



Canadian Association of Radiologists
L'Association canadienne des radiologistes

CAR RESIDENTS' REPORT AMERICAN COLLEGE OF RADIOLOGY 2017 ANNUAL MEETING

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OVERVIEW

In early 2017, Dr. Ning Su and myself had the privilege to attend the American College of Radiology (ACR) Annual Resident and Fellow Section (RFS) meeting, in conjunction with CAR annual meeting. The conference took place over the courses of six days in Washington, DC.

In the short report below, we aim to summarize the highlights of our experiences during the conference.

BACKGROUND

What Is the American College of Radiology?

Founded in 1924, the American College of Radiology is a non-profit organization that composed of more than 38,000 diagnostic and interventional radiologists, radiation oncologists, nuclear medicine physicians, medical physicists, and other allied healthcare professionals. Its objective is to enhance the partnership between radiology professionals with patients and their families to consistently deliver the best radiological practice, in early disease detection, diagnostic evaluation and radiological treatment. It also aims to enhance its members' practice through strengthening communication with other medical associations and allied healthcare professionals and to best serve patients and the society.

The core purpose of the organization is to positively influence patient care and serve the greater society by empowering its members to advance their practice, science, and professional radiology care.

The college is organized around the four core organizational values: leadership, integrity, quality, and innovation.

What is ACR-RFS?

Composed of more than 5,000 members, all residents and fellows training in the United States and Canada receive complimentary membership in the ACR and are considered members-in-training, thus members of the Residents and Fellow Section (ACR-RFS). ACR-RFS is the largest and most active trainee section among radiology organizations.

The ACR-RFS represents radiology and radiation oncology residents within the ACR and other specialty organizations including the American Medical Association (AMA), the American Alliance of Academic Chief Residents in Radiology (A3CR2) and the American Board of Radiology (ABR).

The focus of ACR-RFS to establish a North American-wide of radiology, radiation oncology and nuclear medicine trainees and distribute trainee-specific information and resources, while contributing to the overall goals of the College.

Elected annually during ACR annual meeting, the RFS is led by its own Executive Committee, with seven committee members, Chair, Vice Chair, Secretary, Communication Officer, Radiation Oncology Representative, AMA Delegate & Advocacy Liaison and Education Liaison.

ACR ANNUAL MEETING

Formerly known as the American College of Radiology Annual Meeting and Chapter Leadership Conference (AMCLC), the ACR annual meeting, held in Washington, DC, features programs designed to support and enhance the practice of its members. This year, it is schemed around Crossroad of Radiology, and separate into many different learning pathways.

ACR-RFS CONFERENCE HIGHLIGHTS

Keynote Lecture: Artificial Intelligence and Machine Learning

The keynote speaker, Dr. Keith Dreyer, was introduced to the audience by the newly elected RFS Chair, Dr. Colin Segovis. Dr. Dreyer is a world-renowned expert on artificial intelligence and machine learning and serves as the chair of the American College of Radiology's Commission on Informatics.

He started by stating that many radiologists and radiology trainees perceive the advent and maturation of artificial intelligence (AI) and machine learning as a potential threat to their way of life.

Our discipline is rapidly changing and expanding, and more complex algorithms are developed each day to allow the machines to be smarter, whereas our own intelligence is, for a lack of a better word, plateaued. However, he also argued that the early depiction of artificial intelligence and machine learning as possible replacement of human brain is far from reality. Far less complex but more useful AI, however, is on the horizon.

He then explained the complexity of medical image analysis and teaching computers to read these accurately and rapidly. He went on to argue that like DICOM and PACS, our discipline should learn to accept and incorporate AI into our practice in the future.

In conclusion, he argues that although a machine in the future may be able to read images, trained brains of radiologists are required to utilize this information.

Dr. Dreyer's address resonates with the ACR's Imaging 3.0 blueprint. Current and future radiologists should actively integrate our profession into the healthcare system, adding

values to patient care rather than simply interpreting images.

ACR-RFS Leadership Update

In this short session, last year's RFS executive community updated the audience on recent RFS activities and focus.

In the past year, the RFS executive community focused on broadening the social media footprint and offering the member residents with more educational programs and opportunities. The RFS base is also diversified.

RFS RADPAC Representative Update

RADPAC is the bipartisan political action committee of the American College of Radiology association (ACRA). Its goal is to support the campaigns of pro-radiology candidates at the federal level through voluntary contributions of ACRA members, and to promote professional interests on Capital Hill through Members of Congress and candidates running for Congress who are helpful to the radiology community in the United States.

RADPAC in the past year continues to be the second highest physician funded PAC, raising approximately \$900,000 from more than 2,000 members of the college. Nearly 300 residents contribute to RADPAC every year.

In the past year, RADPAC had an extremely successful election season, with 98 percent success in house race and 89 percent success rate in senate race.

Young Physician Panel

In this session, several newly graduated practising radiologists sparked an interesting discussion with the audience on several issues.

Regarding teleradiology, the discussion was quite heated. The panel first acknowledged its benefits to patient care, potentially providing more rapid access to radiology and its

subspecialties not otherwise available. However, the panel also believed that the traditional on-site radiology service would better serve the overall interests of most communities. To avoid being easily replaced by a corporate entity, each and every radiologist should strive to provide the best possible patient care and add value to clinical services.

Regarding practice types, the panel discussed the advantages and shortcomings of academic and private practice. The panel also recommended the residents and fellows to start job searching early since most jobs are not advertised. The panel informed the audience that the overall job market in the United States remain positive.

MACRA Update

This session was very interesting to us Canadians to learn about how imaging was funded in the United States.

In April 2015, the bipartisan Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) was signed into Law. The goal of MACRA is to improve patient care, by shifting the payment system from volume to value.

MACRA repeals the longstanding sustainable growth rate (SGR), streamlines multiple quality programs under the Merit Based Incentive Payment Systems (MIPS), and provide bonus to the less well defined eligible alternative payment methods (APMs).

In short, Centers for Medicare & Medicaid Services (CMS) would base payment adjustment for both MIPS and APM tracks over two calendar years prior to the final adjustment. Therefore, the performance in 2016 would dictate payment in 2019. Most of the radiologists in practice in the United States would fit under MIPS track. Under the current model, the radiologists would be categorized as non-patient-facing clinicians.

The performance of radiologists would be determined by 22 performance criteria proposed by the MACRA, with three major areas of focus, radiation dose management to minimize radiation exposure, follow-up recommendation, and external image sharing.

To calculate the amount of payment CMS will reimburse healthcare professionals based on the procedure performed, as determined by the Current Procedural Terminology (CPT) code. Each imaging study will be assigned a Relative Value Units (RVU). Each RVU is composed of three factors, physician work, practice expense, and malpractice. Any mis valued CPT code will be revalued. The final payout is calculated by multiplying the total RVU by a conversion factor (CF). The new MACRA applies a 0.5 percent update to the CF in 2017 and a few more years to come, until MIPS determines any future payment.

ABR Open Microphone Session

The ABR open mic session was hosted by Harry Jha, MBBS, and Kay Vydareny, MD, FACR, associate executive director for diagnostic radiology at the American Board of Radiology to discuss the current ABR core exam.

Two years after the foundation of American College of Radiology, after discussion with the other three major national radiology societies, the American Roentgen Ray Society (ARRS), Radiological Society of North America (RSNA) and American Radium Society (ARS), American Board of Radiology was incorporated in order to provide standardized examination for certifying physicians as specialist in the discipline of radiology.

Since its creation, the field of radiology has expanded dramatically, and numerous bylaws and resolutions were adopted to ensure its proper function.

The most recent major modification to the examination process happened in 2015, when the initial qualifying written and oral diagnostic radiology examination was phased-out, and computer-based diagnostic radiology initial certification exams, known as the Core and Certifying Exams, were implemented.

Currently, the Core exam is offered after 36 months of residency training in the United States, which is equivalent to finishing PGY4 year in Canada. It is image rich and covers 18 subspecialties and modalities.

The certifying exam is completed after 15 months after the completion of residency training. Three modules were clinical practice areas and can be chosen by the examinee to fit his/her interests and training, whereas as the last module, The Essentials of Diagnostic Radiology, is taken by all examinees.

Although somewhat confusing to us Canadians, the gist of this rather heated session was the Core Exam is not going to be phased out in the near future, and any trainees who plan on taking this exam should start preparation early, perhaps at the start of fourth year.

ACR Caucus

New Legislation: Undergraduate students and Patients as Members or attendees

Some time was taken during the RFS caucus to evaluate some of the proposed resolutions to be adopted. Two of the 45 total resolutions that will be legislated during the 2017 session in particular stood out: 34 and 23.

Under resolution 34 undergraduate students would be added to the member-in-training category. The resolution would also mandate that the ACR Commission on Membership and Communications would develop criteria for extending memberships to these undergraduate students. It was felt during discussion that

membership in the ACR RFS would be invaluable to young potential radiology residents, and that in turn there was much to learn from these students with respect to perceptions of radiology at the undergraduate level.

Resolution 23 would establish an exploratory fact-finding mission to explore the possibility of increased patients and patient stakeholders' roles in ACR conference attendance and presentations. It would also include patients in the ACR membership or as participants in the Board of Chancellors.

JACR

Bruce J. Hillman, MD, FACR (JACR editor-in-Chief) and Ruth J. Carlos, MD, FACR (JACR deputy editor) presented "a day in the life of a JACR editor", a well-received session which was evidently a repeat from last year's session.

Information on the yearly Bruce J. Hillman Fellowship was then presented. Named after Dr. Hillman himself, this fellowship provides a 2-week experience in medical editing, journalism, and publishing through rich experience in both Reston, VA and NYC. H. Benjamin Harvey, MD, JD was last year's fellow. He presented a general overview of his experiences and offered encouraging words to prospective Hillman fellows. This was a valuable experience to have witnessed and had a chance to discuss as our own CAR RS is attempting to organize resident-specific academic radiology training.

ACR Workforce Update for Members-in-Training

Every year, the chair of the ACR Commission on Human Resources updates the RFS members on job prospects following completion of training. This year's update was positive, as a large contingent of more seasoned radiologists is set to retire within the next five years due continued economic prosperity and financial stability for

those older radiologists who may have put off retirement previously.

The ACR's efforts to narrow the gender gap were discussed in this session. Reference was made to a recent JACR article: "Radiology as a Career for Women: Influences and Recommendations", where this issue was also explored at length. There is a concerted effort at present by the ACR to hire more female radiologists and encourage support in academic centers and the workplace for female members.

Career Development

Lawrence R. Muroff, MD, FACR, CEO and president of Imaging Consultants Inc. gave the final presentation of the RFS on the topic of the employment contract. Although there are many

differences in both the nature of employment and the nature of contractual law between the two countries, there were several important points highlighted.

Hire a lawyer go over the contract with you- specifically financial obligations, non-compete clause, or what your role will be in that new group.

Contract negotiations are largely not undertaken anymore. Many groups have adopted a 'single contract system' to avoid potential infighting or non-standardized (and possibly unethical) treatment of new employees.

Verbal agreements carry no weight if the paper contract does not include them.

Summary

Our trip to the ACR RFS was a perfect opportunity as Canadian Residents to explore some of the great talks and helpful career advice provided to the members of the ACR RFS. While the CAR RS is merely in its infancy when compared to our American counterparts, we share many of the same challenges and interests. Any time we have the opportunity to introduce elements from their program for the annual meeting into our own, or to take points away from their excellent panel of guest speakers is invaluable. We are grateful to the CAR for providing us with this opportunity and hope that this brief summary can be of benefit to anybody reading.

With Respect,

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