



RPA Report

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Value of Certification

The U.S. Census Bureau reported today that in fall 2012, more than 50 million U.S. adults, or one in four, had obtained a professional certification, license or educational certificate apart from a post-secondary degree awarded by colleges and universities. This is the Census Bureau's first-ever report on this topic. Among the adults included in the report, 12 million had both a professional certification or license and an educational certificate; 34 million had only a professional certification or license; and 7 million had only an educational certificate.

The first article in the news section reporting on the U.S. Census Bureau's study is entitled Measuring Alternative Educational Credentials: 2012. The report shows that, in general, these alternative credentials provide a path to higher earnings. The report also showed that among full-time workers, median monthly earnings for someone with only a professional certification or license was \$4,167, compared with \$3,433 for one with only an educational certificate, \$3,920 for those with both types of credentials and \$3,110 for people without any alternative credential.

Source: "U.S. Census Bureau, "Measuring Alternative Educational Credentials: 2012" by Stephanie Ewert and Robert Kominiski, Issued January 2014.

*QUOTE OF
THE
MONTH:*

*Education
is not prep-
aration for
life; educa-
tion is life
itself.*

~John Dewey

RECERTIFICATION

Some RPAs who certified in 2004, have completed the recertification examination successfully. The average time used is 3 hours and 15 minutes and, most likely, much of the time was spent looking things up in books or on the internet. Remember that everyone can attend the review sessions given at the ARPE conference in Orlando. That may help alleviate some anxiety.



THE HIGH COST OF OVER-TESTING

Each year in the United States, an estimated \$225 billion is wasted on unnecessary medical tests and services, according to Rosemary Gibson, coauthor of *The Treatment Trap*. Consider that nearly two-thirds of women who have had hysterectomies and half of women over 65 with no cervical cancer history — 14 million women — report having recent Pap tests, even though the American College of Obstetricians and Gynecologists recommends against them for these women.

An estimated \$3 billion is spent on PSA screening for prostate cancer, which many doctors' groups say does more harm than good. Nearly a fourth of \$1,000 colonoscopies performed in older people are most likely inappropriate.

That's just the cost of the tests. Add in the amount spent on additional unnecessary biopsies, surgery and other procedures and the amounts are staggering. MRI scans and other imaging tests for lower back pain are notoriously misleading. Yet those tests lead to more than \$80 billion a year in treatments — painkillers, surgery and spinal injections — that often don't fix the problem. PSA screening leads to an estimated \$12 billion a year in prostate cancer care, including radiation biopsies and prostatectomies — much of it unnecessary.



The fight against healthcare fraud, waste and abuse could be aided by targeting 10 of the most common medical tests, which collectively waste billions of healthcare dollars a year and can harm patients, according to the *AARP Bulletin*. These tests, which providers perform on far too many asymptomatic people, often yield false-positive results that mushroom into more unnecessary procedures and medications, noted *AARP*, a consumer partner with the ABIM Foundation's Choosing Wisely campaign.

The campaign's lists of overused and often unneeded tests or procedures include yearly electrocardiograms (EKG), imaging tests for back pain and routine yearly physicals. EKGs are highly vulnerable to waste and abuse because individuals at low risk for heart disease could be 10 times more likely to get a false-positive result than identify a real health issue, *AARP Bulletin* noted. That likelihood of false positives could then lead to unnecessary heart catheterizations and stents.

And although 80 percent of people will suffer from back pain at some point in their lives, many older people without back pain can have "terrible-looking scans," according to the article, which cited a study that found people who got an MRI during their first month of back pain were eight times more likely to have surgery than those who didn't; yet they didn't feel better any faster.

In January, the American Association of Critical-Care Nurses and the Choosing Wisely initiative issued a list of five routine critical care practices to avoid. Those recommendations add to the log of more than 220 tests and procedures that teams identified as possibly unnecessary and harmful, *FierceHealthcare* previously reported. Meanwhile, a new "waste index" can help hospitals identify and eliminate inefficiencies. It can save \$1.7 million a year in lab testing and \$1.4 million a year in diagnostic imaging testing, among other categories. Sources: Agnvall, Elizabeth "10 Medical Tests to Avoid" *AARP Bulletin*, March 2014; and Carmenico, Alicia, "10 Over-used Tests Waste

Radiation Over-Exposure Still Rampant

In December 2009 the *Archives of Internal Medicine* (now *JAMA Internal Medicine*) published two studies that found that CT scans were exposing patients to far more radiation than anyone realized, and in doses that could result in tens of thousands of future cancer cases.

Journal editor Rita Redberg, M.D. wrote an editorial accompanying the articles, arguing that in light of the data, "physicians [and their patients] cannot be complacent about the hazards of radiation or we risk creating a public health bomb."

Now, more than four years later, Redberg, a cardiologist at the University of California, San Francisco and Rachel Smith-Bindman, a radiologist at UCSF (and co-author of one of the 2009 studies), have written an opinion piece in the *New York Times* provocatively titled "We are Giving Ourselves Cancer," in which they express their continuing concerns that we still aren't doing enough to reduce patient exposure to medical radiation.

Redberg recently took some time to talk to *FierceMedicalImaging* about this issue.

***FierceMedicalImaging*: Why write this piece in the *New York Times* now?**

Rita Redberg: After the articles were published in 2009 there were some Congressional hearings, and lots of different things were discussed about monitoring and reducing radiation exposure, but not a lot of things have been implemented. We've had four more years of high exposure to medical imaging. And we've seen more studies since then, such as an Institute of Medicine report--and we mentioned it in the Op-Ed--that found that medical imaging is now the No. 1 environmental cause of breast cancer.

Source: Bassett, Mike, "Rita Redberg: Radiation Over-Exposure Still Rampant"
www.FierceMedicalImaging.com March 10, 2014.



The Orlando theme parks are not just for children--adults enjoy themselves, too. Wise men say all of us have a child within ourselves. So on October 16-18 join us t the ARPE Educational Symposium and nurture the child within you! See ya' there!!

Watson project focuses on treatment of brain cancer

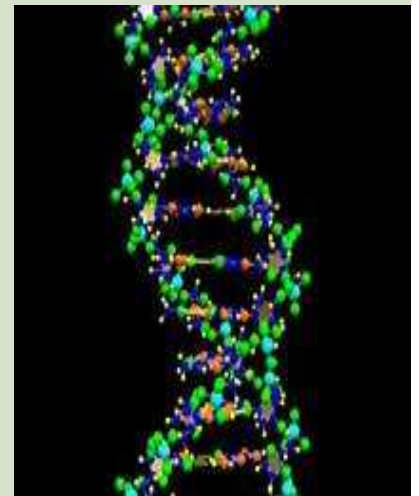
The New York Genome Center and IBM have announced a partnership to focus the Watson technology on helping oncologists deliver more personalized care to cancer patients, according to an announcement.

The idea is that Watson can analyze patients' genomic data and pore through medical journals, new studies and clinical records to help doctors find the best drug to try on a particular patient, reports *Forbes*.

The project initially will focus on 25 patients with glioblastoma multiforme, a rare brain cancer that is almost always fatal within months without treatment. Surgery, drugs and radiation can extend that to about a year, according to *Forbes*, making time of the essence. But with medical information doubling every five years, sorting through it all becomes more difficult.

"We're hoping Watson's learning model can find associations faster than we can, and they'll be able to tune the sets of drugs to at least prioritize and give doctors the ability to drill down so that they can make better determinations of what to try," says Toby Bloom, Deputy Scientific Director for Informatics at the New York Genome Center (NYGC).

In addition to Watson's ability to analyze massive databases, it can bring in relevant information outside doctors' area of knowledge--even from other fields. Each patient's tumor will be sequenced using the machines made by Illumina, as will the patient's own genome. The two will be compared, and a list of differences will be sent to Watson. The NYGC will also look at the RNA made by the genes (think of RNA as a messenger that carries genetic information outside the nucleus of the cell). This can sometimes give scientists ideas for treatment that do not come from looking at DNA alone.



So far, IBM has Watson projects under way with Texas M.D. Anderson Cancer Center, The Cleveland Clinic, Memorial Sloan-Kettering Cancer Center and WellPoint. Those efforts include development of a clinical decision support tool for individualized cancer treatments. The Cleveland Clinic hopes to better train doctors using a tool that combs through medical literature and makes recommendations.

Despite the technology's promise--and ability to beat humans on "Jeopardy!"--it's been struggling to meet lofty company projections for generated revenue. While expected to bring in more than \$1 billion annually by 2018, it had generated total revenue of less than \$100 million as of October 2013, according to *The Wall Street Journal*.

Source: Herper, Matthew "IBM's Watson Attempts To Tackle The Genetics Of Brain Cancer" *Forbes*, March 19, 2014

Imaging Forward to focus on medical imaging contributions

Washington, D.C. The Medical Imaging & Technology Alliance (MITA), a division of the National Electrical Manufacturers Association (NEMA), today announced the launch of MITA's *Imaging Forward*, a campaign to highlight the groundbreaking innovation in medical imaging technologies and the impact of these advances on patient care and healthcare delivery.

Imaging Forward puts a long overdue spotlight on the myriad ways in which imaging has transformed patient care and, more broadly, the practice of medicine by helping to improve diagnosis and treatment, avoid unnecessary procedures and lower costs by minimizing unnecessary procedures, said Gail Rodriguez, executive director of MITA. Thanks to the investments made by manufacturers in research and development (R&D), for example, almost no one has to undergo exploratory surgery. Patients and physicians benefit from advanced medical imaging technologies that save lives while reducing long-term healthcare spending.



Through a variety of multi-media channels, *Imaging Forward* will draw attention to the dramatic progress made in medical imaging over the past 20 years and highlight the next wave of imaging technologies. Because of advances in medical imaging, technology once only imagined is now the medical standard of care. For example, low-dose computed tomography (LDCT) can find tiny tumors the size of a grain of rice, which has been shown to reduce lung cancer deaths by 20 percent compared to chest x-ray alone.

“Medical imaging innovation has helped transform modern health care. Imaging exams reduce invasive surgeries, unnecessary hospital admissions, length of hospital stays and are directly linked to greater life expectancy. Every day, worldwide, medical imaging leads to earlier diagnoses, better, more targeted treatment and lives saved that, in the past, may have been lost, said Paul H. Ellenbogen, MD, FACR, chair of the American College of Radiology Board of Chancellors.

Despite the far-reaching and proven benefits of these invaluable technologies, Congress and the Centers for Medicare & Medicaid Services (CMS) have cut Medicare imaging reimbursements multiple times since 2006. Further cuts will only continue to impede access to life-saving medical imaging services and undercut the benefits of early detection and treatment. Additionally, under the 2.3 percent medical device excise tax imposed by the Affordable Care Act, manufacturers are required to pay more than \$2 billion per year in tax payments, posing a serious threat to manufacturers' ability to not only invest in innovation, but also to drive job creation and economic growth.



Source: MITA web site, www.edicalimaging.org March 3, 2014

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HOW CAN WE IMPROVE PATIENT CARE?

Improving patient care has become a priority for all health care providers with the overall objective of achieving a high degree of patient satisfaction. Greater awareness among the public, increasing demand for better care, keener competition, more health care regulation, the rise in medical malpractice litigation, and concern about poor outcomes are factors that contribute to this change.

The quality of patient care is essentially determined by the quality of infrastructure, quality of training, competence of personnel and efficiency of operational systems. The fundamental requirement is the adoption of a system that is 'patient orientated'. Existing problems in health care relate to both medical and non-medical factors and a comprehensive system that improves both aspects must be implemented.

Non-medical Aspects

The fact that the patient is the most important person in a medical care system must be recognized by all those who work in the system. This single factor makes a significant difference to the patient care in any hospital. Some of the issues that need to be addressed to improve patient care are listed below.

- 1. Access.** Accessibility and availability of both the hospital and the physician should be assured to all those who require health care.
- 2. Waiting.** Waiting times for all services should be minimized. Nevertheless, it has to be addressed effectively through continual review of patient responses and other data and using this feedback to make the necessary changes in systems.
- 3. Information.** Patient information and instruction about all procedures, both medical and administrative, should be made very clear.
- 4. Administration.** Check-in and check-out procedures should be 'patient friendly'.
- 5. Communication.** Communicating with the patient and the family about possible delays is a factor that can avoid a lot of frustration and anxiety.
- 6. Ancillary Services.** Other services such as communication, food, etc. should be accessible both to patients and to attending families.

Medical Aspects

The medical aspects of patient care are much better understood by most health care providers. This is dependent on the quality of medical and technical expertise, and the equipment and quality assurance systems in practice. The following factors contribute to the improvement of patient care.

- 1. Trained Personnel.** A well-trained team is critical to providing high quality care with desirable outcomes. The temptation to recruit untrained or poorly trained people should be resisted.

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2. **Quality** Incorporation of quality assurance systems in every aspect of patient care is critical. For example, adherence to asepsis will help reduce morbidity, especially in post-op patients.
3. **Equipment.** All the necessary equipment must be in place and properly maintained. This is vital to the performance of the medical system and contributes significantly to better results.
4. **Use of Proper Instruments.** Good quality instruments must be available.
5. **Use of Appropriate Medications.** Access to low cost medicines is an absolute necessity for appropriate care.
6. **Use of Newer Technologies.** It is important to continually employ newer technologies that improve the quality of care. Of course, this must be done with reference to cost-efficiencies.

Improvement of patient care is a dynamic process and should be uppermost in the minds of medical care personnel. Development and sustenance of a patient-sensitive system is most critical to achieving this and to being competitive in a re-organized health care system.

Every employee should realize the patient is the most important person in the facility and must always be treated with concern and dignity.



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The first day of spring is one thing, and the first spring day is another. The difference between them is sometimes as great as a

month. ~ Henry Van Dyke Perhaps by Easter, we will have spring weather, hopefully!

Spring is a time of renewal and beginning new things ~ always take advantage of the small opportunities and accomplish your goals faster than waiting for the one big opportunity. Wishing you a very Happy Easter!! The day the Lord created hope was probably the same day he created spring. ~Bern Williams



Mickey and Minnie invite you to Orlando in October 16-18, Discount tickets to theme parks can be obtained on-line. The room cost at the ARPE conference is reasonable and a free shuttle is available to take you to the attractions.

Registrations fees

are:" Early fee ~ prior to 7/4/14 ~ \$225.00

July 5 ~ September 6 ~ \$250.00

September 7 - October 16 ~ \$285.00

Register early and save!!! A real good deal for you and fun for the family!!

