

ACR

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# Bulletin

REUNITING AND  
RECONNECTING

SPECIAL REPORT

ACR2022



# THANK YOU



## Health Policy Research 2021–2022 Contributors

The ACR® Foundation sincerely appreciates those who generously contributed to the Harvey L. Neiman Health Policy Institute® (HPI) and the recent Medicaid Data Campaign that achieved the goal of \$100,000 to purchase this valuable new research dataset.

The work done through the HPI is critical to informing evidence-based imaging policy to improve patient care and support the value and role of radiology. Your donation opens the door to new research to explore health policy issues within underserved and pediatric populations.

**Thank you for sharing our vision, advancing our mission and for leading the charge among health policy research supporters.**

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- Eastern Radiologists
- Cincinnati Children's Hospital Medical Center
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- **\$5,000**  
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**OUR MISSION:** The *ACR Bulletin* supports the American College of Radiology's Core Purpose by covering topics relevant to the practice of radiology and by connecting the College with members, the wider specialty, and others. By empowering members to advance the practice, science, and professions of radiological care, the *Bulletin* aims to support high-quality patient-centered healthcare.

**QUESTIONS? COMMENTS?** Contact us at [bulletin@acr.org](mailto:bulletin@acr.org).

Digital edition and archives of past issues are available at [ACR.ORG/BULLETIN](http://ACR.ORG/BULLETIN).



## Together

The in-person gathering of ACR 2022 spoke volumes about the value of camaraderie within the specialty — with networking as strong as ever, after more than two years apart.

**Together**, according to the Oxford and Merriam-Webster's dictionaries, has meaning as an adjective and an adverb, as follows:

**Adjective:** self-confident, level-headed, or well-organized appropriately prepared, organized, or balanced

**Adverb:** with or in proximity to another person or people in a body; as a group; in or into agreement or harmony

For the first time in two years, attendees gathered together, in person at ACR 2022 — in every sense of the word!

Opportunities for members to catch up and meet new colleagues face-to-face have been few and far between due to the COVID-19 pandemic. The in-person gathering of ACR 2022 (with a virtual option) spoke volumes about the value of camaraderie within the specialty — with networking as strong as ever, after more than two years apart.

The networking portion of the meeting was crucial. This year, for example, candidates in the 2022 ACR elections were available for a meet and greet. That same afternoon, the new Fellows, Honorary Fellows, and Gold Medalists were introduced and recognized (see page 12). The Convocation streamed virtually for all attendees, family, and friends, and the President's Reception welcomed all attendees in celebration.

The mentoring program for first-time attendees was an exciting event and a great success. Mentors and mentees could meet for coffee in a mentor lounge. This fantastic program matched the future of radiology with its most experienced members — a relationship that is a win-win for mentees taking the initiative to learn and mentors sharing in the satisfaction of nurturing strong skillsets in future ambassadors of our profession.

A variety of sessions were offered, either virtually or in person. ACR RFS and YPS leaders developed programming especially relevant for their peer colleagues in attendance. Throughout the in-person gathering, there was a palpable awareness that “together through teamwork” is the way to optimize outcomes for our patients and profession. Throughout its history, radiology

has enjoyed the benefits of innovators, educators, and researchers who have blazed the trail as individuals. That history should not lead anyone to believe that imaging can be practiced or delivered at a high level relying on only one person, no matter how skilled. Now, more than ever, radiology is a team sport.<sup>1</sup>

Building relationships is critical. During the annual meeting, the Committee on Chapters hosted the Chapter Leaders Workshop to provide relevant and timely information for current state chapter officers and staff, and future leaders. Our talented state-level government relations staff featured ACR's new grant program that is available to state chapters addressing scope of practice issues (more information and application process available at [bit.ly/Scope-of-Practice](https://bit.ly/Scope-of-Practice)). While all of the presentations provided during the Chapter Leaders Workshop were well-received, the Chapter President presentation, the Chapter Portal overview, and the breakout sessions were highly rated by attendees.

## Radiologists are uniquely positioned to spearhead initiatives addressing health disparities and accommodate specific needs of diverse patient population.

At ACR 2022 we also celebrated the 10-year anniversary of the Radiology Leadership Institute® (RLI) — a decade of educating strong current and future leaders. Navigating an increasingly complex practice environment requires an additional skillset well beyond traditional clinical training, and the ACR recognized this need when it launched the RLI.

Finally, the ACR's efforts in convening a coalition promoting radiology's role in achieving equity across healthcare have not gone unnoticed. As radiology touches nearly every part of patient care, radiologists are uniquely positioned to spearhead initiatives addressing health disparities and accommodate specific needs of diverse patient populations. For more information and to commit to advancing health equity, visit [radhealthequity.org](https://radhealthequity.org). My hope is that we all commit to advance this cause and succeed in leveling the healthcare playing field — together. **B**

### ENDNOTE

1. Fleishon HB and Liebscher L. Radiology is a Team Sport. *J Am Coll Radiol.* 2015; 12(10):1118.



ACR leaders' presentations to the Council, including reports from the CEO, BOC Chair, and Secretary-Treasurer, are available on-demand at [bit.ly/ACR\\_OnDemand](https://bit.ly/ACR_OnDemand).



## Information Blocking Rules: Updates


The U.S. Department of Health and Human Services recently published two ACR-requested clarifications regarding the “information blocking” regulations to help minimize patient surprise and confusion. The first clarifies that providers aren’t explicitly required to notify patients when new data is posted to the portal. The second enables documentation of a patient’s preference to wait for referring clinician review or for a set waiting period, under certain circumstances. These clarifications aim to empower patients seeking their data while minimizing the potential for confusing or concerning others.

Non-deidentified medical images and other electronic protected health information included in the “designated record set” per the Health Insurance Portability and Accountability Act are scheduled to be covered by information blocking requirements beginning Oct. 6, 2022.

The ACR has an educational resource page with FAQs for radiologists regarding information blocking rules at [bit.ly/Information\\_Blocking](https://bit.ly/Information_Blocking).

## IMAGING 3.0®:

### Tracking Actionable Incidental Findings

 In 2016, when a patient underwent a CT screening exam at University of Kansas Health System, the study revealed a 7mm lung nodule. The radiologist recommended a follow-up CT in six months to monitor the nodule. That scan revealed that the nodule remained stable, so the radiologist recommended another scan in 12 months. Unfortunately, the patient never returned for the recommended follow-up exam. Two years later, the patient presented in the ED with abdominal pain and underwent another CT. That study revealed Stage III lung cancer.

To improve patient outcomes, radiologists at the University of Kansas Health System have implemented a system-wide initiative to track incidental findings. The program has helped 70 patients avoid missed cancer diagnoses over a three-year period. The radiologists encourage other health systems to implement similar programs to increase their effect on patient outcomes.

Read the full Imaging 3.0® case study at [bit.ly/Tracking\\_Findings](https://bit.ly/Tracking_Findings).

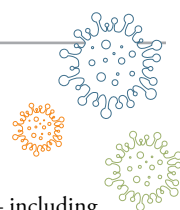
## Government Requests Hold on Surprise Billing Appeal

Three major medical associations are encouraged by the federal government’s request for a “hold” on its appeal of a Texas federal court ruling vacating parts of the independent dispute resolution process in the Surprise Billing Interim Final Rule. The government filed the last-minute appeal on April 22 but later asked the court to hold its appeal pending federal agencies’ release of the surprise billing final rule this summer. On May 3, 2022, the court granted the government’s request to pause proceedings while the government issues a final rule. In the ACR’s lawsuit, the federal court in Illinois overseeing the lawsuit that ACR filed along with the American College of Emergency Physicians (ACEP) and the American Society of Anesthesiologists (ASA) has granted the government’s motion to remain on hold until July 7 when the government, as well as the coalition the ACR is a part of, must file a joint status report.

The ACEP, the ACR, and the ASA call the hold a step in the right direction. The groups will work with CMS, other federal agencies, legal partners, and patient advocates to ensure the final rule complies with the text and spirit of the No Surprises Act and the Texas court ruling.

Read the full release at [bit.ly/Surprise-Billing-Appeal](https://bit.ly/Surprise-Billing-Appeal).

## ACR CIRR Boosts COVID-19 Care Equity Efforts

 Black Americans comprise 48% of all cases — including medical images and/or clinical data — housed in the ACR COVID-19 Imaging Research Registry (CIRR). This percentage is five times the average Black participation in clinical trials.<sup>1</sup> With this cache of patient information among the 80,000 anonymized images (with data) collected and curated, the CIRR is a leader in fueling equitable research to improve future COVID-19 and pandemic care for all.

“The CIRR database is a notable example of how the ACR is collecting and making real-world data available for further research and discovery, whether to answer specific research questions or to develop AI models that help radiologists and others to advance patient care,” says Etta D. Pisano, MD, FACR, ACR chief research officer.

CIRR is one of seven registries that form the ACR National Clinical Imaging Research Registry™ (ANCIRR). The ACR is expanding access to these images (and data) by supporting other registries.

Learn more about the database at [bit.ly/ANCIRR](https://bit.ly/ANCIRR).

### ENDNOTE

1. McCaskill Stevens W. Accrual of Minorities into NCTN and NCORP Clinical Trials: A Twenty Year View. National Cancer Institute. June 15, 2020.

I believe it's absolutely critical for trainees to have the opportunity to meet and network with others who can share real experiences and invaluable advice to help ensure that we have the greatest opportunity for success for our future.

— KIRANG PATEL, MD

## Valuable Benefits of Your Membership

Your ACR membership benefits include professional and educational opportunities as well as targeted information designed to advance your career, enhance your radiologic knowledge, and define the future of radiology.

**JACR®:** Peer-reviewed articles on clinical practice, practice management, and health policy for diagnostic radiologists, IRs, medical physicists, and radiation oncologists.

**Practice Toolkits:** Downloadable materials and resources to build awareness of radiology and to answer patient questions about medical imaging and treatment.

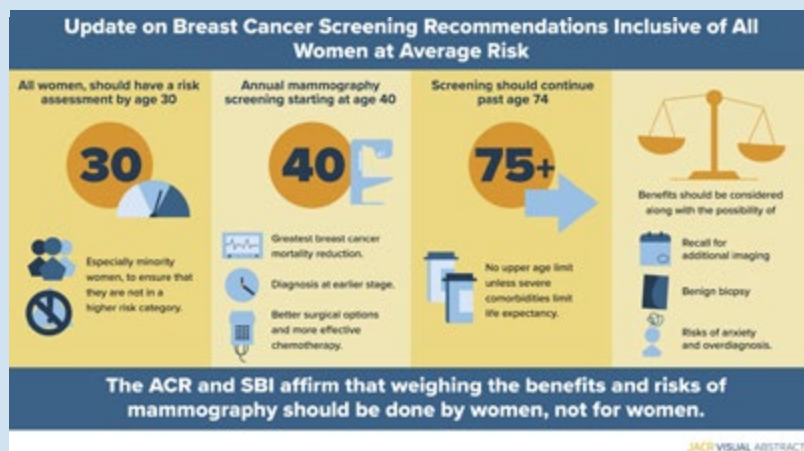
**Imaging 3.0®:** Case studies to help radiologists make the transition from a focus on the volume of scans read to the value of care provided.

**Radiology Leadership Institute®:** Robust portfolio of programs to ensure you succeed whether you need help negotiating a new contract, addressing your practice's culture, leading change, or increasing and expanding your leadership skills to advance your career.

**Legal and Business Practices:** Resources to help ensure that your radiology practice business operations stay up to date in a changing legal environment.

Access these member benefits and more at [acr.org/Member-Resources/Benefits](https://acr.org/Member-Resources/Benefits).

## NEWS FROM THE JACR



A visual abstract covers updated guidelines from the ACR and the Society of Breast Imaging. Read the full article at [bit.ly/Breast\\_Cancer\\_Screening](https://bit.ly/Breast_Cancer_Screening).

## Visual Abstract Library

Visual abstracts turn complex scholarly content into reader-friendly infographics — and the *JACR*® has more than 45 examples dating back to 2018. The abstracts capture the article's main points to help the reader understand the topic being discussed, connect with different types of learners, and enable sharing with audiences beyond radiology.

To access the full library, please visit [bit.ly/Visual\\_Abstracts](https://bit.ly/Visual_Abstracts).

## ACR-RADS: Current State and Future Opportunities

In the spring of 2021, the ACR approved a proposal to improve the consistency, transparency, and administrative oversight of the ACR Reporting and Data Systems (RADS). RADS provide standardized imaging findings terminology, report organization, assessment structure, and classification for reporting and data collection in patient imaging.

A working group of experts and stakeholders convened to draft a governance document in the *JACR*® titled “ACR-RADS Programs Current State and Future Opportunities: Defining a Governance Structure to Enable Sustained Success.” Major advances include:

- Forming a RADS Steering Committee
- Establishing minimum requirements and evidence standards for new and existing RADS
- Outlining a governance structure and communication strategy for RADS

Read the full paper in the *JACR* at [bit.ly/ACR\\_RADS](https://bit.ly/ACR_RADS).

# Payer Steerage: Who is Really Steering the Ship?

Getting to the bottom of payer-directed patient healthcare when it comes to medical imaging.

Imaging service steerage occurs when payers intentionally direct patients to a medical imaging center based on their predetermined set of criteria, with cost savings as the primary focus.<sup>1</sup> If successful, the payer saves money for their corporate entity, the patient, or both. Payers have a clear goal of increasing their bottom line. To improve profits, either revenue must increase (more insured patients paying premiums) or expenses must decrease (for example, decrease in payments to hospitals or healthcare professionals). The primary expense for healthcare insurance payers is medical services. Therefore, creative steerage strategies to decrease the physician expense component of their book of business will add to the bottom line of their corporate entity.

Imaging service steerage has been deployed for decades in many interesting ways. In recent years, site-of-service steerage has been the primary focus.<sup>2</sup> Anthem was the first payer that utilized this tactic, followed shortly by United Healthcare (UHC), Cigna, and others. This form of steerage occurs when patients are either enticed or explicitly directed to certain lower-cost imaging sites, frequently with redirection from hospital-based facilities to stand-alone outpatient centers or independent diagnostic testing facilities.<sup>3</sup> While payers publicize most of these site-of-service steerage initiatives as quality initiatives, it is clear in the majority of cases they are really leveraging quality as a cover for cost containment. For example, patients under certain payers have been directed away from high-performing cancer centers to small stand-alone outpatient imaging centers under the guise of quality, when cost containment is clearly the primary driver.

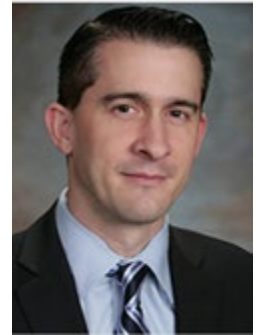
A new form of imaging service steerage was rolled out by UHC on July 1, 2022, under the Designated Diagnostic Provider (DDP) program for medical imaging. This new DDP program has both “quality” and “efficiency” components. Specifically, the program requires the medical imaging entity billing radiology services (based on tax identification number) to complete surveys regarding UHC-defined quality metrics to retain their current reimbursement level. Recently, the term “efficiency” for payers is a code word for decreasing reimbursement and cost

containment. While some of the efficiency components are focused on turnaround times and availability of results for patients, there is frequently a cost component. For the new UHC DDP program, centers contracted at a certain UHC-determined percentage of Medicare reimbursement will face a change in its tier, leading to decreased reimbursement and steerage of the patients away from the lower-tier and non-DDP sites.

The last form of steerage discussed here is related to the No Surprises Act. Surprise billing is defined as receiving patient care with a subsequent unexpected bill issued to the patient. Congress stepped in and forged legislation to stop this issue. However, the U.S. Department of Health and Human Services (HHS) then worked primarily with the payers to determine benchmarks for the new legislation, which ultimately focused on benchmarking to the qualifying payment amount (QPA). The QPA is tied to an average reimbursement for the service rendered as determined by the insurance payer data, with marked potential for manipulation. Insurance companies could influence these numbers by contracting at markedly reduced reimbursement rates for radiology services with medical groups and specialists that have no radiologists/radiology services. These groups, having no interest in the reimbursement rates for services they do not provide, accept whatever rates the insurance companies propose. These lower reimbursement levels could then be leveraged by the insurance payers to artificially lower the QPA.

Once HHS agreed to these new benchmarks, some insurance payers then issued letters to healthcare systems and physician groups noting that if they refuse to re-contract at a lower reimbursement level, then the payer will no longer need to contract with them — and will simply enforce the new reduced reimbursement as determined by the No Surprises Act benchmarked to payments levels defined by the insurance payer QPA. This Trojan horse effort by payers to morph the No Surprises Act into wide-sweeping reimbursement reduction has the potential to result in lack of contracting and out-of-network status for multiple groups, thereby steering patients away from those entities. Fortunately, many groups, including the ACR, filed a lawsuit against the HHS determination of the legislation, and the algorithm for payment determination in the setting of a surprise bill is being reevaluated based on all the items in the legislation. **B**

ENDNOTES available in the digital edition at [acr.org/bulletin](https://acr.org/bulletin)



**Daniel G. Gridley, MD, FACR**

Chair of the ACR Payer Relations Committee and Network

Guest Columnist

## REUNITING AND RECONNECTING

For the first time in two years, attendees gathered together in person in Washington, D.C., to catch up and connect with colleagues in the ACR community.

**ACR 2022** which took place April 24–26 at the Washington Hilton, provided several opportunities for members to catch up with colleagues they hadn't seen in the past two years. According to Speaker Amy L. Kotsenas, MD, FACR, "To say that we were excited to see each other in person in April, for the first time since ACR 2019, is an understatement. One of the best parts of the ACR annual meeting is the chance to catch up and connect with colleagues in the ACR community."

At the start of the meeting, the College announced the launch of a Blue-Ribbon Panel on Population Health to collect, assess, create, and distribute resources to empower radiologists to lead efforts to advance population health improvements. Co-chaired by Marta E. Heilbrun, MD, MS, and James V. Rawson, MD, FACR, the new panel will build on previous efforts of the ACR Commission on Patient- and Family-Centered Care, focus existing efforts, and provide access to resources to help radiologists drive population health initiatives ([learn more at bit.ly/ACRPHM\\_Panel](https://bit.ly/ACRPHM_Panel)).

While virtual participation was possible for the ACR 2022 meeting, in-person attendance was required to receive Council credentials to vote in ACR elections and on Council business. However, off-site attendees were able to participate in the Reference Committee Open Hearings and question and answer sessions that accompanied the Economics Forum and Moreton Lecture ([see pages 10 and 11](#)). Participants were able to raise their hand, just like they would in person, to provide testimony at the open hearings or ask questions following programming during the Council meeting.

ACR 2022 also featured a variety of educational sessions that attendees could participate in, virtually or in person. Organized by the ACR Government Relations team, the session "Building Advocacy in Your State" focused on how physician-led advocacy can make a huge difference in moving the needle. Amy K. Patel, MD, the new Radiology Advocacy Network (RAN) chair, spoke about her advocacy journey and why it is important to start early on in one's professional career. Patel shared the importance of relationship-building with elected officials and how physician-led advocacy can make a major impact on issues affecting patients and the future of radiology.

Tilden "Ty" Childs III, MD, FACR, who received the RAN Advocate of the Year award at the annual meeting ([see page 13](#)), shared what led him to become a radiologist advocate leader in Texas. He also spoke about the advocacy accomplishments of the Texas Radiological Society (TRS) and gave tips about how radiologists can get involved in their respective states. Childs, who served as TRS president in 2014, advised attendees to "just show up, because you can be sure the opposition will." **B**

By Nicole B. Racadag, MSJ, managing editor, ACR Bulletin





# ADVOCATING FOR QUALITY IMAGING CARE

The outgoing president reminded ACR 2022 attendees that the road to the best radiologists begins with opportunity, character, and mentoring.

“I have a reputation as a straight shooter,” renowned radiologist and ultrasound expert Beverly G. Coleman, MD, FACR, told the audience during her presidential address at ACR 2022. In her report to the ACR BOC the day prior, Coleman paraphrased Maya Angelou: “Her mission in life is not merely to survive but to thrive and to do so with passion and style.” Coleman gave a truly inspirational address drawing parallels between her life journey and the characteristics that make the College the effective career partner of all radiologists. The address reinforces the ACR’s goals and sense of purpose.

“I come from a small town in Arkansas, where the state motto is ‘Land of Opportunity,’” Coleman said. “And that aligns with the ACR’s vision for radiology as leading through excellence in radiological care and then acknowledging those leaders for the delivery and enhancement of quality healthcare.”

“Talent,” Coleman said, “is a gift, but character is a choice. It’s a mirror of moral and mental qualities.” Strong character is the foundation on which to build success in the specialty, she said. “It’s OK for us to not agree with each other all the time,” she said. However, candid and respectful communication is vital to organizational success — and the capacity to resolve conflicts in an open and direct manner is an admirable part of character — be it with a leader, peer, or subordinate, she explained.

Coleman spoke on MARCA and how registered radiologist assistants should work exclusively under the direct supervision of a radiologist as part of a radiologist-led team. They would be limited in performance of procedures and should

**“Anyone out there who has not been a mentor, the rewards will come back to you.”**

not interpret images or practice independently. She noted that the ACR has neither supported nor opposed current MARCA legislation. She commended the College for holding town hall meetings to discuss the issue and field questions and answer concerns. Regardless of the future of MARCA, the ACR will always advocate for quality imaging care for its patients. “We will fight,” said Coleman. “That’s what we do.”

“I’ve always been a person who wants to get things done,” Coleman said. Coleman, who took the helm at ACR 2021 as the first Black president in the nearly 100-year history of the College, spoke about her early days in medicine as someone who was neither male nor White. She stressed the need, still today, for scholarships and the opportunity to travel to radiology conferences/events — and commended the ACR for its courage to fight. “It takes caring, commitment, and courage,” she said.

Lastly, Coleman spoke to the importance of finding a mentor, but also being a mentor. “They give you guidance — but they also give you hope. I have mentored thousands of radiology students. And I listen to them, always,” Coleman said. “Anyone out there who has not been a mentor, the rewards will come back to you.”

“There are so many qualities that radiology leaders have. Effective leaders need discernment,” Coleman says. “Leaders make up in their minds what they want to do — and they do what needs to be done to get there. We may stumble, but we have to get up.” **B**

**Beverly G. Coleman, MD, FACR, took the helm at ACR 2021 as the first Black president in the nearly 100-year history of the College. Listen to her speech at ACR 2022 at [bit.ly/ACR\\_OnDemand](https://bit.ly/ACR_OnDemand).**

By Chad Hudnall, senior content specialist, ACR Press

# FOCUSING ON ECONOMICS



## ACR 2022 delved into hot topics such as the No Surprises Act, potential technical payment revisions, and radiology AI.

**G**regory N. Nicola, MD, FACR, chair of ACR Commission on Economics, moderated the ACR 2022 Economics Forum, which covered multiple topics, including the No Surprises Act, the Merit-Based Incentive Payment System (MIPS), the Contractor Advisory Committee (CAC) Network, potential technical payment revisions, and radiology AI.

Discussion of the disappointing interim final rule released by CMS to implement the No Surprises Act was especially timely (learn more at [acr.org/surprise-billing](https://acr.org/surprise-billing)). The final rule of the No Surprises Act has been used to empower insurers to drastically cut provider reimbursement, narrow medical networks, and restrict patient access to their chosen providers, including radiologists.

Richard E. Heller III, MD, MBA, spoke about the ACR and its “exceptionally proactive” work on this issue — including its joint lawsuit with the American College of Emergency Physicians and the American Society of Anesthesiologists to block implementation of parts of the surprise billing final rule regarding the independent dispute resolution process to determine fair payment for out-of-network emergency care.

Lauren P. Golding, MD, said that the ACR has been addressing MIPS by actively producing new measures specific to radiology that allow ACR members to continue successful reporting through the ACR Qualified Clinical Data Registry.

Sammy Chu, MD, FACR, briefed the audience on the ACR CAC Network. Chu noted that local coverage determination (LCD) policies are set by the Medicare Administrative Contractor. He added that members of the ACR CAC Network continue to play a critical role in the LCD development process and other proposed policy changes despite substantive changes to how the CAC operates.

Michael S. Booker, MD, and Joshua A. Hirsch, MD, tackled the difficult formulas that underlie physician practice expense, vital for calculating technical payments for imaging equipment and essential staff. Booker discussed the shortcomings of past calculations of indirect practice expense and stressed how future calculations will hinge on adequate and accurate data from practice leaders who understand the complex financial questions likely to be in a potential survey for future resetting of these expenses.

Kurt A. Schoppe, MD, and Andrew K. Moriarity, MD, addressed direct and indirect threats to radiology relative value units. Moriarity stressed that bundling of radiology services remains a significant threat, while Schoppe addressed how budget neutrality required in the Medicare Physician Fee Schedule stymies innovation.

The forum wrapped with a discussion regarding AI and its use in radiology. Melissa M. Chen, MD, explained that there are currently two types of AI uses that get reimbursed — care coordination and democratization of care. Chen added that AI works best when directed by a radiologist. She said this beginning stage of AI use is an opportunity for radiologists to evolve as masters of these tools and that radiologists should incorporate those that allow them to provide the best possible patient care. **B**

By Nicole B. Racadag, MSJ, managing editor, ACR Bulletin

*L to R: Gregory N. Nicola, MD, FACR, Richard E. Heller III, MD, MBA, Lauren P. Golding, MD, Michael S. Booker, MD, and Joshua A. Hirsch, MD, were panelists at the ACR 2022 Economics Forum.*

**The ACR Economics and Health Policy Department's William T. Thorwarth, Jr., MD, Award is given to someone who has demonstrated outstanding contributions to the field of health policy and economics in the world of radiology. At ACR 2022, Robert K. Zeman, MD, FACR, was presented with this year's award. Zeman has over 10 years of experience as chair of the ACR Commission on Economics' Carrier Advisory Committee Network.**



## TRANSFORMATIONAL LEADERSHIP

The ACR 2022 Moreton Lecture highlighted strategy, readiness, execution, and sustainability as crucial factors to bring about transformational change.

For this year's Moreton Lecture, Brigette McInnis-Day, a former executive at Google Cloud and software giant SAP, dove into how leadership can adapt to the changing landscape to foster a better work environment. Using her own experiences inciting change, McInnis-Day dove into the issues she has seen since the start of the COVID-19 pandemic and how transformational leadership flourished in unusual circumstances.

McInnis-Day started out by discussing the challenges she has witnessed within the radiology community. From AI to non-physician providers expanding services to a fear of not having a say in the workplace, challenges were abundant. But with challenges come opportunities such as a highly intelligent workforce and a bright future in the medical field.

McInnis-Day stressed that the best way for radiology to move forward is through transformational, not transactional, leadership. She explained that transactional leadership materializes quickly but it's harder to get people on board with a basic approach that lacks inspiration, empowerment, innovation, and a voice. It puts emphasis on hierarchy and chain of command that has more of a reactive approach. "Transactional leadership is about an economic give and take," McInnis-Day said. "You come to work, you have a job, I pay you." It's considered safe and reliable but may lack voice and diversity, according to McInnis-Day. Transformational leadership, however, rewards individuality and risk-takers. It may take longer to get organized by including a large number of key stakeholders, but once everyone is on board, it fosters a great work environment that teams and practices can get behind.

Other leadership behaviors emerged during the pandemic that McInnis-Day noted were transparent communication, resilience, agility, and inclusion. All these skills, according to McInnis-Day, are needed for transformational change to occur. But of all these skills, resilience is the most crucial. "It's not just about experiencing failures — your success is determined based on how quickly you get back up, how quickly you bounce back and apply what you've learn to not do it again and grow," she said.

According to McInnis-Day, people getting behind your strategy and leadership drives change within an organization. "The most important part of your strategy is the people," McInnis-Day said. "People need to be woven into every single step and understand which stakeholders are going to be leveraged during the entire transformation." McInnis-Day went on to highlight strategy, readiness, execution, and sustainability as crucial factors to lead change.

McInnis-Day brought up a panel consisting of McKinley Glover IV, MD, MHS; Dana H. Smetherman, MD, MPH, MBA, FACR; Captain (Ret.) Stephen L. Ferrara, MD, FACR; and Monica J. Wood, MD, to discuss their experience in leading change. The panel dove into what they believe are key aspects of transformational change, along with personal stories to drive their points home.

The lecture concluded with a call to action by McInnis-Day. She encouraged all in attendance to reflect over the past few years and what they have done to incite transformational change during the pandemic. She reinforced focusing on the team and opening opportunities for them to not only improve what the team does but also help it grow. Lastly, she talked about using the past to affect the present and influence the future. "Take the lead," she said. "Be part of the solution. And use the ACR to really unify, embrace, and lead the future of radiology." **B**

By Alexander Utano, editorial assistant, ACR Press

# LEADING THE WAY

ACR members gather to bestow the College's highest honors.

Each year, the College recognizes individuals who stand above the rest — their work supports quality patient care and advances the specialty. At ACR 2022, a record 172 members donned their caps, gowns, and colors representing their academic institutions and marched down the aisles in recognition of receiving their ACR Fellowship award. In addition to the fellows, the celebration honored the 2022 Honorary Fellows and ACR Gold Medalists.



Anne C. Roberts, MD, FACR, addresses the crowd after receiving her ACR Gold Medal.



Janet Elizabeth Siarey Husband, DBE, FRCR, FMedSci, is escorted by Andrew B. Rosenkrantz, MD, FACR, as she prepares to receive her Honorary Fellowship.



James V. Rawson, MD, FACR, and Beverly G. Coleman, MD, FACR, ACR's outgoing president, celebrate at ACR 2022. Rawson is pictured holding the ceremonial mace.



Gregory N. Nicola, MD, FACR, chair of the ACR Commission on Economics, escorts Betsy Ullrich to accept the ACR Gold Medal on behalf of her late husband, Christopher G. Ullrich, MD, FACR.



(L to R) Maxine S. Jochelson, MD, FACR, Ermelinda Bonaccio, MD, MA, FACR, and Catherine S. Giess, MD, FACR, prepare to be honored as ACR Fellows.



Katarzyna J. Macura, MD, PhD, FACR, FSABI, FAAWR, is escorted by Johnson B. Lightfoote, MD, MBA, FACR, chair of the ACR Commission for Women and Diversity, as she prepares to receive her ACR Gold Medal.



Anca-Ligia Grosu, MD, heads to the stage, escorted by William Small Jr., MD, FACR, to receive her Honorary Fellowship.



**Introducing the New ACR Executive Committee**

Standing (L to R): Arun Krishnaraj, MD, MPH; Timothy A. Crummy, MD, MHA, FACR, Vice Speaker; Amy L. Kotsenas, MD, FACR, Speaker; Mary C. Mahoney, MD, FACR; Dana H. Smetherman, MD, MPH, MBA, FACR, Secretary-Treasurer; Frank J. Lexa, MD, MBA, FACR, Vice President; Taj Kattapuram, MD  
 Seated (L to R): Howard B. Fleishon, MD, MMM, FACR, President; Jacqueline A. Bello, MD, FACR, Chair; Alan H. Matsumoto, MD, FACR, Vice Chair

**ACR 2022 Election Results**

The following individuals were elected at ACR 2022 to represent the College.

**President**  
 Howard B. Fleishon, MD, MMM, FACR

**Vice President**  
 Frank J. Lexa, MD, MBA, FACR

**Board of Chancellors**  
 William Small Jr., MD, FACR  
 Timothy L. Swan, MD, FACR  
 Taj Kattapuram, MD  
 Mark D. Alson, MD, FACR  
 Johnson B. Lightfoote, MD, FACR

**Council Steering Committee**  
 Rachel F. Gerson, MD  
 Andrew K. Moriarity, MD  
 Nolan J. Kagetsu, MD, FACR  
 Derrick Siebert, MD

**College Nominating Committee**  
 Betsy Jacobs, MD, FACR  
 Neil U. Lall, MD  
 Christopher R. McAdams, MD

To learn more about the new officers named at ACR 2022, visit [bit.ly/New\\_Leaders](https://bit.ly/New_Leaders).



The ACR Association (ACRA®) presented its Howard M. Fleishon, MD, MMM, FACR, Radiology Advocacy Network (RAN) Advocate of the Year Award at ACR 2022 to Tilden “Ty” L. Childs III, MD, FACR. Childs has worked as an advocate for radiology, patients, and the ACR for over 20 years, serving as an ACR Councilor/Alternate Councilor since 2006 and the ACR delegate to the AMA House of Delegates.

ACR RAN Chair Amy K. Patel, MD, presents the RAN Advocate of the Year Award to Tilden “Ty” L. Childs III, MD, FACR.



New ACR President Howard B. Fleishon, MD, MMM, FACR, congratulates Jacqueline A. Bello, MD, FACR, the new chair of the ACR BOC.

# GLOBAL IMAGE

## ACR 2022 Global Humanitarian Award winners bring radiology to those most in need.

**T**he ACR Foundation (ACRF) presented its 2022 Global Humanitarian Awards (GHA) at ACR 2022. The GHA honor individuals who have had a positive global impact on radiology services.

According to Dana H. Smetherman, MD, MPH, MBA, FACR, chair of the ACRF Executive Committee, “The 2022 ACR Foundation GHA recipients are pillars of the global radiological community and have earned our respect for their efforts to provide better health outcomes for citizens of underserved countries.”

This year the award was given to Kassa Darge, MD, PhD, DTM&P, FSAR, FAIUM, and David H. Epstein, MD, FACR. Darge has over 30 years of experience in medical outreach internationally, including 20 years in pediatric radiology outreach. He’s been a leader in this field that has seen his medical outreach span across Eastern Europe as well as Liberia, Ghana, South Africa, Brazil, and Ethiopia. He has cared for over 150,000 patients at Black Lion Hospital in Addis Ababa, Ethiopia, and cited one of his crowning accomplishments in the form of the pediatric radiology fellowship outreach program at Addis Ababa University.

Epstein has been providing help around the world for years, including working the past eight years with the Global Surgical and Medical Support Group. Here, he has helped this nonprofit organization provide medical care and training around the globe. Epstein worked two one-week programs in Panama and Honduras, working with the Global Brigades to provide clinical care and diagnostic US for over 300 patients. His program in Iraq started when the Iraqi medical system was overwhelmed in 2015 with ISIS less than 30 miles outside of the capital of Baghdad. Epstein assisted with care for Iraqi security forces, citizens, and refugees, performing over 100 image-guided procedures. **B**

By Alexander Utano, editorial assistant, ACR Press

**Learn more about the 2022 GHA recipients at [bit.ly/ACR\\_GHA](https://bit.ly/ACR_GHA).**



*David H. Epstein, MD, FACR, was presented with a Global Humanitarian Award at ACR 2022 by Dana H. Smetherman, MD, MPH, MBA, FACR, chair of the ACR Foundation Executive Committee.*



*Kassa Darge, MD, PhD, DTM&P, FSAR, FAIUM, received a Global Humanitarian Award for conducting outstanding medical outreach in Africa, Eastern Europe, and South America.*



### Health, Wellness, and Art

Check out the ACR 2022 radiology art slideshows at [bit.ly/Rad\\_Art](https://bit.ly/Rad_Art). In addition to the slideshows, take advantage of a few coloring pages created from radiologist art.

## COMBINING ART AND MEDICINE

After two long years of virtual meetings and social distancing due to the COVID-19 pandemic, the ACR Art Subcommittee of the Patient- and Family-Centered Care Commission recognized that ACR 2022 needed to have an element of human connection. The Subcommittee's showcase at the conference, "Health and Wellness," featured a variety of works including sculptures, cartoons, oil paintings, photographs, and drawings. Erin A. Cooke, MD, director of arts in radiology at Vanderbilt University and chair of the Subcommittee, talked with the *Bulletin* about how the exhibit came about and how the Subcommittee hopes to further explore the relationship between arts and radiology.

### What was the Subcommittee's goal with incorporating art into the ACR 2022?

The Subcommittee was very excited to include not only a virtual gallery but also an in-person showing of art at ACR 2022. We hoped the live event would help members to understand the impact of the arts in radiology and would inspire radiologists to bring home enthusiasm and ideas for including art in their departments. We also aspired to contribute to the variety of experiences available for meeting attendees by adding a novel element to enhance their overall experience.

### How did the art submissions this year showcase the theme of health and wellness?

The pieces had a variety of connections to the theme. Some utilized humor, others illustrated the beauty or calm of nature, and some portrayed a sense of playfulness. Others showed more literal depictions of anatomy or human relationships. It was great to see the range of expression and interpretation from our artists. One of the themes of ACR 2022 was health and wellness so this exhibit was a natural extension of this theme.

### When will the Subcommittee begin accepting submissions for ACR 2023?

The Subcommittee will be planning for ACR 2023 this fall, so we do not have exact submission dates set for the next art exhibit. However, I anticipate that we will begin soliciting submissions from radiologists and trainees in early 2023. Subcommittee members will continue to advertise the application process via Twitter, so that is one way for members to follow the timeline.

### Do you plan to expand the process down the road beyond visual arts?

The Subcommittee is excited to potentially widen the scope to include more forms of the arts, such as music and literature, in our radiology community. Over time, we hope to develop ways to include these other art forms in both virtual and in-person forums. We would also like to explore avenues to showcase art created by our radiologists in patient spaces and to broaden community outreach.

### How can the arts support radiologist wellness?

The arts promote radiologist wellness directly by providing an outlet for personal expression. Many of us separate personal interests, such as art, from our professional lives, but as a field we may benefit from more integration of the two. Even a small amount of incorporation of art into our spaces, such as projects showcasing local artists, can help radiologists, staff, and patients feel at ease in our departments. It can also help contribute to a more inclusive environment by highlighting diversity in our communities. **B**

Interview by Taylor Brokesh, publications intern, ACR Press

# Empowering Leadership

The RLI is recognizing its future leaders as well as those leaders whose achievements and contributions have made a lasting impact on the field.

Since the inception of the Radiology Leadership Institute® (RLI) in 2012, more than 9,000 radiologists have participated in its leadership and professional development training, gaining essential non-clinical skills to thrive in today's complex healthcare landscape. The core mission of the RLI is to give people the business and leadership skills they need — not in an ethereal way, rather by applying what they have learned in real settings.

“The RLI is celebrating 10 years of excellence, providing leadership training for radiologists at all career levels,” says ACR CEO William T. Thorwarth Jr., MD, FACR. “It's important to recognize both our future leaders, as well as those leaders whose lifetime achievements and contributions have made a lasting impact on the field of radiology.”

The RLI announced the recipients of its 2022 Leadership Awards at ACR 2022: the Emerging Leader Award, the Impact in Leadership Award, and the Leadership Luminary Award, its highest honor.



**“From critical patient care to key roles in hospital administration to a meaningful influence in local and national politics and organized medicine — radiologists make a huge difference in American healthcare.”**

CYNTHIA S. SHERRY, MD, FACR

**The RLI Leadership Luminary Award** recognizes the lifetime achievements of a radiologist who has devoted the majority of their professional career to the field — embodying both leadership and innovation in their actions and legacy. The 2022 recipient of the Luminary Award is Cynthia S. Sherry, MD, FACR, currently with Texas Health Presbyterian Hospital Dallas and Radiology Associates of North Texas. Sherry was the founding chair of the RLI and served as its medical director for three years.

“The Luminary Award celebrates those who embody the RLI values of leadership and innovation and whose achievements have had a significant impact on the field of radiology during the course of their career,” says RLI Chief Medical Officer

Frank J. Lexa, MD, MBA, FACR. “Dr. Sherry helped to found the RLI and then led it for the first three years of its existence. As we celebrate our tenth anniversary, it is fitting that we recognize her important contributions and achievements.”

“Looking back over my years as a radiologist, I am very impressed with the broad reach of our specialty,” Sherry says. “From critical patient care to key roles in hospital administration to a meaningful influence in local and national politics and organized medicine — radiologists make a huge difference in American healthcare.”

Sherry adds, “The RLI was created to help prepare radiologists to meet the demands of the rapidly changing healthcare landscape and to take on the mantle of leadership in challenging times. We developed RLI programs to empower radiologists to expand their



**“Lessons learned from the RLI and the ACR in general have been, by far, the most important part of my transformation into a practice and system leader.”**

VIVEK MASSON, MD

horizons, approach challenges with fresh eyes, and to innovate. I am deeply grateful to the ACR leadership, staff, and the RLI board for providing me the opportunity and for supporting this important work. It is indeed gratifying to be celebrating RLI's 10-year anniversary. Of all the leadership activities across my career — the designing and building of the RLI was the capstone.”

**The RLI Impact in Leadership Award** recognizes individuals whose participation in an RLI course or program was integral to the successful completion of a specific project or initiative at their practice or institution.

One of two 2022 Impact in Leadership Award recipients is Vivek Masson, MD.

“When I entered my position as system chairman of radiology nearly a decade ago, I was excited for the opportunity to lead a group of radiologists with the goal of building a unified platform and system for a newly emerging health system,” Masson says. “As a busy clinical practitioner, I had little knowledge or formal training in radiology leadership. My time at New York Presbyterian Hospital Cornell and Columbia prepared me well for my clinical acumen, but there was not much emphasis on the leadership and business sides of radiology. The RLI became my primary source for this knowledge. The ability to learn and be shaped by world-class leaders in the healthcare field was most definitely instrumental in my success.”

“The opening of the Women's Health Pavilion, an endeavor of which I am most proud of at my facility — given its social impact for those truly in need of the care we deliver — was a culmination



of the plethora of skills I obtained during my time at the RLI Summit,” Masson recalls. “Without the RLI, I would not have the tools to have led my radiology team. Lessons learned from the RLI and the ACR in general have been, by far, the most important part of my transformation into a practice and system leader. I can honestly say that, if not for the RLI, this project which will help save the lives of thousands of underserved people in northern New Jersey would not have happened.”

Andrew K. Moriarity, MD, also a 2022 Impact in Leadership awardee, says, “As a trainee, I attended the RLI Summit and was placed on a team-building event opposite one of my early mentors. The dynamic that unfolded during that exercise taught me invaluable lessons about myself and the importance of understanding group dynamics. Those lessons were formative

during my early professional development and have helped me become a more effective listener and leader throughout my career. And it still makes for a great story when returning to the RLI Summit years later!”

“For instance, I chose to participate in the ‘Maximize Your Influence and Impact’ course because of the comprehensive curriculum supported by a cohort-focused learning environment,” says Moriarity, who serves as vice president of clinical operations at Advanced Radiology Service PC, and assistant professor in the division of radiology and biomedical imaging at Michigan State University. “Working with the dedicated faculty and alongside other motivated participants created an environment that kept me engaged throughout the program and interested in learning more through the supplemental material and discussions.”



**“Those lessons were formative during my early professional development and have helped me become a more effective listener and leader throughout my career.”**

ANDREW K. MORIARITY, MD

**The RLI Emerging Leader Award** recognizes residents and fellows who have made significant and noteworthy contributions to their institution and/or the field of radiology — while also exhibiting the potential to be future leaders in the field. Applicants must also have demonstrated substantiated and sustained interest in leadership development.

In 2022, the RLI selected eight Emerging Leader awardees — all of whom will be going to the RLI Summit in September on a full scholarship (see sidebar). One of these recipients is Aubrey Frazzitta, MD, a radiology resident at the University of Arizona. “All physicians should be leaders, whether they are in academic medicine or private practice,” Frazzitta says. “It is important to have team and leadership skills to work with RTs, nurses, and



**“It is important to have team and leadership skills to work with RTs, nurses, and physicists who are all integral to medical imaging.”**

AUBREY FRAZZITTA, MD

physicists who are all integral to medical imaging. If physicians can work more collaboratively and efficiently, patients will get better care.”

“RLI specifically empowers physicians to gain these skills and apply them in all different practice settings,” Frazzitta says. “It has been a fantastic learning resource for me as a resident to see the different paths physicians take throughout their careers to leadership roles — and what I can do early on in my career to work on those non-clinical skills.”

“I am looking forward to attending the RLI Summit and learning with and from a diverse, talented, and passionate group of residents, fellows, and early-career radiologists,” Frazzitta adds. “Additionally,

this opportunity will allow me to learn from leaders in radiology and potentially connect with radiology leadership mentors.”

Frazzitta plans to bring her newfound leadership skills to her residency and future fellowship with the goal of better leading the Women in Radiology group and Wellness Initiative she co-founded at the University of Arizona. “Ultimately I hope to find creative ways to reach more groups in physician wellness and bring further diversity to future generations in radiology,” she says. “The RLI Summit will, in part, help provide me with the skills to achieve these goals.” <sup>B</sup>

By Chad Hudnall, senior writer, ACR Press

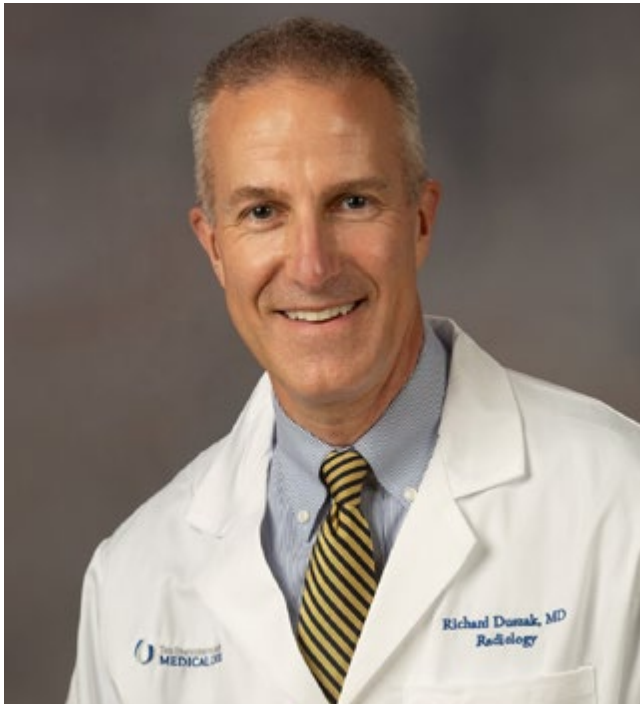
### **The 2022 Radiology Leadership Institute® (RLI) Emerging Leader Award recipients are:**

Aaron F. Bush, MD | Mayo Clinic  
Amina Farooq, MD | Mather Hospital/Northwell  
Aubrey Frazzitta, MD | University of Arizona  
Robert Gray Jr., DO | Temple University Hospital  
Mohammed Ali Ismail, DO | The Ohio State University  
Karim Nasra, MD | Ascension Providence/Michigan State University  
College of Human Medicine  
Lola Oladini, MD, MBA | Stanford Health Care  
Kirang Patel, MD | University of Missouri at Kansas City

All RLI award recipients will be honored at the RLI Summit ([acr.org/RLISummit](http://acr.org/RLISummit)) in September. For more information about the Summit, contact Anne Marie Pascoe at [apascoe@acr.org](mailto:apascoe@acr.org). Be sure to consider applying for the 2023 RLI Leadership Awards when applications open in early 2023!

# Research That Fills An Important Void

As the Harvey L. Neiman Health Policy Institute (HPI) celebrates 10 years, Richard Duszak Jr., MD, FACR, discusses the HPI's role in health policy research past, present, and future.



To say that Richard Duszak Jr., MD, FACR, has had an impact on health policy research in imaging is a bit of an understatement. Duszak was instrumental in planning the Harvey L. Neiman Health Policy Institute® (HPI) and became its founding CEO and senior research fellow in 2012. Since then, he's served as chief medical officer of the HPI, as well as established and served as director of the HPI's Imaging Policy Analytics for Clinical Transformation (IMPACT) Research Center at Emory University. Duszak is nationally recognized for his work in imaging health policy and has been instrumental in the success of the HPI. He has generated more than 300 scholarly works, which have consistently provided evidence-based policy recommendations that have been ultimately codified in federal rules and legislation. He has received numerous awards and honors, including the ACR's William T. Thorwarth Jr., MD, Award for Excellence in Economics and Health Policy, and being named the most influential radiology researcher by the readers of *Aunt Minnie*. Along the way, Duszak has been a mentor for many radiology researchers, helping them produce high-quality health policy and health services research.

Duszak will soon join the University of Mississippi Medical Center as chair of radiology. Although this move will mark the end of IMPACT at the Emory University School of Medicine, the future of health policy research and HPI remains bright, in part due to Duszak's contributions. The *Bulletin* caught up with Duszak to chat about HPI's legacy, empowering future researchers, and his plans for the future.

## Over the past 10 years, how have you empowered radiology researchers to produce high-quality health policy and health services research?

When I first helped start HPI in 2012, I remember a few leaders within the ACR asking me, "What's your definition of success?" My answer was essentially this — in 10 years, if I were to step away from health policy research, the HPI brand, content, and the interest and value of policy research in radiology would still continue in an organic manner at multiple places across the country. I think we've been highly successful there.

For context — 10 years ago, our specialty rarely saw high-quality, rigorous health policy research at the degree we see being published now. Few journals were interested in imaging-focused health policy research, and while a few faculty in scattered academic departments may have been interested in health policy, it wasn't valued as real scholarship by their leadership. I'd like to think HPI has helped moved that culture forward. Now, there are many investigators at different centers across the country who are interested in this space and who are creating quality work. Part of that is due to HPI's efforts to mentor and sponsor rising-star investigators to make health policy research a part of their portfolios.

## The HPI was established to fill an important void in research that delves into how policy decisions about medical imaging affect individual patients or the healthcare system. Can you describe the gap the HPI fills and why it is important?

In the past, when I was working in advocacy and I served on the Current Procedural Terminology (CPT®) Editorial Panel, I observed that much health policy was eminence-based — meaning somebody says, "Here's my opinion. This is truth, and here's what we need to do." Little of it, particularly as it pertained to radiology, was evidence-based. I'd like to think that over the last decade, HPI helped policymakers shift to more evidence-based imaging decision making. We've helped provide meaningful, balanced, credible information and research to inform impactful policy decisions, not only in imaging, but more recently increasingly in health disparities and workforce domains.

When asked why he was so skilled at hockey, Wayne Gretzky replied, "I skate for where the puck is going, not where it has

been.” HPI has taken that same approach to its research. Our team has listened and looked for upcoming problems that will impact what the specialty will look like in the future so that research is ready to inform and guide when these problems arise.

**Our team has focused on some of the thorniest issues that face everyday radiologists because these are the issues that will impact the sustainability and future of the profession.**

**What are some of the important ways in which HPI research is providing and promoting objective evidence to ensure future imaging policies benefit patients and make best use of healthcare resources?**

Our team has focused on some of the thorniest issues that face everyday radiologists because these are the issues that will impact the sustainability and future of the profession. For example, one of the biggest challenges that radiology leaders are dealing with is whether we’re optimally meeting the needs of the patients. Do we have enough radiologists to get the work done? Are we appropriately recruiting and retaining? Are radiologists appropriately distributed to meet patient needs, particularly in rural communities? We’ve tried to look at these questions through a range of

lenses: What does this mean for radiologists, patients, and payers? What does it mean for health systems? The best way to inform the national medical imaging policy debate is to provide information that’s credible to all different stakeholders.

**In 2019, you established and served as director for the IMPACT Research Center at Emory. What have been some of IMPACT’s major focus areas or accomplishments?**

We strived to conduct timely, meaningful, and impactful research that would be published in peer-reviewed journals and garner the attention of healthcare reporters and ACR members. I believe that the IMPACT team has helped advance interest in research topics that have an opportunity to create meaningful change by informing policymakers about imaging and its contributions. I think we’ve also helped establish health policy research as a legitimate, credible, and meaningful approach to scholarship within radiology departments.

**You will soon embark on a new role at the University of Mississippi Medical Center. What do you hope to accomplish there?**

The University of Mississippi Medical Center is the only academic medical center in the entire state of Mississippi, the poorest state in the country and the state with the shortest population life expectancy. I want to see the department of radiology at the University of Mississippi Medical Center build on its incredibly solid clinical department and strong educational program. My vision is to take our regional top-tier department to the next level by building its brand as a national top-tier department for clinical care, education, and research. **B**

Interview by Nicole B. Racadag, MSJ, managing editor, ACR Bulletin

**HPI Celebrates 10 Years of Excellence**

In 2012, the ACR and the late Harvey L. Neiman, MD, FACR, made a bold move to impact the national health policy debate by forming the Harvey L. Neiman Health Policy Institute® (HPI). To celebrate a decade of accomplishments and progress, the *Bulletin* is looking back at the highlights the HPI has provided these past 10 years. Stay tuned for future issues that will explore the HPI’s recent bold moves and future opportunities. To learn more about the HPI and how it is having an impact, visit [neimanhpi.org](http://neimanhpi.org).



**Leading Health Policy and Practice**

Think outside the box. Don’t just accept conventional wisdom. Ask good questions. Find good mentors and sponsors to help you navigate your career. Figure out your intrinsic motivator. These are just some of the nuggets of advice shared by Richard Duszak Jr., MD, FACR, chair of the ACR Commission on Leadership and Practice Development, in a recent Radiology Leadership Institute® Taking the Lead podcast episode. During the conversation, Duszak shared how his interest in the intersection of the role of the physician with the political and economic ecosystems drew him to medicine and guided his career.

**▶ Listen to the episode at [acr.org/taking-the-lead](http://acr.org/taking-the-lead).**



# AI for the Radiology Resident

Whether it's data science or engineering, a large portion of students entering the field of radiology have a comfortable relationship with how leveraging technology can augment patient care and quality.

Over the last few years, physicians, entrepreneurs, and engineers have heard constant chatter about AI replacing radiologists in the foreseeable future. The medical community surmised that the advent of AI would deter the best and the brightest from applying to radiology. However, attending the RFS program at ACR 2022 in Washington, D.C., helped solidify an inclination I've had for quite some time: Radiology residents want to work with AI. In fact, 2022 was perhaps the most competitive radiology match in recent history. And the competition for radiology spots will only continue to rise in the coming years. Clearly, the fear that AI will replace radiologists didn't land in the world of medical students and radiology residents. I see two reasons for this:

- 1) The radiology community did a terrific job at shedding light on the issue of AI and radiology early on. Leaders in academia published papers and gave talks about how AI could augment, not replace, the radiologist. The ACR provided education and insights into how AI is catapulting the field forward, with the radiologist at the helm.
- 2) Medical students intrigued by radiology usually have a good understanding of how technology operates in the field of medicine. Whether its data science or engineering, a large portion of students entering the field of radiology have a comfortable relationship with how leveraging technology can augment patient care and quality.

During the RFS meeting, radiology residents attended a presentation by ACR Data Science Institute® (DSI) Chief Medical Officer Bibb Allen Jr., MD, FACR. By providing a high-level overview of the current state of AI in radiology, Allen offered residents insights into how they can use AI in their practices. Many residents, and perhaps attendings, who wish to begin exploring this domain struggle with where to begin. Radiologists are not meant to be coders, and initially, many may believe that to assist in the adoption of AI one needs a computer programming or engineering background. However, focusing on a few general principles may assist radiology residents in becoming more comfortable with innovations in the AI space.

## Understanding Patient Outcomes and Clinical Viability

The implementation of technological innovation within health-care must revolve around improving patient outcomes. That is the

bedrock of innovation in medicine. When assessing the utility, value, and function of any AI algorithm, radiologists can be invaluable in determining the clinical pathway and management steps involved. Specifically, what steps in management protocol, diagnostics, or treatment are directly impacted through utilizing the software? It is not uncommon for non-clinicians to be making those decisions, even without a clinical background. As such, radiologists can impact the adoption and assessment of a new AI-based algorithm by developing a methodical calculus that demonstrates the efficacy and necessity — or the lack thereof — for any innovation in the AI arena.

## Learning Economics

The uniqueness of health economics as a field of scientific study rests in its ability to synthesize variables involving patient outcomes, reimbursement strategy, clinical research, and health policy. Granted, residents don't go into medicine to learn about International Classification of Diseases codes and Diagnosis-Related Group analytics, but having a broad understanding of these pillars can assist in evaluating the legitimacy of an AI software in medicine. The ACR DSI's free, on-demand learning hub offers a series on "Bringing AI to Practice," including one on the AI value proposition at [bit.ly/BringingAI\\_Practice](https://bit.ly/BringingAI_Practice). The ACR also offers sessions on AI-related economics and regulatory topics at the ACR Imaging Informatics Summit and in the e-learning hub. There are also other videos on regulatory guidance related to AI at [acrdsi.org](https://acrdsi.org). An understanding of cost containment and reimbursements in the field of imaging may assist radiologists in their quest to understand the underlying value of AI in radiology.

## Knowing Basic Algorithms

Although having a coding background is not a necessity for a radiologist to be involved in AI research, it is helpful to develop an understanding of how these algorithms work, especially as they pertain to radiologic imaging. The ACR DSI has put together a module with a general overview of these principles (learn more at [acrdsi.org/DSI-Services](https://acrdsi.org/DSI-Services)). The goal isn't to turn a radiologist into a programmer, but rather to help physicians understand how algorithms are built and what their utility is in imaging. Importantly, having this underlying understanding builds more trust in AI from the perspective of the radiologist, as they can now comprehend how and why an algorithm is capable of picking up on potentially missed pathologies. **B**

Ayden Jacob, MSc, is co-chair of curriculum development with the ACR's AI in Radiology Medical Student Subcommittee.



# What were some of your biggest takeaways from ACR 2022?



“After spending three days surrounded by delegates from all over the U.S., I went home inspired by the strength of radiology’s voice on issues of great importance to our profession and, most importantly, our patients. For me, ACR 2022 was notable for a renewed commitment to diversity and health equity, a pledge to strive for paid family and parental leave, a vision to study the effects of climate change on our patients and profession, and a continued commitment to advocacy on behalf of all radiologists.”

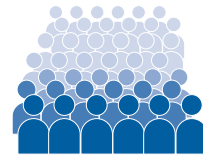
— Priscilla J. Stanetz, MD, MPH, FACR, professor of radiology at Boston University School of Medicine, vice chair of academic affairs at Boston Medical Center’s department of radiology, and immediate past president of the Massachusetts Radiological Society

“My biggest takeaway from ACR 2022 is that it will take a concerted effort from all in the house of radiology, regardless of practice type, to battle what lies ahead when it comes to the many challenges facing us, including reimbursement and, most importantly, equitable access-to-care for our patients. The days of being siloed and not being actively involved are over. We must all rise up to ensure a stable and prosperous tomorrow. The time is now.”

— Amy K. Patel, MD, chair of the ACR RAN, medical director of the Breast Care Center at Liberty Hospital, partner of Alliance Radiology, and assistant professor of radiology at University of Missouri-Kansas School of Medicine



## ACR2022 by the numbers



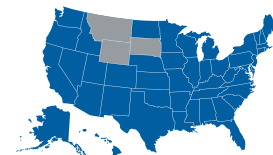
**1,436**

Total Attendees



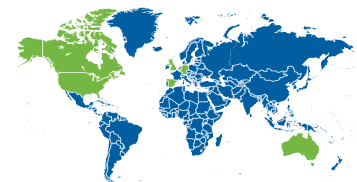
**430**

Virtual Attendees



**47**

States Represented



**8**

Countries Represented

Australia, Belgium, Canada, Germany, Qatar, Spain, UK, and USA



**52**

in-person



**67**

virtual

Medical Student Attendees

#ACR2022

# Heard on Social



**Melissa Chen MD**  
@MelissaChenMD

A great way to end #ACR2022 at the @RADPAC gala with @RichDuszak



**Krishna Nallamshetty, MD**  
@knallamMD

Eye-opening commentary from @reh3md Dr. Rich Heller about the economic challenges facing radiology at the @RadiologyACR Economics Forum - Disruption or Opportunity: Chat with the Experts. #ACR2022



**Scott F Cameron, MD**  
@ScottFCameronMD

Back home, & if I had to pinpoint my favorite part of #ACR2022, it's being inspired by people. Interacting (in person!), with great people sharing what's working in their chapters, stellar panels & keynote, & conversations over great meals. @RadiologyACR



**Geraldine McGinty**  
@DrGMcGinty

Ribbon shopping and sharing my values #ACR2022 @ACRRFS



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