

ACR Update

Howard B. Fleishon, MD, MMM, FACR
Chair, Board of Chancellors
American College of Radiology

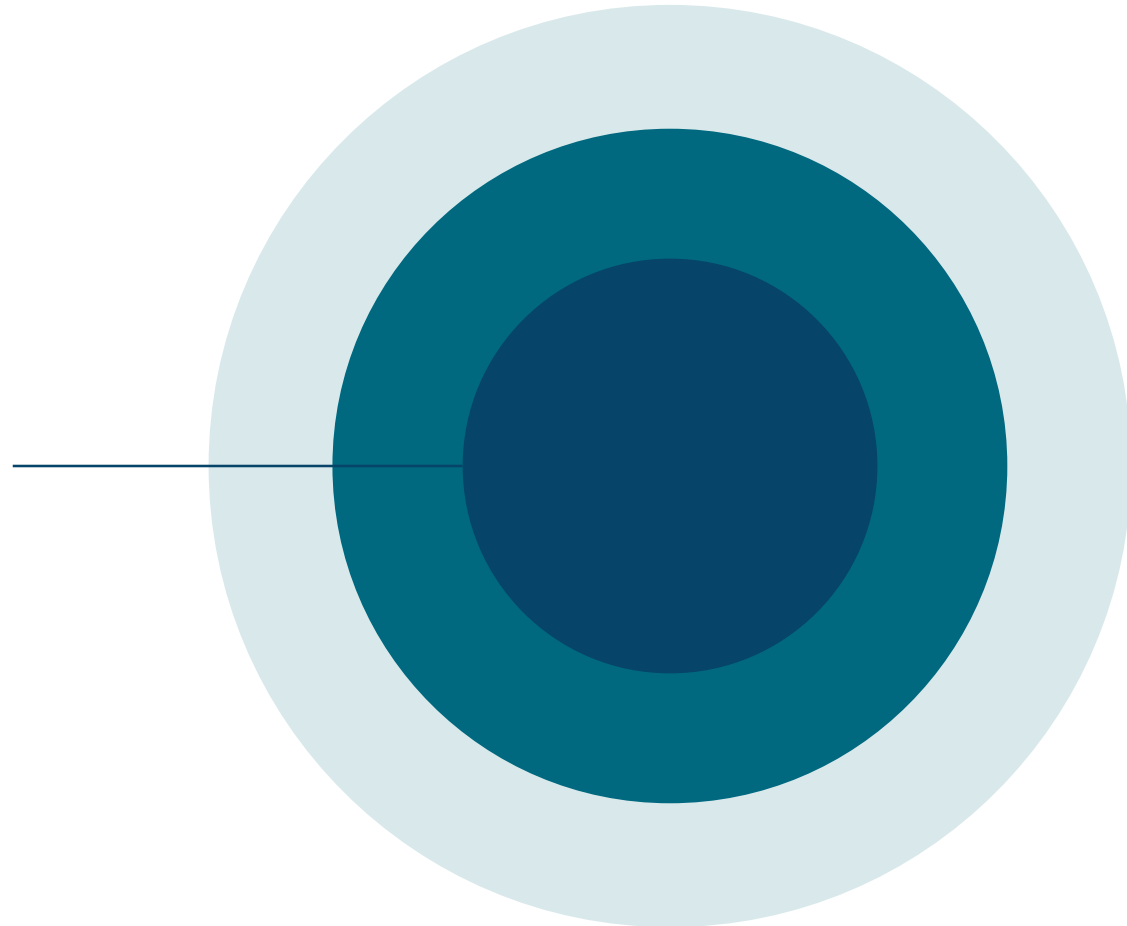




- No Financial Disclosures
- Chair, Board of Chancellors, ACR
- Chair, ACR Govt. Relations Commission

Core Purpose:

“To serve patients and society by empowering members to advance the practice, science and professions of radiological care.”





What Success Looks Like:

ACR members are universally acknowledged as leaders in the delivery and advancement of quality health care.

New Strategic Plan: Scanning the Landscape for External Trends



Environmental Assessment Participants

- 979 member survey responses
 - 842 members and 137 former members
- 90 ACR members
 - includes: 17 RFS/YPS and 9 corporate groups
- 58 ACR staff
- 52 external stakeholders invited
 - 10 leaders from other medical or radiology societies
 - 9 industry representatives
 - 6 patients/patient advocates



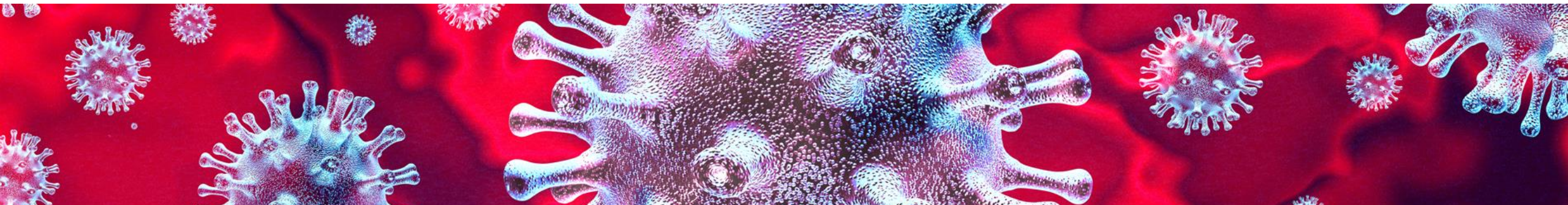
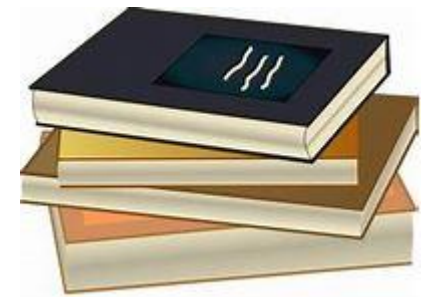
Richard Duszak Jr., MD, FACR, of Atlanta, GA, was elected by the ACR Council to serve as **Council Speaker** from May 2019 to May 2021



Amy L. Kotsenas, MD, FACR, of Rochester, MN, was elected by the ACR Council to serve as **Council Vice Speaker** from May 2019 to May 2021

Established 6 Resource Pages on acr.org:

- **Total Resources (estimated at 260 with over 150 of which are radiology specific)**
 1. COVID-19 Radiology Specific Clinical Resources
 2. COVID-19 Radiology Leadership Resources
 3. COVID-19 Economics and Regulatory Updates
 4. COVID-19 Impact on States
 5. COVID-19 Well-Being Resources
 6. COVID-19 Articles in JACR
- **Multiple ACR Webinars on COVID-19 Related Topics**
- **COVID-19 Registry**
- **PPE Sales Through Project N-95**



Reimagining the ACR: *Working together*

- IT: Wald/Tilkin
- Finance: Rawson/Mullis
- Pediatrics: Barth/Boylan
- MESO: multiple
- Membership Commission: Herrington/staff
- Q&S: Larson/ Chatfield
- Economics: Nicola/Kim
- CoPLL: Deitte/Bleu
 - HR Commission
 - IT Commission
 - Neuroradiology Commission





Changing Workforce



Increasing Consumerism



Transition From Volume to Value Systems

Opportunities and Challenges the Profession



Practice Consolidation



Artificial Intelligence



Technology

SECOND OPINION

BY ROB ROGERS







Communication



Cooperation

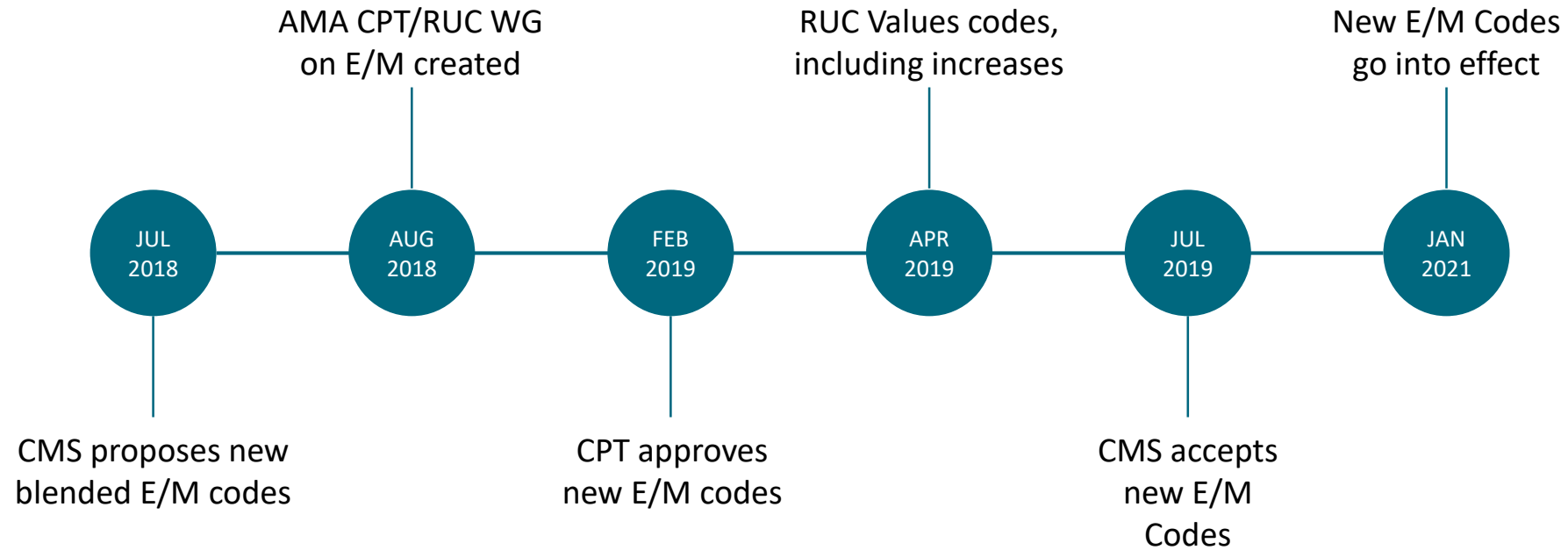


Collaboration

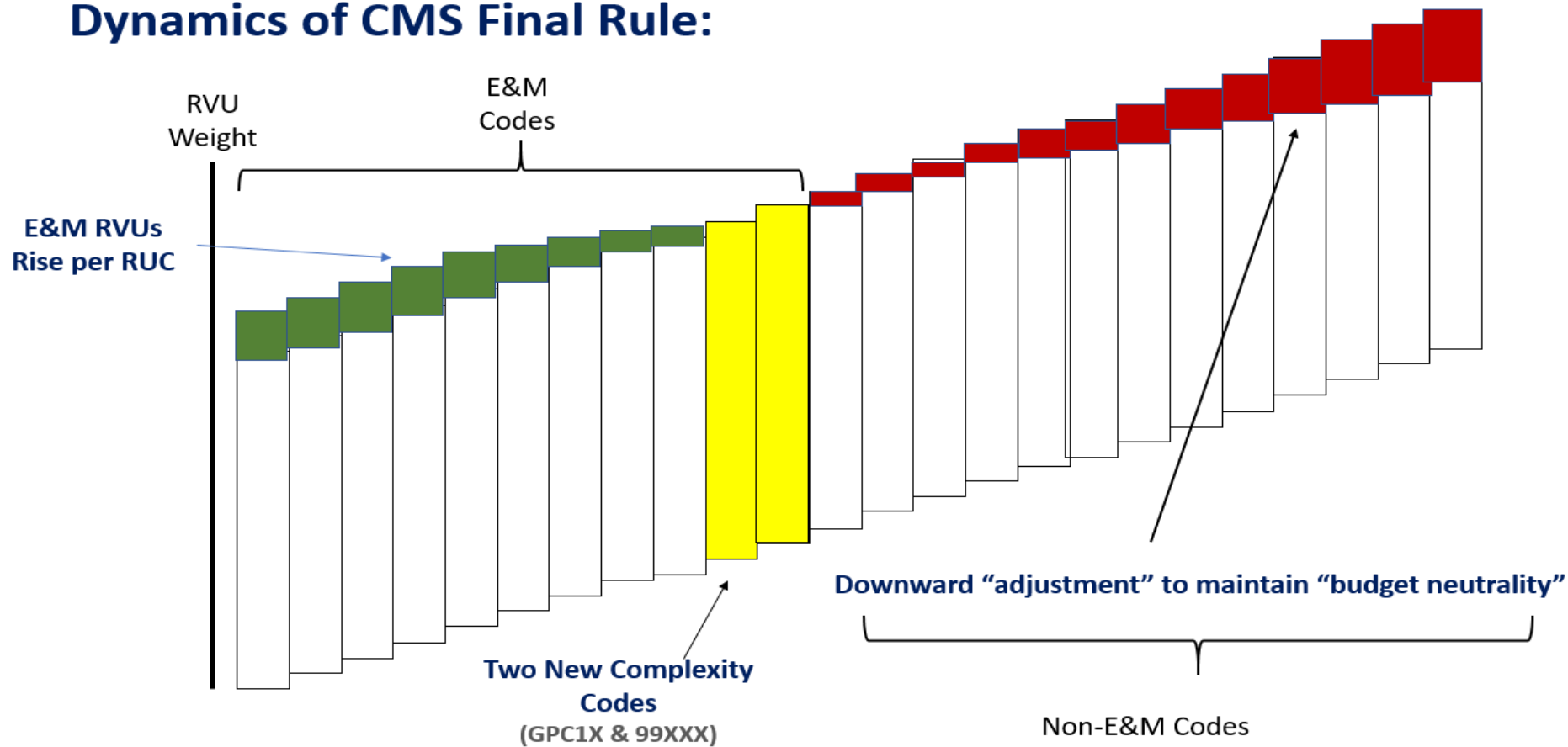




- ACR is recognized by congressional representatives and industry as the largest and most influential advocacy organization for the profession.
- The ACR maintains 11 full time staff and engages consultants for advocacy.
- Other organizations in Radiology look to ACR for advocacy leadership.



Dynamics of CMS Final Rule:



For illustrative purposes effect to maintain BN only shown in graphic on non-E&M codes, however current TMC estimates are based on maintaining BN across all services.



ACR Coalition

The year-end omnibus included provisions to significantly reduce anticipated 2021 Medicare provider payment cuts generated by evaluation and management (E/M) coding changes.

The Consolidated Appropriations Bill reduces the scheduled 10% cuts:

- By applying a 3.75% increase in the payment schedule applied across the board to all payments under the Medicare physician payment schedule
- Suspending payments for new proposed HCPCS code G2211 (previously GPC1X) for 3 years (through the end of December 2023).

The above provisions reduce the anticipated 2021 cut to radiology from -10% to -4%

- Mitigates **budget neutrality cuts** to physician payment and extends sequestration suspension
- Protects patients from “**surprise medical bills**” and establishes equitable system to resolve patient disputes between physicians and insurers
- Eliminates cost-sharing for Medicare beneficiaries for **colorectal cancer screening tests** where a polyp is detected and removed.
- Delays implementation of the **radiation oncology model** under the Medicare program to January 1, 2022.
- Supports Medicare physician workforce development by providing for the distribution of 1,000 additional Medicare-funded **graduate medical education (GME) residency positions**.
- Provides an additional \$284 billion for the **Paycheck Protection Program (PPP)** and extends through March 31, 2021.
- Extends moratorium on harmful 2009 **USPSTF Breast Cancer Screening Guidelines** through January 1, 2023

- CMS finalized relaxed supervision requirements in the Medicare Physician Fee Schedule final rule.
- CMS finalized its proposal to allow NPs, CNSs, PAs or CNMs to supervise diagnostic tests on a permanent basis as allowed by state law and scope of practice.
- ACR opposed this change in our proposed rule comment letter.
- A letter was submitted to CMS in early February reiterating our opposition to the now final policy.

- (AUC)/ (CDS)
 - Penalty phase scheduled to begin on January 1, 2023, or Jan. 1 of year following the end of the COVID-19 public health emergency (PHE).

- MPFS:

	CMS Estimated Impact CY 2022 Proposed Rule	Expiration of 3.75% increase to the Conversion Factor
Radiology	-2 %	-6 %
Nuclear Medicine	-2 %	-5 %
Interventional Radiology	-9 %	-13 %
Radiation Oncology	-5 %	-8 %
Radiation Therapy		-14 %

- PAs will be authorized to bill the Medicare program and be paid directly for their services.
- Volume to Value: Quality Payment Program (QPP) Merit Based Incentive Payment System, MIPS Value Pathways (MVPs)

- Close margin in House: Democrats 222 to 211 GOP (2 seats vacant)
- Zero margin in Senate: Democrats 50 to 50 GOP (VP Breaks Tie/Dems have majority)
- New Chairs in Senate: Sen. Ron Wyden (OR) for Finance Committee and Sen. Patty Murray (WA) for HELP Committee
- New WH = New Administration (Secretary Xavier Becerra & Chiquita Brooks-LaSure)
- Impact of Biden personality and relationships on Senate collaboration – Biden’s Role as “Healer in Chief”
- Other factors: Impeachment, Re-districting, Expect lots of primaries in both parties and Speaker Pelosi’s last term as Speaker = legacy-making policies

Breast Cancer Screening

- Arkansas, **SB 290**: mandate carriers that cover breast cancer diagnostic exams to extend coverage to breast MRIs.
- Hawaii, **SB 827** : expand coverage for breast cancer screening by low-dose mammography as follows:
 - For women ages 35–39, including an annual baseline mammogram;
 - An annual mammogram for women age 30–50, deemed by a licensed physician or clinician to have an above-average risk for breast cancer; and
 - For women of any age, any additional or supplemental imaging, such as breast magnetic resonance imaging or ultrasound, deemed medically necessary by an applicable American College of Radiology® (ACR®) guideline.
 - Reimbursed at rates accurately reflecting the resource costs specific to each modality, including any increased resource cost as of Jan. 1, 2021.
 - Expand the definition of “low-dose mammography” to include both digital mammography and digital breast tomosynthesis

Out-of-Network Billing

- Illinois **HB 3421**: If a patient unknowingly receives care from a healthcare provider who is not in-network, the bill would prohibit the healthcare provider from billing the patient for out-of-network care.
- New Mexico **HB 207**: Carriers will be required to cover emergency healthcare services at the in-network rate.
- Tennessee **HB 2** : require the state insurance commissioner to establish an independent dispute resolution process to resolve disputes regarding bills for out-of-network emergency services. In determining the appropriate amount to pay for a healthcare service, an independent dispute resolution entity would not consider:
 - Any benchmarking database that includes Medicare or Medicaid reimbursement rates
 - Medicare or Medicaid reimbursement rates.

Scope of Practice

Arkansas **HB 1258** : The measure seeks to grant full independent practice authority to nurse practitioners (NPs) that complete 10,400 hours of practice under a collaborative practice agreement with a physician.

Delaware **HB 33** : The bill seeks to change the practice agreement between a physician assistant and physician from supervising to a collaborating agreement. PAs would also be permitted to order therapeutic orders or procedures.

Illinois **SB 1949** : seeks to permit advanced practice registered nurses licensed under the Nurse Practice Act to administer fluoroscopy without supervision.

North Dakota **SB 2122** : seeks to permit physical therapists to order musculoskeletal imaging consisting of plain film radiographs provided the physical therapist holds a clinical doctorate degree in physical therapy or has completed a board-approved formal medical imaging training program.

Utah **SB 27** : changes the practice agreement between a PA and physician from a supervising to a collaborating agreement. The former provision permitting PAs to order, perform and interpret diagnostic studies and therapeutic procedures was dropped from the bill prior to it being signed into law.

Virginia **HB 2039** : practice agreement between a physician assistant and physician to a collaborative agreement. Additionally, the physician in the collaborative agreement would not be liable for the actions or inactions of the PA.

State Chapters GR Support



**Advocacy
Grant
Program**



Networking



Training



Coalitions



Academics

**Scope of Practice
Fund**

CULTURE OF ADVOCACY

- Advocacy should be a standing agenda item for meetings in every practice, department, society and chapter.
- Make advocacy a requisite for “citizenship” in your practice.
- Have your practice sponsor facility visits with local or federal politicians.
- Professional societies should create opportunities in their periodicals and annual meetings to discuss advocacy and legislative updates.
- Early engagement of advocacy in the next generation of radiologists is essential. Incorporate presentations and updates into residency programs.
- Basic elements of advocacy can be included in the professionalism module of MOC.

- Executive Order and Non-compete clauses
- Exclusive Contracts (Res 2f)
- Corporatization and Impact on Early Career Radiologists (Res 25)
- Non-Physician Radiology Providers
 - RRA's, NP's and PA's
 - MARCA
 - Scope of Practice: Task Force





DATA SCIENCE INSTITUTE™
AMERICAN COLLEGE OF RADIOLOGY

acrdsi.org

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

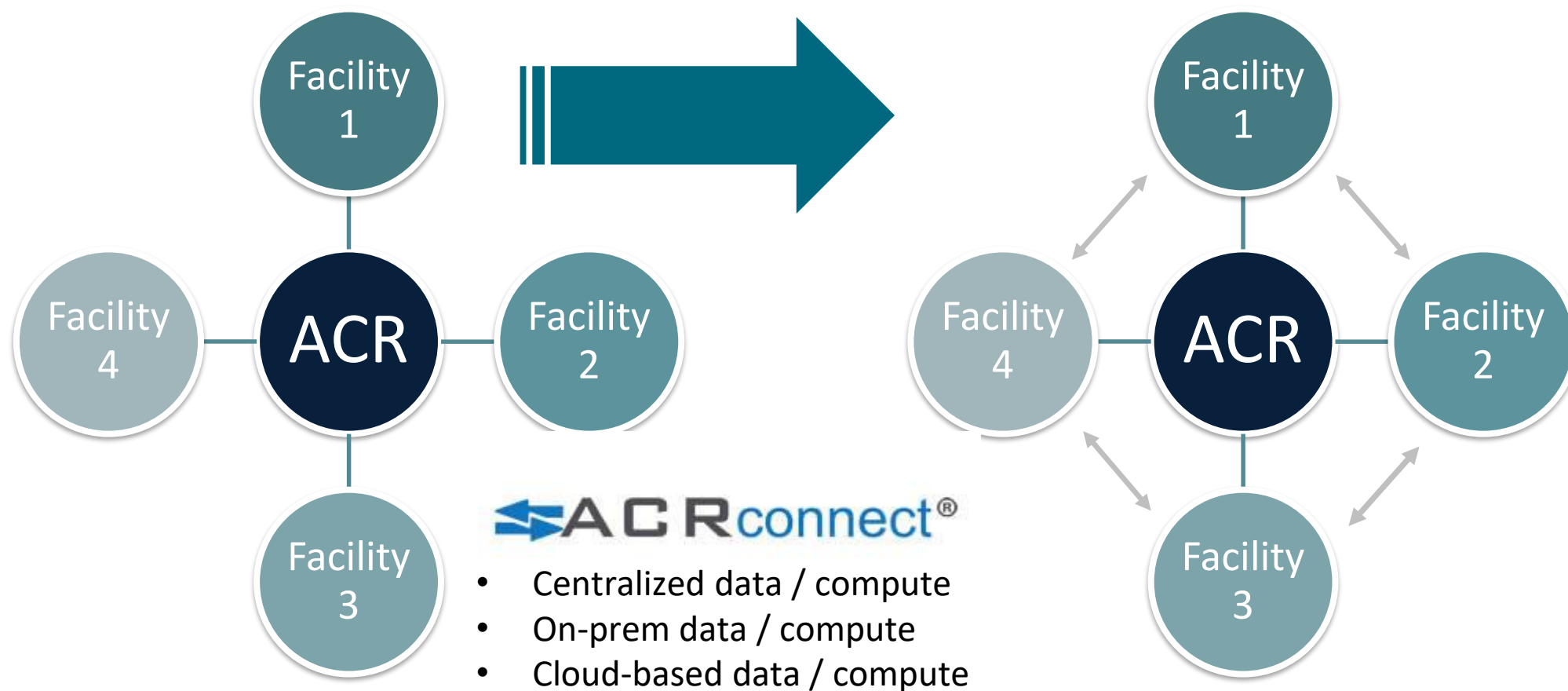
Ensure the value of radiologists as AI evolves through the development of appropriate use cases and workflow integration

Establish industry relationships by providing credible use cases, help with FDA and other government agencies, and pathways for clinical integration



Protect patients through leadership roles in the regulatory process with government agencies and validation of algorithms

Educate radiologists, other physicians and all stakeholders about AI and the ACR's role in data science for the good of our patients



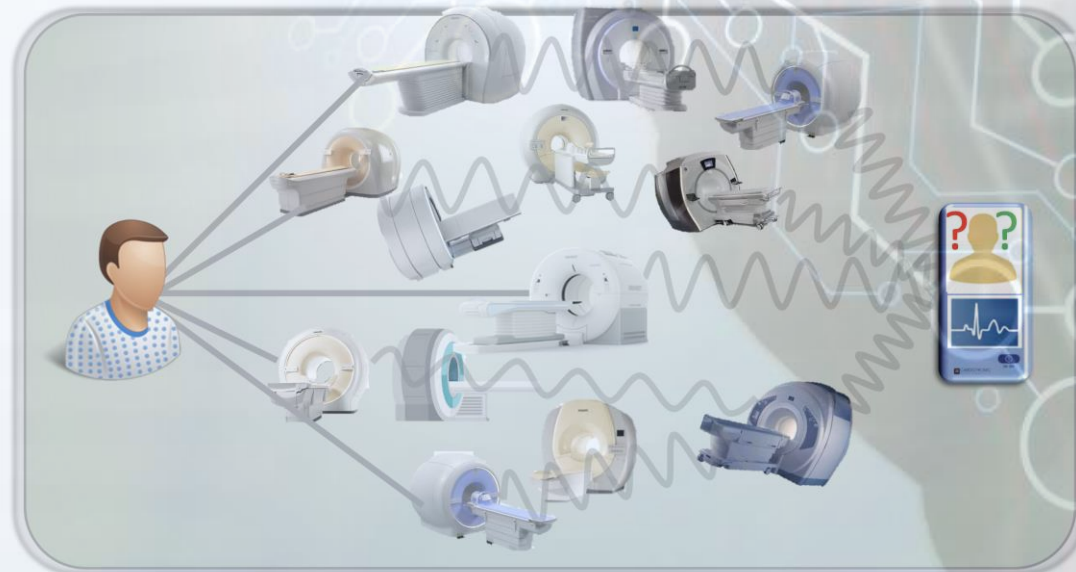
MEDICAL IMAGING AI FDA CLEARED MODELS

2021	CT	MR	XRAY	MAM	US	PET	
NEURORADIOLOGY	24	13					37
THORACIC IMAGING	16		7		1		24
BREAST IMAGING		1		13	2		16
CARDIAC IMAGING	5	4			4		13
MUSKULOSKELETAL	2		3		1		6
ABDOMINAL IMAGING	4	5			2		11
QUALITY ASSURANCE		1				1	2
	51	24	10	13	10	1	

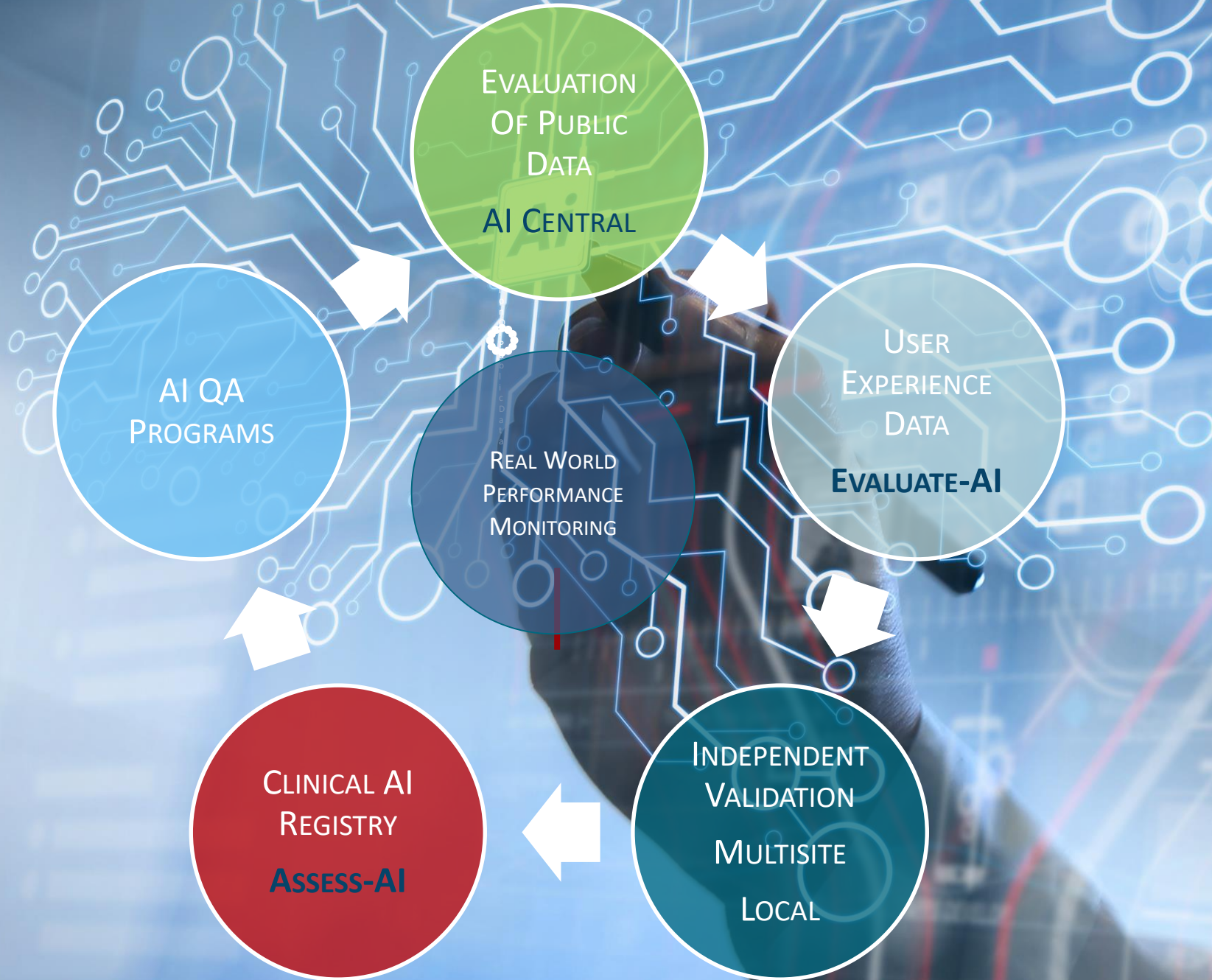


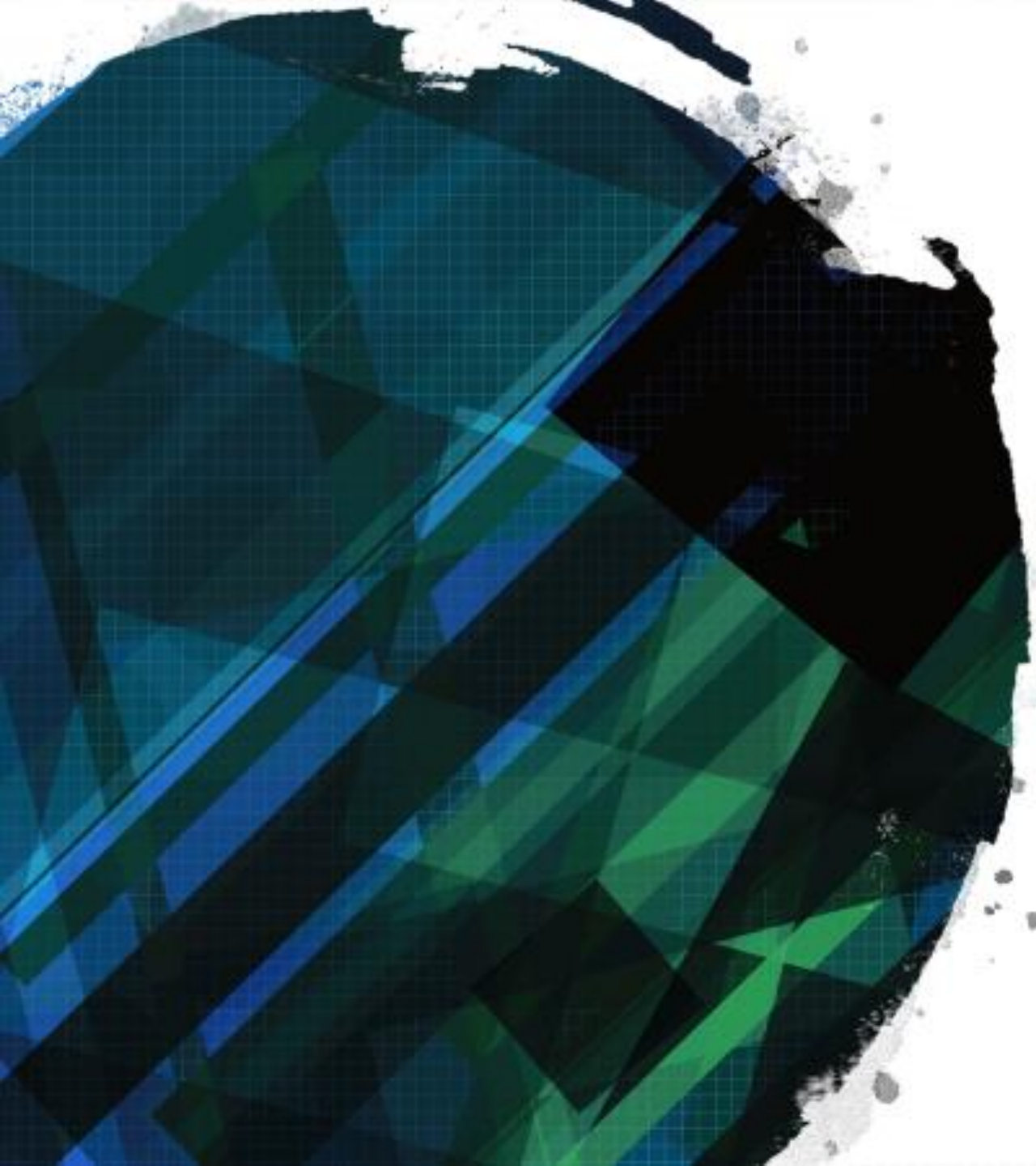
Challenges For Ensuring Safe And Effective AI

- The speed of algorithm development is accelerating
- Pressure to make AI readily available is high
- Lack of external validation
- FDA treating AI as a “medical device” challenges the traditional framework
 - Variability in our imaging equipment
 - Variability in imaging protocols



REAL-WORLD EVALUATION AND PERFORMANCE MONITORING OF AI IN CLINICAL PRACTICE



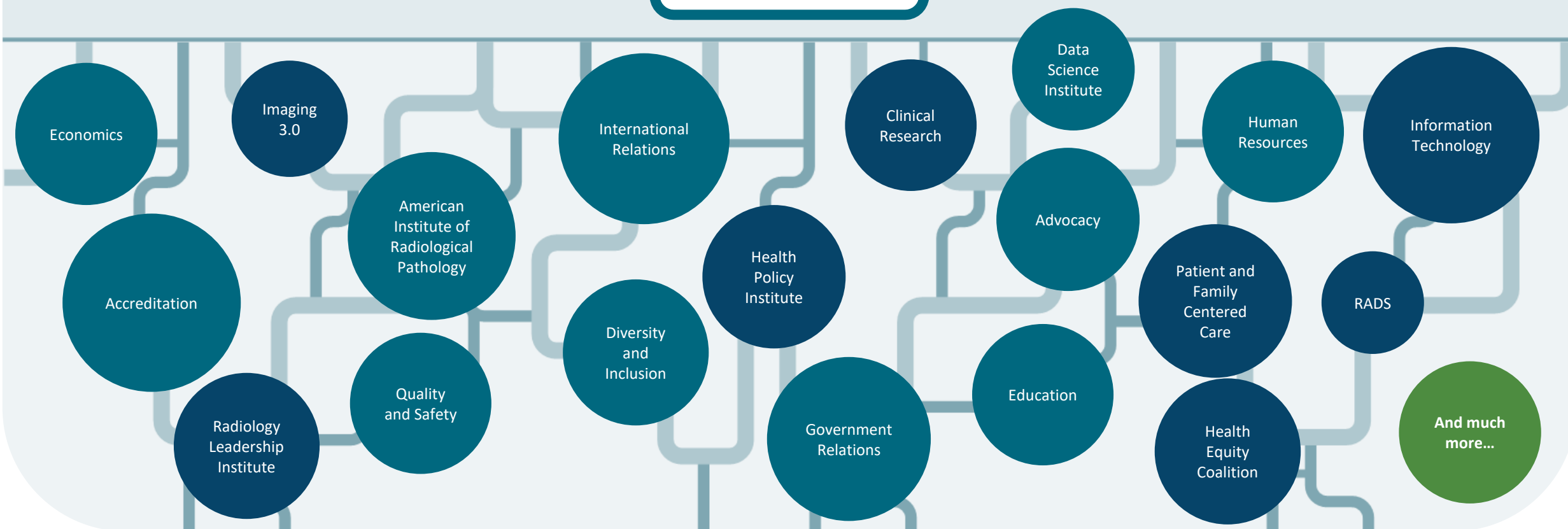


Health Equity *COALITION*

**"Efforts and courage are not
enough without purpose and
direction."**

- John F. Kennedy Sept 1960






RADIOLOGY



STRONGER TOGETHER



“Coming together is the beginning.
Keeping together is progress.
Working together is success.”

– Henry Ford

*“Ten people who speak
make more noise than ten
thousand who are silent.”*





Thank You

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