

2011 ANNUAL REPORTS
January 1, 2011–December 31, 2011 Annual Reports for Council

Operational Commissions

1. Commission on Economics
2. Commission on Education
3. Commission on Government Relations
4. Commission on Human Resources
5. Commission on International Relations
6. Commission on Leadership & Practice Development
7. Commission on Membership and Communications
8. Commission on Quality & Safety
9. Commission on Research & Information Technology

Specialty Commissions

10. Commission on Body Imaging
11. Commission on Breast Imaging
12. Commission on General, Small and Rural Practices
13. Commission on Interventional & Cardiovascular
14. Commission on Medical Physics
15. Commission on Neuroradiology
16. Commission on Nuclear Medicine
17. Commission on Pediatric Radiology
18. Commission on Radiation Oncology
19. Commission on Ultrasound

Task Forces

20. Joint Task Force on Adult Radiation Protection
21. Task Force on Conflicts of Interest
22. Blue Ribbon Governance Advisory Task Force
23. Task Force on Nuclear Medicine Training II

Freestanding Committees

24. ACR Foundation Funding Group (ACR-FFG)
25. ACR Foundation International Outreach Committee
26. ACRIN Fund for Imaging Innovation Research Selection Committee
27. Committee on Awards & Honors
28. Committee on Bylaws
29. Committee on Ethics
30. Committee on Governance
31. Intersociety Committee
32. Journal of the American College of Radiology

January 1, 2011 – December 31, 2011 Annual Report
Commission on Economics
Bibb Allen, Jr., M.D., FACR, Chair

Goals

The Commission on Economics is ACR/ACRa's primary resource for medical socioeconomic issues. The Commission collects, analyzes, and disseminates information on all facets of economic issues relevant to the practice of radiology, interventional radiology, radiation oncology, nuclear medicine and medical physics. The Commission on Economics focuses its activities on coding, surveying and presenting data to develop relative values, national and local coverage policy, regulation, private and public payer relations and the development of educational resources for the membership. Acting upon input from the membership and in reaction to changes affecting radiology, the Commission prepares statements, studies, and gives presentations, etc., on issues within its purview with the support of its economics committees and other specialty commissions. The Commission's work product often is used as background material and evidence for ACRA's Congressional and State legislative efforts as well as communications with the Center for Medicare and Medicaid Services (CMS), policy makers and other medical insurers.

Accomplishments

Multiple Procedure Payment Reduction (MPPR)

In July 2009, the Government Accountability Office (GAO) published a report titled, "Medicare Physician Payments: Fees Could Better Reflect Efficiencies Achieved When Services Are Provided Together". In its report, the GAO stated there are efficiencies associated with multiple medical services when performed together by the same provider on the same day and that it could create savings in the Medicare Fee for Service Program. The report concluded that the "systematic" application of a 25% Multiple Procedure Payment Reduction (MPPR) to the physician work component of the physician payment for 118 imaging service pairs could save Medicare \$175 million annually. The Medicare Payment Advisory Commission (MedPAC) used this GAO report as the basis of recent recommendations to Congress, directing the Secretary of Health and Human Services "to apply a multiple procedure payment reduction to the professional component of diagnostic imaging services provided by the same practitioner in the same session". The MedPAC restricted its recommendations to only diagnostic imaging and did not propose a specific value for a systematic MPPR.

In response to the GAO report and to MedPAC's recommendations, we conducted our own analysis and wrote a white paper which was published online in the *JACR* on July 1st and in print in the September edition. The purpose of this paper was to assess potential physician work efficiencies when more than one diagnostic imaging study is interpreted by the same provider during the same session.

Our findings show that the maximum work reduction percentage for second and subsequent services ranged from 4% for CT to 8% for ultrasound. The maximum total professional component reduction percentage for second and subsequent services ranged from 3% for CT to 5% for ultrasound. There are potential efficiencies in physician work that occur when multiple services are provided to the same patient during the same session, but are highly variable and considerably less than previously estimated by GAO.

Meetings with CMS and OMB

The ACR met with CMS and Office of Management and Budget to discuss our concerns and share our analysis on the proposed MPPR reduction to the professional component. When we met with CMS, the staff had read our white paper and asked questions regarding our analysis.

Medicare Physician Fee Schedule

Proposed Rule

On Friday, July 1st, the Centers for Medicare and Medicaid Services released the Medicare Physician Fee Schedule Proposed Rule for calendar year 2012. One provision of the rule called for a multiple procedure payment reduction (MPPR) of 50 percent to the professional component of CT, MRI and ultrasound services administered to the same patient, on the same day, in the same setting. This unprecedented step would slash the reimbursement for physician interpretation and diagnosis. Cuts have previously been applied only to the technical component of imaging services.

In the background on this topic, CMS cited the Government Accountability Office (GAO) report and the Medicare Payment Advisory Committee (MedPAC), who recommended professional component multiple procedure payment reductions to Congress in their June report. However, the CMS rationale pointed to section 3134(a) of the Affordable Care Act, as well as their current policies on surgical and nuclear medicine diagnostic procedures. CMS also noted that this proposal is consistent with the Relative Value Update Committee's (RUC) recent methodology and rationale for combining the CT of the abdomen and pelvis CPT codes. The proposed rule also included a long discussion regarding further expansion of multiple procedure payment reductions in future years and opined on whether or not TC and PC multiple procedure payment reductions should be applied to all imaging services.

In addition, CMS proposed further expansion of the number of physician services at risk for bundling of payment. Although potential efficiencies in physician work may exist when multiple services are provided to the same patient during the same session, a recent study published in the JACR shows that these are highly variable and considerably less than policy makers contend. The ACR used this data to vigorously fight the proposed cuts.

Sustainable Growth Rate Formula (SGR) and Its Effect on the Conversion Factor

Under current law, Medicare must use the SGR formula to calculate the update to the conversion factor. The 2011 conversion factor is \$33.9764. The 2012 update if it goes into effect the result will be a 29.5 percent cut for services in 2012. The -29.5 percent will be effective January 1, 2012 unless Congress passes a legislative fix.

Comments on the Medicare Physician Fee Schedule Proposed Rule

In comments on the 2012 Medicare Physician Fee Schedule Proposed Rule, the ACR told CMS that a proposed multiple procedure payment reduction (MPPR) to the professional component of imaging is scientifically unfounded, based on flawed assumptions and may limit patients' ability to receive efficient care.

The ACR comment letter highlighted recent purported statements from CMS Administrator Donald Berwick, MD, during his visit to a radiologist's imaging facility regarding efficiencies in imaging interpretation. Dr. Berwick's statements further call into question the validity of such a reduction. Therefore, the ACR called on CMS to exclude the MPPR from the Medicare Final Rule due out in early November. In addition, the ACR urged CMS to reconsider additional bundling of payments for many imaging procedures commonly performed in parallel.

The ACR also provided comments to CMS on potentially misvalued services under the physician fee schedule including: direct practice expense inputs, referral of high expenditure Current Procedural Terminology (CPT®) codes for the Relative Value Scale Update Committee (RUC) review, consolidation of reviews of potentially misvalued services, codes without direct practice expense inputs in the non-facility setting, ultrasound equipment, payment for bone density tests (DEXA), and the Physician Quality Reporting Inactive.

Click [here](#) to read the comment letter.

Final Rule

The Centers for Medicare and Medicaid Services (CMS) released the Medicare Physician Fee Schedule Final Rule on Tuesday, November 1st. In response to American College of Radiology data and a furious response from the imaging community, CMS revised the multiple procedure payment reduction for interpretation of imaging from 50 percent to 25 percent, however, the 25 percent cut is still unfounded and potentially dangerous. The unanticipated Final Rule expansion of this reduction to include multiple providers within the same group practice violates the spirit of the rulemaking process and indicates that CMS fundamentally misunderstands the practice of medicine.

In response to the ACR's data analysis, CMS stated, "...our analysis showed that, after applying a reduction percentage to each vignette component for the second and subsequent scans, identified as the code(s) in the code pair with the lower professional component RVU, and adjusting for intensity differences between pre-service and post- and intra-service work, the total RVU reduction ranges from 27.3 to 43.1 percent for the second and subsequent procedures in the 12 code pairs."

ACR staff and physician experts have met and continue discussions with CMS staff regarding the multiple procedure payment reduction policy and the expansion of the reduction across group practices. The ACR demanded that CMS rescind the expansion and will continue to vigorously fight the cuts both with CMS and Congress.

The ACR will submit comments on the Medicare Physician Fee Schedule Final Rule to CMS by January 3, 2012.

Refinement Panel

CMS did not accept the RUC's physician work recommendations for 13 codes (8 codes from 2011 and 5 codes from the fourth five-year review). CMS Refinement Panels met in late August and the ACR, along with other involved specialties, made presentations to the panels explaining why CMS should accept the RUC's recommendations on these 13 codes. The final decision by CMS, based on the recommendations of the Refinements Panels and published in the 2012 MFS Final Rule released in November 2011, CMS did not restore the value to the RUC level of the RUC recommendations.

AMIC Meeting with MedPAC Staff

Members of the Access to Medical Imaging Coalition (AMIC), including the ACR, met with Medicare Payment Advisory Commission (MedPAC) staff to discuss the criticisms MedPAC raised with respect to the Moran data on imaging utilization during the recent public meetings. MedPAC staff revealed at the meeting that the imaging recommendations they adopted were not so much focused on controlling utilization as their bigger concern, which is efficiencies that can be gained by providing multiple imaging services during the same session. AMIC offered to work with MedPAC staff to set up a site visit to a radiology practice in order to give them insight as to how radiology practices actually operate.

Medicare Payment Advisory Commission (MedPAC)

June 2011 Report

In June, the MedPAC released its report that included recommendations for improving payment accuracy of ancillary services. The recommendations, which appear in Chapter 2 of the report, are as follows:

1. The Secretary should request that the RUC and CPT Editorial Panel accelerate and expand their efforts to combine discrete services into comprehensive codes.

Rationale: "To account for efficiencies in physician work and practice expense that occur when multiple services are provided at the same time, CMS and the RUC should accelerate and expand efforts to combine multiple services often furnished together during the same encounter by the same provider into a

single payment rate. This approach would improve payment accuracy and help reduce financial incentives to provide additional imaging studies, other diagnostic tests and procedures. The RUC and CPT Editorial Panel have created several comprehensive codes with payment rates that reflect these efficiencies and CMS should continue to build on these efforts.”

2. The Congress should direct the Secretary to apply the multiple procedure payment reduction to the professional component of diagnostic imaging services provided in a single session.

Rationale – “To account for efficiencies in physician work, CMS should expand the MPPR to the professional component of multiple imaging studies that are performed in the same session by the same practitioner. When two or more imaging services are performed together, certain physician activities are not done twice, such as reviewing the patient’s medical history and reviewing the final report and following up with the referring physician after the test. This recommendation would align the MPPR policy for the two portions of an imaging service: the technical and professional component. This policy should apply across all settings because there are likely to be efficiencies in physician work regardless of the setting.”

3. The Congress should direct the Secretary to reduce the physician work component of imaging and other diagnostic tests that are ordered and performed by the same physician.

Rationale: “Medicare should reduce payment rates for imaging and other diagnostic tests paid under the physician fee schedule because some efficiencies occur in these cases. The work involved in interpreting a test likely duplicates activities that have already been performed by the referring practitioner, such as reviewing the patient’s history, medical records, symptoms, medications, and the indications for the test. If the practitioner who performs the test is the same provider who ordered it, the practitioner should have already obtained and reviewed this information during an E&M service. Accounting for these efficiencies should reduce the financial incentive for practitioners to self-refer imaging and other tests. This policy should apply in all settings where imaging and other diagnostic tests are provided because there are likely to be similar efficiencies in physician work across settings.”

4. The Congress should direct the Secretary to establish a prior authorization program for physicians who order substantially more advanced imaging services than their peers.

Rationale: “ The rapid volume growth of advanced imaging services (MR, CT, and nuclear medicine) over the past decade and questions about appropriate use justify the development of a prior authorization program in Medicare for physicians and other health professionals who order a significantly greater number of advanced imaging services than other practitioners that treat similar patients. Such an approach would ensure that outlier practitioners are using advanced imaging services appropriately without subjecting all providers to prior authorization.”

October Meeting

On October 7, 2011, the Medicare Payment Advisory Commission (MedPAC) met to discuss the topic “Moving Forward from the Sustainable Growth Rate (SGR) System “ and consider draft recommendations proposed at their September meeting. MedPAC staff Christina Boccuti, Kevin Hayes and Kate Bloniarz gave a presentation that laid out three principles for repealing the SGR system. The principles are as follows:

- 1) Sever the formulaic link between annual updates and cumulative expenditures for fee-schedule services;
- 2) Protect beneficiary access to care; and
- 3) Offer fiscally responsible policy to replace the SGR system.

Under the first principle, staff identified that basing annual updates on expenditures target system has created problems. For example, the SGR has failed to restrain volume growth and it has disproportionately burdened providers in specialties that cannot easily increase volume.

With respect to the second principle, the presenters reported that the greatest threat to Medicare is concentrated in primary care and expressed concern that beneficiaries will encounter problems accessing a PCP versus a specialist. In order to shore up primary care, the presenters suggested that the Medicare Fee Schedule be realigned to support primary care and that payments for non-primary care specialties be reduced.

The third principle that was presented related to replacing the SGR altogether. The discussion around this principle was focused on the high costs associated with a total repeal and if the significant offsets that would be required to do so.

The discussion then moved to the recommendations that were previously proposed and voted on by MedPAC at this meeting. The recommendations listed below were discussed and adopted at this meeting.

Recommendation #1: The Congress should repeal the SGR and replace it with a 10-year plan of statutory fee schedule updates. This path is comprised of freezing the current payment rates for primary care and for all other services annual payment reductions of 5.9% for 3 years followed by a 7-year freeze. The Commission is offering a list of proposals to offset the cost of repealing the SGR system.

Note: MedPAC staff indicated that the sources of the offsets were previous MedPAC recommendations and proposals from other sources (e.g. CBO, HHS, OIG, GAO).

Recommendation #2: The Congress should direct the Secretary to regularly collect data including service volume and work time to establish more accurate work and practice expense values.

Recommendation #3: The Congress should use the data specified in Recommendation #2 to identify overpriced fee-schedule services and reduce their RVUs accordingly. These reductions should be budget neutral and have an annual numeric goal for 5 years of a 1% reduction of fee schedule spending.

Note: It was noted that the current system for reviewing mispriced services is time consuming and has inherent conflicts. It was also noted that budget neutral RVU changes would redistribute payments to underpriced services.

Draft Recommendation #4: Under the ten-year update path in Recommendation #1, the Secretary should increase the shared savings opportunity for physicians and health practitioners who join or lead ACOs with two-sided models. Benchmarks should be computed using 2011 fee schedule rates.

All of the recommendations were approved by the Commission and will be presented and discussed in more detail as part of the March 2012 MedPAC Report to Congress.

HOPPS/APC Committee

Dr. Rawson and staff presented testimony to the APC Panel regarding the APC placement of the new CT of the abdomen and pelvis bundled CPT codes and recommended that new APCs be created for these codes, as they do not fit into the current APCs for CT scans. Dr. Rawson and staff also met with CMS staff on this topic after the Panel meeting.

As a result of comments submitted to CMS, testimony to the APC Panel, and meetings with CMS staff, CMS proposed two new APCs for the combined CT abdomen and pelvis codes (74176, 74177, and 74178). CMS finalized this proposal and as such, CPT code 74176 (Computed tomography, abdomen

and pelvis; without contrast material) is assigned to new APC 0331 (Combined Abdominal and Pelvis CT Without Contrast) with a payment rate of \$405.60 and CPT codes 74177 (Computed tomography, abdomen and pelvis; with contrast material) and 74178 (Computed tomography, abdomen and pelvis; without contrast in one or both body regions, followed by contrast material(s) and further sections in one or both body regions) are assigned to new APC 0334 (Combined Abdominal and Pelvis CT With Contrast) with a payment rate of \$581.04. The current 2011 payment rates for CPT codes 74176, 74177, and 74178 are \$194, \$300, and \$334 respectively.

The Committee submitted a comment letter to CMS regarding the 2012 HOPPS proposed rule. The issues addressed were: Computed Tomography of the Abdomen and Pelvis, Endovascular Revascularization of the Lower Extremity, Payment Reductions that are secondary to new “bundled” CPT codes, Reassignment of CPT code 78075 *Adrenal imaging, cortex and/or medulla 29 percent reduction in payment* to different APC without explanation, Pass-through Status of HCPCS code A9583 *Injection, gadofosveset trisodium, 1 mL*, Hospital Outpatient Quality Reporting Program (Hospital OQR).

The committee worked on a project to look at several methodologies in which bundling/composite APCs could work. Specifically, the committee looked at various code combinations and radiology services that were commonly performed together. Dr. Rawson and staff then teamed with SIR and SNM and worked with The Moran Company to develop and present APC placement recommendations to CMS for the new 2012 bundled CPT codes. CMS accepted 16 out of 17 of these recommendations in the final rule.

The ACR will submit comments on the 2011 HOPPS Final Rule to CMS by January 3, 2012.

Coding & Nomenclature Committee

Excellence in Education Award

The ACR was awarded the CPT Editorial Panel’s *2011 Excellence in Education Award* at the AMA’s CPT Editorial Panel and Advisors Annual Meeting in Chicago on October 13, 2011. The award is presented to recognize a specialty society’s efforts in CPT coding educational endeavors and to inspire the expansion of educational programs for specialty society members. This is the second *CPT Excellence in Education Award* given to the ACR, having also received the 2003 award.

CPT

During 2011, the ACR Economics Committee on Coding & Nomenclature either individually or in conjunction with other specialty societies worked on a number of coding proposals for the 2012-2013 code cycle. Most of these code proposals were brought forth in the 2013 CPT cycle as a result of the Relativity Assessment Workgroup recommendations. The Centers for Medicare & Medicaid Services (CMS) continue to put pressure on the RUC to revalue services perceived as being potentially “misvalued.”

CPT code presentations included:

1. February 2011 CPT Editorial Panel (2012 code cycle)
 - i. Inferior Vena Cava Filter
 - ii. Arteriovenous Dialysis Access Procedure Introductory Language
 - iii. Renal Angiography
 - iv. Sacro-iliac Joint Injection

2. June 2011 CPT Editorial Panel (2013 code cycle)
 - i. Lower Extremity Revascularization Parenthetical Revisions
 - ii. Bundle Transcath Retrieval Intravascular Foreign Body

3. October 2011 CPT Editorial Panel (2013 code cycle)
 - i. X-Ray Cervical Spine Revisions
 - ii. Bundle Thrombolysis
 - iii. Aortography
4. February 2012 CPT Editorial Panel Preparation (2013 code cycle) – Submitted code proposals, requested by the Relativity Assessment Workgroup, to revise:
 - i. Carotid angiography
 - ii. Chest Tube Placement

Publications

The ACR developed, reviewed, and/or provided input on the following publications:

- *ACR Radiology Coding Source* (Nov/Dec 2010 through Sept/Oct 2011)
- *AMA/ACR Clinical Examples in Radiology* (Winter 2011, Spring 2011, Spring Bulletin 2011, Summer 2011, Fall 2011, Fall Bulletin 2011)
- *AMA CPT Changes 2012: An Insider's View*
- *AMA CPT Assistant* review/development on coding issues such as: MRI extremity; ultrasound: pregnant uterus, carotid duplex, and extremity; CT abdomen/pelvis; lower extremity revascularization; knee arthrography; internal mammary artery; radiopharmaceutical injections; extremity non-invasive physiologic studies; and December special edition.

CCI Edits

The Committee on Coding & Nomenclature, either alone or in conjunction with the Society of Nuclear Medicine, Society of Interventional Radiology (SIR), and American Society of Nuclear Cardiology, reviewed and commented on six National Correct Coding Initiative edit batches (almost 300 edits). The ACR and the SIR also successfully appealed the implementation of proposed NCCI edit 76937 with 77001.

C&N also assisted in the review of four batches of Medically Unlikely Edits and collaborated with the American Society for Radiation Oncology, the American College of Cardiology, the Society for Vascular Surgery, and the SIR.

CPT Advisory Opinions

CPT advisory opinions were issued on over 50 code proposals during 2011. Opinions on such issues as support of extension of Category III codes for chest CAD (0174T, 0175T), and high dose rate electronic brachytherapy (0182T), and Hepatic Isolation and Chemosaturation proposal were provided.

Practice Expense Committee

The Practice Expense Committee's main purpose is to evaluate and influence the data and methodological issues that affect the practice expense values in the Medicare Physician Fee Schedule (MPFS).

Dr. Silva, along with representatives of SNM, SIR, and RBMA, met with CMS in March 2011 to address our concerns regarding the Physician Practice Information Survey (PPIS) data. The committee engaged a consultant, GfK Kynetec to conduct an analysis of the PPIS. From this post hoc analysis, the results of which were shared with the SIR and SNM, the following recommendations/comments were presented to CMS. These recommendations were also informed by an October 2010 analysis performed by The Moran Company (TMC) in which the only viable option for remedy would be a "total replacement study with stratification by facility status."

- Nuclear Medicine has too few PPIS data points to adequately represent this medical profession. The results should be set aside and Nuclear Medicine should be cross-walked to the results obtained for Radiology.
- The current PPIS data should be weighted to accurately represent radiology practices in order to adequately compensate for the expenses incurred in delivering radiology services to Medicare beneficiaries.
- The six main expense categories are under-reported in the PPIS sample. A minimal cost per hour (\$5.00 PE/HR) in each direct cost category should be used to define office-based practices and the proportion that these practices represent should be set to 30%. This would increase the total PE/HR to \$162, a more representative figure.
- The \$162 PE/HR value recommended above should be blended with the supplemental practice expense survey results, updated to the 2007 level (a PE/HR value of \$204).
- CMS should resurvey and replace current PPIS data with stratified PPIS data by CY 2013.
 - Stratify the survey sample by non-hospital and hospital practice settings and blend based on distribution of volume.
 - Allow collection of more accurate practice cost data of physician practices in different settings.
 - At the request of the American Society for Radiation Oncology (ASTRO), CMS accepted stratified data for radiation oncology and should do the same for diagnostic radiology.
- The PPIS data for radiology should be collected at the practice level (not the individual physician level) as previously recommended by the Lewin Group.
- Ensure appropriate representation of the various practice types in radiology in the PPIS data.
- Conduct a physician practice expense survey and update practice expense data at least every three years.
- CMS should work with specialty societies to determine the best methods of obtaining accurate and representative practice cost data from physicians.
- CMS should disclose all formulas that are used for calculating the PE/HR and revised practice expense RVUs to ensure transparency.
- Flawed PPIS data cannot be the last word for valuing office based radiology services, including imaging, nuclear medicine and interventional radiology. This is especially important given the rapid evolution of new payment systems and the presumed reference to existing MPFS payment schedules. Radiology services will cease to exist in the office setting and patients will suffer the consequences access-wise and financially (the latter through higher cost-sharing when services are obtained in non-office settings).
- In the 2012 MPFS proposed rule, CMS did not acknowledge our analysis and recommendations regarding the PPIS data. The ACR will remain vigilant and pursue opportunities in the future to provide more representative practice expense data to CMS.

The committee worked and continues to work with the Reimbursement committee to develop recommendations to the RUC on how PACS will be valued within the practice expense database.

The committee is working with the reimbursement committee to evaluate the ultrasound inputs and codes to which those inputs apply within the MPFS. At the request of CMS, the RUC PE Subcommittee has formed a Workgroup to study these inputs, similar to the Workgroup which made recommendations regarding fluoroscopy in 2010.

The committee worked with the reimbursement committee in developing PE recommendations for codes presented to the PE subcommittee, including paracentesis, CTA A/P, renal angiography, IVC filters, kyphoplasty, hepatobiliary NM imaging, and pulmonary NM imaging.

Reimbursement Committee

January 2011

The ACR along with other specialty societies presented physician work and practice expense recommendations for the following codes:

- Spine codes revision (4 codes) – AAOS, ACR, ASNR, NASS
- CTA abdomen and pelvis (1 code) – ACR
- Hepatobiliary system imaging (2 codes) – ACR, SNM
- Vascular injection procedures (3 codes) – ACR, ACC, ACS, SIR, SVS
- Biopsy lung or mediastinum, PE only, (1 code) – ACR, SIR
- Needle biopsy of liver, PE only, (1 code) – ACR, SIR

April 2011

The ACR along with other specialty societies presented physician work and practice expense recommendations for the following codes:

- Renal angiography (4 codes) – ACC, ACR, SIR, SVS, SCAI
- CT head/brain (1 code) – ACR, ASNR, AUR
- X-ray exam of neck/spine (1 code) – AAOS, ACR, ASNR, NASS
- X-ray exam of pelvis (1 code) – AAOS, ACR
- X-ray exam of shoulder (1 code) – AAOS, ACR
- X-ray exam of foot (1 code) – AAOS, ACR, APMA, AOFAS
- Extremity study (1 code) – ACR, AVS

The ACR, in collaboration with other specialties, submitted action plans for some of the codes mentioned above.

September 2011

For the September 2011 RUC meeting, we had close to 40 codes that we worked on. Some codes we surveyed and for others, we submitted action plans. CMS screens included Harvard >30,000, CMS/Other, High Volume Growth, and New Technology.

Shoulder Injection/Arthrography	Survey
Thoracentesis w/tube insert	referred to CPT
Insertion of chest tube	referred to CPT
Place catheter in artery	Survey
Place catheter in vein	Survey
Intro of needle/intrac	Survey
Contrast x-ray upper GI tract	Survey
Contrast x-ray exam of Colon	Survey
Contrast x-ray Urinary tract	Survey
Thyroid Imaging	referred to CPT
Acute GI Blood loss Img	Survey
Gated heart Planar	Survey
Transcatheter foreign body retrieval	Survey
CTA, chest	Action plan
MRI Upper extremity	Action plan
Ultrasound guidance	Action plan
CT Head/Brain	Action plan
MRI - Brain	Action plan
MRI- Lumbar Spine	Action plan
X-ray Exam of Hip and Thigh	Action plan
CT Abdomen	Action plan
US Exams	Action plan
Ultrasonic Guidance for needle placement	Action plan
Extremity studies, duplex scan	Action plan
Renal ablation, cryotherapy	Action plan
Cardiac MRI	Action plan
PET	Action plan
Wireless pressure sensor implantation	Action plan
Extracranial study	Action plan

Physician Payment Reform Efforts

The **5 Society Physician Payment Reform Workgroup** met on June 30, 2011, in Washington, DC. The five societies represented were American College of Physicians (ACP), American College of Surgeons (ACS), American College of Radiology (ACR), American College of Cardiology (ACC) and American Society of Clinical Oncology (ASCO). The ACR was represented by Geraldine McGinty, MD, Harvey

Neiman, MD, Cindy Moran and Pam Kassing. The AMA was also invited and attended. The purpose of this is to work with Brookings Institute who is developing physician payment models and could use some input from the various specialties in order to get these models into real-world application.

The Brookings Institute also attended the meeting and gave a presentation. Their representatives were Mark McClellan, MD, Ph.D and Carey Sennett, MD. They relayed that Brookings will be focusing on physician payment models very seriously over next several years. The real obstacle to effective reform is that CMS hasn't come up with how physicians fit in and impact reform. Mark McClellan emphasized that denial or resistance to payment reform is futile. There are many real world examples of hospital systems etc. that are already moving forward with developing and participating in Accountable Care Organizations (ACOs) and other new models. The emphasis with the Brookings project will be on credible evidence contributing to quality and cost control. There is a need to show impacts on physician buy-in and also to consider small practices in rural areas. First they will look at quality reform and measurement techniques, once they get this established Brookings will then work on the payment incentives. They need to demonstrate with evidence what leads to system-wide improvement. Their goal is to take general issues and turn them into an analytic process.

The ACR is also represented by Dr. Geraldine McGinty on **the AMA Steering Committee in the development of physician payment models**. This group met face-to-face on June 6, 2011, and did convene again by conference call over the summer. The AMA's Innovator Committee is working on the actual payment models and are sent to the AMA Steering Committee for review, comment and approval.

The general purpose of these efforts is to demonstrate to Congress that the physician community is an active partner in the movement towards payment reform. These demonstrated efforts may also have a direct link towards finding a permanent solution to the flawed SGR formula and stabilization of the conversion factor, and thus physicians payments, under the Medicare Physician Fee Schedule.

Accountable Care Organizations (ACOs)

The Accountable Care Organization (ACO) Committee was developed to handle the development of accountable care organizations and new payment models as mandated by the Patient Protection Affordable Care Act (PPACA). Its main mission is to educate ACR members and other fellow radiologists about ACOs and the role of radiologists within the context of such organizations.

A proposed rule was released in March 2011 that discussed how Medicare proposes to develop ACOs. The rule was very controversial and not well received by the medical community. The ACR submitted comments highlighting the below major points that should be considered on how radiology can best play a role in meeting the goals of the three part aim of better quality care for patients, savings to Medicare, and better physician team coordination.

- The radiologist should be involved in the front end of care using decision support systems (CPOE) and the radiologist as a consultant on what the patient needs to get it right the first time around.
- Radiologists act as the radiation safety officer with respect to insuring proper equipment calibration (with Medical physicist), proper training for technologists and proper dosage of radiation for patients.
- Radiologists should be represented in the governance structure.
- Radiologists should more actively manage all radiology services and services lines to help with more efficient and effective patient care.

- There should be shared savings for cutting costs and additional shared savings for meeting quality metrics. The current proposed mandate that ties shared saving to all of the measures is too high of a risk and not obtainable.
- Penalties should be focused more on overutilization rather than rewards for under-utilization.

The final rule was released on October 20, 2011. In this rule, CMS finalized its decisions to implement the development of ACOs by January 1, 2012. CMS loosened many of its requirements for acceptance of risk and increased financial incentives in order to make it easier and more desirable for physicians, hospitals and other entities to participate. The Committee will continue to monitor this new payment model and comment when appropriate.

Future Trends Committee

The Future Trends Committee's mission is to look at health policy concepts that may affect radiology in the future and make recommendations on any issues where they feel the ACR should take action. The agenda of the committee has been focusing on two major efforts.

1) The publication of the ACO whitepaper titled "Strategies for Radiologists in the Era of Health Care Reform and Accountable Care Organizations: A Report from the ACR Future Trends Committee" was published in the May 2011 issue of the JACR. This paper stemmed from the draft position paper that was presented last year to the Commission for review as to how to help the membership to participate and thrive in an ACO environment.

The FTC committee formed a spinoff committee called the ACO Committee under the leadership of Dr. Michael Brandt-Zawadzki.

2) The Committee discussed extensively what role ACR should play in research that supports the profession for the future. They also developed ideas for research projects that show value-added by imaging and radiologists. The results of these efforts were shared with the Chair of the Commission on Economics and subsequently the Board of Chancellors. To that end, the Commission on Research is focusing its efforts on comparative-effectiveness research that supports the role of radiology. Also the ACR is working in cooperation with the RSNA on similar efforts. In addition, there is now a new committee under the Commission on Economics called the Imaging Health Policy Analysis and Research Committee. The ideas for value-added research have been forwarded to this committee for consideration of future projects that would be beneficial to radiologists.

The Committee also has suggested development of a bibliography that documents financial and other benefits of imaging studies, suggested polling of radiology practices around country for useful models of radiology integration into the health enterprise and development of a clearinghouse for best practices advice.

Committee on Imaging Policy and Economics Research (CIPER)

The Commission on Economics has created the Committee for Imaging Health Policy and Economics Research (CIPER) within the Commission on Economics. Richard Duszak, MD FACR is the chair of this committee. While there is some literature supporting the value of imaging in the healthcare enterprise, the need for more data remains acute. In the era of "Evidence Based Medicine," having data will be paramount in order to prove the value of any medical service, and without such data, many will presume there was little value in what was done for the patients. As such the College needs to stay ahead of this demand. The ACR already supports clinical comparative effectiveness research (CER) through our Research and Technology Commission and our Quality and Safety Commission. In contrast the CIPER will focus on how imaging adds value in the healthcare enterprise and other related topics in healthcare

policy and economics regarding the use of imaging. The Committee has been charged with not only doing some of the smaller data mining projects but also to help coordinate efforts of industry and other societies to assure we are using all of our resources wisely. Ultimately how radiology will fit in any new delivery system remains unclear, but understanding our environment and demonstrating the value of appropriate imaging to policy makers, while challenging, will be key to the success of our specialty and our mission to provide the best possible care to patients and our communities. The ACR Committee for Imaging Health Policy and Research stands ready to help meet that challenge.

Carrier Advisory Committee Networks

Medicare Contractor Reform: Section 911 of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MMA)

CAC Network representatives continue to actively monitor the activities of the Centers for Medicare and Medicaid Services (CMS) as the Round II MAC Procurements begin. Representatives have asked their Contractor Medical Directors (CMDs) for insight as to the future of the CAC as this transition occurs, as well as emphasizing the importance of the CAC roles. This continues to be an area that CMS has not yet changed but some uncertainty remains.

To date, eleven of the fifteen MAC jurisdictions (1, 3, 4, 5, 9, 10, 11, 12, 13, 14, and 15) have fully transitioned from carrier/FI to MAC status. The protests of the MAC awards in jurisdictions 6 and 8 have recently been resolved, and states in those jurisdictions will be transitioning shortly. Jurisdiction 6 (Illinois, Minnesota, and Wisconsin) have been awarded to Noridian Administrative Services (NAS), and jurisdiction 8 (Indiana and Michigan), have been awarded to National Government Services (NGS).

As previously announced, MAC solicitation for jurisdictions 2 and 7 are cancelled and both are being re-solicited with other jurisdictions under the Round II procurement cycle. Jurisdiction 2 has already been re-solicited with jurisdiction 3 (together known as jurisdiction F), but their contract, awarded to Noridian (NAS), is currently being protested.

Review and Comment on Local Coverage Determinations (LCDs)

In 2011, the Radiology and Radiation Oncology CAC Networks reviewed and commented on over 40 draft LCDs.

Managed Care Committee

Private Payer Education

The Managed Care Committee and RBMA Payor Relations Committee held a webinar on October 26, 2011, to educate private payers on all of the various payment cuts radiology has experienced since 2006 and will continue to see at least until 2013 and the impacts those cuts have had on radiology practices. The webinar was attended by approximately 35 people. It was recorded and will be posted on the ACR website. The slides were also shared with payers and with ACR and RBMA members who requested them.

Plans are underway for the next two webinars on breast imaging and radiation oncology (specific topic to be determined).

Capitation Handbook

The Managed Care Committee is working with the RBMA Payor Relations Committee to finalize an update to the 1995 handbook on capitation for radiologists by early 2012. The work group includes ACR and RBMA members who have experience working in capitation and the updated handbook will provide a guide to ACR members who may be facing capitation in the future.

Private Payer Coverage Policy Input

The MCC continues to receive and respond to requests from WellPoint, UnitedHealthcare, and Aetna to review and provide input on draft medical coverage policies and reimbursement policies.

Other Private Payer Issues

The Managed Care Committee responds to other private payer reimbursement issues on an ongoing basis. Examples of issues that the Committee addressed in 2011 are multiple procedure payment reductions (including expansion of the reductions to the global component by Aetna) and RBM issues such as a new radiation dose program by NIA. In addition, the Managed Care Committee has supported computerized order entry decision support programs throughout the year.

January 2011 to December 2011 Annual Report
Commission on Education
Cheri L. Canon, M.D., Chair

Goals

The primary goal of the ACR Commission on Education (COE) is to enhance professional development for the purpose of improving the practice of radiology and the quality of patient care. To accomplish this goal, the COE identifies, assesses, and meets the educational needs of radiology professionals by supporting their continuing professional development and lifelong learning by providing the framework, resources, and expertise for the development and implementation of learning activities. The COE represents the educational needs of radiologists and radiation oncologists – in all practice situations – as well as those of radiology residents, radiation technologists and medical physicists.

Accomplishments in 2011

The ACR Commission on Education, Chaired by Dr. Cheri L. Canon, implemented a new volunteer organizational structure on June 1, 2011. The new Education Commission organizational structure is comprised of 5 primary committees:

1. Strategic Planning and Compliance
2. Meetings, Enduring Materials
3. Skills Assessment
4. Education Innovation
5. Specialty Commissions liaison and ITIC liaison

This new organizational structure is designed to better facilitate the continuing education needs of the radiology profession, which includes the ACR Accreditation requirements, compliance with ACCME, ABR guidelines for Maintenance of Certification (MOC) and Lifelong Learning, as well as education innovations, e.g. technology. Under the new commission structure, the COE has recruited hundreds of expert volunteers who serve as advisors, content reviewers and authors.

In 2011, the highest priority for the COE and ACR Education Department was the initiation of ACR's CME Reaccreditation effort. The importance of receiving reaccreditation from the ACCME for a minimum of four years cannot be overstated as CME Accreditation is the cornerstone of successful implementation of educational programs for the entire organization as well as the subspecialty societies managed by the ACR. In addition to the launch of the ACCME Reaccreditation, which culminates in the fall of 2012, other significant accomplishments of note include:

E-Learning Activities and Enduring Products

- Launch of the new Learning Management System (LMS) in conjunction with an upgrade of the association management system (*TIMSS*) to a new version (Personify)
- The ACR LMS currently hosts over 260 online education activities, granting online award, credit certificates, and printing functions for users, and stores accounts for over 8,400 learners
- In 2011, ACR Education provided **e-Learning** activities offering over 400 CME *AMA PRA Category 1 credits*[™]
 - Nearly 3,000 users have printed over 11,000 certificates from the ACR LMS
 - One-third of these credits were available free to ACR Members
 - ACR Education offered activities with 32 Self-Assessment Module (SAM) credits to help members satisfy their American Board of Radiology Maintenance of Certification requirements

- The *In-Training Examination for Diagnostic Radiology residents (DXIT™)* was converted to a computer-based test in 2011 and will be administered at Prometric testing centers worldwide beginning January 9-12, 2012:

DXIT Registered Residents	2011	2010	2009	2008
Domestic	3781	3780	3726	3646
International	250	24	58	0

- The *In-Training Examination for Radiation Oncology residents (TXIT™)* was successfully administered to 646 residents at 92 sites, including 11 residents in Amman, Jordan:

TXIT Registered Residents	2011	2010	2009	2008
Domestic	646	608	617	587
International	11	8	0	0

- The Cardiac CT Certificate of Advanced Proficiency (CoAP) examination was administered twice in 2011 at the ACR Education Center. Since its inception, 86 radiologists have taken the ACR CoAP exam
- CPI, the *Continuous Professional Improvement* series launched 6 new modules in 2011: CPI Chest Radiology Module 2011, CPI Neuroradiology Module 2011, CPI Vascular and Interventional Radiology Module 2011, CPI Ultrasonography Module 2011, CPI Pediatric Neuroradiology Module 2011, and CPI Body MRI Special Edition 2011. Efforts are underway for an online delivery offering as well

Live Meetings

Off-site Educational Conferences

- ACR Education developed and executed over 50 off-site CME programs, including the joint sponsorship for several ACR managed societies' meetings
- Off-site educational programs provided more than 1,200 hours of CME and 90 hours of SAM credits

American Institute for Radiologic Pathology (AIRP)

- ACR officially transitioned sponsorship of the former Armed Forces Institute of Pathology (AFIP) rad-path curriculum in January 2011, with the launch of the American Institute for Radiologic Pathology (AIRP) at the AFI Silver Theatre in Silver Spring, MD
- AIRP has been profoundly successful in its first year:
 - Provided approximately 100 days of resident training
 - Attended by 1,500 civilian and military residents in 2011, representing 99% of all diagnostic radiology residency programs in the United States, and by nearly 300 International residents:

AIRP Registered Residents	2011	2010 (AFIP)	2009 (AFIP)
Domestic	1224	1145	1026
International	281	279	311

- Launched an iPad application of the AIRP Syllabus during RSNA, which in just one month is consistently in the top ten most downloaded medical apps in iTunes with close to 1,500 downloads from over 65 countries two weeks post-launch

ACR Education Center

- The Education Center offered 4 additional course sessions in 2011 bringing the total number of courses to 34
- The number of radiologists who attended ACR Education Center courses increased to 1,238 in 2011
- Since its inception four years ago, 3,517 radiologists have trained at the ACR Education Center, and 98% of attendees indicate that they would return for another course
- A neuroradiology course was added in 2011, and the Body MR course was enhanced to include the male and female pelvis. In addition, a new HRCT course and a “Weekend in the ED” course were developed and are scheduled to launch in 2012. In addition, the neuroradiology course is being expanded to include head and neck in 2012

Radiology Leadership Institute™ (RLI)

The Radiology Leadership Institute™ (RLI) was launched in August 2011 to address the growing need for specialized leadership development for radiologists in the increasingly dynamic healthcare environment.

Based on the RLI Common Body of Knowledge™ (CBK), RLI coursework will include in-depth instruction in the following critical leadership areas: Finance and Economics, Ethics and Professionalism, Legal and Regulatory, Strategic Planning, Practice Management, Professional Development, and Service, Quality and Safety. The RLI incorporates a multi-level structure to provide relevant and targeted courses to all levels of radiology experience, whether in private practice or academia. Level I – Leadership Fundamentals, Level II – Leadership Proficiency, Level III – Advanced Leadership Proficiency, Level IV – Leadership Master, and Level V – Leadership Luminary (Honorary level).

In addition to being able to earn a Certificate of Leadership Proficiency (CoLP™) for successful completion of Level II and a Certificate of Advanced Leadership Proficiency (CoALP™) for successful completion of Level III, participants will also have the opportunity to earn *AMA PRA Category 1 Credits™* as well as opportunities to pursue MBA, MMM and MPH degrees from top-tier graduate business schools.

RLI programming will officially launch with the RLI Inaugural Event being held July 12-15, 2012 in collaboration with faculty from Northwestern University’s Kellogg School of Management.

Areas of Concern

A key priority in the coming year is ACR’s reaccreditation through the ACCME. The CME compliance team has already begun to assess specific areas of greatest risk to the College’s CME accreditation standing, and will be developing and implementing new policies related to CME compliance and certification.

An important priority will be to continue to streamline and improve the learner experience with the ACR LMS interface, including sunseting aging activities in order to dedicate resources to the design and delivery of new activities in more innovative formats.

January 1, 2011-December 31, 2011 Annual Report
Commission on Government Relations
John A. Patti, M.D., FACR, Chair

ACR Congressional Affairs Update

Under the direction of the ACR Commission on Government Relations, ACR staff looked forward to tackling a number of imaging-specific issues in 2011 including self-referral, avoiding further Medicare legislative imaging cuts, Physician Practice Information Survey (PPIS) Reform, US Preventive Services Task Force (USPSTF) reform, Radiation Safety/CARE Legislation and Medicare coverage for CTC.

Unfortunately, efforts to address many of these issues were put on hold as a result of the Medicare Payment Advisory Commission's (MedPAC) February recommendation to apply a multiple procedure payment reduction (MPPR) to the professional component (PC) of advanced imaging services. Although not adopted by Congress, the Centers for Medicare and Medicaid Services (CMS) promulgated a 25% MPPR as part of its Medicare Physician Fee Schedule Final Rule in November 2011. Their original proposal of a 50% reduction was scaled back due to significant push back from ACR membership.

The Commission on Government Relations' directed significant efforts and resources throughout the year to block the implementation of the CMS MPPR proposal. Those efforts were partially rewarded when CMS reduced its original MPPR proposal from 50% to 25%. This reduction will save radiologists an estimated \$44 million a year. However, the Commission on Government Relations still believes the MPPR imposed by CMS is not based on pertinent data and therefore directed GR staff to attempt to block the entire MPPR through Congressional legislation.

Per this instruction from the Commission, GR staff engaged Congressman Pete Olson (R-TX) and Congresswoman Betty McCollum (D-MN) to introduce HR 3269, the Diagnostic Imaging Services Protection Act of 2011. This bill would block the implementation of the MPPR in 2012 and require CMS to conduct a study to determine what, if any, PC efficiencies exist if CMS wanted to apply an MPPR in the future. As of this writing, HR 3269 has 163 bipartisan cosponsors and still may be included in final Medicare legislation that must pass prior to December 31, 2011.

Additional Medicare imaging reimbursement cuts, such as an increase in the imaging utilization assumption rate and imaging service prior authorization by Radiology Benefits Managers were also looming on the legislative horizon for the majority of the year. These \$1.3 billion in potential cuts were listed several times as potential spending offsets during deficit reduction debates and even considered during debate for international trade legislation. At each turn, ACR was able to defeat efforts to implement these cuts. As of this writing, no Medicare imaging legislative cuts have been included in congressional legislation.

The Commission on Government Relations was also able to make considerable headway with regard to forwarding self-referral legislation. The key to advancing any legislation regarding self-referral is to have the Congressional Budget Office determine whether, and how much, savings would be generated if the in-office ancillary services exemption (IOASE) were closed. As of this writing, draft legislation closing the IOASE is on a list to be "scored" by CBO.

ACR Federal Agency Update

Many of the priority regulatory issues from 2010 have carried over into 2011, including implementation of the Affordable Care Act, implementation of the imaging accreditation provisions of MIPPA, and radiation safety/dose tracking. The federal budget deficit has also emerged as an overarching backdrop impacting much of the activity in the agency realm as many agencies are implementing hiring freezes, traveling restrictions, and other cost cutting measures.

ACR continues to maintain and develop solid relationships with key federal agency staff and has ably represented ACR members' interests on a number of research and regulatory issues, including HIT, device/drug review, radiation safety, cancer screening, and education. Throughout the year, ACR has participated in meetings, provided testimony and submitted comments which have helped to change federal policies instituted by the Food and Drug Administration, Nuclear Regulatory Commission, National Institutes of Health, and many other federal agencies. Additionally, we have worked to ensure our profession is represented on a variety of federal advisory committees and panels that provide expert input into agencies' decision-making processes.

The GR Commission is pleased to report progress and collaboration with the following federal agencies on a variety of topics in 2011:

Office of the National Coordinator for HIT (ONC)

- ACR participated extensively with ONC, CMS, and a variety of public and private sector stakeholders on the EHR Incentive Program (“meaningful use”) and health information exchange issues in 2011, and will continue to do so moving forward.
- ACR was the primary radiology representative in monitoring, advocating, and disseminating information regarding the “meaningful use of certified EHR technology.” ACR submitted testimony to ONC and CMS staff and advisors, developed formal comments on the related rulemakings, monitored numerous related federal advisory committee and subcommittee meetings, and created/maintained in-depth educational materials for the ACR website which continue to be used and referenced by other organizations, press, and industry.
- ACR GR staff established a new HIT policy blog which, at this writing, has over 75 entries about federal agency activities relevant to HIT.
- ACR staff and IT leaders met with the National Coordinator for HIT, CMS Office of eHealth Standards and Services senior staff, and ONC staff at HHS headquarters in October 2011 to discuss meaningful use, image sharing, quality measurement, the dose index registry, and appropriateness criteria-guided clinical decision support.
- An ACR leader participated as a panelist in a May 2011 public hearing of one of the ONC’s advisory committees on “meaningful use and specialists.”
- ACR staff worked with the House Ways and Means Committee to prompt dialogue with HHS Secretary Sebelius about the Department’s plans for radiology and the EHR Incentive Program.

Food and Drug Administration (FDA)

- ACR participated in several relevant FDA meetings covering a variety of topics including 510(k) clearance reform, radiation safety, mobile health, MQSA, breast density reporting, and more.
- ACR staff collaborated with industry in a dialogue with FDA to address concerns regarding its handling of certain combination products.
- ACR was actively involved in FDA’s September 2011 meeting regarding standalone clinical decision support and mobile medical applications.
- FDA staff participated in ACR’s first annual informatics summit in November 2011.

National Institutes of Health (NIH)

- ACR has been heavily involved in monitoring and advocacy related to the National Cancer Institute’s reorganization of the Cooperative Groups.

- ACR continued to actively support NIH funding and participated in the Ad Hoc Group for Medical Research, the Academy of Radiology Research, and other NIH advocate coalitions.
- ACR staff and members participated in the National Institute of Biomedical Imaging and Bioengineering's public workshops on image sharing and CT dose.

Nuclear Regulatory Commission (NRC)

- ACR staff monitored Advisory Committee on the Medical Uses of Isotopes meetings and other relevant workshops on the expanded Part 35 rulemaking, medical events in permanent brachytherapy, safety culture, and more.
- ACR was represented in an NRC "Medical Rulemaking Workshop" in August 2011 to discuss issues related to the upcoming expanded Part 35 rulemaking.
- ACR was also represented in a series of public NRC meetings on occupational dose limits.

White House Office of Science and Technology Policy (OSTP)

- ACR participated in two executive branch-wide, OSTP-hosted meetings on the production and domestic availability of molybdenum-99.
- RSNA and ACR jointly commented on a request for information regarding an OSTP President's Council of Advisors on Science and Technology report on the path forward for federal HIT policy.

Agency for Healthcare Research and Quality (AHRQ)

- ACR worked with patient groups and industry to advocate for increased transparency in the U.S. Preventive Services Task Force's (USPSTF) recommendation development process, including meeting with relevant Congressional leaders, AHRQ USPSTF staff liaisons, and AHRQ Director, Carolyn Clancy, MD.
- We reviewed and commented on a number of AHRQ Comparative Effectiveness and Research Review documents related to our members' practice areas.
- Staff participated in and/or monitored pertinent AHRQ events and initiatives, including its federal advisory committee meetings and the weeklong 2012 AHRQ Annual Conference.

ACR State Advocacy Update

The Radiologist Assistant

ACR worked to pursue Radiologist Assistant (RA) legislation with multiple state societies this year, assisting in the drafting, editing, and reviewing phases. The number of states recognizing the RA increased to twenty nine in 2011: Arizona, Arkansas, Colorado, Connecticut, Florida, Georgia, Kentucky, Illinois, Iowa, Maryland, Massachusetts, Minnesota, Mississippi, Montana, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, Tennessee, Utah, Vermont, Virginia, Washington, West Virginia, and Wyoming. An RA bill in Texas did not move out of committee, and one in North Carolina was transferred to a study committee to be revisited in the 2012 session. Also in the 2012 legislative session, RA bills are anticipated in Indiana, Georgia, Louisiana, South Carolina, Massachusetts, Delaware, Pennsylvania, and Nebraska.

Appropriate Utilization of Imaging

The ACR continues its work with the Maryland Radiological Society (MRS) to defeat legal challenges to the current anti-self-referral law. The Court of Appeals, Maryland's highest court, heard oral arguments on the case in October of 2008. On January 21, 2011, the Court of Appeals upheld the court's decision in favor of the Maryland Board of Physicians, thus ruling against the appellant orthopedic practices.

During the 2010 and 2011 legislative sessions, a sponsor independent of the state radiological society in Pennsylvania dropped a bill with restrictive provisions mimicking that of the original 1993 Maryland legislation. The sponsor was lobbied heavily by other medical specialties to stop pursuing the position, and the bill subsequently died in committee; however, there is a possibility that the same bill will be resubmitted in the 2012 session.

DENSE

Since 2009, a vocal, patient-driven grassroots movement has systematically pursued state legislation requiring radiologists to provide written breast density information to patients as part of their mammogram results. The scope and provisions of the legislation has varied by state.

Connecticut was the first state to adopt a version of this “DENSE” legislation. Their statute, adopted in 2009, also mandates insurance coverage of ultrasound screening for women with dense breasts.

Connecticut then modified its law in 2011 to require insurance coverage of MRI screening for these patients. During the 2011 legislative session, DENSE bills were filed in California, Florida, New York, and Texas.

The Florida chapter successfully lobbied against their bill, although they anticipate that it will be reintroduced in 2012. New York’s DENSE legislation died in committee. The California Radiological Society initially opposed the legislation, but later dropped their opposition after key amendments were made to the bill. In its final draft, the California bill required that a formal notice be sent to patients explaining that they have dense breast tissue and that they may “benefit from supplementary screening tests, which can include a breast ultrasound screening or a breast MRI examination, or both, depending on [their] individual risk factors”. This bill was vetoed by Governor Brown, who in the accompanying message explained that, although he believes in patients’ rights to information about their health, he felt the notice in this bill was more prescriptive than educational given its recommendation of additional screening.

Texas legislation mandated a disclosure on breast density similar to California’s, encouraging patients to discuss individual risk factors with their physicians noting that they may benefit from additional screening. Recognizing the political landscape in Texas, the Texas Radiological Society took a neutral position on their bill. That legislation, “Henda’s Law,” was adopted and took effect September 1st.

Radiation Dose Reporting

A new law adopted in 2010 (CA SB 1237) requires facilities performing CT scans to record radiation dosing for patients where technologically feasible. California radiologists will be required to include in their reports the dose length product or the CT dose index if the machine is able to calculate it. The law allows the inclusion of the protocol page that lists the technical dose parameters into the patient’s medical record along with the images versus mandating dictation of radiation level dose into the report by the physician. The California Radiological Society took a neutral position on this bill; however, it provided and continues to provide extensive educational input related to radiation safety and radiation dose indexing.

Supervision of Fluoroscopic Procedures by Ancillary Personnel

In June of 2009, the Iowa Board of Nursing (IBN) promulgated rules stating that it was within the scope of practice of Advanced Registered Nurse Practitioners (ARNPs) to supervise radiologic technologists (RTs) and students performing fluoroscopic procedures. This raised serious safety concerns for the Iowa Radiological Society, the ACR, and the Iowa Medical Society. One year hence, the state medical society and the Iowa Society of Anesthesiologists (the petitioners/plaintiffs) pursued legal action against the Iowa Board of Nursing and Iowa Department of Public Health. The first hearing took place in October of 2010 and in November the Iowa trial court granted a motion to halt implementation of the rule.

In late October of 2011, the court issued a summary judgment holding that the Iowa Code does not provide Iowa Board of Nursing with unfettered discretion to allow ARNPs to engage in the practice of medicine; moreover, it specifically prohibits the expansion of nursing practice into areas of medicine absent recognition of the medical profession.

State Coverage in the ACR Bulletin

To promote interest in state legislative affairs and encourage education on the legislative process on at the state level, the ACR state affairs staff will continue contributing material for the ACR Bulletin. These articles will feature experiences from the points of view of different ACR chapters during their pursuit of legislative goals. The 2011 articles appeared in the May, July, and November issues of the ACR Bulletin.

Other issues

The “guest caller” feature, offered quarterly through State Government Relations Committee, promotes discussion on various legislative issues affecting radiologists across the country. During these calls, members from ACR chapters who have questions or are experiencing difficulties with legislation on the state level are offered an opportunity to communicate with their colleagues and can take away important feedback for their chapters’ strategy. The ACR State Government Relations Committee continues to serve as a resource for other important issues on the state level including teleradiology licensing and practice requirements, certificate of need (CON) laws, billing issues, and medical liability reform.

RADPAC & Grassroots Update

RADPAC Experiences Record-Breaking Year

RADPAC enjoyed another record-breaking year in 2011 raising more hard money contribution dollars than in any previous year from more hard money contributors than in any previous year.

The RADPAC Board set the following goals for 2011:

- 1) 3,000 hard money contributors
- 2) Raise \$1,250,000 in hard money contributions
- 3) 20% contribution participation in every state

As illustrated in the charts below, RADPAC was close to achieving two of the three goals described above:

	2011 Goals	Actual (as of 12/21/11)
Hard Money Contributors	3,000	2,906
Hard Money Raised	\$1,250,000	\$1,274,579
20% Contribution Participation in Every State	50 states	12

	2011*	2010	2009
Hard Money Contributors	2,906	2,714	2,544
% Contributors	13%	13%	12%
Hard Money Raised	1,274,579	\$1,211,477	\$1,133,662

*as of 12/21/11

In addition to the hard money contributions, RADPAC has raised more than \$65,000 in soft money contributions from more than 290 soft money contributors. This puts RADPAC’s total contributions raised at \$1,342,364 (as of 12/21/11).

RADPAC's Other Achievements:

- RADPAC had 377 online contributors surpassing the previous record of 248 in 2010
- RADPAC had 78 group practices with 100% contribution participation in 2011 including 23 that were new practices. The previous record for most practices at 100% contribution participation in one year was 73 in 2010
- In 2011, RADPAC's contributions to Members of Congress and federal candidates ranks 2nd among the more than 90 health professional PACs. RADPAC made \$1,050,000 in contributions in 2011.
- RADPAC hosted more than 20 fundraising events in Washington, D.C. for Members of Congress and organized 14 fundraisers for Members of Congress throughout the country.

Grassroots Advocacy

In 2011, RADPAC organized 20 site visits with Members of Congress touring radiology practices throughout the country. RADPAC also arranged a Member of Congress to speak at 5 radiology society chapter meetings.

The Government Relations office and RADPAC asked ACRA members to write a letter to CMS in response to the Proposed Rule cutting 50% of the PC reimbursement for imaging on the same patient on the same day by the same physician. More than 7,000 ACRA members wrote letters to CMS asking them to remove the 50% cut.

More than 6,000 ACRA members sent letters to their House Members this Fall at the request of the Government Relations office asking for co-sponsorship to H.R. 3269. More than 150 House Members are co-sponsors to H.R. 3269.

January 1, 2011-December 31, 2011 Annual Report
Commission on Human Resources
Edward I. Bluth, M.D., FACR, Chair

Goals

1. To study, evaluate and make recommendations on the supply and demand of diagnostic radiologists, radiation oncologists, nuclear medicine physicians, interventional radiologists, medical physicists and allied health workers.
2. To maintain liaison with radiology allied health professional associations.
3. To continue to monitor and assist where appropriate in the development of new professional designations within radiology including the radiologist assistant and nuclear medicine advanced associate.
4. To study, evaluate and make recommendations on specific human resources issues in radiology.

Accomplishments

1. Working with the American Society of Radiologic Technologists and the American Registry of Radiologic Technologists since 2001, the ACR Commission on Human Resources helped establish a new category for a physician extender in radiology known as the Radiologist Assistant (RA). Due in part to assistance from the ASRT and ACR chapters, the RA is now formalized recognized in statute or regulations in 28 states. The ACR is working with the ARRT and ASRT in backing federal legislation that would recognize and reimburse for the services performed by radiologist assistants. The legislation (House Bill 3032—the Medicare Access to Radiology Care Act) would provide a mechanism to allow those services performed by the RA to be reimbursed under the Medicare program.
2. The ACR Commission on Human Resources is in the process of establishing an annual survey of both radiologist and allied health human resources needs. The first survey will be conducted in the winter of 2012 and will be reported at the ACR Annual Meeting and Chapter Leadership Conference in April 2012. An outside consultant from Virginia Polytechnic Institute has been retained to assist in the survey design development, conduct and analysis of the survey data.
3. The Commission on Human Resources is working on an assessment of human resource issues affecting the practice of radiology. After establishing a list of 39 items for consideration, the list was narrowed to 14 items for possible study. For 2012, four of those items will be addressed. They include:
 - a. Retirement issues;
 - b. Practice environment issues;
 - c. Issues involving maximizing value in radiology practice; and
 - d. Health issues

A thorough search of the literature and analysis of these issues will be undertaken with possible recommendations for action proposed.

4. The ACR Commission on Human Resources continues to support the CARE (Consistency, Accuracy, Responsibility and Excellence) federal legislation. The bill (House Bill 2104) would set certification and state licensure standards for technical personnel performing all medical imaging disciplines and who plan to deliver radiation therapy.
5. The ACR Commission on Human Resources nominates diagnostic radiologists, nuclear medicine physicians, interventional radiologists, radiation oncologists and medical physicists to serve on various allied health organizations committees and boards. The organizations with which the ACR provides representatives to serve on allied health organizations includes:

- a. Joint Review Committee on Education in Diagnostic Medical Sonography;
- b. Joint Review Committee on Educational Programs in Nuclear Medicine Technology;
- c. Joint Review Committee on Education in Cardiovascular Technology;
- d. Joint Review Committee on Education in Radiologic Technology;
- e. Commission on Accreditation of Allied Health Education Programs; and
- f. American Registry of Radiologic Technologists

The ACR has approximately 27 member representatives serving on with these organizations.

Areas of Concern

1. The ongoing financial crisis, decreased reimbursement for radiology services, changes in the health care delivery systems, and other factors will continue to affect the availability of radiology slots in both academic and private practice radiology. The initiation of an annual survey to help identify these fluctuations and build trends for the long term should help the College make informed decisions regarding the future supply and demand of the profession.
2. Despite the efforts of the ACR, ASRT and ARRT, the lack of reimbursement for services performed by a radiologist assistant will likely have an adverse effect on the budding profession as radiology practices look to physician assistants or nurse practitioners to provide the service. This in turn will likely affect the RA education programs in the U.S.
3. The Commission's goal to assess ongoing human resources issues (e.g. retirement, health issues, etc.) in radiology should provide both recommendations and/or models for practices to consider as they handle fluctuating changes in the human resource needs in radiology.

January 1, 2011-December 31, 2011 Annual Report
Commission on International Relations
John A. Patti, M.D., FACR, Chair

Goals

1. To promote ACR products and services to international radiology organizations and radiologists and to foster mutually beneficial relationships with other international radiological organizations in an effort to share knowledge and gain insights in areas of common interests.
Areas of specific interest include but are not limited to:
 - a. To utilize ACR's leadership in radiological quality and safety to promote our programs and facilitate understanding and use of these critical services;
 - b. To promote ACR educational programs and seek educational opportunities internationally;
 - c. To assist, through the ACR Foundation International Outreach Committee, radiology in developing countries.
 - d. To work with other organizations/countries in fostering cooperation and avoiding duplication in radiology research;
 - e. To gain a better mutual understanding of economic systems among nations that may serve to create better models of radiology reimbursement in all nations;
 - f. To better understand the way information technology is applied to radiology practices in other countries and determine possible opportunities for the ACR to collaborate in international IT applications; and
 - g. To study the potential for growth in ACR international membership and consider alternative approaches to facilitation of products/services to radiologists abroad.

Accomplishments

1. Under the direction of its chair, James Brink, MD, the ACR Committee on International Education and Meetings has begun planning the First Annual Global Summit on Radiological Quality and Safety (GSRQS). The summit will target representatives from both developed and underdeveloped or emerging nations. The European Society of Radiology (ESR) has agreed to co-sponsor this inaugural meeting. Other participating groups under consideration include the International Society of Radiology (ISR), the International Radiology Quality Network (IRQN), the International Society of Radiographers and Radiologic Technologists, the Royal Australian and New Zealand College of Radiologists (RANZCR) and the International Atomic Energy Agency (IAEA). The first meeting is targeted to be held during the second half of 2012 and last 3 to 4 days.
2. An ACR Foundation delegation which included Paul Ellenbogen, M.D., James Borgstede, M.D. Charles Phelps, M.D. and Brad Short visited Port-au-Prince, Haiti this past spring. The ACR Foundation will be working specifically with Grace Children's Hospital which was destroyed by the January 2010 earthquake centered near Port-au-Prince.
3. The ACR Foundation International Outreach Committee facilitated the donation of a Siemens portable x-ray unit to the temporary facility at Grace this summer and is working with Grace to design and plan the radiology suite of its new facility scheduled to open in 2014 or 2015.
4. The ACR Foundation is planning an educational program focused on radiology for late winter 2012. The planned program will include two days of both didactic and hands-on training focused on plain film and ultrasound. The first day will include educational programming for radiologists with the second day focused on non-radiologists that use radiology equipment. In addition, the American Society of Radiologic Technologists (ASRT) and the Society of Diagnostic Medical Sonographers (SDMS) will provide representatives to provide both didactic and hands-on training for allied health personnel.

5. The ACR Foundation awarded four Goldberg-Reeder resident travel grants for 2011-2012. The recipients will spend at least one month in facilities in Nigeria, Kenya, Bangladesh and Uganda respectively.
6. The ACR has begun coordinating efforts with other organizations including the International Society of Radiology, the European Society of Radiology and the Radiological Society of North America.
7. The ACR assisted the Japanese College of Radiology and addressed media questions related to the March 11, 2011 earthquake and tsunami that devastated the Tohoku coastline and created nuclear accidents at the Fukushima Nuclear Power Plant.
8. Michael Bettman, MD, chair of the ACR Committee on International Quality and Safety, has collaborated with the IAEA to convene an international workshop on clinical imaging guidelines methodology in Vienna on March 6-8. Attendees will include national radiology society representatives, representatives from the World Health Organization (WHO), the European Union (EU), the US Food and Drug Administration (FDA) and other stakeholders. The meeting will focus on clear goals with actionable items so that progress can be monitored on at least an annual basis.
9. Bruce Hillman, MD, chair of the ACR Committee on International Research has assembled a committee of international research giants who are establishing collaboration between ACR research activities and research enterprise outside the USA and Canada. The collaboration will be centered primarily on clinical trials and registries. Fifteen research options have been identified and ranked according to those most important and those most likely to succeed.
10. Geraldine McGinty, MD, chair of the ACR Committee on International Economics introduced the concept of an international radiology economics information exchange at an international Management in Radiology meeting in France. Dr. McGinty has assembled an initial core of radiology experts in economics from Japan, Australia, Spain, Germany, France and the United Kingdom. This group will be expanded to achieve a mutual understanding of radiology payment models across the globe, to use the information gathered to develop educational materials for international radiologists, to better inform ACR's advocacy efforts, and to foster similar advocacy efforts in other countries.

Areas of Concern

During its first full year, the Commission has made significant progress. However, there are many international organizations, governmental bodies, aid organizations and NGOs with a focus in radiology. Ongoing challenges with coordination of effort, redundancies and inconsistencies will continue to occur. The Commission is working to help coordinate effort to minimize these challenges and ensure a cost-effective return on our investment.

January 1, 2011-December 31, 2011 Annual Report
Commission on Leadership & Practice Development
Cynthia S. Sherry, M.D., FACR, Chair

Goals

The Commission aims to maximize the value of radiologists and radiation oncologists to patients and the healthcare enterprise by advancing radiologist and radiation oncologist leadership performance and practice management expertise through education, model development, collaboration, and innovation.

Accomplishments

The Commission held one meeting in 2011 and several conference calls. Its five committees met by conference call.

In 2011, the Commission focused primarily on developing a five-level comprehensive leadership academy, the Radiology Leadership Institute (RLI). RLI will offer all radiologists and radiation oncologists in academic and private practice settings during their training and throughout their careers a diverse curriculum. The curriculum progresses from the fundamental basics through a stair-step advancement to higher levels of achievement. ACR established an RLI Board to oversee RLI matters. The Commission Chair serves as the RLI Board Chair and three other Commission members sit on the Board. Significantly, the Board with RLI and Commission staff developed an RLI Common Body of Knowledge™ to be the intellectual foundation of RLI education. The seven areas critical to leadership success, or domains, in the RLI CBK are: finance and economics; ethics and professionalism; legal and regulatory; strategic planning; practice management; professional development and service in quality and safety.

The RLI board met with leaders from RSNA and SCARD to investigate the feasibility of a joint ACR-RSNA leadership program. However, ACR and RSNA ultimately decided not to collaborate at this time.

RLI has created a dedicated web site, www.radiologyleaders.org and held a successful presentation at the 2011 RSNA meeting. Notable organizations such as RBMA and American College of Physician Executives (ACPE) have agreed to be RLI affiliates, thus enhancing RLI's reach within radiology and medicine. Association of Healthcare Radiology Administrators (AHRA) and Association of Administrators in Academic Radiology (AAARAD) also will join as affiliates. RLI will hold its launch event July 12-15, 2012 at the Kellogg School of Management at Northwestern University in Evanston, Illinois. Thereafter, RLI will have multi-level, in-depth instruction throughout the calendar year in various formats, including sessions at ACR state chapter meetings.

Additionally, the Commission has begun to work on establishing guiding principles for radiology-hospital relationships and quality metrics for practices. Members will conduct outreach to non-physician health care stakeholders such as the American Hospital Association. The Professionalism Committee received a grant from the Association of University Radiologists (AUR) and the Branta Foundation. Committee members and residents will offer an interactive session at the 2012 AUR meeting on ethics and communications issues. The Practice Leaders Committee has planned a robust Practice Leaders meeting for January 2012 in Dallas.

Areas of Concern

None.

January 1, 2011-December 31, 2011 Annual Report
Commission on Membership and Communications
David C. Kushner, M.D., FACR, Chair

Goals

1. To increase the number of members in the organization.
 - a. To analyze the segments of members and non-members into different demographic groups in order to better target our marketing.
 - b. To investigate new markets (including international members) in an effort to grow the membership.
 - c. To continue the work of the Task Force on Member Engagement to ensure a data-driven membership recruitment/retention process.
 - d. To form a task force to come up with ways to retain a higher percentage of young physician members.
 - e. To initiate new marketing campaigns to recruit and retain members.
 - f. To investigate the feasibility of developing some practice incentives to ensure higher participation in PRED and reward and recognize practices with high ACR participation rates.
2. To ensure an effective communications strategy that is member centric but also recognizes the many varied audiences that access information from the ACR.
3. To continue coordinated branding and marketing of the ACR, its members, and products and services to the radiology community, the media, payers, and the public; implement marketing plans that deliver an appropriate ROI.
4. To maintain the ACR as a key resource for national and local media on radiological issues.
5. To continuously improve two-way communication with members.
6. To promote ACR as the leader in electronic interactions in radiology, including the Web, teleconferencing, and image transfer. To keep the web site regularly updated.
7. To ensure a fair and objective selection process for ACR Fellows and encourage members making a major contribution to the profession to seek ACR Fellowship status.
8. To provide information to prospective fellows on the selection process in order to close the expectations gap.
9. To establish a Chapter Portal to encourage the sharing of knowledge among chapters and provide chapter leaders with access to their membership information.
10. To provide CME sponsorship for chapter meetings and work with the chapters to improve meeting attendance and value.
11. To establish a baseline of activities for all ACR chapters and assist chapters in meeting the baseline activities.
12. To work with the Resident and Fellow Section to ensure an outstanding introduction to the ACR and assist in addressing unique issues and challenges faced by members-in-training.
13. To engage young physician members and prospects to ensure a proper transition into the fabric of the ACR and its chapters.

Accomplishments

Committee on Chapters (Chair—Geoffrey Smith, M.D., FACR)

1. Established new committee structure and composition and developed the following goals:
 - a. To enhance the relationship between the ACR and its chapters;
 - b. To assist chapters in the development and implementation of programs and services to better serve their members; and
 - c. To develop a program to recognize and support the activities of chapters who excel in fulfilling both the mission of their chapter and of the ACR.

2. Development of the SharePoint Chapter Portal is in progress. The chapter portal will provide 3 primary functions:
 - a. Enable the chapters to access membership reports useful for invoice tracking, mailings and membership campaigns;
 - b. Establish a common area for the sharing of chapter information; and
 - c. Establish a common area to track chapter issues and log communications.
3. Working with Government Relations, the committee is seeking to help formalize solicitation of chapter leader influence to improve member response rates and timeliness in order to maximize the ACR's influence over relevant legislative developments. The committee would like to optimize gathering of information on chapter G.R. efforts in order to assure recognition is assigned and efforts which merit duplication are outlined to benefit other states.
4. The Committee is working on a formal orientation for new chapter leaders and added support from ACR leaders in traditionally struggling regions seeking to revitalize their chapter. The committee recommends an emphasis on chapter to chapter networking and administrative resource sharing in order to maximize efficacy while also conserving costs. The workgroup recommends drafting a database of non-members by region to support chapters in their recruitment efforts. Development of practical chapter and orientation materials to compliment the Chapter handbook are underway.
5. The committee is in the process of working with the Education Commission to assist chapters with the burdensome process of achieving CME by developing transportable education programs which can be administered at the chapter level. The services provided to chapters will be associated with a cost and chapter leaders have communicated a willingness to pay for the assistance. The ACR will conduct a trial study encompassing 2-5 chapters in order to define program guidelines and chapter cost contributions for participation.
6. The committee is working on the consideration of new categories for the Chapter Recognition Program including a possible Q&S recognition category and a non-physician award to recognize extraordinary contributions to the College and its chapters. In addition, the committee is conducting a review of the program mechanics as well as intake and processing procedures for greater transparency on successful chapter initiatives.

Member Communications Committee: (Chair--Charles Grimes, M.D., FOCR)

7. The redesign and 2012 launch of www.acr.org (schedule for the spring of 2012) is on schedule. At the 2011 ACR Annual Meeting and Chapter Leadership Conference, 104 ACR members participated in user testing of initial functionality. In addition, teleconference meetings have been held with practice leaders, chapter leaders and RFS members to gain further input into the content and functionality development.
8. A "Web showcase" session, including an introduction to the personalization functions of the website; the chapter portal and the College's social media platforms, is planned for AMCLC in April.
9. A new subcommittee, the ACR Bulletin Editorial Advisory Group, which is staffed by Becky Haines, was formed. This group meets quarterly, writes articles and advises the editorial staff of the Bulletin.
10. In collaboration with the Membership Committee, the committee is looking into opportunities to build stronger ACR ties through communications with residents, fellows and AIRP attendees.
11. The Committee members were asked to get involved in writing letters to editors of their local papers; sending social media messages to Congress and Hill staffers, and staying informed on the actions of the members of super committee – all intended to stop further imaging cuts and restrictive policy decisions on reimbursement of radiology services.

Committee on Fellowship (Chair--Cassie Foens, M.D., F.A.C.R.)

12. The Committee on Fellowship recommended 105 new fellows which were approved by the Board of Chancellors with another 11 previously approved for a total of 121 new prospective fellows for the 2012 convocation. At the 2011 AMCLC, 111 new fellows received their fellowship distinction.
13. The committee also began a process simplifying the ACR fellowship application and making it available online. The online process is broken into four parts:
 - a. Chapter Nomination Form—the form will include automated pre-populated information from the ACR’s membership database including historical commission/committee assignments and specific leadership roles.
 - b. Chapter Review—will provide applicant information and an instant approval method to streamline the process.
 - c. Committee Review—will provide all relevant documentation supporting the application in an easy-to-use, electronic format.
 - d. Administration—will allow staff to better facilitate the entire Fellowship application process.

Part 1 is almost complete. The processes for parts 2-4 are currently being assessed and implemented by our management information team and should be available in early 2012.

14. At the advice of Cynthia Sherry, M.D., Chair, ACR Commission on Leadership and Practice Development, the Fellowship Committee has added some language to its list of criteria reinforcing that practice leadership experience will be considered for ACR Fellowship purposes.

Committee on Membership Development (Chair--Mark Adams, M.D., F.A.C.R.)

15. The Committee on Membership Development has been busy working to begin implementation of a resolution that was passed by the ACR Council at the 2011 AMCLC. The Committee facilitated the development of a dues discounting resolution. The resolution provides that the Commission on Membership and Communications may develop and implement incentive programs, including membership dues discounts, to recruit new members into the College. The BOC, CSC and CEO must approve such programs prior to implementation.
16. The Committee and membership and marketing staff have been working on several alternative discounting programs for consideration. Also, the staff is working to better delineate the pool of ACR membership prospects to better measure and target the population. Among those marketing efforts under consideration are a Member-Get-a-Member campaign and a campaign to incentivize practices to reach the 100% membership threshold. Proposed marketing plans, cost estimates and issues involving benefits, equity and income generation are also being analyzed.

Resident and Fellow Section (Chair--Wendy Ellis, M.D.)

17. The RFS continues to experience growth in both attendance at AMCLC and the activities in which it is engaged. The 2011 AMCLC once again saw record breaking attendance with over 240 residents and fellows from chapters throughout the U.S. and Canada.
18. With attendance at the AMCLC growing, the executive committee has recognized the need to formalize some of the processes related to the structure and function of the RFS. They are currently working to develop procedures for identifying candidates for the executive committee and administering elections at their annual meeting.
19. The 2011 RFS Annual Meeting included the 2nd Annual ACR-RFS poster session, with 54 posters accepted for viewing during the AMCLC. The executive committee is working to develop the poster session for the 2012 AMCLC, with a goal of presenting posters both in print and online as part of the AMCLC web portal.

20. The membership subcommittee of the RFS is currently engaged in two activities, developing presentations to chronicle the history of healthcare legislation and a leadership and membership initiative. The presentations that are being developed will reside on the RFS web site as a resource to help members-in-training learn more about the economics of health care and significant developments over the years. The leadership and membership initiative is aimed at increasing resident exposure to the ACR through participation in the AMCLC and ACR-sponsored fellowships, with a goal of positively increasing the retention of young physician members.
21. The executive committee is also focused on increasing both local and international service within the RFS and to this end included presentations on international service at their 2011 meeting. A volunteer section has been added to the RFS web site to highlight both individual and collective efforts at the local level, and also to connect residents to international service opportunities. The executive committee is working in coordination with the ACR's International Service Program in order to publicize the Goldberg-Reeder Travel grant and help identify existing outreach organizations with which residents are already engaged.

Areas of Concern

1. As the economic situation continues to be challenging for ACR members and as the College implements the first stage of its two-year dues increase, the College will be closely monitoring the invoice response to this year's membership dues notice and will do more outreach work to identify strategies to ensure that chapters continue to meet their members' needs. ACR membership increased slightly in 2011 however this area will be monitored quite closely.
2. The Committee on Chapters is in the process of addressing chapter needs for CME, developing a new chapter portal to enhance the sharing of information among chapters, and is looking at the establishment of criteria to help identify chapters that are having trouble providing minimal services to its membership.
3. The Committee on Membership Development will continue to build on the efforts of the Task Force on Member Engagement in an effort to ensure that the College is providing what the members want and need and that there are open lines of communication between ACR leaders and its members.
5. In the Communications area, the Commission will work with staff to explore ways to effectively use member communication tools, and identify best practices to provide clear, consistent messaging on key issues to our members and other constituents. The goal is to remain the premier source for information on medical imaging and to support the five pillars of the College: advocacy, economics, education, clinical research, and quality and safety.

January 1, 2011 - December 31, 2011 Annual Report
Commission on Quality and Safety
Paul A. Larson, M.D., FACR, Chair

ACR Appropriateness Criteria®

- The Appropriateness Criteria (AC) panels continue to regularly review and update topics and to develop new topics. The March 2011 version of the AC included over 40 updated and 7 new topics. The December 2011 release will include over 30 updated and 1 new topic. There are currently a total of 176 topics with over 850 variants. The Committee on Appropriateness Criteria has been split into two committees: The Committee on Diagnostic Imaging/Interventional Radiology (DI/IR) Appropriateness Criteria and the Committee on Radiation Oncology Appropriateness Criteria.
- The ACC and ACR continue to work on their first joint cardiac imaging document, *Appropriate Utilization of Imaging for Heart Failure*. The projected completion date for this document is early 2012. They have also begun working on a second document, *Chest Pain in the ED*.
- Appropriateness Criteria topics were published in a number of different journals including but not limited to: JACR (monthly), Ultrasound Quarterly, Journal of Thoracic Imaging, Oral Oncology, The Breast Journal, American Journal of Clinical Oncology, and Brachytherapy. The AC IT subcommittee is working on a web services version of the AC that can be used in real-time decision support/order entry applications. This committee is working with the Lewin Group and CMS on the CMS Demonstration Project.

The AC Methodology subcommittee has made some suggested changes to the evidence evaluation process for the AC documents. The changes will be implemented in 2012. There are currently 23 licenses in place with facilities, vendors, and researchers to use the AC.

Practice Guidelines and Technical Standards

For 2012, there will be 29 practice guidelines and technical standards submitted to the Council for adoption. Of that number we have 1 new, 24 revisions, 2 extensions, and 2 to be sunset. We worked with 13 separate societies collaboratively on 23 practice guidelines. The field review cycles as well as the CSC conference calls for the guidelines/standards are now complete.

The process has begun for the 2013 practice guidelines and technical standards. At this time we are projecting 41 total guidelines/standards. The collaborative societies are being contacted to begin the process of forming the collaborative committees.

Approximately 100 conference calls were held during this past year, and seven guidelines committees met at society meetings to discuss, review, and revise guidelines.

E. Stephen Amis Jr., M.D., Fellowship in Quality and Safety

In January 2011, the application for the fellowship was available on the ACR website. The deadline for accepting applications was March 31st and thirteen applications were received. In April 2011, the committee (via conference call) selected Dr. Christoph Lee and Dr. Tessa Cook as the residents to attend. Dr. Cook is at the University of Pennsylvania Hospital and expects to continue on to a Cardiovascular Imaging fellowship in 2012. Dr. Christoph Lee is in fellowship at UCLA doing dual fellowships in breast imaging and health policy research.

Dr. Christoph Lee was at the ACR the week of September 26-30, 2011, and Dr. Tessa Cook attended the week of October 31-November 4, 2011 for the fellowship. They learned all of the aspects of the Quality and Safety Department and met with staff from other departments at the ACR (Membership, Education,

Marketing, Research, MIS, and Economics). Dr. Cook also attended the ACR's 1st Annual Imaging Informatics Summit and Dose Monitoring Forum as part of the fellowship.

Both Dr. Lee and Dr. Cook will be attending the 2012 AMCLC for the final part of the fellowship. The goal is to have them each participate on a Reference Committee and then submit an article to publish in the JACR.

As follow up on the 2010 fellowship, both Dr. Itri and Dr. Loftus attended the 2011 AMCLC in May and staffed a reference committee. Dr. Itri has submitted his article titled 'Do we need a national incident report system for medical imaging?' which will be published in an upcoming JACR. Dr. Loftus is working on his article, but it is not scheduled for publication at this time.

The application remains on the ACR's RFS website for candidates to apply. We will again do an email blast to all ACR resident members and include it on the ACR Daily News Scan and ACR News Center to solicit applications for the 2012-2013 fellowship.

ACRedit

ACRedit is the new accreditation software system that is currently being developed to replace PASS. This system will streamline accreditation. ACRedit version 1.0 was launched on October 20, 2008 with only the new modular MRI accreditation program. ACRedit versions launched in 2010 included the addition of the nuclear medicine/PET and CT (including the cardiac CT module) accreditation programs. ACRedit version 1.5 was launched on April 25, 2011 with the addition of the ultrasound accreditation program. ACRedit version 1.6 launched on October 10, 2011 with the addition of the breast MRI accreditation program. The launch of ACRedit has been a success with good feedback from facilities that appreciate the added value of having immediate access to their accounts to make many changes on their own, as well as the added reminder emails. Each accreditation program will be rolled out separately with subsequent versions. Development is still in progress to integrate TRIAD with the ACRedit database. This will allow facilities to upload their image submissions as well as allow accreditation reviewers to review the images electronically. This integration is expected to be fully functional in 2012. Version 1.7 is still in development and will include the mammography accreditation program.

Accreditation Programs

The ACR accreditation committees continually assess the criteria used in their programs in the context of evolving practice patterns. Dr. John Patti, Chairman of the Board of Chancellors challenged the committees to update the criteria to make accreditation more scalable in the light of the Medicare mandate that most practices must become accredited in nearly all modalities. As a result the committees have made the following changes.

Initial qualifications

Board certified radiologists are no longer required to meet any specific numbers of cases depending on when the American Board of Radiology (ABR) began examining for a specific modality. For example, anyone boarded in 1995 or later would not be required to meet any specific numbers for general MRI. Please see the modality specific program requirements for the relevant changes.

However, due to Food and Drug Administration (FDA) regulations this change does not include mammography. Stereotactic breast biopsy is also excluded due to joint agreement between the ACR and the American College of Surgeons regarding the qualifications.

There will still be alternative pathways with numbers for board certified radiologists who achieved their certification before the ABR began examining in a given modality, for non-board certified radiologists and for non-radiologists.

Continuing experience and continuing medical education

A new alternative has been added for radiologists and nuclear medicine physicians who currently meet the Maintenance of Certification (MOC) requirements of the ABR. Such radiologists now meet the continuing experience and continuing medical education (CME) requirements of the non-breast imaging accreditation programs in lieu of specific numbers of cases and hours of CME. This new alternative also applies to nuclear medicine physicians who currently meet the MOC requirements of the American Board of Nuclear Medicine. In addition, radiologists who fulfill the requirements of the ACR Practice Guideline for Continuing Medical Education are considered to meet the CME requirements of the accreditation programs. The prior pathways with numbers of cases and hours of CME remain available.

Occasional readers

Occasional readers (night call, locums, etc.) who did not meet the qualifications were previously required to have their cases over-read. Now, occasional readers are not required to meet the interpreting physician initial qualifications or continuing experience requirements. However, the reads of all occasional readers combined should not exceed 5% of the total volume of reads per practice and per modality. There must be an active written review process in place at the institution for occasional readers based on each institution's credentialing requirements. Validation of this process will take place during any site visit by the ACR. (This provision for occasional readers does not apply to breast MRI, breast ultrasound or stereotactic breast biopsy.)

Phantom submission

After a review of the Nuclear Medicine Accreditation Program Requirements, the Subcommittee on Nuclear Medicine Physics has made the decision to eliminate the need for sites to submit SPECT phantoms utilizing Tl201, Ga67, or In111. However, sites performing SPECT imaging will still be required to submit Tc99m SPECT phantom images. In addition, if sites are utilizing Tl201, Ga67, or In111, sites will still be required to submit both planar uniformity and planar spatial resolution images with these isotopes. This program change was effective September 19, 2011.

Image collection time period for phantom and clinical images:

In the past there was a requirement that clinical cases submitted for accreditation could not predate the application by more than two months. In addition, the accreditation programs requiring phantom image submission specified that the clinical cases be acquired within one month before or one month after the phantom images were acquired. Many sites had difficulty meeting these restrictive time frames. The new, more flexible requirement only mandates that the clinical images may predate the application by up to six months. The time for the clinical image acquisition relative to that of the phantom image acquisition has also been eliminated.

Specific Modifications to Breast Imaging Programs

Continuing experience (number of examinations) for the breast MR and breast ultrasound programs has been reduced:

- For MR – from 75 examinations in 2 years to 75 examinations in 3 years
- For US – from 300 examinations in 3 years to 200 examinations in 3 years

Breast biopsy continuing experience has been changed. Sites will now be allowed to count all *image-guided* breast biopsies (ultrasound, stereotactic, and MR) toward their total for continuing experience (with a minimum stereo requirement, which was also reduced) rather than having to meet qualifying numbers in each modality.

- **Medicare Improvements for Patients and Providers Act (MIPPA) of 2008**
The ACR received approval as an accrediting organization from CMS in January 2010. The Joint Commission and the Intersocietal Accreditation Commission were also approved. We launched a major marketing campaign that demonstrates why ACR is the “Gold Standard” in imaging accreditation. Applications for accreditation have increased as a result of the mandate. Since July 1, 2011 we have sent out email blasts and letters and web announcements to facilities warning them of the CMS deadline of January 1, 2012 for accreditation.
- **Breast Imaging Centers of Excellence**
This collaborative effort between the Commission on Quality and Safety and the Commission on Breast Imaging continues to grow with over 773 centers having received the designation (a 25% increase from the same date last year). The number of applicants for stereotactic breast biopsy and breast ultrasound and biopsy is also growing as a direct result of the Breast Imaging Centers of Excellence.
- **Mammography Accreditation**
As of December 1, 2011, 11733 units at 8280 facilities are accredited with the ACR (or are in the process). The ACR is also monitoring the growth of digital mammography in the US; digital is currently available at 81% of the facilities in the US.
- **Stereotactic Breast Biopsy Accreditation**
As of December 1, 2011, 1113 units at 1065 facilities are accredited with the ACR (or are in the process). This represents a 20% increase in the number of units since December 2010.
- **Breast Ultrasound Accreditation**
As of December 1, 2011, 1682 facilities are accredited with the ACR (or are in the process). This represents a 22.9% increase since December 2010.
- **Breast MRI Accreditation**
The newest accreditation program, Breast MRI, has experienced significant, unexpected growth in the first year and a half. As of December 1, 2011, 1116 facilities and 1224 units are accredited with the ACR (or are in the process). The vast majority of these facilities applied using a paper-based, manual system. ACRedit for Breast MRI was launched in October 2011, which will certainly improve turnaround for future applicants. In September 2011, the Committee incorporated a major change to the program, only requiring one case (a cancer case) be submitted instead of two.
- **CT Accreditation**
As of November 30, 2011, 6,204 facilities are currently active: 827 facilities are in the process of accreditation and 5,377 facilities are accredited in CT.
- **MRI Accreditation**
As of November 30, 2011, 6,908 facilities are currently active; 706 facilities are in the process of accreditation and 6,202 facilities are accredited in MR.
- **Nuclear Medicine/PET Accreditation**
As of December 5, 2011, 3160 facilities are currently active, and of those 2705 sites are accredited in nuclear medicine. Currently, 1395 facilities are active and of those, 1246 sites have been accredited in PET.
- **Ultrasound Accreditation**
As of December 5, 2011, 4311 ultrasound facilities are currently active, and of those, 4056 are accredited. The number of examination submissions for general ultrasound accreditation has also been reduced.

Radiation Oncology Accreditation

- **ACR/ASTRO Collaboration:**
The Radiation Oncology Practice Accreditation (ROPA) website officially launched in January 2011. All applications are now fully electronic. ROPA version 2.0 will be released at the end of December 2011.

ACR-ASTRO Radiation Oncology Accreditation Committee met in April in Chicago and October in Miami (ASTRO). At the Chicago meeting the discussions were: creating a streamlined final report, facility survey scheduling process, expanding the physicist committee, data collection (mining and statistics), feedback from surveys, and improved metrics. At ASTRO we followed up on everything from our last meeting in Chicago. The ACR-ASTRO Committee plans to meet in April 2012.

The ACR-ASTRO Committee expanded the physics section to 8 members. Dr. Tariq Mian has been assigned as subcommittee chair for the Committee on Radiation Oncology Practice Accreditation.

In June 2011 some of the members of the ACR-ASTRO Committee met at ACR to discuss edits to the Data Collection forms for the physicians and physicist sections. The final changes will be implemented in version 2.0.

We currently have 55 physician surveyors and 67 physicist surveyors. We had 52 trainees go out on surveys in 2011, and there are about 43 pending trainees waiting to be scheduled.

- **Radiation Oncology Status**

- For FY 11 – 154 applications were received, almost a 57% increase over FY 10
- For FY 12 – 63 applications received as of 12/13/11 – 259 accredited sites
- 160 Sites under review (pending)

- **R-O PEER™ Stats:**

- R-O Peer™ (PQI project for ABR MOC) is being offered for physicians whose facilities are applying for ACR Accreditation
- R-O PEER™ Applications (66) received as of 12/13/11.

- **VA Contract: 33 sites to be completed in 3 years**

All 33 sites have been completed and a renewed contract for the VA is in progress.

RADPEER™

As of November 2011, there are over 1,100 groups using RADPEER, for a total of more than 15,800 radiologists. Dr. Paul Larson and members of the RADPEER Committee authored a paper, *Getting the Most Out of RADPEER*, published in the August 2011 issue of the JACR.

The RADPEER™ program was qualified as a PQI project by the ABR in May 2009. To date, 697 physicians have applied for RADPEER PQI.

Metrics Committee/Pay for Performance

Quality & Safety staff and member volunteers continue to monitor and participate in proceedings of organizations such as the AMA Physician Consortium for Performance Improvement (PCPI), the National Quality Forum (NQF), the National Priorities Partnership, and the AQA Alliance. ACR staff also closely monitors and provides comments as appropriate to the Centers of Medicare and Medicaid Services (CMS) regarding CMS quality reporting programs. Details are provided below.

- **Measures Application Partnership**

Under the Affordable Care Act, HHS is required to seek input from a multi-stakeholder group for selection of performance measures to be used in CMS public reporting and performance based payment programs. The National Quality Forum convened the Measures Application Partnership (MAP) with which HHS contracted to perform that role. ACR was selected as an organizational member to the MAP Clinician workgroup. David Seidenwurm, MD, Chair of the ACR Metric Committee represents ACR on the MAP Clinician workgroup. This group met twice in 2011,

initially to make recommendations on potential measures to use in CMS programs and to identify gaps in available measures. At the end of 2011, the MAP groups met to review the list of “Measures Under Consideration” developed by CMS for measures to be considered in 2012 rulemaking. The MAP is required to report its recommendations to HHS by February 1, 2012.

- **CMS Quality Reporting Programs**

- **Hospital Outpatient Quality Data Reporting Program**

- Staff and Metrics Committee members monitor quality improvement programs implemented by CMS and the development of measures used in such programs. CMS has finalized inclusion of three additional claims-based outpatient imaging efficiency measures (OIE) in the 2011 Hospital Outpatient Quality Reporting Program (HOQR) for Calendar Year (CY) 2012 payment determinations and reporting. These are:

- OP-13 – Preoperative evaluation for low risk non-cardiac surgery risk assessment,
 - OP-14 – Simultaneous use of CT brain and CT sinus and
 - OP-15 – Use of brain CT in ED for atraumatic headache.

- A fourth measure, use of stress echocardiography, SPECT MPI, and cardiac stress MRI post-CABG, was initially proposed for 2012 but not finalized. Currently an ACCF/AHA/ACR/AMA PCPI measure workgroup is working on a similar measure, as well as modifying an existing ACC measure similar to OP13.

- Most of the measures in HOQR were developed by the Lewin Group under contract with CMS. The Lewin Group has contacted ACR staff for input and feedback on two potential new measures: Breast Cancer Detection Rate and use of cardiovascular stress imaging tests post-revascularization (CABG, PCI)

- CMS publicly reports on the CMS *Hospital Compare* website results of these measures for each hospital participating in the HOP QDRP.

- **Physician Quality Reporting System**

- An additional measure from the ACR/AMA PCPI Radiology measure set, Reminder System for Mammograms, is included in the 2011 PQRS. The measure looks at the percentage of patients aged 40 and older undergoing a screening mammogram whose information is entered into a reminder system with a target due date for the next mammogram. In 2012 PQRS a number of measures from the current ABR/ABMS/ACR/AMA PCPI Radiation Dose Optimization draft measure set were proposed but not finalized because they will not be ready to implement by January 1, 2012.

- **Meaningful Use of Certified Electronic Technology**

- ACR Quality & Safety staff is coordinating efforts with Government Relations staff and the ITIC committee related to clinical quality measures included or to be included in the Meaningful Use Incentive program. Currently, Stage 2 and 3 measure topics have been proposed by the Office of the National Coordinator for Health IT Policy Committee.

- **Metrics Committee**

- The Metrics Committee met in October primarily to draft measures or identify measure topics to take forward to the upcoming PCPI non-cardiac diagnostic imaging workgroup. A list of 14 or so measures is currently being revised and discussed by the Metrics Committee.

Performance Measure Development and Testing

- The ABR/ABMS/ACR/AMA Physician Consortium (PCPI) measure development workgroup is ongoing. The project was on hold for a while due to some PCPI staffing issues and also to develop a process for dealing with several measures in the set for which emergency physician groups requested revision and great input. Finalizing draft measures focused on patient radiation dose optimization (primarily CT). The workgroup, co-chaired by Drs. Milton Guiberteau and David Seidenwurm, will renew its work early in 2012.
- As mentioned above, the ACR/PCPI Radiology workgroup will reconvene to review existing measures. This group will also consider new measures focused on non-cardiac diagnostic imaging appropriateness. The workgroup leadership (David Seidenwurm, MD and William Golden, MD) is beginning to meet by conference call in December.
- The AAO-HNS/AMA-PCPI Sinusitis measure development workgroup in which ACR (represented by Dr. Rebecca Cornelius) is finalizing measures post-public comment.
 - ACR also is participating in the AAO-HNS/AMA-PCPI Sinusitis measure development workgroup. Dr. Rebecca Cornelius is the ACR member representative. There is potential for one or two imaging measures.
 - The AAN/ACR/AMA PCPI Stroke/Stroke Rehabilitation workgroup reconvened in 2011 to review and modify previously developed measures from 2007 (including the stroke imaging measures). Additionally, a number of new measures were created, including a measure on recommended non-invasive imaging. The measure set (post-public comment) is currently being specified by PCPI staff prior to PCPI member vote
 - The PCPI convened a workgroup on cardiac imaging appropriateness led by ACC/AHA and ACR. Dr. Frank Rybicki represents ACR. The measure set is being finalized for PCPI comment period.
- **NQF Patient Safety Project**

The ACR submitted a performance measure to NQF under their Patient Safety project. The measure, participation in a Dose Index Registry, was endorsed in September 2011.

National Radiology Data Registry (NRDR)

NRDR continues to grow, increasing both the number of registries and the number of facilities participating in those registries. At the end of November, there were 288 registered facilities in NRDR, 204 of which were actively contributing data.

The ACR Dose Index Registry (DIR) is the newest registry which was launched in May 2011 at the AMCLC, and has since grown to include 176 fully registered facilities (with online registrations and signed Participation Agreements) of which 126 have been actively contributing data. The registry receives dose index data on all CT scans performed at participating registries. Starting in January 2012, the registry will start to collect data that will enable patient size estimation, and size-adjustment of dose index measures. The registry was featured at the IHE booth and in scientific presentations at the 2011 RSNA and was well-received. Participation in the DIR was fully approved as a Practice Quality Improvement project by the American board of radiology in December 2011 and was endorsed by the National Quality Forum in September 2011. The ACR hosted a very successful Dose Monitoring Forum in early November in Washington DC where aspects of interpreting registry data were discussed and some early results and experiences were shared.

The Quality Improvement Registry for CT Scans in Children Coalition (QuIRC3) supplements the Dose Index registry with research and education for pediatric imaging. Data and abstracts from the pilot that

included six large children's hospitals have been accepted at several major international conferences, and where presented, have been well received.

The National Mammography Database (NMD) continues to grow and has 58 registered participants, 44 of which actively contribute data, and has collected data on over 1.5 million exams. Twelve mammography software vendors have been certified to submit files to the NMD. We have certified two home-grown proprietary mammography reporting systems, and continue to work with other facilities on certifying data from their in-house systems. As of the beginning of 2011, BICOE facilities are invited to participate for free in NMD. We are in the process of marketing intensively to BICOE facilities to encourage them to participate and offered a free webinar on NMD in late September.

CT Colonography (CTC) has 14 facilities participating and 11 of these contributing data in 2011. The ACR portal to the CTC Registry for gastroenterologists is live. The American Gastroenterological Association (AGA) will start recruiting participants for the registry soon.

The General Radiology Improvement Database (GRID) has 41 registered participants, 19 of which contributed data during 2011. The registry now has the ability to accept electronic data upload as an alternative to manual data entry. We continue to work on making GRID data entry more automated.

The IV Contrast Extravasation Registry (ICE), which is also a PQI project developed in collaboration with the Society of Uroradiology, has 37 participants. Twelve of these have completed the requirements of the PQI project.

LI-RADS Version 1.0 was launched on the ACR web-site in March 2011. The LI-RADS committee continues to work on developing the LI-RADS lexicon and atlas, and on revising the LI-RADS assessment category definitions with additional rounds of review.

Safety Committee

- **Whitepaper on Radiation Safety in Medicine**

An update article on the whitepaper by Dr. Amis was published in the November issue of JACR.

- **Joint Task Force on Adult Radiation Protection (Image Wisely)**

Image Wisely was launched on Monday, November 29, 2010 at an RSNA Special Session. Since then, over 10,000 individuals have pledged to the campaign. In addition to the home page, the Image Wisely website (www.imagewisely.org) contains areas for imaging professionals, for referring practitioners, for information on dose reduction from CT equipment manufacturers, for patient information, and a pledge page which has been modified to accept pledges from facilities, associations, and referring practitioners in addition to those from radiation professionals. Facilities may opt for different levels of commitment including one which requires accreditation, and another which requires both accreditation and participation in a dose index registry. The content throughout the site has increased, and features continue to be developed and added. Image Wisely recently began preparation for addressing radiation safety in nuclear medicine, the second phase of the initiative.

- **Alliance for Radiation Safety in Pediatric Imaging**

The ACR continues to encourage the activities of the Alliance for Radiation Safety in Pediatric Imaging through member participation, staffing and financial support. The organization has grown to over 50 members (including the international members such as the International Atomic Energy Agency). A new initiative ("Pause and Pulse") to encourage dose reduction in [fluoroscopy](#) was unveiled on February 14, 2011. The nuclear medicine campaign, ("Go with the Guidelines") was launched at the 2011 RSNA. Image Gently also worked closely with the AAPM Task Group 204 to develop Size Specific Dose Estimates (SSDE) for pediatric and adult body CT examinations.

January 1, 2011 to December 31, 2011 Annual Report
Commission on Research and Information Technology
Jonathan S. Lewin, M.D., FACR, Chair

Commission's Overall Goal

To provide guidance and ongoing board-level exposure to the activities of the ACR Clinical Research Center and the Information Technology group.

Goals for 2012

1. Development of a Cost Effectiveness Research (CER) initiative to include bringing together of a small group (steering committee) with expertise in CER to consider the potential opportunities and impact for radiology.
2. Definition of specific goals related to promoting the value of clinical research within the radiology and radiation oncology communities.
3. Hold quarterly meetings and more frequent sub-committee meetings
4. Keep Board of Chancellor's informed about progress relative to the NCI's reorganization of its clinical trials research program.

Accomplishments

1. NCI Cooperative Group Consolidation Activity:
 - ECOG-ACRIN Partnership: the merger of ECOG and ACRIN's oncology programs was announced in September 2011 culminating months of planning and discussion. The new entity will focus on early detection and diagnosis of cancer; biomarker-driven phase II and phase III therapeutic studies across cancer types and stages, and molecular and imaging marker research to predict and monitor treatment response.
 - NRG Alliance: RTOG announced the group's intention to form an alliance with the National Surgical Adjuvant Breast and Bowel Project (NSABP) and the Gynecologic Oncology Group (GOG) that will carry out research as NRG (pronounced "energy").
 - Both groups will be submitting responses to the NCI's request for proposals being issued in July 2012.
2. Planning for the Consolidation of the NCI's Radiation Therapy and Diagnostic Imaging Quality Assurance Services
 - The ACR has been at the forefront of planning for the upcoming consolidation and will submit a proposal to carry out the RTQA and Imaging QA programs within the future NCI clinical trials network. At year's end, it remained uncertain whether the NCI will issue two requests for proposals—one for RTQA and one for imaging QA—or consolidate the program into one entity.
3. Example Research Highlights
 - ACRIN
 - Published the results of the National Lung Cancer Screening Trial in the *New England Journal of Medicine* that showed patients at high risk for lung cancer randomly assigned to screening with low-dose computed tomography were 20 percent less likely to die from the disease than patients randomly assigned to screening with chest radiography.
 - Launched a large cardiovascular imaging trial known as RESCUE that will randomly assign 4300 study participants with stable angina either to CCTA or to SPECT-MPI for assessment of coronary artery disease and relative patient outcomes.

- RTOG
 - Published results of RTOG 9408, a large randomized phase III clinical trial, in the *New England Journal of Medicine* that showed short-term hormone therapy plus radiation therapy increases survival for men with early-stage prostate cancer.
 - Launched 9 new clinical trials in 2011 across disease sites and cancer stages and representing early phase to phase III trials.
- QRRO
 - Six QRRO research presentations were featured at the 2011 ASTRO Annual Meeting, revealing important information about the adoption of phase III clinical trial results into national practice.

Areas of Concern

Ensure the reorganization and consolidation of the NCI's cooperative group program sustains or enhances the research being conducted to improve the lives of cancer patients and, more specifically, recognizes the value radiation oncology and medical imaging clinical research brings to that pursuit.

January 1, 201–December 31, 2011 Annual Report
Commission on Body Imaging
James A. Brink, M.D., FACR, Chair

Colon Cancer Committee

The Colon Cancer Committee met at the Society of Gastrointestinal Radiology (SGR) meeting in March and at the Radiological Society of North America (RSNA) meeting in November. The Committee is focused on broadening coverage and use of CT colonography (CTC) for colorectal cancer screening. Specifically, they are targeting states that have laws stating that private payers must cover colorectal cancer screening in accordance with American Cancer Society guidelines (which include CTC). These laws are not consistently enforced and as such, members of the Colon Cancer Committee are working with State Chapters to contact Insurance Commissioners and private payers to better educate them and obtain coverage. Additionally, in some areas where private payers do offer coverage, radiologists are simply not offering CTC due to the perception that they will receive little or no reimbursement. The Committee discussed ways to broaden awareness of CTC coverage and payment rates, which are good in comparison to recently bundled procedures (i.e. CT abdomen and pelvis). The first step is for Committee members to bring this information to the attention of their State Chapters.

Medicare Coverage

The Committee continues to await publication of the results of the reanalysis of the ACRIN trial results for the age 65 and over population, as CMS indicated in their decision memo against coverage of screening CTC that they were not sure the ACRIN results were “generalizable to the Medicare population”. Once the results are published, Committee members will meet with CMS staff to present the new data and make sure we have enough new information for them to re-open the coverage decision process. ACR staff has already touched base with CMS staff to tell them that we expect the re-analysis to be published soon. CMS has undergone some staffing changes that may work in our favor. In the meantime, we are updating the CTC bibliography, highlighting research on areas of concern to CMS (i.e. Medicare age population data, extracolonic findings, and radiation dose). The Committee is also focused on engaging patient advocacy groups (e.g. Colon Cancer Alliance, American Cancer Society, etc.), gastroenterology groups, and primary care physician groups as well as industry representatives who have been active in the CTC Coalition.

Incidental Findings

The Incidental Findings white paper on abdominal CT is number two on the JACR “most read” list and is the number one most accessed JACR article on the ScienceDirect list. Additionally, there was an article in the August issue of Imaging Economics featuring the white paper, and an article will also be in an upcoming RSNA newsletter. Several members of the Committee presented the multisession course on Incidental Findings at the 2011 RSNA meeting and a new RSNA program on controversies in radiology related to incidental findings was also conducted.

The Committee is now embarking on a new effort to address another range of incidental findings on CT and MRI (ovarian paraovarian, vascular, spleen and lymph nodes, gallbladder and biliary tree and reporting and research studies). A work group has been assembled and hopes to submit another white paper by RSNA 2012. The Committee is also considering ways to engage other disciplines in refining and adopting the diagnostic algorithms and recommendations that were published in the first white paper.

LI-RADS

The ACR has launched the Liver Imaging - Reporting And Data System (LI-RADS) version 1.0, which is now publicly available as an ACR-sponsored standard. LI-RADS is intended to facilitate standardized interpretation and reporting of "observations" (e.g., nodules and other lesions) encountered in patients

undergoing CT or MRI surveillance for HCC. LI-RADS 1.0 focuses only on extra-cellular contrast agents; a future version of LI-RADS will be expanded to include hepatobiliary contrast agents.

The criteria are available at the following link: <http://www.acr.org/LI-RADS>

LI-RADS has undergone one round of preliminary testing and two phases of formal testing. Phase 3 of the testing is in the planning process. The Committee is looking for Phase 3 readers to test inter-reader agreement using the system.

Phase 3 readers will review cases and assign LI-RADS categories to observations (nodules, pseudolesions, etc.). Each observation is on PowerPoint, typically one slide per observation. Each reader will have to review between 20-40 observations (the range depends on the number of readers; if we get several readers to volunteer, each reader will have fewer observations to review). It should take no more than about 30-60 minutes to become familiar with the criteria on the ACR website and then about 2-3 minutes to score each individual observation.

Economics Committee on Body Imaging

Members of the Economics Committee on Body Imaging provided their support to the Commission on Economics by reviewing and providing comments on National Correct Coding Initiative (NCCI) edits and Medically Unlikely Edits (MUE). They also provided support to the CPT and RUC processes with the gathering of survey data for the new codes and supported the Economics Committee on Coding and Nomenclature by answering coding questions that were used in the creation of coding consensus. Finally, they reviewed and provided comments for *CPT*[®] Assistant coding articles on CT abdomen and pelvis, non-invasive physiologic studies and the December 2011 special edition.

Committee on Thoracic Imaging

A brief article was published in the March ACR Bulletin describing the preliminary results of the National Lung Screening Trial. The statement indicated that the initial trial results are positive, however, the ACR believes that it is premature to recommend widespread CT screening for lung cancer until the cost-effectiveness analysis is published (the peer-reviewed results were published in August in NEJM). In the meantime, the ACR recommends those high-risk individuals wishing to be screened speak to their health care providers about the benefits and risks of screening.

Body Imaging Practice Guideline Updates

The following ACR Practice Guidelines were either sponsored or co-sponsored by the Commission on Body Imaging, Abdominal Imaging Committee, Committee on Cardiac Imaging, Committee on Musculoskeletal Imaging, and Committee on Thoracic Imaging and were adopted at the 2011 AMCLC:

Commission on Body Imaging:

1. ACR Practice Guideline for Performing and Interpreting Diagnostic Computed Tomography (CT)
2. ACR Practice Guideline for Performing and Interpreting Magnetic Resonance Imaging (MRI)

Committee on Abdominal Imaging:

3. ACR–SPR Practice Guideline for the Performance of Computed Tomography (CT) of the Abdomen and Computed Tomography (CT) of the Pelvis
4. ACR Practice Guideline for the Performance of the Modified Barium Swallow
5. ACR Practice Guideline for the Performance of Hysterosalpingography

Committee on Cardiac Imaging:

6. ACR–NASCI–SIR–SPR Practice Guideline for the Performance and Interpretation of Body Computed Tomography Angiography (CTA)

7. ACR–NASCI–SPR Practice Guideline for the Performance and Interpretation of Cardiac Computed Tomography (CT)
8. ACR–NASCI–SPR Practice Guideline for the Performance and Interpretation of Cardiac Magnetic Resonance Imaging (MRI)

Committee on Musculoskeletal Imaging:

9. ACR–SPR Practice Guideline for Skeletal Surveys in Children
10. ACR–SPR–SSR Practice Guideline for the Performance and Interpretation of Magnetic Resonance Imaging (MRI) of the Ankle and Hindfoot
11. ACR–SPR–SSR Practice Guideline for the Performance and Interpretation of Magnetic Resonance Imaging (MRI) of the Elbow
12. ACR–SPR–SSR Practice Guideline for the Performance and Interpretation of Magnetic Resonance Imaging (MRI) of the Hip and Pelvis for Musculoskeletal Disorders
13. ACR–SSR Practice Guideline for the Performance and Interpretation of Magnetic Resonance Imaging (MRI) of the Shoulder
14. ACR–SPR–SSR Practice Guideline for the Performance and Interpretation of Magnetic Resonance Imaging (MRI) of Bone, Joint, Soft Tissue Infections in the Extremities

Committee on Thoracic Imaging:

15. ACR–SPR Practice Guideline for the Performance of Pediatric and Adult Chest Radiography
16. ACR–SPR Practice Guideline for the Performance of Pediatric and Adult Portable (Mobile Unit) Chest Radiography

The following ACR Practice Guidelines were either sponsored or co-sponsored by the Committee on Cardiac Imaging and the Committee on Musculoskeletal Imaging and will be presented for adoption at the 2012 AMCLC:

Committee on Cardiac Imaging

1. ACR–NASCI–SPR Practice Guideline for the Performance of Quantification of Cardiovascular Computed Tomography (CT) and Magnetic Resonance Imaging (MRI)

Committee on Musculoskeletal Imaging:

2. ACR–ASSR–SPR–SSR Practice Guideline for the Performance of Spine Radiography
3. ACR–SCBT–MR–SPR–SSR Practice Guideline for the Performance of Magnetic Resonance Imaging (MRI) of the Wrist
4. ACR–ASNR–SCBT–MR Practice Guideline for the Performance of Magnetic Resonance Imaging (MRI) of the Adult Spine

Commission Goals

The Commission will continue to advance CT colonography as worthy of federal reimbursement. To this end, a request to CMS for National Coverage Determination will be re-submitted once the ACRIN data for age 65 and older are published (expected first quarter of 2012), and we will continue to explore the possibility of Coverage with Evidence Development.

The Commission will seek ways to improve dissemination of their recommendations for incidental findings in the liver, kidney, adrenal gland and pancreas. Building on the success of their first white paper, the Commission will launch a second effort for incidental findings in adnexal masses, vascular abnormalities, spleen, GB, biliary tree and lymph nodes.

The Commission will address the National Lung Screening Trial results by developing a position paper with the Society of Thoracic Radiology, coincident with publication of the cost-effectiveness analysis.

Efforts will be coordinated with the Economics Commission in consideration of federal reimbursement for lung cancer screening with CT, analogous to the relationship that was developed for CT colonography.

The Commission will continue to advance the Liver Imaging - Reporting And Data System (LI-RADS) through the third phase of formal testing, and the Commission will launch a similar effort for prostate imaging, the MRI Prostate Imaging - Reporting And Data System (PI-RADS). This will be done in partnership with the International Prostate Imaging Workgroup.

January 1, 2010-December 31, 2011 Annual Report
Commission on Breast Imaging
Barbara Monsees, M.D., Chair

Goals

The mission of this Commission is to address issues related to breast imaging and breast imagers, including development of Practice Guidelines and Technical Standards, Appropriateness Criteria as well issues related to screening and government regulations.

Accomplishments

Mammography Saves Lives Campaign

In response to ill-advised and potentially dangerous 2009 USPSTF breast-screening guidelines, the ACR, SBI and the American Society of Breast Disease (ASBD), in Fall 2010, launched Mammography Saves Lives™ (www.MammographySavesLives.org) which urges annual mammography screening for women, beginning at age 40. The campaign is still going strong.

Since September 2010, [television public service announcements \(PSAs\)](#), created as part of the campaign, have aired 28,000 times on TV stations nationwide and have been viewed by more than 77 million people.

In October 2011, 13 radio stations nationwide took part in the Mammography Saves Lives Radio Media Tour. These 13 stations aired 25 individual reports heard by nearly 13 million people.

To date, more than 100 million people have heard or seen the MSL (TV and radio) public service announcements and radio ads. According to the Nielsen Company, the cost to buy equivalent advertising would have been nearly \$1 million (nearly 8 times what it cost to produce the MSL campaign).

The campaign website, www.mammographysaveslives.org, features testimonials from breast-cancer survivors, the latest research, and informative podcasts from breast cancer experts including Carol Lee, MD, W. Phil Evans, MD, FACR and Gail S. Lebovic, M.D., FACS, former ASBD president.

Breast Imaging Centers of Excellence

ACR staff continues to receive positive comments about this program and facilities have used it in their marketing. We continue to experience an increase in the rate of application for stereotactic breast biopsy and breast ultrasound and biopsy that we believe is a direct result of the Breast Imaging Centers of Excellence program. At the time this report was written, 773 centers had achieved this distinction. (This is 150 over last year at the same time.) In addition, in 2011, all centers were offered participation in the ACR National Mammography Database free of charge for one year.

National Mammography Database

As of November 2011, 58 facilities are participating and 44 have contributed data. There are currently twelve software vendors who are certified to upload data to NMD. We have certified two home-grown proprietary mammography reporting systems, and continue to work with other facilities on certifying data from their in-house systems.

As of the beginning of 2011, BICOE facilities are invited to participate for free in NMD. We are in the process of marketing intensively to BICOE facilities to encourage them to participate, and we are offered a free webinar on NMD in late September.

An educational outcomes study on the use of Mammography Case Review (MCR) CD 6 in combination with performance data from the National Mammography Database is scheduled for 2012. Physicians from facilities participating in NMD will be recruited for this study early in the year prior to the launch of BI-RADS 5th Edition and the MCR CD.

Performance Measures

In 2011, the Centers for Medicare and Medicaid Services (CMS) added a mammography performance measure, *Reminder System for Mammograms*, to the Physician Quality Reporting System (PQRS).

In the 2012 reporting year, CMS has added four “breast surgery” measures to PQRS. One of these, *Biopsy Follow-Up*, is likely reportable by breast imagers since the denominator includes codes for breast biopsy procedures. With the addition of this measure, breast imagers may be able to report three measures to CMS, which will allow reporting using a CMS-certified PQRS registry. The *Biopsy Follow-Up* measure can only be reported using a registry.

Breast Imaging Reporting and Data System (BI-RADS®)

Currently, there are 24 vendors holding license agreements to utilize ACR BI-RADS® in their software. To date, upon request, the ACR has executed 9 agreements with international radiologists to allow translation of the Atlas into other languages. These include Spanish, French, German, Portuguese, Romanian, Russian, Croatian and Mandarin Chinese. The Mandarin Chinese version has been published and is being distributed by Peking University Medical Press. A request for a second Spanish translation (South American) has been received and is undergoing scrutiny.

The fifth edition of the Atlas is nearing completion. (The mammography section is nearly complete, the ultrasound section is expected to be finished by early January, the MRI section is scheduled to wrap up in early February.) The target date for publication is late in the 2nd quarter of 2012 with a plan for production in soft copy and hard copy. This edition will contain a very robust collection of modern clinical images. In addition to an online version, ACR Publications is expecting to have a BI-RADS® app available for even greater portability and interactivity.

Committee on Breast Imaging for Appropriateness Criteria and Guidelines

The Committee met at RSNA, 2011.

The following two practice guidelines were submitted for consideration at the May 2011 AMCLC and were adopted by the Council:

- ACR Practice Guideline for the Performance of a Breast Ultrasound Examination (Revised)
- ACR Practice Guideline for the Performance of Magnetic Resonance Imaging-Guided Breast Interventional Procedures (NEW)

The committee has been working on the development of a new practice guideline on DCIS and Breast Conservation Therapy. Once completed, this new guideline will replace the two separate guidelines currently in place. This new guideline will be submitted for consideration at the 2013 AMCLC. The current guidelines will be extended for an additional year until the new one is adopted.

The following Appropriateness Criteria (AC) topic was updated in 2011:

- Stage I Breast Carcinoma

The following topics are currently under review and will be finalized in 2012:

- Breast Microcalcifications-Initial Diagnostic Workup

- Palpable Breast Masses
- Nonpalpable Mammographic Findings (Excluding Calcifications)

The following new topics are in development:

- Breast Pain
- High-Risk Screening

Committee on Screening and Emerging Technologies-Breast Imaging

Committee members continue to serve as front line representatives and provide immediate response to articles dealing with the fallout from the USPSTF recommendations for annual breast screening, the efficacy of mammography and the dense breast issue.

Collaboration with American College of Physicians

The members of the workgroup submitted one final set of minor modifications to the ACP. I have contacted Dr. Qaseem about next steps but he has not yet responded. If the whitepaper will not be published, we will consider posting the talking points agreed to last year on our website.

Committee on Education

Revision of Resident/Fellow Curriculum for Breast Imaging

We are currently in the process of a joint project with the SBI to review and update the BI curriculum. The last report was in 2006; before that, it was 2000. Kate (Catherine) Appleton and Dione Farria are working on this for ACR; Mimi (Mary) Newell and Murray Rebner represent the SBI. The initial edits were due at the end of October. We will meet within the next 2 months to reconcile any changes. Our hope is to publish the results in JACR in 2012.

Survey of Breast Imaging Fellowships

Also a project with the SBI; Dione Farria has taken the lead. We have had initial conference calls to discuss the content of the survey. Dione has access to the SBI database and is working with SBI Executive Director Arlene Deverman to construct the survey. We anticipate the survey going out just after the first of the year. The intent is to define the fellowships available, their characteristics and timeline. Curriculum review may be done as a separate survey.

Review of AIRP Breast Curriculum:

Completed by Dr. Monticciolo and submitted to the Educational Advisory Committee of the AIRP in July 2011.

Mammography Case Review:

Project lead by Dr. Sickles. The first five MCR exams are still being sold, and continue to earn substantial amounts of money for the ACR. MCR 6 has been completed and has been ready to release for about a year, but because parts of it are based on material in the new edition of BI-RADS, it cannot be released until BI-RADS (currently scheduled for March 2012). The MCR Committee will meet in Reston in January to create MCR 7. It will be at least 6 months, probably longer before that exam will be ready for release.

ACR is doing a more aggressive job of marketing the MCR exams, and this probably has accounted for increased revenues. They have sold a large number of copies to New York State Health Department for distribution to radiologists there. They are working on adding State Departments. Dr. Monticciolo will work with the Education and Marketing departments of the ACR to facilitate promotion of this product.

Committee on Economics

The Economics Committee on Breast Imaging has provided input on coding and coverage guidance for Digital Breast Tomosynthesis. Members of the committee and staff have met with members of the Medical Imaging and Technology Alliance (MITA) to discuss the physician work and practice expense aspects of the technology to help determine a future need for CPT coding and payment policy. The Committee's short term goals are:

1. Support the ACR in the CPT and RVS Update Committee (RUC) process by commenting on issues and completing any RUC surveys that are circulated to the committee for completion.
2. Review the status of the new technology of breast tomosynthesis to determine the need for CPT coding, coverage, etc.
3. Monitor the changes to the Medicare Physician Fee Schedule and the impacts they are having on breast imaging exams.

Long Term Goals

Help to determine how breast centers of excellence will fit into future payment models.

Update on Tomosynthesis

The ACR met with two vendors at RSNA to discuss a reimbursement strategy for tomosynthesis. The equipment/software of a single vendor has received FDA approval. The recommendation is to request a category III CPT code for this new technology. It would probably be an add-on code to the standard mammography codes or digital G code. A new category III code keeps this new technology under the radar screen, allows for the equipment and techniques to be better incorporated into U.S. practice and allows for further U.S. studies to be conducted and published. It also keeps current CPT and G codes in place and away from any scrutiny by CPT and the RUC. The vendors then can work for coverage at the local level with the Medicare contractors for diagnostic mammograms and with private payers. This method was very successful for CT Colonography and coronary CTA. It was also discussed that this study would be a good one to bring forth in the future as a value-added and cost savings study for new payment models in accountable care.

Update on the Request for a New Screening Ultrasound Code

Many ACR representatives representing the Commission on Economics, Commission on Ultrasound and Commission on Breast Imaging met face-to-face at the September Board of Chancellors meeting to discuss the possibilities of a new code for screening ultrasound. The ACR representatives agreed that mammography reimbursement is pretty stable right now as compared to many other areas in radiology. A premature introduction of any new codes could possibly cause more instability and losses than it would realize in gains. Currently there is a code for ultrasound of the breast (unilateral or bilateral) that can be used for screening. Coverage for screening ultrasound of the breast would need to be mandated by Congress. In the current political environment obtaining coverage for any screening study using imaging appears to be an uphill battle. Therefore it was agreed that the ACR would not move forward with any request for a new ultrasound breast screening code. The plan is to use codes that exist and to continue to work on coverage for ultrasound screening with private payers whenever possible.

Government Relations

DENSE - STATE

Since 2009, a strong and vocal patient-driven grassroots movement has systematically pursued state legislation requiring radiologists to provide written breast density information to patients as part of their mammogram results notification. The specifics and scope of the legislation, and the degree of success of the movement, has varied by state.

Connecticut was the first state to adopt a version of this "DENSE" legislation. Their statute, adopted in 2009, also mandates insurance coverage of ultrasound screening for women with dense breasts; in 2011,

Connecticut modified its law to also require insurance coverage of MRI screening for patients with dense breasts. During the 2011 legislative session, DENSE bills were filed in California, Florida, New York, and Texas. The Florida chapter successfully lobbied against their bill but they anticipate that it will be reintroduced in 2012. New York's DENSE legislation died in committee.

The California Radiological Society initially opposed DENSE legislation in their state, but later changed their position to "neutral" after key amendments were made to the bill. In its final draft, the California DENSE bill called for a formal notice to be sent to patients explaining that they have dense breast tissue and that they may "benefit from supplementary screening tests, which can include a breast ultrasound screening or a breast MRI examination, or both, depending on [their] individual risk factors." California's DENSE bill was vetoed by Governor Brown, who in his veto message explained that although he believes in patients' rights to information about their health, he felt the notice in this bill was more prescriptive than educational with its recommendation of additional screening.

The Texas legislation mandated a disclosure on breast density similar to California's encouraging the patients to discuss their individual risk factors with their physicians and noting that they may benefit from additional screening. Recognizing the political landscape in Texas, the Texas Radiological Society took a neutral position on their bill. That legislation, "Henda's Law," was adopted and became effective on September 1st.

DENSE – FEDERAL

A federal bill -- The Breast Density and Mammography Reporting Act of 2011-- was introduced by Congresswoman Rosa DeLauro on October 7, 2011. The measure would require mammography facilities to include information regarding the patient's individual measure of breast density in both the written report of the results of a mammography examination provided to the patient's physician and the summary of that written report given to patients. Further, it would require the summary to include language communicating that individuals with more dense breasts may benefit from supplemental screening tests and should talk with their physicians about any questions or concerns regarding the summary. Government relations staff met with congressional staff and responded to questions on the topic as needed.

On the regulatory front, FDA has also been exploring the possibility of mandating breast density reporting as a requirement of MQSA. The topic was included in a November 4th meeting of the National Mammography Quality Assurance Advisory Committee (NMQAAC). Barbara Monsees, MD, FACR presented ACR's position on the topic as part of the public comment period of the NMQAAC meeting.

SAFETY ISSUES

FDA - After several years of ACR reporting inappropriate advertising of thermography, the FDA issue warning letters to multiple providers of thermography who were illegally marketing the technology. Additionally, FDA worked with representatives of ACR's breast imaging commission on the issuance of a safety communication entitled, "Thermogram: No Substitute for Mammogram."

FDA also solicited confidential input from ACR and the Breast Imaging Commission on a potential safety concern. ACR provided clinical experts to evaluate the data and provide input to the FDA on whether a true safety concern exists and advice on the need to communicate potential concerns.

NIH - The GR committee responded to an NIH Request for Information (RFI) on the impact of radiation on cancer risk.

USPSTF

The Commission and its GR committee continues to monitor federal agency communications related to the 2009 mammography recommendations of the United States Preventive Services Task Force. We are initiating dialogue with the Department of Veterans Affairs after their national office issued a press release conveying the 2009 recommendations.

At a more foundational level, staff has been pursuing reform to improve the transparency and accountability of the USPSTF process. We met with senior AHRQ staff twice in 2011 to discuss our concerns, including a meeting with the AHRQ Director, Carolyn Clancy, MD. Legislation to reform the USPSTF process has also been proposed.

Areas of Concern

As reported last year, there is a relatively new patient advocacy group, Density Education National Survivor's Effort (DENSE), ramping up activities relative to Federal and state legislation that would require radiologists to include information about a patient's breast density in the radiology report. Of more concern is that the group is advocating for inclusion of density information and suggestion for supplemental screening in the lay letter.

The Commission is supportive of patient empowerment and ensuring that all patients are provided with adequate information to make informed decisions about their medical care. However, the issue of breast density is a very complex issue with limited science to provide direction for patients, their primary care providers and breast imagers. The Committee on Government Relations along with the members of the Commission will develop sample language regarding breast density that can be provided to the FDA and to state chapters where legislation is pending.

January 1, 2011-December 31, 2011 Annual Report
Commission on General, Small and/or Rural Practices
Lawrence A. Liebscher, M.D., FACR, Chair

Goals

The purpose of the Commission on General, Small, and/or Rural radiology practices (GSR) is to identify and address general topics outside the purview of subspecialty areas of radiology and issues of concern to radiologists working in small and/or rural practices. The Commission has historically housed and supported a variety of committees that are not integrated with other ACR Commission structures, including teleradiology, medical legal, and drugs and contrast materials. The needs of radiologists working in small and/or rural practices are also a central reference point of the Commission. The projects of the committees making up this commission will be appropriately referred for consideration consistent with the overall mission of the ACR and the policies of the ACR Council.

Accomplishments

Committee on Drugs and Contrast Media

The committee continues to meet regularly with a full slate of work in maintaining the ACR Manual on Drugs and Contrast Media. Dr. Rich Cohen chairs the committee. The most recent version of the manual, Version 7, was released in 2010. Although this is a recent version, the committee is continuing work on major revisions to 4 chapters, combining two chapters and revising the chapter on NSF and the chapter on contrast induced renal failure. As these are very important chapters to our members and industry, and the revisions are significant, it is likely that this will be released as Version 8. Dr. Jeff Weinreb, a member of the Committee on MR Safety in the Commission on Q&S and has agreed to also serve on the Committee on Drugs and Contrast Media to make certain that publications of these two important committees are coordinated. The intention is to have the new version completed and published early in 2012.

Overall, it remains the goal of this Committee to maintain a Manual that remains the most frequently consulted source on the use of contrast material in the United States and the world and to continue to serve as a source of information on contrast media utilization for other organizations and for the ACR membership.

Committee on Guidelines and Standards

In May, Dr. Julie Timmins completed her term as chair of the Committee on Guidelines and Standards. Matt Pollack, MD now chairs the committee. Over the summer months, the committee has worked on the revision to the Expert Witness in Radiology and Radiation Oncology. The committee is also in the process of finalizing work on the Digital Radiography Guideline and the Use of Intravenous Contrast Media Guideline.

As part of this leadership transition, plans are underway to increase the interface of this GS&R committee with each Q&S committee to ensure that issues of importance to the general radiologist are being addressed. This effort is ongoing.

Education Committee

With the reorganization of the Commission on Education, a dedicated committee was formed with liaisons representing each of the specialty commissions. Dr. Steven Birnbaum, as chair of the GSR Education Committee, was named to the liaison committee. The intention is to use this structure for improved communication and identification of issues to be addressed by the GSR Education Committee during 2012.

Emergency Radiology Committee

The Emergency Radiology Committee represents ACR at the ACS meetings through the attendance of Doctor Stan Goldman. Specifically, Doctor Goldman is the ACR liaison to the ACS Committee on Trauma (COT).

The work of this committee is currently centered on collaborative work with the American College of Surgeons. The COT is responsible for production of the credentialing manual for emergency departments, currently called the “Green Book”. The book is undergoing major revision with the intent of the COT to release a new version in the late spring of 2012. Dr. Goldman is representing the College and radiologists’ interests by actively participating in the drafting of the sections of the manual that involve the use of imaging.

Committee on Economics

The Committee on Economics chaired by Doctor Robert Pyatt held a conference call in early November and discussed the following issues:

1. Radiology Reimbursement Issues for ‘Critical Access’ hospitals
 - Different types of contracts their practices have with the critical access hospitals in their respective localities (e.g. flat fee for the reads, income guarantee).
 - Financial struggles of critical access hospitals in the current health care environment.
2. 2012 Radiology Reimbursement Outlook
 - The Multiple Procedure Reduction Payment Reduction (MPPR)
 - The same day service reduction
 - Conversion factor will decrease by 27.4 percent for CY 2012 unless Congress issues a fix.
3. Recommendations from the committee on the current Reimbursement Cuts
 - The ACR needs to continue to make the argument against the same day service pay cut by gearing the focus on how this is going to affect patient access and convenience.
 - ACR should continue to encourage members to contact their congressional representatives.
4. Radiology Practices – hospital relations, ACOs & ACR’s Response
 - ACO’s and the role of ACR’s taskforce that examines the different models (episode of care, capitation, & Fee for Service linked to quality) under ACOs.
 - The Physician Compare Web site that will become available in January 2012.
 - The effect of the November’s election result on ACOs and payment bundling efforts.
5. Dayhawk/Nighthawk Issues
 - Nighthawks/Dayhawks aggressive marketing strategies
6. Recruiting
 - Lack of abundance of job available for radiologists currently
 - Good recruiting strategies

Short Term Goals

The GSR economics committee will continue to support the Economics Commission by providing review and comments on surveys for the RUC and PERC, coding proposals, coding consensi, CPT Assistant articles, and clinical vignettes, Local Coverage Determinations and Correct Coding Initiative and Medically Unlikely Edits.

Commission Development

In keeping with the general policy of having specialty commission structure reflect the operational commissions of the ACR, efforts were undertaken at the end of the year to begin development of committees on human resources and membership and communications, and to expand a quality and safety committee to include the current guidelines and standards committee as well as other components of Q&S. Further efforts to improve and expand the interactions with the various operational commissions will be a focus in 2012. All of this is meant to improve communication of positions on issues of concern to general radiologists and radiologists practicing in small groups and rural locations throughout the various components of the College.

GSR Areas of Concern

- A. The evolving radiology environment presents many challenges for the small and/or rural practice. These environmental issues include some of these factors: changing Medicare and other payers' statutes/regulations, dayhawk/nighthawk "disruptions," radiology practice-hospital relations, recruiting difficulties and workforce supply to small and/or rural practices and which affect access to various imaging modalities, as well as management of emergencies such as stroke and disasters.
- B. Continued efforts by the ACR to engage and support small chapters of the ACR, especially those that are relatively inactive but constitute important assets for the College.
- C. Continued efforts by the ACR to support the small, rural, and general membership through existing programs such as those already hosted by the Economics Commission, the Quality and Safety Commission and new programs such as Appropriate Radiation Dose management.
- D. The ongoing need to promote and educate radiologists, technologists and clinicians on patient-based radiation safety, particularly given the explosion of utilization of CT and nuclear medicine, in small and general practices. This will be an ongoing program with the ACR and other organizations.

January 1, 2011-December 31, 2011 Annual Report
Commission on Interventional and Cardiovascular Radiology
Anne C. Roberts, M.D., FACR, Chair

Goals

1. The ACR Commission on Interventional and Cardiovascular Radiology (IR) serves as the conduit for interventional community related activities in the College.
2. The Commission's overall goals are to enhance communication of Commission activities to the interventional and cardiovascular community, further develop availability of interventional and cardiovascular consultation and technical support for ACR activities, increase interventional and cardiovascular membership in the ACR, and stimulate interventional and cardiovascular members to increase participation in ACR chapter activities.

Accomplishments

1. Through the Economics Committee on Cardiovascular and Interventional Radiology, reviewed and provided comments on six code proposals; reviewed several batches of Medically Unlikely and NCCI edits and provided advice on the implementation of CCI proposed edits between CPT codes 76937 and 77001 that were successfully appealed by the ACR and SIR; reviewed and provided comment to the CMS file of add-on codes and their respective primary codes for CMS editing purposes; reviewed, provided material and commented on publications such of AMA/ACR Clinical Examples in Radiology; reviewed and commented on CPT® Assistant articles (e.g., lower extremity revascularization 2011 codes); and reviewed and provided comments on the 2011 Update of the SIR/ACR Coding Supplement and the IR Coding Sheets.
2. Through the Interventional Guidelines Committee submitted and received Council adoption of 5 Practice Guidelines at the May, 2011 AMCLC:
 - ACR–SIR Practice Guideline on Informed Consent for Image-Guided Procedures
 - ACR–ASNR–SIR–SNIS Practice Guideline for the Performance of Diagnostic Cervicocerebral Catheter Angiography in Adults
 - ACR–SIR Practice Guideline for Endovascular Management of the Thrombosed or Dysfunctional Dialysis Access
 - ACR–SIR–SPR Practice Guideline for the Performance of Percutaneous Nephrostomy
 - ACR–ASNR–ASSR–SIR–SNIS Practice Guideline for the Performance of Vertebral Augmentation
3. The following Guidelines are being revised by the Guidelines Committee and will be presented at the May, 2012 AMCLC:
 - ACR–SIR–SPR Practice Guideline for the Performance of Arteriography
 - ACR–AIUM–SIR–SRU Practice Guideline for the Performance of Physiologic Evaluation of Extremity Arteries
 - ACR–SIR–SPR Practice Guideline for the Creation of a Transjugular Intrahepatic Portosystemic Shunt (TIPS)
4. Participated in the Multispecialty Occupational Health Group (MSOHG), through ACR's representative, Donald Miller, MD, FACR. MSOHG is an informal coalition of societies representing professionals who work in or are concerned with interventional fluoroscopy who are working to improve occupational health and operator and staff safety in the interventional laboratory. MSOHG produced an article that will be published in numerous professional journals in 2011.

5. Members of the Commission participated in the compilation of ACR's comments to the International Commission on Radiological Protection (ICRP) on the draft report, "Patient and Staff Radiological Protection in Cardiology."

Areas of Concern

Manpower: Image guided procedures have gained widespread acceptance in the medical community as well as public, and there is going to be increasing interest on the part of clinicians who care for patients with a specific disease process or anatomic area in getting into interventional procedures. In order to continue keep interventional radiologists involved in many of these areas there is a plan to develop a Dual certificate in Interventional Radiology. This will allow the development of a training program that will be in Radiology Departments, but will allow interventional radiology programs to attract medical students into a Dual certificate pathway in Interventional Radiology. These residents will finish their program with dual certificates in Interventional Radiology and Diagnostic Radiology. The hope is this will foster continued development and maintenance of interventional radiology procedures within radiology, rather than having these procedures parceled out to various subspecialties. The Council passed a resolution in May at the AMCLC meeting supporting this dual certificate. The process for this new pathway is quite long and convoluted. The next step will be presenting this at COCERT (a committee of the ABMS) for their consideration, and hopefully, approval.

- **Training in Vascular Disease Management:** Many training programs are having difficulty supplying the necessary volumes of vascular caseload for resident and fellow training. This may threaten accreditation in these areas. It may be useful to try and find private radiology practices who still perform a significant number of peripheral vascular cases, and try to pair up these practices with academic practices who may be having decrease case loads. This way at least interventional fellows might get improved training in peripheral vascular disease.

As the Appropriateness Criteria becomes a more important activity, IR is going to need to be more involved. A new chair Charles Ray has been appointed to help with moving this process forward.

January 1, 2011–December 1, 2011 Report
Commission on Medical Physics
James Hevezi, Ph.D., FACR, Chair

Goals

- The ACR Commission on Medical Physics serves as the coordinator for medical physics related activities in the College.
- The Commission's overall goals are to enhance communication of Commission activities to the radiology and medical physics community, further develop the availability of medical physics consultation and technical support of ACR activities, increase medical physics membership in the ACR, and encourage medical physics members to participate in ACR chapter activities.

Accomplishments

- The work of committee chairs: Tariq Mian, Ph.D. for Guidelines and Standards, Geoffrey S. Ibbott, Ph.D. for the Technical Advisory Group, Mahadevappa Mahesh, Ph.D. for Government Relations and JACR Editorials, David L. Vassy Jr., M.S. for Human Resources, G. Donald Frey, Ph.D. for Education, and Michael D. Mills, Ph.D. for Economics, has been integral to a variety of commission initiatives and activities (see below). Richard A. Geise, PhD has been appointed vice-chair of the commission. Phillip Devlin, M.D. represents the radiation oncology community and Richard L. Morin, Ph.D. sits on the commission as the chair of the Safety Committee.
- Continuing consultations and technical assistance to NRC, FDA and CRCPD
- Support for the AAPM, ACMP campaign to require that all medical physicists be licensed, or when that is not feasible, at a minimum to be credentialed as Qualified Medical Physicists (QMP).
- JACR Medical Physics columns continue their success with positive feedback and ongoing requests for reprints. Articles dealing with reimbursement issues and radiation safety in CT and Radiation Oncology procedures are in particular demand.
- Coordination of presentations by ACR members for the May 2011 CRCPD Annual Conference (preparations for the 2012 conference are now underway)
- Coordination of ACR participation in CAMPEP and IEC activities
- Continued participation on ACR and ASTRO projects concerning appropriate CPT coding and usage
- Dr. Hevezi serves on the new Medicare Evidence Development and Coverage Advisory Committee, an advisory group to the Centers for Medicare and Medicaid Services
- Education of the ACR medical physics membership regarding medical physics economic issues
- Consultations to influence professional organizations in taking effective positions and subsequent action regarding medical physics economic issues
- Continuing education for the medical physics community on the increasingly complex reimbursement scheme in healthcare
- Prepared and promulgated the commission's position on the new DMP degree pathway that emphasizes clinical experience (as a preferred alternative to the current PhD in Medical Physics) – requested financial support to CAMPEP to further this endeavor
- The Medical Physics Standards Committee submitted and received Council adoption of 4 Technical Standards at the May, 2011 AMCLC:
 - ACR Technical Standard for Medical Nuclear Physics Performance Monitoring of PET Imaging Equipment
 - ACR Technical Standard for Diagnostic Medical Physics Performance Monitoring of Radiographic and Fluoroscopic Equipment
 - ACR Technical Standard for Diagnostic Medical Physics Performance Monitoring of Real Time Ultrasound Equipment

- ACR–SNM Technical Standard for Diagnostic Procedures Using Radiopharmaceuticals
- The following Guidelines/Standards are being revised by the Committee and will be presented at the May, 2012 AMCLC:
 - ACR–AAPM Technical Standard for Diagnostic Medical Physics Performance Monitoring of Computed Tomography (CT) Equipment
 - ACR–AAPM–SIIM Technical Standard for Electronic Practice of Medical Imaging
 - ACR–AAPM–SIIM Practice Guideline for Digital Radiography
 - ACR–AAPM–SIIM Practice Guideline for Determinants of Image Quality in Digital Mammography
- The Radiation Benefits/Risk Primer continues installment publication on RadiologyInfo.org.
- Financial assistance for the 2011 AAPM CT Dose Summit: Interdisciplinary Program on Scan Parameter Optimization for Imaging Physicians, Technologists and Physicists
- Collaborating with SPR, AAPM, ASRT and other organizations in the Alliance for Radiation Safety in Pediatric Imaging (Image Gently)
- Collaborating with RSNA, AAPM, and ASRT in the Joint Task Force for Adult Radiation Protection (Image Wisely)
- Participation in ACR Dose Index Registry

Areas of Concern

- Revising the ACR definition of Qualified Medical Physicist for consideration at the 2012 AMCLC
- Qualified medical physicist workforce availability
- Support for CAMPEP
- Course at the ACR Education Center

January 1, 2011-December 31, 2011 Annual Report
Commission on Neuroradiology
Carolyn C. Meltzer, M.D., FACR, Chair

ACCOMPLISHMENTS

General

The Commission continues to hold an annual meeting in conjunction with the ASNR Clinical Practice Committee. Additional time during the meeting is allowed for specific commission business/reports.

ASNR Foundation Trustee Women in Neuroradiology Leadership Award

The Foundation of the American Society of Neuroradiology (Foundation), American College of Radiology (ACR), and American Association of Women Radiologists (AAWR) established the Women in Neuroradiology Leadership Award. This is an award for mid-career women with demonstrated experience and promise for leadership in Neuroradiology and in Radiology overall. The award program will encourage active membership in the three sponsoring societies and provide additional educational opportunities for recipients, including participation in the ACR Radiology Leadership Institute (RLI).

Writing Group

The Neuroradiology Commission identified individuals to serve on a “writing group” to be available to comment (typically on short notice) on public relations matters regarding neuroradiology issues:

Max Wintermark (U Va)
Pina Sanelli (Cornell)
Jackie Bello (Einstein)
Suresh Mukherji (Michigan)
Robert Barr (NC)
Joshua Hirsch (MGH)

Inclusive in this group is expertise on brain, spine, head and neck, and interventional matters.

Economics

RUC/CPT

(Information regarding RUC and CPT actions is confidential, until released to the public by the AMA or CMS – this update is for commission information only). Detailed information can be found in the Economics Commission-Neuroradiology Committee report.

In 2011, several neuroradiology CPT codes were under valuation:

- 70470 CT Head or Brain; without/with was surveyed March/April 2011 and presented at April RUC and maintained (1.27 RVU).
- 70450 (CT head/brain) action plan submitted/to be surveyed by April 2013
- 70551 and 70553 (MRI brain) action plan submitted/to be surveyed by April 2013

Education

In 2011, members of the Neuroradiology Commission finalized and began offering a Neuroradiology course at the ACR Education Center. The coursework will focus on CT and MR imaging with advanced application techniques. General disease categories of vascular, inflammatory, demyelinating, traumatic, degenerative, neoplastic, congenital, and metabolic diseases of the CNS and the head and neck in adults and children will be covered with case material. Attendees who interpret a minimum of 100 cases will be awarded a Certificate of Proficiency stating the Maintenance of Competence case requirement as specified in the ACR Practice Guideline for the Performance and Interpretation of Magnetic Resonance Imaging (MRI).

Neuroradiology Practice Guidelines & Technical Standards

The Guidelines and Standards Committee of the Neuroradiology Commission continues to work diligently throughout the annual guideline development and review periods to ensure that the collaborative process proceeds in such a manner that the guidelines are successfully completed. As an example the following guidelines are being collaboratively revised for 2012:

1. ACR–ASNR Practice Guideline for the Performance of Intracranial MR Bolus Perfusion imaging
2. ACR–ASNR Practice Guideline for the Performance of Functional MRI of the Brain ASFNR subcmte
3. ACR–ASNR Practice Guideline for the Performance of MRI of the Head and Neck
4. ACR–ASNR Practice Guideline for the Performance of CT Perfusion in Neuroradiologic Imaging
5. ACR–ASNR Practice Guideline for the Performance of MRI of the Adult Spine

Concerns have been addressed regarding inclusion of subspecialty societies in the collaborative guideline process, when subspecialty approval is specifically warranted due to the specialized nature of a guideline. The ACR currently is working collaboratively with 15 separate societies; each has three seats for any collaborative guideline in which they participate. If a collaborative society feels it is appropriate for one or more of its seats to be filled by one of its constituent subspecialty societies, they may do so. For example, for a specialized guideline such as MRI of the Adult Spine, ASNR may choose to fill one or more of its three seats with a representative from American Society of Spine Radiology (ASSR).

The Neuroradiology Commission requests consideration to review and potentially revise the collaborative process to allow for formal multi-subspecialty input.

- The following Neuroradiology Practice Guidelines were adopted at the May, 2011 AMCLC:
 1. ACR–ASNR–SPR Practice Guideline for the Performance of CT of the Extracranial Head and Neck in Adults and Children
 2. ACR–ASNR–ASSR–SIR–SNIS Practice Guideline for the Performance of Vertebral Augmentation
 3. ACR–ASNR–ASSR–SPR Practice Guideline for the Performance of CT of the Spine
 4. ACR–ASNR–SIR–SNIS Practice Guideline for the Performance of Diagnostic Cervicocerebral Catheter Angiography in Adults
- The following Practice Guidelines will be presented at the April, 2012 AMCLC:
 1. ACR–ASNR Practice Guideline for the Performance of Intracranial MR Bolus Perfusion imaging
 2. ACR–ASNR Practice Guideline for the Performance of Functional MRI of the Brain
 3. ACR–ASNR Practice Guideline for the Performance of MRI of the Head and Neck
 4. ACR–ASNR Practice Guideline for the Performance of CT Perfusion in Neuroradiologic Imaging
 5. ACR–ASNR Practice Guideline for the Performance of MRI of the Adult Spine
 6. ACR–ASNR–ASSR–SIR–SNIS Practice Guideline for the Performance of Vertebral Augmentation (was reviewed again in 2011, for presentation at 2012 AMCLC)
- The neuroradiology guidelines committee has begun forming committees to begin revision of the following guidelines for 2013:
 1. ACR–ASN ACR–ASNR–SPR Practice Guideline for the Performance and Interpretation of MRI of the Brain
 2. ACR–ASNR–SPR Practice Guideline for the Performance of Myelography and Cisternography
 3. ACR–ASNR–SPR Practice Guideline for the Performance and Interpretation of MR Spectroscopy of the Central Nervous System
 4. ACR–ASNR–SPR Practice Guideline for the Performance of Non-Breast MRI Guided Procedures

Appropriateness Criteria Neuroradiology Topics

The following neuroradiology topics were updated and released in 2011.

- Cerebrovascular Disease

- Low Back Pain
- Myelopathy
- Seizures and Epilepsy
- Dementia and Movement Disorders

These are in currently in review, or scheduled for review in 2012

- Ataxia
- Cerebrovascular Disease (additional update from 2011)
- Cranial Neuropathy
- Focal Neurologic Deficit
- Head Trauma
- Headache
- Low Back pain (additional update from 2011)
- Neck Mass/Adenopathy
- Neuroendocrine Imaging
- Orbits, Vision and Visual Loss
- Plexopathy
- Sinonasal Disease
- Suspected spine trauma
- Vertigo and Hearing Loss
- Seizures and Epilepsy

Quality Measurement

- AMA PCPI Stroke/Stroke Rehabilitation workgroup updated existing stroke imaging measures from the 2006 measure set, and developed new measures, including a new imaging measure recommended brain and vascular imaging for TIA/stroke patients. The PCPI is currently writing specifications before the measure set goes to the PCPI membership for vote.
- ABR/ABMS/ACR/AMA PCPI workgroup is developing measures for MOC PQI projects. Focus of the measures is radiation dose optimization, primarily CT. Looking at radiation as issue before, during and after a procedure.
- Sinusitis – a third AMA PCPI project began in October. A measure on overuse of sinus radiography was drafted. PCPI staff is working on specifications.

January 1, 2011-December 31, 2011 Annual Report
Commission on Nuclear Medicine
M. Elizabeth Oates, M.D., Chair

Goals

1. The ACR Commission on Nuclear Medicine (NM) serves as the conduit for NM-related activities of the College.
2. The Commission's overall goals are to enhance communication of ACR activities to the NM community, develop and maintain NM consultative expertise and technical support for ACR activities, facilitate and promote NM educational forums, increase ACR membership of NM professionals, and stimulate NM members to increase participation in ACR chapter activities.
3. The Commission continues to work to incorporate the functions of the Committee on Molecular Imaging (MI).

Accomplishments

1. Government Relations/Practice Issues
 - a. Participated in numerous Nuclear Regulatory Commission (NRC) meetings and workshops; monitored and commented on several NRC activities, rulemakings and petitions. Topics included the expanded Part 35 rulemaking, medical events in permanent brachytherapy, safety culture, occupational dose, and more.
 - b. Participated in a number of Executive Branch meetings related to the production and supply of Mo-99 and supported the American Medical Isotopes Production Act.
 - c. Represented ACR to radiologic technologist organizations on numerous issues related to NM.
 - d. Represented ACR's NM membership on the Image Wisely Campaign.
2. Economics
 - a. Involved with updating the *2012 Nuclear Medicine Coding User's Guide* that provides an in-depth definition of these codes and how they are to be used, information on the type of radiopharmaceutical supplies to be used, HCPCS codes, and appropriate modifiers pertaining to NM procedures. Members assisted with various coding questions.
 - b. Reviewed and commented on the crosswalk of ICD 9 and new ICD 10 codes and examined the structural conceptual changes in the ICD 10 code set; worked with the American College of Cardiology, Society of Nuclear Medicine, American Society of Nuclear Cardiology, and the American Society of Radiation Oncology on a CPT Assistant: Administration of Radiopharmaceuticals for CPT codes 78000-79999 article; worked with the American Association of Clinical Endocrinologists, the Endocrine Society, Society of Nuclear Medicine, and the American College of Nuclear Medicine on code change proposals to revise the thyroid and parathyroid CPT codes for the 2013 CPT code cycle; reviewed and finalized several coding consensus questions and assisted with various coding questions.
 - c. Organized CT lectures at the 2011 Annual Meeting of the SNM.
 - d. Represented ACR to the Joint Review Committee on Education Programs in NM Technology (JRCNMT).
3. Accreditation
 - a. Adopted numerous changes to streamline the ACR accreditation process including modifying phantom and clinical image submission requirements; reducing the QA questionnaire from 6 pages to 1 ½ pages; modifying initial qualifications for certain board-certified radiologists and NM physicians; recognizing ABR and ABNM Maintenance of Certification (MOC) for purposes of continuing experience and continuing medical education requirements; and deeming physicians who meet the requirements of the ACR Practice Guideline for

- Continuing Medical Education as having met the CME requirements of the accreditation program.
- b. As of November 29, 2011: 2,590 facilities are accredited in NM and 545 facilities are in the process of accreditation; 1,225 facilities are accredited in PET and 160 facilities are in the process of accreditation.
 - c. ACR has budgeted for additional NM and PET accreditation reviewers and is planning to hold training in 2012.
4. Guidelines & Standards
- a. Helped lead the compilation of ACR's comments to the International Commission on Radiological Protection (ICRP) on the draft report, "Patient and Staff Radiological Protection in Cardiology."
 - b. Submitted and received Council adoption of a Technical Standard at the May 2011 AMCLC: *ACR–SNM Technical Standard for Diagnostic Procedures Using Radiopharmaceuticals*.
 - c. The following Guidelines are being revised by the Guidelines Committee for 2012:
 - SPECT Brain Perfusion (Collaborative with SNM and SPR)
 - FDG PET/CT in Oncology (Collaborative with SNM and SPR)
 - Skeletal Scintigraphy (Collaborative with SNM and SPR)
5. Molecular Imaging
- a. Created a new Molecular Imaging (MI) Committee under the Commission tasked with representing ACR at meetings related to MI as well as developing course offerings and educational material on MI.

Issues for Concern

1. Mo-99 production and availability, as well as other reactor-produced medical isotopes. Temporary shortages of Mo-99/Tc-99m commonplace in recent years. The Canadian National Research Universal (NRU) reactor is slated to be decommissioned permanently in 2016 with no currently fully operational North American alternative that can produce enough supply to satisfy U.S. demand. The White House and several Executive Branch agencies are engaged on this issue, including providing grants for production options using alternatives to highly enriched uranium targets and conducting economic feasibility studies of preferred full cost recovery models for domestic production of Mo-99/Tc-99m.
2. Only FDA-approved generator-based PET myocardial perfusion product (Bracco's CardioGen-82 for Rb-82 chloride) on voluntary international recall since July 2011 due to strontium breakthrough detected at two U.S. sites. Some patients received increased radiation exposure, but unintended dose not high enough to trigger NRC/Agreement State medical event reporting requirements. Impact on patient care of resulting Rb-82 shortage unknown; FDA investigation is ongoing.
3. Homeland Security concerns and related legislation and rulemakings which could restrict the availability of nuclear material and the practice of nuclear medicine. Examples include the ongoing vocal opposition by Representative Edward Markey (D, MA-7) to NRC's current patient release criteria following I-131 sodium iodide therapies.
4. Inadequate or otherwise inappropriate reimbursement for radiopharmaceuticals compared to actual costs.
5. As the SNM and ACR work on many issues of importance to both organizations with particular focus on training the future workforce, there have been substantial philosophical differences and tension related to training, qualifications, and credentialing of NM physicians and radiologists. In June 2011, the ACR/SNM Task Force II (TF II) was formed and began its deliberations, but the entire group of participants has not met nor completed its intended task due to seemingly irreconcilable differences. ACR has kept the door open for earnest efforts at collaborative engagement.

January 1, 2011-December 31, 2011 Annual Report
Commission on Pediatric Radiology
Donald P. Frush, M.D., FACR, Chair

RSNA 2011 discussion between SPR Board and ACR leadership reiterated the successful and strong relationship between the two organizations.

A. Safety and Quality (Dr. Hernandez-Schulman, chair)

1. Pediatric radiologists (SPR members) continue to review all practice guidelines and technical standards content involving children. Dr. Schulman's successor is being identified.

B. Education (Sara Abramson, Chair)

1. Alliance (Image Gently Campaign) Activities: Marilyn Goske is Alliance Chair
 - o Continued strong presences nationally with growing international footprint
 - o Website "remodeled" fall 2011
 - 12,783 medical professionals have taken the pledge
 - This website has been visited 354,691 times
 - The CT protocol has been downloaded over 26,000 times
 - o SNM with Alliance released "Go With the Guidelines" Nuclear Medicine Initiative Fall 2012
 - o International and other outreach efforts evolving
 - September 2012 meeting with between Madan Rehani, PhD from IAEA and Marilyn Goske MD (Alliance) plan for international campaign for radiation safety in pediatric imaging using Image Gently as the template
2. Upcoming Courses:
 - o 9th Pediatric Cardiovascular MR Symposium - November 1-4, 2011, Toronto
 - o SPR-ACR Imaging of Child Abuse. February 4-5, 2012 ("sold out" December 2011) – Staff in communication with ACR legal department to keep all informed of issues. ACR legal staff expressed willingness to be a resource. Hyatt Regency Orlando International Airport
 - Course directors: Jeannette M. Perez-Rossello, MD Paul K. Kleinman, MD
 - Content includes medico-legal issues
 - o Annual Scientific Meeting and Post Graduate Course: San Francisco April 16-20, 2012
 - o Pediatric MSK Course: September 20-23, 2012, Key Biscayne

C. Economics (Richard Benator, Chair):

1. No new action

D. Research (Marc Keller, Chair)

1. Under research, Marilyn Goske has established consortium of Children's centers (CHOP, Cincinnati, Boston Children's, Duke, MGH, Primary Children's SLC) to participate in a CT "best practices" project: **QuIRCC-Quality Improvement Registry in CT Scans in Children:** through Laura Coombs, ACR Registries. Met with leadership of ACR Does Index registry at 2011 RSNA to discuss interface with DIR, particularly recommendations for review of growing pediatric data.

E. Membership (Philip Lund, Chair)

1. No new action.

January 1, 2011 – December 31, 2011 Annual Report
Commission on Radiation Oncology
Albert L. Blumberg, M.D., FACR, Chair

Major Areas of Focus:

AIRP

- Opportunity to use the AIRP resources for radiation oncology residents.
- A. Blumberg gave a presentation on AIRP at ASTRO on Sat., Oct 1st
- Designing a radiation oncology residents program and is underway.
- Reorganization of Radiation Oncology Functions within the ACR
 - An organizational structure change for all Radiation Oncology related committees to now report under the RO Commission. Liaison relations will continue, but the primary reporting responsibilities are to the ACR RO Commission.

CARROS

- The elected officers and members of the CARROS Executive Committee continue to move forward with revitalizing this radiation oncology chapter. 2011 included a CARROS planning meeting in January, a meeting and caucus at AMCLC in May 2011, and a well-attended meeting at ASTRO in October of 2011.
- The CARROS Executive Committee is currently working on identifying radiation oncology representatives from each of the ACR chapters and active regional radiation oncology societies; additionally, the committee is working to develop regular communications to the network of representatives, and a web presence for the chapter as part of the ACR.org redesign.
- CARROS will continue to serve as a pathway for ACR Fellowship and annually recognize new radiation oncology Fellows during AMCLC.
- CARROS will meet during the 2012 AMCLC and will consider a bylaws change to alter the timing of their annual meeting to coincide with ASTRO.

Next Steps

- Continue to work on the reorganization of the ACR Radiation Oncology Commission.
- Help radiation oncologists who have felt left out in various meetings
- Work on efforts to retain and increase radiation oncology membership.
- Continue to work on the new member brochure with Laurie Gaspar.
- Continue to improve integration with other Commissions and ACR Staff to address common concerns.

Areas of Concern

- The ACR needs to work collectively to address concerns that affect its radiation oncology membership just as radiation oncology members of the ACR address the concerns and issues facing their diagnostic radiology colleagues.

Education

The 2011 Radiation Oncology Education program, “Radiation Safety in Radiation Oncology: Issues to Consider in Your Practice”, was held at the ACR Annual Meeting and Chapter Leadership Conference on May 14, 2011 from 1 pm to 5 pm. The 2011 course was highly successful with nearly 91% of the participants stating that the information presented during the course would lead to a change/improvement in their practice. Evaluation results also demonstrated that 97% of the course attendees found the content of the course applicable to their practice.

Planning for the 2012 AMCLC course is underway with Dr. Lincoln Pao appointed to co-chair the upcoming course on cancer imaging. The topic of cancer imaging was not only chosen because of its relevance and timelines, but also in hopes that the topic may help to bring diagnostic radiologists and radiation oncologists together in an educational setting.

Expert Duos

Dr. Plastaras reported that Dr. Jerry Barker Jr. identified a diagnostic radiologist to help with the Expert Duos project. Drs. Barker and Plastaras will submit a formal topic proposal to the ACR.

CME/SAM Activity

Dr. Plastaras updated the group on an effort to create a CME and SAM activity for radiation oncologists by using the unused TXIT™ exam questions. Dr. Plastaras will distribute the unused TXIT™ questions to committee member volunteers for review.

Guidelines and Standards

Publication Update: In February/March 2011 two guidelines were published in the IJROBP: The ACR–ASTRO Practice Guideline for the Performance of High-Dose-Rate Brachytherapy and the ACR–ASTRO Practice Guideline for Transperineal Permanent Brachytherapy of Prostate Cancer. In August 2011 the ACR–ASTRO Practice Guideline for the Performance of Therapy with Unsealed Radiopharmaceutical Sources was published in the Journal of Clinical Nuclear Medicine. Unfortunately, the 3 practice guidelines that were recently submitted (IMRT, TBI, and SRS) to the IJROBP were rejected. Dr. Rosenthal has submitted a letter asking for reconsideration of their decision.

AMCLC will be in April next year. Two Practice Guidelines will be submitted for the 2012 AMCLC for consideration. As these are ACR only guidelines they will go through the Council for approval:

- ACR Practice Guideline on the Expert Witness in Radiology and Radiation Oncology
- ACR Practice Guideline on Informed Consent-Radiation Oncology
- The Breast Imaging Committee is developing a new guideline on DCIS and Invasive Breast Carcinoma to replace the existing ones. Dr. Rabinovitch graciously agreed to review the section on therapy and offered comments which were all appreciated and accepted by the drafting committee. Dr. Rosenthal encourages the committee to review this guideline when it goes up on field review and submit comments as appropriate.
- CVBT: Consensus on the committee is that this procedure is no longer being commonly performed. A Resolution will be submitted to the Council asking to Sunset this guideline.

Revision and Possible Development of the 2013 Practice Guidelines:

- Proton Therapy Practice Guideline: a drafting committee has been formed to develop a new guideline on proton therapy. This committee will be chaired by Dr. Hartford and will be collaborative with ASTRO.
- Proton Therapy Technical Standard: Medical Physics Committee will be developing a Technical Standard for Proton Therapy. Both committees agree that Communication between the two drafting committees is very important. Drs. Galvin and Ibbott will function as the liaisons between the two committees.
- RMBD: was developed collaboratively with ACR–ASTRO–SIR in 2008. This procedure is being done mostly by interventional radiologists and while the RO committee will participate on the collaborative committee, an interventional radiologist will take the lead.

Appropriateness Criteria®:

Dr. Benjamin Movsas became the chair of the Committee on Radiation Oncology (RO) Appropriateness Criteria (AC) in 2011. This committee reports to the Commission on Radiation Oncology.

The RO-Rectal panel will expand its topics to cover more GI sites. The RO-Hodgkin's Lymphoma panel changed its name to the RO-Lymphoma Panel and will broaden its focus to include non-Hodgkin's lymphomas. The Bone Metastases panel split topics into spinal and non-spinal bone metastases.

The following AC radiation oncology topics were updated in 2011:

- Conservative Surgery and Radiation-Stage I and II Breast Carcinoma
- Locally Advanced Breast Cancer
- Ductal Carcinoma in Situ
- Non-Spine Bone Metastases
- Follow-Up and Retreatment of Brain Metastases
- Multiple Brain Metastases
- Pre-Irradiation Evaluation and Management of Brain Metastases
- Hodgkin's Lymphoma-Favorable Prognosis Stage I and II
- External Beam Radiation Therapy Treatment Planning for Clinically Localized Prostate Cancer
- Locally Advanced (High-Risk) Prostate Cancer
- Recurrent Rectal Cancer

The following AC radiation oncology topics were newly developed in 2011:

- Ipsilateral Radiation for Squamous Cell Carcinoma of the Tonsil
- Adjuvant Therapy for Resected Squamous Cell Carcinoma of the Head and Neck
- Role of Adjuvant Therapy in the Management of Early Stage Cervical Cancer

The panels are working on updates to a number of other topics and development of new topics.

The Retreatment of Recurrent Head and Neck Cancer topic was published in the Red Journal (IJROBP) in 2011. Additional AC topics were published in the following journals: *American Journal of Clinical Oncology* (AJCO), *Brachytherapy*, *The Breast Journal*, *Clinical Oncology*, *Head and Neck*, *JACR*, and *Oral Oncology*. The panels are currently working with other journals to publish AC RO topics. These journals include *Gynecologic Oncology* and the *Journal of Palliative Medicine*.

There have been preliminary discussions with the National Comprehensive Cancer Network (NCCN) to explore the possibility of incorporating the AC RO topics into the NCCN guidelines. A meeting of ACR staff and NCCN staff is scheduled in Reston for mid-January 2012.

Radiation Oncology Accreditation

- **ACR/ASTRO Collaboration:**

The ROPA website officially launched on January 2011. All applications are now fully electronic. ROPA version 2.0 will be released at the end of December.

ACR-ASTRO Radiation Oncology Accreditation Committee met in April in Chicago and October in Miami (ASTRO). At the Chicago meeting the discussion were: creating a streamlined final report, facility survey scheduling process, expanding the Physicist Committee, data collection (mining and statistics), feedback from surveys, and improved metrics. At ASTRO, the Committee followed up on everything from the last meeting in Chicago. The ACR-ASTRO Committee plans to meet in April 2012.

The ACR-ASTRO Committee expanded the Physics Section to 8 Members. Dr. Tariq Mian has been assigned the Subcommittee Chair for the Committee on Radiation Oncology Practice Accreditation.

In June 2011, some of the members of the ACR-ASTRO Committee meet at ACR to discuss edits to the Data Collection forms for MD and Physicist section. The final changes will be implemented in version 2.0.

We currently have 55 MD surveyors and 67 Physicist surveyors. We had 52 trainees go out on surveys in 2011 and there are about 43 pending trainees waiting to be scheduled.

- **RO Stats:**
For FY11, 154 applications were received, almost 57% increase over FY10
FY 12, 63 applications received as of 12/13/2011 259 Accredited sites
160 Sites under review (pending)
- **R-O PEER™ Stats:**
R-O PEER™ (PQI project for ABR MOC) is being offered for physicians whose facilities are applying for ACR accreditation.
R-O PEER™ Applications (66) received as of December 13, 2011.
- **VA Contract: 33 sites to be completed in 3 years**
All 33 sites have been completed and a renewed contract for the VA is in progress.

Radiation Oncology Economics Committee Committee Update

The Economics Committee on Radiation Oncology was developed to serve as a resource and has oversight function regarding economics and health policy issues affecting radiation oncology. Over the last year, members of this committee have provided comments on the 2012 MPFS, HOPPS rules and private care policies on IGRT. Additionally, the Committee has supplied commentary and assistance to the Coding and Nomenclature Committee for CCI edits and CPT function.

Short Term RO Economics Committee Goals:

1. Radiation Oncology input and coordination of response for MPFS/HOPPS comment letters.
2. Payer interaction regarding coding, coverage, and provider relations, when required.
3. Input into Government Agency comment letters regarding NCD's, MedCAC, coverage, status of new technologies etc.
4. Coding queries from members.
5. Communication and coordination with ASTRO, ACRO and other professional organizations representing radiation oncology in matters of economics and health policy.

Long Term RO Economics Committee Goals:

1. Raise awareness of economic and health policy issues among the membership, as well as supply commentary and analysis to the Commission on Radiation Oncology and the Commission on Economics.
2. Serve as a liaison function to sister radiation oncology societies in an effort to enhance coordination in matters of health policy and economics.

Cogent Medicine

Cogent Medicine, a monthly web based journal review service for Radiation Oncologists has approached the ACR to assume ownership of it, to ensure its ongoing operation. This was reviewed by and strongly endorsed by the RO Commission at its October meeting. This proposal is currently being reviewed by Dr. Neiman and senior staff.

January 1, 2011-December 31, 2011 Annual Report
Commission on Ultrasound
Deborah Levine, M.D., FACR, Chair

Goals

1. To work with the Economics Commission to monitor issues regarding ultrasound reimbursement and ensure that they are communicated to membership. This is particularly important with respect to point of care ultrasound and use of hand-held machines.
2. To continue to initiate, develop and review ACR practice guidelines for ultrasound.
3. To work with the Society of Diagnostic Medical Sonography (SDMS) in exploration of the role of the advanced sonography assistant/ advanced practice sonographer.
4. To increase the competence of resident training in ultrasound through education
5. To work with the Image Gently and Image Wisely campaigns and enhance inclusion of more information about ultrasound as the ultimate method of imaging gently and inexpensively.
6. To monitor efforts to obtain FDA approval of the use of ultrasound contrast agents.
7. To monitor turf issues in ultrasound.
8. To monitor the issue of handheld ultrasound as a disruptive technology.
9. To work with the Committee on Quality and Safety to ensure that ultrasound accreditation with the ACR encompasses the ultrasound scope of practice and meets the needs of the membership.

Accomplishments

1. Guidelines and Standards: Ultrasound guidelines have been revised cooperatively with other specialty societies, including the American Institute of Ultrasound in Medicine (AIUM), Society of Pediatric Radiology (SPR), Society of Interventional Radiology (SIR) and Society of Radiologists in Ultrasound (SRU). Four guidelines are currently under revision and an additional four will be voted on in April 2012 at AMCLC. Given the number of societies being represented on each guideline, the process is getting more complex. Dr. Frates is finishing her term as Chair of the Guidelines and Standards Committee - Ultrasound. She has done an excellent job in the committee. Dr. Beverly Hashimoto will be the new chair beginning in April 2012.
2. Human Resources: The Human Resources Commission is expanding its area of interest this year to include concerns regarding radiologists as well as technologists and sonographers. The Committee on Human Resources – Ultrasound members are working with the Commission chair to raise issues that can be addressed. In addition, we will continue to monitor the SDMS plans to have a mid-level provider.
3. Ultrasound Accreditation: With the goal of making the ultrasound accreditation process more user-friendly both for ultrasound laboratories and for reviewers, the Committee on Accreditation - Ultrasound has found ways to simplify the ultrasound accreditation process. This most importantly includes new requirements of fewer exams for each ultrasound module. In addition, ACRedit now allows for ultrasound reviewers to score sites electronically. However, images are still submitted on CDs, which makes reviewing them difficult. It would be very helpful to speed the process of review if images were online. A new module for musculoskeletal ultrasound of the shoulder has been added, with the hope of a full musculoskeletal module in the future. The committee is looking for more accreditation reviewers.
4. Image Gently and Ultrasound: Kate Feinstein led the effort to revise and expand ultrasound documents on the Image Gently website.
5. Contrast-enhanced ultrasound is important to allow ultrasound to better compete with CT and MR. Bracco's study of contrast for liver lesions is about 75% complete, and the results should be submitted to the FDA early next year. Other companies have also shown an interest in having contrast approved for non-cardiac indications such as imaging of liver lesions, the carotid arteries

and bowel. The “black box warning” has been toned down substantially, which should encourage use of ultrasound contrast.

6. Economics: A major issue that will soon come to evaluation cycles is that of use of smaller hand-held ultrasound for point-of-care and other ultrasound imaging. This has profound implications for radiologists who perform ultrasound with larger, more expensive machines. CMS is assessing this in light of MSK code devaluation for the limited soft tissue ultrasound with technical fee based on small box ultrasound.
7. AIUM Point-of-Care Ultrasound Forum: In the fall of 2010 three ACR representatives attended the American Institute of Ultrasound in Medicine (AIUM) Point of Care Ultrasound Forum to discuss issues regarding use of ultrasound by individuals without specific training in ultrasound. Frequently these are mid-level providers or non-radiologist physicians who perform ultrasound in a limited fashion at the “point of care”. Documents from this focus group are now being circulated for society approval. A preliminary guideline from the reproductive endocrinology and infertility group for pelvic ultrasound had verbiage that states that: 1) training criteria will be set by individual societies; and 2) since a complete pelvic ultrasound will have already been performed there is not a need for retention of images. However, from an ACR standpoint this is problematic due to: 1) lack of training minimum standards; 2) lack of quality assurance mechanism; and 3) lack of retention of images. Dr. Levine verbalized these concerns at the Point of Care Forum and reiterated them when the written document was circulated. The members of the Ultrasound Commission expressed their concern about these issues and felt that the ACR leadership should make a formal comment such as a letter indicating that retention of images is important for quality patient care. A letter from Drs. Levine, Ellenbogen and Patti was sent to AIUM leadership. The revised document now has language “to include retention of images as required by local, state and federal standards.” This is an example of collaboration that will not lead to ACR being on the document itself, but ACR contributing to raising the standard of imaging in the interest of quality patient care.
8. Cervix Certification/Education module: The Maternal Fetal Medicine Society is planning to create a cervix module. Dr. Levine is on the planning committee. The initial call has taken place. Dr. Levine advocated for this to be an educational module and not a certification module. The risk is that if a module is needed for every measurement in obstetric imaging this would set a difficult precedent to follow.

Areas of Concern

1. Advanced practice sonographers: Continue to work with SDMS on this issue
2. Point-of-care ultrasound: continue to work with AIUM on this issue
3. “Small box ultrasound” as a disruptive technology – the economic impact is potentially large.
4. Make the ultrasound reviewing process easier by making images available online instead of by CD.

January 1, 2011-December 31, 2011 Annual Report
Joint Task Force on Adult Radiation Protection
James A. Brink, M.D., FACR, Co-Chair
Richard L. Morin, Ph.D., FACR, Co-Chair

Goals

The Joint Task Force (JTF) shall make recommendations to the governing boards of RSNA and ACR for a campaign to:

- Develop educational resources for radiologists, medical physicists, and technologists who provide medical imaging care within the United States
- Communicate the availability of these educational resources using a wide variety of electronic and print media and through networking with affiliated health care organizations, educational institutions and government agencies

Accomplishments

- Dr. Amis resigned as ACR representative to the JTF and co-chair of the Image Wisely Committee. His leadership was acknowledged at the recent RSNA meeting through the award of a crystal owl statuette.
- Richard L. Morin, PhD succeeded Dr. Amis as the ACR co-chair. This co-leadership highlights the importance of a physician-physicist partnership in addressing radiation issues.
- Under the direction of E. Stephen Amis Jr., MD, James A. Brink, MD, and Richard L. Morin, PhD, the Image Wisely Executive Committee (representatives from ACR, RSNA, ASRT, and AAPM) met monthly via conference call to monitor campaign activities and prepare for future initiatives.
- To begin preparations for the second phase of the Image Wisely (IW) campaign dealing with radiation safety in nuclear medicine, the IW Executive Committee convened a meeting at the Reston headquarters of ACR which included nuclear medicine experts and leaders from the Society of Nuclear Medicine (SNM), the Society of Nuclear Medicine Technologists Section (SNMTS), the American Society for Nuclear Cardiology (ASNC), the ACR Commission on Nuclear Medicine, and the AAPM.
- The JTF met at RSNA on November 29 to review and discuss the activities of 2011 and prepare for 2012.
- The IW website (www.imagewisely.org) continued to mature with:
 - Increased content for referring practitioners
 - A new 'Recent Developments' section on the front page
 - Bilingual public services announcements (PSA) developed by ACR marketing
 - Three new pledges (for facilities, societies, referring practitioners) - launched at RSNA 2011
 - Over 10,000 individual pledges in the first year
- Image Wisely leadership was instrumental in persuading AAPM to make its new CT Protocols and Dose Check Guidelines publically available (imagewisely.org provided a link as soon as this was permitted).
- A new feature for the website, similar to the ACR Case in Point but dealing with radiation safety opportunities, is under development and should debut online in 2012.
- Several speakers represented Image Wisely (Amis, Morin, Wagner, Zeman) at the 1st Annual ACR Dose Monitoring Forum.

- Image Wisely had a notable presence at RSNA 2011 with:
 - A dedicated Special Interest Session led by Drs. Brink and Amis
 - A new poster developed with Image Gently available at 4 booths
 - A 10-second display on the RSNA media wall

Areas of Concern

- Collecting and developing material for the nuclear medicine initiative
- Expanding and refining web content and features, particularly the vendor microsites
- Marketing Image Wisely to imaging facilities, thereby promoting commitment to accreditation and dose index registries
- Marketing Image Wisely to referring physicians and professional associations

January 1, 2011-December 31, 2011 Annual Report
Task Force on Conflicts of Interest
Leonard Berlin, M.D., FACR, Chair

Goals

The Board of Chancellors established the Task Force on Conflicts of Interest (COI) in February 2009 to develop a COI policy for ACR leaders, members and staff to assure identification, disclosure and resolution of financial or other conflicts of interest, and the appearance of such conflicts, in ACR's governance and operation.

Accomplishments

The Task Force reviewed conflicts of interest policies established by the American Academy of Neurology, American College of Cardiology Foundation and the Council of Medical Specialty Societies, as well as those from various medical centers in the United States. The Task Force produced a comprehensive policy with a preamble explaining its purpose, definitions of key terms such as COI and specific activities in which a member may have to report a COI to ACR:

- ACR Practice Guidelines, Technical Standards and Appropriateness Criteria and Accreditation Activities (collectively referred to as "Guidelines Activities")
- Continuing Medical Education (CME) Activities, Educational Grants, and Meetings
- Commercial Support for CME Activities
- Advertisements and Exhibits
- Industry Relationships
- Privately Funded Research Activities

ACR clinical research activities that NIH funds will continue to follow a prior COI policy.

The Task Force delivered the policy to the Board of Chancellors, which unanimously adopted it at its May 2011 meeting. ACR members may access the COI policy and disclosure form on ACR's web site. In 2012, members will be able to report COIs electronically.

Areas of Concern

None

January 1, 2011-December 31, 2011 Annual Report
Blue Ribbon Governance Advisory Task Force
Kay H. Vydareny, M.D., FACR, Chair

Goals

The Blue Ribbon Governance Advisory Task Force (TF), which was implemented in January 2011, is chaired by Kay H Vydareny, MD, FACR and includes 14 other members including members who served on the 1997 Governance Committee (GC), members who have been Chairs of the Governance Committee, an ACR officer and second-term Councilors.

The task force charge is:

1. To provide a historical summary and analysis of the development and expanded function of the GC from its inception in 1997, including a detailed analysis of recommendations made in the report to the 1997 Council, for use by both the committee and the Board of Chancellors (BOC) in determining future governance issues
2. To function as an ongoing expert resource to the GC, by providing historical insight, meeting with the GC, responding to specific questions, and
3. Prepare a joint report for presentation at the BOC meeting during the 2012 ACR Annual Meeting and Chapter Leadership Conference (April 2012)

Accomplishments

The Task Force met in September and reviewed the 1997 GC report and recommendations, and materials and recommendations from the present GC.

After its comprehensive review, the Task Force discussed the following key issues. The Task Force reached consensus on some issues and deferred others for discussion on a conference call in late January 2012.

The following key issues were discussed

- ✓ BOC - election and/or selection of BOC members – should there be more contested elections?
- ✓ BOC sponsoring organizations - should organizations have a seat on the BOC in an observer role? The committee supported no change.
- ✓ BOC size – the committee supports the current BOC size.
- ✓ Executive Committee - the committee felt that there should be enhanced duties, powers and frequency of meetings.
- ✓ Chapters/Councilors - the committee felt that the relationship of ACR to chapters and councilors should be redefined and that there needed to be more communication with members.
- ✓ Caucuses – the committee encourages chapters to join or create a caucus, and that the CSC should look at expanding the time allotted to caucuses during the AMCLC.
- ✓ Election Process
 - * Perceived influence of the BOC chair
 - * Expanding the role of contested elections
 - * Provide more space on the CNC questionnaire/form for comments
- ✓ GC – evaluate the size of the present GC
- ✓ CNC - spell out what the CNC does – it was noted that there is a protocol for the CNC.

The TF will meet via conference call in January 2012 to discuss in more detail the election/selection of BOC members and the election process and to prepare a joint report for presentation at the BOC meeting during the 2012 AMCLC.

Concerns

None

January 1, 2011-December 31, 2011 Annual Report
Task Force on Nuclear Medicine Training II
M. Elizabeth Oates, M.D., Chair

Goals

To build on the successful collaboration and recommendations of the ACR/Society of Nuclear Medicine (SNM) Task Force on Nuclear Medicine Training (TF I).

To develop realistic residency training pathways that integrate the complementary disciplines of Diagnostic Radiology, Nuclear Radiology, Nuclear Medicine, and Molecular Imaging.

To address the contemporary clinical, educational, and research needs related to radioisotopic imaging and therapy, and to secure the future horizons of Molecular Imaging.

Accomplishments

Eight designated representatives from the Radiology community --- specifically, two each from the ACR, the American Board of Radiology, the Diagnostic Radiology Residency Review Committee and the Association of Program Directors in Radiology --- formulated program options for exchange with their SNM counterparts.

To date, the Radiology and Nuclear Medicine contingents have not met to discuss the training proposals as a group.

Areas of Concern

Despite encouragement on ACR's part, it appears that the SNM prefers not to continue participation in TF II at this time.

Thus, the Radiology constituents are prepared to continue their efforts towards achieving the stated "Goals" irrespective of their counterparts' participation.

January 1, 2011 – December 31, 2011 Annual Report
American College of Radiology Foundation Funding Group (ACR-FFG)
John A. Patti, M.D., FACR, Chair

Charge

The ACR Foundation Funding Group (FFG) was charged to advise, evaluate, coordinate and recommend fundraising opportunities to the ACR Foundation Board. The FFG was also asked to assess financial viability, likelihood of success, legal liability and impact of the reputation of the ACR on specific fundraising projects while assisting staff in the implementation of successful strategies for meeting fundraising goals and targets.

Goals

- Find new revenue streams to for the ACR Foundation to fulfill specific projects
- Provide opportunities for members to give back to the College
- Establish new pathways for forging partnerships with industry, practices, academic institutions, foundations and other entities
- Provide opportunities for recognition and involvement with specific campaigns

Accomplishments

- ACR development staff continues to collect funds for the ACRIN Fund for Imaging Innovation. To date, approximately \$6,638,819 of the \$7.2 million pledged has been collected.
- In 2011, the ACR Foundation explored raising additional funds for the Radiology Leadership Institute and additional radiology research. The ACR hired CCS to conduct a feasibility study to measure the feasibility of initiating a campaign. The Campaign Steering Committee will consider the results of the feasibility study on January 20, 2012. The BOC will also receive an update on the study at its January 29 Board meeting.

Areas of Interest

Some of the corporate contributors to the ACRIN Fund have notified the College that they will be unable to complete or have delayed their pledge payments. The ACR leadership and staff will continue to work with our corporate partners to ensure that the ACRIN Fund is fulfilled. ACR fundraising staff met with its corporate donors during the 2011 RSNA meeting. Several of the donors have fulfilled their ACRIN Fund pledges. Staff noted the recent accomplishments of ACRIN and noted that the ACR will be following up with them to complete their pledges.

The ACR FFG will continue to investigate further giving opportunities consistent with its established goals.

January 1, 2011 – December 31, 2011
ACR Foundation International Outreach Committee Annual Report
James P. Borgstede, M.D., FACR, Chair

Goals

- Facilitating the donation of educational materials, equipment, and resources to health care institutions in need in underdeveloped countries.
- Facilitating volunteers to serve radiology internationally through teaching, practice, maintenance and set-up of equipment, training, consultation and/or other mechanisms.
- Utilizing the ACR Foundation's international contacts to identify needs and volunteer and donation opportunities for ACR members and other radiology allied health workers.
- Investigating methods of knowledge sharing utilizing technology and educational databases to educate and assist radiologists/physicians in developing countries.
- Recognizing the outstanding contributions of members, health facilities, radiology organizations, corporations, non-governmental organizations and philanthropists to help facilitate further international outreach efforts.
- Exploring other efforts deemed acceptable to the ACR Foundation International Outreach Committee and ACR Foundation Board.

Accomplishments

- In the last 12 months the Committee has continued its efforts in Haiti including the following accomplishments:
 - A delegation of ACR representatives including Paul H. Ellenbogen, M.D., Vice-Chair, ACR Board of Chancellors; James P. Borgstede, M.D., Chair, ACR Foundation International Outreach Committee; Charles Phelps, M.D. long-time Haiti volunteer and ACR Member; and Brad Short, staff for the ACR International Outreach Committee visited the Port-au-Prince area in April to do an assessment of the educational and equipment needs of the medical facilities and to meet with medical personnel on the ground. The trip included visits to Grace Children's Hospital, the Hospital of Peace, Haiti's University and Education Hospital and the Haitian Medical Association. The information gathered from the trip served to help the Committee decide how they can provide support in terms of education, equipment, materials, and volunteers:
 - The delegation discovered that there are only 19 known radiologists in Haiti. Haiti has a current population of almost 10 million.
 - The Haitian medical community lacks basic radiology education and equipment.
 - There are currently no radiology residents in the country. Most Haitian radiologists leave the country to continue education and do not return to Haiti to practice.
 - At the 2011 AMCLC, the ACR Foundation gave a report of their finding from the April trip to the ACR Board of Chancellors. The goal of the report was to gain support to build long-term, lasting relationship with Grace Children's Hospital and the Haiti radiology community. The Board of Chancellors graciously agreed to help those in Haiti.
 - The Committee facilitated the donation of a Siemens Hybrid Portable X-ray unit to Grace Children's Hospital, in Port-au-Prince in July.

- A Haiti Radiology Work Group was created to help build collaborations between other groups and individuals working in Haiti. The goal of the group is to create a larger impact in the Haitian medical community by working together and sharing resources.
- The planning has begun to hold an educational program at Grace Children’s Hospital in the spring of 2012. ASRT and SDMS are partnering with this effort and have agreed to send participants to be a part of the educational program.
- The Haiti Radiology Relief Fund has raised \$18,130.
- The ACR continued its partnership with RSNA to assist radiologists in Iraq. The ACR facilitated the arrival of a radiology resident who observed at the University of Pennsylvania under the guidance of Dr. R. Nick Bryan.
- The Committee awarded four new recipients the Goldberg-Reeder Resident Travel Grant. The program offers \$1,500 travel grants annually to radiology residents seeking to provide medical service in the developing world. In response to the number of outstanding responses in 2011 the travel grant program expanded from two to four awards with the help of the ACR Foundation. The 2011 recipients will travel and volunteer with the following groups/hospitals:
 - Imaging the World - Kampala, Uganda
 - International Centre for Diarrhoeal Disease – Dhaka, Bangladesh
 - Millennium Development Goals Project – Abuja, Nigeria
 - Moi Teaching and Referral Hospital – Eldoret, Kenya
- The Committee sent Brad Short, staff for the International Outreach Committee, to the first African Congress of Radiology meeting held in Tripoli, Libya in January 2011. Mr. Short presented on the ACR’s international outreach efforts.
- The ACR Bulletin and ACR websites featured the international efforts for the ACR Foundation as well as individual and organizational efforts of those in radiology committee to international service.
- The ACR Foundation donated educational materials to facilities in Cameroon, Ethiopia, India, Iraq, Ghana, Kenya, Rwanda, and Tanzania in 2011. Special thanks go to RSNA, Education Symposia, and the ACR for their donation of materials.
- The Committee established a social media presence with the creation of Twitter and Facebook pages to facilitate awareness of the Committee’s programs, accomplishments, and to disseminate announcements from Committee and other international related groups.
- The Committee continued building its Facility/Country profiles database with a total collection of almost 70 needs assessment surveys from facilities across the developing world. The Committee will launch the database online in 2012.
- The Committee presented at the 3rd Annual RAD-AID conference building awareness of the International Outreach Program and its activities. The presentation led to an increase in material donations requests and in the number of contacts the International Outreach Committee has with other groups working in international service.
- The committee wishes to thank Brad Short and Lauren Alfero for their excellent work as ACR staff on behalf of the International Outreach Committee.

Areas of Concern

- The ACR Foundation continues its efforts to coordinate activities in developing countries where possible. In Haiti, the ACR Foundation started a Haiti work group to avoid duplication in efforts to support radiology in that country.

January 1, 2011-December 31, 2011 Annual Report
ACRIN Fund for Imaging Innovation Research Selection Committee
James H. Thrall, M.D., FACR, Chair

Purpose

Determine which imaging research projects will afford the most advantageous use of the money raised through the ACRIN Fund for Imaging Innovations.

Accomplishments

Funds Pledged: \$7.2 million

Funds Collected as of 12-31-11: \$6,638,819

NOPR Funds Collected as of 12-31-11: To be reported

ACRIN 6683: Computer Aided Detection and Digital Mammography

- AFII Award: \$154,502 (*Leveraged ACRIN 6652 (DMIST) Funding – NCI: \$26MM*)
- Project status: Manuscript in revision.

Cardiovascular Committee Established

- AFII Award for Committee Operations: \$170,000
- ACRIN 4005: Cardiac CTA for Low-Risk Pts. Presenting in the Emergency Dept
 - AFII Award: \$1.82MM (*Leverages funding of \$1.3MM provided by PA Dept. of Health*)
 - Project status: 1393 patients accrued and manuscript is in preparation
 - Abstract to be presented at ACC annual meeting in March 2012
- ROMICAT II: Rule Out Myocardial Ischemia/Infarction using CT
 - AFII Award: \$200,000 for Biomarker Sub-study
 - Project status: Patient enrollment is ongoing
- **Cardiovascular Research Projects Funded by Other Sources**
 - PROMISE Trial: Cardiac CTA
 - Funded by NHLBI for core lab services
 - Sub-award for core lab services: \$736,359
 - RESCUE: Cardiac CTA vs. SPECT/MPI (Over 200 participants enrolled with 30 sites actively enrolling)
 - Funded by AHRQ
 - Award: \$9,879,997

Neuroscience Committee Established

- AFII Award: (Included in \$170,000 for CV Committee)
- Priority Research: Stroke thrombolysis;
- Funding being sought from various institutes of the NIH

ACRIN 6681: Extracolonic Findings in the National CT Colonography Trial

- AFII Award: \$1,000,000 (*Leverages NCI funding of \$7MM for work for the NCTCT trial*)
- Project status: Protocol completed and sites actively working to gather data

ACRIN 6682: Phase II Trial of ⁶⁴Cu-ATSM PET/CT in Cervical Cancer

- AFII Award: Agreed to fund cases to complete target accrual when NCI funding is discontinued.
- Project status: 30 of 100 study participants enrolled

Young Investigator Awards

- AFII Award: \$100,000
- Project status: Six research project out of 22 submitted were chosen for funding

Areas of Concern

No significant concerns.

January 1, 2011-December 31, 2011 Annual Report
Committee on Awards & Honors
E. Stephen Amis, Jr., M.D., FACR, Chair

Goals

The goal of the Committee on Awards and Honors is to annually review all candidates for the awards and make recommendations for not more than three candidates to receive the ACR Gold Medal and up to three candidates to receive ACR Honorary Fellowship. The recommendations for gold medals should be based on recognition of distinguished and extraordinary service to the ACR and the profession for which it stands. The recommendations for honorary fellowship should be based on merit, as well as the individual involvement in international political and historical achievements.

Accomplishments

2012 Gold Medal and Honorary Fellow Awards

The Committee presented the following recommendations for the gold medal and honorary fellow awards in April 2012 to the Board of Chancellors (BOC) who approved the recommendations.

Gold Medal Award

1. William G. Bradley Jr., MD, FACR (California)
2. Milton J. Guiberteau, MD, FACR (Texas)
3. Richard L. Morin, PhD, FACR (Florida)

Honorary Fellowship

- 1 Professor Giovanni Cerri (Brazil)
- 2 George Klempfner, MD (Australia)

Distinguished Service Award

When the committee met in August, they approved a motion to implement a Distinguished Achievement Award that will be given in recognition of highly notable service to the College and the profession or in recognition of other action or achievement on the part of an individual that reflects in a uniquely favorable manner on the College and the profession of radiology. Up to three awards can be given annually based on quality of nominations and focus on physicians and scientists.

Eligibility for the award should include individuals who deserve significant recognition by the college, but who do not qualify for the Gold Medal or Honorary Fellowship. Examples of those eligible for this award include, among others, radiologic technologists, nurses, statisticians, leaders of other medical organizations, leaders in business management, legislators, philanthropists, authors, and media representatives. The award is to be presented at the ACR annual meeting. Nominations are to be submitted in writing by any member of the College.

Gold Medal Criteria

The Committee also approved a change in the criteria for the ACR Gold Medal stating that the award be limited to radiologists, radiation oncologists, medical physicists, and distinguished scientists.

Concerns

None

January 1, 2011-December 31, 2011 Annual Report
Committee on Bylaws
Barry D. Pressman, M.D., FACR, Chair

Goals

The Committee's charge includes reviewing the ACR Bylaws to ensure compliance with applicable state law and the ACR's mission. The Committee also reviews proposed Bylaws amendments and works with councilors, chapters, the BOC, the CSC and other ACR commissions and committees to format proposed Bylaws amendments. At the request of Dr. 's Patti and Ellenbogen it is striving to restructure the bylaws in order to improve their usability.

Accomplishments

The 2011-2012 Committee conducted a complete review of the Bylaws with the goal of reformatting and restructuring that document. The committee held a conference call in October and identified several areas of concern regarding the current format. Scheduling conflicts compromised an attempted retreat intended to fully analyze the structure in unison with identified concerns. The Committee met at RSNA and further discussed standardizing the arrangement of all articles of the Bylaws. In addition, it is considering a number of language changes to clarify the intention of some of the Bylaws. The Committee will continue work on this project in the coming year.

Areas of Concern

None

January 1, 2011-December 31, 2011 Annual Report
Committee on Ethics
Peter Kalina, M.D., FACR, Chair

Goals

The College established the Committee on Ethics in 1997. The Committee assists its members and the College in understanding and addressing the dynamic ethical issues that confront diagnostic radiology, radiation oncology, interventional radiology, nuclear medicine, and medical physics.

Accomplishments

The Committee on Ethics entered the year with five (5) cases of ethical complaints/issues under review. The Committee held three (3) conference calls and one (1) face to face meeting in 2011. The following reflects the results of Committee activities:

- ◆ Three (3) cases involving expert medical witness testimony resulted in the Committee determining that no violation of the Code of Ethics occurred. In these cases, the Committee sent the respondent a letter of instruction or concern advising them to consider carefully the ramifications of their expert witness testimony.
- ◆ One (1) case was dismissed because the Committee concluded there was insufficient evidence to conduct an investigation.
- ◆ The Committee learned that a member who was indicted in 2010 on many felony counts was convicted in July 2011. The member is pursuing an appeal. Under College policy, the committee cannot act until the federal matter is closed. The Committee will continue to monitor this situation in 2012.
- ◆ The Committee received one (1) new complaint in July 2011.
- ◆ The Committee concluded the year with three (3) open cases under review and one (1) situation to be monitored.

Areas of Concern

Each ethics complaint requires thorough review of all documentation by staff and committee members, correspondence with the complainant and respondent, and when appropriate, outside independent review and a formal hearing. The Committee cannot anticipate the number of complaints it may receive each year. With the high number of matters currently under review, we anticipate longer processing times, and more frequent meetings. While the Committee can address most via conference call, it may have to hold a face to face meeting because of the sensitive nature of the complaints, or if it decides to hold a hearing. As the number of complaints increases, so may the Committee's expenses.

January 1, 2011-December 31, 2011 Annual Report
ACR Committee on Governance
Bibb Allen, Jr., M.D., FACR, Chair

Goals

The goals of the Governance Committee (GC) are to (1) address issues of governance and representation within the College and (2) monitor and evaluate the College's election process.

Accomplishments

In 2011 the Governance Committee held three (3) conference calls and one (1) meeting. It is working collaboratively with the new ACR Blue Ribbon Task Force on Governance to fulfill the charge of producing a joint report on College governance to the Board of Chancellors at its April 2012 meeting.

The Committee discussed the role of the College Nominating Committee (CNC) and contested elections for Board of Chancellors positions. Notably, the Committee developed and sent to current and former CNC members a survey regarding their views of the CNC's role in nominating candidates for ACR elective office. The Committee analyzed the survey results and shared with them with the Task Force.

The Committee also is developing a guidance manual for future CNC members to enhance them fulfilling their responsibilities.

Areas of Concern

The Committee may examine the ACR Electioneering Policy that the Council adopted in 2008.

January 1, 2011-December 31, 2011 Annual Report
Intersociety Committee
Gerald D. Dodd III, M.D., FACR, Chair

Goals

- To promote collegiality within the field of radiology.
- To foster and encourage communication and interchange among the national radiological societies.
- To identify, evaluate, and make recommendations on problems and areas of concern in radiology identified by the member societies or at the Summer Conferences.
- To establish and promote communication among the leaders of national radiological societies and to provide them with open access to all the resources of the ACR through the Committee.
- To establish the agenda for and conduct an annual Summer Conference.

Accomplishments

- 2011 Summer Conference
The Conference, entitled “Optimizing the Structure and Function of Our 50+ Radiological Societies, Part II: A Unified Strategic Plan”, was held at Sundance Resort in Sundance, Utah. Once again Robert S. Huckman, PhD, Professor of Business Administration at Harvard Business School, facilitated the meeting and provided background on strategic planning. Representatives from 40 societies participated in general sessions and workgroup discussions on the feasibility and need for a unified strategic plan. Attendees were eligible to receive 12.5 AMA PRA Category 1 Credits™.

A summary presentation of the Summer Conference was given at the BOC meeting in October 2011 and a full report will be published in the *JACR* in spring 2012. Three task forces have been identified to work on the action items generated at the conference in the areas of Socioeconomics, Research, and Education. The task forces will report back at the 2012 meeting.

- 2012 Summer Conference
The 2012 Summer Conference will be held August 3-5 at The Peaks Resort in Telluride, Colorado. The Executive Committee will convene in January 2012 to finalize the topic which is likely to focus on information, communication, and networking within radiology.

Areas of Concern

- None

January 1, 2011-December 31, 2011 Annual Report
Journal of the American College of Radiology
Bruce J. Hillman, M.D., FACR, Editor-in-Chief

Goals

The long-term goals of the *JACR* are unchanged since work began on the journal in 2003. Principally these are to establish a journal that is unique in its purview, publishes high-quality material, is well respected in radiology and throughout medicine, is well read by its subscribers, and is financially valuable. To a great extent, *JACR* has either achieved or is well on its way to achieving these goals. However, the editor-in-chief, editorial board, and staff are working to continuously improve the journal. Specific goals for 2012 include:

- Continued vigilance of the page count to minimize cost overruns;
- Production of a special issue on health-care reform under the guidance of associate editor, Ruth Carlos;
- Progress toward greater digital access in collaboration with our publisher Elsevier,;
- Successful renegotiation of our contract with Elsevier or moving toward self publication; our contract with the publisher currently ends December 31, 2012;
- Selection of new associate editors and editorial board members to establish terms of participation;
- Conducting a comprehensive reader survey to further guide what material appears in the journal; and
- Conducting the journal's first leadership retreat as a means of evaluating journal performance to date and establishing future directions.

Accomplishments

During 2011, *JACR* recorded the following major accomplishments:

- Named for the second year in a row by Kantar Media reader survey the most-read publication in radiology;
- Transitioned from a journal largely dependent on recruited manuscripts to where the overwhelming majority of manuscripts are now proffered;
- Received the second largest number of original articles in the journal's history;
- Stayed within page limits and budget;
- Continued annual growth in the quality of editorial material, press and media coverage of key articles, CME usage, subscriptions, and online usage; and
- Despite overall industry decline in radiology print media advertising, recorded its highest advertising dollar amount for print media to date.

Areas of Concern

Major areas of concern for 2012 include:

- Staying within page limits and budget given the continued pressure for prompt publication of the highest quality articles;
- Competition for content—other journals are beginning to give more attention to subject areas in the journal's purview;
- Continuing to advance digital access while staying within the desires of the readership; and
- Monitoring the financial viability of the journal in the context of increasing publication costs.