

2013 RSNA (Filtered Schedule)

**Sunday, December 01, 2013**

08:30-10:15 AM • **PS10** • Arie Crown Theater • Opening Session  
02:00-03:30 PM • **RC102** • Room: E350 • What's New from the Radiology Residency Review Committee: Milestones, New for 2013  
02:00-03:30 PM • **RC116** • Room: S102D • RSNA Educational Programs Around the World: An International Forum (Sponsored by the RSNA Committee on Interna...  
02:00-03:30 PM • **RC127** • Room: E351 • The Future of Radiology: What Are the Threats and How to Respond to Them  
02:00-03:30 PM • **RC132** • Room: S502AB • What Is Driving Health Care Reform and How It Is Changing Your Radiology Practice  
04:30-05:30 PM • **MSRA15** • Room: S402AB • The Practice of the Radiology Assistant - Full Integration into Rural and Medical Center Settings (An Interact...

**Monday, December 02, 2013**

08:30-10:00 AM • **RC202** • Room: S502AB • Teaching Leadership Strategies to Residents for Future Health Care Challenges  
08:30-10:00 AM • **RC216** • Room: E450B • Vignette-based 'Disclosure of Medical Error in Radiology' (Sponsored by the RSNA Professionalism Committee) (A...  
08:30-10:00 AM • **RC227** • Room: N226 • Changing Role of Radiology in the U.S. Health Care System  
08:30-10:00 AM • **RC232** • Room: N228 • Compensation Plans  
04:30-06:00 PM • **SPSI23** • Room: N228 • Special Interest Session: Planning for the Future Radiology Workforce: Too Many or Too Few?

**Tuesday, December 03, 2013**

08:30-10:00 AM • **RC316** • Room: E450B • The Aging Radiologist: How to Cope, When to Quit (Sponsored by the RSNA Professionalism Committee) (An Interac...  
08:30-10:00 AM • **RC332** • Room: S404CD • Change Management in Radiology  
04:30-06:00 PM • **RC416** • Room: N229 • Patient-centered Radiology: How to Communicate Effectively (Sponsored by the RSNA Public Information Committee)  
04:30-06:00 PM • **RC427** • Room: S104A • Aligning Incentives between the Physician Practice and the Hospital: Finding the Win:Win  
04:30-06:00 PM • **RC432** • Room: S504AB • Value-Added Initiatives for a Healthcare System

**Wednesday, December 04, 2013**

08:30-10:00 AM • **RC502** • Room: E353A • What's New from the American Board of Radiology  
08:30-10:00 AM • **RC527** • Room: S404CD • Critical Issues Facing the Profession of Radiology: An ACR Leadership Perspective (In Conjunction with the Ame...  
08:30-10:00 AM • **RC532** • Room: S403B • Managing Conflicts of Interest  
01:30-05:30 PM • **SPHA41** • Room: S103AB • Hospital Administrators Symposium

**Thursday, December 05, 2013**

08:00-09:00 AM • **MSRT51** • Room: N230 • ASRT@RSNA 2013: Moving Towards Best Practice: Developing National Guidelines through a Collaborative Approach  
08:30-10:00 AM • **RC616** • Room: E450B • Service Excellence in Radiology (Sponsored by the RSNA Professionalism Committee) (An Interactive Session)  
08:30-10:00 AM • **RC632** • Room: S103AB • How to Avoid Failure: Qualities of a Successful Leader  
02:20-03:20 PM • **MSRT55** • Room: N230 • ASRT@RSNA 2013: How Do We Make Care Patient-Centered?  
03:00-04:00 PM • **SPSH55** • Room: S403A • Hot Topic Session: From Irene to Sandy: How to Keep a Digital Department Running during a Natural Disaster  
04:30-06:00 PM • **RC702** • Room: S404AB • Mind Your Own Business! Required Business Skills for Your First Job  
04:30-06:00 PM • **RC724** • Room: S403A • Professionalism and the Radiology Trainee  
04:30-06:00 PM • **RC727** • Room: S103CD • From Research to Reimbursement: The Story of CT Colonography and What It Teaches Us about Healthcare Payment P...  
04:30-06:00 PM • **RC732** • Room: S403B • Managing the Problem Employee

**Friday, December 06, 2013**

08:30-10:00 AM • **RC826** • Room: E350 • The Use of Business Analytics for Improving Radiology Operations, Quality, and Clinical Performance (In Associ...  
08:30-10:00 AM • **RC827** • Room: S504AB • Consumerism and Radiology  
08:30-10:00 AM • **RC832** • Room: S502AB • Develop Your Radiology Financial Insight: Fundamental Principles You Should Know About Business

**Opening Session**

Sunday, 08:30 AM • Arie Crown Theater

PR LM GN

[Back to top](#)

**PS10** • AMA PRA Category 1 Credit™: 1.75 • ARRT Category A+ Credit: 1  
To receive credit, relinquish attendance voucher at end of session.

**Presiding**

**Sarah S Donaldson, MD, Palo Alto, CA**  
President, Radiological Society of North America

**Greetings**

**John D Hazle, PhD, Houston, TX**  
President, American Association of Physicists in Medicine  
**Joy S Sclamborg, MD, Deerfield, IL**  
President, Chicago Radiological Society

**Presentation of the Outstanding Educator Award**

**Bruce G Haffty, MD, New Brunswick, NJ**  
Recipient

**Presentation of the Outstanding Researcher Award**

**Norbert J Pelc, ScD\*, Stanford, CA**  
Recipient

**Dedication of the 2013 RSNA Meeting Program to the Memory of David H. Hussey, MD (1937-2013), and Philip E.S. Palmer,**

## MD (1921-2013)

**Sarah S Donaldson** , MD , Palo Alto, CA

### President's Address: The Power of Partnership

**Sarah S Donaldson** , MD , Palo Alto, CA

#### Introduction by

**Richard T Hoppe** , MD , Palo Alto, CA

*First Vice President, Radiological Society of North America*

#### LEARNING OBJECTIVES

In the current healthcare environment, radiologists must reexamine their traditional expectations, attitudes, and behaviors so as to embrace a requisite change in culture that builds partnerships throughout radiology, the general medical community, and the larger community of patients and families. This address illustrates the perils of technology that have unintentionally fragmented radiology and radiologists. Yet in this current era of precision imaging and therapy, we find natural partnerships throughout the radiologic community. Within the general medical community, multi-disciplinary team medicine mandates visibility of the radiologist, who must accept responsibility for patient care beyond rapid communication of imaging results. Team-based practice promotes collaborative clinical and research programs, augments one's expertise, and builds careers. Professional interdependence promotes innovation and adds value to our collective endeavors. However, our most important partners are the patients we serve. When we commit ourselves to focusing on their care and becoming their partners, they will come to understand our contribution to diagnosis and treatment, and will become our advocates. The physician / patient bond that is well developed in oncology serves as a model for all of radiology, and confirms the gratifications that come from being a patient-oriented radiologist.

### Annual Oration in Diagnostic Radiology: We Must Stand on the Shoulders of Giants

**Damian E Dupuy** , MD \* , Providence, RI

#### Introduction by

**Matthew A Mauro** , MD \* , Chapel Hill, NC

*Chairman, Scientific Program Committee*

#### LEARNING OBJECTIVES

Over the past 50 years the field of Radiology has undergone incredible growth that has led to greater diversity and sub specialization. A clear division between Radiation Oncology and Diagnostic Radiology was made in the early 1970s and since that time each has become even more complex and subspecialized. Within Radiology, the subspecialty of Interventional Radiology has emerged as a unique entity similar to the demarcation between Radiology and Radiation Oncology over 40 years ago. The newly approved dual Interventional Radiology (IR) and Diagnostic Radiology (DR) primary certificate for resident education emphasizes that IR is distinct in its incorporation of diagnostic imaging, image-guided procedures and patient care. Radiology and Interventional Oncology share a strong focus on cancer detection and diagnosis, tumor staging, locoregional therapy and treatment follow-up. Both specialties are vitally important to patients during their cancer treatment and should strive for collaboration to optimize patient care. Despite their mutual goals and complementary skill sets, many Radiology and Radiation Oncology Departments struggle to be autonomous and are at times in direct competition for both hospital resources and patients. In the new health care paradigm where evidence-based medicine (e.g. cost and quality) becomes a more important determinant of treatment decision-making, a cohesive team approach to cancer care makes the most economic sense. According to an American College of Radiology survey of United States Radiology and Radiation Oncology practices in 2008, most practices from both specialties preferred a large multi-specialty group practice either within or separate from an academic medical center. This is no surprise given the growth of medical knowledge and technical innovation that our specialties have benefited from. It is becoming more difficult for smaller groups to maintain state of the art specialization within their respective fields. Radiology groups, on average, are almost three times the size of Radiation Oncology practices. It behooves these departments to reach a stronger axis of collaboration given the shared common interests and marked synergy between many of the cancer treatments each possesses in their armamentarium. Advanced imaging of treatment response with contrast-enhanced imaging, perfusion and diffusion magnetic resonance imaging as well as PET/CT and PET/MRI is providing a clearer picture into tumor anatomy and pathophysiology. Radiologists can place fiducial markers and brachytherapy catheters to provide more precise localization for stereotactic body radiotherapy techniques and higher local radiotherapy boosts for recurrent local cancers, respectively. Advanced imaging technology provides radiation oncologists with more accurate tumor targeting, thus reducing toxicity to adjacent normal and critical tissues. Combination therapies with external beam radiotherapy or brachytherapy and thermal ablation technology have shown synergistic effects with promise for improved local control in larger tumors. Intraarterial radioembolics with 90 Yttrium embolic agents utilize beta particles to destroy regional cancer of the liver. Newer non-ionizing techniques such as high intensity focused ultrasound can provide stereotactic like thermal destruction of soft tissue tumors; exciting preliminary results have shown potential in bone cancer, breast cancer and prostate cancer. Radiation oncologists have great expertise at treatment planning with ionizing radiation. This experience has come from decades of research as well as technical advances in computer science and photon delivery. Concurrently, radiologists who target tumors with ablative techniques have begun to realize the great need for 3-dimensional treatment planning. The time has come for a reunification of spirit as well as intellect. Our patients and the medical community will reap the benefits of a stronger collaboration. As Isaac Newton said, "If I have seen further than others, it is by standing upon the shoulders of giants."

### What's New from the Radiology Residency Review Committee: Milestones, New for 2013

**Sunday, 02:00 PM - 03:30 PM • E350**

**PR** **LM** **ED**

**RC102 • AMA PRA Category 1 Credit™: 1.5**

**Lynne E Meyer** , PhD, MPH

**Lawrence P Davis** , MD

#### LEARNING OBJECTIVES

1) The attendee will learn about new program requirements. 2) The attendee will learn how the NAS will be used for program accreditation. 3) The attendee will be made aware of various issues pertaining to resident education with which the RRC is grappling and the outcomes of several pressing issues, such as the milestones initiative, and the prerequisite training requirements for entering ACGME-accredited core residency and fellowship programs.

#### ABSTRACT

[Back to Top](#)

### RSNA Educational Programs Around the World: An International Forum (Sponsored by the RSNA Committee on International Radiology Education)

**Sunday, 02:00 PM - 03:30 PM • S102D**

**LM** **GN** **ED**

**RC116 • AMA PRA Category 1 Credit™: 1.5**

#### Coordinator

**Teresita L Angtuaco** , MD

**Melissa L Rosado De Christenson** , MD \*

**Marco A Alvarez** , MD

[Back to Top](#)

**Laura W Bancroft**, MD  
**Omolola M Atalabi**, MBBS  
**Norran H Said**, MD,FRCR  
**Chamaree Chuapetcharasopon**, MD  
**Savvas Andronikou**, MBBS

#### LEARNING OBJECTIVES

1) To familiarize the learner with the existing RSNA educational programs in other countries. 2) To discuss the past activities of RSNA in other countries in improving knowledge of radiology and application of latest technical radiology innovations. 3) To receive feedback from representatives of four selected countries (Nigeria, South Africa, Egypt and Thailand) on the impact of the RSNA educational programs both on a personal and national level.

#### ABSTRACT

This refresher course presents a summary of the existing RSNA educational programs around the world: International Visiting Professor (IVP) program, Derek Harwood Nash (DHN) fellowship, Introduction to Research for International Young Academics (IRIYA) and Educational Material and Journal awards (EMJA) program. These programs address radiology education in many levels: junior radiologist (IRIYA) the more senior radiologist (DHN), the institution (EMJA) and the national radiology organizations (IVP). RSNA committee members familiar with the programs will discuss the history and unique features of each that make them ideal for international outreach initiatives. Four international representatives from Nigeria, South Africa, Egypt and Thailand will provide feedback on how the various programs have impacted radiology education and practice in their country as a whole and the personal careers of those who participated in the DHN or IRIYA programs. A panel discussion will then be conducted at the end of the session to explore other educational opportunities and future directions that will maximize the resources provided by the RSNA.

### The Future of Radiology: What Are the Threats and How to Respond to Them

**Sunday, 02:00 PM - 03:30 PM • E351**



[Back to Top](#)

**RC127** • AMA PRA Category 1 Credit™:1.5

**Vijay M Rao**, MD  
**David C Levin**, MD \*  
**Jonathan W Berlin**, MD \*

#### LEARNING OBJECTIVES

1) Understand the threats facing individual radiology practices. 2) Understand the more global threats to the radiology community at large. 3) Become aware of steps radiologists can take to protect their practices. 4) Consider actions the radiology community and its major organizations can take to deal with some of the external threats.

#### ABSTRACT

There are numerous threats facing the radiology community and individual radiology practices. These range from declining reimbursements to reduced procedure volumes to predatory corporations to the perception that imaging is being overused to aggressive hospital administrations to overstated concerns about radiation, and others. We will discuss these threats. But this is not a time to give in to pessimism. There are many steps radiologists and the organizations representing them can take to assure the future of the specialty. These steps will be presented in detail.

### What Is Driving Health Care Reform and How It Is Changing Your Radiology Practice

**Sunday, 02:00 PM - 03:30 PM • S502AB**



[Back to Top](#)

**RC132** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

#### **RC132A • A Brief History of Health Care Reform**

**Bernard F King** MD (Presenter)

#### LEARNING OBJECTIVES

1) Understand the historical drivers of healthcare reform. 2) Understand the important milestones in healthcare Reform over the last 100 years. 3) Understand the major goals of the Affordable Care Act (ACA).

#### ABSTRACT

This refresher course will review three major aspects of Healthcare Reform: 1) Historical drivers and milestones of healthcare Reform over the last 100 years, 2) The major implications of the Affordable Care Act (ACA) on Radiology and 3) Contemporary examples of how this is being carried out in the state of Massachusetts. The historical drivers and milestones in healthcare reform over the last 100 years is important to understand current changes and vehicles involved in payment schemes that exist today. The major implications of the Affordable Care Act on radiology are key in understanding how current and future healthcare reforms will reshape medicine and radiology. Finally, current practices occurring in Massachusetts are the most revealing and telling picture of how all these healthcare reforms will affect the practice of medicine and radiology in the United States for many years to come.

#### **RC132B • Impact of Health Care Reform on Radiology: Intended and Unintended**

**Lawrence R Muroff** MD (Presenter)

#### LEARNING OBJECTIVES

1) Discuss the key elements of health reform as they impact radiology. 2) Develop strategies to deal with the intended and unintended consequences of health care reform. 3) Describe some of the alternative payment mechanisms that will be competing with fee-for-service, and discuss how radiologists will fit into these new compensation dynamics.

#### ABSTRACT

### The Practice of the Radiology Assistant - Full Integration into Rural and Medical Center Settings (An Interactive Session)

**Sunday, 04:30 PM - 05:30 PM • S402AB**



[Back to Top](#)

**MSRA15** • AMA PRA Category 1 Credit™:1 • ARRT Category A+ Credit:1

**Jason Barrett**, BS, ARRT

#### LEARNING OBJECTIVES

This session will discuss the current practice environment for the radiologist assistant. In addition, the presentation will include how a variety of practice types utilize radiologists assistants to improve the efficiency and effectiveness of the practice.

## Teaching Leadership Strategies to Residents for Future Health Care Challenges

Monday, 08:30 AM - 10:00 AM • S502AB

LM HP ED

[Back to Top](#)

**RC202** • AMA PRA Category 1 Credit™:1.5

**Vijay M Rao**, MD  
**Richard E Sharpe**, MD, MBA  
**Carol M Rumack**, MD

### LEARNING OBJECTIVES

1) Describe specific ways that residents can participate in important radiology leadership and advocacy opportunities in order to enhance the future of radiology. 2) Appreciate the potential power of leveraging technology to provide leadership and further the specialty of radiology. 3) Understand relevant leadership skills that radiology residents must learn in order to address emerging challenges in the current and future practice of radiology. 4) Develop an appreciation for the role of organized radiology as a means to shape the future of our specialty. 5) Articulate the challenges facing radiology as a specialty in the era of new healthcare delivery models and healthcare reform.

### ABSTRACT

Leadership skills will be essential to the successful careers of all radiology residents and fellows. Ten key points aimed at improving your success in academic medicine will help you in planning your career and gaining effective mentoring as you start your career.

## Vignette-based 'Disclosure of Medical Error in Radiology' (Sponsored by the RSNA Professionalism Committee) (An Interactive Session)

Monday, 08:30 AM - 10:00 AM • E450B

QA PR LM

[Back to Top](#)

**RC216** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

**Director**  
**Stephen D Brown**, MD  
**Constance D Lehman**, MD, PhD \*  
**Thomas H Gallagher**, MD  
**Elaine C Meyer**, PhD, RN

### LEARNING OBJECTIVES

1) Understand error disclosure as an essential tenet of patient care and medical professionalism. 2) Identify barriers to effective error disclosure. 3) Develop strategies for effective disclosure of radiological errors to referring physicians, patients and families.

### ABSTRACT

Disclosure of medical error is a daunting communication challenge for all physicians. Like many physicians, radiologists are unlikely to help demonstrate full transparency and honesty when a medical error occurs. No educational programs have been developed specifically to help radiologists overcome barriers to disclosure of clinical errors, and learn how to approach communication about disclosure optimally. The objective of this Refresher Course is to enhance radiologists' understanding of and comfort with disclosure of radiological errors to referring physicians and patients. The 90-minute Course will include didactic presentations by clinician scholars in the field of medical error disclosure, and live enactments between trained personnel/actors and Course participants. Didactic material will discuss background information, risks, benefits, and barriers to disclosure, and introduce strategies toward discussing medical errors with patients and treating physicians. Enactments will entail conversations between volunteer Course participants and trained personnel who will portray physicians and patients to whom the Radiologist/participant must disclose an error. The enactments will be followed by debriefings and group discussions.

## Changing Role of Radiology in the U.S. Health Care System

Monday, 08:30 AM - 10:00 AM • N226

LM HP

[Back to Top](#)

**RC227** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

**James V Rawson**, MD  
**Marta E Heilbrun**, MD  
**Alexander M Norbash**, MD \*

### LEARNING OBJECTIVES

1) Discuss barriers and tools for incorporating guidelines and evidence based recommendations into radiology practice. 2) Review both the systemic shortfalls and benefits delivered to the citizens of Massachusetts during that state's implementation of universal health care. 3) Learn to identify alignment of incentives across multiple stake holders in the evolving landscape of US healthcare.

### ABSTRACT

As the U.S. Health Care system continues to evolve, the role of the Radiologists will also change. The Radiologist will likely play a role in managing issues such as incorporation of evidence based guidelines into clinical practice, access to care, alignment of stakeholders and clinical outcomes.

## Compensation Plans

Monday, 08:30 AM - 10:00 AM • N228

LM GN

[Back to Top](#)

**RC232** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

**Ronald L Arenson**, MD  
**Pablo R Ros**, MD, PhD \*  
**Vincent P Mathews**, MD \*

### LEARNING OBJECTIVES

1) Understand the need to offer incentive compensation (bonus) to faculty in Academic Radiology Departments. 2) To be able to describe the advantages and disadvantages of productivity only incentive plans in Academic Radiology. 3) Understand methods of providing incentives other than clinical productivity. 4) Understand how to insure fairness and a feeling of working as a team with incentive-based compensation plans. 5) Understand how incentive systems used by private practices are different from that of an Academic Radiology Department. (This course is part of the Leadership Track)

## Special Interest Session: Planning for the Future Radiology Workforce: Too Many or Too Few?



**SPSI23** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

**Director**  
**Carolyn C Meltzer**, MD \*

LEARNING OBJECTIVES

1) Identify the current workforce distribution of radiologists in the US. 2) Examine the many variables that may influence future workforce planning for radiology. 3) Appraise the complexity of the effects of health care reform on radiology.

ABSTRACT

This workshop will provide attendees with a better understanding of the NIH grant review process from the perspective of those who have served on review committees in order to better prepare them for submitting and resubmitting proposals and to encourage them to serve as reviewers. If you think like a reviewer, you can be a better grant writer! Although there is a significant amount of information available on how to write NIH grants and how the review process works, many investigators (new and experienced) often have questions that are best answered directly in person by those who have first-hand experience.

**SPSI23A • Introduction and Overview of Issues**

**Carolyn C Meltzer** MD (Presenter) \*

LEARNING OBJECTIVES

View learning objectives under main course title.

**SPSI23B • ACR 2013 Workforce Survey**

**Edward I Bluth** MD (Presenter)

LEARNING OBJECTIVES

View learning objectives under main course title.

ABSTRACT

The results of the ACR 2013 Workforce Survey will be presented and discussed.

URL

**SPSI23C • Our Changing Health Care World: Factors Influencing the Need vs Surplus of Radiologists**

**Cheri L Canon** MD (Presenter) \*

LEARNING OBJECTIVES

View learning objectives under main course title.

**SPSI23D • Is Radiology Still an Attractive Field: A Program Director's Perspective**

**Mark E Mullins** MD, PhD (Presenter)

LEARNING OBJECTIVES

View learning objectives under main course title.

**SPSI23E • Going Forward: Is There a Formula for Success**

**Jocelyn D Chertoff** MD (Presenter)

LEARNING OBJECTIVES

View learning objectives under main course title.

**SPSI23F • Panel Discussion/Q and A**

**Carolyn C Meltzer** MD (Presenter) \* ; **Edward I Bluth** MD (Presenter) ; **Cheri L Canon** MD (Presenter) \* ; **Mark E Mullins** MD, PhD (Presenter) ; **Jocelyn D Chertoff** MD (Presenter) ; **Shawn D Teague** MD (Presenter) \*

LEARNING OBJECTIVES

View learning objectives under main course title.

**The Aging Radiologist: How to Cope, When to Quit (Sponsored by the RSNA Professionalism Committee) (An Interactive Session)**

**Tuesday, 08:30 AM - 10:00 AM • E450B**



**RC316** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

**Moderator**  
**Donald M Bachman**, MD  
**Stephen Chan**, MD  
**Bruce J Barron**, MD \*  
**William J Casarella**, MD  
**Robert A Schmidt**, MD \*

LEARNING OBJECTIVES

1) Identify physiological and psychological manifestation of aging specific to performance as a radiologist. 2) Institute non-prejudicial evaluation of function and performance of radiologists in their department as they age. 3) Understand economic, health, emotional and professional factors that stimulate radiologists to either continue working or retire. 4) Identify strategies for instituting meaningful and satisfying activities after retirement from active radiology practice.

ABSTRACT

**Change Management in Radiology**

**Tuesday, 08:30 AM - 10:00 AM • S404CD**





**RC332** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

**Michael N Brant-Zawadzki**, MD

**William T Thorwarth**, MD

**N. Reed Dunnick**, MD

#### LEARNING OBJECTIVES

1) Participants will appreciate the importance of understanding the culture of an organization. 2) Participants will understand that strategic planning will not result in a successful outcome if it is not consistent with the culture of the organization. 3) Participants will learn techniques that can help modify organizational culture and make it more effective in addressing new issues. (This course is part of the Leadership Track)

#### ABSTRACT

Culture may be defined as the behaviors and beliefs of a social, ethnic or age group. It is the set of shared attitudes, values, goals and practices that characterize the group. Understanding the culture of our professional organizations is essential to effectively creating and implementing a strategic plan. Each of us is involved in many organizations including private practice groups, multispecialty clinics, university departments and a variety of professional societies which are linked by common interests. These include a interests related to a specific geographic region, an anatomic organ system, or an imaging or therapeutic modality. They may also be connected to a common goal such as education, research, reimbursement, regulation, government affairs, or radiology administration. The pace of change in our society is quickening. This is true not only for communication and imaging technology, but also for the entire health care industry and the regulations that govern our behavior. American medicine has been criticized for being too expensive and having only average quality. Furthermore, a large number of unnecessary deaths have been attributed to medical error. If our field is going to respond effectively to these many challenges, we must understand the cultures of our various professional organizations in order to enable them to better implement needed responses.

### **Patient-centered Radiology: How to Communicate Effectively (Sponsored by the RSNA Public Information Committee)**

**Tuesday, 04:30 PM - 06:00 PM • N229**

**LM** **GN**

[Back to Top](#)

**RC416** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

#### Moderator

**Judy Yee**, MD \*

**Brent J Wagner**, MD

**Elliot K Fishman**, MD \*

**Susan D John**, MD

#### LEARNING OBJECTIVES

1) Understand the rationale for and growing value of increased personalization of patient interactions in diagnostic radiology. 2) Recognize the best opportunities for increasing patient awareness of radiologists' contributions and how to demonstrate this in various practice settings. 3) Identify and implement patients' preferred method of communications, including traditional, digital and current social media.

#### ABSTRACT

Modern medicine has become so complicated and sub-specialized that patients and their families often are confused. Frequently patients are not even aware that a radiologist is providing important services or the nature of those services. In the current era of consumer-driven healthcare, outsourcing of imaging services and growing competition from non-radiologists, radiologists must provide personal and patient-friendly services and connect with patients to prevent imaging from becoming a commodity. The way to personalize and optimize patient contact varies according to practice setting. This course will provide specific examples and strategies for experienced imaging professionals as well as residents and fellows.

### **Aligning Incentives between the Physician Practice and the Hospital: Finding the Win:Win**

**Tuesday, 04:30 PM - 06:00 PM • S104A**

**LM** **HP**

[Back to Top](#)

**RC427** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

**Norman J Beauchamp**, MD \*

**Angelisa M Paladin**, MD

**Edward Weinberger**, MD \*

**Cheryl Wieber**

#### LEARNING OBJECTIVES

As healthcare costs become a primary area of emphasis, the 'premium' that was allowed for academic medical centers is no longer in place. However, optimal care at acceptable cost is readily attainable in an academic center when the missions of the academic department and the hospital are aligned. In this presentation, the learner will recognize approaches to educating the next generation of radiologists while improving access, decreasing overutilization, enhancing safety and decreasing cost.

### **Value-Added Initiatives for a Healthcare System**

**Tuesday, 04:30 PM - 06:00 PM • S504AB**

**LM** **HP**

[Back to Top](#)

**RC432** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

### **RC432A • Radiology Support for Major Centers of Excellence**

**Barry Stein** MD (Presenter)

#### LEARNING OBJECTIVES

1) Recognize the opportunities for Radiology to contribute to healthcare systems in a value added fashion. 2) Provide framework for Radiology departments to illustrate their clinical value to the healthcare system. 3) Understand the importance and transformative potential of imaging informatics to the healthcare system and to the armamentarium of the Radiology department. 4) Appreciate the power of metric and analytic dashboards to the Radiology department and the healthcare system.

#### ABSTRACT

A. Clinical Integration & Innovation: 1. Critical role Radiology plays in supporting major clinical centers of excellence (stroke, cardiovascular, oncology, transplant, trauma, women's health, spine/joint etc), 2. Strategic multi-dimensional marketing within and for a healthcare system, B. Imaging Informatics: 1. Provide relevant imaging and reports anywhere and anytime, 2. Opportunity to change referring physician workflow with: a. powerful technology allowing easy effortless access to imaging, standardized reports, b. Zero foot print viewing solutions & mobile device technology, c. EMR & HIE integration, d. Multi modality & interdisciplinary common viewer, e. CPOE with appropriateness criteria 3. Patient access C. Improving the Bottom Line, 1. Discuss methods to derive meaningful financial & clinical metrics & analytics demonstrating how Radiology contributes to the bottom line (tangible added value), 2. Departmental dashboards supporting Healthcare system balanced score cards, 3. Improving imaging report turn around times to support initiatives to

decrease hospital length of stays

## RC432B • Imaging Informatics

**Keith J Dreyer** DO, PhD (Presenter) \*

### LEARNING OBJECTIVES

1) Develop an understanding of the essential Informatics skills required for a leader to be successful. 2) Develop an understanding of the common Informatics errors made by leaders in academic and private practices. 3) Acquire the skills of Informatics planning needed to ensure that the success of your organization is sustainable over time.

## RC432C • Radiology's Impact on the Hospital's Bottom Line

**Bernard F King** MD (Presenter)

### LEARNING OBJECTIVES

1) Identify methods to derive meaningful financial and clinical metrics and analytics demonstrating how Radiology contributes to the bottom line (tangible added value). 2) Developing departmental dashboards supporting HealthCare system balanced score cards etc. 3) Identify methods for improving imaging report turn around times to support initiatives to decrease hospital length of stays thus improving bottom line.

## What's New from the American Board of Radiology

Wednesday, 08:30 AM - 10:00 AM • E353A

**PR** **LM** **ED**

[Back to Top](#)

**RC502** • AMA PRA Category 1 Credit™:1.5

### Moderator

**Duane G Mezwa**, MD  
**James P Borgstede**, MD  
**Dennis M Balfe**, MD  
**Milton J Guiberteau**, MD  
**Kay H Vydareny**, MD

### LEARNING OBJECTIVES

1) Explain the Core and Certifying Exams; describe the relationship to/evolving impact of the new exams on training and practices. 2) Describe the ABR Board Eligibility policy and how a hospital credentials committee might apply it. 3) Describe recent ABR MOC program changes including: efforts to align MOC with practice requirements and incentives, self-assessment CME, and Continuous Certification. 4) Plan and execute a practice-relevant PQI project. 5) List the meaningful participation criteria for individual MOC Part IV credit when doing a group Part IV project. 6) Explain how IR/DR primary certification differs from VIR subspecialty certification; describe a likely sequence and timeline for its full implementation.  
ABSTRACT

## Critical Issues Facing the Profession of Radiology: An ACR Leadership Perspective (In Conjunction with the American College of Radiology)

Wednesday, 08:30 AM - 10:00 AM • S404CD

**LM** **HP**

[Back to Top](#)

**RC527** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

**Paul H Ellenbogen**, MD  
**Bibb Allen**, MD  
**Geraldine B McGinty**, MD  
**Howard B Fleishon**, MD

### LEARNING OBJECTIVES

1) Major issues facing radiology today. 2) What steps the American College of Radiology is taking to address these issues. 3) The process of political advocacy and how organizations work with Congress and federal agencies.  
ABSTRACT

## Managing Conflicts of Interest

Wednesday, 08:30 AM - 10:00 AM • S403B

**LM**

[Back to Top](#)

**RC532** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

## RC532A • Managing Multiple Accountabilities

**Carolyn C Meltzer** MD (Presenter) \*

### LEARNING OBJECTIVES

1) To provide a framework for understanding trends and variation in change of conflict of interest regulations guiding research and educational activities within academic medical centers, and how these have affected departments of radiology. 2) To compare and contrast processes of compliance, and discuss cost implications. 3) To examine how the academic-industry partnerships may proceed in this new, more restrictive environment.

## RC532B • Industrial-Academic Collaborations: Managing Research Relationships

**Jonathan S Lewin** MD (Presenter)

### LEARNING OBJECTIVES

1) Construct a framework for understanding industrial-academic relationships. 2) Describe common pitfalls in research partnerships. 3) Identify methods to mitigate conflicts of interest in research with industrial collaborators.

## RC532C • Entrepreneurship and Commercial Venturing by Physicians: Appropriate or Not?

**Richard L Ehman** MD (Presenter) \*

### LEARNING OBJECTIVES

1) Discuss entrepreneurship and how commercialization of intellectual property may serve the mission of academic medical centers. 2) Examine the purpose of the Bayh-Dole act and its historic effect on commercialization activity by academic medical centers. 3) Review potential concerns about entrepreneurship at academic medical centers, including effects on academic freedom, delayed publication, IP congestion and conflict of interest.

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## Hospital Administrators Symposium

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Wednesday, 01:30 PM - 05:30 PM • S103AB

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[Back to Top](#)



**SPHA41** • AMA PRA Category 1 Credit™:4 • ARRT Category A+ Credit:4.5

**Moderator**  
**Jonathan W Berlin**, MD \*

**SPHA41A • Introduction**  
**Jonathan W Berlin** MD (Presenter) \*

**SPHA41B • New Roles for Radiologists in the Next Decade**

**Alan D Kaye** MD (Presenter)

### LEARNING OBJECTIVES

1) Awareness of the current pressures on radiologists. 2) Key constituencies for radiologists of the future. 3) How individual radiologists and their practices need to adapt to the above to provide value in the evolving health care landscape.

**SPHA41C • Radiology in the Next Decade: The Payer's Perspective**

**Mark D Hiatt** MD,MBA (Presenter) \*

### LEARNING OBJECTIVES

1) To explain the new emphasis on value over volume in the accountable care era. 2) To examine how radiologists may need to be more involved in coordinating care to achieve appropriate utilization. 3) To discuss how radiologists may share in the savings from value-based care.

**SPHA41D • Radiology Utilization Management in the Next Decade**

**Cherrill Farnsworth** (Presenter) \*

### LEARNING OBJECTIVES

1) Attendees will leave with having heard about radiology utilization management changing from denial based to best practices and peer to peer consulting driven by today's search engines and real time point of care smart phone, tablet and laptop tools. They will see actual such tools used today in action. 2) Attendees will learn the financial and economic drivers that are causing these changes and, thus understand where this is coming from and how it saves money in the American healthcare system and in their practice. 3) Attendees will leave having learned the political drivers of these changes and which ones are likely to stand and which ones are most likely to change or be withdrawn. 4) Attendees will be given actionable solutions that they can implement into their practices in order to maximize their department or groups readiness for change.

**SPHA41E • Question and Answer Period**

**Jonathan W Berlin** MD (Presenter) \* ; **Alan D Kaye** MD (Presenter) ; **Mark D Hiatt** MD,MBA (Presenter) \* ; **Cherrill Farnsworth** (Presenter) \*

**SPHA41F • Radiology Practice Mergers and Acquisitions: Clinical and Administrative Issues**

**Blair Faber** (Presenter) ; **Howard B Chrisman** MD (Presenter)

### LEARNING OBJECTIVES

1) Understand economic and operational forces driving consolidation of radiologic practices. 2) Understand the positive and negative aspects of radiologic practice consolidation. 3) Explore key clinical and administrative challenges when approaching a radiology practice merger or acquisition.

**SPHA41G • Predicting the Future of Radiology: Medical Center President Perspective**

**Sharon O'Keefe** (Presenter)

### LEARNING OBJECTIVES

1) Describe the key economic drivers of healthcare reform in the near term. 2) Identify how healthcare reform will alter the relationship between Radiology and medical centers. 3) Evaluate future opportunities for Radiology and the evolving delivery system to prosper.

**SPHA41H • Teleradiology versus Local Radiologists: Issues and Perspectives**

**David C Levin** MD (Presenter) \*

### LEARNING OBJECTIVES

1) Become familiar with the advantages of using a teleradiology company. 2) Become aware of the drawbacks of using a teleradiology company. 3) Understand the added value to the hospital of having a fully staffed local radiology group on site.

**SPHA41I • Question and Answer Period**

**Blair Faber** (Presenter) ; **Howard B Chrisman** MD (Presenter) ; **Sharon O'Keefe** (Presenter) ; **David C Levin** MD (Presenter) \* ; **Jonathan W Berlin** MD (Presenter) \*

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## ASRT@RSNA 2013: Moving Towards Best Practice: Developing National Guidelines through a Collaborative Approach

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Thursday, 08:00 AM - 09:00 AM • N230

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[Back to Top](#)



**MSRT51** • AMA PRA Category 1 Credit™:1 • ARRT Category A+ Credit:1

**Mark Given**, MRT, RT

### LEARNING OBJECTIVES

1) An overview of best practice for medical radiation technologists in Canada. 2) A detailed overview of the processes used to develop the evidenced-based recommendations within each guideline. 3) An understanding of the collaborative approach used to vet the recommendations. 4) A brief tutorial on how to use the guidelines. 5) Discuss how the guidelines are being used to change practice.



## ABSTRACT

Guidelines provide a tool to help individuals enhance their professional lives and keep up with changes in their field. The opportunity to develop best practice documentation for medical radiation technologists in Canada was identified as an important strategic step for the profession and a key component of the push to gain greater recognition. In 2010, the Canadian Association of Medical Radiation Technologists (CAMRT) assembled a multidisciplinary committee from across Canada to develop Best Practice Guidelines. Since that time, the group has been identifying and developing new guidelines for MRT professionals across Canada to use in their daily practice. The process of working with this diverse group and developing an interactive Best Practice Guidelines website has been an evolution from start to finish. It provides many lessons and innovations to share with those who wish to pursue this path in the future.

## Service Excellence in Radiology (Sponsored by the RSNA Professionalism Committee) (An Interactive Session)

Thursday, 08:30 AM - 10:00 AM • E450B



[Back to Top](#)

**RC616** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

### Moderator

**Kenneth A Buckwalter**, MD

**Ella A Kazerooni**, MD

**Brent J Wagner**, MD

**Ingrid M Burger**, MD, PhD

**Bruce J Barron**, MD \*

### LEARNING OBJECTIVES

1) Understand who the customer is in Radiology and why customer satisfaction scores are important. 2) Review how Radiology can document the added value role it plays in the enterprise. 3) Discuss how to manage workplace interruptions.

### ABSTRACT

Service Excellence in healthcare is used generally to refer to patient or customer satisfaction, and our ability to consistently meet or exceed the expectations of patients, their families and visitors. It can be more widely expanded to include interactions among staff within a group, across groups or job descriptions or across departments. Inherently it is the concept that healthcare is more than just the technical act of delivering service, in radiology that would be the performance of a diagnostic test for example that hit high marks for classic quality metrics like image quality, radiation dose optimization and clarity and accuracy of the interpretation. Service excellence embraces the notion that healthcare must address the psyche, emotions and worries of those we care for, who come to us for service because they are ill and concerned about their health, the impact of disease on themselves and their families. It is about HOW we deliver the care too. From looking people in the eyes at check in, asking if there is anything else we can do for them, letting them know how they will get their test results, acknowledging when we can do better without blame, and knowing when and how to say thank you. On a more tangible level, high marks for Service Excellence also translates into higher employee engagement, retention of staff and a drop in time and resources spent doing service recovery. Hiring for Service Excellence is important to having the right people in your organization, and sometimes letting those go who cannot live up to those expectations may be necessary to move forward. In the end, a commitment to Service Excellence is not about an expensive program delivered by others to you to train to, it is about treating everyone with respect and both setting and often exceeding expectations. With higher patient satisfaction scores comes retention of patients/customers, and word of mouth marketing that your program is THE destination for care now and in future.

## How to Avoid Failure: Qualities of a Successful Leader

Thursday, 08:30 AM - 10:00 AM • S103AB



[Back to Top](#)

**RC632** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

### LEARNING OBJECTIVES

### ABSTRACT

Developing or continuing success within an organization is very dependent on the efforts and skills of leadership at all levels. Leadership is critical for all aspects of operational activities, including mission and goal setting, operational activities, outcome assessments, and communications within and external to the organization. The training to obtain these skill sets is inadequate in medical school and radiology residency, and most leaders, particularly at early levels of responsibility, develop these traits through either observing others or through trial and error experiences. This course will present an overview of the 'traits and states' that one needs to be aware in managing organizations, followed by specific key points to avoid failure whether one is in a university or community setting. The emphasis will be on helpful practical tips to avoid states or traits that frequently are associated with bad outcomes for an organization and/or the involved leaders. Lastly, a commonly overlooked component of effective leadership is succession planning. A top priority, it will insure that the strong organization the leader works hard to create will stand the test of time.

### URL's

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## RC632A • Traits and States: Management versus Leadership

**Alexander R Margulis** MD (Presenter)

### LEARNING OBJECTIVES

1) To learn that inspired leadership is dedication to team success not self aggrandizement. 2) There is no job that is too big. There are only people lesser than the job. 3) Learn that without resources even well outlined goals cannot be achieved. 4) Absolute transparency is a must. 5) Be a role model.

## RC632B • Keys to Avoid Failure: Key Qualities of a Successful Leader

**Norman J Beauchamp** MD (Presenter) \*

### LEARNING OBJECTIVES

View learning objectives under main course title.

## RC632C • Seamless Transitions: The Importance of Leadership Succession Planning

**Kathleen D Eggl** MD (Presenter)

### LEARNING OBJECTIVES

View learning objectives under main course title.

## ASRT@RSNA 2013: How Do We Make Care Patient-Centered?

Thursday, 02:20 PM - 03:20 PM • N230



[Back to Top](#)



**MSRT55** • AMA PRA Category 1 Credit™:1 • ARRT Category A+ Credit:1  
**Brenda A Battle**, RN, MBA

**LEARNING OBJECTIVES**

1) To provide the learner with an understanding of patient-centered care and examples of how integrating patient-centered care practices into the provision of care will enhance the patient experience. 2) To enable the learner to demonstrate practical skills in enhancing the patient experience. 3) To provide learner with an overview of the implications of patient-centered care on value-based care delivery.

**ABSTRACT**

Patient-centered care considers that patient care is not only focused on improving the overall quality of care, but more importantly places the focus of care on the patient. Determining what matters to the patient is the first step in a patient-centered approach to care delivery. Increasingly, attention is placed on the patient's judgement of the care received. Emphasis is also being placed on reimbursing care based on the patient's judgement of the delivery of care. The patient-provider relationship or encounter may be the determinant of the patient's perceptin of the treatment and the outcome of care. Patients want to communicate effectively with their provider. When good communication with the provider exists, patients report better outcomes. Providers who are not engaged in patient-centered care risk being judged adversely by patients. Providers should understand the tenents of patient-centered care delivery and the implications for the lack thereof.

**Hot Topic Session: From Irene to Sandy: How to Keep a Digital Department Running during a Natural Disaster**

**Thursday, 03:00 PM - 04:00 PM • S403A**

[Back to Top](#)



**SPSH55** • AMA PRA Category 1 Credit™:1 • ARRT Category A+ Credit:1

**Moderator**

**David S Hirschorn**, MD  
**Kamran Nasrullah**  
**Michael P Recht**, MD  
**Daniel P Link**, MD \*  
**David S Hirschorn**, MD

**LEARNING OBJECTIVES**

1) Understand the challenges of natural disasters to a radiology department. 2) Learn about the dangers to patients, personnel and equipment posed by natural disasters. 3) Explore methods to maintain operation of essential radiologic services during natural disasters. 4) Understand how to recover a radiology dept from natural disasters.

**Mind Your Own Business! Required Business Skills for Your First Job**

**Thursday, 04:30 PM - 06:00 PM • S404AB**

[Back to Top](#)



**RC702** • AMA PRA Category 1 Credit™:1.5

**Jonathan R Medverd**, MD  
**William P Shuman**, MD \*  
**Lukasz Babiartz**, MD, MBA

**LEARNING OBJECTIVES**

1) Define for the applicant to an academic and private practice radiology job, the parameters critical to assessing the advantages and disadvantages of the potential employment opportunity. 2) Understand the value of creating a business strategic plan and its components. 3) Understand the importance and techniques of repetitive surveying of the various customer groups. 4) Understand the difference between marketing and advertising and how each is accomplished with high impact.

**ABSTRACT**

There are many factors that must be addressed prior to committing to an employment contract. The applicant must be skilled in assessing the health of the practice, identifying potential red flags in contracts and exclusion clauses, understanding the mission and vision of the practice and determining if goals and objectives are aligned, and determining if the practice has a high chance of satisfying the applicant. In some cases this requires a rudimentary understanding of legal, financial, strategic planning, and socioeconomic principles. These issues will be addressed. Once you become an employee, the strategic plan of your business is critical to its future. If there is no plan, how do you go about creating one? What are the key components of a good strategic plan? Data is critical in understanding your service, your market and your future business directions. Key data components are obtained from surveying - of patients, of referring physicians, and even of staff. The elements of a good survey and how you target each of these groups to produce useful data are discussed in depth. Once you have data and a strategic plan, how do you get the message out? Advertising is publishing your added value. Marketing is understanding the unique features and dynamics of your local and regional market place. The interplay of these two subjects will be critical to business and service success.

**Professionalism and the Radiology Trainee**

**Thursday, 04:30 PM - 06:00 PM • S403A**

[Back to Top](#)



**RC724** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

**Director**

**Ronald L Eisenberg**, MD, JD  
**Stephen D Brown**, MD  
**Priscilla J Slanetz**, MD, MPH \*

**LEARNING OBJECTIVES**

1) To discuss effective strategies to address the issue of the impaired and/or incompetent colleagues. 2) To explain [how to handle unprofessional behavior within and across disciplines. 3) To formulate approaches to accountability, the unexpected outcome, and the role of apology.

**ABSTRACT**

Unprofessional behavior during medical school, residency, and fellowship training has been linked to subsequent disciplinary action by medical boards. Consequently, educational initiatives fostering professionalism are essential for residency and fellowship training in order to promote high quality patient care. Moreover, professionalism is now one of the six competencies that residents are required to achieve before completing their training and taking the new core examinations. Professionalism is one of the most challenging components of the core ACGME competencies to teach and evaluate during residency training. This interactive course will involve group participation using reflective practice, a technique that we have successfully incorporated into residency training at our institutions. These radiology-specific, case-based sessions will address the topics of (1) the clinically incompetent and/or impaired attending; (2) unprofessional behavior across

disciplines; and (3) managing the unexpected outcome, the role of apology, and accountability. Although primarily geared toward trainees, we welcome radiologists in practice who can share their practical experiences regarding these issues with residents and fellows. All three of the course facilitators have received RSNA Education Scholar Awards. Dr. Brown is a pediatric radiologist and bioethicist, Dr. Slanetz is a breast imager and residency program director, and Dr. Eisenberg is general radiologist, associate program director, and non-practicing lawyer.

## From Research to Reimbursement: The Story of CT Colonography and What It Teaches Us about Healthcare Payment Policy (In Conjunction with the American College of Radiology) (An Interactive Session)

Thursday, 04:30 PM - 06:00 PM • S103CD

LM HP CT GI

[Back to Top](#)

**RC727** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

**Bibb Allen**, MD  
**James V Rawson**, MD  
**Ezequiel Silva**, MD  
**Robert K Zeman**, MD  
**Geraldine B McGinty**, MD  
**Pamela Kassing**  
**Mark O Bernardy**, MD  
**Timothy A Crummy**, MD

### LEARNING OBJECTIVES

1) Understand the current process of how reimbursement for new technology is obtained from CPT code development, valuation and coverage. 2) Using CT colonography as an example, the participants will become familiar with the specific processes for obtaining coverage for new technology and procedures in the public and private sectors and how a myriad of governmental agencies and other policymaking groups are involved in determining which new procedures are covered. 3) Understand why obtaining coverage has become the limiting factor in bringing new technology to the mainstream. 4) Interactive techniques will be used to engage the audience in the consideration of strategic partnerships between industry, clinical research, governmental agencies and third party payors.

ABSTRACT

## Managing the Problem Employee

Thursday, 04:30 PM - 06:00 PM • S403B

PR LM

[Back to Top](#)

**RC732** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

**William G Bradley**, MD, PhD  
**Valerie P Jackson**, MD  
**Paul A Craig**, JD, RN

### LEARNING OBJECTIVES

1) Individual Employee Assessment: How to assess performance issues and distinguish inadequacies in core competencies from behavioral issues that require special intervention. 2) Workgroup Assessment: How to recognize group dynamics that contribute to individual dysfunctional behavior. 3) Individual Employee Intervention: How to lay the foundation for effective intervention with the problem employee. 4) Workgroup Intervention: How to support the workgroup, dislodge barriers to successful communication and improve group dynamics. 5) Managing Disruptive Behavior and Preventing Workplace Violence: Outside Help and Crisis Management: How to recognize danger signs, before problem employee becomes disruptive and poses risk of workplace violence. (This course is part of the Leadership Track)

ABSTRACT

This course will examine how to recognize a problem employee and, once recognized, how to deal with him/her. The primary intention is to recognize a dysfunctional environment and to 'rehabilitate' the problem employee. If that fails, the recommended procedures for terminating a problem employee will be discussed with the objective of minimizing the damage from any subsequent legal action.

## The Use of Business Analytics for Improving Radiology Operations, Quality, and Clinical Performance (In Association with the Society for Imaging Informatics in Medicine)

Friday, 08:30 AM - 10:00 AM • E350

LM IN

[Back to Top](#)

**RC826** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

**Moderator**  
**Katherine P Andriole**, PhD

### LEARNING OBJECTIVES

1) Understand what is meant by business analytics in the context of a radiology practice. 2) Be able to describe the basic steps involved in implementing a business analytics tool. 3) Learn how business analytics tools can be used for quality assurance in radiology, for maintenance of certification (MOC), and for practice quality improvement. 4) Be introduced to the capabilities of current and potential future business analytics technologies.

ABSTRACT

This course will provide an overview of the use of business analytics (BA) in radiology. How a practice manages information is becoming a differentiator in the competitive radiology market. Leveraging informatics tools such as business analytics can help a practice transform its service delivery to improve performance, productivity and quality. An introduction to the basic steps involved in implementing business analytics will be given, followed by example uses of BA tools for quality assurance, maintenance of certification (MOC) and practice quality improvement. The power of current business analytics technologies will be described, along with a look at potential future capabilities of business analytics tools.

## RC826A • An Introduction to Business Analytics Demonstrating Use of an Open-Source Tool for Application to Radiology

**Katherine P Andriole** PhD (Presenter)

### LEARNING OBJECTIVES

1) Gain an overview of business analytics tools and understand how they might be used in radiology. 2) Be able to describe the general steps involved in business analytics, including extract, transform, load (ETL) and key performance indicators (KPI). 3) See a demonstration implementation of an open-source business analytics tool using a radiology use case.

ABSTRACT

This session will provide a general overview of business analytics concepts and how they can be used in radiology. A walk through of the basic steps involved in implementation including identifying, collecting, transforming, and dynamically presenting key performance indicators (KPI) will be demonstrated. The extract, transform, load (ETL) steps will be shown using an example use case, and multiple

database sources taken from a radiology practice.

## RC826B • Business Analytic Tools for Quality Assurance, MOC and PQI

**Paul G Nagy** PhD (Presenter)

### LEARNING OBJECTIVES

1) Discuss the importance of informatics tools for ABR MOC PQI and ACGME SBP quality efforts. 2) Identify the role of informatics in capturing, extracting, analyzing, and communication quality projects. 3) Illustrate graphical dashboarding examples to support quality efforts.

## RC826C • Capabilities of Current and Future Business Analytics Technologies

**Tessa S Cook** MD, PhD (Presenter)

### LEARNING OBJECTIVES

1) To gain familiarity with currently available business technologies and their relevance to radiology practice. 2) To consider how existing business technologies can support quality assurance in radiology. 3) To learn about business analytics features that may be available/desirable in the future to augment and support both the practice of radiology.

ABSTRACT

## Consumerism and Radiology

Friday, 08:30 AM - 10:00 AM • S504AB



[Back to Top](#)

**RC827** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

**Richard Duszak**, MD  
**Christine Hughes** \*  
**Debra Richman**  
**Nancy Davenport-Ennis**, MD  
**Cherrill Farnsworth** \*  
**Steve Bonner**

### LEARNING OBJECTIVES

1) Identify the present and future ramifications of the rise of consumerism on radiology. 2) Characterize strategies radiology practices and departments can use to prepare for these changes. 3) Define what consumers need to know about imaging and how is it best communicated to consumers. 4) Illustrate how to create a bond with consumers in a commodity market.

### ABSTRACT

The rise of consumerism has impacted the relationships patients have with payors and providers. Because of the insular nature of radiology the full impact of consumerism has not yet been felt. Historically, radiologists have managed a Physician to Physician (P2P) relationship. Radiologists have been the invisible heroes in the patient care cycle. Ripples of Radiologist to Consumer (R2C) relationships are emerging in pockets of the US. This session will address the following questions: What are the present/ future ramifications of the rise of consumerism on radiology? How can radiology practices and departments prepare for these changes? What do consumers need to know about imaging and how is it best communicated to consumers? How is a bond created with consumers in a commodity market?

## Develop Your Radiology Financial Insight: Fundamental Principles You Should Know About Business

Friday, 08:30 AM - 10:00 AM • S502AB



[Back to Top](#)

**RC832** • AMA PRA Category 1 Credit™:1.5 • ARRT Category A+ Credit:1.5

## RC832A • How Much Is It Worth: Valuing Assets and Investments

**Kenneth A Buckwalter** MD (Presenter)

### LEARNING OBJECTIVES

1) Understand the time value of money. 2) Review interest rate terminology such as Interest rate, Discount rate, and Hurdle rate. 3) Describe standard ways to value an investment for Payback time, Internal rate of return, and Net present value. 4) Use net present value to understand the loss of Tiger Woods's Brand Value in 2009.

## RC832B • Follow the Money: Everything You Ever Wanted to Know About the Revenue Cycle

**Mark S Frank** MD (Presenter)

### LEARNING OBJECTIVES

1) Know the definition of 'revenue cycle'. Be aware of how the revenue cycle revenue applies to a 'typical' diagnostic radiology practice. 2) Know the definition of accounts receivable (AR), and the important role that AR plays in radiology practices. 3) Understand the concept of 'charge lag' and the factors contributing to it. 4) Know the major factors that effect timeliness and amount of payment received once a bill is submitted. 5) Know the relationships between net income, accounts receivable, and cash flow. 6) Be aware of the Radiology Business Managers Association (RBMA) recommended factors for tracking AR. 7) Know the definition of Adjusted Collections Percentage (ACP). 8) Know some techniques for reducing AR and optimizing the revenue cycle. 9) Know the definition of RBRVS (Resource Based Relative Value Scale) and its relationship to the Current Procedural Terminology (CPT) coding model. 10) Know the concept and structure (components) of an RBRVS global payment. 11) Understand how work performed (as perceived by the radiologist) maps onto the RBRVS scale and the role of the RBRVS scale in financial payment mechanisms.

## Disclosure Index

### B

**Barron, B. J.** - Stockholder, Immunomedics Inc  
**Beauchamp, N. J. JR** - Research funded, Koninklijke Philips Electronics NV  
**Berlin, J. W.** - Stockholder, Nuance Communications, Inc Radiology Advisory Board, Nuance Communications, Inc

### C

## D

**Dreyer, K. J.** - Medical Advisor, Agfa-Gevaert Group Medical Advisor, FUJIFILM Holdings Corporation Medical Advisor, General Electric Company Medical Advisor, McKesson Corporation Medical Advisor, AuntMinnie.com Medical Advisor, Microsoft Corporation Medical Advisor, Merge Healthcare Incorporated Medical Advisor, RCG HealthCare Consulting Medical Advisor, Siemens AG Medical Advisor, Hue AS Medical Advisor, Planar Systems, Inc Medical Advisor, Toshiba Corporation Medical Advisor, TeraRecon, Inc Medical Advisor, Pro Medicus Limited Medical Advisor, lifeIMAGE Medical Advisor, IBM Corporation Medical Advisor, Hewlett-Packard Company Medical Advisor, EMC Corp Medical Advisor, Phase Forward Incorporated Medical Advisor, Winchester Systems, Inc Medical Advisor, Dell Inc Medical Advisor, Carestream Health, Inc Medical Advisor, Amirsys, Inc Medical Advisor, Reed Elsevier Employee, Perceptics, LLC Board Member, Diagnostic Imaging Board Member, AuntMinnie.com Board Member, Imaging Economics Author, Springer Science+Business Media Deutschland GmbH Shareholder, Apple Inc Shareholder, Microsoft Corporation Shareholder, Intel Corporation Shareholder, Google Inc Shareholder, IBM Corporation Shareholder, Hewlett-Packard Company Shareholder, Dell Inc Shareholder, General Electric Company Shareholder, Nuance Communications, Inc

**Dupuy, D. E.** - Grant, NeuWave Medical Inc Consultant, Biocompatibles International plc Board of Directors, BSD Medical Corporation Stockholder, BSD Medical Corporation

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**Ehman, R. L.** - CEO, Resoundant, Inc

## F

**Farnsworth, C.** - CEO, HealthHelp Board of Directors, Vital Decisions LLC

**Fishman, E. K.** - Research support, Siemens AG Advisory Board, Siemens AG Research support, General Electric Company Advisory Board, General Electric Company Co-founder, HipGraphics, Inc

## H

**Hiatt, M. D.** - Medical Director, Regence BlueCross BlueShield Board Member, RadSite Former Chief Medical Officer, HealthHelp, LLC

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**Lehman, C. D.** - Consultant, Bayer AG Consultant, General Electric Company Research Grant, General Electric Company

**Levin, D. C.** - Consultant, HealthHelp Board of Directors, Outpatient Imaging Affiliates, LLC

**Link, D. P.** - Research Consultant, Veniti, Inc Speakers Bureau, Covidien AG Consultant, AngioDynamics, Inc

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**Mathews, V. P.** - Speakers Bureau, Eli Lilly and Company

**Mauro, M. A.** - Research Consultant, B. Braun Melsungen AG Research Consultant, BTG International Ltd

**Meltzer, C. C.** - Board of Directors, ACR Image Metrix

## N

**Norbash, A. M.** - Stockholder, Boston Imaging Core Laboratories, LLC Co-founder, Boston Imaging Core Laboratories, LLC

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**Pelc, N. J.** - Research Grant, General Electric Company Board of Directors, Real-Time Radiography, Inc Stockholder, General Electric Company Scientific Advisory Board, Samplify Systems, Inc Scientific Advisory Board, Radguard Medical, Inc Scientific Advisory Board, Albatross Medical Imaging

## R

**Ros, P. R.** - Radiology Advisory Committee, Koninklijke Philips Electronics NV Institutional research collaboration, Siemens AG Institutional research collaboration, Koninklijke Philips Electronics NV Institutional research collaboration, Toshiba Corporation Institutional research collaboration, Sectra AB

**Rosado De Christenson, M. L.** - Author, Thieme Medical Publishers, Inc Author, Amirsys, Inc

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**Schmidt, R. A.** - Stockholder, Hologic, Inc Medical Advisory Board, Three Palm Software LLC Stockholder, Three Palm Software LLC Spouse, Advisory Board, Three Palm Software LLC Spouse, Stockholder, Three Palm Software LLC Spouse, Consultant, Bayer AG Spouse, Medical Advisory Board, Bayer AG

**Shuman, W. P.** - Research Grant, General Electric Company

**Slanetz, P. J.** - Consultant, UpToDate, Inc

## T

**Teague, S. D.** - Advisory Committee, 3DR Inc

## W

**Weinberger, E.** - Medical Advisor, Clario Medical Imaging, Inc

## Y

**Yee, J.** - Research Grant, Bracco Group Research Grant, EchoPixel, Inc