Michigan Radiological Society News

NOVEMBER 2017

INSIDE THIS ISSUE:

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

Greetings colleagues:

So far this fall the MRS has been very active advocating for you and crisscrossing the state in pursuit of its academic, practice improvement, legislative and leadership goals.

In September almost 30 radiologists and radiology residents converged on Lansing and met with many of our State's elected leadership. The representatives and senators were chosen if they were involved in Health Care Policy committees. The corporate practice of medicine, interstate licensure and scope of practice issues were discussed with elected leaders and their staff. The MRS was officially recognized during the on-going House of Representatives session. The visit to the State Capitol Building alone is worth the trip for those of you who haven't seen it. Architecturally, it's fabulous. Afterwards, the MRS Board met for its first session of the year and this was followed by a terrific presentation on military Interventional Radiology by Steve Ferrara MD. Truly inspiring, Steve made us proud to be radiologists and proud to be Americans. Steve Ferrara is the radiologist running for a congressional seat in Arizona.

October brought us to Traverse City and the second Up North Conference. Fun, fellowship, factual learning and forecasts were the theme of the 2 day conference. We enjoyed listening to Dr. Frank Lexa who mesmerized with Value Added Medicine for Radiologists in 2017 and Future Shocks for Radiology in 2017. Dr. Matthew Davenport and a team of Urologists gave a wonderful presentation of MRI Prostate and collaboration with the Urologic community across the state. Dr. Scott Schwartz gave a detailed overview of Prostate Artery Embolization and our own Dr. Gaurang Shah cleared up some of the confusion on MACRA, MIPS and some other acronyms. Rounding out the first day was a trip to the Rove Winery in the Traverse countryside. On day 2 Dr. Walt Sahijdak reviewed radiation treatment of the prostate. We were treated to fascinating talks by Dr. Greg Rose on threats to private practice radiology and artificial intelligence. Dr. Arl Van Moore was also very informative discussing private practice survival and health care reform. Three fantastic resident presentations from Karen Grajewski, MD - University of Michigan, Hasan Anbari, MD - Providence Park Hospital and Scott Cressman, MD - Henry Ford Health System were also given. All in all, it was a superb 2-day event. Save the date for the 2019 Up North Conference October 12th & 13th. Many of the speakers have graciously allowed their slide sets to be viewed. Click here to view.

In November we expect another first class presentation for our Career Development and Networking Event at the Air Zoo in Kalamazoo by Paul Chang MD. This guy gives a great talk so make the drive out there, enjoy the museum. Air Zoo 6151 Portage Rd, Portage, MI 49002. Hours of operation have been extended for our event from 9AM – 7PM. This is an event designed for young and early career physicians who can't afford nice clothes yet. Jeans and sweatshirts are encouraged.

Of course, none of the success MRS enjoys at all our venues across the state would be possible without the steady hands of Shannon Sage and her family at the helm.

Happy Fall and Happy Thanksgiving

LEGISLATIVE UPDATE

OVERVIEW

After a great deal of buildup, the Legislature voted on revision of auto no fault legislation, and specifically, the unlimited medical benefits provision mandated in the current law. HB 5013 went down to a stunning defeat by a 45-63 margin, marking the second time House GOP leadership had taken a vote on a measure on the Floor only to see it defeated. Lawmakers also are advancing legislation meant to address opioid addiction. The Legislature is scheduled to recess on November 9 for firearm deer season and Thanksgiving, and return on November 28. Thereafter, it will meet until mid-December, recess for the holidays, and return in January.

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 Health Policy Committee held a hearing on the bills and then the full House passed and sent them over to the Senate. The bills are now with the Senate Health Policy Committee. We are working to either defeat or soften the bills.

CONTINUING CERTIFICATION REINTRODUCED

HB 4134, sponsored by Rep. Ed Canfield, D.O. (R-Sebewaing), 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.

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 recommend by the Governor's Task Force on Opioid Abuse and passed the full Senate. These bills were reported from the House Health Policy Committee to the full House in early October and they remain on the House floor.

LEGISLATIVE UPDATE (CONT.)

SB 172, sponsored by Sen. Margaret O'Brien (R-Portage), increases penalties on physicians who wrongfully prescribe, dispense, manufacture, or distribute controlled substances. This bill has been referred to the Senate Health Policy Committee where it has remained since its introduction.

SBs 270, 272, 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 272 requires a physician to provide information and a consent form to a patient prior to prescribing an opioid. 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. As with SBs 166 and 167, the bills have been reported from the committee to which they were referred and have remained on the House Floor for the past month.

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.

AUTO NO FAULT REVISION GOES DOWN TO A RESOUNDING DEFEAT

Late on November 2, the House defeated a measure which would have significantly revised the Personal Injury Protection (PIP) benefits of Michigan's auto no fault law. Currently, auto insurers and the Catastrophic Claims Fund are responsible to the insureds who are catastrophically injured in a car accident for lifetime medical care, no matter what cost. The proposed revision as embodied in HB 5013 would have given insureds three options for PIP benefits, a ceiling of $250,000, one of $500,000, and the current unlimited benefit. For a person opting for the $250,000 amount of PIP, there would be in place a statutory discount of 40 percent of the PIP. For those opting for the $500,000 benefit limit, a discount of 20 percent would be mandated and for those choosing to stay with the unlimited amount, the discount would be 10 percent. Proponents said there is a need for revision in order to make insurance more affordable. Opponents said this bill, if enacted, amounted to a giant cost shift from insurance companies to taxpayers, as many people would be forced onto Medicaid.

RAVE CASE/MSMS ANNUAL SCIENTIFIC MEETING

Bradford Betz, MD, FACR

As radiologists, our daily experience with a variety of imaging techniques sometimes gives us the ability to use them in different ways that can demonstrate our unique value to clinical colleagues. For example, many surgeons receive no training in intraoperative ultrasound, but there are indications for localizing anatomy/pathology in the OR with imaging, and for us, this is just scanning. Recently at our institution, a child with a spinal tumor was discovered to have an incomplete resection on his postoperative MRI. The residual tumor was focal and appeared resectable, but was located deep to the cord's surface, so the neurosurgeon was reluctant to hunt around to find it. At tumor board, we mentioned that a radiologist might be able to localize the remaining tumor with intraoperative ultrasound, which the neurosurgeon was not trained to use and did not seriously consider. Nevertheless, the time we spent in the OR was minimal and we easily identified the tumor--which subsequently shelled out easily--providing a happy result for the family and the surgeon. Intraoperative ultrasound is an easy way to demonstrate value--if we let clinicians know it's available.

MRS was well represented at the 152nd Annual Scientific Meeting, which was held on October 24 - 28, 2017 at the Sheraton Detroit Novi

From left:

Steven Min, DO spoke about Advanced Gastrointestinal Imaging: Cross Sectional Evaluation of Small and Large Bowel

Eduard Kotlyarov, MD spoke about Diagnosis of Pulmonary Thromboembolism in 2017

Daniel Croteau, MD spoke about Current IR Management of DVT and PE

Benjamin Viglianti, MD, PhD spoke about Nuclear Myocardial Stress Imaging Review for the Referring Clinician

RADIOLOGICAL SAFETY

Mark C. DeLano, MD, FACR
Advanced Radiology Services, PC
Division of Radiology and
Biomedical Imaging
Michigan State University
mdelano@advancedrad.com

Gadolinium contrast deposition: Lesion detection is a safety issue too

Disclosures: I have served as a consultant and speaker for several contrast manufacturers including GE Healthcare, Guerbet, and Bracco, and am currently conducting a retrospective trial with support from Bracco.

The tolerance of risk and the balanced appreciation of benefits associated with risks is fundamental to all medical interventions. To the extent that safety is the freedom from risk or danger, as has been pointed out by Dr. Emanuel Kanal, the missed diagnosis by not detecting pathology otherwise visible is not merely a decrease in efficacy, it is a safety issue. The scientific literature and the lay press have devoted much attention to the increased awareness of unintended gadolinium deposition in tissues after the administration of gadolinium based contrast agents (GBCAs) used to improve diagnosis in MR. The concerns are driven by the iatrogenic disease of nephrogenic systemic fibrosis (NSF). While appropriate caution is warranted for those with renal insufficiency, the benefits of contrast administration are often neglected in the current discussion and some historical perspective is helpful in guiding future practice. While not intended to be a comprehensive review, some relevant references are included.

The deposition of gadolinium in tissues has been described in animal models since at least 1984. (Huckle, Altun, Jay, & Semelka, 2016) The earliest report in humans was in 1989 (Tien, Brasch, Jackson, & Dillon, 1989) shortly after the introduction of Magnevist. The next report of gadolinium retention in humans was not until 1998, and the widespread awareness of NSF in 2006 and the reclassification of GBCAs into those more frequently associated with the NSF (ACR Manual on Contrast Media. V10.3. page 90). NSF prompted appropriate renal function screening prior to GBCA administration, and while such screening measures have effectively relegated NSF to an historic phenomenon, we do appreciate the lessons the entity provided. The concerns regarding the observation of tissue retention in the human brain raised by Kanda in 2014 sparked renewed concerns (Kanda, Ishii, Kawaguchi, Kitajima, & Takenaka, 2014) and many other investigators have published findings implicating all contrast agents in their capacity to contribute to brain deposition of gadolinium.

The current edition of the ACR Manual on Contrast Media (V10.3. pages 78-79) includes the May 2016 ACR-ASNR position statement on the use of gadolinium contrast agents. The gadolinium deposition in the brain may be dose dependent and can occur in patients with no clinical evidence of kidney or liver disease. To date, despite extensive review and attention, there have been no report of histologic changes of neurotoxicity, even among GBCAs with the highest rates of deposition. No clinical disease or entity has been linked to the retention of gadolinium in tissues. The position statement does advocate for additional research "to elucidate the mechanisms of deposition, the chelation state of these deposits, the relationship to GBCA stability and binding affinity, and theoretical toxic potential, which may be different for different GBCAs." They note that "until we fully understand the mechanisms involved and their clinical consequences, the safety and tissue deposition potential of all GBCAs must be carefully evaluated."

RADIOLOGICAL SAFETY (CONT.)

More than 300 million doses of GBCAs have been administered worldwide. There have been less than 1000 cases of NSF, and no new cases since the implementation of screening guidelines. There is widespread acknowledgement that gadolinium deposition has occurred since its introduction into the practice of MR. What needs to be properly acknowledged in this debate, and what was highlighted by the joint position statement is that GBCAs provide vital information rendering diagnoses not otherwise possible. Timely intervention means the world to those with a solitary metastasis or in differentiation patients with solitary or multiple metastases. The balanced approach to contrast utilization is the key. We should only use contrast with the appropriate clinical indications in patients with the appropriate renal function. We should also use the most efficacious of agents for a given indication. By doing so we make a meaningful and safe contribution to the care and management of our patients. As noted in the ACR-ASNR statement, "If the decision for an individual patient is made to use a GBCA for an MRI study, multiple factors need to be considered when selecting a GBCA, including diagnostic efficacy, relaxivity, rate of adverse reactions, dosing/concentration, and propensity to deposit in more sensitive organs such as the brain."

Huckle, J. E., Altun, E., Jay, M., & Semelka, R. C. (2016). Gadolinium Deposition in Humans: When Did We Learn That Gadolinium Was Deposited In Vivo? *Investigative Radiology*, *51*(4), 236–240. http://doi.org/10.1097/RLI.0000000000000228

Kanda, T., Ishii, K., Kawaguchi, H., Kitajima, K., & Takenaka, D. (2014). High signal intensity in the dentate nucleus and globus pallidus on unenhanced T1-weighted MR images: relationship with increasing cumulative dose of a gadolinium-based contrast material. *Radiology*, *270*(3), 834–841. http://doi.org/10.1148/radiol.13131669

Tien, R. D., Brasch, R. C., Jackson, D. E., & Dillon, W. P. (1989). Cerebral Erdheim-Chester disease: persistent enhancement with Gd-DTPA on MR images. *Radiology*, *172*(3), 791–792. http://doi.org/10.1148/radiology.172.3.2772189

JOBS BANK

General Radiologist
Foundation Radiology Group, a Radiologist founded and led national group, is seeking a Board Certified General Radiologist for our client's 208 bed hospital in Grand Rapids, Michigan. This onsite position with an established hospital is affiliated with the local, prestigious University of Michigan. We are seeking a physician to read a wide mix of modalities, as well perform light procedures such as biopsies, fluoro, thoracentesis, paracentesis, drainages, LP's, etc. This is a full-time Monday through Friday 8 a.m. to 5 p.m. position with minimal nights, weekends and call! Subspecialty reads are shared across our group as 70% of our physicians are Fellowship trained. Our Radiologists are supported at all times by our experienced administration, technologists and extenders to ensure a smooth daily routine.

Interventional Radiologist
Foundation Radiology Group, a Radiologist founded and led national group, is seeking a Board Certified, CAQ Interventional Radiologist for our client's 208 bed hospital in Grand Rapids, Michigan. This onsite position with an established hospital is affiliated with the local, prestigious University of Michigan. We are seeking a physician to perform a variety of procedures ranging from biopsies, fluoro, thoracentesis, and paracentesis to higher end procedures such as embolization's, ablations and more. Radiologist will also read a mix of modalities, with any subspecialty reads such as MSK, performed by Fellowship trained physicians. This is a full-time Monday through Friday 8 a.m. to 5 p.m. position with minimal call and travel. Our Radiologists are supported at all times by our experienced administration, technologists and extenders to ensure a smooth daily routine.

Women's Imaging Radiologist
Foundation Radiology Group, a Radiologist founded and led national group, is seeking a Board Certified, Fellowship Trained, MQSA Women's Imaging Radiologist for our client's 208 bed hospital in Grand Rapids, Michigan. This onsite position with an established hospital is affiliated with the local, prestigious University of Michigan. We are seeking a physician to read a mix of modalities with a high concentration of Mammography, as well perform light procedures such as sterotactic Bx, needle loc's, US/CT Breast Bx, tomosynthesis, etc. This is a Monday through Friday 8 a.m. to 5 p.m. full-time position with minimal nights, weekends and call! Subspecialty reads are shared across our group as 70% of our physicians are Fellowship trained. Our Radiologists are supported at all times by our experienced administration, technologists and extenders to ensure a smooth daily routine.

Radiologist Wanted:
Looking for a *full time Radiologist* to join a collegiate, cohesive 10 man group at Beaumont Hospital, Farmington Hills, Michigan. FTE opening due to partner retirement. Candidate should be proficient in *US, CT, MRI, X-ray, PET* and *IR procedures* (comfortable with vascular embolization). Fellowship training in IR or Neuro is preferred. The Radiologist must also be willing to *teach* as the group has a Radiology Residency in house. This is a partnership track position. For further information contact Dr. Rocky Saenz at 248-615-7204 or email rockysaenz@beaumont.org.

For more information or to list an open position on the MRS Website contact Shannon Sage at shannon@michigan-rad.org

Click here for a full list of open positions.

SAVE-THE-DATE

Save-the-Date

2018 Breast Imaging Conference

November 10 & 11, 2018

Inn at St. John's, Plymouth