” and make sure it reads honestly as well as compassionately. Additionally, you should consider directly communicating with the ordering or treating physician to give them a “heads up” so they can have the opportunity to discuss the findings with their patient before the report has received the report. It has been suggested that “bad news” results be handled as Critical results so they would be directly communicated (2). Besides reducing your risk of being sued, it is the considerate and compassionate thing to do for your patient, and should the news be truly bad, they will appreciate being handled with a human touch.

REFERENCES

1. Berlin L, Sosna J, Halevy D. Radiologist found liable for malpractice in Israel for causing a patient’s suicide by sending a “bad news” report: can this happen in the United States? AJR 2017;208:241-244
2. When good news in misinterpreted as bad news – who is to blame when a misunderstanding ends a life? In Practice 2017;11:14,16
Florida Radiological Society Gold Medal Recipient Announced

Sarasota, Florida; Monday, July 24, 2017 – Alison B. Dudley was presented with the Gold Medal Award on Saturday, July 22, 2017 at the Florida Radiological Society’s Annual Meeting. Mrs. Dudley was recognized for outstanding meritorious achievements and contributions that have affected Radiology in Florida. The board extends their best wishes and congratulations to Mrs. Dudley on receiving the Florida Radiological Society’s highest honor.

Alison B. Dudley is a native Floridian born in West Palm Beach and she grew up in Jupiter. She attended Martin, TECO Energy, AT&T, Hollywood Greyhound Track, Flo-Sun Sugar, University of Miami Medical School, and Florida Radiological Society, among others. Alison formed her own company in 2002 and currently represents the Florida Radiological Society, Chevron, Community Bridges, Inc. and the Judicial Assistants Association of Florida. She has successfully achieved budget increases and passed significant legislation on behalf of her clients.

Alison lives in Tallahassee with her husband, Charlie, and their children Chas and Emily.

The Florida Radiological Society is a chapter of the American College of Radiology. The purpose of the Chapter shall be those of the American College of Radiology, advancing the science of radiology, improving radiologic service to patients and the medical community, and studying the economics of radiology; the encouragement of improved and continuing education for radiologists; and the establishment and maintenance of high medical and ethical standards in the practice of radiology.

Pedro and Millard Gone Fishin’

By Charles Williams, M.D., FACR (from the original Simpler Times)

Dad called. He wanted to go fishin’. We hadn’t been in years, but I was too busy and told him we would have to make it another time. We hung up and I couldn’t put it out of my mind and this started me to thinkin’. What if there’s not another time? Besides Dad’s health was not what it used to be so I called him back and said, “Let’s go.” He was beside himself. He was so excited. I thought he was I ain’t no liar.”

“Yeh, so I can catch ‘em. I may be a poor fisherman but I can catch ‘em.”

Dad said, “Ya’ll doin’ as good as the people who fished here many fish we caught. We replied, “Nothin’ yet.” He then said, “Ya’ll doin’ as good as the people who fished here all day yesterday.” We said, “Yeh and we’re also havin’ fun.” We then remembered that one time me, Millard, and Dillard fished all day long and didn’t catch one single thing. On the way home we stopped by Knight’s Fish Market one block off the courthouse square in Moultrie. Dillard asked them to throw him 5 or 6 big ones over there where he was. They repeated, ‘Throw ‘em!’ He said, “Yeh, so I can catch ‘em. I may be a poor fisherman but I ain’t no liar.”

This day had passed rather quickly between Millard and Pedro. Not too much had been said, but the feeling was there. The fishin’ had been good, but we didn’t catch much fish. One small nibble caused us to sit there with each other all day. Hope is such a wonderful thing. There’s something special about fishing that brings a son and his dad together, locks out the rest of the world, and makes special memories. Dad had done this for Pedro. Now I got to do it for Dad. This opportunity had almost slipped by and had almost become a memory that never was. Over the years Pedro had grown up and had almost forgot there’s more to fishin’ than fishin’.

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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 FRMBA scrambles to enlist individual and corporate support for these goals.

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 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.

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 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 exists to promote and advance the medical practice and science of radiology and radiation oncology through scholarships and grants to individuals in practice or training, to sponsor radiology related research and to educate the public and medical community of advances in radiology science.

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 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
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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 Orlando, FL, July 13-15, 2018. Please submit an abstract of 250 words or less to Lorraine Roger @ lroger@flrad.org by end of business Thursday, June 21, 2018. 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’x 4’.
• 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.