Leadership Management
**RC116**

The Aging Radiologist: How to Cope, When to Quit (Sponsored by the RSNA Professionalism Committee) (An Interactive Session)

Sunday, Nov. 29 2:00PM - 3:30PM Location: S402AB

[LM] [PR]

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

**Participants**
Donald M. Bachman, MD, Framingham, MA (*Moderator*) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Identify physiological and psychological manifestation of aging specific to performance as a radiologist. 2) Institute non-prejudicial evaluation of function and performance of radiologists in their department as they age. 3) Understand economic, health, emotional and professional factors that stimulate radiologists to either continue working or retire. 4) Identify strategies for instituting meaningful and satisfying activities after retirement from active radiology practice.

**ABSTRACT**

Active Handout: Donald M. Bachman


**Sub-Events**

**RC116A**  Coping with the Physical and Mental Changes of Aging

Participants
Donald M. Bachman, MD, Framingham, MA (*Presenter*) Nothing to Disclose

**LEARNING OBJECTIVES**

View learning objectives under main course title.

**RC116B**  Economics of Retirement Finance: Concepts and Misconceptions

Participants
Stephen Chan, MD, Closter, NJ (*Presenter*) Nothing to Disclose

**LEARNING OBJECTIVES**

View learning objectives under main course title.

**RC116C**  Professional and Organizational Issues for Senior Radiologists in the Radiology Practice

Participants
Bruce J. Barron, MD, Dunwoody, GA (*Presenter*) Stockholder, Immunomedics, Inc

**LEARNING OBJECTIVES**

View learning objectives under main course title.

Active Handout: Bruce Jonathan Barron


**RC116D**  The Radiologist in Retirement: The Importance of Health Insurance, and of New Personal and Professional Endeavors

Participants
Robert A. Schmidt, MD, Chicago, IL (*Presenter*) Medical Advisory Board, Three Palm Software LLC Stockholder, Three Palm Software LLC Spouse, Advisory Board, Three Palm Software LLC Spouse, Stockholder, Three Palm Software LLC Spouse, Medical Advisory Board, Bayer AG Consultant, VuComp, Inc Spouse, Consultant, VuComp, Inc

**LEARNING OBJECTIVES**

View learning objectives under main course title.
Participants

LEARNING OBJECTIVES

1) Develop an understanding of the essential traits and skills required for a leader to be successful, i.e., traits and states. 2) Develop an understanding of the common errors made by leaders in academic and private practices enabling the attendee to obtain the ‘learnings’ without the ‘lumps.’ 3) Acquire the skills of succession planning needed to ensure that the success of your organization is sustainable over time and leadership transitions. (This course is part of the Leadership Track)

Sub-Events

RC132A  How Leaders Succeed and Fail

Participants

James A. Brink, MD, Boston, MA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

View learning objectives under main course title. (This course is part of the Leadership Track)

RC132B  Keys to Avoid Failure: Key Qualities of a Successful Leader

Participants

Jonathan S. Lewin, MD, Baltimore, MD (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

View learning objectives under main course title. (This course is part of the Leadership Track)

Honored Educators

Presenters or authors on this event have been recognized as RSNA Honored Educators for participating in multiple qualifying educational activities. Honored Educators are invested in furthering the profession of radiology by delivering high-quality educational content in their field of study. Learn how you can become an honored educator by visiting the website at: https://www.rsna.org/Honored-Educator-Award/

Jonathan S. Lewin, MD - 2012 Honored Educator

RC132C  Leadership

Participants

N. Reed Dunnick, MD, Ann Arbor, MI (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Recognize historical examples of leaders, in addition to how you can recognize and emulate their favorable characteristics that draw you to their leadership attributes. 2) Understand an overview of leadership references, where and how to access the same, how the related body of knowledge has evolved, and current perspectives concerning leaders and leadership. (This course is part of the Leadership Track)
Informatics-enabled Peer Review - Lessons from Large Scale Implementations

Sunday, Nov. 29 2:00PM - 3:30PM Location: S404CD

IN
LM

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Jonathan B. Kruskal, MD, PhD, Boston, MA, (jkruskal@bidmc.harvard.edu) (Moderator) Author, UpToDate, Inc

LEARNING OBJECTIVES

Sub-Events

RC153A ACR RadPeer Experiences

Participants
Hani H. Abujudeh, MD, MBA, Boston, MA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Discuss the components of the ACR RADPEER system. 2) List the strengths and weakness of RADPEER.

ABSTRACT
RADPEER is the ACR peer review system, used by over 17,000 radiologists. It is the largest radiology peer review system in the world. RADPEER has undergone many improvements since first released, and more improvements are coming in the future. RADPEER design includes an interesting case section. Future improvements may be in ways to use RADPEER data for Performance Improvement activities.

RC153B Focus on Workflow Integration

Participants
Tarik K. Alkasab, MD, PhD, Boston, MA (talkasab@mgh.harvard.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Describe how RADPEER-based systems are typically integrated into radiology workflows. 2) Describe how alternative, group-based peer review systems can be integrated into radiology workflows. 3) Discuss emerging methods of integrating radiology peer review with the radiologist workday.

RC153C Peer Review Analytics

Participants
V. Anik Sahni, MD, Boston, MA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Describe the importance of analytics in the peer review process. 2) Explore the IT solutions available to develop an analytics tool. 3) Discuss data presentation and important key metrics.

RC153D Impact of Peer Review on the Quality of Interpretation

Participants
Jonathan B. Kruskal, MD, PhD, Boston, MA, (jkruskal@bidmc.harvard.edu) (Presenter) Author, UpToDate, Inc

LEARNING OBJECTIVES
1) Discuss emerging options for effective peer review. 2) Describe ways in which peer review can result in improved performance. 3) Describe methods for improving the utility and effectiveness of the peer review process.

ABSTRACT

Honored Educators

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Jonathan B. Kruskal, MD, PhD - 2012 Honored Educator
Because of changing federal policy and reimbursement models, the next five years may be the most tumultuous for medicine and our specialty since the adoption of Medicare. Leaders in organized radiology are working to place our specialty in the best possible position, but we face complex issues requiring complex and potentially counterintuitive solutions. Strategic decisions made by our organizations need to be informed by and have buy-in from those in the trenches of clinical practice. The imperatives of health reform and the dynamic shift from volume-based transactional care to value-based population care are creating the critical issues facing our specialty. In this roundtable session, we discuss a number of the critical issues facing our practices and discuss proactive strategic initiatives that can empower radiologists to transition from volume-based to value-based care and position their practices to succeed in the new paradigm. While integral to providing optimal radiological care, the value of the interpretations we provide will ultimately be taken for granted by our systems and policy makers. In order to provide additional value we must look beyond just the value of our interpretations. By engaging in the care prior to and following image interpretation, radiologists can improve individual patients’ safety, outcomes and engagement as well as improve population health. This measurable role for radiology in providing cost-effective care will increase our relevance to the healthcare system beyond image interpretation. Participants can share their ideas and concerns with leaders in organized radiology as well as take away a number of tools they can use in their practices to begin or enhance the shift to value-based care. Using these strategies, radiologists can leverage the value they create to enhance their position in their health systems and your professional organizations can leverage that same value with policy makers to impact federal health policy.

**ABSTRACT**

Health and Human Services Secretary Sylvia Burwell along with the US Congress have set ambitious targets for value-based payments in the US Medicare program with the goal of tying 85% of Medicare fee-for-service payments to quality or value metrics by 2016. Raising awareness will not be enough to achieve a lasting cultural shift required to cope with these mandates. Empowering radiologists to transition from volume-based to value-based care and position their practices requires development of meaningful metrics specific to radiology for quality reporting is essential and developing tools to capture this meaningful information as part of our daily workflow is requisite for efficient practice. By standardizing these metrics we have an opportunity for national registry reporting, which offers not only opportunity for internal process improvement but also benchmarking for government agencies to be used for quality reporting in the Physician Quality Reporting System (PQRS) and potentially by American Board Radiology for meeting Practice Quality Improvement (PQI) requirements for Maintenance of Certification (MOC). The goal is for radiologists to seamlessly participate in PQRS and potentially PQI and MOC by automatically reporting their metrics to the registries and monitoring their dashboards for areas that need improvement. Additionally, registry reporting allows data mining that will support future socioeconomic research in radiology, so that we can learn where there are opportunities for further improvement in the care of our patients and cost efficiencies.

**RC227B Providing Higher-Value Care through Population Health Management: What Is the Radiologist’s Role?**

**Participants**

James A. Brink, MD, Boston, MA (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Examine current trends and mandates for physician involvement in population health management. 2) Explain the differences and synergies between population health management and the art of medical practice. 3) Discuss the value radiologists can bring to population health management and how this role will become an important resource for their health systems. 4) Identify the tools radiologists can use in their practices to be effective in population health management by reducing variation in radiological care. 5) Discuss the role of precision and personalized medicine in population health management.

**ABSTRACT**

Specialists may leverage several strategies when seeking to manage population health. For radiologists, reducing variation in the
Specialists may leverage several strategies when seeking to manage population health. For radiologists, reducing variation in the imaging examinations that we recommend and how we report key findings has the potential to support more uniform and appropriate care at the population level. Under-utilization of medical imaging risks decrements in the health of our population while over-utilization leads to increased cost and heightened morbidity from unnecessary follow-on imaging and interventional procedures. Moreover, increased precision in the quantitative nature of our reports promises to yield more effective treatments as therapies are personalized to precise patient phenotypes and disease states. Appropriateness criteria and referral guidelines take the guesswork out of which tests to recommend, and imaging-based care algorithms narrow the range of recommendations that referrers may receive in response to a clinical imaging scenario. However, such changes to our practice threaten the 'art of medicine' where intuition plays an important role in establishing diagnoses and understanding disease severity. Art can take many forms, and the transition from personal impression to consensus and fact-based conclusion in the tests we recommend and the reports that we generate mirror the transition from abstract art to photorealism. The increase in precision does not make 'art' any less artistic; rather, it is simply based on a different set of principles.

**Participants**

Geraldine B. McGinty, MD,MBA, New York, NY (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Discuss the ways radiologists can enhance patients’ experiences throughout the continuum of radiological care. 2) Identify tools and resources for patient education regarding their radiological care. 3) Describe the current mandates for patient access to medical records and discuss ways for effective communication between radiologists and patients. 4) Leverage the value of patient-centered radiological care as a resource for health systems. 5) Identify ways to improve patient outcomes through effective communication.

**ABSTRACT**

Reform of the healthcare delivery system has as a stated goal the so-called "Triple Aim": to reduce costs while improving both population health as well as the individual experience of care. For radiologists, many of whom do not typically meet the patients whose images they interpret, this represents both a challenge as well as a significant opportunity. Across the continuum of imaging care delivery there are points at which radiologists can engage patients to improve not only the patient’s level of satisfaction but also their eventual outcome. For example a patient who understands the nature of the imaging test they will undergo is more likely to be able to cooperate in the process of making sure the images are of the highest diagnostic quality. We will review the resources available to radiologists to support them in engaging their patients at each step of the imaging care process. We will focus on disruptive innovations around direct communication of results to patients and sharing of images and discuss how payment models and regulations are fuelling these changes. We will also highlight how providing a more patient-centered imaging care experience will align radiologists with a value based approach to healthcare delivery providing opportunities to demonstrate the value that imaging provides to stakeholders both internal such as health system administration and external such as payers.
**RC232**

**Hospital Contracting: The Radiologist’s and The Attorney’s Perspectives**

Monday, Nov. 30 8:30AM - 10:00AM Location: E451A

**LEARNING OBJECTIVES**

1) Identify the important elements of a hospital professional services agreement (radiology contract). 2) Describe the principles of negotiations that will benefit radiologists in their interactions with hospital administrators. 3) Discuss the roles of the radiologist and the attorney in hospital contract negotiations.

**Sub-Events**

**RC232A  The Attorney’s Perspective**

Participants
William K. Davis JR, JD, Chicago, IL (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

View learning objectives under main course title.

**ABSTRACT**

B) Negotiating a Difficult Hospital Contract: The Attorney's Perspective W. Kenneth Davis, Jr, Chicago, IL

ABSTRACT

This course is structured to explore the issues and opportunities involved in the process of negotiating a hospital radiology professional services agreement (hospital radiology contract). The principles of contract negotiations will be discussed, and the role of both the radiologist and the radiology-knowledgeable attorney will be covered. How the radiology leadership and the practice attorney interact will be explored. Potentially problematic clauses will be presented, and suggestions will be made to modify or eliminate these clauses. The importance of having the practice integrated into the medical, social, and political fabrics of the hospital and the community will be stressed. The faculty will introduce the concept of power in a negotiation, and they will define common negotiation terms. Issues of radiology group communication and unity during the process will be discussed. There will be sufficient time for questions from the attendees.

**Active Handout:** William Kenneth Davis


**RC232B  Hospital Contracting: The Radiologist’s Perspective**

Participants
Lawrence R. Muroff, MD, Tampa, FL, (LRMuroff@hotmail.com) (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

View learning objectives under main course title.

**ABSTRACT**

This course is structured to explore the issues and opportunities involved in the process of negotiating a hospital radiology professional services agreement (hospital radiology contract). The principles of contract negotiations will be discussed, and the role of both the radiologist and the radiology-knowledgeable attorney will be covered. How the radiology leadership and the practice attorney interact will be explored. Potentially problematic clauses will be presented, and suggestions will be made to modify or eliminate these clauses. The importance of having the practice integrated into the medical, social, and political fabrics of the hospital and the community will be stressed. The faculty will introduce the concept of power in a negotiation, and they will define common negotiation terms. Issues of radiology group communication and unity during the process will be discussed. There will be sufficient time for questions from the attendees.
Aligning Incentives Along the Imaging Value Chain

Tuesday, Dec. 1 8:30AM - 10:00AM Location: S102C

Participants
Geraldine B. McGinty, MD, MBA, New York, NY (Presenter) Nothing to Disclose
Richard Duszak JR, MD, Atlanta, GA (Presenter) Nothing to Disclose
Giles W. Boland, MD, Boston, MA (Presenter) Principal, Radiology Consulting Group; Royalties, Reed Elsevier

LEARNING OBJECTIVES
1) To understand value-focused healthcare imperatives in the evolution of healthcare delivery systems and how they impact medical imaging. 2) To implement practice changes aligned with Imaging 3.0 so as to maximize the relevance of radiology and radiologists in ongoing health system changes. 3) To improve the delivery of imaging care by focusing on value chain opportunities. (This course is part of the Leadership Track)

ABSTRACT
Although radiology’s dramatic evolution over the last century has profoundly affected patient care for the better, our current system is fragmented with many providers focusing more on technology and physician needs rather than what really matters to patients: better value and outcomes. This latter dynamic is aligned with current national health care reform initiatives and creates both challenges and opportunities for radiologists to find ways to deliver new value for patients. The American College of Radiology has responded to this challenge with the introduction of Imaging 3.0, which represents a call to action to all radiologists to assume leadership roles in shaping America’s future health care system through 5 key pillars: imaging appropriateness, quality, safety, efficiency, and satisfaction. That enhanced value will require modulation of imaging work processes best understood through the concept of the imaging value chain, which will be the focus of this course.
**Economics in Imaging/Business Intelligence (Sponsored by the Associated Sciences Consortium) (An Interactive Session)**

Tuesday, Dec. 1 10:30AM - 12:00PM Location: S105AB

**Participants**

William A. Undie, PhD, RT, Houston, TX (Moderator) Nothing to Disclose
Morris A. Stein, BArch, Phoenix, AZ (Moderator) Nothing to Disclose

**Sub-Events**

**MSAS32A  One Hospital's Experience: Tightening the Belts Using LEAN and Green Methodologies**

Participants
Janet Champagne, MBA,RT, Houston, TX (Presenter) Nothing to Disclose
Alex Koroll, Houston, TX (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Learn the value of implementing LEAN and Six Sigma Green Belt tools and processes to improve patient and employee satisfaction. 2) Demonstrate understanding of the seven elements of waste and apply methodologies to eliminate or improve its negative impact in your workflows. 3) Utilizing the Six Sigma processes to gain credibility and demonstrate value within the organization.

**MSAS32B  Using Evidence Based Design to Increase Operational and Planning Efficiencies**

Participants
Carlos L. Amato, Los Angeles, CA (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) Learn how to apply evidence based design planning and design principles to improve efficiency and patient satisfaction. 2) Understand how to plan an "intelligent" department that is flexible enough to deal with imaging complex processes and constant technology changes. 3) Understand why good design is good business.
Service Excellence in Radiology (Sponsored by the RSNA Professionalism Committee) (An Interactive Session)

Tuesday, Dec. 1 4:30PM - 6:00PM Location: S103AB

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
Kenneth A. Buckwalter, MD, Indianapolis, IN (Moderator) Research Grant, Siemens AG
Ella A. Kazerooni, MD, Ann Arbor, MI (Presenter) Nothing to Disclose
Brent J. Wagner, MD, Reading, PA (Presenter) Nothing to Disclose
Brandon P. Brown, MD, MA, Indianapolis, IN (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Understand who the customer is in Radiology and why customer satisfaction scores are important. 2) Review how Radiology can document the added value role it plays in the enterprise. 3) Discuss how to onboard new staff members successfully

ABSTRACT
Service Excellence in healthcare is used generally to refer to patient or customer satisfaction, and our ability to consistently meet if not exceed the expectations of patients, their families and visitors. It can be more widely expanded to include interactions among staff within a group, across groups or job descriptions or across departments. Inherently it is the concept that healthcare is more than just the technical act of delivering service, in radiology that would be the performance of a diagnostic test for example that hit high marks for classic quality metrics like image quality, radiation dose optimization and clarity and accuracy of the interpretation. Service excellence embraces the notion that healthcare must address the psyche, emotions and worries of those we care for, who come to us for service because they are ill and concerned about their health, the impact of disease on themselves and their families. It is about HOW we deliver the care too. From looking people in the eyes at check in, asking if there is anything else we can do for them, letting then know how they will get their test results, acknowledging when we can do better without blame, and knowing when and how to say thank you. On a more tangible level, high marks for Service Excellence also translates into higher employee engagement, retention of staff and a drop in time and resources spent doing service recovery. Hiring for Service Excellence is important to having the right people in your organization, and sometimes letting those go who cannot live up to those expectations may be necessary to move forward. In the end, a commitment to Service Excellence is not about an expensive program delivered by others to you to train to, it is about treating everyone with respect and both setting and often exceeding expectations. With higher patient satisfaction scores comes retention of patients/customers, and word of mouth marketing that your program is THE destination for care now and in future.

Active Handout:Brent Joseph Wagner

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https://www.rsna.org/Honored-Educator-Award/

Ella A. Kazerooni, MD - 2014 Honored Educator
Participants

Sub-Events

RC432A  Business Intelligence and Analytics in Radiology: Scorecards, Dashboards, Big Data, and Beyond

Participants
Paul J. Chang, MD, Chicago, IL (pchang@radiology.bsd.uchicago.edu) (Presenter) Co-founder, Stentor/Koninklijke Philips NV; Researcher, Koninklijke Philips NV; Medical Advisory Board, lifeIMAGE Inc; Medical Advisory Board, Merge Healthcare Incorporated

LEARNING OBJECTIVES
1) The technical steps required to develop and implement dashboards and scorecards (including data/state aggregation, semantic normalization, modeling, data mining, and presentation) will be discussed. 2) Specific strategies and technologies that can be used to create dashboards and scorecards (including HL7, DICOM, ETL, web services, and SOA) will be illustrated. 3) Strategies to create a sustainable and agile architecture to support advanced business intelligence and analytics (BIA) tools will be explored. (This course is part of the Leadership Track)

ABSTRACT
Current and near future requirements and constraints will require radiology practices to continuously improve and demonstrate the value they add to the enterprise. Merely "managing the practice" will not be sufficient; groups will be required to compete in an environment where the goal will be measurable improvements in efficiency, productivity, quality, and safety. Although the phrase "one cannot improve a process unless one can measure it" is a familiar platitude, it is an increasingly important and relevant concept. The proper leveraging of formal Business Intelligence and Analytics (BIA) is a critical, absolutely essential strategy for any radiology group. Although currently underutilized, concepts such as Key Performance Indicators (KPIs), tactical dashboards, and strategic scorecards, should be familiar tools for radiology groups attempting to "navigate disruption."

RC432B  Quality: Going Beyond the Metrics

Participants
Jonathan W. Berlin, MD, Evanston, IL (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Define population health and articulate the essential role of quality in this new health care paradigm. 2) Consider the key role of patient experience in the concept of radiology quality. 3) Explore the concepts of quality and value in radiology. (This course is part of the Leadership Track)

ABSTRACT
Quality has become an essential component of radiology practices. But what is quality and how is it measured? The course will attempt to answer these questions from three perspectives. First, the perspective of quantitative radiology quality metrics and ways of measuring them will be explored, and methods of data analytics will be considered. Second, the concept of quality as it applies to a new health care delivery paradigm of population health will be analyzed. Population health is a framework in which health care entities and providers are tasked with keeping an entire defined population healthy, rather than the current healthcare delivery system that focuses largely on individual sick patients. The third speaker will address the essential role of patient satisfaction and positive patient experience in the concept of quality in radiology. These areas are increasingly prevalent in online rating sites, a domain that is not typically assessed with current standardized quality metrics.

RC432C  Demonstrating Quality to CMS and the Other Payors

Participants
William T. Thorwarth JR, MD, Reston, VA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Define population health and articulate the essential role of quality in this new health care paradigm. 2) Consider the key role of patient experience in the concept of radiology quality. 3) Explore the concepts of quality and value in radiology. (This course is part of the Leadership Track)

ABSTRACT
Quality has become an essential component of radiology practices. But what is quality and how is it measured? The course will attempt to answer these questions from three perspectives. First, the perspective of quantitative radiology quality metrics and ways of measuring them will be explored, and methods of data analytics will be considered. Second, the concept of quality as it applies to a new health care delivery paradigm of population health will be analyzed. Population health is a framework in which health care entities and providers are tasked with keeping an entire defined population healthy, rather than the current healthcare delivery system that focuses largely on individual sick patients. The third speaker will address the essential role of patient satisfaction and positive patient experience in the concept of quality in radiology. These areas are increasingly prevalent in online rating sites, a domain that is not typically assessed with current standardized quality metrics.
Participants
Susan J. Ackerman, MD, Charleston, SC (Moderator) Nothing to Disclose

Sub-Events

RCS16A  Residency - What Does It Take?

Participants
Rachel M. Nelson, MD, Charleston, SC (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Early identification of the key skills and resources needed to excel in a radiology residency. 2) Application of these skills and resources to build a solid foundation in radiology. 3) Utilization of this foundation to balance clinical duties and continuing education with involvement in non-academic pursuits.

ABSTRACT
Navigating a radiology residency is a daunting task, especially in the beginning. By building a solid foundation, each resident will have the basic skill sets and access to the resources needed to excel. Basic fund of knowledge, early mentorship, and effective communication are key aspects of a strong foundation. Residents can then build on this foundation through residency balancing both continuing education in the more complex realms of radiology as well as involvement in research, national organizations or the local community.

RCS16B  Climbing the Ladder - Challenges and Opportunity

Participants
Madelene C. Lewis, MD, Charleston, SC, (lewism@musc.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Identify opportunities to ascend the ladder to promotion and leadership roles. 2) Develop strategies to overcome common challenges in building a successful academic career. 3) Formulate a plan to effectively climb the ladder.

ABSTRACT
Climbing the ladder is not an easy task, and along the way you will encounter many challenges and opportunities. However, there are skill sets and practical tips that are useful in turning challenges into opportunities as well as capitalizing on opportunities. Mentorship is invaluable for navigating your climb up the ladder. Mentors can serve as a sounding board and give honest feedback based on their experiences and perspective. Networking is also an effective method for getting in the door and helping with the ascent up. In today's competitive and accelerated world, those looking to advance their careers need to be proactive, develop a plan, and embrace learning new leadership skills.

RCS16C  Challenges of Private Practice - How to Be Successful

Participants
Beatriz E. Amendola, MD, Coral Gables, FL, (dramendola@gmail.com) (Presenter) Speakers Bureau, Varian Medical Systems, Inc

LEARNING OBJECTIVES
1) After this presentation, the participant will be able to identify practical points to help them succeed in developing a private practice, in the field of Radiation Oncology. 2) Define polcies to develop a successful practice. 3) Develop resource management with vendors and staff.

ABSTRACT
This presentation will be based on my personal experience of more than 15 years in the private practice of Radiation Oncology, mostly as a solo-practice. The reason I decided to go into private practice, after many years of academia it was my desire to be independent and be able to provide the best quality of medical care for my patients the way I wanted. Develop a team of excellence is the main ingredient; followed by the ability to provide them with the appropriate technical tools, if possible 'state-of-the-art' or even better, offer the most advanced technology available. Innovative research and emphasise the patient and their family needs in fighting their disease are keys to success. Support of frends and family is essential in this endeour.

RCS16D  Women at the Top - Do's and Don'ts

Participants
Carol M. Rumack, MD, Aurora, CO, (carol.rumack@ucdenver.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Learn actions and habits that will help you perform well at a high level in an organization. 2) Learn actions and planning strategy that will help you get your new ideas across in a competitive environment. 3) Learn actions that may be risky to your career.

ABSTRACT

What to do and what not to do at the top levels of an organization are different than just being a team player for one of those leaders. My goals are to teach specific actions that you can use to perform well and to make as many as possible into habits so that you become a reliable and trusted colleague who is listened to for good ideas. How to prepare yourself so that you are ready accept new challenges? It may be your chance to succeed where others hesitate to go! How can you build a support system of other leaders? How do you plan for your ideas to succeed with their support in a top level meeting? In a leadership position there are risky actions that may destroy your credibility. What should you not be doing? Is it ok to be too cautious to speak? Why does not being visible can help undermine your success?
What Is Driving Health Care Reform and How It Is Changing Your Radiology Practice

Wednesday, Dec. 2 8:30AM - 10:00AM Location: S105AB

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants

Sub-Events

RC532A  Impact of Health Care Reform on Radiology: Intended and Unintended

Participants
Lawrence R. Muroff, MD, Tampa, FL (LRMuroff@hotmail.com) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Discuss the key elements of health reform as they impact radiology. 2) Develop strategies to deal with the intended and unintended consequences of health care reform. 3) Describe some of the alternative payment mechanisms that will be competing with fee-for-service, and discuss how radiologists will fit into these new compensation dynamics. (This course is part of the Leadership Track)

ABSTRACT
This presentation will review the trends impacting our specialty. Declining reimbursement, non-traditional competition, and more aggressive turf incursion will be examined, and strategies will be offered to enable radiologists the opportunity to survive and thrive in a time of change. The talk will cover alternative payment proposals and possible new practice models. Future opportunities will be discussed. Attendees of this session should have a better understanding of how our specialty will look in the new health care dynamic and what their role will be in this changed environment.

RC532B  How has Health Care Reform Affected Funds Flow and Compensation?

Participants
Ronald L. Arenson, MD, San Francisco, CA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Recognize the contributory elements promoting the implementation of significant healthcare reform in Massachusetts. 2) Review both the systemic shortfalls and benefits delivered to the citizens of Massachusetts during that state's implementation of universal health care. 3) Understand broad similarities and differences between the Massachusetts and National models of their respective Affordable Care Acts. (This course is part of the Leadership Track)
LEARNING OBJECTIVES

1) Describe possible future health payment and delivery changes and their relationship to radiology. 2) Consider practical techniques for leading change in radiology. 3) Understand methods of radiology data analysis that may be helpful to a hospital. 4) Consider how the principles of high reliability can improve radiology quality. 5) Contemplate the benefits of radiology integration in the era of population health. 6) Familiarize themselves with the 2017 CMS mandate for decision support regarding advanced imaging.

ABSTRACT

This program is geared toward physicians, non-physician healthcare providers, and administrators. Vendors will also find it helpful. The session will be comprised of six speakers, each speaking for 30 minutes. There are two scheduled question and answer periods with ample opportunity for audience discussion if desired. Speakers are a mix of physicians and administrators, and topics are designed to address current strategic planning and economic issues pertinent to radiology, including leadership, the leveraging of big data, radiology quality, future healthcare payment and delivery, radiology integration and population health management, and the 2017 CMS mandate for pre-order decision support.

Participants
John P. Anastos, DO, Park Ridge, IL (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
View learning objectives under main course title.

SPHA41G  The 2017 Mandate for Pre-order Decision Support: What Does It Mean and Why Is It Significant?

Participants
Mark D. Hiatt, MD, MBA, Salt Lake City, UT, (mark.hiatt@regence.com) (Presenter) Medical Director, Regence BlueCross BlueShield; Board Member, RadSite; Former Officer, HealthHelp, LLC

LEARNING OBJECTIVES
View learning objectives under main course title.

SPHA41H  Question and Answer 2

Participants
John P. Anastos, DO, Park Ridge, IL (Presenter) Nothing to Disclose
Mark D. Hiatt, MD, MBA, Salt Lake City, UT, (mark.hiatt@regence.com) (Presenter) Medical Director, Regence BlueCross BlueShield; Board Member, RadSite; Former Officer, HealthHelp, LLC

LEARNING OBJECTIVES
View learning objectives under main course title.
Participants
Judy Yee, MD, San Francisco, CA, (judy.yee@ucsf.edu) (Moderator) Research Grant, EchoPixel, Inc
Whitney Fishman Zember, MBA, New York, NY (Presenter) Nothing to Disclose
Susan D. John, MD, Houston, TX (Presenter) Nothing to Disclose
Elliot K. Fishman, MD, Owings Mills, MD (Presenter) Research support, Siemens AG Advisory Board, Siemens AG Research support, General Electric Company Advisory Board, General Electric Company Co-founder, HipGraphics, Inc

LEARNING OBJECTIVES
1) Understand the rationale for and growing value of increased personalization of patient interactions in diagnostic radiology. 2) Communicate patient-centered radiology principles to residents and other colleagues. 3) Identify different avenues, including traditional, digital and social media, to engage our patients.

ABSTRACT
Modern medicine has become so complicated and sub-specialized that patients and their families often are confused. Frequently patients are not even aware that a radiologist is providing important services or the nature of those services. Increasingly, patients are turning to the Internet for answers. In the current era of consumer-driven healthcare, patient portals, online health resources and social media, radiologists must provide personal and patient-friendly services and use a variety of means to connect with patients. This course will provide specific examples and strategies for harnessing the power of the Internet and social media to become more patient centered.

Honored Educators
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Elliot K. Fishman, MD - 2012 Honored Educator
Elliot K. Fishman, MD - 2014 Honored Educator
Value-Added Initiatives for a Healthcare System

Thursday, Dec. 3 8:30AM - 10:00AM Location: S104A

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants

Richard E. Heller III, MD, Chicago, IL (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Understand the difference between interpretive value and non-interpretive value and the concept of the Total Value Equation.
2) Understand how to illustrate where on the Operations Frontier Curve your practice or department wishes to place itself, and where you think you actually are. 3) Based on the above two objectives, be able to identify potential areas of improvement in your staffing model. (This course is part of the Leadership Track)

ABSTRACT

The term ‘value’ is popular in health care, and while universally understood to be critical to success, it is also a concept that is complex and can be challenging to evaluate. This talk analyzes the idea of value and value creation in the radiology department, and uses the Total Value Equation as a framework to deconstruct the activities of the department into interpretive and non-interpretive. By understanding these ideas, the radiology practice leader is better able to manage their resources and maximize their value production.

Imaging Informatics

Participants

Keith J. Dreyer, MD, PhD, Boston, MA (Presenter) Co-Chairman, Medical Advisory Board, Merge/IBM

LEARNING OBJECTIVES

1) Develop an understanding of the essential Informatics skills required for a leader to be successful. 2) Develop an understanding of the common Informatics errors made by leaders in academic and private practices. 3) Acquire the skills of Informatics planning needed to ensure that the success of your organization is sustainable over time. (This course is part of the Leadership Track)
Managing Radiology IT in the EHR World

Thursday, Dec. 3 8:30AM - 10:00AM Location: S502AB

IN

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50

Participants
J. R. Geis, MD, Fort Collins, CO (Moderator) Advisor, Nuance Communications, Inc; Investor, Montage Healthcare Solutions; Vice Chair, ACR IT Informatics Commission

LEARNING OBJECTIVES
1) Identify EHR components relevant to radiology. 2) Understand how to assess and use those components to your advantage. 3) Discover potential and pitfalls of EHRs.

ABSTRACT
The development and deployment of electronic medical records has resulted in a significant impact on radiology work flow both postive and negative. Moving from paper driven to an electronic processes requires a highly functional, multi-disciplinary team to address break-fixes as well as optimizations. This presentation will review the optimal structure of the team and then discuss the requisite skill sets of the team members to insure getting the most out of the EHR to drive high quality, efficient, patient-centered work flow in the radiology department.

RC653A  EHR/RIS Optimization of Imaging Workflow for the Enterprise

Participants
Peter B. Sachs, MD, Aurora, CO (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Review the typical radiology department work flow in an EMR environment. 2) Identify the key work flow items that may require optimization. 3) Identify the key components necessary to carry out optimization. 4) Review examples of optimizations carried out at the author's institution. 5) Discuss the impact these optimizations have had on radiology workflow/efficiency and patient care.

ABSTRACT
Electronic Health Records (EHRs) are touted to improve the quality and efficiency of clinical care. As a result, EHR-meaningful use legislation has been passed in the U.S. to financially incentivize adoption of this technology. Still, some radiologists remain skeptical that the benefits of EHRs are applicable to their practice and some fear that the technology could even unnecessarily complicate their workflow. One newer model for integrating EHRs into radiologists' practice is to use an EHR to drive diagnostic radiologist workflow, rather than the more traditional or widespread models of PACS driven or third-party RIS driven workflow. This newer model provides opportunity to leverage EHR technology and data for the benefit of radiology-related care delivery. This presentation shares a radiologist-centric viewpoint from one institution which has successfully adopted EHR-driven workflow for diagnostic radiologists. Though the process of implementation is touched upon, the presentation focuses on the resultant clinical workflow and the impacts on quality, efficiency, and radiologist satisfaction.

RC653B  RIS-EMR Driven Workflow for Diagnostic Radiologists - You Might Actually Want This

Participants
Cree M. Gaskin, MD, Keswick, VA (Presenter) Author with royalties, Oxford University Press; Author with royalties, Thieme Medical Publishers, Inc; 

LEARNING OBJECTIVES
1) Present EHR driven workflow for the diagnostic radiologist at the speaker's institution. 2) Discuss radiologist engagement in EHR implementation for radiology-centric optimization. 3) Discuss impacts of EHR driven workflow on diagnostic radiologists' efficiency and quality of care delivery as well as user satisfaction.

ABSTRACT
As a radiology department expands across multiple organizations there are several challenges that are created. Among these is the capability of the PACS, dictation systems and electronic medical record to operate in a single versus a multiple medical record
number environment. These challenges are complicated further if there is no master patient index to link patient's across the multiple sites. All of these need to be taken into consideration prior to attempting to deploy a single workflow solution in multiple environments. Some possibilities that are discussed include using systems that function in a multiple medical record number environment, making changes to the demographic information in an interface engine or simply guaranteeing that each site uses unique identifiers. The benefits of having a single workflow solution across multiple environments is significant and helps to justify the cost of implementing in maintaining this type of environment.
Participants
Courtney Sullivan, MS, RRA, New York, NY, (cls2007@med.cornell.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Define approaches to providing patient-centered care through radiology consultation activities. 2) Identify the value of the role of the registered radiologist assistant in the patient care setting. 3) Understand ways in which radiology consultation can increase the standard of care in a changing healthcare environment.

ABSTRACT
In a changing healthcare environment, the ability to provide patient-centered care has become increasingly more important. Aligning with healthcare reform initiatives, consultation provides an ideal opportunity to promote informed decision making, increase education, and facilitate communication between patients, radiologists and referring physicians. While radiology consultation has traditionally been a part of standard clinical practice, the current fee for service payment model and technologies such as PACS have limited the availability of the radiologist. Through an organized consultation service, the role of the Registered Radiologist Assistant offers potential to help alleviate radiologist workflow constraints that come with participating in non-interpretive tasks. In reviewing this model, this session will focus on radiology consultation and ways to promote patient-centered imaging, ultimately increasing the quality of care that is received.
Participants
Katherine P. Andriole, PhD, Dedham, MA (Moderator) Advisory Board, McKinsey & Company, Inc;

LEARNING OBJECTIVES
1) Understand what is meant by business analytics in the context of a radiology practice. 2) Be able to describe the basic steps involved in implementing a business analytics tool. 3) Learn how business analytics tools can be used for quality assurance in radiology, for maintenance of certification (MOC), and for practice quality improvement. 4) Be introduced to the capabilities of current and potential future business analytics technologies.

ABSTRACT
This course will provide an overview of the use of business analytics (BA) in radiology. How a practice manages information is becoming a differentiator in the competitive radiology market. Leveraging informatics tools such as business analytics can help a practice transform its service delivery to improve performance, productivity and quality. An introduction to the basic steps involved in implementing business analytics will be given, followed by example uses of BA tools for quality assurance, maintenance of certification (MOC) and practice quality improvement. The power of current business analytics technologies will be described, along with a look at potential future capabilities of business analytics tools.

Sub-Events

RCC54A Introduction to Business Analytics Demonstrating Application to Radiology

Participants
Katherine P. Andriole, PhD, Dedham, MA (Presenter) Advisory Board, McKinsey & Company, Inc;

LEARNING OBJECTIVES
1) Gain an overview of business analytics tools and understand how they might be used in radiology. 2) Be able to describe the general steps involved in business analytics, including extract, transform, load (ETL) and key performance indicators (KPI). 3) See a demonstration implementation of an open-source business analytics tool using a radiology use case.

ABSTRACT
This session will provide a general overview of business analytics concepts and how they can be used in radiology. A walk through of the basic steps involved in implementation including identifying, collecting, transforming, and dynamically presenting key performance indicators (KPI) will be demonstrated. The extract, transform, load (ETL) steps will be shown using an example use case, and multiple database sources taken from a radiology practice.

RCC54B Operational and Predictive Analytics in Radiology

Participants
Paul G. Nagy, PhD, Baltimore, MD, (pnagy@jhu.edu) (Presenter) Institutional license agreement, Analytical Informatics, Inc

LEARNING OBJECTIVES
1) Explain the big data science and radiology. 2) Identify the role of informatics in capturing, extracting, analyzing, and communication quality projects. 3) Illustrate graphical dashboarding examples to support quality efforts.

ABSTRACT
Honored Educators

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Paul G. Nagy, PhD - 2014 Honored Educator

RCC54C Capabilities of Current and Future Business Analytics Technologies

Participants
Mindy Licurse, MD, Philadelphia, PA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) To gain familiarity with currently available business technologies and their relevance to radiology practice. 2) To consider how existing business technologies can support quality assurance in radiology. 3) To learn about business analytics features that may be available/desirable in the future to augment and support both the practice of radiology.
Participants

LEARNING OBJECTIVES

1) Understand the importance of ensuring communication of critical radiology results. 2) Consider common reasons for perceptual errors in body imaging. 3) Familiarize themselves with some key risk management take home points in radiology.

Sub-Events

RC732A  Communication - An Essential Strategy for Risk Management

Participants
Leonard Berlin, MD, Skokie, IL (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

View learning objectives under main course title.

RC732B  Selected Topics in Radiology Risk Management: Errors and Communication 2015

Participants
Jonathan W. Berlin, MD, Evanston, IL (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

View learning objectives under main course title.
Participants

Sub-Events

**RC832A  Considerations and Suggested Approaches to Implementing Formal Mentoring**

**Participants**
Alexander M. Norbash, MD, Boston, MA  (**Presenter**)  Co-founder, Boston Imaging Core Laboratories, LLC;

**LEARNING OBJECTIVES**
1) To recognize and describe process and system-based approaches to implementing formal mentoring. 2) To understand the strengths and limitations of system-based mentoring systems.

**ABSTRACT**
This presentation will include three presenters describing their experiences with mentoring, as distinct from coaching and advising. A mentoring relationship includes an experienced individual possessing generativity and experience, and also a receptive advisee who values the contributions of the mentor in facilitating the advisees success. Many organizations have attempted to create formal mentoring systems with varying degrees of success. The three portions of this presentation will focus on processes and systems that can be implemented in creating a formal mentoring system, along with benefits and limitations of the same. A second portion will focus on the complex balancing interplay between mentors, advisees, and the goals of the mentoring engagement. The third portion will specifically focus on best mentoring practices for success in healthcare.

**RC832B  Mentoring, Mentors and Goals: A Balancing Act**

**Participants**
James V. Rawson, MD, Augusta, GA (**Presenter**)  Nothing to Disclose

**LEARNING OBJECTIVES**
1) Recognize elements of mentoring relationship that should be defined and agreed to. 2) Understand balancing trade-offs in mentoring relationships.

**ABSTRACT**
The choice of a mentor and a mentoring relationship can be a critical step in professional development. The relationship is a balance of self-discovery, guided development and occasional intervention/rescue. Expectations and responsibilities of both the mentor and the mentee should be defined and agreed to. The author will describe approaches that are helpful in recognizing and balancing trade-offs in a mentoring relationship.

**RC832C  Mentoring and Your Career: Best Practices for Success in Health Care**

**Participants**
Frank J. Lexa, MD, Philadelphia, PA (**Presenter**)  Nothing to Disclose

**LEARNING OBJECTIVES**
1) Understand the proper role of mentoring in your career. 2) Analyze best practices of mentoring. 3) Become a better mentor and mentee.
**Workflow Tools to Optimize Departmental Operations**

Friday, Dec. 4 8:30AM - 10:00AM Location: E352

**Participants**
Bradley J. Erickson, MD, PhD, Rochester, MN (Moderator) Stockholder, Evidentia Health, Inc; Stockholder, OneMedNet Corporation; Stockholder, VoiceIt Technologies, LLC

**LEARNING OBJECTIVES**
1) Become familiar with workflow technologies that are available and being used in other industries. 2) See how workflow terminologies can be applied in practice. 3) See how workflow engines have been applied in radiology.

**ABSTRACT**
Workflow is a critical element of safe and efficient practices. Workflow is usually supported by using relational databases, which tends to force a linear workflow into practice. SQL queries are also not optimal for detecting and handling error conditions. Workflow engines are used in other industries for exactly those reasons— they help enforce an agreed upon optimal pathway of events, and make it easy and clear how to deal with error and exception conditions. While they have been applied in healthcare, those experiments have usually failed because the implementation did not handle error conditions well, and did not completely model the richness and complexity of healthcare. Radiology tends to be more straightforward, and may be a good area to use workflow engines. In this session, we will describe one implementation in a clinical practice, as well as use in research and clinical trials. As we have begun to use workflow engines, it became apparent that agreeing on the names for key steps in the workflow would be helpful. Such a common lexicon would help us to assure that workflow was done in the same way in different locations. It could also allow us to measure the efficiency of workflows. This latter aspect was perceived to be of great value to practices across the world, and led to the creation of the SIIM Workflow Initiative in Medicine (SWIM) lexicon, which is now a part of RadLEX. The basic concepts of SWIM and its connection to IHE and the practice will be described.

**Sub-Events**

**RC853A  Managing Your Department with Workflow Engines**

Participants
Bradley J. Erickson, MD, PhD, Rochester, MN (Presenter) Stockholder, Evidentia Health, Inc; Stockholder, OneMedNet Corporation; Stockholder, VoiceIt Technologies, LLC

**LEARNING OBJECTIVES**
1) Become familiar with workflow engine technology. 2) Understand how workflow engines can be used within a radiology department. 3) Understand strengths and weaknesses of workflow engines compared to alternative methods like databases.

**ABSTRACT**
Workflow engines are used in a variety of industries because they can improve efficiency and quality. The same is true for radiology. Workflow engines can help assure that we routinely apply the optimal algorithms and processing steps for best quality care. They can also assure that things don’t “fall through the cracks.” Finally, they can also automate steps that don’t need human intervention, both reducing cost of practice, and increasing the timeliness of care.

**RC853B  Measuring Your Department with the SWIM Lexicon**

Participants
Marc D. Kohli, MD, San Francisco, CA (Presenter) Research Grant, Siemens AG

**LEARNING OBJECTIVES**
1) Describe existing heterogeneity of workflow terminology. 2) Explain benefits arising use of a standard nomenclature for workflow steps. 3) Provide details regarding how the SWIM lexicon could be applied in the learner’s environment.

**ABSTRACT**
In current practice, standard workflow steps such as the arrival of a patient to the imaging department, and completion of the exam are tracked in a very heterogenous manner with imprecise terminology. In order to better understand and compare workflow across radiology departments, a common language must be devised and deployed. The SIIM Workflow Initiative In Medicine (SWIM) lexicon aims to address this challenge. We will illustrate how the SWIM lexicon can be used to measure and compare workflow in a radiology department.

**RC853C  Monitoring Your Department with Dashboards**

Participants
Christopher D. Meenan, Baltimore, MD, (cmeenan@umm.edu) (Presenter) Principal, Analytical Informatics, Inc; Stockholder, Analytical Informatics, Inc

**LEARNING OBJECTIVES**
1) Describe what a radiology department dashboard entails. 2) Give three examples of key performance indicators for a radiology
department. 3) Explain how dashboards have created an impact in other practices.

ABSTRACT

Leveraging dashboards and other business intelligence tools to measure and improve operational quality can be an effective way for clinical departments to navigate change. Unfortunately for many organizations, the simple acquisition of new technology or new software does not automatically translate to more efficient and effective operations. There is typically a cultural component that must be addressed, and that is essential to understand if an Imaging Department is to realize the key benefits of any technical solution. Defining clear goals around what to measure, understanding data quality issues, and ensuring organizational buy-in are all part of the journey to becoming a data-driven Department.
Participants
Garry Choy, MD, MS, Boston, MA (Presenter) Nothing to Disclose
Geraldine B. McGinty, MD, MBA, New York, NY (Presenter) Nothing to Disclose
Alex Towbin, MD, Cincinnati, OH, (alexander.towbin@cchmc.org) (Presenter) Author, Reed Elsevier; Consultant, Reed Elsevier; Shareholder, Merge Healthcare Incorporated; Consultant, Guerbet SA; Grant, Guerbet SA

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Alex Towbin, MD - 2014 Honored Educator