

JANUARY 2014

Techs Sue Over Excessive Radiation

Five radiology technologists are suing a Tennessee hospital, alleging that they were exposed to excess radiation for several years because the walls in and around the radiology imaging center in the emergency department were built without the required lead shielding.

The technologists, two of whom were pregnant at the time they claim they were exposed to excessive radiation, say the walls in the emergency department at Methodist Medical Center in Oak Ridge, Tenn., did not have the required protective radiation shielding due to building design and inspection error.

The lawsuits filed by the technologists claim that the defendants in the case (Covenant Health of Knoxville, Rentenbach Engineering Co. of Knoxville, and TEG Architects LLC of Jeffersonville, Ind.) "failed to have qualified personnel check or survey the installation and construction parameters or conduct proper barrier determinations for lead barrier thickness to ensure that the walls in the radiological areas would adequately reduce scatter and leakage radiation," *Oak Ridge Today* reported.

The hospital disputes the allegations. "Methodist Medical Center places the highest priority on employee and public safety," the hospital said in a statement. "We maintain an active and ongoing radiation quality and compliance program with specific procedures to monitor safety. Based on the results of this program, it has been verified that we have met all safety standards for radiation exposure. We intend to refute these accusations vigorously."

The lawsuits allege that two of the technologists now suffer from thyroid problems, headaches, sleeping problems and other issues while another has suffered seizures and is experiencing memory loss. They also claim that the technologists have a greater risk of developing future health problems, including cancer.

The lawsuits were filed in Anderson County Circuit Court. Radiologic technologists have been the subjects of an ongoing study, ongoing for more than 30 years, to determine any health effects from radiation exposure in the workplace. The study, a collaborative effort of the University of Minnesota School Of Public Health, the National Cancer Institute and the American Registry of Radiologic Technologists, has surveyed more than 146,000 U.S. radiologic technologists since it began in 1982.. The study has shown an increase in thyroid and breast cancer.

Source :Published on FierceMedicalImaging (<http://www.fiercemedicalimaging.com>), January 2014

Quote of the
Month:

Never say,
"oops" when
a mistake is
made

Always say,
"Ah, inter-
esting."

~Author Unknown



2013 CBRPA Certification Activities

CBRPA sponsored a Review Seminar in March 2013 for candidates preparing for the RPA certification examination. The Review Seminar consumes full day or over an eight hour presentation covering the content specifications utilized to develop the examination. Terrence Licciardi and Phillip Sessions, members of the CBRPA Board, were the lecturers for the event.

A total of 14 candidates sat for the RPA examination in April 2013. Some completed the test at the Weber State University Testing Center while other stayed in their local community to complete the test. All 14 passed the exam with a 82% average score.

At the request of the students, CBRPA also offered a RA Review Session in September 2013 to prepare them for the RA examination given in November of each year. All students took the exam at the Weber State University Testing Center. Jane Van Valkenburg conducted the review session. Certificates were awarded to those that successfully passed the examination.



CBRPA completed the Recertification policies and accompanying instructions for RPAs. All of these documents are found on the CBRPA web site. The Recertification schedule was implemented on January 1, 2014. If one's certification was in 2004, then 2014 is your year to complete the recertification examination. Failure to comply with the recertifying requirements will result in revocation of your

JCAHO Changes for Diagnostic Imaging

The Joint Commission has announced new and revised diagnostic imaging standards for accredited hospitals, critical access hospitals and ambulatory healthcare organizations.

The changes, effective July 1, 2014, relate to quality and safety issues that pertain to changing health delivery practices or that expand upon current Joint Commission requirements, such as those relating to MRI. A second round of accreditation announcements will be phased in by 2015.

"With these updates, The Joint Commission's goal is to ensure that our imaging standards remain up-to-date and sufficiently address quality and safety," Margaret VanAmringe, executive vice president, Public Policy & Government Relations, The Joint Commission, said in an announcement. "These rigorous imaging standards address overall patient safety, oversight of imaging services, staff competency, radiation safety procedures, equipment maintenance and quality control. This system evaluation seeks to ensure that organizations providing imaging services have the requisite infrastructure and safety culture to minimize radiation exposure to patients and staff and provide safe and effective care."

The initial standards changes relate to CT, nuclear medicine, PET and MRI, while the second phase of changes will focus on fluoroscopy, cone beam CT used in dental offices and oral-maxillary surgery practices and minimum qualifications for clinicians who perform imaging exams. The areas addressed in the new and revised standards include those for documenting CT radiation dose in patients' clinical records, as well as collecting data on adverse events such as when a radiation dose exceeds recommended limits.

In addition, the standards include minimum competency requirements for radiologic technologists, as well as requirements that qualified medical physicists perform evaluations of imaging equipment on at least an annual basis. Source: - <http://www.fiercemedicalimaging.com/story/joint-commission-announces-revised-diagnostic-imaging-standards/2013-12-23#ixzz2rRjYRR61>

Stand-alone imaging centers to be hit hard by reimbursement cuts

Standalone imaging centers are expected to be hit hard by Medicare imaging cuts that went into effect Jan. 1st, with some providers seeing cuts approaching 40 percent for some MRI procedures.

According to an article in *DOTmed News*, the final rule for the Medicare Physician Fee Schedule includes severe reductions for frequently performed exams including MRI and CT scans of the head, neck, chest and lumbar spine. These cuts are hitting freestanding imaging centers particularly hard said Michael Mabry, executive director of the Radiology Business Management Association, an industry membership group based in Fairfax, Va.

APS Medical Billing last summer issued a whitepaper detailing CMS reimbursement changes for both upper extremity and lower extremity MRI services that will result in reimbursement cuts of over 40 percent. According to APS, these reductions are due to three policy changes: a new scan time for the MRI codes, the fourth transition year to the AMA's Physician Practice Information Survey Data and changes in interest rate calculations. The new scan time factor (a reduction from 63 to 33 minutes for these procedures) is having the biggest impact on reimbursement the white paper noted since it, "greatly impacted the equipment cost aspect of RVU's."

"If you're a multi-modality imaging center, the impact isn't going to be as great," Mabry said. "If a vast majority of your revenue is from CT and MR, you're going to see much more of an impact."

For instance, RadNet, a Los Angeles-based company with a network of more than 250 outpatient imaging centers, expects to see its Medicare reimbursements cut between \$20 million and \$22 million in 2014, according to the article. "We anticipated a significant hit in 2014 just from the implications of that proposed rule over the summer," RadNet chief financial officer Mark Stolper, told *DOTmed News*. "There have been slight cuts, but never anything like this."

| Mike Bassett, Fiercelmaging (www.fiercemedicalimaging.com) January 4, 2014

Multi-modality imaging centers will suffer less impact.

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Radiology: How ACA will Effect Reimbursement

As healthcare reform unfolds, the Centers for Medicare & Medicaid Services is in the process of testing a number of payment policy options such as pay-for-performance, bundled payments and shared savings through accountable care organizations. In an article in the *Journal of the American College of Radiology*, Andrew Bindman, M.D., of the University of California, San Francisco, writes that radiologists should expect this will result in a change in the way they get paid by Medicare.

These different payment approaches or strategies each incentivize performance. Pay-for-performance, for instance, rewards or penalizes physicians financially in order to incentivize quality care. The Physician Quality Reporting System provides a 1 percent Medicare bonus that's tied to reporting on quality health measures, and will over time be tied to actual performance. In addition, the program eventually will include penalties up to 2 percent for physicians who don't participate or are unsuccessful.

Meanwhile, bundled payments for discrete episodes of care cover physician, hospital and post-acute care costs, including laboratory and imaging studies. According to Bindman, since the allocation of the bundled payment is at the discretion of the entity contracting, radiologists should be prepared to demonstrate the value of the services they are providing.

While bundled payments are being tested for groups of patients with specific clinical issues, an ACO is payment model for a broad population of patients with a variety of clinical needs, Bindman says. These organizations are accountable for all of the costs associated with delivering care to their patient population, and consequently have a financial incentive to identify and treat clinical problems at an early, less costly stage. This means that within this kind of model, radiologists have the ability to demonstrate value by using imaging for cost-effective screening and prevention programs (such as CT lung cancer screening programs).

"How fast and how far ranging these changes ultimately will be is not predetermined," Bindman says. "However, radiologists can anticipate that the basis for how they are paid will change and that they will need to play a greater role than has been required of them in the traditional fee-for-service payment system to demonstrate that imaging studies are used safely and efficiently."

Source: Bindman, Andrew B. *Journal of American College of Radiology*, January 21, 2014



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RPA REPORT

Information has been received from some states that the Physician Assistants (PAs) are attempting to change state laws to allow them to do fluoroscopy. Often they have close allies or even a representative on the state medical boards, providing a distinct advantage for them. Their focus when attacking licensing laws is to try to place the PA under the physician within the definition section of the licensing law because they claim a PA is qualified to do anything the physician that supervises them is permitted to do. The PAs can also claim that ASRT and ARRT support their ability to do fluoroscopy because ASRT has a developed curriculum and ARRT has an examination geared just for them. While the ASRT six fluoroscopy modules centers on radiation protection and operating a fluoroscopy unit, no instruction is provided on how to perform the procedures thereby limiting the usefulness of PAs doing fluoro procedures.

The best approach is to demonstrate graphic pictures (obtained on the internet) as to the damage excess radiation can do to a patient. If it is inevitable the PAs will accomplish their goal, then insist they successfully pass a certification examination, just as RTs and radiologists have to do. The ARRT exam can be used or some states, such as, California have exams that can be used. Monitor your state legislative agenda and be alert to any legislation introduced that may weaken the RT licensing law. A host of legislative sites can be found by typing in *legislative tracking sites*. Another tactic to use are the *JCAHO regulations for operators of ionizing radiation equipment*.

Several states have introduced legislation to allow military veterans to obtain a license to function as an RT, if their training is equivalent to state standards. Other states introduced legislation to allow spouses married to a military person portability of a license to another state. A few states have introduced bills to license radiologic technologists. RPAs must support the RT licensing bills to limit the effect on the attempt made by the PAs to perform fluoroscopy within your state. It takes a few minutes of your time to contact your district representative and it can have positive results. Some may say this is turf protections; however, the most important aspect is Patient Protection. Get involved.

REMINDERS

Approximately 12-15 renewals are being held up because copies of your ACLS and radiography certification cards have not been received by the CBRPA office. Please send them before a frantic call is committee must have verification you were certified in 2014, this certification exam. Policies and in-CBRPA.org web site, click on tent specifications can be used specifications can be found on the



received saying the credentialing within 24 hours. In addition, if is your year to complete the recertification instructions are found on the professionals-RPA. The 2013 con-as a study guide. The content same place on the web site.



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The Eskimos had fifty-two names for snow because it was



important to them: there ought to be as many for love. ~Margaret Atwood And there are many types ! Those family members we most care for, even those family members more distant or even the goofy ones, our friends, our co-workers and



even some politicians— maybe. The days surrounding Valentine's Day is a good time to show appreciation to those who love and support you—even when you

very seldom make little mistakes!!

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