

# RPA REPORT

ARPE, CBRPA &  
RPAS  
Newsletter

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## RPA Honored for Research



James L. Walling, RPA from Moab, Utah received the Outstanding Achievement in Master of Science In Radiologic Sciences Award for his thorough research project entitled "Mountain Bike Injuries and How They Affect Emergent, Radiologic and Orthopedic Care in the Resort Town of Moab, Utah." James reviewed 338 patient charts from 2012 concerning injuries from mountain biking. He found 315 injuries that qualified for his research. The purpose of the research was to determine patterns of injuries and how they relate to the care received.

The results demonstrated that males suffered more injuries and women had more facial injuries. Males also had more lumbar/abdomen, and thorax trauma while females had more pelvic injuries.

Platform pedals seemed to result in less injuries than clipless pedals. Radial head fractures were more frequent than other types of fractures. The most severe injuries occurred when the rider was thrown over the handlebars of the bike. Good Job, James!!

## Advanced Testing Planned

CBRPA Board of Directors is in the process of planning testing in some areas of the RPA clinical practice. All RPAs must pass the RPA certification examination to be eligible for any advanced level testing. A survey of the CBRPA registered RPAs will be conducted in the near future to obtain input as to areas of practice and other important issues.

The rationale for advanced testing is because in today's job market an overwhelming requirement of subspecialty certifications exists. These demands help employers justify personnel status and salaries, and ultimately the advancement of one's career.

*Quote of the Month:*

*Spring is sooner recognized by plants than by men.*

~Chinese Proverb

## Patient Histories Are Important

Clinical histories dramatically improve and lead to better image interpretation, researchers in Ohio determined. The research group at the Cincinnati Children's Hospital conducted the project by turning to the radiologic technologists to provide more detailed and useful histories. The histories provided by the technologists were more informative and precise than the histories received from referring physicians.

"Inadequate histories have been a problem since the dawn of radiology," corresponding author Dr. David Larsen stated. "And if we don't know the clinical scenario, it makes providing referring physicians with an answer more difficult", "If a patient comes into the ER and needs a foot x-ray, the test can be ordered and paid for with just 'pain' as the description. But it is more helpful to know how long it has been since the injury was sustained and where it occurred."

Hawkins, Larsen and their colleagues conducted a quality improvement initiative that included four phases: launch, support, transition to sustainability and maintenance. The group decided that an adequate clinical history should contain three elements.:

1. The nature of the symptoms and a description of injury or cause of clinical concern
2. Duration of symptoms or time of injury
3. Focal site of patient's pain or abnormality.

To simplify, they reduced the protocol to three elements: what, when and where.

The protocol was introduced to the department managers and technologists during an educational meeting describing the project and its purpose. Technologists were expected to supplement the clinical history when that provided by the referring physician or hospital staff did not meet the criteria. With confidential feedback on an individual basis, performance improved from 67% to 94% in three weeks.

The project's success was boosted by five factors.

1. Establishing clear, quantifiable expectations
2. Routine auditing
3. Qualitative group and individual feedback
4. Initial communication of expectations followed by coaching
5. Gradual increase in individual accountability.

Performance has remained at or near 95% for several months after the end of the project.

Source: Madden, Kate "Presearchers turn to technologists for better clinical histories"  
[www.auntminnie.com](http://www.auntminnie.com) April 11, 2014



*Made any plans for October yet? ARPE early registration is good until July 4 –register on July 5 and you are too late. So make those plans to be with you colleagues October 16-18. Participate in an outstanding educational experience –at the conference and in Orlando!! We will be waiting to see you !!*

## Promoting CBRPA

***You can tell the ideals of an organization by its advertisements.*** ~Norman Douglas

You can also tell the association pride of an individual by his/her willingness to participate in and promote an organization. Simon Trossbach is such a person who proudly displays his CBRPA patch stitched onto his golf bag for the world to see. CBRPA has been fortunate to have Simon certified since 2006 and appreciate his willingness to assume responsibilities and to demonstrate pride in being a certified RPA.



Simon Trossbach and Leo Baca

## Technologist gets jail time for entering false records

Rachael Michelle Rapraeger of Macon, GA, pleaded guilty to one count of felony computer forgery and 10 counts of misdemeanor reckless conduct before Judge Katherine Lumsden of Houston County Superior Court. Rapraeger was sentenced to 160-180 days in a probation-detention center and 10 years of probation.

Rapraeger was a technologist working at Perry Hospital in Perry, GA, in April 2010 when a quality check of mammography exams discovered a discrepancy -- namely, that an employee of the hospital had processed hundreds of mammography studies without having them read by a radiologist.

Further investigation of the case led authorities to Rapraeger, who was accused of entering negative results for 1,289 mammograms from January 2009 to April 2010 into the hospital's PACS without a radiologist's interpretation. Of the mammograms, at least 10 were positive for either cancer or other breast abnormalities.

"She was overwhelmed with her work; she had too much work on her and was afraid to get behind, and she entered some false readings," Buford told *AuntMinnie.com*.

Rapraeger has expressed remorse for her actions, Buford said. She will begin serving her prison sentence in the next few weeks. She has also been barred from working in the healthcare profession, according to an article in the *Macon Telegraph*. In addition to Rapraeger's criminal proceedings, the case has led to some 33 civil cases filed against Houston Healthcare .

Source: Brian Casey, [www.AuntMinnie.com](http://www.AuntMinnie.com) April 15, 2014

## CMS Deputy Administrator Resigns



Jonathan Blum

Jonathan Blum, Medicare director and principal deputy administrator of the Centers for Medicare and Medicaid Services, has resigned the post he's held for five years, *Reuters* reported.

Blum, who will step down on May 16, had a big role in reforming Medicare under the Affordable Care Act. He also oversaw the public release of Medicare physician payment data, *The Wall Street Journal* reported. The Medicare claim database included about 825,000 individual physicians, with 344 doctors paid at least \$3 million each. Moreover, the payment data showed two doctors--whose combined Medicare earnings in 2012 approached \$30 million--have been accused of over-billing and fraud.

Mr. Blum also worked on two proposals that garnered bipartisan opposition in Congress this year, *Reuters* noted. One proposal aimed to lower 2015 Medicare Advantage payment rates to health insurers while the other would have changed Medicare's Part D program to let insurers limit how many drugs they cover and how many plans they offer consumers.

Instead of lowering rates for Medicare Advantage plans as CMS initially proposed in February, the agency reversed course to give insurers a 0.4 percent boost. The Medicare Advantage payment changes still haven't gained a ton of supporters. Meanwhile, the Obama administration dropped the Medicare Part D proposal last month due to strong opposition.

The Obama administration has been saying goodbye to several top health officials of late. Earlier this month, Kathleen Sebelius--the public face of the botched HealthCare.gov rollout--stepped down from her post as secretary of the U.S. Department of Health & Human Services and Gary Cohen, the director of the Center for Consumer Information and Insurance Oversight (CCIIO), resigned at the end of the March.

CBRPA had communicated with Mr. Blum several times in the past. His insight and guidance were very valued.

April 23, 2014: Jonathan Blum, CMS deputy administrator, resigns post . <http://www.fiercehealthpayer.com/>

*Join the fun and get smarter, too.  
The house really is tilted, so the Social Hour is not to blame!  
Come to Orlando in October and partake in all of the offerings!!*

 A photograph showing the exterior of a large, modern building with a white facade and a prominent entrance. The building is surrounded by greenery and a clear blue sky.


## Hospital CIOs rip ICD-10 delay

Hospital CIOs are not happy that lawmakers may push out ICD-10 implementation another year, should the Senate approve the latest proposed legislation to delay physician Medicare reimbursement cuts under the sustainable growth rate formula. The House approved the bill in a last-minute voice vote early Thursday.

Not only did the College of Healthcare Information Management Executives express discord with the bill in a statement released Wednesday, so too did several CIOs on FierceHealthIT's Editorial Advisory Board when asked for their thoughts on a potential delay.

"Too many investments in time and money have gone in on this one to just say 'nope, not doing it,'" Roger Neal, VP and CIO at Duncan (Okla.) Regional Hospital, told *FierceHealthIT* via email. "Isn't it funny how healthcare gets slammed for being too expensive, yet we spend billions making shifts like this, [only] to turn around and have the rug yanked out from under us, which wastes billions in the process?"

Linda Reed, VP and CIO at Morristown, N.J.-based Atlantic Health System, agreed, telling *FierceHealthIT* via email that "kicking the can down the road" will impact CIOs' plans to move forward with other projects. "From a hospital perspective, enough already," Reed said. "We've spent the money, done the work and started all the training. From a physician practice perspective, I'm not sure giving another year would make any difference in readiness. The extension from 2013 to 2014 didn't."

Theresa Meadows, senior VP and CIO at Cook Children's Health Care System in Fort Worth, Texas, expanded on Reed's point about training, saying that another significant component of ICD-10 lies in the contributions made by health information management partners. "Delay would only require re-training and continued investment in additional resources to ensure what has been learned sticks," she told *FierceHealthIT* via email.

Several CIOs said they would prefer a one-year delay to Meaningful Use Stage 2 over another delay of ICD-10. "At some point, this bridge has to be crossed," Stephen Stewart, CIO at Henry County Health Center in Mount Pleasant, Iowa, told *FierceHealthIT*.

Added Indranil Ganguly, VP and CIO at JFK Health System in Edison, N.J.: "Meaningful Use Stage 2 is a separate issue, but that is where the current pain is, and a risk for missing out on the incentives that many organizations need to help subsidize the significant investments in technology that are being made."

Meanwhile, Todd Richardson, senior VP and CIO at Aspirus Inc., in Wausau, Wisc., proposed skipping ICD-10 altogether should the Senate vote yes on the measure. "If there is a delay, we should move all the way to ICD-11 when we end up transitioning," he said.



## Swiss board repeats call to abolish breast screening

Breast cancer screening programs in Switzerland should be wound down, as screening does not clearly produce more benefits than harms, according to an editorial by two members of the Swiss Medical Board published on 16 April in the *New England Journal of Medicine*.

The Swiss Medical Board began reviewing mammography in January 2013, well aware of the controversies swirling around breast screening, wrote Dr. Nikola Biller-Andorno, PhD, from the University of Zurich and Dr. Peter Jüni from the University of Bern. They became concerned primarily because the ongoing debate was based on reanalyzing the same, predominantly outdated trials; none was initiated in the era of modern breast cancer treatment, Biller-Andorno and Jüni wrote. Also, it wasn't obvious to them that the benefits of mammography screening outweighed the harms.

"The relative risk reduction of approximately 20% in breast cancer mortality associated with mammography that is currently described by most expert panels came at the price of a considerable diagnostic cascade, with repeat mammography, subsequent biopsies, and over-diagnosis of breast cancers -- cancers that would never have become clinically apparent," they wrote. The researchers cite the recent Canadian National Breast Screening Study as evidence of over-diagnosis (*BMJ*, 11 February 2014).

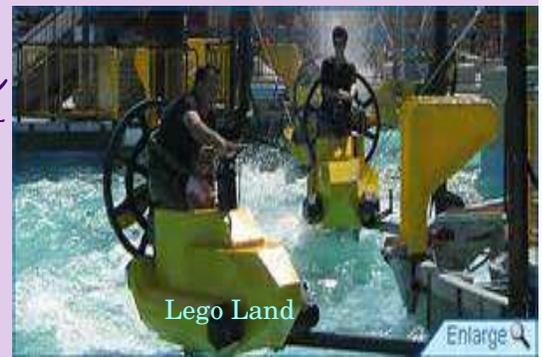
The third concern Biller-Andorno and Jüni expressed is the "pronounced discrepancy between women's perceptions of the benefits of mammography screening and the benefits to be expected in reality."

"It is easy to promote mammography screening if the majority of women believe that it prevents or reduces the risk of getting breast cancer and saves many lives through early detection of aggressive tumors," Biller-Andorno and Jüni wrote. "We would be in favor of mammography screening if these beliefs were valid. Unfortunately they are not, and we believe that women need to be told so."

Source: Moan, Rebekah [www. auntminiie.com](http://www.auntminiie.com) April 16, 2014



*In Orlando, only the brave and fearless attempt the rides in the fun parks. However, most RPAs have no problem. Join them!*





## RPA S REPORT

Legislatively things have been quiet. On the federal level this year there were 7,991 bills and resolutions before the United States Congress. Of those, only about 5% will become law. They must be enacted before the end of the 2013-2015 session (the “113th Congress”). Action within the states has also been calm. RPAs in Nebraska have been busy providing information and soliciting support for their bill being reviewed by state commissions. The outlook in Nebraska looks positive, thanks to the efforts of the RPAs within the state.

In the U.S. Congress, 14 bills and resolutions are on the House and Senate calendars for the coming days. Once bills are scheduled for floor action, they typically have enough support to pass. The H.R. 1148: Medicare Access to Radiology Care Act of 2013 (MARRCA) was referred to committee on March 14, 2014, and has not been passed out of committee as yet. The Govtrack.us web site gives the bill a 2% chance of making it out of committee. If this bill is going to get passed it will take a concerted effort on all stakeholders to keep on contacting their representatives and senators and urging them to support the bill.



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*ARPE Educational Symposium on October 16-18. You will truly experience a unforgettable time. Bring your family and make many happy memories.*

## RPA REPORT

225 Dupont Drive  
Lander, WY 82520  
Phone: 307-335-5201  
Fax: 307-335-522  
Email: jvan225@cbrpa.org

### Web Sites

ARPE—rpeacademy-.org  
CBRPA —CBRPA.org  
RPAS—RPASociety.org



*We delight in the beauty of the butterfly, but rarely admit the changes it has gone through to achieve that beauty.” Maya Angelou*

*You can relate the development of the butterfly to the changes, obstructions, development and progress of the RPA. CBRPA is planning some significant changes to the profession that will benefit individual RPAs and the profession as a whole. Some forces are still trying to “eliminate” the advanced practice technologist, but are not accomplishing much headway. As long as all RPAs stick together, we may lose some “battles “ but we can win the “war “.*



*Because spring is a time of rebirth...here are some thoughts...*

- ◆ *Today, many will awaken with a fresh sense of inspiration. Why not you?*
- ◆ *Today, many will open their eyes to the beauty that surrounds them. Why not you?*
- ◆ *Today, many will choose to leave the ghost of yesterday behind and seize the immeasurable power of today. Why not you?*
- ◆ *Today, many will break through the barriers of the past by looking at the blessings of the present. Why not you?*
- ◆ *Today, many will choose to free themselves from the personal imprisonment of their bad habits. Why not you?*
- ◆ *Today, many will be confronted by difficult moral choices and they will choose to do what is right instead of what is beneficial. Why not you?*
- ◆ *Today is a new day! Many will live it to the fullest. Why not you?”*