



American College  
of Radiology

Virginia Radiological Society

# ACR Update

Alan H. Matsumoto, MD, MA, FACR

Chair, ACR Board of Chancellors

August 3, 2024

ACR.org

# Disclosures

- DSMB
  - Endologix (Aortic Endograft Trial)
  - Penumbra (PE Thrombectomy Trial)
- Independent Data Reviewer
  - Boston Scientific (DCB Trial)
- Speaker's Bureau
  - Cook Medical
- Stockowner
  - Senzime (Swedish Company)
  - Brightwater Medical

# American College of Radiology

## Radiology/Radiologist term(s) include(s)

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- Diagnostic and Interventional Radiology/Radiologist
- Radiation Oncology/Oncologist
- Nuclear Medicine & Molecular Imaging/Physician
- Medical Physics/Physicists



# Virginia Radiological Society

**Kudos!**

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# Chapter Officers

**Jennifer E. Nathan Forero, MD, FACR**  
President

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**Jose Manuel Morey, MD**  
President Elect & Vice President

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**Peter H. Van Geertruyden, MD, FACR**  
Secretary -Treasurer

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**Arun Krishnaraj, MD, MPH, FACR**  
Immediate Past President

# Congratulations to the new VRS ACR Fellow

Dr. Jennifer E. Nathan Forero, FACR



Distinction of  
achievement  
and contribution  
to the ACR and  
our profession

- Includes contributions in teaching and research
- Only 15% of members receive this honor

# VRS Chapter Recognition Awards

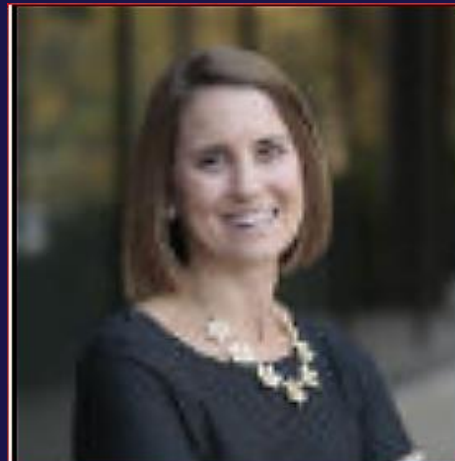
Division D Award for Excellence in Government Relations | **2023**

Division D Award for Excellence in Meetings and Education | **2022**

Division D Award for Excellence in Meetings and Education | **2021**

Division D Award for Excellence in Quality and Safety | **2020**

Division D Award for Excellence in Membership | **2019**



# Chapter Members in ACR Leadership

**Alan Matsumoto, MD, MA FACR**

BOC Chair

**Arun Krishnaraj, MD, MPH, FACR**

BOC Member





# Overview of Presentation

- 01 What is the ACR, how is its Governance structured and who are its current leaders?
- 02 ACR Strategic Plan & New Branding
- 03 ACR Economics and Advocacy Update

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# What is the ACR?



**40,000+** diagnostic and interventional radiologists, radiation oncologists, nuclear medicine physicians, and medical physicists.



Includes **11,000+** resident, fellow, and medical student members

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**2,275+** volunteers donating their time and talents to advance the mission, vision and values of the organization.

**54** chapters with representation on the ACR Council, contributing to advocacy and policy-making efforts.



Includes **11,000+** resident, fellow, and medical student members

**~11% reduction in ACR staff, effective April 4, 2024**



# ACR® CEO



**Dana H. Smetherman**

MD, MPH, MBA, FACR



American College  
of Radiology™

## MISSION

- ACR is the voice of our members, empowering them to serve patients and society *by advancing the practice and science of radiological care*

## VISION

- ACR members thrive, improving health, leading through excellence in radiological care

## OVERARCHING GOAL

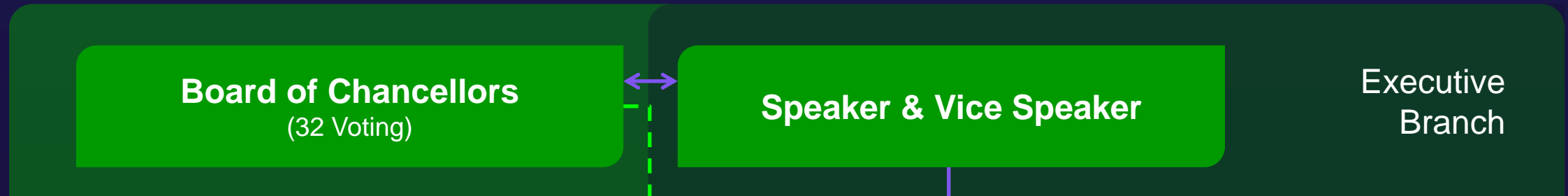
- ACR is indispensable to all potential members



## Core Values

Integrity - Visionary - Excellence - Leadership - Transparency - Member Driven

# Governance Structure



The ACR Board is the executive body of the ACR & provides leadership, guidance & strategic direction according to the policies set forth by the Council/CSC & ensures that the activities of the Commissions & their Committees meet the goals & objectives of the ACR Strategic Plan.

# ACR Leadership



**Alan Matsumoto, MD, MA, FACR**

**Chair, ACR Board of Chancellors**



**Christoph Wald, MD, PhD, MBA FACR**

**Vice-Chair, ACR Board of Chancellors**

# ACR Leadership



**Pamela K. Woodard, MD, FACR**

**ACR President**



**Catherine J. Everett, MD, MBA, FACR**

**ACR Vice-President**

# ACR Leadership



**Timothy Crummy, MD, FACR**

Speaker, ACR Council



**Kurt Schoppe, MD**

Vice-Speaker, ACR Council



# BOC Members

Who we are

**32 BOC Members**

**22 Commission Chairs**

**7 Officers**

**5 Society Representatives**

**1 YPS Member**



# BOC Members

## Council Elected

Alson  
Amurao  
Bulas  
Duszak  
Ignacio  
Kotsenas  
**Krishnaraj**  
Lightfoote  
Mihal (YPS)  
L. Nicola  
Rohren  
Rosenkrantz  
Rubin  
Swan

## Chair Appointed

Destounis  
Comstock  
Jordan  
Larson  
Min  
G. Nicola  
Slanetz  
Small (appointed & selected)  
Wald

## Society Selected

Munden  
Flanders  
Harris  
Luh  
Small (appointed & selected)

## Council Elected Officers

Woodard  
Everett  
Crummy  
Schoppe

## BOC Elected Officers

**Matsumoto**  
Wald  
Kotsenas (Sec-Treasurer)



# BOC Members

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Amurao

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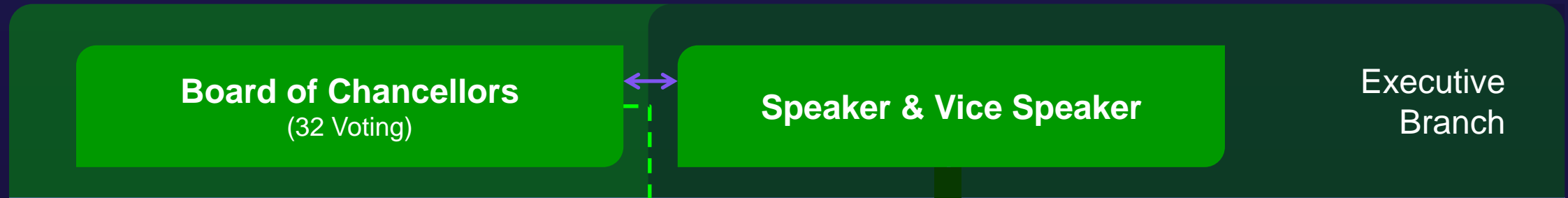
## Executive Committee

members, who also make

up the Executive

Compensation Committee

# Governance Structure



- In 1963, the BOC established the ACR Council as its **legislative branch** in recognition of the 54 Chapters & the Councilors.
- In 1968, the Board shifted the responsibility for determining ACR policy to the Council and Councilors as representatives of ACR members.
- CSC represents ACR Council when the Council is not in session.

# Governance Structure



# Governance Structure



## Council Steering Committee

- Composition: (up to 22 members)
  - 8 elected Council members (two-year term)
  - Speaker and Vice-Speaker (two-year term)
  - 7-12 appointed members \*
- Chaired by Speaker and Vice Speaker

\* Some are elected by other constituencies [RFS(2), YPS (1)]

# Council Steering Committee



Timothy A. Crummy, MD, MHA, FACR

Madison, WI  
Council Speaker



Kurt A. Schoppe, MD

Fort Worth, TX  
Council Vice Speaker



Juan Batlle, MD, MBA

Coral Gables, FL



Andrew K. Morarity, MD

Grand Rapids, MI



Robert J. Optican, MD, FACR

Durham, NC



Ashley Prosper, MD

Los Angeles, CA



David T. Boyd, MD, MBA, FACR

Great Falls, VA



Melissa Chen, MD

Houston, TX



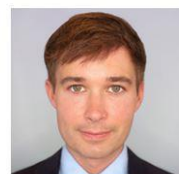
Sammy Chu, MD, FACR

Seattle, WA



Alisha Rathi, MD

Long Island, NY



Daniel A. Rodgers, MD

Charleston, WV



Gaurang V. Shah, MD, FACR

Ann Arbor, MI



Heidi A. Edmonson, PhD, FACR

Eagan, MN



Fatima Elahi, DO, MHA

Lincolnwood, IL



Nancy A. Ellerbroek, MD, FACR

Valencia, CA



Ian A. Weissman, DO, FACR

Wauwatosa, WI



Kimberly S. Winsor, MD

Flagstaff, AZ



Monica J. Wood, MD

Cambridge, MA



Nolan J. Kagetsu, MD, FACR

New York, NY



Ryan K. Lee, MD, MBA

Philadelphia, PA



Christopher R. McAdams, MD

Atlanta, GA



Elizabeth Malin, MD, FACR

Syosset, NY



Trina Behbahani, CAE

Reston, VA: ACR Staff



**American College  
of Radiology™**

## Council

“The Council shall, in accordance with the stated purposes of the College, establish official actions and policies of the College.”

The Council Steering Cttee (CSC) represents the Council between Annual ACR meetings, which is >99% of the year.

# Governance Structure



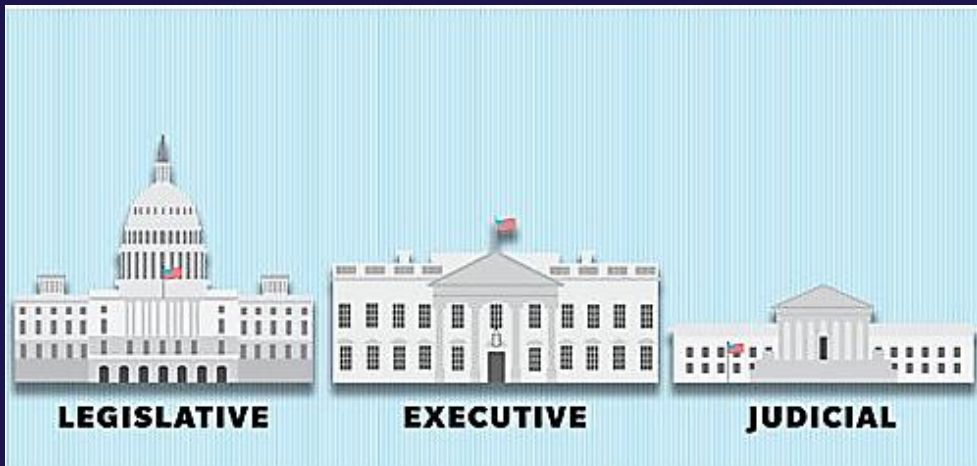


# 10 Standing Committees

- Budget & Finance
- Audit
- Bylaws
- Ethics
- Judiciary
- Governance
- College Nominating
- Board Nominating
- Awards & Honors
- Executive

# Governance

US Government



ACR Governance

Legislature = ACR Council

Executive = Board of Chancellors

Judicial .... Rarely needed 😊

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# ACR Strategic Plan



## Nearly a year in the making

### Input from:

- ~1000 of rank-and-file members
- Emphasis on YPS & RFS members
- ACR Chapters
- ACR leadership
- > 70 ACR Staff
- > 50 external stakeholder groups

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**All guided by an excellent  
outside facilitator**



**All objectives will require **key  
performance indicators** (KPI)  
to ensure objectives are met**

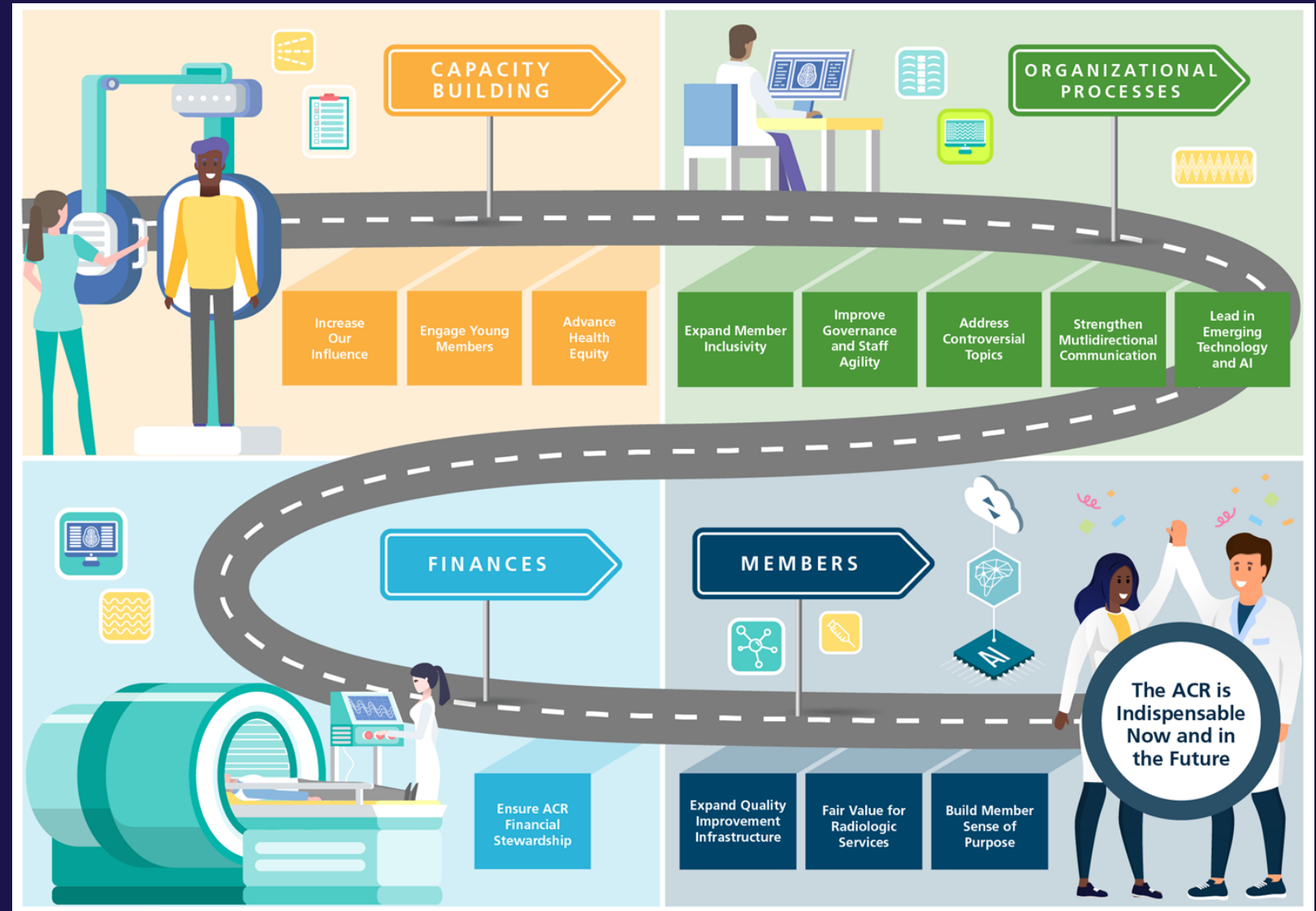
# ACR's Strategic Journey Map – Empowering the Radiologists of the Future



## Strategic Plan Adopted Winter 2021-22

12 objectives within  
4 perspectives which:

- are interdependent
- increase member value
- improve radiologic care
- strengthen healthcare for all



# Rebranding

- 4 Year Project with extensive member research
- Focus on the evolving needs of our members
- Strong input from the YPS and RFS Sections
- Launched at ACR 2023



**American College**  
*of Radiology*<sup>™</sup>

# ACR Strategic Plan & Branding:

- Organization of Opportunity
- Convener of Conversations
- Lead in Emerging Technology and AI
- Tag line – Focused, Forward, Together



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# Legal Entity Structure

## ACRA 501(c)(6) versus ACR 501(c)(3)

Dues flow 1-way  
from ACRA to ACR

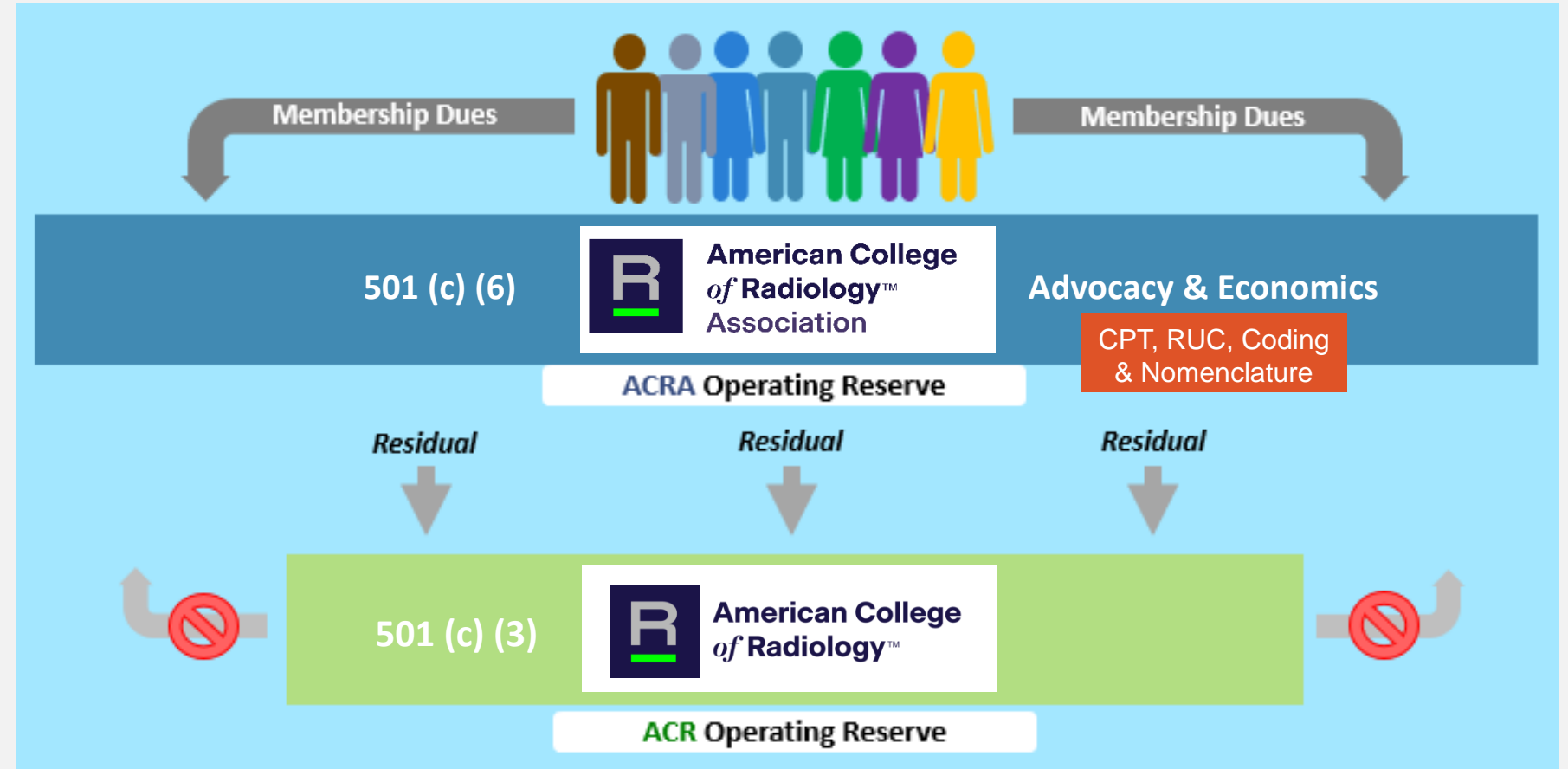


# Legal Entity Structure

## ACRA v. ACR: 501(c)(3) v. 501(c)(6)

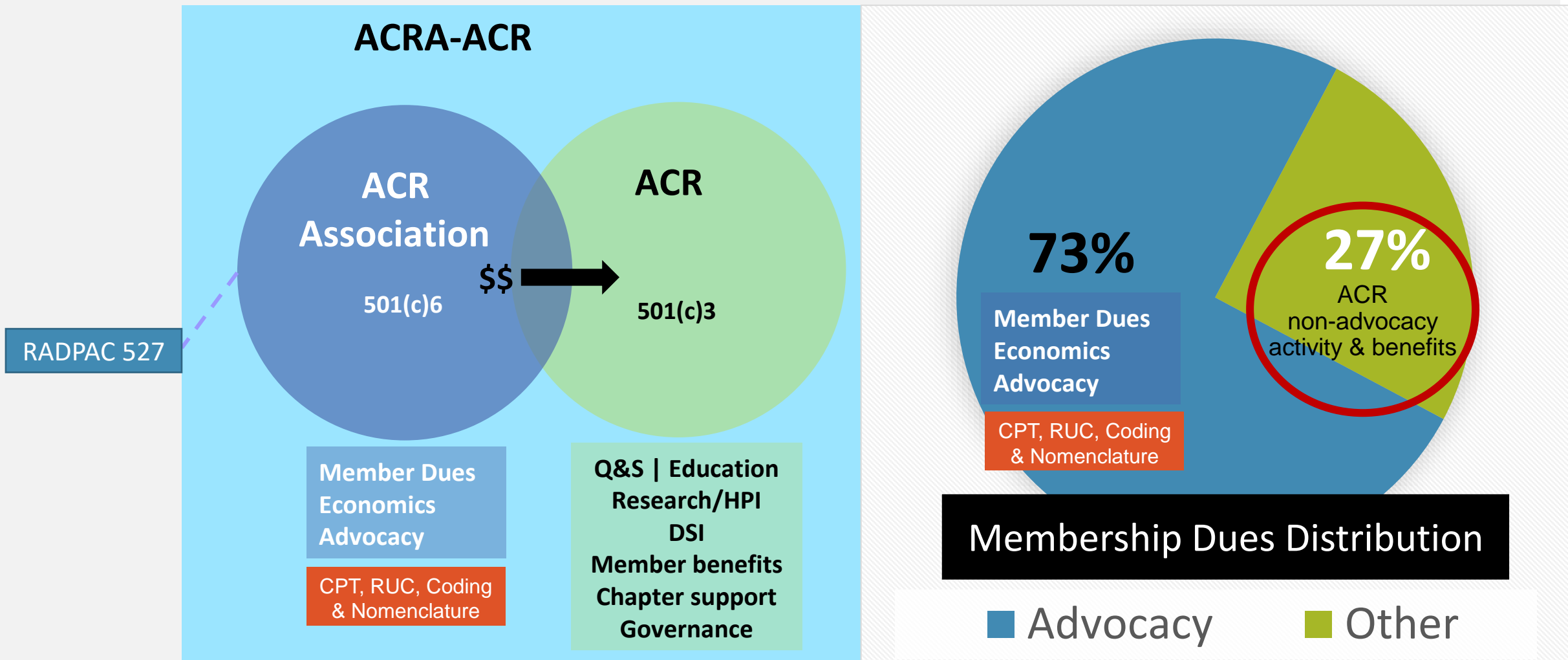
Dues flow 1-way  
from ACRA to ACR

Per IRS rules, ACR, as  
a 501(c)(3), cannot  
fund Political  
Advocacy efforts



It is important to note that both ACR and ACRA have individual operating reserves equivalent to 75% of the annual operating expense budget to a) mitigate the impact of unexpected or undesirable events; b) provide financial flexibility and ability to pursue opportunities of strategic importance; and, c) serve as a resource for capital investments in infrastructure.

# ACR & Affiliates



# Some of the other ACR non-advocacy activities & benefits

01

#MedStudents,

02

We get it. Beginning your radiology rotation can be tough as the radiology sphere is quite different from your core clinical rotations, but you've got this -- and we're here to help. Check out our high-yield rotation guide:

[bit.ly/3Sm6Wsb](https://bit.ly/3Sm6Wsb)

03

## The High Yield Guide to Radiology Rotations for Medical Students

- View:
  - AP
    - Heart will appear larger due to magnification
    - Heart/thoracic cage ratio can be up to 0.6
  - PA
    - Won't see medial end of scapulae as much in thorax
    - Less heart magnification
    - Heart/thoracic cage ratio can be up to 0.5
- Rotation:
  - Adults
    - Look at medial end of clavicles and spinous processes in middle
  - Kids
    - See if anterior ribs are symmetrical
  - Observe the symmetry of the Sternoclavicular joint; widened on one side means patient is rotated to ipsilateral side
- Coverage
  - Should see costophrenic angles



# Some of the other ACR non-advocacy activities & benefits

- 01 JACR, Bulletin, Engage, Website & Marketing
- 02 Commissions, Committees, Task Forces, Work Groups & Blue Ribbon Panel activities
- 03 AIRP, DIXIT, TIXIT, RAD Exam, Teaches, Ed Center & Micro-courses
- 04 DSI (AI Central), HPI, RLI & CRI
- 05 Q & S, Accreditation & AMA Delegation
- 06 Career Center, Member services & Case in Point
- 07 Health Equity Coalition, AUCs & PP & TS



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- 07 Health Equity Coalition, AUCs & PP & TS
- 08 PIER, Awards & Fellowship training programs
- 09 Medical student & young, early & retired career sections
- 10 Annual Meeting & Chapter Services



## Fellowships at the ACR

- Amis Fellowship in Quality & Safety
- Rutherford-Lavanty Fellowship in Government Relations
- Morin Fellowship in Medical Physics
- Goldberg-Reeder Travel Grant to assist health care in a developing country
- Moorefield Fellowship in Economics
- Fellowship in Informatics
- Neiman Institute Fellowship in Health Policy
- Hillman Fellowship with JACR

Visit [acr.org/rfs](https://acr.org/rfs) to learn more about the above fellowship opportunities, including application deadlines and eligibility criteria



# ACR Membership-at-Glance



## Total Membership

40,768

- Paid members 22,300
- Members in group bill 9,518
- Practices 294
- Academic practices participating in group bill 17
- Average of 59 academic members participating per group bill practice

## Complimentary Members

18,468

- Medical Students 2,599
- Interns 2,847
- Residents 5,833
- Fellows 419
- Retired Members 6,770

- ✓ ACR Dues Increase approved for 2025 by ACR Council
- ✓ From \$900 to \$990 (10%) – New Rads have ramp up dues
- ✓ Last increase in 2016

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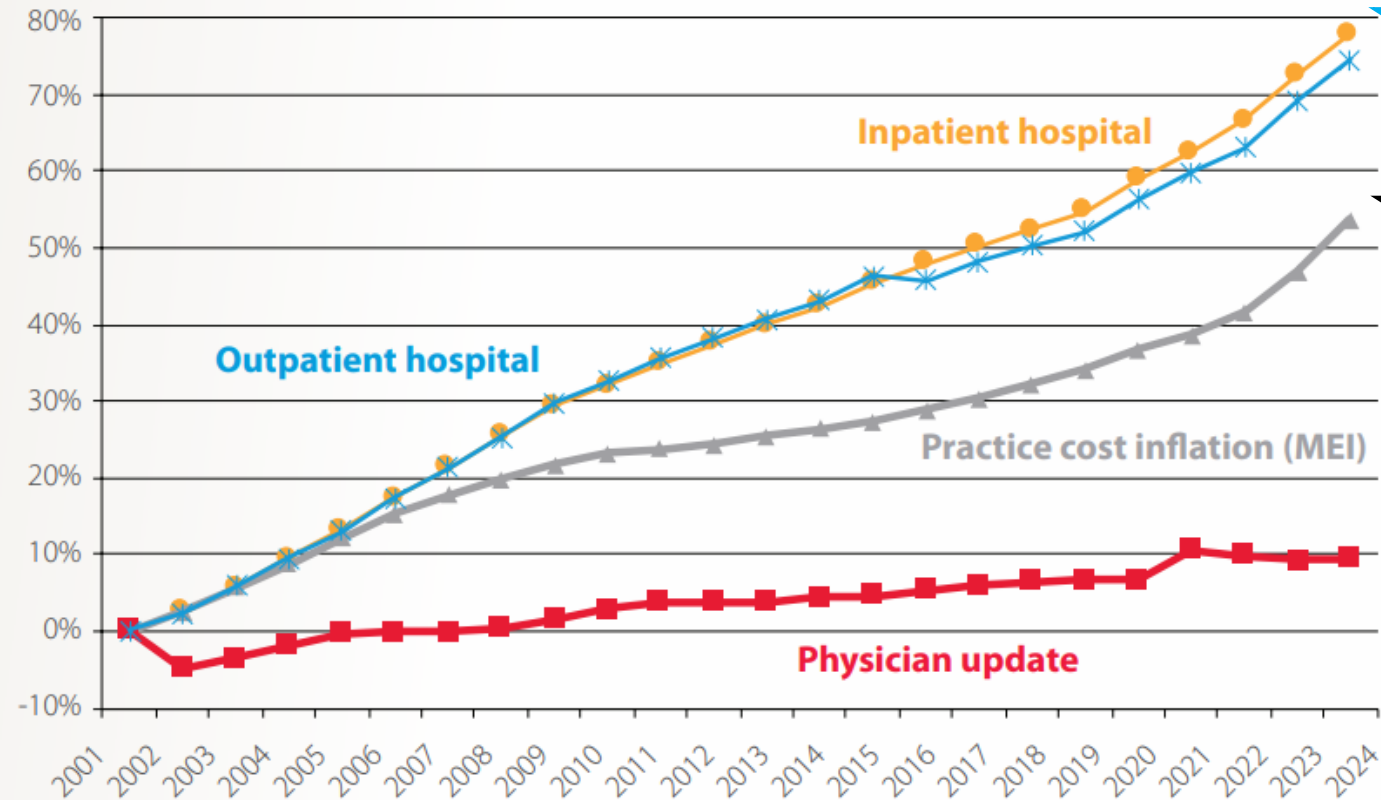
# Must Have a Strong Voice to Government



# Medicare physician payment is NOT keeping up with practice cost inflation.

## Medicare updates compared to inflation in practice costs (2001–2024)

Adjusted for inflation in practice costs, Medicare physician payment **declined 29%** from 2001 to 2024.



MEI – Medicare economic index (accounts for annual changes in resources involved in providing physician services)

Adjusting for economic pressures, Doctor's pay fell in the federal program 29% from 2001 and 2024 – *Rad Business*

Sources: Federal Register, Medicare Trustees' Reports, Bureau of Labor Statistics, Congressional Budget Office.  
Note: Updates from the Consolidated Appropriations Act of 2024 have been incorporated.

Updated May 2024

# We need to fix Medicare physician payment NOW.

## Legislative MPFS Payment Reform

- Permanent reform necessary, short-term fixes not sustainable
- MPFS the only major fee schedule lacking an inflationary update **H.R. 2474, Strengthening Medicare for Patients and Providers Act** introduced in April
- Broad coalition letter of support has been sent to Hill with over a hundred organizational signatures
- Bipartisan legislation support adding a MEI-based update to the MFPS
- Will require significant \$ investment from Congress, likely to be multi-year Congress effort needing support of all members

## Proposed 2025 MPFS

- Conversion factor: ~\$33.23 -> ~\$32.36 (-2.79%)
- Specialty specific projected effect
  - Diagnostic Radiology ~0%
  - Interventional Radiology ~-2%
  - Radiation Oncology ~0%
  - Nuclear Medicine ~0%

# Hill Day | 2024

## Hill Day Issues



May 16, 2024

### ACR Submits Statement to Senate Committee Advocating Implementation of AUC Program

If Congress were to implement the CDS tool based upon the AUCs for advanced imaging test ordering, the Moran Company has projected that by eliminating the use of unnecessary imaging tests, CMS would save ~\$2.2B over a decade and patients would also realize an associated out of pocket costs savings of ~\$1.5B over a decade.

Enact legislation to revise reporting to end continuous CMS implementation delays

## Non-Physician Providers

NPPs interpretation rates of imaging studies:

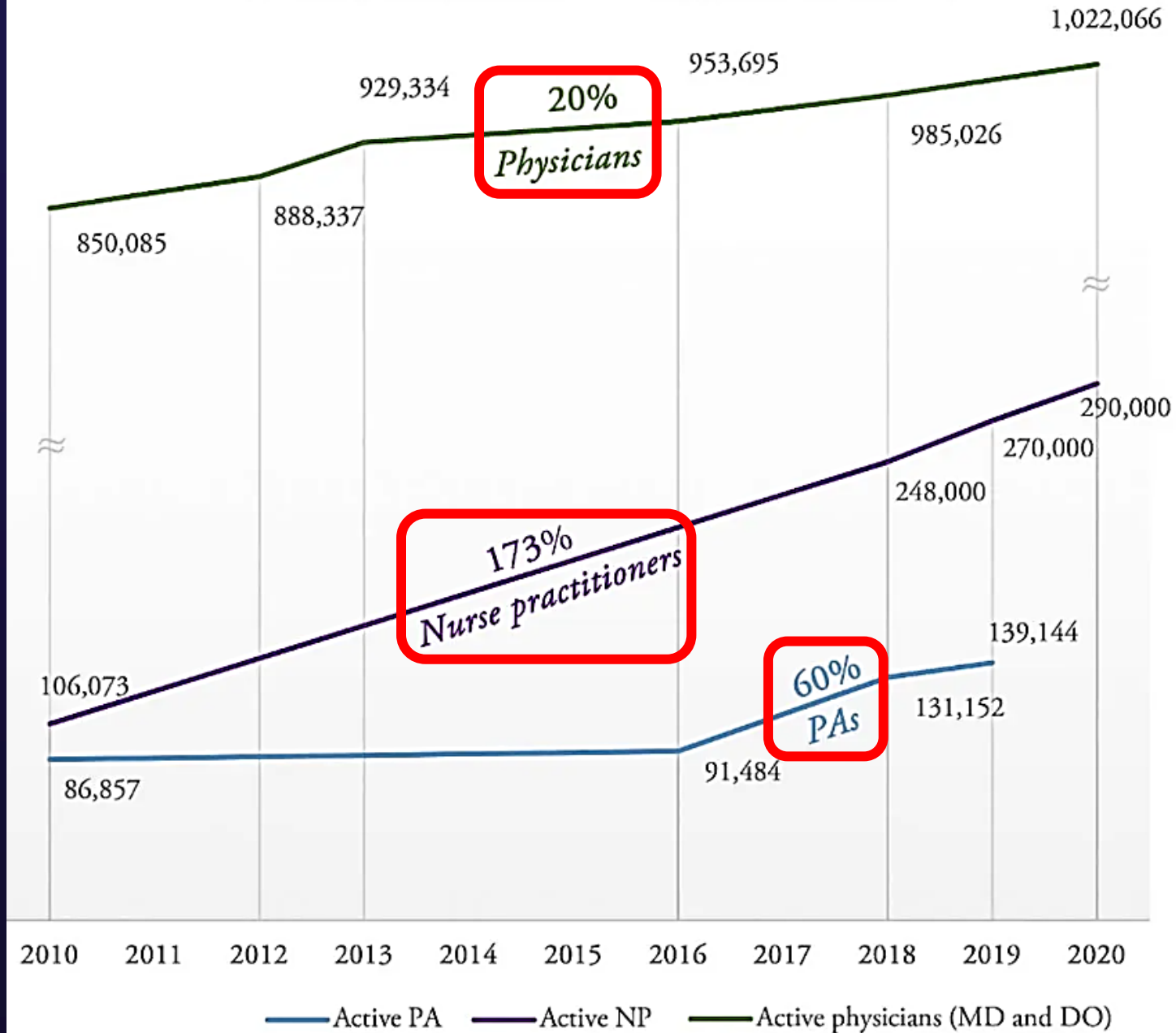
- 2016: 2.6%
- 2020: 3.3%
- **26.9% increase**

Less restricted states had > growth

Pelzl CE, Rula EY, Duszak R Jr, Christensen EW. Curr Probl Diagn Radiol. 2023 Sep-Oct



## GROWTH SINCE 2010 IN THE NUMBER OF ACTIVE US PHYSICIANS AND NON-PHYSICIAN PROVIDERS





## Fastest Growing Occupations

OCCUPATION	GROWTH RATE, 2022-32	2023 MEDIAN PAY
<u>Wind turbine service technicians</u>	45%	\$61,770 per year
<u>Nurse practitioners</u>	45%	\$126,260 per year
<u>Data scientists</u>	35%	\$108,020 per year
<u>Statisticians</u>	32%	\$104,110 per year
<u>Information security analysts</u>	32%	\$120,360 per year
<u>Medical and health services managers</u>	28%	\$110,680 per year
<u>Epidemiologists</u>	27%	\$81,390 per year
<u>Physician assistants</u>	27%	\$130,020 per year
<u>Physical therapist assistants</u>	26%	\$64,080 per year
<u>Software developers</u>	26%	\$132,270 per year

# Non-Physician Providers



## An Imaging Modality Breakdown of 3,348, 881 NPP-Interpreted Studies Between 2016 and 2020

**Nonphysicians saw a nearly 206% pay bump amid radiologist Medicare reimbursement decline**

[Marty Stempniak](#) | April 26, 2024 | *Radiology Business* | [Economics](#)

While radiologists recorded Medicare payment declines from 2005 to 2021, other nonphysician providers saw their own collections leap nearly 206%, according to research published Friday.

Congressional budget requirements mean that any pay bump to one fee-for-service provider type necessitates balancing cuts to others. During a 15-year period, this has resulted in redistribution of Medicare dollars, with overall doc reimbursement falling 2.3% while nurse practitioners, physician assistants and others saw their share swell threefold.

Amid this reality, Neiman Health Policy Institute experts believe Congress must act to protect physician practice viability, according to research published in *INQUIRY: The Journal of Health Care Organization* [1].

# ACR State Legislative Update

- **ACRA State Scope of Practice Fund \$225K**
  - Grants approved in 2023 - MI, NJ, OK, TX (\$67,000)
  - Seat on AMA's Scope of Practice Partnership \$25K
  - Recent wins in OK & WI
- **80+ bills on scope of non-physician personnel**
  - Nurses and Physician Assistants independent practice
  - Physician Assistants → Physician Associate
  - Use/Supervision of fluoroscopy
  - Ordering of diagnostic imaging by physical therapists

# Cloud of 2024 Elections



# Physician PAC \$ Comparison



<u>PAC</u>	<u>Members</u>	<u>2023 Hard \$</u>	<u>2022 Hard \$</u>	<u>2023 vs. 2022</u>
1. Anesthesiologists	40,000	\$1,909,982	\$1,832,568	\$77,414
2. Dentists	163,000	\$1,083,377	\$1,063,924	\$19,453
3. Orthopedic Surgeons	18,431	\$1,079,533	\$1,144,926	- \$65,393
4. Dermatology	16,500	\$1,000,769	\$924,756	\$76,013
5. RADPAC	39,000	\$839,112	\$973,418	- \$134,306
6. Emergency Physicians	28,000	\$785,665	\$877,343	- \$91,678
7. Ophthalmology	18,811	\$420,376	\$470,868	- \$50,492
8. Ob-Gyns	61,000	\$411,506	\$493,186	- \$81,680
9. Osteopaths	45,000	\$369,029	\$322,096	\$46,933
10. Cardiology	35,000	\$334,128	\$336,398	- \$2,270

(#6) AMA	\$20+ million	250,000	\$804,048	\$853,331	- \$49,283
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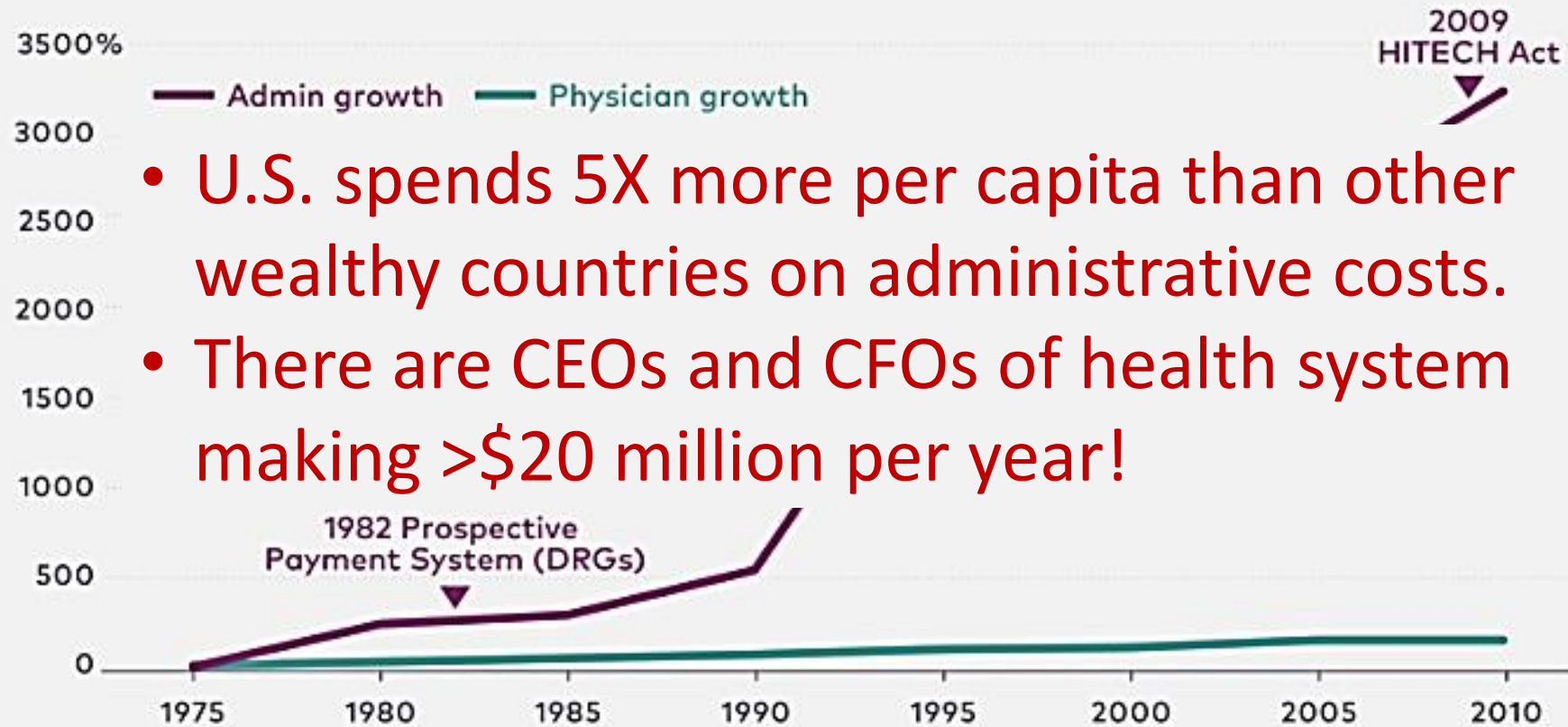
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**JAMA** Published online October 20, 2021

**Nearly every industry** in the US has experienced substantial improvements in productivity over the last 50 years, with 1 major exception: health care. In 2019, the US spent an estimated \$3.8 trillion on health care, including an estimated \$950 billion on nonclinical, administrative functions, and that number has increased



## Healthcare administrators far outpace physicians in growth



- U.S. spends 5X more per capita than other wealthy countries on administrative costs.
- There are CEOs and CFOs of health system making >\$20 million per year!

**Source:** athenahealth analysis of data from the Bureau of Labor Statistics, the National Center for Health Statistics, and the United States Census Bureau's Current Population Survey







# The RLI Program Portfolio – Leadership Training by Career Stage



**Resident and Fellow Training**

**Mid-Career Training**

**Executive Level Training**

**Resources**

- Chapter Scholarships
- Chapter Speaker Program
- RLI Taking the Lead Podcast
- Power Hour On-Demand Recording
- RLI Awards and Scholarships

# The RLI Program Portfolio – Leadership Training by Career Stage



## Resident and Fellow Training

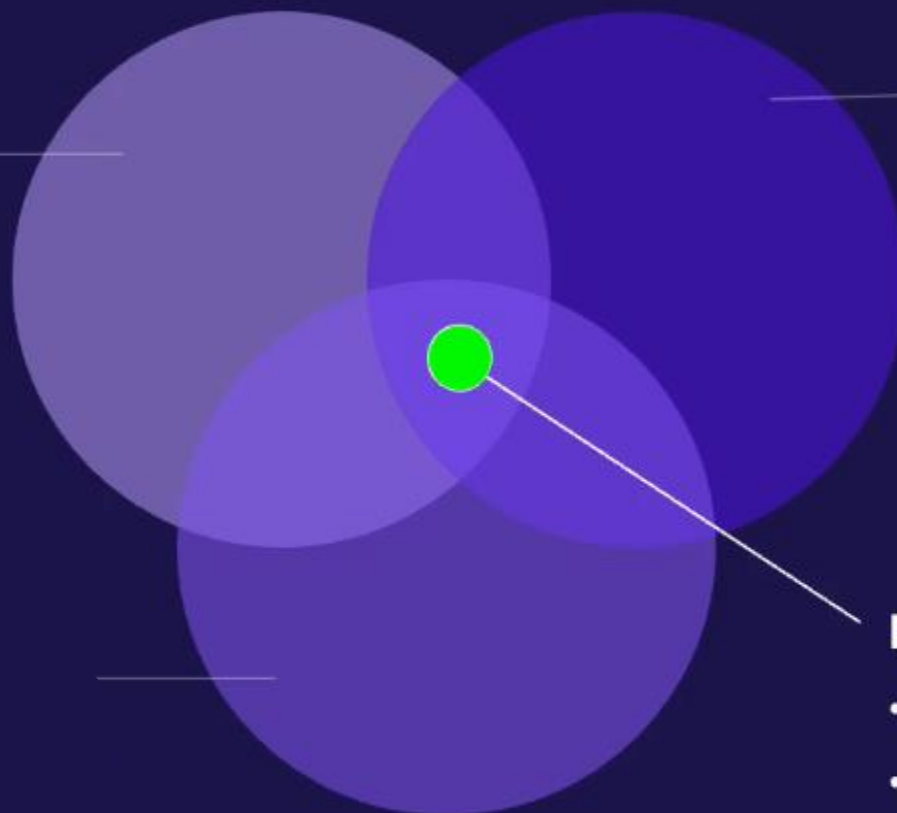
- Resident Milestones
- Kickstart Your Career
- Leadership Essentials
- Lectures at AIRP®
- RLI Summit (and the Resident and Young Physician Leadership Pre-con Program)

## Executive Level Training

## Mid-Career Training

## Resources

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- Lectures at AIRP®
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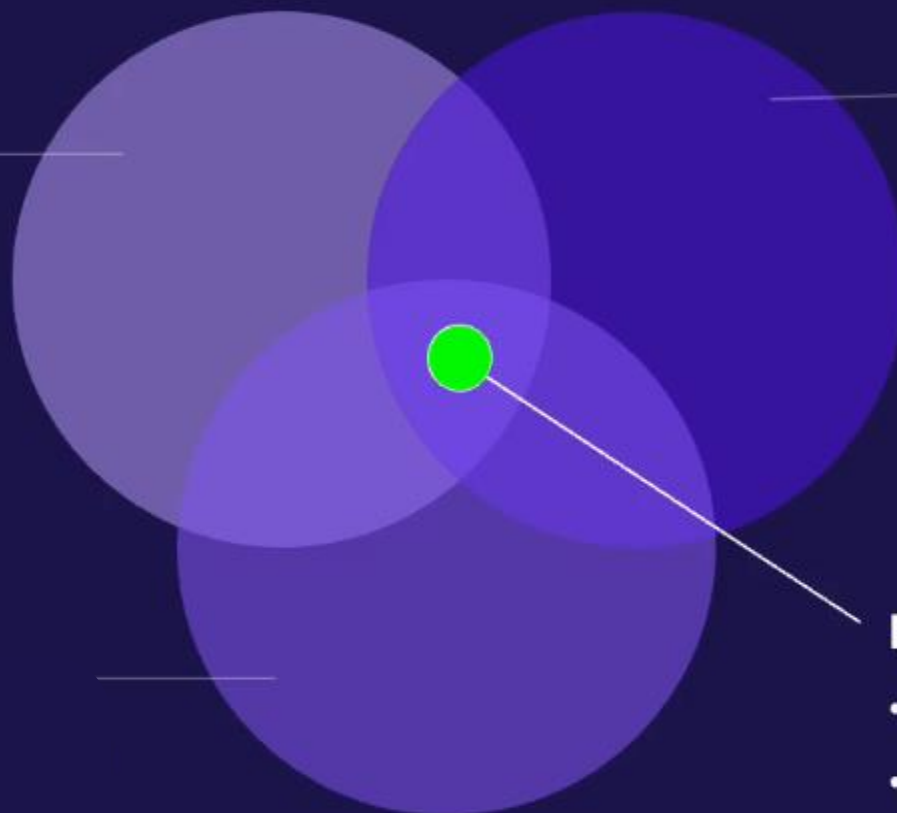
## Executive Level Training

## Mid-Career Training

- Leadership Accelerator
- ACR/RBMA Practice Leadership Forum
- Learning to Lead Bootcamp
- RLI Summit
- APDR-RLI Program Director Bootcamp

## Resources

- Chapter Scholarships
- Chapter Speaker Program
- RLI Taking the Lead Podcast
- Power Hour On-Demand Recording
- RLI Awards and Scholarships





# The RLI Program Portfolio – Leadership Training by Career Stage



## Resident and Fellow Training

- Resident Milestones
- Kickstart Your Career
- Leadership Essentials
- Lectures at AIRP®
- RLI Summit (and the Resident and Young Physician Leadership Pre-con Program)

## Executive Level Training

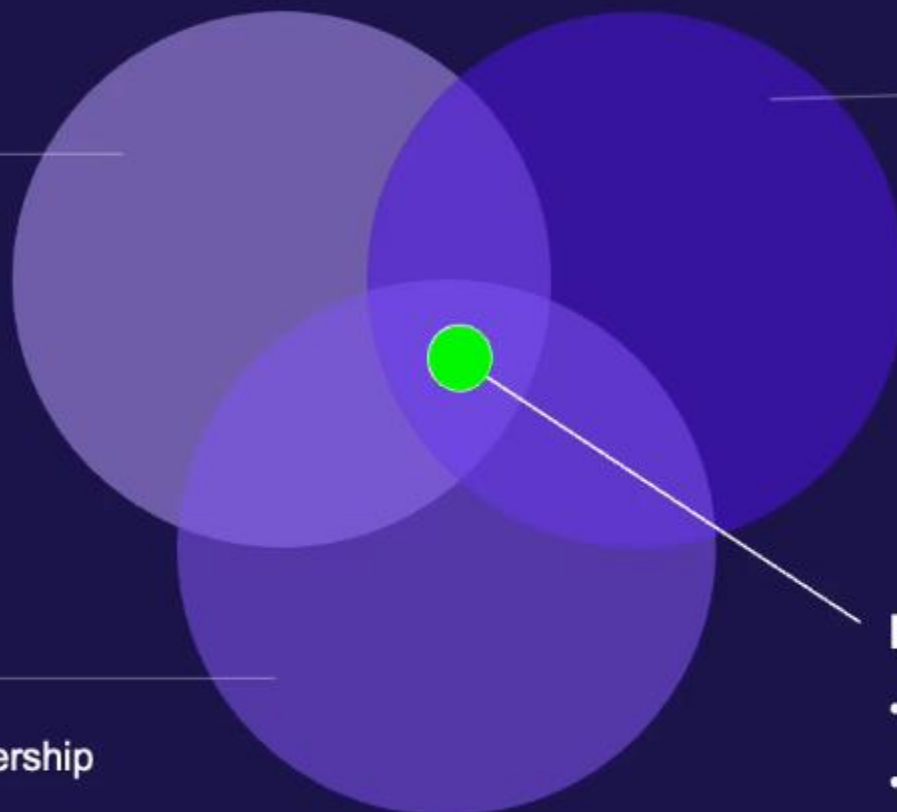
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[acr.org/RLI](https://acr.org/RLI)

## RLI Delivers Organizational Value (ACR)

18.7%

- **Increased member continuity.** Residents who participate in the RLI are 18.7% more likely to maintain membership.

## RLI Delivers Organizational Value (ACR)

18.7%

- **Increased member continuity.** Residents who participate in the RLI are 18.7% more likely to maintain membership.

27%

- **Better trained volunteer pipeline.** 27% of RLI participants have engaged as part of a commission, committee, task force, etc.



# Leadership Is for Everyone



## Online Courses and Podcasts

- Maximize Your Influence and Impact
- Power Hour Webinar Series
- RLI Taking the Lead Podcast



## Live Events and Networking

- RLI Leadership Summit
- ACR-RBMA Practice Leaders Forum



## For Residents and Fellows

- RLI Resident Milestones
- Kickstart Your Career
- Leadership Essentials



## Be a Leader

[acr.org/RLI](https://acr.org/RLI)



American College  
of Radiology™  
Radiology Leadership Institute

# THANK YOU

For Supporting a  
Decade of Leadership

## ACR Chapter Sponsors

Canadian Association of Radiologists

Michigan Radiological Society

Florida Radiological Society

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Pennsylvania Radiological Society

Kentucky Radiological Society

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# Work Force Shortages – A Major Conundrum

- Mismatch between demand & supply
  - Total Medicare population has grown 12% since 2017
  - # of Diagnostic Radiologists has only grown 1% since 2017
  - # of referring physicians has increased >2% since 2017
  - # of NPPs have exploded – order more studies/provider
  - # of images/study have increased & studies are more complex
  - Cancer has become a chronic disease & patients are sicker.
  - # of CMS-funded GME positions have been capped since 1997, while the # of graduating medical students has grown >30%.

# Workforce Shortages & Increasing Graduate Medical Education Positions


- ACR advocacy for additional GME positions for radiology
- Support for **Physician Shortage Reduction Act (H.R. 2389)**: would expand the number of Medicare-supported medical residency positions by 14,000 over seven years
- Increase by 2,000 each year x 7 years (2025-2031)
- Distribution to focus on hospitals in rural areas, non-contiguous areas, states with new Medical Schools serving HPSAs and hospitals training over their GME cap



## Work Force Shortages & Advocacy

- AUCs/CDS – reduce volume of low yield imaging studies
- Conrad 30 J1 visa program ( increase to 45/year/state)
- Resilience Act – Repurpose unused visas from other entities
  - Up to 15,000/year for Docs and 30,000/year for nurses
- Private practices could fund trainee positions with a commitment for someone to join the funding practice

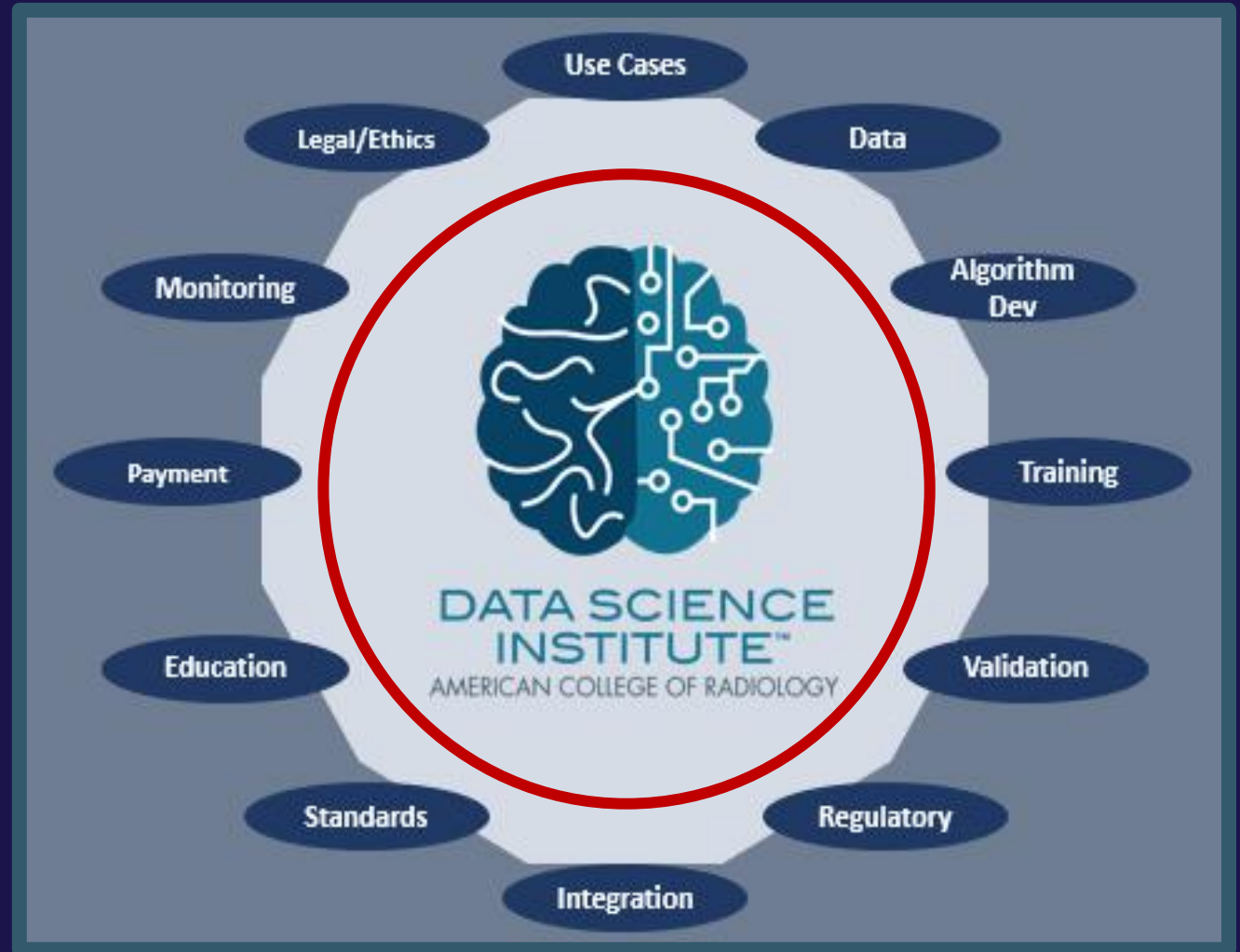
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# ACR Strategic Response to AI Changing Landscape

Goal:  
Advance data science as  
core to clinically  
relevant, safe and  
effective radiologic care







## AI Central

Since its inception in 2018, the ACR Data Science Institute® AI Central database has evolved from a short online list of FDA-cleared imaging AI products to the most complete and up-to-date online, searchable directory of commercially available imaging AI products in the United States. More than 200 software as a medical device (SaMD) FDA-cleared products have been curated by more than 100 manufacturers, and thousands of radiologists per month access the site in search of suitable AI solutions.

[Visit AI Central](#)

## Transparent-AI

The ACR is responding to a call from clinical end users and the FDA to drive more transparency about imaging AI algorithms, including how they were developed and validated, with a new program called Transparent-AI. Transparent-AI is composed of data elements voluntarily provided by manufacturers. This program is designed to help end users have better informed discussions and selection criteria when making decisions about which algorithm might be most appropriate for their local target population.

[Learn more](#)



# Your Resource for Strategic AI Solutions

Welcome to the ACR Data Science Institute® AI Central database, the most complete and up-to-date online, searchable directory of commercially available Imaging AI products in the United States. Browse through more than 200 FDA-cleared products created by more than 100 manufacturers to find algorithms that best support your patients and workflows.

## Quick Links



Platforms



Transparent AI Products

## Product Categories



Abdominal Imaging



Breast Cancer Imaging



Cardiac Imaging



Dental



Chest Imaging



Musculoskeletal



Neuroradiology



Pediatric

## The Latest From DSI

### From our blog



AI in Brief: Radiology Reports Reimagined

[Read more...](#)



From Bias to Breakthroughs: Key Takeaways from the 2024 ACR-SIIM Data Science Summit

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Navigating the Integration of FDA-Cleared AI Tools in Clinical Practice: Opportunities, Challenges, and Future Directions

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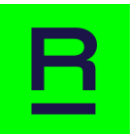
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[READ MORE NEWS](#)



American College  
of Radiology™

# ARCH-AI





# American College of Radiology Launches First Medical Practice Artificial Intelligence Quality Assurance Program

Share Recommend Bookmark

## ARCH-AI Can Help Radiology Sites Safely and Effectively Implement AI in Daily Practice

The American College of Radiology® (ACR®) today launched the [ACR Recognized Center for Healthcare-AI \(ARCH-AI\)](#), the first national artificial intelligence quality assurance program for radiology facilities.

The program, built on best practices, outlines expert consensus-based building blocks of infrastructure, processes and governance in AI implementation in real-world practice.

By working toward, and attesting to, compliance within the tenets of the program, participation in ARCH-AI can help radiology practices provide safe and effective implementation of AI products and help radiologists provide better patient care.

"AI is different from previous technologies," said Christoph Wald, MD, PhD, MBA, FACR, vice chair of the ACR Board of Chancellors and chair of the ACR Commission on Informatics. "Even a U.S. Food and Drug Administration-cleared AI product must be tested locally to ensure it works safely and as intended. Practice leaders must put safeguards in place to maximize the benefit of AI products while minimizing risk; ARCH-AI is a low-cost, efficient system to help sites do that."

ARCH-AI site recognition criteria include:

- Establishing an interdisciplinary AI governance group.
- Maintaining an inventory of AI algorithms with detailed documentation.
- Ensuring adherence to security and compliance measures.
- Engaging in diligent review and selection of AI algorithms.
- Documenting use cases and training procedures.
- Monitoring algorithm performance, including safety and effectiveness.
- Contributing to the "Assess-AI" central AI registry for performance benchmarking.

"ARCH-AI can help radiology practices structure QA processes that help them plan for what can go wrong, including the development of good AI governance practices, acceptance testing and effectiveness monitoring of AI products to ensure they continue to function as expected over time," said Keith J. Dreyer, DO, PhD, FACR, ACR Data Science Institute® (DSI®) chief science officer.

Radiology practices that complete the ARCH-AI process will receive an ACR Recognition badge to display in their waiting rooms and lobbies to demonstrate to their communities, patients, payers and referring physicians that they are committed to integrating AI in a safe, responsible manner that allows them to provide the best possible modern healthcare.



American College  
of Radiology™

# ARCH-AI





# American College of Radiology Launches First Medical Practice Artificial Intelligence Quality Assurance Program

[Share](#) [Recommend](#) [Bookmark](#)

The program draws from best practices established in real-world practice—and authorized by expert consensus—to checklist “building blocks” of AI infrastructure, processes and governance.


These include:

- Establishing an interdisciplinary AI governance group
- Maintaining an inventory of AI algorithms with detailed documentation
- Ensuring adherence to security and compliance measures
- Engaging in diligent review and selection of AI algorithms
- Documenting use cases and training procedures
- Monitoring algorithm performance, including safety and effectiveness
- Contributing to the "Assess-AI" central AI registry for performance benchmarking

Participation in ARCH-AI will not only help radiology practices ensure safe and effective use of AI but also help radiologists provide better patient care.

The ARCH-AI badge awarded upon completion of the program will be suitable for display in waiting rooms and lobbies and demonstrate a practice’s commitment to integrating AI “in a safe, responsible manner that allows the practice to provide the best possible modern healthcare.

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# Neiman HPI – Mission and Objectives

## Mission

To establish foundational evidence for health policy and radiology practice that promotes effective and efficient use of resources and improves patient care



**HPI** HARVEY L. NEIMAN  
HEALTH POLICY INSTITUTE  
Studies in Health Care and Economics

32 Peer-Reviewed  
Publications in past year

### Contrast Shortage

#### An Empiric Medicare Claims-Based Utilization Approach to Mitigating the Iodinated Contrast Shortage

*Richard Duszak Jr, MD, Jennifer Hemingway, MS, Eric W. Christensen, PhD, Amit M. Saindane, MD, MBA, Danny R. Hughes, PhD, Elizabeth Y. Rula, PhD*

### Non-Physician Practice Trends

ORIGINAL ARTICLE ■ Clinical Practice Management

Check for updates

#### Radiology Practices Employing Nurse Practitioners and Physician Assistants: Characteristics and Trends From 2017 Through 2019

VISUAL ABSTRACT

*Stefan Santavicca, MS<sup>a</sup>, Danny R. Hughes, PhD<sup>b</sup>, Andrew B. Rosenkrantz, MD, MPA<sup>c</sup>, Eric Rubin, MD<sup>d</sup>, Richard Duszak Jr, MD<sup>e</sup>*

# Neiman HPI – Mission and Objectives

## Opportunities through Neiman HPI

Neiman Institute Grants Program	Comparative Effectiveness Research Course
<div data-bbox="239 655 359 772"></div> <div data-bbox="382 709 718 776"><h3>Objectives</h3></div> <hr data-bbox="239 828 359 835"/> <ul data-bbox="239 885 1172 1063" style="list-style-type: none"> <li>• Expand academic partnerships and resources</li> <li>• Provide funding and support for policy research</li> <li>• Build new collaborations and research coalition</li> </ul> <hr data-bbox="239 1099 1172 1106"/> <div data-bbox="366 1145 1070 1188"><p>New application cycle coming Fall 2024</p></div> <div data-bbox="282 1268 443 1300"><p>More Info</p></div> <div data-bbox="524 1266 1144 1302"><p><a href="http://www.neimanhpi.org/grants-fellowships/">www.neimanhpi.org/grants-fellowships/</a></p></div>	<p data-bbox="1332 666 2412 923">This <b>Free</b> virtual course introduces residents to key concepts in health policy research, comparative effectiveness research, and big data analytics from leading researchers in the field.</p> <hr data-bbox="1332 949 2305 956"/> <div data-bbox="1350 968 1538 1153"></div> <div data-bbox="1572 963 2512 1160"> <p><b>American College of Radiology™</b> Institute for Radiologic Pathology</p> </div> <div data-bbox="1383 1249 1653 1322"><p>For upcoming course offerings</p></div> <div data-bbox="1694 1266 2288 1302"><p><a href="http://www.neimanhpi.org/airp-cer-course/">www.neimanhpi.org/airp-cer-course/</a></p></div>

# Highlights

## Population Health

### Lung Cancer Screening 2.0

- Webinar Series (with NLCRT)
- 3,041 Registrants
- 500 Average Attendees
- 1,305 On Demand Views



 NATIONAL LUNG CANCER ROUNDTABLE | **WEBINAR**

**Advances in Lung Cancer**  
Treatment and Care:  
Long-term Survivorship is Now a Reality

**WEDNESDAY,  
NOVEMBER 17, 2021**

  
**JILL FELDMAN**  
EGFR Resisters

  
**RAYMOND OSAROGIAGBON, MBBS**  
Baptist Cancer Center

  
**ELYSE PARK, PHD, MPH**  
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- **New ACR/NLCRT Podcast: Pleural Space: Conversations in Lung Cancer**
    - 3 Episodes released since November

**WEBINAR**

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# PLEURAL SPACE

Conversations in Lung Cancer

**S2**



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Massachusetts General Hospital

July 10, 2024

## ACR Heralds Centers for Medicare and Medicaid Services Move to Cover Screening CT Colonography for Seniors

After many years of advocacy by the American College of Radiology® (ACR®), the Centers for Medicare and Medicaid Services (CMS) proposed coverage of CT colonography (CTC) for colorectal cancer (CRC) screening of Medicare patients in its 2025 Hospital Outpatient Prospective Payment System proposed rule and its 2025 Medicare Physician Fee Schedule proposed rule. ACR applauds this proposal as a big step forward toward providing Medicare patients access to a minimally invasive CRC screening tool that can detect pre-cancerous polyps and does not require anesthesia.

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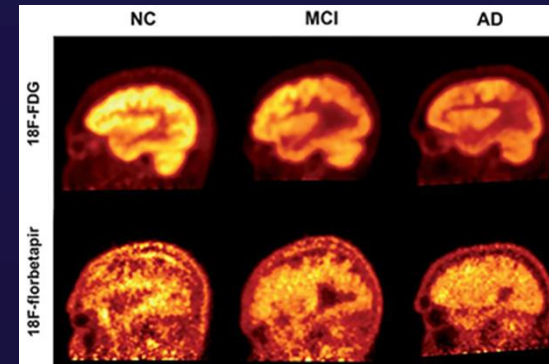
## CRI: Advancing the Practice of Radiology

- **Proven History:** Answering important research questions for over 50 years
- **Robust Resources:** 170 FTEs, >500 clinical trials, >100 open research projects, >\$40M/year operating budget
- **Collaborative:** partnerships with radiologists, academic centers, other professional organizations, and with ACR centers of excellence like the DSI
- **Financially self-sustaining:** not subsidized by members

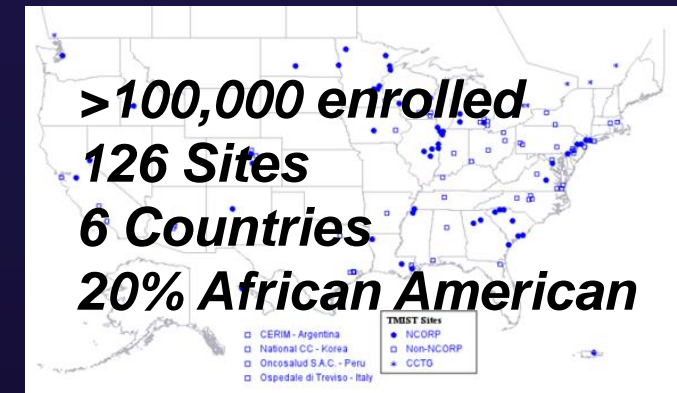
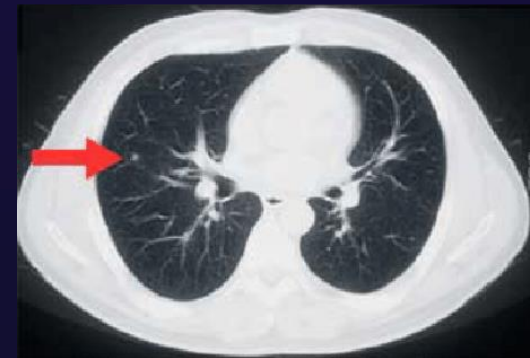
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# Transforming Practice through Research & Discovery



Alzheimer's Disease  
Detection and Treatment



Breast Cancer Screening  
TMIST Trial



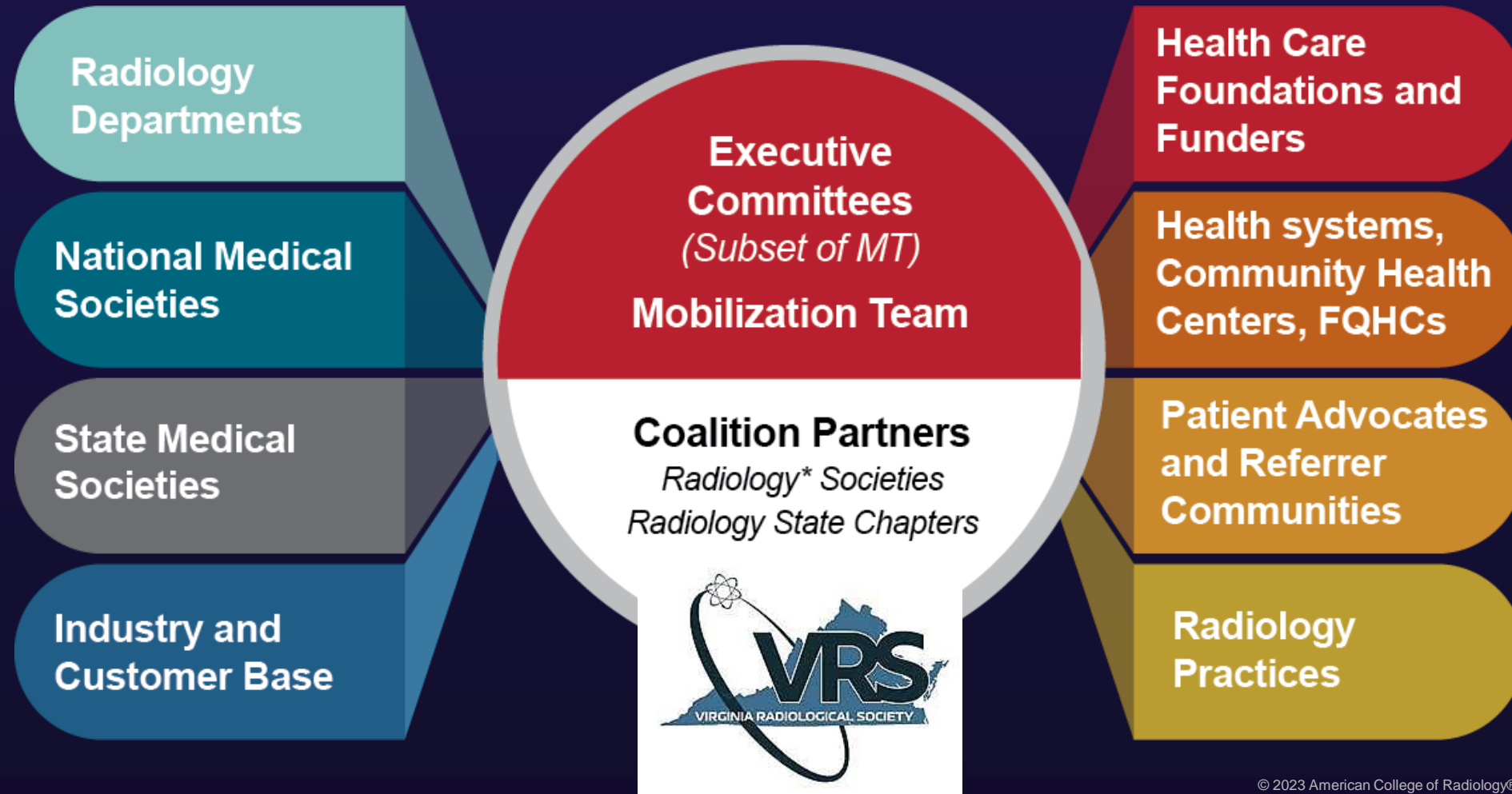
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# Coalition Building

\*Radiology = all aspects of imaging, interventional, nuclear medicine, RO, physics, etc.



**Now  
Available!**





# Maps of Cancer Disparities and Community Factors

An interactive tool to guide community & health care organizations toward the most pressing equity issues in their communities for informed solutions.



## What is the new mapping tool?

- Interactive U.S. County maps that visually display the correlation between cancer disparities and social determinants of health at the county level.
- Developed by the Harvey L. Neiman Health Policy Institute with project partner, The Radiology Health Equity Coalition.
- Free to use at the Harvey L. Neiman Health Policy Institute website.



[https://blt.ly/HPI\\_CDM](https://blt.ly/HPI_CDM)

140 maps

## Why is the tool important?

The maps can advance efforts towards equitable cancer outcomes for underserved populations by providing stakeholders with data and insights to:

Enhance diversity  
in clinical trial  
recruitment.

Identify  
the sources  
and correlates  
of disparities.

Identify  
high opportunity  
targets for  
improving equity.



### Cancers

Breast      Colorectal  
Prostate      Lung



### Cancer Measures

Prevalence rates  
Screening Rates  
Cancer mortality rates



### Community Measures

% In poverty  
% Unemployed  
% High school diploma  
% By race/ethnicity

Median household income  
% Days with good air quality  
% Air pollution score  
Air toxics cancer risk

Environmental burden index  
Social vulnerability score





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### Community Measures

% In poverty	Median household income	Environmental burden index
% Unemployed	% Days with good air quality	Social vulnerability score
% High school diploma	% Air pollution score	
% By race/ethnicity	Air toxics cancer risk	



## The Cancer Equity Compass

Beta Version

Cancer Type:

Breast

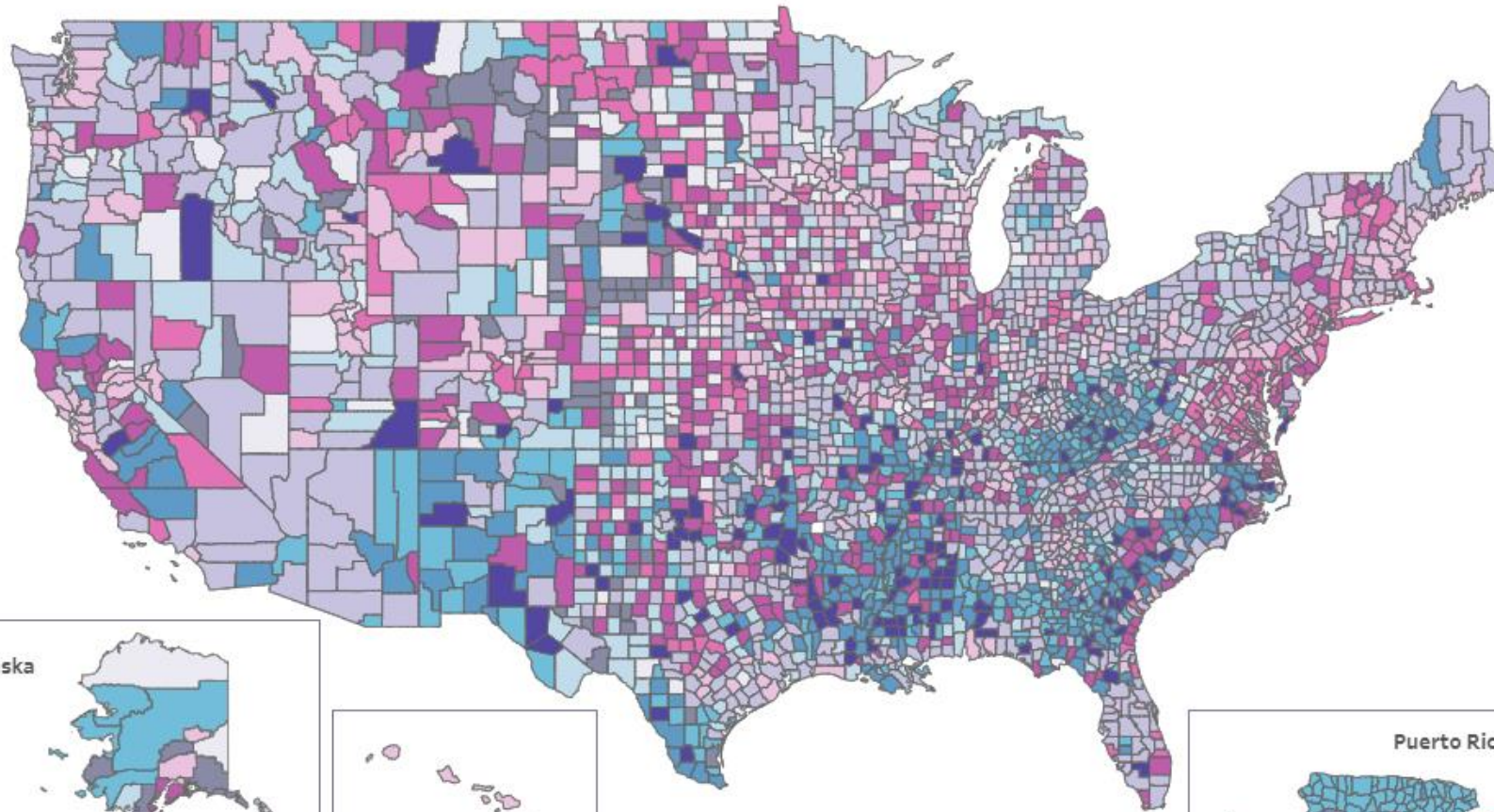
Cancer Measure:

Prevalence

Community Measure:

% Below Poverty

The below map displays county-level geographic variation in breast cancer prevalence rates and percent below poverty across the United States for a National Representative Sample of the Medicare Fee-For-Service Population. Breast cancer prevalence rates are calculated by taking all female beneficiaries between the ages 39 and 90 diagnosed with breast cancer within the year, dividing by all eligible female beneficiaries between the ages 39 and 90 and multiplying by 100,000. The county's percent below poverty is a five-year estimate from the 2016-2020 American Community Survey (ACS) for the entire county, sourced from the 2021-2022 Area Health Resource File. Counties shaded dark blue indicate those with the greatest disparities.



## Counties with the Greatest Disparities

County	Breast Cancer Prevalence	% Below Poverty
Adams, MS	7,142.9	33.4
Benson, ND	6,896.6	32.4
Blaine, MT	8,333.3	29.3
Culberson, TX	5,263.2	32.3
Humphreys, MS	5,084.7	35.8
Lanier, GA	7,142.9	28.6
Amite, MS	5,797.1	30.9
Montgomery, MS	5,797.1	29.7
Wheeler, GA	5,405.4	30.0
Dewey, SD	4,347.8	35.0

## % Below Poverty

Breast Cancer Prevalence Rates	< 25th Percentile	25th - 75th Percentiles	> 75th Percentile
> 75th Percentile			
25th - 75th Percentiles			
< 25th Percentile			
Missing / Low Sample			



## The Cancer Equity Compass

Beta Version

Cancer Type:

Colorectal

Breast

Colorectal

Lung

Prostate

Cancer Measure:

Prevalence

Community Measure:

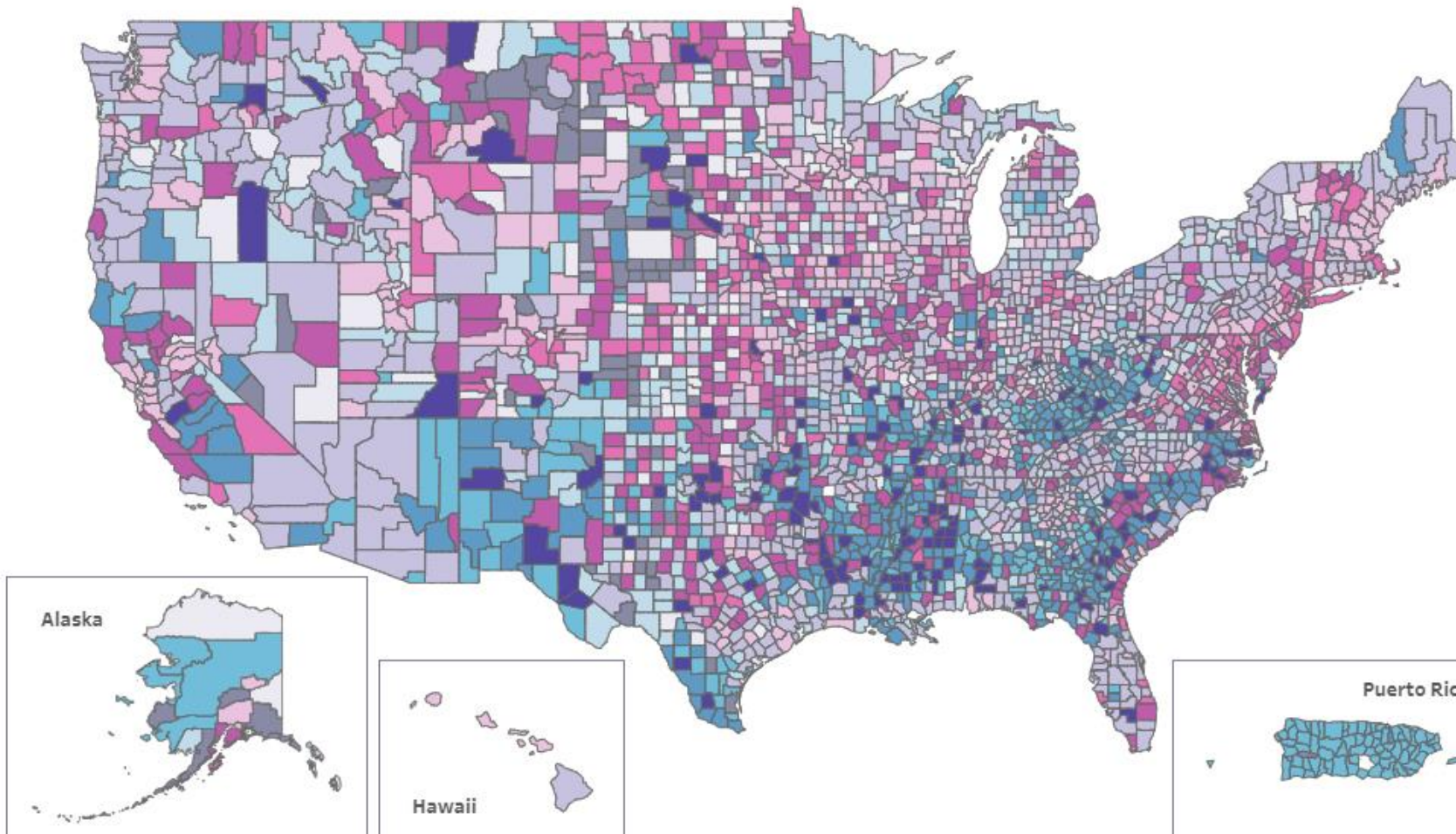
% Below Poverty

The below map displays county-level geographic variation in breast cancer prevalence rates and percent below poverty for a National Representative Sample of the Medicare Fee-For-Service Population. Breast cancer prevalence rates are calculated as the number of breast cancer diagnoses between the ages 39 and 90 diagnosed with breast cancer within the year, dividing by all eligible female beneficiaries in the county, and multiplying by 100,000.

The county's percent below poverty is a five-year estimate from the 2016-2020 American Community Survey (ACS) for the entire county, sourced from the 2021-2022 Area Health Resource File. Counties shaded dark blue indicate those with the greatest disparities.

## Counties with the Greatest Disparities

County	Breast Cancer Prevalence	% Below Poverty
Adams, MS	7,142.9	33.4
Benson, ND	6,896.6	32.4
Blaine, MT	8,333.3	29.3
Culberson, TX	5,263.2	32.3
Humphreys, MS	5,084.7	35.8
Lanier, GA	7,142.9	28.6
Amite, MS	5,797.1	30.9
Montgomery, MS	5,797.1	29.7
Wheeler, GA	5,405.4	30.0
Dewey, SD	4,347.8	35.0



## % Below Poverty

Breast Cancer Prevalence Rates	< 25th Percentile	25th - 75th Percentiles	> 75th Percentile
> 75th Percentile			
25th - 75th Percentiles			
< 25th Percentile			
Missing / Low Sample			



## The Cancer Equity Compass

Beta Version

Cancer Type:

Breast

Cancer Measure:

Prevalence

Cancer-Specific Mortality, 5-Year

Prevalence

Screening

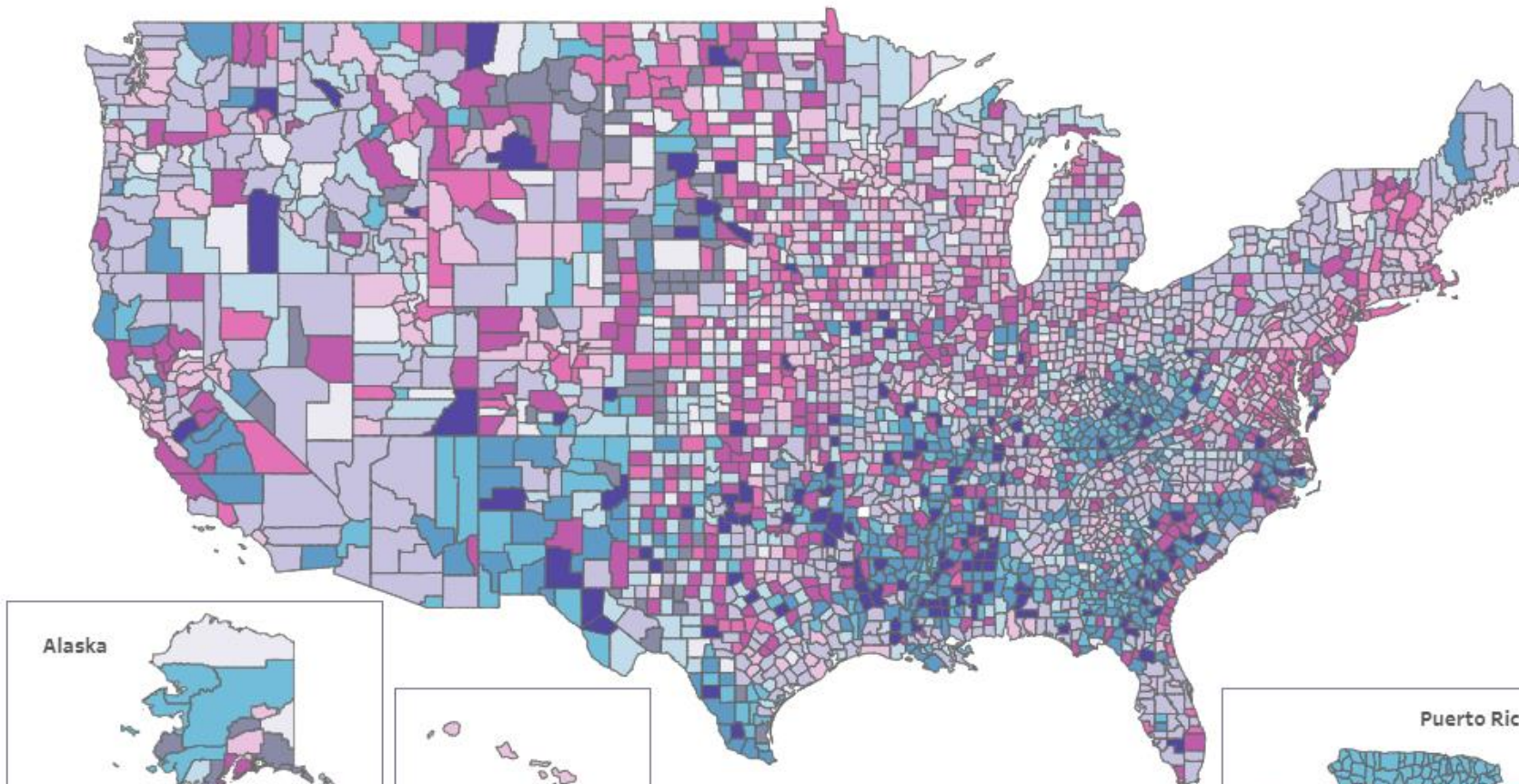
Community Measure:

% Below Poverty

The below map displays county-level geographic variation in breast cancer prevalence rates and percent below poverty across the United States. The map is a Representative Sample of the Medicare Fee-For-Service Population. Breast cancer prevalence rates are calculated by taking all female beneficiaries between the ages 39 and 90 diagnosed with breast cancer within the year, dividing by all eligible female beneficiaries between the ages 39 and 90 and multiplying by 100,000. The county's percent below poverty is a five-year estimate from the 2016-2020 American Community Survey (ACS) for the entire county, sourced from the 2021-2022 Area Health Resource File. Counties shaded dark blue indicate those with the greatest disparities.

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< 25th Percentile			
Missing / Low Sample			



## The Cancer Equity Compass

Beta Version

Cancer Type:

Breast

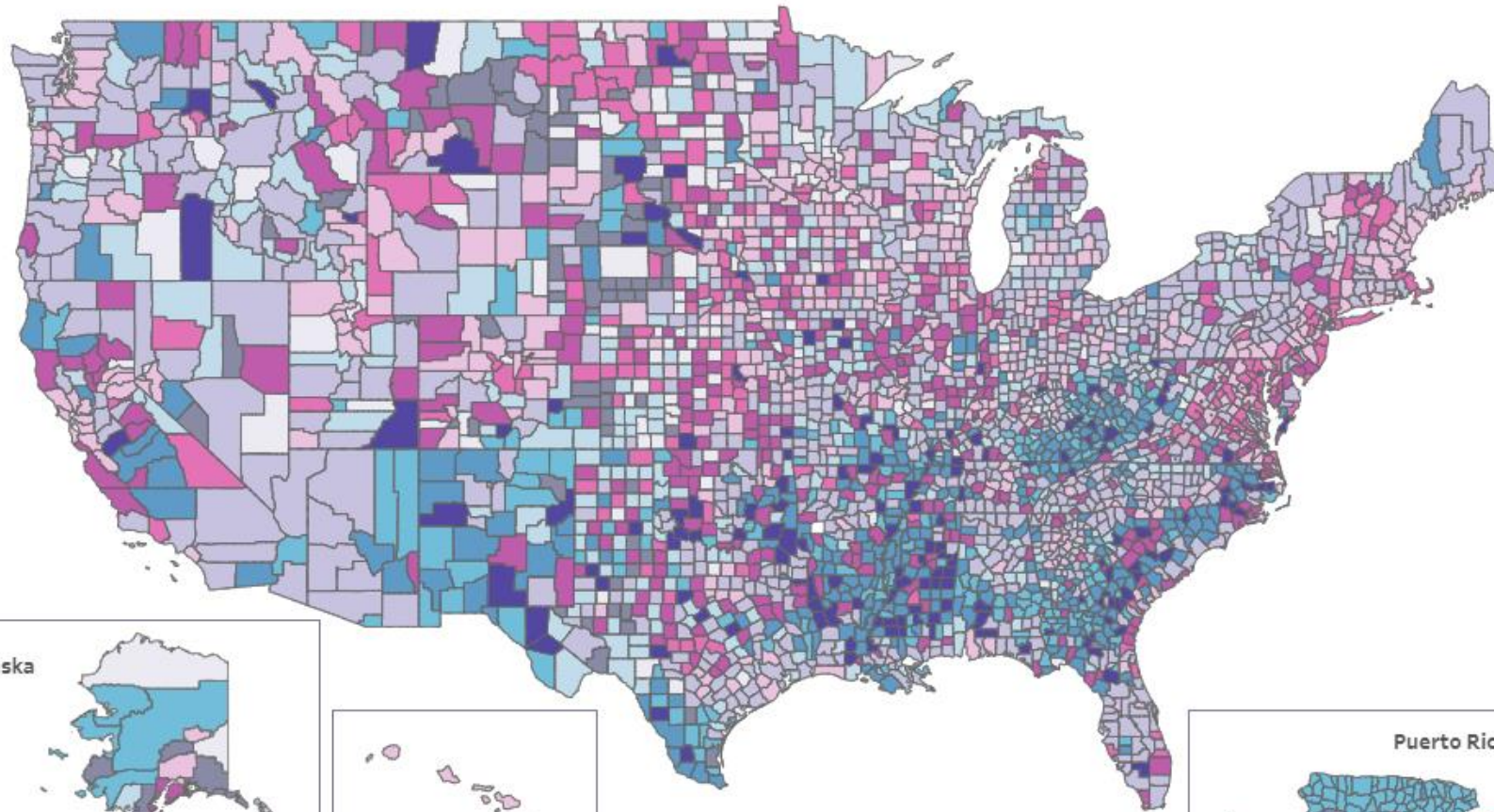
Cancer Measure:

Prevalence

Community Measure:

% Below Poverty

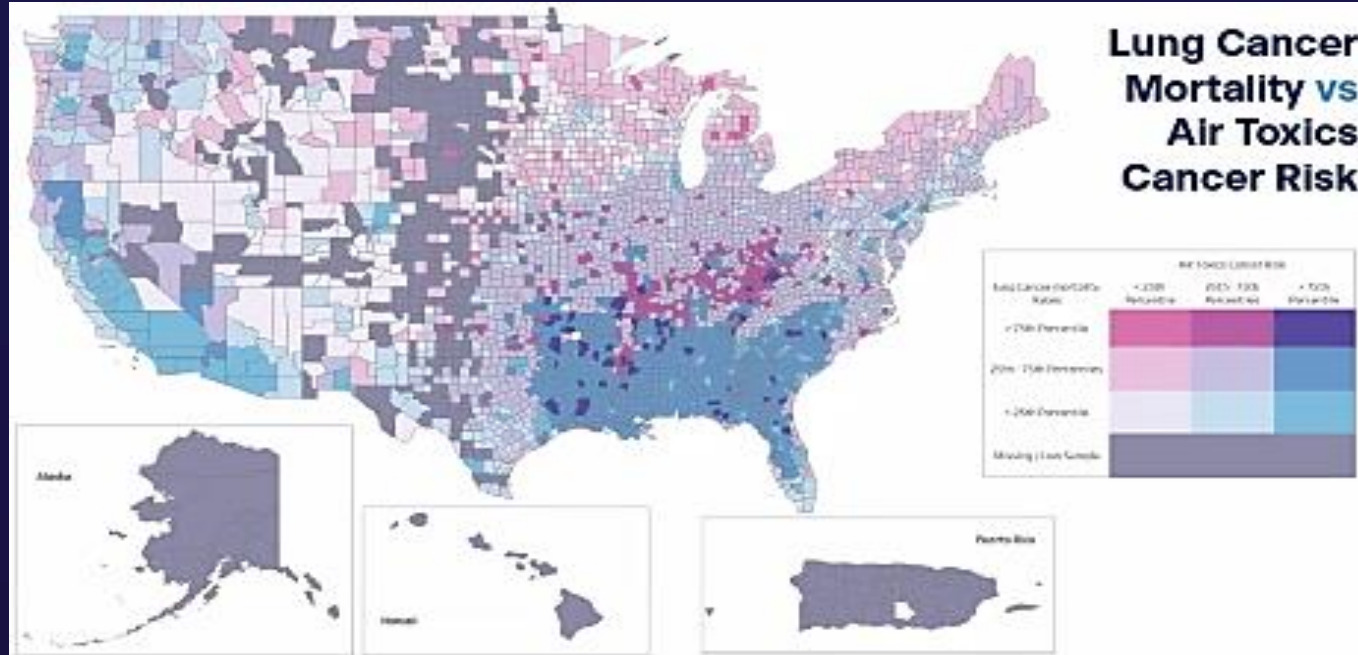
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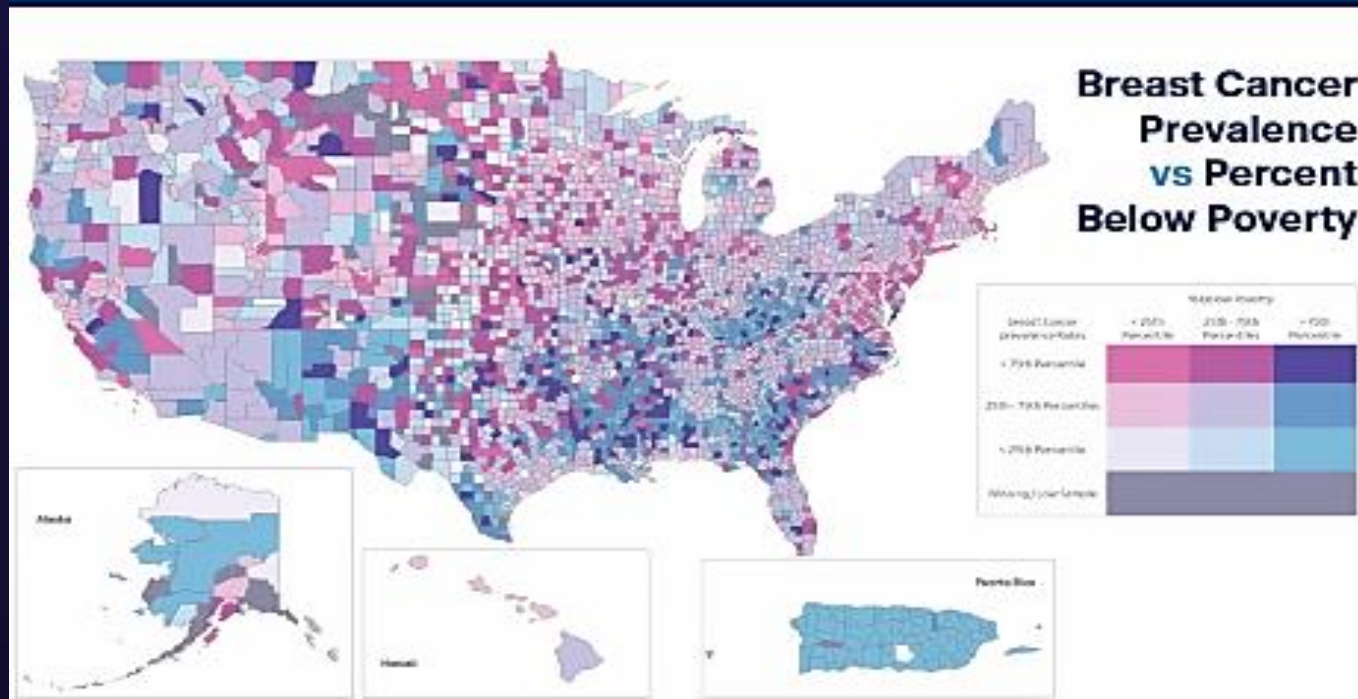
County	% American Indian / Alaskan Native	% Asian	% Below Poverty	% Black	% Days with Good Air Quality	% Hawaiian	% Hispanic	% Non-White	% Other Race	% Unemployed	% White	% with High School Diploma or Greater	Air Pollution Score	Air Toxics Cancer Risk	Environmental Burden Score	Median Household Income	Social Vulnerability Score
Adams, CO																	
Benson, AZ																	
Blaine, MN																	
Culbertson, MT																	
Humphreys, TN																	
Lanier, GA																	
Amite, MS																	
Montgomery, AL																	
Wheeler, OR																	
Dewey, SD																	

% Below Poverty

Breast Cancer Prevalence Rates	< 25th Percentile	25th - 75th Percentiles	> 75th Percentile
> 75th Percentile			
25th - 75th Percentiles			
< 25th Percentile			
Missing / Low Sample			



140 maps





# Communities Crushing Cancer 2023

On November 16, 2023 eight residency programs across the state of Massachusetts participated in the first inaugural Communities Crushing Cancer initiative with over 70 radiology residents participating.



## RADIOLOGY HEALTH EQUITY COALITION



Dear RHEC Members,

I hope this message finds you well. I am excited to inform you about the Communities Crushing Cancer (CCC) program, a dynamic, resident-led initiative aimed at raising cancer awareness and increasing cancer screening rates. The next CCC event is scheduled for Wednesday, October 30, 2024, and we need your support to make it a success.

As leaders in health equity, your role in promoting this event to residency programs in your state or region is crucial. By encouraging participation, you will help us extend our outreach and impact even further. Registration for the event is now open, and programs can sign up using the following link: [CCC Registration](#).

For more information about the CCC program, please visit our webpage: [radhealthequity.org/CCC](https://radhealthequity.org/CCC).



*Communities Crushing Cancer Informational Booth 2023*



*Informational Brochures  
Communities Crushing Cancer 2023*



*Saint Vincent Hospital CCC Team*

# Available On-Demand

[www.radtheequity.org](http://www.radtheequity.org)



[www.radtheequity.org/Commit-to-Act](http://www.radtheequity.org/Commit-to-Act)

# Overview of Presentation



- 01 What is the ACR, how is its Governance structured and who are its current leaders?
- 02 ACR Strategic Plan & New Branding
- 03 ACR Economics and Advocacy Update
- 04 ACR Radiology Leadership Institute
- 05 ACR Career Center and Workforce
- 06 ACR Data Science Institute
- 07 ACR Neiman Health Policy Institute
- 08 ACR Center for Research Innovation
- 09 Health Equity Coalition
- 10 Summary



# ACR Volunteer Opportunities



<https://bit.ly/3UzH7Gw>

## Commissions and Committees

platform!

<https://bit.ly/3UzH7Gw>

Every year, the ACR appoints members to serve on commissions, committees and task forces. Volunteer service is generally for a one-year term, renewable for up to four years.

[Learn more about serving on an ACR commission or committee »](#)

## State Chapters

The 54 ACR chapters work at the local level to represent and serve the interests of their members. Chapters rely heavily on volunteerism for things like leadership, program and event planning, advocacy efforts and membership recruitment and retention.

[Contact your state chapter for information »](#)

## International Outreach Program

The International Outreach Program is committed to improving radiological care in the developing world through donations of educational materials, travel grants for volunteers, educational programs, disaster relief in Haiti, and more.

[Learn more about international opportunities »](#)



# Dues & ROI - can be paid pre-tax by your practice so what is the post-tax cost?

- \$900 per year & a 45% tax bracket (Fed/State)
- Income range:
  - \$300K/year – ACR dues equals 0.30% → **0.17%**
  - \$400K/year – ACR dues equals 0.23% → **0.13%**
  - \$500K/year – ACR dues equals 0.18% → **0.10%**
  - **Note: Dues rates does increase to \$990 in 2025**

# Ignoring all of the member benefits - focusing on ACR led successes of Reclaimed Reimbursement

- 2015 CMS MPPR reduced from **-25%** to **-5%**
  - Estimated impact (ongoing) of **~\$50M per year = ~\$2500 per radiologist per year**
- 2021-2023 mitigation in CMS cuts of ~\$1.637B
  - Estimated to result in **~\$46,000 more per radiologist**
- **CF reduction** changed from **-3.37%** to **-1.69%** (3/9/24)
  - Will see \$ benefit of this CF increase by 1.68% in 2024

“ACR is Indispensable to all Potential Members”

**This is a statement, not a goal.**

**ACR *IS* Indispensable**

**AND we have to assertively convince our eligible colleagues who are non-members to join the ACR.**

ACR membership is your professional  
insurance policy!  
No other organization does what the ACR  
does for Radiology and YOU!



# Save the Dates

## 2025

### ACR Annual Meeting

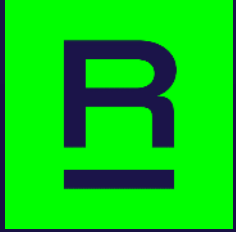
May 3-7

Washington, DC

### Virtual PP-TS Meeting

April 1 & 3

Focused. Forward. Together.™



Focused. Forward. Together.

# Thank you!

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Alan H. Matsumoto, MD, MA, FACR  
Chair, ACR Board of Chancellors  
[ahm4d@virginia.edu](mailto:ahm4d@virginia.edu)  
434-825-6735 (cell)