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Talk to the Florida Radiological Society

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Thank you, thank you. Thank you so much I appreciate the honor of speaking to you today.

In 1974 I had the privilege of presenting some interesting cases to this group. They introduced me as a guy who grew up in South Georgia and whose idea of a seven-course meal was a 6 pack of beer and plate full of possum. When I stood up I said that is a damn lie I don't even drink beer. Years later I talked on the social-economic aspects of radiology. Now I'm concerned because I'm speaking on my personal perspectives of radiology. I think that's a sign of aging.

When I entered radiology in private practice we didn't have ultrasounds, CT's, or MRI's. We didn't even drain abscesses. So much of what I learned in residency we no longer do.

Back then we did Nuclear Med scans for pancreatic carcinoma which had approximately a 51% accuracy. We did numerous knee arthrograms, bronchograms, laryngograms, lymphangiograms, and numerous arteriograms for pancreatic carcinoma because we had no other way of looking at the pancreas.

So your practice will be changing over the years. What you're doing today may not be what you will be doing tomorrow. You'll need to adapt and continue to educate yourself. For you there may be molecular imaging. Whatever you're doing you'll have to be the best at it. You'll need to retain quality, integrity and a desire to do good.

I've been in private practice over the past 37 years, taking my share of night call and been in the trenches. I've had the privilege of serving as President of this Society and serving on at least 20 committees, taskforces and commissions of the American College of Radiology including the Board of Chancellors. I want to share some of my experiences and thoughts and hopefully you will benefit because over the years you'll face various crises. Some of the lessons I've learned I've learned the hard way.

My grandma raised seven kids in a small south Georgia town and after my granddad died of the swine flu in 1918 the depression hit and the three boys Millard, Dillard and Willard had to drop out of school and they couldn't read and write. Millard was my Dad. They planted cotton and the bowevils got the cotton and the banks got the land. They all became sharecroppers. When you visited the aunts and uncles they would always pat you on the head and say get your education it's something they can't take away from you. But my aunts and uncles including my Dad didn't know about those cardiologists and didn't know about co-terminus contracts and hospital bylaws and they were not fully attuned to the legislature. Nobody's life, liberty or property is safe when the legislature is in session. Many politicians are like baby diapers, they need to be

changed often and for the same reason. To be a good politician you need to act like you have the ability of leaving a parade when you are being chased out of town.

The effective practice of radiology requires more than just attention, film interpretation and patient treatment if you are going to survive. Normally it's our basic nature to be problem solvers and we function most effectively by narrowly focusing on the needs of our patients. As a consequence, many of us are poorly equipped to deal, on a daily or continuing basis, with the constantly changing forces that play in the political arena. Most of us would prefer to be left alone to pursue our practice but if we do so without attention to the politics in our hospitals and among the medical staff and also without attention to the issues on the state and national level, you may not have films to interpret.

I want to encourage each of you to understand the importance of administrative tasks, quality assurance efforts, societal endeavors and politic involvement to the well being of our practices and our specialty. I want to encourage you to combinate the legitimate time demands and resources to attend to these diverse responsibilities.

You'll need to be involved on the local, state and national level or at least someone from your group needs to be involved and you need to support those who are. By doing so you allow radiologists in this environment to win on issues that are critical to your practice and survival of your profession. Your support will allow the leaders to continue to provide vital contributions to your practice and our discipline.

I'd like to first start with the local level. It's helpful to have somebody sitting on the Executive Committee and/or Credentials Committee of your hospital. If not they can do things to you. You need to be sitting at the table with them and looking them in the eye. Don't sit around complaining about what they are doing to you. Become part of them. Have friends on the medical staff, gather support from the medical staff.

in 1974 I believe memorial
Hospital put in the 1st CT
scan. We had battles at that
time. Who will read then
the neurologist or the radiologist.
Don't be discouraged. There
will always be battles but I've
had a good life in radiology.
1st meeting is my group.

New CEO arriving. Usually turns to the hospital based physicians for control.

Bilek – got rid of without cause. Not putting Bilek through the hoops. Took away privileges. Court case. Said privileges did not include access to equipment and personnel.

Co-terminus contracts – get rid of without cause

Redid bylaws to raise the hoops

I want to now turn to the state level. It is important that we work with the general state medical societies such as the FMA but we can no longer depend on the state medical societies to look out for our specific interest. They may have competing interests such as when we were faced with the Self-Referral bill. Radiologists who don't support their state chapters through membership dues and involvement will suffer at the hands of those who seek to destroy our specialty as we know it. The responsibilities, expectations and the demands on state chapters have all increased as well as the complexities of the problems. In order to better control our own destiny we need to increase our visibility and influence in the state political legislative arena. One single event in the legislature could affect your practice as much as tens of thousands of dollars per individual per year such as the 1.5% tax.

The 1.5% tax was designed to take care of indigent care. Sometimes when a bill is passed we have to live with it for many, many years and we've been fighting this both on the legislative and legal level. This is like taxing the lawyers to build prisons and taxing construction workers to build houses for the homeless and taxing the grocery stores to feed the hungry. However this should be a societal problem not just one single group of physicians.

The 1.5% tax placed on radiologist's offices was not placed on any other group of physicians in the state. This legislative activity alone cost radiologists across the state of Florida in 1994 an estimated 10 million dollars and since that time this has added up to be between 50 and 100 million dollars.

When this 1.5% tax was passed we learned our lesson that we need to continue to work with the FMA in the future but we realize that we can no longer depend on the FMA for our specific interest and we have to depend on the Florida Radiological Society. It certainly became evident that our specific needs could not be met and protected without our own political representation in Tallahassee. We can no longer be the only group of physicians that are singled out for such legislative action. We have to have our own input and influences made in the hallways in the legislative office and in the workshops before it becomes a bill and before it reaches the legislative floor.

Self-Referral Bill

Florida was the first state. Fortunately that was passed and Florida is real proud that we were able to be the first state. We felt that the practice of physicians referring patients to health facilities in which they had a financial interest was not in the best interest of the patient. A physician who is dependant upon referrals maintain his practice normally by providing quality services in a professional caring manner at a reasonable price thereby satisfying his referring physicians, their staff and their patients. At least that was the way it was supposed to work before the event of physician owned joint ventures. It had been suggested that the independent radiologists could not increase his referrals from the joint venture group of physicians even if he provided his services free. If you are faced with the competition of a diagnostic center which profits for the physician investors there is no level of professional expertise on the part of radiologists,

nor degree of caring, compassion, and treatment of the patient, and no percentage of lowering of fees which could induce referring physicians to send you their patients to an independent imaging center which was competing with their own center. Fortunately his went through and this is a perfect example of why we as radiologists need to be involved on the state level for our own survival.

Another example was that a fee cap at one time had been applied to our practices and we had to get this thrown out both legally and legislatively. As an individual you are not able to do that yourself but by joining together as radiologists on the state level you become stronger and able to do things that an individual can't do. In order to get the fee cap changed we had to go to court for diagnostic radiologists and then the following year we came back for radiation therapists and got an amendment to get the fee schedule off for them.

Another example on the state level was a board member of the Florida Medical Association who was an orthopedist with his own agenda presented to the FMA a resolution. This resolution said, "Be it resolved that the Florida Medical Association in cooperation with the American Medical Association encourages hospital medical staffs in the state of Florida to not require an independent interpretation for radiological diagnostic studies when that interpretation does not contribute to the management of the case as a cost containment model for the nation." In other words, they did not want radiologists reading the films in the hospitals unless it was positive and of course we had to look at it first to see if it was positive. Mr. Tom Greesom who at that time was the legal council

for the American College of Radiology sent us some talking points and Mr. Greesom stated that the resolution seemed to him to require radiologists to produce a report only when there was a positive finding. Thus the resolution seemed to him to require us to review all films to find that positive finding and therefore producing a report only in selective cases. This resolution was initiated by a board member of the Florida Medical Association. I mention this to show you that you have to have people involved and looking out for your interests and just one instance like this could certainly change your practice.

The future is becoming more complicated. It is important that all of us on the ground roots level get involved. It is also important for us to support the PACs both on the state and national level and to stay informed. We need to have our input made in the hallways in the legislative offices and in the workshops on the state and national level before it becomes a bill and before it reaches the floor. I encourage you to be involved. The stakes have never been higher for us as radiologists, our patients and the care we deliver. Unity has never been more important.

My grandmother once said to me that weak things become strong if we stick together. The American College of Radiology is 32,000 members strong. It is backed by a cast of over 250 staff.

The ACR has close to 2,000 volunteers serving in leadership posts or serving on commissions or committees from all over the country. We have chapters in every state and representatives called counselors of each chapter which are sent to the national ACR meeting to determine ACR policy. And these policies can range from determining positions to take on federal issues like the physician self referral to practice issues. We have an annual council meeting which incorporates a democratic process much like the United States House of Representatives with representation based on every hundred chapter members.

The Board of Chancellors acts as the administrative branch of ACR making sure that the council policies are appropriately implemented. The Board of Chancellors are

elected or either appointed and we have an annual operating budget in excess of 30 million dollars.

The office is in Reston and performs most of the American College of Radiology's socioeconomic work. Here we have staff with expertise in government relations, economics, health research, health law, publications, medical education, standards and accreditation, appropriateness criteria and public relations to name a few and they work with ACR leadership and volunteers to execute and administer the ACR many programs.

The ACR tries to represent your interests. It is out there protecting and advancing radiology before Congress and state legislatures before federal agencies like HCFA, the FDA and state agencies like the state radiation control board; before Medicare and private third party payors; before the national and local media; and before Federal or State courts.

It also represents you before the American Medical Association and other medical groups. It represents your interests on official billing and reimbursement committees.

It works with your state chapters to assure proper implementation of Medicare policy. And also the ACR works with the chapters and state government bodies to combat abusive HMO practices.

Why does the ACR do this? Because through its numbers and resources the ACR can exert the leverage the time and money necessary to effectively represent the specialty. This allows you to focus on what you do best diagnose and treat your patients.

The ACR devotes many benefits and services to you while in training. Your membership is free throughout your training. Why? Because you represent the future of the profession.

The College supports its members as they adapt to a rapidly changing health care environment. The challenges for the College are complex, because the needs of patients and radiologists are many. To best represent radiology the ACR must relate to many different organizations and entities: the Congress, federal and state agencies, other professional societies and a variety of medical providers, corporations and suppliers.

The success of the ACR programs and projects is directly linked to the tremendous effort of its members who volunteer to serve their colleagues. Volunteerism is the backbone of the society. These members are not paid for their time or effort on behalf of all members but take time away from practice and family to contribute to their specialty. Hundreds of members representing private and academic practices and representing all of the subspecialties of radiology volunteer in the vast array of college programs and committees. Chapter leaders and members alike spend time every week visiting legislators, work with insurance carriers and Medicare and developing local education programs to advance the profession.

Radiologists now find themselves facing some of the greatest challenges in the history of American medicine. The ACR recognizes the tremendous pressures felt by radiologists and radiation oncologists across the country. We need to continue our leadership roles in the important areas such as economics and reimbursement, government relations and public relations. It is clear that we must support these services and activities in the future. You must support those members who are serving in various capacities in their practices, hospitals and state and national societies. It is recognized that the effective practice of radiology requires more than just attention to film interpretation and patient treatment. By supporting them you are also contributing to the enhancement and success of your own practice and also the profession.

There are many, many examples over the years where the American College of Radiology has had success. Just more recently the fees for mammography were at \$60 and we hope ^{helped them to be increased} by the end of year to have them up to \$90. Discuss the panel in Washington.

One crucial example was in 1965 radiology was being considered as a hospital service to be paid out of Medicare Part A services. This was already in the initial draft of the House Ways and Means Committee which would have had the hospital determine the portion of the payments that you would receive. The ACR hired a lobbyist named J.T. "Slick" Rutherford to fight the proposal. A radiologist was called into to Chairman Wilbur Mill's office to explain the professional training and expertise by radiologists.

Mills reconsidered and radiology was given its rightful place as a physician service under Medicare Part B.

ability & proper utilization Now we're faced w proper reimbursement, medical

We cannot be sure of the future that lies ahead. Costs, cutbacks, more uninsured, higher health inflation, managed care organizations and disease management companies seeking control of physician decision making, and greater competition among physicians can make the future for medicine seem cloudy at best.

While the future may seem murky, I do know that investing in the ACR is your best insurance policy for the future. I hope that each and every one of you will invest in the ACR. I truly believe it will be the wisest professional decision you'll ever make.

One final comment. It seems only yesterday that I finished my residency and was sitting where you're sitting. Time passes quickly so don't forget to enjoy your work, your family and your life. Smell the roses. Just remember you can't smell a rose if you've got a fungus up your nose.

I want to conclude with a story I wrote for the Simpler Times. The best things in life are the best things in life.