Leadership Management
How to Avoid Failure: Qualities of a Successful Leader

Sunday, Nov. 27 2:00PM - 3:30PM Room: E353C

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

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  Life Lessons for Successful Leadership

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

LEARNING OBJECTIVES

1) To understand the importance of emotional intelligence in successful leadership. 2) To explore the relationship between communication style and the effectiveness of leadership. 3) To consider techniques that elevate the level of respect and trust in an organization.

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

Participants
Jonathan S. Lewin, MD, Atlanta, GA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

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

ABSTRACT

Honored Educators

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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)
**Imaging 3.0: Informatics Tools to Improve Radiologists' Productivity, Quality and Value**

**Sunday, Nov. 27 2:00PM - 3:30PM Room: S501ABC**

**Participants**
J. Raymond Geis, MD, Fort Collins, CO (*Moderator*) Shareholder, Montage Healthcare Solutions, Inc; Advisor, Nuance Communications, Inc;

**LEARNING OBJECTIVES**
1) Understand how an IT-savvy radiology practice will gain a competitive advantage. 2) See how to use IT solutions to demonstrate radiologists' value. 3) Learn of Imaging Informatics tools that improve radiologists' productivity and efficiency.

**ABSTRACT**
Imaging 3.0 imaging informatics tools and processes help radiologists to be faster and better, and then help them demonstrate, with hard data, how valuable they are. This session will demonstrate IT tools to help radiologists be more productive; deliver a higher quality product; and better measure and demonstrate their value to payers, healthcare enterprises and patients. We also will discuss how to implement IT to get the most value from it.

Sub-Events

**RCC12A ACRSelect - Using Informatics to Complying with PAMA: CDS Image Ordering Legislation**

**Participants**
Keith J. Dreyer, DO, PhD, Boston, MA (*Presenter*) Medical Advisory Board, IBM Corporation

**LEARNING OBJECTIVES**
1) Be informed of the new federal legislation requiring the use of Clinical Decision Support (CDS) for the ordering of medical imaging required by CMS in 2017. 2) Understand the challenges of implementing CDS in the hospital and imaging center environments. 3) Learn the value of embedding CDS into the EHR and CPOE ordering process. 4) Learn methods to use CDS to manage the utilization of medical image appropriateness. 5) Become familiar with methods to implement CDS in an ACO environment.

**RCC12B Radiology Assist: Informatics Tools to Produce a More Valuable Report and Still Report Fast**

**Participants**
Tarik K. Alkasab, MD, PhD, Boston, MA (*Presenter*) Nothing to Disclose

**LEARNING OBJECTIVES**
1) Understand the motivations for integrating clinical decision support (CDS) into the clinical practice of radiologists. 2) Understand how CDS modules can be defined for use in radiologist reporting. 3) Understand what it looks like for a CDS system to be integrated with radiologist reporting. 4) Understand the challenges associated with deploying CDS for radiologists.

**ABSTRACT**

**RCC12C Use Your Data to Reduce Costs and Demonstrate Your Value to the Hospital**

**Participants**
Woojin Kim, MD, Philadelphia, PA (*Presenter*) Officer, Nuance Communications, Inc

**LEARNING OBJECTIVES**
1) Understand the role of business intelligence (BI) tools in providing value-based care. 2) Understand how BI can provide effective monitoring of various components of the imaging value chain, including imaging appropriateness, modality operations, image interpretation and reporting, and report communication. 3) Learn how data mining can improve report quality by ensuring proper documentation and reducing errors. 4) Learn how one should implement a BI system and learn about potential problems to consider.

**ABSTRACT**
The goals of improving population health at a lower cost and higher quality are placing increased emphasis on value-based care over volume-based approach. Imaging 3.0™ is ACR's call to action for radiologists to take a leadership role in shaping America's future healthcare system through 5 key pillars, which are imaging appropriateness, quality, safety, efficiency, and satisfaction. With the aims of delivering better value to patients, Imaging 3.0 has outlined what it calls "imaging value chain" where each link of this chain represents a discrete number of unique value opportunity activities. The imaging value chain includes following components: imaging appropriateness and patient scheduling, imaging protocols, modality operations, image interpretation and reporting, and report communication and referring physician interaction.In the center of the imaging value chain, inter-connected with every link, lie data mining and business intelligence (BI). Timely analysis and appropriate modification using data mining and BI tools are critical to the effective monitoring of all components of the imaging value chain. As a result, it is a critical component of your Imaging 3.0 informatics toolkit. Effective use of BI will allow access to right information at the right time for right decision. This presentation will discuss the basics of BI and its benefits. Specifically, attendees will learn how data mining and BI can monitor adherence to imaging appropriateness guidelines, modality capacity, patient throughput, radiation dose exposure, and report standardization and quality including detection of errors and compliance with various reporting requirements including documentation of proper report communication. In addition, attendees will learn how one should implement a BI system, what are some potential problems to
Using Workflow Software to Improve Efficiency and Profitability

Participants
Bradley J. Erickson, MD, PhD, Rochester, MN, (bje@mayo.edu) (Presenter) Stockholder, OneMedNet Corporation; Stockholder, VoiceIt Technologies, LLC; Stockholder, FlowSigma

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.
Participants
Max Wintermark, MD, Lausanne, Switzerland, (max.wintermark@gmail.com) (Moderator) Advisory Board, General Electric Company; Elliot K. Fishman, MD, Baltimore, MD (Presenter) Institutional Grant support, Siemens AG; Institutional Grant support, General Electric Company; Susan D. John, MD, Houston, TX (Presenter) Nothing to Disclose Whitney Fishman Zember, MBA, New York, NY (Presenter) Nothing to Disclose

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.

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Elliot K. Fishman, MD - 2012 Honored Educator
Elliot K. Fishman, MD - 2014 Honored Educator
Elliot K. Fishman, MD - 2016 Honored Educator
Participants

Sub-Events

**RC232A** Quality, Value and Outcome Metrics in Diagnostic Radiology - A New Frontier

**Participants**
Richard E. Heller III, MD, Chicago, IL, (richard.heller@radpartners.com) (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**
1) Understand the role of quality measures in health care and radiology. 2) Identify the two main components of total value in radiology. 3) Assess the differences between the status quo metrics and idealized measures.

**ABSTRACT**

**RC232B** Imaging Informatics

**Participants**
Keith J. Dreyer, DO, PhD, Boston, MA (Presenter) Medical Advisory Board, IBM Corporation

**RC232C** Leveraging IT to Optimize Quality in Radiology

**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; Advisory Board, Bayer AG
Reconfiguring Imaging Services for an Electronic World (Sponsored by the Associated Sciences Consortium)  
(An Interactive Session)

Monday, Nov. 28 3:30PM - 5:00PM Room: S105AB

LM

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

Participants
Morris A. Stein, BArch, Phoenix, AZ (Moderator) Nothing to Disclose
William A. Undie, PhD, RT, Houston, TX (Moderator) Nothing to Disclose
Steven L. Venable, Houston, TX, (svenable@mdanderson.org ) (Presenter) Nothing to Disclose
Richard Rucksdashel, Houston, TX (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Evaluate the patients’ and staff’s expectations of new technologies, facility design, process flow and improved convenience in the efficient delivery of patient care. 2) Tie the operational strategy to the strategic planning of the organization and a patient centric care delivery model. Evaluate the impact and importance of staff satisfaction on patient satisfaction. 3) Appraise different technologies, such as smartphones, www access, and modeling software to configure imaging services and facility design to new delivery methods of imaging services.

ABSTRACT
Patients and staff are able to purchase books, groceries, dinner and conduct their financial business from virtually any location at any time of day. This course focuses on the technologies and implementations to drive a patient centric imaging services model in a world where the patients and caregivers participate in an Electronic World. Appraisal of simulation modeling for workflow analysis and facility design validation, application of tablet and smartphone technologies for data management for the patient and caregiver will be reviewed. The course will comprise an examination of how leveraging the technologies and practice associated with the Electronic World can be used to enhance patient safety, patient and staff satisfaction and delivery of imaging services.
Special Interest Session: A New Model of Patient Care: Value over Volume—a RAD Talk

Monday, Nov. 28 4:30PM - 6:00PM Room: E353B

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

Participants
Mary C. Mahoney, MD, Cincinnati, OH (Moderator) Nothing to Disclose
Christine Zars, MS, Saint Charles, IL (Presenter) Nothing to Disclose
Jennifer L. Kemp, MD, Denver, CO, (jkemp@divrad.com) (Presenter) Nothing to Disclose
James V. Rawson, MD, Augusta, GA (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) To understand the mission and goals of RSNA’s Radiology Cares: The Art of Patient-centered Practice and ACR’s Imaging 3.0 campaigns. 2) To assess your radiology practice model and realign it to focus on value over volume. 3) To learn tactics to put the concepts of patient-centeredness and value vs. volume into practice. 4) To understand your patients’ perspectives as they navigate through the healthcare continuum, especially as it relates to radiology.

ABSTRACT
In many healthcare facilities and institutions, the culture and actual practice of radiology have marginalized the patient. Today the call to practice patient-centered care is one of the primary drivers of change within the radiology community. The benefits include improved patient care, improved communication between radiologists and their patients and referring physicians, and greater awareness of the essential role that radiologists play in patients’ overall healthcare. The RSNA’s Radiology Cares and ACR’s Imaging 3.0 campaigns were launched to provide tools to move the radiology profession to focus on patient-centeredness and to help transform the way radiology is practiced. This session, presented in the style of a TED Talk, will offer insights into the radiology patient mindset and describe tools to bring the concept of patient-centeredness into practice.

URL
Successfully Transforming Radiology into a Value-based Care Organization: Supported by Siemens Healthineers

Tuesday, Nov. 29 8:30AM - 10:00AM Room: S105D

Participants

PROGRAM INFORMATION

- Moderation: Raghavan Dhandapany, Siemens Healthineers
- From volume to value - a practical experience in driving clinical transformation across an enterprise Dr. Mike Modic, Chief Clinical Transformation Officer, Diagnostic Radiology Cleveland Clinic, Cleveland, USA
- Population Health Management and Imaging: Value, Perception and Opportunity Robert Taylor, Global Head Population Health, Siemens Healthineers, USA
- Ensuring quality of care in tough financial times through long-term partnerships Joe-Anne McCue, Director, Diagnostic Imaging & Laboratory, William Osler Health System, Toronto, Canada

Co-presented by Robin Santucci, Director of Strategic Accounts & Enterprise, Services and Solutions, Siemens Healthineers, Canada

We will revisit the status quo in radiology and take a look at tomorrow’s trends and challenges in healthcare business. Understanding this we will show how technological innovations have the potential enabling to reduce costs and improve diagnosis, therapy, and care in a transforming healthcare ecosystem. This course does not offer CME.
**Leadership: How Can We Teach It and Promote It?**

Tuesday, Nov. 29 8:30AM - 10:00AM Room: N227B

**Participants**
Valerie P. Jackson, MD, Tucson, AZ (*Moderator*) Nothing to Disclose

**Sub-Events**

**RC302A  Leadership: The Resident’s Point of View**

Participants
Zachary E. Ballenger, MD, Indianapolis, IN, (zaballen421@gmail.com) (*Presenter*) Nothing to Disclose

**LEARNING OBJECTIVES**
1) Appreciate the role of leadership education for residency/fellowship curriculum. 2) Develop leadership educational programs at their institutions. 3) Prepare their radiology trainees for the leadership roles they will need to fill upon entering the radiology workforce in order to better serve their patients and practices in the changing healthcare environment.

**ABSTRACT**

**RC302B  Leadership: The Program Director’s Point of View**

Participants
Angelisa M. Paladin, MD, Seattle, WA (*Presenter*) Nothing to Disclose

**LEARNING OBJECTIVES**
1. Develop an appreciation for the value of a leadership curriculum for trainees
2. Identify successful strategies for program directors to develop a leadership curriculum

**RC302C  Promoting Leadership for Junior Faculty**

Participants
Valerie P. Jackson, MD, Tucson, AZ (*Presenter*) Nothing to Disclose

**LEARNING OBJECTIVES**
1) Describe the value of leadership skills for young faculty. 2) Discuss resources available. 3) Describe the professional development needs of junior faculty. 4) Promote career development and leadership education for junior faculty.

**ABSTRACT**

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Valerie P. Jackson, MD - 2014 Honored Educator
Participants

**LEARNING OBJECTIVES**

1) Understand how one can create an organizational culture that encourages innovation in Radiology. 2) Learn about the historical high impact of imaging research and the importance of inventions in Radiology. 3) Understand how contemporary rules and regulations affect the opportunities and challenges for academic-industrial partnerships in imaging innovation.

**Sub-Events**

**RC332A**  **Promoting Innovation Within Your Team: Practical Pearls for Pragmatic People**

Participants
Thomas M. Grist, MD, Madison, WI (*Presenter*) Institutional research support, General Electric Company; Institutional research support, Bracco Group; Stockholder, Cellerator Biosciences, Inc;

**LEARNING OBJECTIVES**

View learning objectives under main course title.

**RC332B**  **Inventions in Radiology: From k-Space to Pasteur's Quadrant**

Participants
Richard L. Ehman, MD, Rochester, MN (*Presenter*) CEO, Resoundant, Inc; Stockholder, Resoundant, Inc;

**LEARNING OBJECTIVES**

View learning objectives under main course title.

**Honored Educators**

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Richard L. Ehman, MD - 2016 Honored Educator

**RC332C**  **Academic Radiology - Industry Partnerships in the 21st Century**

Participants
Steven E. Seltzer, MD, Boston, MA (*Presenter*) Institutional research agreement, General Electric Company; Institutional research agreement, Siemens AG; Advisory Board, General Electric Company; Travel support, General Electric Company

**LEARNING OBJECTIVES**

1) Understand how one can create an organizational culture that encourages innovation in Radiology. 2) Learn about the historical high impact of imaging research and the importance of inventions in Radiology. 3) Understand how contemporary rules and regulations affect the opportunities and challenges for academic-industrial partnerships in imaging innovation.

**ABSTRACT**

By attending this refresher course, participants will: understand how one can create an organizational culture that encourages innovation in Radiology-learn about the historical high impact of imaging research and the importance of inventions in Radiology-understand how contemporary rules and regulations affect the opportunities and challenges for academic-industrial partnerships in imaging innovation

**RC332D**  **Questions and Discussion**

Participants

**LEARNING OBJECTIVES**

View learning objectives under main course title.
Cancer care—along with imaging—is on the brink of profound change. Over the last quarter century, researchers have been assembling the biological syntax and lexicon that are now starting to shape modern oncology. Shifting public expectations and technological innovations are also intensifying progress toward precision medicine. In the next ten years, radiologists will be able to take advantage of new molecular imaging probes and techniques as well as computer tools for pattern recognition, deep learning and artificial intelligence. These new techniques and tools will put us at the center of the evolving paradigm of precision oncology, giving us an unprecedented opportunity to once again reshape and enhance our specialty.

It is clear that cognitive computing will ultimately transform radiology. Rather than fear the changes it brings, we should understand and seize the opportunities. While cognitive computing may reduce the need for interpretation of today’s routine imaging studies, it will also increase our efficiency and effectiveness, improving standards of care across the board and elevating radiology interpretation into the arena of quantitative science and precision medicine. It will allow us to focus on more complex diagnostic and clinical questions and become even more valuable consultants to patients and referring physicians.

The landscape of radiology is continuously expanding. Molecular imaging is gaining traction as more imaging probes, along with technologies such as hyperpolarized MRI and PET/MRI, enter clinical trials. Post-processing tools are enabling cross-sectional imaging studies to be converted into hundreds or even thousands of quantitative, “radiomics” features that, in combination with other sources of “big data,” can be used to develop decision support. Furthermore, pilot studies have shown that radiogenomics can identify tumor phenotypes and provide prognostic and predictive imaging biomarkers. The blossoming of all these new tools and approaches will alter and strengthen the roles of imaging. The dream of integrated diagnostics is already a reality, though not yet evenly distributed, and as we enrich our knowledge of disease-relevant molecular information, we will increasingly integrate information from imaging regarding morphology, function and metabolism into diagnostic and clinical decision-making algorithms. Though progress in precision medicine will continue to depend on tissue analysis, it will also depend on interventional radiology enabling precision biopsies based on morphologic and molecular information. In addition, imaging’s role in treatment will continue expanding. Minimally invasive, image-guided treatments are becoming a mainstay of cancer care, and theranostic approaches that combine targeted molecular imaging with targeted therapies for precise treatment selection and treatment monitoring are being adopted.

Radiology is a specialty of technical innovations, and radiologists have always excelled in embracing new technologies. But we are more than technology users; we are key participants in patient-centered care. In the last 50 years, we have gone through a number of transformations, always emerging as more clinically essential than before. In the years ahead, we must and will continue to evolve—becoming not only stewards of the ever-increasing demand for imaging and image-guide therapies, but highly valued clinical consultants and innovators in the era of precision medicine.

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Participants

PARTICIPANTS

Speakers: Cheryl A. Petersilge MD, MBA, Clinical Professor of Radiology, Medical Director Enterprise Imaging, Chair, Dept. of Radiology, Hillcrest Hospital, Cleveland Clinic Max Rosen MD, MPH, FACR, Chair, Dept. of Radiology at UMass Medical School and UMass Memorial Medical Center

PROGRAM INFORMATION

Imaging has always played a key role in diagnostics, treatment planning, and operations decisions in the practice of medicine. Moving "Beyond Imaging" to broaden participation throughout the comprehensive continuum of care means taking on leadership roles in the delivery of value-based care across the healthcare enterprise. There has never been a better time for Radiologists to evolve into active consultants to the larger medical community in population health, telehealth, patient engagement, and more. Join a panel discussion with some of Radiology's foremost thought leaders as they discuss specific use cases in advancing Radiology's consultative expertise to elevate quality patient care through enterprise-wide collaboration and leadership. This course does not offer CME credit.
Participants

LEARNING OBJECTIVES
1) To learn about the implementation of fair market value compensation plans. 2) To understand the importance of utilizing appropriate benchmarks for clinical productivity metrics. 3) Provide a history of important legislation and policies that have had a significant impact on health care reform. 4) Review recent transformative health care legislation and policies that will impact radiology reimbursement. 5) Present concepts that can help radiology departments adapt to the changing reimbursement environment. 6) Define the need for, and importance and role of, the expert witness in the initiation and execution of a medical malpractice lawsuit. 7) Identify the factors that increase, and diminish, the value and effectiveness of the expert witness before a courtroom jury. 8) Appreciate the potential rewards, and the potential penalties, that can arise from testifying as an expert witness on behalf of the plaintiff, or the defendant.

Sub-Events

RC432A  Radiology Compensation Issues.

Participants
Vincent P. Mathews, MD, Elm Grove, WI (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) To learn about the implementation of fair market value compensation plans. 2) To understand the importance of utilizing appropriate benchmarks for clinical productivity metrics.

ABSTRACT

RC432B  The Impact of Health Care Reform on Radiology Reimbursement and Revenue

Participants
Robert J. Witte, MD, Rochester, MN, (witte.robert@mayo.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Provide a history of important legislation and policies that have had a significant impact on health care reform. 2) Review recent transformative health care legislation and policies that will impact radiology reimbursement. 3) Present concepts that can help radiology departments adapt to the changing reimbursement environment.

RC432C  Testifying as an Expert Witness: Rules, Compensation and Other Rewards, Prevarications and Penalties

Participants
Leonard Berlin, MD, Skokie, IL, (lberlin@live.com) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Define the need for, and importance and role of, the expert witness in the initiation and execution of a medical malpractice lawsuit. 2) Identify the factors that increase, and diminish, the value and effectiveness of the expert witness before a courtroom jury. 3) Appreciate the potential rewards, and the potential penalties, that can arise from testifying as an expert witness on behalf of the plaintiff, or the defendant.
Participants
Susan D. John, MD, Houston, TX, (susan.d.john@uth.tmc.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Define the challenges of promoting a culture of patient-centered care in radiology practices. 2) Understand the value of establishing a multidisciplinary team to enhance patient satisfaction in imaging. 3) Create opportunities to make a positive impact on patients before, during, and after imaging

ABSTRACT
Women in Leadership (In Conjunction with the American Association for Women Radiologists)

Wednesday, Nov. 30 8:30AM - 10:00AM Room: N226

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credit: 0

Participants
Margaret M. Szabunio, MD, Lexington, KY, (Margaret.szabunio@uky.edu) (Moderator) Nothing to Disclose

LEARNING OBJECTIVES

1) Identify common challenges faced in the transition from trainee to attending. 2) List strategies to embark on a successful career as an attending. 3) Compare differences in tactics employed by women and men at the start of their career.

ABSTRACT

Transitioning from Trainee to Attending

Participants
Meryle J. Eklund, MD, Charleston, SC (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Examine the value and identify opportunities for climbing the ladder of success. 2) Describe barriers and challenges to career development and achievement. 3) Develop goals and strategy to assist with effective advancement and promotion.

ABSTRACT

Challenges in Climbing the Ladder

Participants
Rebecca J. Leddy, MD, Charleston, SC (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Define personal goals regarding leadership positions. 2) Identify leadership positions worth seeking. 3) Apply strategies to secure leadership positions.

ABSTRACT

Getting Leadership Positions

Participants
M. Elizabeth Oates, MD, Lexington, KY, (meoate2@email.uky.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES

1) Discuss why women don't ask. 2) Describe what happens if women don't ask. 3) Describe what happens if women do ask. 4) Use positive strategies to succeed at negotiation. 5) Understand what will happen if Radiology leaders encourage women to negotiate.

ABSTRACT

Why Women Don't Ask

Participants
Carol M. Rumack, MD, Aurora, CO (Presenter) Nothing to Disclose

Women traditionally have not asked for what they need to be successful because of cultural expectations that they should wait to be asked. Highly accomplished women may not be recognized due to these social pressures. Both women radiologists and radiology leaders need to strongly support the inclusion of women at the highest levels of radiology organizations so that diversity will be a positive force for change.
Hospital Contracting: The Radiologist's and The Attorney's Perspectives

Wednesday, Nov. 30 8:30AM - 10:00AM Room: S502AB

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

RC532A  The Attorney’s Perspective

Participants

William K. Davis Jr, JD, Chicago, IL, (ken.davis@kattenlaw.com) (Presenter) Nothing to Disclose

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) Outline a process for hospital contract negotiations.

ABSTRACT

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. 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

RC532B  Hospital Contracting: The Radiologist’s Perspective

Participants

Lawrence R. Muroff, MD, Tampa, FL, (LRMuroff@hotmail.com) (Presenter) CEO, Imaging Consultants, Inc; President, Imaging Consultants, Inc;

LEARNING OBJECTIVES

View learning objectives under main course title. Attendees at this lecture, at its conclusion, should be able to: 1) Identify potentially problematic hospital contract clauses that could negatively impact your practice 2) Discuss alternative contract clauses that will satisfy both the hospital and the radiology group 3) Describe ways to align the interests of the hospital with those of the practice

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.
The Use of Business Analytics for Improving Radiology Operations, Quality, and Clinical Performance (In Association with the Society for Imaging Informatics in Medicine)

Wednesday, Nov. 30 8:30AM - 10:00AM Room: E353A

Participants
Katherine P. Andriole, PhD, Dedham, MA, (kandriole@bwh.harvard.edu) (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

RC554A Introduction to Business Analytics Demonstrating Application to Radiology

Participants
Katherine P. Andriole, PhD, Dedham, MA, (kandriole@bwh.harvard.edu) (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 data extraction, transformation, analysis, and presentation or visualization of key performance indicators (KPI). 3) Review several example radiology use cases.

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 analyzing data, followed by dynamically presenting key performance indicators (KPI) will be demonstrated. Example use cases involving multiple database sources taken from a radiology practice will be shown.

RC554B Operational and Predictive Analytics in Radiology

Participants
Luciano M. Prevedello, MD, MPH, Dublin, OH (Presenter) Nothing to Disclose

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
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 analyzing data, followed by dynamically presenting key performance indicators (KPI) will be demonstrated. Example use cases involving multiple database sources taken from a radiology practice will be shown.

RC554C Capabilities of Current and Future Business Analytics Technologies

Participants
Tessa S. Cook, MD, PhD, Philadelphia, PA, (tessa.cook@uphs.upenn.edu) (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.

ABSTRACT
Payment Reform and Getting Paid: A Focus on Value Activities and Metrics

Thursday, Dec. 1 8:30AM - 10:00AM Room: E350

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

Participants
Geraldine B. McGinty, MD, MBA, New York, NY, (gbm9002@med.cornell.edu) (Presenter) Nothing to Disclose
Richard Duszak Jr, MD, Atlanta, GA, (richard.duszak@emory.edu) (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.
Service Excellence in Radiology (Sponsored by the RSNA Professionalism Committee) (An Interactive Session)

Thursday, Dec. 1 4:30PM - 6:00PM Room: E353A

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

Participants
Kenneth A. Buckwalter, MD, Indianapolis, IN, (kbuckwal@iupui.edu) (Moderator) Research Grant, Siemens AG
Brent J. Wagner, MD, Reading, PA, (Brent.Wagner@readinghealth.org) (Presenter) Nothing to Disclose
Ella A. Kazerooni, MD, Ann Arbor, MI, (ellakaz@umich.edu) (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.

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/

Ella A. Kazerooni, MD - 2014 Honored Educator
Participants

Sub-Events

RC732A  Considerations and Suggested Approaches to Implementing Formal Mentoring

Participants
Alexander M. Norbash, MD, San Diego, CA (Presenter) Consultant, Stryker Corporation; Shareholder, Boston Imaging Core Laboratories, LLC;

LEARNING OBJECTIVES
1) Recognize representative methods and the current state of formal systemic mentoring in academic and private radiology practices. 2) Understand both the reasons supporting and the potential advantages of formal systemic mentoring systems. 3) Appreciate the resources and manpower investments necessary to practically configure and deploy formal systemic mentoring.

RC732B  Mentors, Mentees and Mentoring in Radiology

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

ABSTRACT
Mentoring relationships can range from very structured to informal. Other features include duration and focus. Mentoring has been shown to increase faculty retention, career satisfaction, improved teaching and clinical.

RC732C  Mentoring in the Culture of Multigenerational Workforce and Diversity

Participants
Vijay M. Rao, MD, Philadelphia, PA, (vijay.rao@jefferson.edu) (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
1) Understand how mentor-mentee relationship and expectations are changing in the current environment of multigenerational workforce and diversity. 2) Learn what leadership skills are needed to become good mentors. 3) Understand what to do and what not to do when you are looking for a mentor.

ABSTRACT
n/a
**Diversity and Inclusion: Leadership Imperatives in the Radiological Professions**

Friday, Dec. 2 8:30AM - 10:00AM Room: E260

**LEARNING OBJECTIVES**

1) Understand the current state of diversity in the radiological profession with respect to race, gender, and ethnicity, and describe trends. 2) Compare representation of diverse groups among our service populations, and various stages of education and seniority in the radiological professions. 3) Cite examples of successful diversity initiatives from outside the radiological professions. 4) Identify critical success factors for diversity and inclusion initiatives in industry, government and academia. 5) Describe appropriate goals, objectives, and resource requirements for a diversity and inclusion program. 6) Design, implement and measure a diversity and inclusion program in the learner's institution.

**ABSTRACT**

Diversity and inclusion have become top-of-mind imperatives for leaders of organizations that serve an increasingly diverse American population. The current representation of groups in our population in the radiologic professions will be reviewed, with special reference to women and people underrepresented in medicine. Comparisons with the general population, other industries, other medical specialties, and at various stages of radiology training and seniority are illuminating. Enterprises beyond the radiological professions provide signal examples of successful diversity and inclusion initiatives. Identifying imperatives and opportunities for improving the diversity and responsiveness of our professional workforce is a central task of effective top leadership in radiology. Illustration and discussion will focus on initiating, designing, implementing and measuring a diversity, inclusion and representation program for a radiological professions organization.

**Active Handout:** Johnson B. Lightfoote


**Sub-Events**

**RC832A**

**The State of Diversity, Inclusion and Representation in Radiology and Radiation Oncology: History, Trends, and Where We Are Today**

**Participants**

Curtiland Deville, MD, Baltimore, MD, (cdeville@jhmi.edu) (Presenter) Nothing to Disclose

**LEARNING OBJECTIVES**

1) To describe the trends in historical and current representation. 2) To identify the potential barriers to diversity and inclusion in training and advancement. 3) To address potential interventions and solutions.

**ABSTRACT**

Maturing, successful and advancing organizations universally recognize the importance of a diverse workforce, and the value of including and representing constituents in their operations. The radiological professions can inform their own diversity initiatives by reviewing the success and cautionary tales from private enterprise, government, academic institutions, health care organizations, medical education organizations, and other medical specialty societies. Critical success factors include (a) primary commitment of top leadership, (b) committed resources, and (c) measurable process goals. Clinical radiologists and practice leaders have an opportunity to imitate the success of enterprises outside the House of Radiology, and to leverage those lessons to improve the effectiveness of their own imaging, intervention and radiation oncology practices.

**Active Handout:** Johnson B. Lightfoote

Participants
Karen M. Winkfield, MD, PhD, Winston-Salem, NC, (kwinkfield@partners.org) (Presenter) Consultant, Novartis AG

LEARNING OBJECTIVES
1) To explain why diversity and inclusion are critical for top management in leading medical organizations. 2) Discuss strategies for creating a more inclusive environment.

ABSTRACT
Participants
Alex Towbin, MD, Cincinnati, OH, (alexander.towbin@cchmc.org) (Presenter) Author, Reed Elsevier; Grant, Guerbet SA; Grant, Siemens AG;
Saad Ranginwala, MD, Cincinnati, OH (Presenter) Nothing to Disclose

LEARNING OBJECTIVES
After attending this lecture, attendees will be able to: 1. describe how social media can be used to promote a radiology practice 2. name 3 social media platforms, their benefits, and constraints.

ABSTRACT
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Alex Towbin, MD - 2014 Honored Educator