

## **RLI Speakers – Chapter Topics**

Below are the RLI speaker session titles and descriptions. These are a core group of topics; additional topics may be available, based on the need of the Chapter. Also, there may be RLI speakers available on a rotating basis i.e. RLI board members. Please contact Jennifer Pendo at <u>ipendo@acr.org</u> for details

| Frank J. Lexa, MD, MBA, FACR - RLI Board Chair   |  |
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| Commoditization in Radiology – Why it is Not<br>Inevitable, Even When it has Already Happened<br>(Lexa)<br>Better Together or Clash of Cultures: The<br>Corporatization of US Radiology  | Commoditization represents a serious challenge to<br>US radiology. This talk explores the reasons why<br>radiology is sometimes perceived as a commodity<br>and why that has serious implications for our future.<br>Corporatization is dramatically changing the<br>landscape of US radiology. This talk will review the<br>drivers of the current wave of corporatizations, the<br>forms that it takes, why it is different this time and<br>how it will affect us in both the short and long<br>terms as well as what we can and should do about<br>this  |
| Value in Radiology: Measuring it, Increasing it and<br>Getting Paid for it<br>(Lexa)   | Many people outside (and sometimes inside)<br>radiology misunderstand the ways that value is<br>measured in radiology. It is critical that radiologists<br>understand how our value is measured and mis-<br>measured. This talk will discuss what value means,<br>how it is commonly measured and how it might be<br>measured in the future. More importantly, we will<br>explore ways of increasing our value and being<br>appropriately compensated for it.  |
| Future Shocks: Challenges to the Practice of<br>Radiology in the Next Five Years<br>(Lexa)Also, adapted and more focused conversation for<br>this year is: Strategic Challenges for US Radiology:<br>Impacts of Pandemic, Recession and Politics | Strategic business planning for radiologists and<br>their groups and departments requires a detailed,<br>realistic understanding of the disruptive trends that<br>impact on our future. This talk will the most<br>important business, financial, economic, political,<br>sociologic, and technologic trends we are facing<br>and how they should be addressed in our scenario<br>planning, strategic viewpoints, and tactical   |
| Burnout in Radiology: Saving Ourselves and Our<br>Profession (includes cutting edge data from ASNR<br>survey)<br>(Lexa)  | implementation.<br>Burnout is not a myth, and it is not a personal<br>weakness. It is a serious danger to the future of our<br>profession and to the health and well-being of US<br>radiologists. Data regarding the current<br>prevalence of burnout from the first two national<br>surveys of neuroradiologists will be presented. The<br>implications for mental health, physician<br>productivity, personal happiness, group cohesion,<br>turnover will be discussed. Data regarding the<br>impact of workload and early burnout on the<br>academic triad and on service to radiology<br>groups and professional organizations will be<br>presented. The diagnosis and prevention of<br>burnout will be covered. |

| Logdorphin in the Ever of Levere Married Crown  | The LIS radiology landscape has share and radio   |
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| Leadership in the Era of Large, Merged Groups<br>(Lexa)   | The US radiology landscape has changed radically<br>in just a single generation. Groups have quickly<br>grown through mergers, consolidation as well as<br>organic growth. The challenges of leadership<br>change substantially as a group morphs from a<br>nine-person entity to thirty and then sixty FTE<br>radiologists. The nature of these challenges and<br>the means of addressing them to ensure success<br>will be presented.   |
| Back to the Future: The Impact of the Federal<br>Government on US Radiology in 2021<br>(Lexa)     | By a host of measures, the US Federal government<br>is the major stakeholder in US healthcare. It pays<br>for more healthcare than any other entity. It pays<br>for a large amount of the research that is<br>performed and a large amount of the education<br>of GME trainees. It runs other entities including the<br>VA and the DoD health systems. The US<br>government regulates many aspects of how we<br>practice and increasingly affects how states and<br>local governments regulate us. Every day in this<br>decade approximately 10,000 US citizens joined<br>the Medicare system and that will continue well<br>into the next decade. This talk will discuss how the<br>current government is different in 2021 and what<br>we need to plan on in order succeed. |
| Psychological Challenges that New Medical<br>Leaders Face<br>(Lexa)                               | New leaders face many challenges and those<br>include psycho-social ones. This is particularly true<br>for people who have little or no leadership<br>experiences prior to taking on an important<br>position. We will explore common dilemmas that<br>maturing leaders face and develop insights and<br>solutions to maximize the chances for a leader to<br>succeed in her or his roles.  |
| Leading Change Projects in Healthcare<br>(Lexa)   | Leading teams and leading change are critical<br>elements in the toolbox of successful healthcare<br>leaders. This talk will cover the challenges that<br>leaders face in building successful teams,<br>identifying appropriate change projects and<br>building a paradigm for successful project<br>management.  |
| Resident, Fellow and YPS Focused Talks  |   |
| <ul> <li>(Lexa)</li> <li>Interviewing for Success: Secrets from the<br/>Wharton School</li> </ul> |   |
| <ul> <li>Your First Real Job: Keys to Lifetime<br/>Success</li> </ul>                             |   |
| <ul> <li>Getting Started in Leadership: How to Lead<br/>When You Aren't in Charge</li> </ul>      |   |
| <ul> <li>Job searches and Finding the Right<br/>Position for You</li> </ul>                       |   |
| Additional General Talks<br>(Lexa)  |   |
| Burnout and Work-Work Imbalance - Wicked<br>Problems We Face in US Radiology                      |   |

| Jonathan W. Berlin, MD, MBA, FACR                           |   |
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| Physician Burnout in Challenging Economic Times<br>(Berlin) | Physician burnout is common, involving many   |
|   | practicing physicians at some point in their career.<br>In radiology, burnout is an important issue     |
|   | especially given increases in clinical productivity   |
|   | among radiologists in the last decade. This session   |
|   | will explore the problem of physician burnout,  |
|   | including the definition of burnout, the causes of  |
|   | burnout, and factors that correlate with burnout.   |
|   | Potential solutions to minimize physician burnout for   |
|   | radiology department leaders and for healthcare   |
| Makes of Devilate side in the Userith same Continuous       | organizations at large will be presented.   |
| Value of Radiologists in the Healthcare Continuum (Berlin)  | Radiology has increasing been seen as a commodity, or good or service that is judged                    |
|   | equivalent regardless of the manufacturer or  |
|   | service provider in the mind of the consumer. This  |
|   | session will explore how local radiologists have the  |
|   | opportunity to de-commoditize, or differentiate   |
|   | themselves from other radiology groups, some of   |
|   | which may be national radiology providers.  |
|   | Discussions will center on the advantages of local  |
|   | radiology groups in improving the patient experience and enhancing patient and                          |
|   | community engagement.   |
| What is Radiology's Place?                                  | Population health management is a paradigm in   |
| (Berlin)  | healthcare delivery in which healthcare entities  |
|   | assume responsibility for maintaining the health of   |
|   | patient populations in addition to administering  |
|   | care for individual sick patients. It is predicted that   |
|   | population health management will become more   |
|   | prevalent as the healthcare economy changes.<br>Radiology has a large role in population health         |
|   | management, including the production and  |
|   | analysis of radiologic epidemiological data for   |
|   | selected patient populations. Radiology also can  |
|   | play a significant role in population health  |
|   | management through effective utilization of high-   |
|   | cost imaging and increased standardization of   |
| The Importance of Quality & Service to the                  | radiologic practice.<br>Increasing consumerism is an important aspect of                                |
| Specially   | the changing healthcare system. In the near   |
| (Berlin)  | future, it is likely that a larger percentage of  |
|   | healthcare costs will be shifted directly to  |
|   | consumers and that price transparency in  |
|   | healthcare may increase. In this new environment,   |
|   | healthcare providers will need to be more   |
|   | cognizant of the need for service to their  |
|   | customers. This lecture will explore the concepts of customers in radiology and will examine attributes |
|   | that are important to these customers. The session  |
|   | will also define the concept of customer loyalty  |
|   | versus satisfaction and will explore the increasing   |
|   | importance of loyalty to preserve the viability of  |
|   | radiology practices. The concepts of safety and   |
|   | quality will also be examined, particularly as they   |
|   | relate to customer loyalty.   |

| Ellen Chung, MD                             |   |
|---|---|
| Crucial Conversations: Giving and Receiving | Though we often wish to avoid them, difficult   |
| Feedback                                    | conversations are necessary to the smooth   |
| (Chung)                                     | function of an organization. Such conversations   |
|   | involve giving and receiving feedback and   |
|   | differences in receptivity and responses to   |
|   | feedback. At the heart of these conversations is  |
|   | the relationship. People have a universal need to   |
|   | be heard and understood and to feel connected.<br>Active and deep listening, including interpreting |
|   | body language, empathy, and listening for what is   |
|   | not said, facilitate preservation and often   |
|   | strengthening of the relationship.  |
| Mid-Career Crisis                           | Many large cross-sectional studies have shown a   |
| (Chung)                                     | nadir in life satisfaction in the mid-forties, which is   |
| (0.00.9)                                    | related to lack of expected career fulfillment,   |
|   | questioning the meaning of work, inevitable   |
|   | regrets, and an increasing awareness of the   |
|   | shortening timeline of life. The shorter timeline can   |
|   | actually bring clarity about one's values allowing  |
|   | one to discern what author Greg McKeown calls   |
|   | the "trivial many from the vital few". Mid-career   |
|   | occurs at the end of a cycle of mastery. One way  |
|   | to navigate this crisis is to find new challenges   |
|   | through career pivots and reinvestment, for   |
|   | example into education, research/innovation, or   |
|   | leadership. Integrating and being adaptive is a   |
|   | strength of humans and exciting innovations occur   |
|   | at the boundary between two fields.   |
| Mitigating Unconscious Bias                 | Unconscious bias is ingrained prejudices about  |
| (Chung)                                     | members of a non-dominant group about which<br>one is unaware to the detriment of members of        |
|   |   |
|   | that group. We all have these biases based on the society in which we were raised and our own life  |
|   | experiences. These biases may be contrary to our  |
|   | own conscious beliefs. The fact that we are   |
|   | unaware of them makes it difficult to prevent   |
|   | negative effects on others when we are in positions   |
|   | of power and influence, such as deciding who will   |
|   | be hired or promoted. Becoming aware of our   |
|   | biases and taking steps to mitigate their effects,  |
|   | allows us to hire and develop the best people and   |
|   | create diverse high-performing organizations in   |
|   | which everyone can make their greatest  |
|   | contribution.   |
| Navigating Generational Differences         | For the first time in history, there are 5 generations  |
| (Chung)                                     | in today's workforce. Each generation is  |
|   | influenced by the society in which they were raised   |
|   | and significant historical events occurring in thier  |
|   | adolescence. Differences in traits, methods of  |
|   | communication, values and expectations can  |
|   | lead to intergenerational clashes and difficulties in   |
|   | managing members of different generations. An   |
|   | understanding of these differences and how best   |
|   | to motivate and manage members of the different   |
|   | generations is necessary to lead in the modern  |
|   | workplace.  |

| Gender Bigs                               | Waman represent more than half of modical             |
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|   | Women represent more than half of medical             |
| (Chung)                                   | school graduates but only 24% of permanent            |
|   | department chairs. The effects of implicit gender     |
|   | bias accumulate over a career resulting in slower     |
|   | advancement, under-representation in leadership,      |
|   | lower compensation, imposter syndrome, and burn       |
|   | out. Despite concerted efforts to address this issue, |
|   | there has been no improvement over the past two       |
|   | decades. Achieving gender equity will require         |
|   | efforts at the organizational level and a change in   |
|   | the culture of medicine.                              |
| Midakan Creating a Culture of Penerting   |   |
| Mistakes: Creating a Culture of Reporting | Since the publication of the Institute of Medicine's  |
| (Chung)                                   | landmark report To Err is Human in 1999, attributing  |
|   | up to 98K deaths per year to preventable medical      |
|   | errors, there has been a push to continually          |
|   | improve patient safety. In the decades since, the     |
|   | need for a robust system of improvement of quality    |
|   | and safety has only become more important due         |
|   | to continued increase in complexity of medicine as    |
|   | well as increasing volume coinciding with             |
|   | decreasing work force. This presentation focuses      |
|   | on Reason's swiss cheese model, a systems- rather     |
|   | than personal approach to medical errors, and the     |
|   | creation of a reporting culture to capture the        |
|   | lessons of near misses using the example of the       |
|   |   |
|   | sinking of the Titanic.                               |

| Richard Dusza   | k, Jr., MD, FACR   |
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| Rookie Leadership: More Than Just a Title<br>(Duszak)                                 | Intended for trainee and younger physician<br>audiences, this session focuses on the differences<br>between titles and influence and highlights roles<br>and traits of leaders that make them leaders<br>before they assume formal institutional or<br>organizational roles.   |
| Radiology Workforce Subspecialization: Has the<br>Pendulum Swung Too Far?<br>(Duszak) | As radiology groups struggle with ever increasing<br>volumes and societal expectations for rapid<br>subspecialized turnaround increase, many<br>practices need radiologists with more diverse<br>skillsets to help address service needs. This session<br>reviews a variety of recent studies on the<br>composition of the radiologist workforce and<br>highlights opportunities for "right sizing" the<br>radiology workforce with both general<br>"multispecialty" radiologists and traditional<br>subspecialists. |
| Price Transparency: Radiology's Emerging<br>Imperative<br>(Duszak)                    | As costs of healthcare increase and financial<br>burdens are increasingly shifted from insurers to<br>patients (through co-pays and deductibles), the<br>financial burden of imaging increases for many<br>patients. This session outlines physician payment<br>system, defines costs, price and similar terminology,<br>and highlights financial toxicityan increasing<br>challenge of our growing healthcare system that<br>disproportionately impacts patients needing<br>medical imaging.                        |

| Radiology Malpractice: Separating Fact from<br>Fiction<br>(Duszak)                  | The specter of medical malpractice lawsuits<br>influences the behavior of radiologists and other<br>physicians and leads to unnecessary utilization and<br>cost. Much information radiologists know in this<br>domain, however, are based on anecdotes, and<br>many leads to unnecessary fear. This session<br>reviews scholarly works in a practical manner,<br>highlighting both risks and opportunities for<br>radiologists to protect themselves while they best<br>serve their patients. |
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| Payment Models in Healthcare and Radiology: The                                     | Reinforce basic principles of how radiologists are  |
| Evolution from Volume to Value<br>(Duszak)  | currently paid for their professional services /<br>Identify trends in healthcare payment and delivery<br>systems which will likely impact medical imaging.   |
| Contrarian Perspectives on Value: What Is It and                                    | Identify key building blocks necessary for  |
| <b>Why is It So Elusive?</b><br>(Duszak)  | sustainable and meaningful healthcare delivery<br>system reform. View imaging services through the<br>eyes of patients and other stakeholders and<br>modify service lines accordingly. Articulate the<br>basic tenets of Imaging 3.0 and utilize available<br>resources to guide a radiology practice seeking to  |
|   | align itself with societal healthcare reform priorities.  |
| The Evolution of Medicare Payment Systems:<br>A Primer for Radiologists<br>(Duszak) | Physician payment systems are undergoing rapid<br>evolution in a stepwise manner. Traditional fee-for-<br>service will still remain the foundation of many new<br>alternative payment models, but the role of various<br>pay-for-performance models and bundled<br>payment models are becoming increasingly<br>relevant. This presentation will review prior, current,<br>and anticipated future payment systems so as to<br>permit radiologists to optimally prepare<br>accordingly.         |
| Documenting for Dollars: More Important than Ever<br>(Duszak)                       | Although new payment models are garnering<br>considerable attention, most will still be anchored<br>in traditional fee-for-service payment<br>methodology. Radiologists' reimbursement under<br>fee-for-service is predicated on the quality of their<br>report documentation. This presentation will review<br>basics of CPT and ICD-10 coding and provide<br>practical tips for radiologists to optimize legitimate<br>reimbursement under both current and emerging<br>payment systems.    |
| Evidence Based Advocacy: Radiology's Emerging                                       | Ties in issues related to our activities at CPT, RUC,   |
| Research Imperative<br>(Duszak)   | CMS, and through our GR team and RADPAC<br>efforts, weaving in how data and research makes<br>that all most effective.  |

| Richard B Gunderman, MD, PhD, FACR                              |   |
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| Excellence in Leadership: Insights from Coaching<br>(Gunderman) | There are many metaphors for a leader, but one of<br>the best is coach. This presentation paints a<br>portrait of the greatest coach in American history,<br>whose seven-point creed offers deep insights into<br>the challenges and opportunities facing<br>contemporary radiology leaders and provides one<br>of the most inspiring portraits of leadership in<br>American history. |

| Life Lessens of Dardiala and Cuanta di Mana   | No woman contributed mars to the field of   |
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| Life Lessons of Radiology's Greatest Woman<br>(Gunderman)<br>Cultivating Great Leaders<br>(Gunderman) | No woman contributed more to the field of<br>radiology than Marie Curie, who named<br>"radioactivity," added two elements to the<br>periodic table, introduced the first mobile military<br>radiology units, and garnered two Nobel Prizes for<br>her efforts. Curie's professional story is rich with<br>insights on work and life, and her personal story is<br>among the most fascinating in the history of the<br>field. Many of these key insights are as viable<br>today as they were 100 years ago.There is no single set of qualities that great leaders<br>  |
|   | leadership, particularly those qualities best   |
|   | developed by emulation.   |
| Money, Success, and Excellence<br>(Gunderman)   | Financial parameters and career advancement<br>represent important metrics in assessing radiologic<br>performance. However, they are not the only<br>parameters, and in some situations, they may not<br>be the important ones. In particular, some<br>radiologists who succeed in terms of finances and<br>career may not truly excel professionally. In this<br>presentation, we will consider the vital role of<br>professional excellence in shaping a life in<br>radiology.  |
| <b>Specialization: Friend or Foe</b><br>(Gunderman)   | This presentation will review the rapid decline in the<br>number of radiologists who self-identify as<br>generalists, and outline some of the most<br>important explanations for the increased<br>specialization of the field. It will make the case<br>that the contributions of generalists are in fact<br>more valuable than we commonly suppose,<br>focusing on four particular areas: patient care,<br>practice building, research, and leadership,<br>emphasizing the latter.   |
| Answering the Call to Leadership<br>(Gunderman)   | Radiology leaders interact with other professionals<br>on a day-to-day basis, which requires a leadership<br>style that is more consensus building than directive.<br>This session explores effective techniques that help<br>leaders build consensus in organizations. Many<br>real-life examples and cases will illustrate a model<br>of leadership that will help you go beyond<br>coercion and compliance to produce loyalty and<br>commitment, inspiring people to expand and<br>channel their energy into productive<br>engagement. The speaker will describe several<br>historic leaders in brief, considering the diverse<br>variety of leadership styles demonstrated by these<br>historic leaders. The diverse styles will be assessed<br>in relationship to current evolutionary leadership<br>theory. Several practical radiology leadership<br>challenges faced by the speaker will also be<br>shared, with retrospective analysis of the situational<br>leadership employed in each instance. |

| The Champer of Developing and Dischard Many          | This concerns that is a still we have a second of the state of the |
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| The Story of Radiology's Richest Man                 | This presentation will relate some of the more                     |
| (Gunderman)  | valuable leadership lessons of William A Cook,                     |
|  | founder of Cook Inc., the world's largest privately                |
|  | held medical device manufacturer. Cook turned                      |
|  | an initial investment of \$1,500 into a fortune of \$5-            |
|  | 10 billion, and helped to invent and develop the                   |
|  | field of interventional medicine. The presentation                 |
|  | especially stresses that Cook's leadership was                     |
|  | grounded less in technological development than                    |
|  | in the building of relationships.                                  |
| Basic Ethical & Professional Principles in Radiology | Is ethics an after-thought that we should bolt on to               |
| (Gunderman)  | radiology practice to avoid transgressions, or is it               |
| (,   | integral to our daily practice as in patient care,                 |
|  | education, research, and professional service?                     |
|  | What are the core ethics principles of radiology                   |
|  | practice, and what can radiologists do to                          |
|  |  |
|  | enhance ethics in our professional and personal                    |
| Durmouth Doots and Donoodios                         | lives?   |
| Burnout: Roots and Remedies                          | Studies show that burnout is surprisingly common in                |
| (Gunderman)  | medicine today, with high-earning fields such as                   |
|  | radiology demonstrating a relatively high                          |
|  | prevalence. What is burnout? What are its adverse                  |
|  | consequences? Where does it come from and                          |
|  | what can radiologists and radiology practices do                   |
|  | to prevent and remedy it?  |

| C. Matthew  | r Hawkins, MD   |
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| Wal-Mart Health and Implications for Imaging<br>(Hawkins) | Describe how Walmart's entry into health could<br>rapidly affect the imaging market as it has/will<br>affect the delivery of primary care. Objectives:<br>Describe how scale will be used to further drive<br>down the price of imaging. Identify which imaging<br>studies will likely be affected first by scaled pricing.<br>Discuss how interpreting images will deliver very<br>little value in the future, and that radiology will<br>need to redefine itself, likely by becoming experts<br>in diagnosis. |
| Influence of Interventional Radiology<br>(Hawkins)        | Understand how interventional radiology practices<br>present one of the few remaining opportunities to<br>bring patients from broad geographies and when<br>built appropriately, can lead to improved revenue<br>for your practice.   |
| Coding and Reimbursement in Radiology<br>(Hawkins)        | Learn the nuances of the CPT and RUC processes<br>that impact the code development process. By<br>learning these insights, one can begin to better<br>understand the basic process of valuation for the<br>services we provide while also gaining greater<br>insight into the complexity of the medical<br>reimbursement space.   |
| Non-physician Providers in Radiology<br>(Hawkins)         | The number of non-physician providers (NPs, PAs,<br>RAs) is increasing rapidly throughout medicine as<br>well as radiology. Understand appropriate<br>oversight and supervision required to appropriately<br>bill for services provided by these professionals,<br>while also learning how these providers can<br>enhance both your DR and IR practices.  |

| The Basketball Diaries: Lessons for Developing | Using lessons learned from sports, recognize the    |
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| Effective and Healthy Teams                    | fundamental elements of high-performing             |
| (Hawkins)                                      | healthcare teams, and how these differ from other   |
|  | teams in different settings. Additionally, begin to |
|  | explore how high-functioning teams can build        |
|  | resiliency in healthcare teams.                     |

| Vivek Kalia, MD  |  |
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| Leadership in Radiology<br>(Kalia)   | Describes the evolution in what leadership in<br>radiology means in the modern era, with so many<br>more options available to aspiring radiologists of all<br>career arcs compared to decades past. In the<br>past, academic departmental leadership in the<br>form of Chairs or Vice Chairs and private practice<br>leadership in the form of Presidents or VP's were<br>part of the rigid hierarchy of leadership. Today,<br>there are many more avenues to consider, less<br>reliant on chasing specific titles and perhaps more<br>impactful in ways that matter to you as an<br>individual. |
| Young & Early Career Issues in Radiology<br>(Kalia)                            | Whether you are a trainee contemplating your first<br>radiologist job in the near future, a newly-minted<br>graduate, or several years into practice, the issues<br>we face today are both similar and dissimilar to<br>those experienced by radiologists of years past. In<br>this lecture, we discuss fundamental paradigm<br>shifts in the practice of radiology, how those shifts<br>have changed the landscape and horizon of<br>radiology, and what implications these things have<br>on our everyday experience as young and early<br>career radiologists.                                |
| Academic vs. Private Practice vs. Hybrid settings:<br>Pros and Cons<br>(Kalia) | Having worked in both academic and hybrid<br>practice models, the lecturer will discuss trends in<br>radiology practice choice among current trainees<br>and recent graduates and how the various<br>practice types (academic, private practice,<br>hybrid) differ in real, tangible ways, in ways that<br>truly may help steer individuals one way or<br>another. The recent explosion in remote radiology<br>job opportunities, implications, and pros/cons will<br>also be discussed.   |
| Evolution of Radiology post-COVID<br>(Kalia)                                   | Our post-COVID world of radiology practice will<br>likely never be the same. Moreso than adapting to<br>new hybrid conferences that have become the<br>norm, more preference towards remote work, and<br>the like, this lecture also focuses on how<br>expectations of radiologists have changed in the<br>modern era. We practice differently, we interact<br>differently, we expect more from our employers<br>and our leaders - let's take a deep dive into our<br>own new reality.   |
| Maximizing Your Experience at National Radiology<br>Meetings<br>(Kalia)        | National radiology meetings are daunting to say<br>the least, particularly for a novice, an introvert, the<br>less-than-organized attendee, and to be fair even<br>for some seasoned vets as well. Attendance at<br>enough number and breadth of them reveals their  |

|                   | formulaic nature, and here we discuss how to        |
|-------------------|---|
|                   | break them down into digestible bits, how to        |
|                   | separate the signal from the noise, how to network  |
|                   | effectively, and how to make sure your personal     |
|                   | and professional goals are met at the conference.   |
|                   |   |
| Personal Branding | The importance of personal branding in radiology    |
| (Kalia)           | practice cannot be overstated. Personal branding,   |
|                   | simply put, is the reputation you carry based on    |
|                   | the collective actions you take and impressions     |
|                   | you've made on individuals over time. Everything    |
|                   | you do - from the way you interact (or don't), the  |
|                   |   |
|                   | work product you generate in your daily position,   |
|                   | and so on - creates your personal brand. To be      |
|                   | intentional about developing your personal brand    |
|                   | is the key - your brand exists with or without your |
|                   | knowledge of it; it behooves you to put some        |
|                   | deliberate thought and effort towards cultivating   |
|                   |   |
|                   | the personal brand you want to be known for.        |
|                   | Here, we discuss strategies to do just that.        |

| Amy L. Kotsenas, MD, FACR  |  |
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| Mentorship and Sponsorship: How to do it Right<br>(Kotsenas)                                   |  |
| Innovation Drives Change: Leading Your<br>Organization Successful Transformation<br>(Kotsenas) | Describes how innovation and technology are<br>driving change in healthcare, review strategies to<br>drive transformative change in your organization<br>and discuss tips for executing a successful<br>transformation.  |
| Physician Burnout & Wellbeing<br>(Kotsenas)  | Burnout is a state of exhaustion of physical or<br>emotional strength or motivation as a result of<br>prolonged stress or frustration. A growing body of<br>literature has characterized burnout within the<br>physician population, but it also exists across all<br>members of the healthcare team. This session will<br>review signs of and identify causes of burnout in<br>the workplace and propose strategies for<br>promoting wellness at the individual, leadership<br>and organizational levels. |
| Overcoming Imposter Syndrome<br>(Kotsenas)   | Imposter syndrome is common among high-<br>achieving individuals including physicians and can<br>lead to anxiety and low self-esteem. In this talk, I<br>describe strategies to identify the signs of imposter<br>syndrome and discuss strategies to overcome<br>imposter phenomenon on the path to a successful<br>career.  |

| Ryan K. Lee, MD, MBA                              |  |
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| Healthcare Economics Focused Talks                |  |
| Economic and Political Aspects of Radiology (Lee) | Review of current and historical hot legislative and economic topics affecting radiology   |
| Introduction to MACRA<br>(Lee)                    | A review of the statutory requirements of MACRA –<br>Understanding overall physician reimbursement<br>with additional focus on radiology reimbursement |

| History of Healthcare Reimbursement<br>(Lee)                                 | An introduction to the reimbursement system,<br>addressing the fundamentals of the Medicare fee-<br>for-service reimbursement process, factors<br>considered in arriving at the valuation of radiologic<br>services by Medicare.  |
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| MACRA: MIPS and APM What You Need to Know (Lee)                              | Description of the statutory requirements of MACRA, updated annually to reflect most current changes.   |
| Introduction to Hospital and Physician<br>Reimbursement<br>(Lee)             | Update on Medicare Physician Fee Schedule<br>Update, connecting physician work with<br>reimbursement, overview of CPT and RVUs.   |
| Changing Model of Healthcare<br>(Lee)  | <u>Background of fee-for-service model in the United</u><br>States and how this is gradually shifting to a value-<br>based environment. While radiology is still<br>predominantly fee-for service today, how this<br>could change in the future.  |
| Overview of Alternative Payment Models<br>(Lee)                              | A review of Alternative Payment Models in the healthcare environment and how this can impact radiology.   |
| Leverage Payment Models for Population Health<br>Management Success<br>(Lee) | Insight for radiologists on how to leverage shared<br>risk and alternative payment models to deliver<br>high-quality care to distinct patient populations,<br>description on how the value of high-quality<br>radiologic care can be recognized as a key<br>component in improving the overall health of<br>populations, and how alternative payment models<br>can help incentivize PHM adoption and lead to<br>success for radiologists. |
| Basics of Reimbursement: CPT and RVU<br>(Lee)                                | A review on how imaging procedures are valued<br>in the RVU system, description of the impact of E/M<br>services to the Medicare Physician Fee Schedule,<br>and discussion on the role of advocacy in<br>movement towards value-based healthcare.   |
| Artificial Intelligence Focused Talks  |   |
| Implementation of AI<br>(Lee)  | Logistic and practical factors to consider when<br>implementing AI in radiology workflows, how AI<br>can affect changes in radiologists' work.  |
| Ethics of AI<br>(Lee)  | Ethical considerations in deployment of AI in the radiology space.  |
| Leadership Focused   |   |
| Being an Effective Leader - Leading Change<br>(Lee)                          | Understanding the dynamics underpinning how to<br>effect change in a department and the strategies<br>that can be employed to accomplish these<br>changes.  |

| Join Luh, MD, FACR                               |   |
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| ACR Value and Thoughts on Fried Chicken<br>(Luh) | How ACR protects radiologists' income.                                    |
| <b>Coupon at Whataburger</b><br>(Luh)            | The business of healthcare and holding insurance companies to their word. |
| Summer Camp<br>(Luh)                             | Reconnecting with the joy of being a doctor without all the bureaucracy.  |

| Amy Patel, MD   |  |
|---|--|
| Cultivating Leadership in The Future of Radiology;<br>RLI Offerings & Beyond<br>(Patel)               | Targeted to resident and young physicians  |
| Professional Success in Social Media<br>(Patel)   | This presentation focuses on tips for professional<br>success in social media, the ways that social media<br>can be used for professional purposes tailored to<br>different social media platforms, and what pitfalls<br>to avoid when delving into the world of social<br>media.  |
| How to Network (Patel)  | Networking is crucial in today's healthcare world<br>and at all career levels, whether it's landing the<br>residency/fellowship program of your choice, the<br>job of your choice, or clinical/non clinical career<br>opportunities. This presentation focuses on tips for<br>networking success when it comes to both in<br>person and digital communication methods.       |
| Learning to Lead: Lessons Learned in the First Five<br>Years of Leadership (Patel)                    | This presentation shares Dr. Patel's leadership<br>journey as well as tips for young leaders who<br>suddenly find themselves assuming large<br>leadership roles at an early stage in their careers.<br>Topics such as navigating the healthcare political<br>climate, how to build trust/allies, and how to grow<br>a department/multidisciplinary program are<br>discussed. |
| Balancing Administrative Leadership and Clinical<br>Responsibilities: How Does One Do it All? (Patel) | This presentation shares tips on how one can<br>navigate a rigorous schedule involving both<br>administrative and clinical responsibilities regardless<br>of career level in this era of rising imaging volumes,<br>retirements, and burnout.  |
| Achieving Gender Parity in the Workplace with the<br>Help of #HeForShe Allies (Patel)                 | Radiology and radiation oncology are still<br>predominantly comprised of men. This presentation<br>shares how one can strive to achieve gender<br>parity regardless of practice type or career level<br>with the use of strong male radiologist and<br>radiation oncologist allies.  |
| How to Promote your Professional and Personal<br>Brand (Patel)  | This presentation will share tips on how to amplify<br>and solidify your personal brand for professional<br>success. Content also includes tips and steps to<br>promote branding for your practice.  |
| Radiology Political Advocacy: How YOU Can<br>Make a Difference (Patel)                                | In this presentation, one will learn all the ways a<br>radiologist or radiation oncologist, regardless of<br>career level, can make an impact at the local,<br>state and national level when it comes to<br>advocating for our patients and profession.  |
| Cybersecurity (Patel)   | Learn about cybersecurity from a leadership<br>perspective, namely, how to mitigate risk, how to<br>plan for the unexpected, how to manage a<br>breach, and lessons learned from someone who's<br>been through it  |

| Colin Segovis, MD |                                    |
|-------------------|------------------------------------|
| CPT Codes & Al    | How AI is defined in reimbursement |
|                   |                                    |

(Segovis)

| lan A. Weissman, DO, FACR                               |   |
|---|---|
| Strategies to Mitigate Workforce Shortage<br>(Weissman) | <ul> <li>Workforce shortage in radiology? What<br/>happened? How do we RETAIN our colleagues?<br/>Questions for us to discuss in this interactive lecture-<br/>discussion.</li> <li>How did we get here?</li> <li>What are the consequences?</li> <li>Solutions to consider.</li> </ul>   |
| Burnout<br>(Weissman)                                   | <ul> <li>How do we build a culture of clinician well-being today?</li> <li>What does the ideal healthcare system look like?</li> <li>What are we doing right?</li> <li>Will discuss recently released impactful resources to help us achieve clinician well-being.</li> <li>What elements do we build on?</li> </ul>  |
| <b>Health Equity</b><br>(Weissman)                      | <ul> <li>Health equity: How do we build an equitable healthcare system today?</li> <li>What does the ideal healthcare system look like?</li> <li>What resources are available to help us achieve health equity?</li> <li>What solutions should we pursue to achieve health equity?</li> </ul>   |
| Patient and Family-Centered Care<br>(Weissman)          | <ul> <li>How do we improve patient and family-centered care using the principles contained in the Joyful Triad of Healthcare Success?</li> <li>What is the history of patient and family-centered care, and how has it evolved in radiology?</li> <li>What resources have been developed through radiology organizations to help us improve patient- and family-centered care?</li> <li>How do we build on patient and family-centered care in radiology and achieve the Joyful Triad of Healthcare Success?</li> </ul> |

| Ezequiel (Zeke) Silva, MD, FACR       |  |
|---------------------------------------|--|
| Alternative Payment Models, Economics |  |
| (Silva)                               |  |