

FRS President's Message

By Jesse Davila, M.D.



Florida continues to be one of the most politically active and influential states in the union. Dr. Lori Deitte has successfully guided the FRS over the past year and helped continue our states legacy. Our mission continues to be – providing high quality, efficient, and safe patient-centered radiology, radiation oncology and medical physics. The FRS has many tools to help us accomplish our mission. On your behalf we will continue to:

- Monitor and influence governmental affairs in Tallahassee.
- Ensure our patients best interest are represented at the national level.
- Educate the public on radiation risks and the role of the radiologist.
- Annually provide a meeting focusing on solutions and sharing of best practices.
- Support our residents and young physicians as future leaders in radiology.
- Communicate through E-briefs, newsletters, annual meeting and website.
- Listen to our membership – we want to hear from you!

The presidential election will occur in the next few months and likely have direct effects on healthcare at both the national and state levels. The leaders in the FRS will continue to keep you abreast of the ongoing issues and alert you to any new challenges that may affect your practice. Continuous communication with our lobbyist in Tallahassee, Alison Dudley, will assist us in meeting this goal. I would encourage radiologists to find time and make a trip to Tallahassee to get a better understanding of how our state legislature functions.

The FRS and FRBMA hosted another successful meeting this month in Sarasota at the Ritz-Carlton. The meeting kicked off with a social golf tournament Friday morning followed by lectures in the afternoon. Maintenance of Certification (MOC) was addressed in the afternoon by David Laszakovits, M.B.A. Over the next few years practices will have to address the issue of

FRS President's Message continued on page 1

FRBMA President's Message

By Troy E. Purcell, MSF



“Change is inevitable, except from a vending machine.” I’ve heard that quote and many others over the past year regarding healthcare. In light of enormous adversity, the thing I admire most about our FRBMA members is their ability to laugh. We have a great organization with very talented people, always willing to share.

It was encouraging to rekindle old relationships and meet new friends at our FRS/FRBMA meeting in Sarasota this year. Many of us are facing similar struggles and sharing your successes and/or failures for a particular situation is what the spirit of our great organization does best!

Many have been busy discussing the benefits or pitfalls of getting their practices ready for Meaningful Use. I encourage all of you to explore this opportunity. Even if you don’t meet the deadline to submit by October of this year, there are still bonus dollars available for 2013 and beyond. I believe it merits a larger discussion in our specialty, especially for those groups who feel it’s not beneficial to do anything until there is a penalty involved.

Another issue we will have to face is how our specialty of radiology fits into an ACO model. There are numerous models available to investigate. Radiologists as specialists can belong to multiple ACO’s, however; primary care doctors can only belong to one ACO. I strongly encourage you to get involved at the ground level if possible. Try to get yourself or one of your radiologists on an ACO board. We will have greater influence on this process by being early adopters.

It’s not too early to mark your calendar for our 2013 Retreat. It will be on January 25, 2013 at the Tradewind’s Resort in St. Pete Beach, FL. We intend to have relevant topics that will appeal to all our members. This is a more intimate setting and gives our members the opportunity to network in a fashion not possible at many of the larger society meetings.

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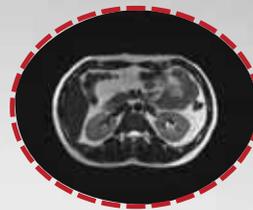
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residents graduating without board certification and the new challenges this will bring not only to the individual but to the group that hires them. This was the first FRS meeting to offer ACR Radiology Leadership Institute (RLI) credits. For more information or to enroll visit www.radiologyleaders.org.

Saturday morning the president of the ACR, Dr. Paul Ellenbogen, gave an update on the college's activities. Later in the morning Dr. Gunderman provided the Self Assessment Module (SAM) for the course. This was his first time speaking at the FRS and many of us found his lectures to be much more than facts or updates. His lecture on Money, Ethics and Leadership was insightful and asked

questions that would make any radiologist in the room pause and reexamine not only what it is we do but also how and why we do it.

The Residents and Fellows Section (RFS) had record attendance this year and held its own series of lectures and the number of poster presentations continues to increase every year. Congratulations to Dr. Harry Greditzer as the new chair of the RFS.

The Radiation Oncology Program provided a strong series of lectures on Saturday including EBRT and Immunotherapy in addition to addressing breast, pancreatic, prostate, brain and lung cancers.

Mark your calendars for next year's meeting as we hope to see you July 19-21, 2013 in Palm Beach.

Radiology will face many challenges as it does every year and it is unclear what impact the presidential election will have on our profession. The need for your volunteerism and donations has never been greater. The FRS executive committee will do its best to ensure the continued success of our profession and help ensure that your concerns and issues are heard. The e-brief will continue to serve as our vehicle for timely communication to the FRS and FRBMA members. Please remember the e-brief also provides op-ed opportunities to all members through the Member's Viewpoint: Please feel free to contribute to this section.

Meet Your 2012-2013 Executive Committee



President: Jesse Davila, M.D.

Dr. Jesse Davila assumed the position of President for the Florida Radiological Society (FRS) at the annual meeting of the organization in July. Dr. Davila is a Radiologist with subspecialty fellowship training in Musculoskeletal Imaging and he practices in Jacksonville, Florida as a senior partner of MBB Radiology (formerly Drs. Mori Bean & Brooks). MBB Radiology is a 45-physician, multi-specialty radiology group. He has also served as Imaging Director of Jacksonville Orthopedic Institute in addition to Assistant Professor at the Mayo Clinic in Jacksonville. Dr. Davila has been a leader at both the state and national levels since 2000, serving as the national Chair of the Residents and Fellow Section as well as the Young Physicians Section. Dr. Davila attended Wayne State University Medical School in Detroit, Michigan. He completed a residency in Diagnostic Radiology at the Mayo Clinic in Rochester, Minnesota. Upon completion of his residency program, Dr. Davila received his fellowship training in Musculoskeletal Imaging at the Mayo Clinic in Jacksonville, Florida. He has been practicing Radiology at MBB Radiology since 2005.



President-Elect: Daniel Singer, M.D. FACR

Dr. Dan Singer is a Neuroradiologist and partner with Naples Radiologists PC. The practice covers the Physician Regional Hospitals of Pine Ridge and Collier Blvd. as well as Naples Diagnostic Imaging Centers (outpatient imaging). Dr. Singer is the Medical Director of Radiology for Physician Regional Hospitals. Prior to coming to Naples, he was in practice for 23 years in Toledo, Ohio with Toledo Radiological Associates. Active with the Ohio State Radiological Society, he served as President from 2000 - 2001.

Dr. Singer is on the Radpac Advisory Council and the ACR Government Relations Committee. Favorite hobbies are sailing and woodworking.



Treasurer: Laura Bancroft, M.D.

Dr. Laura Bancroft is Chief of Musculoskeletal Radiology and Program Director for the Diagnostic Radiology Residency Program at Florida Hospital in Orlando, Florida. Prior to coming to Florida Hospital 4 years ago, she was a Consultant Radiologist at Mayo Clinic Florida, where she served as Program Director for the MSK Radiology Fellowship and Associate Dean of the Mayo School of Allied Health. Dr. Bancroft is currently the Treasurer for the Florida Radiological Society, ACR Appropriateness Criteria MSK Committee member, Co-Chair of the ACR Continuous Professional Improvement MSK Modules, Secretary for the Society of Skeletal Radiology, Planning Committee Member for the International Skeletal Society, Chair of the Musculoskeletal Review Courses for RSNA, Chair of the Instructional Courses for ARRS, and active member of multiple additional national organizations. Favorite hobbies are traveling, photography, and spending time with family and friends.



Secretary: Jeffrey Stone, M.D.

Dr. Jeffrey Stone is a Diagnostic and Interventional Neuroradiologist 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, Dr. Stone practiced for 8 1/2 years in Augusta, GA 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 - 2010. He serves as a member of the ACR Economics Committee on Coding and Nomenclature and Economics Committee on Interventional and Cardiovascular Radiology and previously served on the Carrier Advisory Committee. Dr. Stone enjoys fishing, golf, weight lifting and playing guitar and drums.



Immediate Past-President: Lori Deitte, M.D., FACR

Dr. Lori Deitte attended medical school, radiology residency and abdominal imaging fellowship training at the University of Wisconsin. Private practice in Johnson City Tennessee 1990-2002. Faculty at the University of Florida in the Body Imaging Section 2002-present. National involvement: Education Committee RSNA, Professionalism Committee ACR, Education Committee Chair APDR, Board of Directors APDR.

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In order to offset the increased cost of living, FRS dues will increase for the first time since 2005 from \$250 to \$275. This modest increase will be reflected in your next billing cycle. The FRS appreciates your support!

FRS PAC

LEGISLATIVE REPORT

On Tuesday, January 10th, the Florida Legislature began its sixty-day Session. This year lawmakers started early due to it being a Reapportionment year. Once every ten years, after the Census is completed, lawmakers redraw their Legislative districts to make sure they are apportioned properly and citizens are fairly represented. Being in the majority is helpful during this process but is no guarantee to an easy district.

There was some concern with the state maps potentially not being approved by the Florida Supreme Court. There was also concern over the newly apportioned Federal seats being approved by the Governor and then by the US Department of Justice in a timely manner, therefore the early start time was justified.

Qualifying for state and federal races in Florida ended June 8th and candidates needed to know what their new seats looked like.

In the end, the map of the State House seats was upheld; the State Senate seats were overturned by the courts. This put everything back to the drawing board but with one extraordinary Session they were able to get both completed to the state Supreme Court's satisfaction.

In addition to it being a Reapportionment Session year the members were facing another tight budget year. The Legislature completed their legislative work on time passing out a little over \$70 billion dollar budget.

There were over 2,000 bills filed this Session but only 149 passed through the legislative process. Several of these bills were big "trains" that contained many different bills under one bill number. This is achieved through the amendment process and I spend a lot of time during the end of Session watching out for bad language.

The radiation oncology versus urology turf battle received a Senate Issue Brief from Senate Health Regulation committee. ASTRO had input on the report. The issue was dropped by the radiation oncologists so it was never introduced this Session.

The bill considered a "must kill" bill by Rep. Richard Corcoran (HB 1329) containing balanced billing language and posting of 50 most common procedures on a very large sign in your waiting room DID NOT pass.

The bill was also introduced as a concept for the Senate Health Regulation committee which voted down introducing the issue. Unfortunately, under Senate Rules this allowed the language to be amended onto another bill at any time. We were victims of our own success as we fought the concept's introduction. I spent the remainder of the Session watching out for bad language. No such language was offered. I do think this is an issue we will see again next year.

The Patient Compensation system concept as an alternative to the courts in medical malpractice cases was never heard by either the House or the

Senate. It looks like it will be back next Session.

The medical malpractice bills by Sen. Gaetz (SB 1316) and Sen. Thrasher (SB 1506) and the companion bill by Rep. Matt Gaetz (HB 385) did not pass. Sen. Thrasher's bill on ER sovereign immunity for ER physicians did not pass. The two Senate bills were merged, dropping the ER sovereign immunity language and proposing instead the language below which contained several provisions.

- It would have raised the burden of proof in cases involving the failure to order diagnostic tests.
- It would have allowed equal access by the defendant physicians to interview plaintiff and other physicians.
- It also had clarification language on binding arbitration agreements that included a cap on damages.

To be able to get the bill out of committee a compromise was made on the Senate side to allow optometrists to prescribe oral medication. As you can imagine this was not well received by the ophthalmologists who were not consulted on the agreed upon language between the FMA and the legislators. At the end of the day it all failed to pass.

The radiology specialty technologists' bill, HB 309 by Rep. Jose Oliva, companion by Sen. Anitere Flores, SB 376, did pass and is on its way to the Governor for signature. It was a Department of Health priority bill that we signed off on. The Governor signed into law on April 27, 2012 and was effective on July 1, 2012.

Secretary Farmer, at that time the Acting Secretary of the Department of Health, wanted desperately to pass language that would allow him to temporarily suspend a physician's license to prescribe controlled substances through an Emergency Suspension Order if the practitioner was arrested or suspected of illegal conduct. The language was very broad and appeared unconstitutional. For example, if you were driving a car back from a concert with other people and drugs were found in the car and you were arrested you could temporarily lose your license without being able to prove you had no knowledge of the drugs and that your friends possessed the drugs.

We spent many hours meeting with the House sponsor and the Department of Health on this issue. Rep. Costello filed the house bill, HB 1143, and he was doing his best to work with us and the Department (it negatively affected the dentists also, and he is a dentist by profession). The Senate sponsor, Sen. Storms filed the companion, SB 594. She was not willing to compromise or listen to reason at all on this issue and stood up and railed against the egregious doctors in the system with notable anecdotes which were not favorable to the

practice of medicine. At the end of the day after much hard work and effort the bill was defeated.

There was also mandatory biannual fingerprinting of physician for licensure language offered which we were able to defeat.

The Department of Health reorganization bill, HB 1163 by Rep. Matt Hudson and the companion bill by Sen. Rene Garcia (SB 1824) passed the legislature was signed into law by the Governor on April 6, 2012. It went into effect on July 1, 2012. It was a massive reorganization and we had no issues with the bill.

HB 119 by Rep. Jim Boyd and SB 1860 by Sen. Joe Negron relating to personal injury protection (PIP) was one of the last bills of the Session to pass. Governor Scott and CFO Atwater very actively pursued passage of this legislation. The Governor signed this bill into law on May 4, 2012. The bill is designed to crack down on fraud in our auto insurance market. It requires patients to receive care within 14 days of an automobile accident. Only \$2,500 of the \$10,000 in mandated coverage could be used to pay non-emergency care. Acupuncturists and massage therapists are not covered by PIP payments. This part of the bill was hotly contested. They also eliminated attorney fee multipliers and instituted the right to "examination under oath" if fraud is suspected.

There were a series of bills filed relating to health care facilities. HB 7133 by Rep. Gonzalez, SB 1884 by Sen. Garcia, and HB 1419 by Rep. Brodeur were geared towards Assisted Living Facilities but contained mandatory contracting language. These were the mandatory contracting vehicles which I watched very carefully until the Session ended.

Also contained in the bills was language written as follows:

"potentially preventable ancillary services," which means a health care service provided by or ordered by a physician or other health care provider to supplement or support the evaluation or treatment of a patient, including diagnostic tests, laboratory tests, therapy service, or radiology service, that may not be reasonably necessary for the provision of quality health care or treatment. This language per House staff was taken from what Texas and Maryland had done and was targeting HMO and hospital outcomes. This language was quite worrisome to me as I felt at the end of the day it would be an excuse not to pay the radiologist for services rendered. I am pleased to report the bills died.



With Speaker-Designee Will Weatherford

The annual Resident's visit to Tallahassee started on January 31st. President Deitte and Drs. Daisha Hayden, John Scales and Tristan Smith came to Tallahassee and met with elected officials. We had a wonderful dinner with Dr. Charles Williams and his wife Pat. The trip was an overall success and I received feedback from the members as to how much they enjoyed meeting the Residents.

Overall, the 2012 Session was favorable to the radiology community.

Election year 2012 is well underway. Due to reapportionment several incumbents were drawn into the same districts and in several instances decided to not run or run for other county, city, state, or federal offices.

We have just come through the Florida Primary and there were many very close races. I cannot emphasize how important it is to go and vote. One candidate, Rep. Julien, lost by 13 votes and is requesting a recount. In a Palm Beach County Senate races between Rep. Clemens versus Rep. Bernard, Rep. Clemens won by 17 votes to take this Senate seat. ER physician Cary Pigman won Rep. Denise Grimsley's old seat by 32 votes. Many races are decided in the Primary as the candidate may face only a write-in candidate during the General election cycle. It is very important you participate and vote.

On the Congressional level many were surprised by Ted Yoho, a Gainesville veterinarian, beating incumbent Cliff Stearns. This was considered a Tea Party victory. The Tea Party was not successful in beating incumbent John Mica who defeated Freshman Congresswoman Sandy Adams. In the very crowded race to take Congressman Connie Mack's seat, Trey Radel, conservative television personality beat a very crowded field.

The General Election is November 6th and many candidates are gearing up. Recently, I had the pleasure of hosting a fundraiser at my house for

Rep. Dorothy Hukill (R), our dear friend, who is in a heated race for the Senate and Senator Ellyn Bogdanoff (R) who is running against another Senator who was drawn into the same seat. These will be two of the most closely watched races in the state.



Dr. Miles and his beautiful wife Nancy attended the event and are pictured with Rep. Hukill.

If you have any questions, relating to last Session or your local elections, please do not hesitate to contact me at alisondudley@dudleyandassociates.com.

Thank you,
Alison Dudley

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Meaningful Use – Are You Ready- Can You Get Ready?

By Michael Levine, M.D.

The American Recovery and Reinvestment Act 2009 (ARRA), incorporates a “meaningful use” incentive payment to eligible professionals (EP) in hopes of improving quality and efficiency of care for the Medicare and Medicaid population utilizing IT (EHR) to help accomplish this.

In this brief note, we cannot offer you a complete roadmap, but rather a simplified overview to get you going. What do Radiologists have to do? For starters, it is believed that 90% of Radiologists are eligible, thanks to a change in the definition of a “hospital based EP”, which no longer includes the place of service (POS) code outpatient hospital (POS 22) to now only include inpatient hospital (POS 21) and emergency room (POS 23). This little bit of magic makes it possible to be an “EP”, instead of an excluded provider. The question is raised “why bother”? How about improving medical care and at the same time receiving incentive payment and ultimately avoiding penalties.

The steps that have to be taken are registration with CMS (www.cms.gov/EHRIncentivePrograms). Since this is not a facility registration, you the individual Radiologist will need your NPI number, username, and password. Once done, the CMS system will calculate from all of your last year’s service codes whether you are an eligible professional (EP) and whether you are deemed as hospital based.

The next is “attestation” and it is more complicated. You will need to have access to a certified EHR. Certified inpatient hospital EHR is not acceptable, only certified general or certified ambulatory are permitted. A list of all the vendors certified products can be found at <http://onc-chpl.force.com/ehrcert>. As of July 2012, several companies have certified EHR for radiology RIS and practice management products. Fortunately for many of you, there is a simpler option – designating a third party to register and attest in your behalf.

The final step is near, you have to collect specific data (objectives and measures) on a specified percentage of all of your patients from whichever location that provides at least 50% of your outpatient service codes (POS 21 and POS 23 are excluded). There are 15 core objectives and 5 out of 10 menu objectives that have to be reported. Since most Radiologists will have “exclusions” for many, and an exclusion is equal to compliance, there are only a few measures that you will have to report to fulfill “meaningful use” and receive the incentive payment.

Remember, if you did not get started by **October 2012**, you will not be eligible for the full incentive. The incentive is still based upon having allowable charges exceeding \$24,000 during the preceding year, and if less, a sliding scale is utilized.

Ref. Barbara F. Rubel

http://www.rbma.org/Advocacy/Meaningful_Use_and_EHR/Meaningful_Use_How_Meaninful_is_it_for_Radiologist.aspx

Ref. KLAS – RSNA Meaningful Use Study 2011. Copyrighted

Resident Letter

By Harry (“Tate”) Gus Greditzer, IV, M.D.

While I was driving in my car back to Sarasota, I could not help but smile. Since becoming a part of the FRS as a first-year resident, I have watched the participation in the Resident and Fellows Section grow dramatically each year. Back at the 2010 meeting, as a wide-eyed first year resident, I remember only seeing about 10 posters or so from various residents. This year we had a total of 23 posters and 45 residents in attendance! In addition, it was remarkable to see members of the inaugural class of residents from the Florida Hospital Program in Orlando!

I think the 2012 FRS meeting was truly something special and the residents need to tip their hats to former President Michael Francavilla, M.D. (MSMC). Michael was instrumental in establishing an all-star roster of speakers including Drs. Paul Ellenbogen, Lori Deitte, Richard Gunderman, and of course Henry Pevsner! The session ended with a panel of young radiologists whom graciously offered their pearls of wisdom regarding fellowships, job opportunities, and what to expect in the real world.

In the coming year, as representatives of the FRS, the residents are planning a Ronald McDonald House volunteer night, in Miami. In addition, with the help of Vice President, Daisha Hayden, M.D. (MSMC) and web developer Cuong Nguyen, M.D. (MSMC) we have started a twitter account to provide other residents with the latest news from the FRS and ACR. We also look forward in continuing to cull participation from our respective programs with regards to the FRS RAD-PAC, started by our very own Kurt Scherer, M.D. (UF)!

I am honored to be the new President of the Resident and Fellows section and look forward to a great year!

Kind regards,



Harry (“Tate”) Gus Greditzer, IV, M.D.

University of Miami / Jackson Memorial Hospital

 Please visit the FRS-RFS on twitter! • <https://twitter.com/FRSResFel>

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The following list of Doctors and Groups have contributed \$1,000 or more to the FRS PAC in 2012.

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Dr. Michael Francavilla presented the Douglas Hornsby, MD Leadership Award to outgoing FRS President, Lori Deitte



Dr. Jesse Davila (incoming FRS President) presented the FRS President's Plaque to (outgoing FRS President) Dr. Lori Deitte



Al Falco, recipient of the FRBMA LaDonna Nichols Lifetime Achievement Award, with Steve Miles and LaDonna Nichols



Joyce Billingsley is the Recipient of the FRBMA Above and Beyond Award



Dr. Harry Gredtzer is recipient of the FRS Resident of the Year Award



FRBMA Al Falco (L) and Jeff Younger (R) of the FRBMA donate \$5K to FRS Foundation President, Dr. Richard Benator (C)

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2012 FRS Irwin L. Entel, MD FACR Legacy Lecture Recipient Dr. Richard Morin (second from right) with Robert Entel (far right) and the Entel Family



Giveaways were distributed during Lunch with Exhibitor's



Attendees enjoying the Annual Award Reception and Cocktail Party

Golf Tournament Winners

<p>First Place (65) – Scorecard Playoff Ben Boyle Ed Goodemote Staige Hoffman David Marichal</p>	<p>2nd Place with 69: Rizwan Assad Steven DePrima Scott Harryman John Tonkin</p> <p>Closest to the Pin: Staige Hoffman</p> <p>Longest Drive: Ben Boyle</p>
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Congratulations!

FRS RESIDENT AND FELLOW SECTION DOUGLAS M. HORNSBY LEADERSHIP AWARD:

Lori A. Deitte, M.D., FACR

FRS RESIDENT OF THE YEAR AWARD

Harry G. Greditzer, IV, M.D.

FRS PRESIDENT'S PLAQUE

Presented to outgoing President, Lori Deitte, M.D., FACR

FRS IRWIN L. ENTEL LEGACY LECTURE

Richard Morin, Ph.D., FACR

FRS RESIDENT POSTER PRESENTATIONS: HIGHEST HONORS

Sandip Patel, M.D. with "Dysphagia: Causes outside of the foodpipe"

2ND PLACE HONORS

Kirk Giesbrandt, M.D. with "Fat in the Bladder: Chyluria-An Uncommon Complication Following Renal Intervention"

3RD PLACE HONORS

Daisha Hayden, M.D. with "Cardiac Masses and Mimics"

FRBMA ABOVE AND BEYOND AWARD

Joyce Billingsley

FRBMA LADONNA NICHOLS LIFETIME ACHIEVEMENT AWARD

Al Falco, MBA

Florida Radiological Society, Inc.

Minutes Of The Board Of Directors Meeting

Friday, July 20, 2012

The meeting was called to order by President, Dr. Lori Deitte at 2 pm on July 20, 2012. Members of the Board of Directors present were: Drs. Bancroft, Baran, Benator, Buskirk, Cernigliaro, Cook, Deitte, DePrima, Entel, Epstein, Francavilla, Gianini, Hatton, Hornsby, Landry, Levine, Mergo, Miles, Mintz, Morin, Muroff, Northup, Porter, Raskin, Rose, K. Scherer, Singer, Stone and Zoubir. FRBMA Representative, Al Falco; FRS Lobbyist, Alison Dudley; FRS Executive Director, Stephen Hunter; FRS Associate Director, Beth Lewis and FRS Society Administrator, Lorraine Roger.

Treasurer's Report, Daniel Singer, M.D., FACR

Dr. Singer's report was covered in the Executive Director's report.

Executive Director, Stephen Hunter Report

Mr. Hunter provided updates on membership, financials and projections for the 2012 annual meeting. He also advised legal expenses were up considerably due to extensive lobbying efforts. Alison Dudley, FRS lobbyist, agreed to notify the FRS president and the FRS staff if she needed to spend a larger amount than usual going forward. Resident education and benefits also increased. 2012 cash projection of \$29k.

Mr. Hunter suggested the board consider raising dues or change spending. The goal should be to have a minimum of one year operating expenses on hand. The Board agreed to raise dues \$25 for 2013, and the Financial Committee will discuss raising dues \$5 annually.

A summary of current hotel contracts for future meetings was reviewed. FRS staff will provide meeting revenue numbers from past years to assist the board in determining the location of future meetings around the state. Staff will attempt to renegotiate 2014 hotel contract and investigate best options for 2015 and present at Winter 2013 board meeting.

MOTION: INCREASE FRS DUES BY \$25 FOR 2013.

Seconded and passed.

Lobbyist Report, Alison Dudley

Session commenced in January and ended in March due to it being a reapportionment year.

- Bill brought to legislation relating to Specialty Technologist that worked with the DOH to get passed.
- DOH reorganization bill was passed.
- Emergency Suspension Order bill was defeated.
- Med Mal bill relating to sovereign immunity to ensure radiologists did not have to be physically in the hospital to be give the protection the bill offered. The bill was traded to move expert witness forward and the ophthalmologists got their issue negotiated to more of the optometrist version. Nothing was passed.
- Balance billing/signage was worked very hard and ultimately defeated. We fought it the whole way through.
- Also, major PIP reform passed and Medicaid continued to be a huge

issue.

FRBMA Report, Al Falco, MBA

Al Falco encouraged board members to visit with Exhibitors and to thank them for their support. He stated lunch should be in the exhibit area when possible for additional networking opportunities. The FRBMA Winter Retreat is January 25th at The Tradewinds in St. Petersburg. Jesse Davila, M.D. will be speaking. Mr. Falco announced that the FRBMA is donating \$5K to the FRS Foundation.

Foundation Report, Richard Benator, MD, FACR

Dr. Benator thanked Dr. Hornsby for donating a portion of his life insurance policy to the Foundation. He reported that IRS filing requirements were in its final stages and would be completed in the near future. A special thank you went out to Dr. Entel and everyone who donated to the Foundation. A total of \$750 was raised the first day of the meeting. Dr. Deitte advised that ~~residents need support, as they are the future leaders of radiology.~~

RFS Initiative Report, Kurt Scherer, MD

Dr. Scherer reported that resident contributions have increased to \$2,225 in 2012 compared to a mere \$10 two years ago. Dr. Scherer thanked the board for their support and announced that the residents won the Resident Fellowship Award at the ACR Annual Meeting in April.

Medicare CAC Policies, David Epstein, M.D.

Dr. Epstein reported on coverage for peripheral vascular intervention using covered and non-covered stents. We were able to successfully advocate for the primary use of stenting above the popliteal level. Despite our concerns however, the policy contains wording that when site-specific covered stents are available, coverage require that these are used. The policy was also put into place describing appropriate indications for intervention with regard to arterial venous grafts and fistulas. For the most part, this policy was acceptable as drafted with some minor modifications required. At the time of this meeting, we had a vacancy in the position of alternate CAC representative with Dr. Duke Pao rotating out of the position. Dr. Steven ~~DePrima volunteered for this position and was accepted.~~

Compassionate Consideration for ACR Fellowship, Philip Cook, M.D., FACR

Dr. Cook reported that there is currently no provision given to ACR Fellowship candidates for undue personal or financial hardship. He asked that a resolution be passed as a Chapter. The committee would first review credentials with the final Arbitrator being the ACR Board of Chancellors. The Bylaws Committee will review as a change to the bylaws may be ~~necessary.~~

MOTION: PROCEED WITH SUBMISSION TO THE COUNCIL FOR THE 2013 MEETING AT WHICH TIME THE ACR COUNCIL MAY APPROVE THE RESOLUTION.

Seconded and Passed

COMMITTEE REPORTS

Program and Education Committee Report, Philip Cook, MD, FACR
Dr. Cook congratulated Drs Hatton and Deitte for a fantastic program. He announced that the FRS was the first state chapter to co-brand with the ACR for Radiology Leadership Institute and reported that 5 out-of-state registrants were attending the meeting. He noted the importance of Radiology Leadership Institute in helping to develop leadership skills.

Dr. Daryl Eber was recognized as the 2013 program chair and topics for next year's meeting were welcomed for discussion. Dr. Cook thanked Dr. Wahab for the great job she did with the 2012 Radiation Oncology program and stated that a Radiation Oncologist program chair was needed for 2013. Drs Buskirk and Porter will identify a candidate. In closing, Dr. Cook thanked the Entels for sponsoring a Lectureship that helps support our meeting.

Nominating Committee, Joseph Cernigliaro, MD, FACR

MOTION: The Nominating Committee presented the following four Officers for 2012-2013: President, Dr. Davila; President-Elect, Dr. Singer; Treasurer, Dr. Bancroft; Secretary, Dr. Stone.

Second and passed

MOTION: The Nominating committee presented Dr. Northup for ACR Councilor.

Seconded and passed.

MOTION: The Nominating Committee presented Dr. Barry McCook and Dr. Maribel Lockwood for Alternate ACR Councilors.

Seconded and passed.

The meeting was adjourned at 5:20pm for RADPAC report from Dr. Singer.
The meeting was called to order at 5:28pm.

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

Dr. Muroff advised three nominees were submitted to the ACR for 2012. He thanked Dr. Cernigliaro for his recruiting efforts and urged others to do the same. Dr. Muroff advised that one cannot be an ACR Fellow if he/she has been a member for less than 10 years; if only 10-14 years then there needs to be extensive contributions to the specialty. An ACR Fellowship nominee should be a member for at least 15-19 years.

FMA, Robert Entel, M.D., FACR

Dr. Entel advised that the FRS needed to support the FMA and prepare for the battle of self-referral. Dr. Deitte announced that Dr. Venkat Tummalala attended the FMA meeting and that the FRS currently has 3-4 FMA delegates. Dr. Northup will serve as mentor to new FMA delegates.

The meeting adjourned at 5:55 PM

FRS Members,

Now is a great time to get more involved with leadership in the Florida Radiological Society.

Please review the explanation of the various committees below this message and let us know which you would be interested in serving.

Let me know your choice(s) by sending an email to: iroger@flrad.org with "FRS Committee" as the subject line.

Regards,
Jesse Davila, M.D.
President, Florida Radiological Society

ONE YEAR COMMITTEE APPOINTMENTS:

Nominating	(Ad Hoc)
Bylaws	Musculoskeletal Radiology
Judicial Affairs	Mammography
Pediatric Radiology	Membership
Resident and Fellows Section	Ultrasound

TWO YEAR COMMITTEE APPOINTMENTS:

Physics	Fellowship
Nuclear Medicine	Gold Medal
Radiation Oncology	Legislative and Public Policy
Program and Education	Finance (Ad Hoc)
Corporate Support (sub-committee of Program and Education)	

THREE YEAR COMMITTEE APPOINTMENTS:

PAC Fund (Ad Hoc)	Cardiovascular Radiology
FMA	General Body Imaging
Representative to FMA Specialty Society Section of the House of Delegates	Insurance and Medical Economics
Neuroradiology	Radiologist Assistants and Technology Advisory
Masters Section (Ad Hoc)	
Interventional and	

TO LEARN MORE

About these committees please visit:

<http://flrad.org/committees>

Is Radiology Ready for Primetime Social Media? | Part One

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

Legal Counsel to the Florida Radiological Society

'Social Media' is the new buzzword in our present culture, but what really is social media? Unfortunately, there is no single definition that is universally accepted as the definition is still evolving. However, the common theme is that social media is an internet-based type of communication. More importantly, it is "user-generated" and describes the exchange of information among people who have *something in common*. Some common examples are **Facebook**, **MySpace™**, **Twitter**, **LinkedIn®**, **YouTube™**, and many other similar websites and services.

Why Is Social Media Important?

Health care providers are already using social media to disseminate information to patients as a means of marketing and branding their practice. Hospitals have been using live-streaming video of **Twitter** descriptions of complicated surgery and other procedures, as well as using **Twitter** for question and answer sessions. Health care providers are also using social networking to communicate and exchange ideas with staff. Social networking affords health care providers with unique opportunities such as patient care reminders, updating family members during surgery, connecting patients with similar diseases, and as a crisis communication tool with media and the local community. Social media and social networking are not going to go away. It is important that health

care providers address the challenges raised by social networking. Although there are potential pitfalls, legal and otherwise, which are largely unknown, social networking will forever be a part of health care.

Potential Pitfalls

Health care providers need to take steps to protect against allegations of wrongdoing. First and foremost, health care providers need to protect patient privacy by being **HIPAA** compliant. They must obtain the authorization of the patient to post any identifiable information on any social media network site. There is no exception under **HIPAA** that allows a health care provider to disclose information merely because the information has already been made public, even if done so by the patient. Another area where health care providers have gotten into trouble is by violating the **National Labor Relations Act (NLRA)** by not allowing "concerted activities" by employees. One type of activity protected under the **NLRA** involves work-related conversations between co-workers. A social media policy must be narrowly tailored with a legitimate purpose so as not to infringe upon employees' protected rights to discuss work-related problems.

Why Have a Policy?

With all the potential problems, why should a health care provider have a policy on social media? The reason is that not having a social media policy is just as dangerous as having a poor one. An analogous situation would be the potential liability you could face by not having a policy or procedure manual on communication of urgent or unexpected findings. Your employees are already using social media and may be discussing your practice. Ignoring it won't make it go away. Without a social media policy, you open yourself up to the liability of employees misrepresenting your practice.

Not Quite Primetime

Significant opportunities are afforded by the creation of social network sites, although the pitfalls are also significant and not yet fully recognized. Even so, health care providers need to be aware of these concerns and how to prevent wrongful use of social network sites. Not having a policy on social networking by your employees may be just as dangerous as having a poor policy. Finally, it may be undesirable, or even unrealistic, to avoid the trend to social networking in your practice. Primetime is just around the corner.

Part Two will address specific issues on developing internal policies and guidelines for your practice.

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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
 - a. Representation to government and commercial payers.
 - b. 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
 - a. Monitor, influence and propose appropriate legislation.
 - b. Monitor and influence state medical regulatory affairs regarding medical imaging and radiation therapy.

Our founding board members are

FRS Foundation:

President Richard Benator, M.D., FACR

Vice President Phil Cook, M.D., FACR

Secretary Gregg Baran, M.D., FACR

Treasurer Doug Hornsby, M.D.

Public FRS Foundation:

Davis Graham

Jeff Younger, MHA, FACHE

Scholarship & Grant Committee:

Dan Singer, M.D., FACR

Jeff Younger, MHA, FACHE

Todd Kumm, M.D.

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.

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 within the last quarter of 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 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.

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

Lorraine Roger

Society Administrator

Phone: 813.806.1070 • Fax: 813.806.1071 • Email: Lroger@flrad.org • www.flrad.org

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FRS Educational Foundation Donation Form

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

by Lori Deitte, 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 Palm Beach, FL July 19-21, 2013. Please submit an abstract of 250 words or less to Lorraine Roger at Lroger@flrad.org by June 3, 2013. Include a complete mailing address and email address with your submission.

- 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 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.

We look forward to hearing from you!

Lori Deitte, M.D., FACR
deittl@radiology.ufl.edu