

Fall  
2002



Texas Radiological Society

THE VIEWBOX

# Texas Radiological Society

## President's Message



**I**T MAY BE AN ORDER, BUT TO ME IT'S A REQUEST

If your hospital is anything like the one I work in, the attendings and housestaff write in the section of the chart called "Physician Orders" when they want an imaging study or interventional procedure performed on one of their patients. Well they may call it an order, but to me it turns into an imaging request- it's not the same as asking a nurse to take vital signs every shift, or obtaining a CBC, or giving heparin.

Now, when an imaging study or an interventional procedure is requested- the radiologist is the consultant. He or she should decide if the request is reasonable and appropriate. This should be determined before anything else is done. It should be obvious to all parties that appropriate clinical information must be provided by the referring physician!!! For all the years that I have been in practice, this has been a problem. Now is the time for this problem to be resolved.

The literature supports the contention that performance and interpretation of imaging studies is improved for both residents and experienced radiologists, when clinical information is available. (References available upon request.)

Furthermore, not only will patients be better served, but there are several other compelling reasons to require appropriate clinical information. JCAHCO requires it, and an audit showing a deficiency may be a serious hit to your facility. In addition, did you know that the Balanced Budget ACT of 1997 requires that appropriate clinical information be provided for any diagnostic test ordered (requested) on a medicare patient? It's the law! Finally, what about the economic consequences to your hospital and to your professional income? If you read a chest x-ray on a patient whose admitting diagnosis is "cellulitis- left leg" and you don't have a "reason" for the CXR- no reimbursement for technical or professional fees will be forthcoming. How many CT scans of the abdomen and pelvis have you done for "pancreatitis"- why are you scanning the pelvis?

Now is the time to act. Hospital administrators, government regulators and legislators are on your side. Newer computer systems (CPOE- computerized physician order entry) make it easier for the referring doctors to comply- you should insist on it.

*Paul H. Ellenbogen, M.D.*

Paul Ellenbogen, MD

## 2002-2003 Executive Committee

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**1st Vice President**  
**2nd Vice President**  
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paulellenbogen@texashealth.org  
tfletcher@austin.rr.com  
stanford.m.goldman@uth.tmc.edu  
dodd@uthscsa.edu  
abema@cox-internet.com  
lgnaul@swmail.sw.org  
bjsgmd@aol.com

## Upcoming Meetings of Interest

### TRS 90th Annual Scientific Meeting April 4-6, 2003

The Woodlands Resort and Conference Center  
The Woodlands, TX  
Call (512) 370-1567  
for more information

### ACR May 10-15, 2003 Washington, DC

## IN MEMORIAM

*The following members were deceased between the 2001 meeting of the ACR and the 2002 Annual meeting of the ACR.*

**Vincent Collins, MD**  
*Houston*

**Jack Edeiken, MD**  
*Sugar Land*

**Capres Hatchett, Jr., MD**  
*Amarillo*

**Robert Hodges, MD**  
*Dallas*

**Marvin M. Lindell, Jr., MD**  
*Houston*

**Frank R. Santa-Cruz, MD**  
*Crockett*

## TRS Contact Information

Executive Director: Renita Fonseca  
renita.fonseca@texmed.org

Membership Coordinator  
Christy Coward  
christy.coward@texmed.org

Newsletter Editor  
Richard Strax, MD  
rstrax@hotmail.com

401 W. 15th Street  
Austin, TX 78701  
Phone: (512) 370-1567  
Fax: (512) 370-1626

# 90th Annual Meeting Agenda Set

Stanford Goldman, MD

An extremely exciting scientific program has been put together for the April 4-6, 2003 annual meeting at the Woodlands Resort and Conference Center just outside of Houston. The Woodlands recently unveiled the beautiful new 18-hole Gary Player golf course bringing the total number of holes at the resort to 54. Two existing golf courses include the recently renovated Pines Championship Course and the Tournament Players Course, home to the PGA Tour's Shell Houston Open. The Woodlands will be an excellent backdrop for the scientific program.

There are four world-class visiting professors who will be speaking at the meeting. These include Dr. Anton Hasso, Professor and Chairman of the University of California, Irvine and a member of the Board of the American Roentgen Ray Society. This world-class neuroradiologist with special interest in head and neck will be discussing the WHO classification of brain tumors and the imaging and anatomy of head and neck disease. He will also be the Moreton Lecturer on Saturday morning, talking on Radiology in the Twenty-First Century.

Dr. Michael Federle, Professor of Radiology at the University of Pittsburgh, will talk on three aspects of spiral CT of the abdomen, including spiral CT of the acute abdomen, the incidental liver lesion and the cirrhotic liver in the era of the multidetector CT scanner. We are also pleased that Dr. Judy Yee, Associate Professor of Radiology at Stanford University, will give two lectures in regard to the epidemiology of colon cancer and virtual colonoscopy in the Saturday morning session. She will also talk about multidetector CT of the pancreas that same day with Dr. Federle.

The final guest speaker, Dr. Clare Tempany, who is head of MRI research at the Brigham & Women's Medical

Center in Boston, will deal with interventional and diagnostic MRI in the fibroid uterus and other gynecological structures, and MRI diagnosis and intervention in the prostate. From MD Anderson, Dr. Frank Morello will counterbalance the intervention in fibroid uterus disease using the more conventional interventional techniques.

Other sessions will be given by members of the TRS, including a Friday morning session on chest imaging, consisting of Drs. Sanford Rubin, Sandra Oldham, Michael McCarthy, and Reginald Munden. To complement the Neuroradiology presentation by Dr. Hasso Friday afternoon will be a session by Dr. Norman Leeds on errors in diagnosis of Neuro tumors and resolving them with newer techniques, and a talk on the state of the art of interventional Neuroradiology, given by Dr. Michael Mawad.

The final session Sunday will be a two-hour session after the reproductive one already mentioned dealing with mammography, at which Drs. Peter Dempsey, Gary Whitman, and Phan Huynh will be the speakers.

The luncheon meetings will consist of a talk by Dr. James Borgstede, who is the Vice-Chair of the Board of Directors of the ACR, and on Saturday, State Senator Florence Shapiro from Dallas will discuss topics pertinent to us in the state during a legislative year.

Be sure to mark your calendars to attend this exciting event. Questions about the Annual Meeting may be directed to Renita Fonseca at (512) 370-1567 or via e-mail at renita.fonseca@texmed.org.

# TMA Fall Summit Meeting

Mark L. Montgomery, MD

The Texas Medical Association held its annual fall Summit in Austin on Sept. 20, and 21st. A wide variety of issues were deliberated at the meeting and much time was spent by TMA members discussing the upcoming November elections and the priorities of the next Texas legislature. The conference on September 20 revolved around four issue focused panel discussions; medical liability, public health, government programs and managed care/prompt pay. On September 21 the Interspecialty Society Committee meeting was held, followed by the formal delegates meeting. The session ended with speeches from the endorsed Texas Medical Association Political Action Committee (TEXPAC) candidates including gubernatorial candidate Tony Sanchez (D), lieutenant governor candidate John Sharp (D) and comptroller incumbent Carole Keeton Rylander (R).

The 78th Texas Legislature will convene on Jan. 14, 2003. The state of Texas medicine was said to be at a crucial crossroads and the meeting of the next legislature was compared to the movie and book *The Perfect Storm*. It has been estimated that this legislature will have to deal with a 3 to 12 billion dollar budget shortfall. It is very probable that the legislature will be more conservative with Republicans predicted to gain the majority in the house. Most of these Republicans will campaign on a no new taxes pledge and their leadership will be untested when they arrive to Austin in January. Coupled with the continued sluggish economy and Medicaid demands up 12.5%, the 78th Texas Legislature is ripe for a Perfect Storm. Medicine issues will be the centerpiece of the legislative agenda during this next session.

TMA has established a prioritized "playbook" to deal with 6 key issues during the next legislative session.

Professional liability reform is on the top of TMA's agenda. TMA is advocating a \$250,000 cap on noneconomic damages much like the Medical Injury Compensation Reform Act (MICRA) passed in California in 1975. Other important parts of TMA's liability reform package include: limiting plaintiff attorneys' contingency fees, passing a collateral source rule to prevent plaintiffs from "double dipping" on damages and removing loopholes in the state's expert witness requirements.

Public health and immunizations are also an important TMA priority for the next legislative session. Texas currently ranks 42nd in the U.S. in childhood immunizations. Paramount to TMA's game plan is improving the state's immunization tracking system, ImmTrac.

Preserving Medicaid reimbursement at its current rate will be difficult during this next legislative session, however TMA is going to lobby to preserve as many programs as possible. A number of ideas were brought to the table to streamline and simplify Medicaid managed care programs. It was brought out at the meeting that physician fees, labs and radiology services represent the smallest percentage of the overall Medicaid budget. The largest percentage and greatest cost of Medicaid relates to prescription drugs.

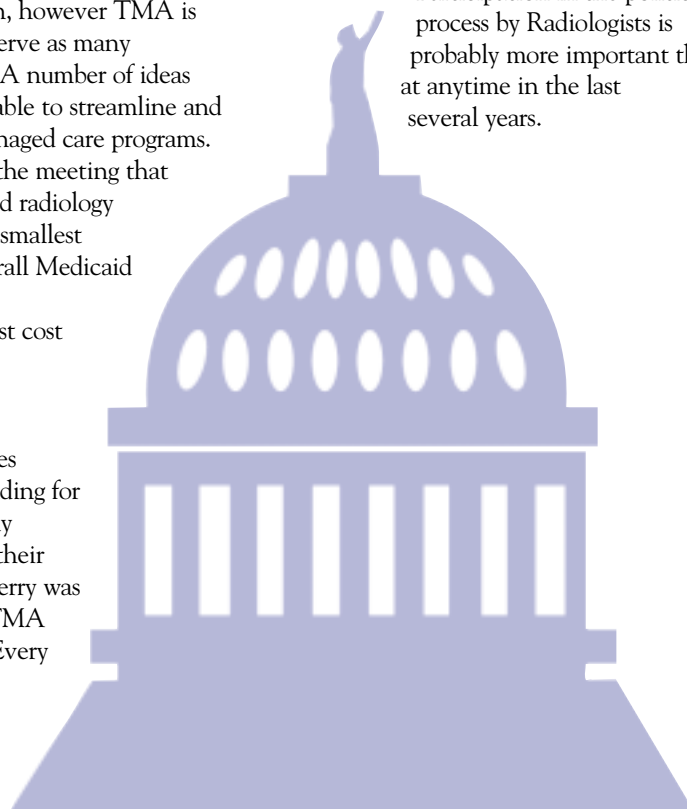
TMA strongly endorses House Bill 1862 providing for provisions for promptly paying physicians for their services. Gov. Rick Perry was heavily criticized by TMA for vetoing this bill. Every TEXPAC endorsed candidate running for statewide office stated they were strongly in favor of this bill.

Legislation promoting a complete overhaul of Workers Compensation will also be an important priority of TMA during this next legislative session. Resolutions were passed by the House of Delegates to eliminate frivolous fines for paperwork delay relating to worker's compensation.

Scope of practice issues are also a stated priority of the TMA for this next legislative session. The aim of TMA is to protect the public from non-physician practitioners wanting physician privileges. Examples include psychologists dispensing prescription drugs and Podiatrists performing surgery above the ankle.

The entire two day meeting revolved around discussions pertaining to these 6 priorities. The 78th Texas Legislature promises to be very colorful and physician based issues will no doubt be placed at the top of the agenda by lawmakers.

Participation in the political process by Radiologists is probably more important than at anytime in the last several years.



# Texans Honored with Fellowship at recent ACR Meeting

Five Texans were honored with Fellowship from the American College of Radiology on October 1, 2002. A dinner on Monday night was planned in their honor at Nemo Restaurant in Miami.

## Mary Ann Mullican, MD

Mary Ann "Happy" Mullican is a native Texan who grew up in East Texas and Central Oklahoma. Her undergraduate and medical degrees are from the University of Oklahoma. She did a Medicine Internship at the University of Oklahoma Medical Center Hospitals and a radiology residency at Parkland Hospital in Dallas, TX.



After being in private practice in Ft. Smith, AK and Houston, TX she returned to Dallas. She is Associate Professor of Radiology at UTSWMC where she is Medical Director of Radiology at Zale Lipshy Hospital.

She has one daughter, Ashley Mullican. Her father, Clifton Anderson, is a retired soft drink bottler. A frequent question during her medical training was "Is your father a doctor?" The straight faced answer was always "Dr. Pepper."

## Lawrence Robinson, MD

Dr. Robinson received a B.A. from the University of Texas at El Paso and M.D. from the UTSWMC in Dallas. His internship was at Naval Hospital, Portsmouth, VA, radiology residency at Naval Hospital, Philadelphia, PA, and pediatric radiology fellowship at Babies Hospital at Columbia-Presbyterian Medical Center. After serving 4 years as a staff radiologist at the Naval Hospital, he joined the radiology faculty of the University of Texas Houston Medical School in 1979, and is currently Associate Professor of Radiology and Chief of



Radiology at Lyndon B. Johnson General Hospital in Houston.

## Cynthia Sherry, MD

Dr. Sherry is a partner with Dallas Radiologists, P.A. and is in the private practice of radiology at Presbyterian Hospital of Dallas. She joined Dallas Radiologists in 1989 after completing an MRI fellowship and residency training at Baylor University Medical Center in Dallas. In her current practice, she specializes in CT and MR imaging. Her post-graduate education also includes a Masters degree in Medical Management from Carnegie Mellon University. She has been a Dallasite for many years, and is a graduate of UTSWMC in Dallas, UT Dallas, and Ursuline Academy of Dallas. She resides with her spouse, A. Dean Sherry, Ph.D. and their 14 year old daughter Sarah.



## Alan Slomowitz, MD

Dr. Slomowitz was born in Wilkes-Barre, PA, attended the University of Miami School of Medicine, completed a residency in radiation oncology at the Princess Margaret Hospital in Toronto, was an instructor at the Columbia-Presbyterian Medical Center in



New York, has been in private practice in Dallas since 1976, and is presently the medical director of radiation oncology and chairman of the cancer committee at Methodist Hospitals of Dallas.

Dr. Slomowitz has served the TRS as president, chairman of the radiation oncology section, Medicare CAC representative, and is completing his term on the TRS board of trustees.

## John M. Stoebner, MD

Dr. Stoebner graduated from the University of Texas Medical Branch, completed his radiology residency at Walter Reed General Hospital in Washington D.C. and was Board Certified in Radiology in 1969. He joined the staff of Scott and White Clinic and Hospital in 1972. He has served as Deputy Chairman and Chairman of the Department of Radiology at Scott and White/Texas A&M University Health Science Center and was awarded the rank of Professor. A member of multiple professional organizations, he has been on numerous professional and academic committees and councils, serving as chairman of several, and previously had served as secretary and vice-president of the Central Texas Radiology Society and on the Ultrasound Committee for the TRS. In addition to being a practitioner, he has been an administrator and teacher in radiology all his career.



New ACR Fellows: (l to r) John Stoebner, MD, Cynthia Sherry, MD, Lawrence Robinson, MD, Mary Ann Mullican, MD, Alan Slomowitz, MD

# The Fall 2002 ACR Meeting in Miami

Richard Strax, MD

This was a transitional year for the ACR annual meeting. Beginning in 2003, the meeting will move to the spring, and will be held in Washington, D.C.

The ACR promotes quality care through education, and is radiology's political arm. While the RSNA, ARRS and specialty societies help publicize scientific advances, the ACR seeks to improve the quality of care actually delivered to patients by helping implement those advances through their Standards and Accreditation processes. These Standards and Accreditations also lend credibility to our profession when it comes to lobbying elected officials for appropriate reimbursement, and when it comes to protecting our turf from non-radiologist "part-time imagers". If we want to continue working as an independent specialty, it seems to



*Intense discussion among TRS councilors at the ACR meeting*

me that the success of the ACR is critical. There were many resolutions debated by hundreds of ACR councilors in small groups and large. A few well-debated issues come to mind, and might be of interest to you. In fact, I would like some feedback from you about these issues.

Probably the most contentious was a proposed change of the term "ACR Standards" to "Guidelines". Advocates of change felt that the term "Standard" is often confused with the legal terms, "standard of care" or "community standard", meaning a minimum level of care to which a practitioner can be held in court. There was concern that use of the term "Standard" might increase our liability. As some pointed out, however,

a paragraph attached to each Standard says it is only a guideline, and individual conditions allow deviation from the stated standard. Those who wanted to keep the name "Standard" felt that lawyers could, if they chose to, use these against you in court no matter what they were called. However, they suggested that there is no evidence that ACR Standards have actually resulted in any liability to a radiologist. Also, they indicated that it would be costly to alter all of the paperwork accumulated over the past decade, and changing the name might undermine ACR credibility in some areas. Ultimately, and after many debates, this was referred back to committee for reconsideration.

Another resolution drawing some discussion directed the ACR to take a more active role in educating women about the limitations as well as the benefits of mammography, in hopes that they would have a more realistic expectation of the study, possibly heading off some lawsuits. Some felt that we need to take care, however, not to discourage women from obtaining needed mammographic screening.

Finally, a bylaws change was suggested making it easier during an ACR meeting to alter the election process to resolve unanticipated electoral difficulties. Some felt that election processes should not be so easy to change, and this was also referred back to committee.

A number of other Standards were updated with only moderate discussion.

As always, there was significant "networking" at the meeting, with all TRS members in attendance invited to dinner at Nemo's, in South Beach, in honor of our new ACR Fellows. In addition to a great meal, we made new

friends and renewed old acquaintances. That's politics – talk a lot, get something accomplished, and have a little fun. If that sounds good, I would encourage you to get more involved.



*Dr. Ellenbogen has more badges than anyone!*

An outcome of this TRS get-together was a consensus among some of us to encourage each radiology practice in Texas to take group membership in the TRS. It's just human nature, if your dues are paid by the business office before you ever see the money, it's less painful than having to dig into your bank account when the bill comes. Our medium sized private practice now pays dues as a group, and it seems to work well. When it comes to politics (and our reimbursement is heavily wrapped up in politics), numbers count. The more members TRS has, the better our chances of achieving our goals.

If you are reading The Viewbox, then chances are you're a TRS member already. If you have an opinion about "Standards vs. Guidelines", or about group TRS membership, please let me know by e-mail: [rstrax@hotmail.com](mailto:rstrax@hotmail.com). If you are not a TRS member, how about letting me know why not. Whatever your opinion of organized medicine in general, the practice of Radiology needs your views and your voice.



*Past and present TRS Executive Directors  
Tracey Gaddis (l) and Renita Fonseca*

**T**RS IS PLEASED TO WELCOME our new executive director, Renita Fonseca. Renita grew up in Bangalore, India, and moved to Lubbock, Texas, where she earned a degree in communication studies from Texas Tech University, graduating with high honors. After traveling for a year and visiting 60 U.S. and European cities, Renita moved to Austin and joined the Texas Medical Association.

During her last four years at TMA, Renita has provided strong leadership as program manager for the General Internal Medicine Statewide Preceptorship Program (GIMSPP). The GIMSPP is a mentorship program to expose first-year medical students to the field of internal medicine. Guided by Renita's organizational skills, drive and energy, the preceptorship program has achieved record-breaking success for four years in a row, increasing student participation by 63 percent.

During her tenure with the GIMSPP, Renita created new programs, and processes to enhance its efficiency. "She is a 'change agent' in the most positive sense," remarked her former director, "and is an extremely well-organized and effective planner. She maximizes the tools available to her to streamline processes and functions, and searches out new and innovative ideas to formulate creative solutions."

Renita will bring to TRS her expertise in project and board management, policy development and implementation, newsletter editing, membership recruitment, and financial management, to name a few of her talents and abilities. With her management and organizational skills and experience, Renita will have no problem picking up where Tracey Gaddis left off. We know you will enjoy working with her and will come to depend upon and appreciate her management approach, creative and enthusiastic manner, and professionalism.

"It is an honor to become a part of such a well-respected organization," Renita said. "I hope that you will feel free to call on me with your questions, concerns, and ideas. Working together, I have no doubt that we will continue building the Texas Radiological Society as a strong and effective organization, serving the needs of all Texas radiologists and physicists." You may contact Renita Fonseca at (512) 370-1567, or [renita.fonseca@texmed.org](mailto:renita.fonseca@texmed.org).

## ACR Annual Meeting – RPS perspective

Daryle Darden, MD and Karla Sepulveda, MD

**B**ienvenidos a Miami! Sunny beaches with crystal blue water, Mojitos, late night swank nightclub hopping...and the 78th Annual ACR Meeting.

Approximately 75 residents from across the country participated in the Resident Physician Section (RPS) at the annual meeting. In addition to the PET seminar, our schedule was filled with resident-related events and conferences. We shared lunchtime discussions with noted ACR members and fellows, actively participated in reference committee consideration of ACR resolutions, and addressed issues related to our training programs. Below is a sampling of some of the more heavily debated issues.

Residents spoke out overwhelmingly in favor of increasing the amount of MRI training received during residency. A comprehensive written survey was completed to compare educational experiences and probe inadequacies and/or specific options to improve training. A resident representative will be meeting with the Residency Review Committee this fall to communicate this need.

Polling revealed a unanimous opposition to proposed changes in the schedule of the oral board exam. The idea of rescheduling this exam one or two years after residency training yielded many heated discussions. Although this proposal is only in its early stages, residents are meeting with leaders of the ABR and the APDR to prevent this change.

This is the first year that all fellowships will participate in the

match program of the NRMP. Initial opinions were varied between single residents and those with families. Single residents will receive opportunities to travel and pursue a more diverse selection of programs. However, those building families and coordinating spouse's careers feel the process adds unneeded stress and delay in planning for the future. We are looking forward to receiving feedback on resident experiences with this year's match and suggesting possible changes.

In response to the shortage of radiologists, some states are using physician assistants to perform barium studies and provide ER coverage. The residents are concerned over the future implications of this practice and support efforts of the ACR to address this issue.

Much attention was given to increasing resident awareness and participation in the ACR. Specifically, we discussed ways to improve resident participation in the ACR, with emphasis on sustaining involvement after transition to the early years of practice. An exciting change: Now that the annual meeting will be held in D.C., there are plans to expand the number of residents attending the ACR meeting by inviting all those residents who are at AFIP while the meeting is being held.

We enjoyed sharing opinions and experiences among such a diverse selection of training programs. We thank the TRS for supporting resident involvement and for providing exposure to the ACR early in our careers.

# Put a face with the Resident Physician Section Officers

(Yes, the TRS has a Resident Physician Section.)

**Jack Clement, MD**  
**Chair**

Native of New Orleans, LA. Went to Jesuit High School in New Orleans. Matriculated at Tulane University under a full scholarship, double majored in Chemistry and Physics. Dr. Clement went to Baylor College of Medicine under the NIH Medical Scientist Training Program, receiving his PhD. in Cell Biology in 1997 and MD in 1999. Dr. Clement then completed a transitional year at Baylor in 2000 and subsequently joined the radiology program. He is currently a third year radiology resident with an interest in MRI and musculoskeletal radiology. Research interests are in the field of gene delivery using interventional and MR imaging technology.



**Daryle Darden, MD**  
**Secretary**

Dr. Darden is a third year radiology resident from the University of Texas - Houston. Dr. Darden attended college at Cornell University, and completed his medical school training at the University of Pittsburgh. While in medical school, Dr. Darden spent an additional year completing a post-sophomore fellowship in pathology, which included developing a project on the molecular biology of wound healing. While attending medical school, Dr. Darden met his wife and they were subsequently matched in residencies within the Houston medical center. Radiology has been Dr. Darden's ideal choice for a profession, and he feels fortunate in supporting this field through participation in the TRS and ACR.



**Karla Sepulveda, MD**  
**Vice Chair**

She humbly confesses, "I missed the distinction of being born a native Texan by six months. However," she adds with a wink, "I'm so proud of being raised in Texas that I hope with a lil' Lone Star luck I'll have the good fortune of being grandfathered in someday!"



Dr. Sepulveda graduated with honors from Duke University. Although frequently homesick for good Tex-Mex, Duke basketball games kept her well distracted. She returned to Texas for medical school at University of Texas-Houston where she has stayed for residency. She is currently working on PET Imaging research which she will present this year at RSNA. In addition, she is exploring fellowship opportunities in MRI and Women's Imaging.

Outside of work she enjoys hiking, photography, backyard barbeques, Hill Country sunsets and passing time with her son, family and friends.

She looks forward to continued involvement with the TRS in the future.

## Member Kudos

**Congratulations to Paul Ellenbogen, MD, TRS President** who was elected to the ACR Council Vice Speaker at the annual meeting of the American College of Radiology.

**Thanks to Peter Riesz, MD** for serving as the TRS photographer at the recent ACR meeting, and providing great photos for this issue of the Viewbox. Dr. Riesz serves as the Historian for the TRS, documenting important meetings and events with summaries and photographs.

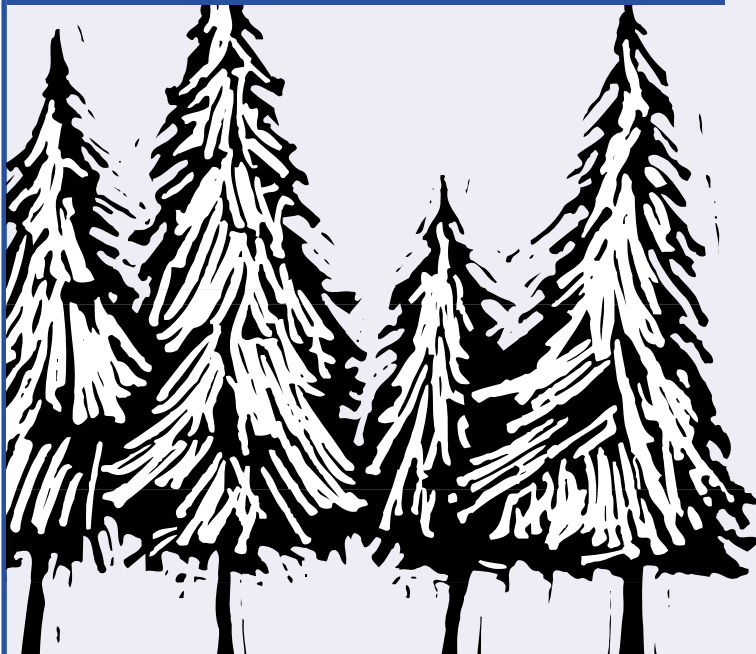
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**Mark your calendar!**



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April 4-6, 2003  
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The Woodlands, TX

*Make your reservations early!*  
(281) 367-1100  
Room Rate \$189  
Single/Double