



Michigan Radiological Society News

JANUARY 2017

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Michael Kasotakis, MD

A New Year and a New Perspective

On behalf of the Michigan Radiological Society I wish everyone a healthy and happy 2017. This is a good time to reflect on our society, our profession, and also on ourselves. Personally my goal this year is to be grateful and to change my inner perspective. All too often we are caught up in the daily grind of our professional lives that we lose our mission in life. Why do we do what we do? What is our purpose? What is our True North? And, how can we give back to those that have helped us achieve our successes?

It is no secret by now that nearly six in ten of us are officially burnt-out. The factors leading to this come down to a loss of autonomy and control. Of course, increasing demands on turn-around times, service, quality, navigating health-care reform, and the changing market of radiology are only adding to our inner fire. Although we do not necessarily have the capacity to change the macroeconomic factors, we do have the ability to change our perspective and offer an inner narrative that is positive and hopeful. Each and every one of us can create an optimistic, positive, and hopeful attitude that is infectious and propagating.

It all starts with acknowledging the need to change. Do you have the self-awareness to realize your maximal potential? By adopting a can-do attitude and positive thinking you can be a beacon of change, and hope. People will look to you as a source of energy and light. No one has the right to take our happiness away. No one has the right to make our professional lives miserable. In my humble opinion, the high rate of burn out is a tragedy and failure of the current state of medicine. We cannot reform healthcare and move into the 21st century medicine with disengaged and unmotivated physicians. We need to take back our profession and reclaim the joy in medicine that so many of us have lost. We owe that to our patients and to society that has trusted to care for them most intimately.

So how do we do it? In the coming months I plan to have series of speakers that will engage with the membership of the MRS and offer lectures on burn-out and emotional empathy. We will talk about techniques such as gratitude, positive thinking, mindfulness, and meditation. We will describe the qualities of emotional intelligence and empathy.

Why not start today? Take the time to reflect daily. Spend five minutes going over your day. What were your successes? What could you have done better? Keep a gratitude journal and jot down a few things per day that you are proud of. Be like Benjamin Franklin: never speak ill of no one, avoid gossip and negativity, never criticize, be humble, pray and meditate.

And finally, if you have the capacity and inner reserves, please give back. Serve as a mentor to medical students or residents. Engage in your community by volunteering at your children's school or sports team. Serve in your local churches. Engage with government both local and national. Participate in your medical society by attending lectures and events or joining a committee. Read for pleasure and learn from others by engaging in positive conversation. Build relationships both professionally and personally that will make you more resilient to the cancer of burn out. And don't forget to exercise and eat well. We cannot have a clear and confident mind without a healthy body.

I look forward to an excellent new year. I am grateful that I have been given the ability to practice medicine and diagnose disease. I am grateful that I can make a positive impact on the care of patients. I am grateful that I have a stable, challenging, and economically viable profession. I am grateful for my health, my friends, and my family. And, finally I am grateful that you have given me the confidence to serve as your MRS President.

Sincerely,
Michael Kasotakis, MD
President, Michigan Radiology Society.

LEGISLATIVE UPDATE



James Cavanagh, JD
Warner Norcross & Judd

OVERVIEW

The 98th Michigan Legislature concluded its session in the evening of December 15. Prior to adjourning for the year, lawmakers were able to approve a revamping of Michigan's energy policy and some changes in health policy. Official sine die (without day) for this legislature was held on December 28 with the new Legislature meeting by constitutional mandate on the second Wednesday of the new year. That means this year the new Legislature will meet to organize itself at Noon on January 11, 2017.

The Republican majority in the House will be the same (63-47) as it was prior to the election. The new Speaker will be Tom Leonard (R-Dewitt) and the new Minority Leader will be Sam Singh (D-East Lansing). Senate Republicans will have two years left with their super majority (27-11). Senate leadership remains the same.

The year 2016 was the sixth straight year of Republican domination of state government. Besides the legislature, Republicans control the Governor's office and enjoy a 5-2 majority on the Michigan Supreme Court. By 2018, the next statewide election, the GOP will have had complete control of state government for an unbroken 10 years. Moreover, because of the huge Republican tidal wave election of 2010, the GOP was able to redraw legislative and congressional districts to their liking, thus ensuring Republican legislative dominance for the rest of the decade. In that time period, besides the recent energy policy rewrite, the Republican majority has made, in the past six years, organized labor anemic and made Michigan a right to work state, revamped the business tax, cutting business tax obligations substantially, given emergency managers for financially distressed cities and school districts great autonomy, approved measures to make retirement systems approach solvency, placed restrictions on local government, enacted significant revenue measures with a view toward improving and repairing the State's infrastructure and created a Medicaid expansion program that requires enrollees to make significant contribution and to become accountable for their health maintenance, and enacted a financial bailout for the City of Detroit and the Detroit Public Schools.

In the next legislative session, look for a more conservative Republican majority to revise and revamp Michigan's auto no fault law and make more revisions to Medicaid expansion, called the Healthy Michigan Plan.

The session will begin in earnest after the Governor's State of the State speech, which is scheduled for January 17 and the presentation of his budget, which is expected in February.

HEALTHCARE

FLINT WATER CRISIS

The Flint water crisis continues to be a tragedy for the residents of the City and an albatross to the Snyder Administration. While water quality is improving, it is still recommended that residents continue to drink bottled water. The state and federal governments have poured over \$100 million into the City in an effort to alleviate medical and environmental problems. There is still no end in sight, as the City will ultimately need to replace its water pipes at the cost of tens of millions of dollars. Meantime, the Attorney General has criminally charged thirteen state and local officials, with the latest being felony charges against two former emergency managers. The crisis has no immediate end in sight.

MEDICAID'S FUNDING SAGA

Over a year ago, the federal government, through its Centers for Medicare and Medicaid Services (CMS), informed the State that its method of funding the Medicaid obligation would, as of January 1, 2017, no longer be acceptable. One of the key components of the source of revenue was a six percent use tax on Medicaid health plans. CMS said this tax was not broad based enough and by using federal tax dollars to leverage more federal funding, the scheme amounted to a "tax on a tax." The Legislature responded by passing a package of bills which would, among other things:

[Click here](#) to read the full document.

APRN UPDATE



Steve Kilanowski,
Chairman
Legislative Affairs Committee
Vice President of MRS

Fellow Members of the Michigan Radiological Society (MRS),

In recent years, there has been a push by advanced practice registered nurses (APRNs) to expand their scope of practice and to practice medicine independently without physician oversight -- not only in Michigan, but in other states and in the U.S. Department of Veterans Affairs (VA) health system, as well. There have been many iterations of Michigan House and Senate bills attempting to accomplish these goals, including proposing the ability for APRNs to “order, perform, supervise, and interpret imaging” without qualifiers. The MRS has fought the latter measure for years, including testifying before the Michigan Legislature, successfully lobbying, and sending teams of radiologists, radiation oncologists, physicists, and residents/trainees to directly communicate with legislators during our legislative days in Lansing.

As a direct result of those repeated and sustained efforts, we are pleased to report that in January, [House Bill 5400](#) was reported out of the Senate Health Policy Committee and approved by Governor Snyder with exclusion of the expansion of scope of practice of APRNs -- most notably into radiology.

Thank you all for your continued support of MRS. We could not have achieved this great success without you. This success serves as a great reminder of one of the many benefits of MRS membership.

Sincerely,

Stephen Kilanowski, M.D.
Vice President, Michigan Radiological Society

A LETTER TO WATSON FROM A CONCERNED PARENT



Michael Kasotakis, MD

Wikipedia: Watson is a [question answering](#) computer system capable of answering questions posed in [natural language](#),^[2] developed in IBM's DeepQA project by a research team led by [principal investigator David Ferrucci](#).^[3] Watson was named after IBM's first CEO and industrialist [Thomas J. Watson](#).^{[4][5]} The computer system was specifically developed to answer questions on the [quiz show Jeopardy!](#).^[6] In 2011, Watson competed on Jeopardy! against former winners [Brad Rutter](#) and [Ken Jennings](#).^{[4][7]} Watson received the first place prize of \$1 million.^[8]

*"I, for one, welcome our new computer overlords." Ken Jennings (lost to Watson on Jeopardy!)
It has become appallingly obvious that our technology has exceeded our humanity. - Albert Einstein*

Dear Watson,

It has been almost one year since we last met at the RSNA. In that short time you have grown quite a bit. The only problem is that you are still in your early teen years. And, like an adolescent, you are making premature claims with very little to show for. I'm afraid that if you keep this behavior up, you may harm yourself or worse yet, our profession. You see, you have scared the dickens out of us. If healthcare reform and physician burn-out were not enough to worry about, now we have artificial intelligence, automation, and robots. Don't believe me? Just ask any medical student what they fear most about radiology. As a result, our competitiveness as a specialty has fallen over the years while residencies go unfilled. Unfortunately, prophecies can be self-fulfilling.

Ask and you shall receive

Any parent will tell you that they know what is best for their child. As a concerned parent I really wish that you would start listening more. You presume to know what is best for me without asking. Your behavior would suggest that I need an assistant to help me read films and arrive at a differential diagnosis. The reality is that I don't. With all due respect, Watson, I am very comfortable with my diagnostic and perceptual abilities. Long, hard years of study and work have made me actually quite good at radiology. Yes, occasionally I could use a second opinion on a difficult case. Thankfully, just a phone call away is a trusted colleague who can help. And no, Mr. Watson, I don't ask or need help on every case. You thought you could impress me by diagnosing a massive saddle embolism, 4cm breast cancer, and 5cm aortic dissection at RSNA? Although you may have thought it impressive, I was confused as to why you offered a differential diagnosis of gastroesophageal reflux and cardiac ischemia for the case of pulmonary embolism. What you diagnosed was an "Aunt Minnie". You see Mr. Watson, I can make the diagnosis in seconds, no differential needed and no second opinion rendered.

To err is human

I will be the first to admit that I am not perfect. But I do have self-awareness to know that my occasional misses can be opportunities for learning. Fool me once, shame on you, fool me twice shame on me. Learning from mistakes is part of being an excellent physician. Medicine does not demand or even need perfection, what it needs is more compassion. And, unlike you, I have the empathic ability to be an even better radiologist after a miss. Thankfully, diagnostic imaging is only a part of the medical diagnostic puzzle. In medicine we work as teams using laboratory data, clinical history, physical examination, and diagnostic imaging to arrive at a diagnosis. It is actually quite rare that a diagnostic "miss" will lead to patient death.

A LETTER TO WATSON FROM A CONCERNED PARENT (CONT.)

Braggadocious

Like any adolescent you claim to be able to do more than you can. I get it. You are much better at the technology stuff than us old timers. You are a wiz at computational algorithms. You can crunch huge medical databases in milliseconds. You have the ability to scan images at the pixel level. You can search the entire medical database, all while getting virtually no sleep, never stopping for lunch or coffee, and never complaining about it. But where you outperform me computationally, you lack in wisdom and empathy. How would you define a human? How do you plan to offer comfort to a patient receiving news of a new breast cancer diagnosis after biopsy? How do you plan on explaining to a patient and their anxious family the risks and benefits of CT-guided biopsy? Did you plan on attending tumor boards, medical rounds, quality meetings, educating technologists and residents, and meeting with administration? I didn't think so.

Daddy knows best

What I really wish we would do is actually talk to each other more. If you would only listen to what I actually need, perhaps our relationship wouldn't be as difficult as it has been. What we really need in radiology is more efficiency, more precision, and more streamlining of process to make what we do more efficient and more accurate. If you had only asked me, I would tell you to use your talents to optimize my hanging protocols, merge my PACS station with the EMR, and provide me with relevant, pertinent, and timely clinical and laboratory data on each and every case. Moreover, if you really want to show off your "artificial" intelligence then start detecting and measuring lung nodules, liver lesions, and brain tumors while efficiently comparing them to each and every available study in the medical database. Use your talents to scan the medical records and fuse patient data with research data and provide prognostic information. Help me to triage normal from abnormal. Scan my reading list and use your fancy microchips to triage the positive cases for me to read first. And, sure, if there is a negative chest X-ray go ahead and read it...I'll sign it off once I read the post-operative brain MRI after tumor removal and chemo-radiation therapy.

All in the Family

You see, Mr. Watson, what I am really asking of you is that we stay together as a family. I don't want you running off and forgetting where you came from and who made you. Together we can do what we do better. We can couple our talents: my wisdom and empathy, with your technological prowess to better serve our patients and humanity. We can be both efficient and accurate all while forging into this brave new world of precision medicine.

Be like BASF: don't *do* radiology...help us to do radiology better.

Sincerely yours,
Your (concerned) parents.

RESIDENT SECTION



20TH ANNUAL RESIDENT CONFERENCE & RESEARCH FORUM
February 10, 2017
Auburn Hills Marriott Campus at Pontiac

CALL FOR ABSTRACTS

NEW THIS YEAR: We are combining the annual resident meeting with the annual radiation oncology resident meeting. Two additional winners will be selected from the radiation oncology resident submissions with one additional winner presenting at the annual Hickey Lecture. See below for more details.

Submit an Abstract for the 8th Annual Research Forum

- Research may be new or previously submitted work
- Six abstracts will be chosen to give a 10 minutes PowerPoint presentation at the meeting and will receive a \$100 monetary award.
- Two of those six will be chosen to present at the prestigious Annual Preston M. Hickey, MD Memorial Lecture, on March 9, 2017 at the Inn at St. John's and will receive an additional \$200 monetary award

Submit abstracts in Word format electronically to shannon@michigan-rad.org, by January 15, 2017. Please include name, residency program, specialty and a photo.

PROGRAM

8:30 a.m.	Registration
9:00 a.m.	Breakfast
10:00 a.m.	Introduction
10:15 a.m.	Bibb Allen, Jr., MD, FACR
11:45 a.m.	LUNCH - Quiz Bowl – 2016 Winner-Henry Ford
1:00 p.m.	Ted Burnes
2:00 p.m.	Michael Kasotakis, MD
2:45 p.m.	<i>BREAK</i>
3:00 p.m.	Abstract Presentations - Quiz Bowl Winners
4:00 p.m.	Announcement of 2016 Board Members
4:15 p.m.	<i>ADJOURN</i>
5:00 p.m.	Board of Trustees

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

IMAGE WISELY



The American College of Radiology and the Radiological Society of North America formed the Joint Task Force on Adult Radiation Protection to address concerns about the surge of public exposure to ionizing radiation from medical imaging. The Joint Task Force collaborated with the American Association of Physicists in Medicine and the American Society of Radiologic Technologists to create the Image Wisely campaign with the objective of lowering the amount of radiation used in medically necessary imaging studies and eliminating unnecessary procedures.

Image Wisely offers resources and information to radiologists, medical physicists, other imaging practitioners, and patients.

Image Wisely Annual Pledge Process

In 2016, changes to the Image Wisely pledge process were introduced. Pledges must be renewed annually; they now expire every year on Dec. 31. Pledges made in 2016 or earlier will expire Dec. 31, 2016*.

Requirements for facilities were also strengthened to make the pledge more meaningful. Only a single pledge level is available for facilities which wish to participate. In order to take the Image Wisely pledge, facilities must participate in a dose index registry **and** be accredited by an organization that directly evaluates: radiation dose indices and compliance with accreditation pass/fail dose thresholds, clinical image quality, phantom image quality, and personnel qualifications.

All individuals, facilities, associations and educational programs who pledged to Image Wisely in the past will be able to renew their pledges starting Jan. 1, 2017. Upon pledging, they may print a dated certificate to document their pledge. Facilities which have pledged are permitted to download the Image Wisely logo to advertise their participation in the campaign. In addition, associations/educational programs and imaging facilities may choose to have their names posted to the [Image Wisely Honor Roll](#).

**with the exception of pledges made during RSNA 2016, which are valid through Dec. 31, 2017.*

TAKE THE PLEDGE

OTHER EVENTS

**Radiology Business Managers of Michigan Presents:
Coding Seminar (CPT coding and IR coding)**

January 31- February 1, 2017



The Crowne Plaza Lansing
925 S. Creyts Rd.
Lansing, MI 48917

Keynote Speaker:

Jeff Majchrzak, BA, RCC, CIRCC
Vice President of Radiology Services, Panacea

For more information contact:

Jennifer Horon
Billing Analyst/IR Clinic Coordinator
Huron Valley Radiology
Phone: 734-712-8360
Email: jennifer@hvrrad.net

OTHER EVENTS (CONT.)



MICHIGAN STATE UNIVERSITY

Department of Radiology



A Simplified Approach to

Head & Neck Radiology

What You Need To Know

Saturday, March 18, 2017

Michigan State University | Radiology Building Auditorium

**SAVE
THE
DATE**

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

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