



Michigan Radiological Society News

JANUARY 2018

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Roger Gonda, Jr., MD, FACR
President, MRS

Happy New Year to all MRS Members!

- Nothing catches a radiologist's eyes like bullet points.
- If only everyone would speak/text in bullet points....

Looking forward to a busy year, as always.

- We have good reason to believe that our efforts directed at Blue Cross Blue Shield toward tomosynthesis coverage will have a happy outcome. We expect an announcement from BCBS on or around March 1 regarding tomosynthesis coverage.
- There is nothing new to report on the corporate practice of medicine lawsuit. We await news from the appeals court.
- While there is nothing new at the court level, MRS is ramping up its efforts to make the ACR, MSMS and AMA aware of our efforts with this issue. See story by Dr Chesbrough on page 4.
- The past MRS Presidents and I had a interesting conversation with MSMS who wants to work toward reform of the practice and concept of prior authorization. See the specific story on page 6.
- Speaking of MSMS and Bullet Points: Dr Michael Sandler has a list of his own bullet points on MSMS Membership and why it is a good idea for us as MRS members to join and/or re-new. See page 8.

The MRS Breast meeting dates and location have been announced. Save the date (see page 8).

I truly hope all of you enjoy a happy, healthy and safe New Year and I hope you understand Tax Reform, Alternative Payment Models and MACRA better than I do.....

LEGISLATIVE UPDATE



James Cavanagh, JD,
MRS Lobbyist

OVERVIEW

The Legislature returned from its holiday recess on January 10. The Governor is expected to deliver his last State of the State address to a joint session of the Legislature on January 23. Thereafter, by the latter part of February, he will present his last Executive Budget recommendations.

LEGISLATION**INTERSTATE MEDICAL LICENSURE COMPACT**

As predicted, this legislation (HB 4066 and 4067) was reintroduced early this session after it died last session. These bills would allow for reciprocity in licensure for physicians for those states that are members of the compact. Many physicians including MRS members have serious concerns about this legislation and that opposition was a significant reason for its failure to get enacted last session. The chief sponsor of the legislation is Rep. Jim Tedder (R-Clarkston), who has the support of both Trinity and Ascension Health Systems. MRS is working in conjunction with MSMS to form opposition strategy. The House approved this legislation and it is with the Senate Committee on Health Policy.

CONTINUING CERTIFICATION REINTRODUCED

HB 4134, sponsored by Rep. Ed Canfield, D.O. (R-Sebewang), is a reintroduction of a bill that died last session. It prohibits continuing education as a condition for licensure or renewal of licensure for physicians. This legislation has split the physician community. Some physician specialty groups such as internal medicine and OB-GYN strongly support removal of the requirement because of the expense and bureaucracy involved in licensing renewal. Other specialty groups feel just as strongly that high standards should be kept, even if it involves expense and time. The bill has been referred to the House Health Policy Committee. The Chair of that Committee has indicated to me that he will give this measure a hearing but that a Committee vote is unlikely.

OPIOID PACKAGE PASSES, PLACING NEW MANDATES ON PHYSICIANS

SB 166 and 167, sponsored by Sen. Tonya Schuitmaker (R-Lawton), require a physician to run a Michigan Automated Prescription System (MAPS) report on all new patients when prescribing schedule 2 through 5 drugs. Failure to report to MAPS would subject the physician to sanctions. This initiative was recommended by the Governor's Task Force on Opioid Abuse and passed the Legislature in December.

SBs 270, 273 and 274 stem from the Governor's Opioid Abuse Task Force as well. SB 270 requires a "bona fide" physician/patient relationship exist before a physician can prescribe a Schedule 2 to 5 drug for a person. SB 273 mandates a physician who treats a patient for an opioid related overdose to provide information to the patient on substance use disorder services. SB 274 prohibits a prescriber from prescribing a combination of opioids in an amount exceeding 100 morphine milligram equivalents. Moreover, by 2018 a limitation would be in place on the supply of an opioid within a seven day period. All of these bills passed the Legislature shortly before its recess for the holidays. Shortly thereafter, the Lt. Governor signed them into law.

CHIROPRACTORS SEEK REIMBURSEMENT

SBs 282 and 283 would eliminate the employer's authority to refuse reimbursement for chiropractic services to workers compensation and no-fault auto insurance matters. These bills were first assigned to the Senate Health Policy Committee but have now been re-referred to the Senate Insurance Committee.

LEGISLATIVE UPDATE (CONT.)

EFFORT TO ADDRESS PRIOR AUTHORIZATION

MRS is participating in a work group along with MSMS, other specialty physician groups and other interested parties in seeking a solution to the arbitrary use of prior authorization.

Prior authorization is used by some insurers to control costs. However, its use has become more commonplace and hinders the practice of medicine and at times the best health interests of the patient. Prior approval and other methods of discouraging access to modern medicine is not only becoming an issue with drug therapy, but with imaging modality as well. The legislation being drafted by the work group would, among other things;

- Require an insurer to make current prior authorization requirements accessible on the insurer's website
- Mandate that the prior authorization requirements on the insurer's website be described in detail
- Require the insurer to make statistics available regarding prior authorization approvals and denials
- Place a time limit on the insurer for prior approval requests

Prohibit an insurer from requiring an insured's or an enrollee's physician to participate in a step therapy protocol if the physician considers that the step therapy is not in the patient/insured's best interest

Your thoughts are welcome and will be presented at the next work group meeting. Work group members are weighing the best time for a bill introduction, as 2018 will be a big election year.

WHAT'S IN STORE FOR MEDICAID?

When President Trump took office and the Republicans gained the majority in both Houses of Congress, it was widely assumed that the Affordable Care Act (ACA) would be repealed and replaced with a more conservative alternative. There was great talk in Lansing of block grants to states to pay for Medicaid, allowing states more flexibility to administer the program and requiring more of recipients. It appears that the Michigan Medicaid expansion program, which serves approximately 670,000 people, will remain "as is" for now. However, it is still unclear what effect Congressional passage of the Republican tax revision package will have on the Medicaid program. The concern is two-fold for advocates of a Medicaid health program. First, proponents are concerned that the \$1.5 billion tax cut will force lawmakers, if not in 2018 then shortly afterward, toward entitlement revision aimed at drastically cutting Medicaid, Medicare and Social Security, for starters. The second concern is in the tax legislation itself as it removes the insurance mandate, one of the underpinnings of the Affordable Care Act. No telling what effect that will have on Medicaid.

OTHER

CERTIFICATE OF NEED

The Special Certificate of Need Commission hearing originally scheduled for January 25 has been rescheduled for February 8 at 9:30 a.m. in Lansing.

RADIOLOGY AND CORPORATE PRACTICE ENFORCING THE LAW IN MICHIGAN



December 2017

In 1996, the Federal government authorized creation of Independent Diagnostic Testing Facilities, (IDTF's), to render outpatient medical diagnostic testing services to the public. Simply put, IDTF's were authorized to bill the Centers for Medicare and Medicaid Services (CMS) on behalf of qualifying patients, for legitimate and necessary medical services. However, the government was careful not to tread upon state's rights, and allowed non-physician and non-hospital (lay-ownership) of IDTF's only if authorized under state law.

Richard M. Chesbrough, M.D.
Board-Certified Diagnostic Radiologist
Diplomate, American Board of Radiology
Committee Member, Michigan Radiology

In Michigan, long-standing Corporate Practice of Medicine statutes do not permit lay individuals to own or operate FOR-PROFIT medical practices, including diagnostic imaging services. The law is based in the sanctity of the doctor: patient relationship, which cannot be subservient to business interests. (1.) Under state law, only physicians and non-profit hospitals may own facilities involved in

diagnosis or treatment of disease, or hold themselves out to the public as providing these professional services. (2.) The Michigan Attorney General has opined the wisdom and validity of this law in formal communications over 20 years ago. (3.)

The vast majority of other types of businesses in Michigan incorporate under the *Business Corporations Act* (BCA). This form of incorporation is appropriate for almost all business entities, other than the learned professions of law and medicine. The learned professions involve a lengthy and arduous process to obtain a specific license to practice, and mandate professional liability insurance, wherein the professional is personally liable for the actions of their corporation. In other corporate structures, there is generally a "corporate veil" whereby owners benefit from personal liability protections offered under the law. (4.) In other words, a business owner cannot be held personally liable for the actions of the corporation.

Such liability protections afforded under BCA do not extend to physicians practicing medicine. Instead, doctors are held to a different standard under the Michigan *Professional Services Corporation Act* (PSCA), wherein they remain personally liable for their actions. (1.) Under this law, a physician may not declare bankruptcy in order to dispatch malpractice claims or pending litigation. To the contrary, a doctor's license and personal assets remain at risk, in stark contrast to protections afforded the typical (non-professional) business under the BCA.

Despite existing legal statutes, a significant number of non-physician, lay individuals are currently "practicing radiology" in our state. In some cases, business persons have purchased existing radiology facilities, in flagrant violation of the PSCA. In other cases, lay individuals have established medical imaging IDTF's, mistakenly approved by the Department of Licensing and Regulatory Affairs (LARA), with subsequent credentialing by Medicare and Third-Party insurance carriers.

RADIOLOGY AND CORPORATE PRACTICE ENFORCING THE LAW IN MICHIGAN (CONT.)

In the opinion of many physician experts, business-owned practices provide levels of care that would be considered substandard by our profession. (5.) Locally, in the Metro Detroit area, there have been injuries and even patient deaths in some of these illegally operating clinics. Some of these tragic cases have resulted in high-dollar malpractice verdicts for the Plaintiff. (6.) In other cases, patient radiation exposures have increased the risk of developing cancer to as high as 1 in every 67 individuals. (7.)

In addition to safety concerns, LAY owned imaging centers represent unfair competition within the healthcare field (7.) With IDTF's seeking the lowest reading fees and using Internet-based technology to send radiology work out of Michigan, along with other changes occurring in healthcare, radiologists are concerned about their economic future. While many factors are out of the profession's control, radiologists should at least be allowed to practice without having to face illegal competition in our own state.

For decades, Michigan has had Corporate Practice of Medicine laws that make it illegal for anyone other than physicians and non-profit hospitals to own and operate medical practices, including imaging facilities. Under these laws, doctors are mandated to have authority, commensurate with their responsibility, in the provision of professional medical services. Patient's lives are simply too important.

The time has now come for Michigan radiologists to demand enforcement of existing laws that maintain physician autonomy, quality healthcare, and fair economic opportunity.

Patient's lives are simply too important.

References:

Professional Services Corporation Act; 1962, Act 192; MCL 450.221 to 450.235
Eff. March 28, 1963 (www.michiganlegislature.org)

Michigan Limited Liability Company Act; 1993, Act 23, Eff. June 1, 1993
(www.legislature.mi.gov)

Attorney General Opinion No. 6592, Frank J. Kelley; July 10, 1989;
(www.ag.state.mi.us/opinion/datafiles/1980/op06592.htm)

Business Corporations Act, 1972 PA 284; MCL 450.1101 to 450.2098

United States of America and the State of Tennessee ex rel., Karen Hobbs v. Medquest Associates, Inc., Bioimaging at Charlotte, Inc., et al.
Case 3:06-01169.
www.hinshawlaw.com/files/upload/Hobbsv.MedquestAssociates.pdf

Johnson v. Northland Radiology. (2006) Personal discussions with attorney
Elizabeth Matthews, Materna & Custer, P.C., Madison Heights, MI

United States of America v. Universal Imaging, MRI leasing LLC, et. al.
http://www.justice.gov/usao/mie/news/2012/2012_01_06_universal_image.html

PRIOR-AUTHORIZATION

As Jim Cavanaugh alluded to in his legislative update, MSMS (Michigan state Medical Society) is looking for our support (philosophical and financial) in crafting a legislative solution to the prior authorization problem. The MRS Board has asked MSMS for a direct presentation at the February meeting. Some MRS Board members have suggested that promoting ACR Select Clinical Decision Support directly to BCBS may be a more efficient and less costly alternative to legislation for our specialty. There will be more to come on this for sure. Below is more detailed information from MSMS about their position and action plan.

Background. Prior authorization is a mechanism for health plans to control costs by requiring providers to obtain approval before performing a service to qualify for payment. Health insurers frequently require prior authorization for pharmaceuticals, durable medical equipment and medical services. The inefficiency and lack of transparency associated with prior authorization costs physician practices time and money. The lengthy processes may also have negative consequences for patient outcomes when treatment is denied or delayed.

Due to its widespread usage and the significant administrative and clinical concerns, MSMS believes that prior authorization is a problem that needs to be addressed through a multifaceted approach to expedite patient care and reduce burdens on physicians.

MSMS Survey Data. A 12-question, web-based survey was administered by MSMS in July 2017. A sample of more than 600 Michigan physicians responded. It was refined to ensure that all participating physicians are currently in active practice in Michigan. Of those responding physicians, 29 percent were in primary care and 70 percent were specialists.

A separate attachment is included for the specific survey results; however, the headlines are:

- Prior Authorization is an extreme burden.
- Prior Authorization delays care.
- Prior Authorization causes physicians to be away from seeing patients.

Payer Advocacy and Why Legislation is Needed. MSMS continues to advocate that prior authorization programs must be clinically valid, timely, transparent, and not interfere with the continuity of care. However, it seems that payers are implementing new prior authorization programs more quickly than practices and MSMS can keep up. In fact, new companies are being created just to provide this service to payers. While MSMS has experienced some success in assisting practices with advocating for an opt out based on quality metrics and access concerns, long range deferments have not been achievable. With the sheer number of PA programs spanning all payers in Michigan, MSMS will be investigating the legislative route to addressing this burdensome process across the board. MSMS believes that advocating to payers will not overhaul prior authorization: there are too many payers, too many prior authorizations, and too many third-party organizations involved. The most efficient way to make the sweeping changes identified is through legislation.

Legislation. Through its research and partnership with the American Medical Association, MSMS identified the most common provider and patient complaints associated with utilization management programs. These principles seek to improve prior authorization and utilization management programs by addressing the following broad categories of concern:

- Clinical validity
- Continuity of care
- Transparency and fairness
- Timely access and administrative efficiency
- Alternatives and exemptions

PRIOR-AUTHORIZATION (CONT.)

MSMS believes there are various legislative opportunities available, each taking a considerable amount of investment. The opponents to our position have a significant amount of financial backing. In order for MSMS to determine the proper level, staff will be:

- Developing strong partnerships throughout the Michigan health care community, including specialty associations, group practices, and other interested groups, to formally build a coalition;
- Drafting legislation based upon the aforementioned five broad categories; and,
- Beginning its grassroots advocacy and outreach.

Next Steps. As a result, MSMS projects it will take \$1,000,000 to overhaul the prior authorization process. Three-quarters of this money will be political contributions, while the remaining quarter will be used on marketing and educational materials, including website, videos, social media advertising, direct mail pieces, etc. These resources will be utilized for advocacy efforts with legislators.

Supporters of prior authorization have outraised its opponents. For example, between January and July 2017, the amount of funds raised are:

- Blue Cross Blue Shield of Michigan PAC: \$367,394
- Michigan Chamber PAC: \$154,152
- Michigan Association of Health Plans: \$33,506

Viability and scope of this reform is heavily dependent on funding. Therefore, MSMS will work with its association partners and large group practice members to invest in this initiative.

MSMS MEMBERSHIP

Dear MRS Members: We often wonder what roles other medical organizations play in our practices and why we should support them. I asked Dr Mike Sandler to put together some good reasons to maintain a membership in the State and County Medical societies. Here is his response:

1. Medicaid outsourcing: MSMS is in the process of making Michigan Medicaid plans aware of outsourcing their imaging for interpretation to other states. Of course MSMS opposes that and will discuss with these plans.
2. Corporate practice of medicine: MSMS has strongly supported efforts by MRS to oppose the corporate practice of medicine--that is practices including imaging centers owned by non-physicians other than hospitals.
3. Mandated CME: To renew your Michigan license as of a certain date you must have a once in lifetime one hour class on human trafficking and one hour of medical ethics and three hours of education On pain and symptom management--generally relates to opioids. MSMS will send an instructor to meet with your group at the group convenience to teach these courses.
4. Reimbursement rates: MSMS has been able to hold steady the Medicaid reimbursement rates for radiologists as well as other specialties. They have advocated successfully to BCBSM to include All specialties in the PGIP uplift program.
5. Prior authorization: MSMS is finalizing their initiative to change how these are handled through legislative action. This will be of great importance to radiology practices if successful.

The MSMS Board has allocated \$100,000 for this effort.

6. Billing and coding services: MSMS has assisted many of our radiology members with billing and coding services. Also the MSMS staff meets quarterly with BCBSM staff to discuss billing problems our members have. These services could save your group more money than the dues if you have any issues.

They met recently and pushed hard for reimbursement for breast Tomosynthesis based on the information supplied by MRS. We will not know response for several weeks but are optimistic.

7. Medical liability reform: MSMS and other groups have beaten back multiple attempts by the trial lawyers to strip away the reforms enacted in 1993. The trial lawyers have been unsuccessful. As recently as 2016 MSMS was instrumental in passing legislation that fixed a loop hole in a case that went to Michigan Supreme Court. Thank you!

2018 BREAST IMAGING CONFERENCE



2018 Breast Imaging Conference

NOVEMBER 10 & 11, 2018

INN AT ST. JOHN'S, PLYMOUTH

Please join us at the Inn at St. John's in Plymouth, Michigan for a comprehensive and in-depth Breast Imaging course. Our Nationally renowned faculty include Rachel Brem, MD; Daniel Kopans, MD and Jean Seely, MD, as well as other Breast Imaging experts from across the State. Our speakers will address the latest Breast imaging technology topics targeted for radiologists in private practice or academic settings, as well as technologists, nurses, residents and fellows.

AMA Category 1 and ASRT Category A credits are pending approval.

Agenda Coming Soon!

Tuition	Before	After
	1-Sep	1-Sep
MRS Member	\$450	\$495
MRS Member - (Sat. or Sun Only)	\$225	\$270
Non-Member	\$500	\$545
Non-Member - (Sat. or Sun Only)	\$250	\$295
Resident/Fellow	\$225	\$250
Resident/Fellow - (Sat. or Sun Only)	\$115	\$240
RN	\$225	\$250
RN - (Sat. or Sun Only)	\$115	\$250
Radiologic Technologist	\$190	\$210
Rad Tech - (Sat. or Sun Only)	\$95	\$115

Location:

[Inn at St. John's, Plymouth](#)

44045 5 Mile Road, Plymouth, MI 48170

The MRS has secured a reduced room rate at \$159 per night. To reserve a room at the Inn at St. John's, call 734-414-0600 and reference the event:

2018 Breast Imaging Conference. The cut-off for room reservations is **October 25, 2018.**

Sponsor Information:

[Click here](#) for more information on sponsoring the event

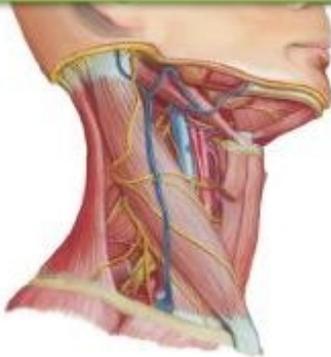
[Click here](#) for more information or to register online.

HEAD & NECK RADIOLOGY



MICHIGAN STATE UNIVERSITY

Department of Radiology



A Simplified Approach to

Head & Neck RADIOLOGY

What You Need To Know

Saturday, March 10, 2018

7:45 am—5:00 pm

 Michigan State University
 Radiology Building Auditorium
 846 Service Road, East Lansing, MI 48824
 Phone: (517) 884-3233

Suresh Mukherji, MD, MBA, FACR

 Professor and Chair
 Department of Radiology
 Michigan State University

SPECIAL GUEST SPEAKER


Patricia A. Hudgins, MD, FACR

 Professor of Radiology and Imaging Services
 Director of Head and Neck Radiology
 Emory School of Medicine

LEARNING OBJECTIVES

- Discuss head and neck anatomy and pathology
- Improve diagnostic accuracy in head and neck image interpretation
- Navigate common problems in head and neck imaging

COURSE OBJECTIVES

The purpose of this CME program is to provide information on the basics of head and neck radiology, both adult and pediatric pathology will be covered. One of the unique aspects will be audience interaction and participation as opposed to structured lectures. It is our goal that at the end of the day, participants will say the course was "too basic." If so, then you will have unwittingly learned and understood a tremendous amount of head & neck radiology!

WHO SHOULD ATTEND

- Radiology residents at all levels of training, but especially 4th year residents preparing for board examination
- Neuroradiology fellows preparing for the CAQ examination
- Community radiologists who wish to gain a better understanding of head & neck radiology
- Neuroradiologists with a desire to obtain further understanding on how imaging findings directly impact patient care and who wish to review for the CAQ or MOC examination
- Radiology CT & MR technologists interested in a review of optimizing imaging techniques for head & neck
- ENT physicians, ENT residents and other physicians who participate in the care of patients with head and neck disorders that would like a concise, one-day refresher course on head & neck imaging

ACCREDITATION STATEMENT

Michigan State University is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Michigan State University designates this live activity for a maximum of 7.00 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Commercial Support: No commercial support was obtained for this activity

Disclosure: No planners, reviewers, or presenters have any noted conflicts to disclose

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 Human Medicine
 Continuing Medical Education

[Click here](#) to register

[Click here](#) to download the brochure

RESIDENTS & FELLOWS

\$250

ALL OTHERS

\$350

*REGISTRATION DEADLINE: 02/12/18

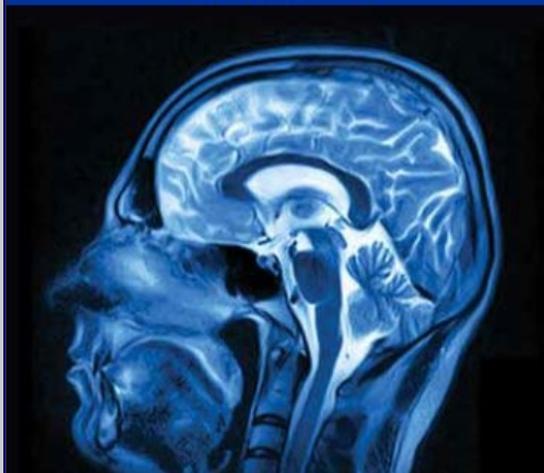
to ensure educational materials. Confirmation will be sent via email. Includes breakfast, breaks, lunch, and educational materials.*

CANCELLATION POLICY: An administrative fee of \$50 will be deducted from cancellation refunds. Refund requests must be received in writing two weeks prior to the course date, no later than 02/24/17. No refunds will be made thereafter.

DIRECTIONS & PARKING: [Click here to download](#) or [view map](#).

LODGING: [Click here to download](#) or [view map](#). Individual are responsible for their own travel and accommodation arrangements..

UPDATE IN RADIOLOGY

Radiology 2018

[Click here](#) to download the brochure.

Update in Radiology 2018

Date: March 22, 2018

Time: 7:30 a.m. - 12:45 p.m.

Place: **St. John Hospital & Medical Center**
Peter A. Whyte Auditorium
Center for Medical Education
22101 Moross
Detroit, Michigan 48236

Fees:

St. John Hospital & Medical Center Staff Physicians & Residents (supported by Medical Education/staff dues)

St. John Providence Physicians - \$40

St. John Providence Residents - \$20

Other Physicians - \$80

Residents, Fellows, Nurses, Allied Health Professionals & Others - \$40

*Payment must accompany registration form

Walk-in Rate: Add \$5

Above fees include breakfast, lunch and registration materials.

Registration

Deadline: March 19, 2018

Emergency Message Center Number
313-343-3858