

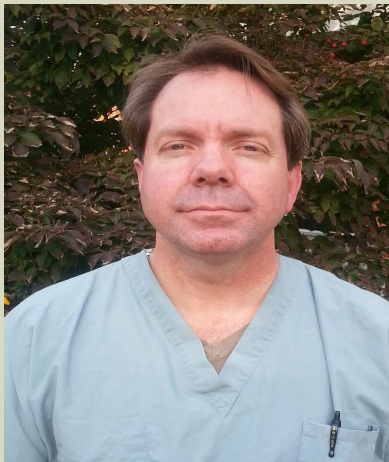


RPA Report

ARPE, CBRPA & RPAS NEWSLETTER

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RPA Co-Authors in European Journal



Barry McDaniel, RPA is a coauthor of a paper published in the *European Journal of Vascular and Endovascular Surgery*. The paper is an extension of the paper *Characteristics of Temporary Vena Cava Filters(IVC) Filters Non-Retrieval* that Mr. McDaniel co-authored for the American Venous Forum. This paper was published and presented at the February 23-26, 2011 in San Diego, California. At that time, Barry worked at the Department of Vascular Surgery at the University of Pittsburgh Medical Center.

The European paper is an original clinical paper that represents one of the largest single-center studies on inferior vena cava filter (IVC) use and indications, addressing the under-estimated side of challenging and failed retrievals. Retrieval rate of retrievable IVC filters is predominately affected by physician oversight and patient non-compliance with follow-up. Filter retrieval can be challenging or fail when the dwell time is >50 days and >90 days, respectively, and when the filter hook apposes the caval wall. Filter tilt may contribute to difficult retrievals, but this does not affect the ability to ultimately retrieve a filter.

Conclusions of the research: Physician oversight leads to poor IVC filter retrieval rates. Retrievals can be challenging or fail when the dwell time is >50 days and >90 days, respectively, and when the filter hook apposes the caval wall. Filter tilt increases retrieval difficulty but not failure rates.

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Keywords: Deep venous thrombosis, IVC Filter, IVC Filter complications, IVC Filter retrieval,

Recertification Policies & Instructions Finalized

During the CBRPA Board of Directors meeting in Orlando, Florida, the final draft of the recertification policies and instructions was discussed and voted upon. RPAs will have options available to fulfill the requirements and all options will involve a test. The test is a 50 question examination and is an open book type; however, the examination will be challenging. The entire packet of materials that will include the policies and instructions will be sent to all RPAs in mid-November.

Quote of the Month:

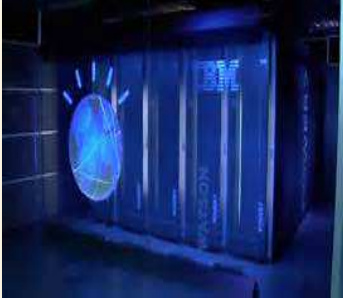
If you stand still outside you can hear it... Winter's footsteps, 'tis the sound of falling leaves.

~Takayuki Ikkaku



Supercomputer Watson Used In Medical School

The supercomputer known as Watson will help medical students at Cleveland Clinic to analyze medical problems and develop evidence based solutions. Meanwhile, the IBM processor will be building its base of medical knowledge and improve its Deep Question Answering Technology making it a more valuable partner to future physicians.



Another goal will be using Watson to process an electronic medical record "based upon a deep semantic understanding of the content within the medical record," an IBM official states. IBM began working with Cleveland Clinic about a year ago and the company has already made several improvements to help Watson "handle more and more complex problems in real time and partner with medical experts in a much more intuitive fashion" said Eric Brown, IBM Research director of Watson Technologies.

One day Watson should be able to help doctors diagnose patients and solve medical problems, because it can understand spoken language and can consult a vast amount of medical research in an instant.

Source: Soder, Chuck, Crains Cleveland Business, October 16, 2013 www.crainsclevelandbusiness.com

Fecal Transplant: Now In Pill Form

Editor's Note: Approximately 3 months ago an RPA asked assistance for an established protocol for Fecal Transplants. A variety of comments were received demonstrating that many had not heard of the procedure. This article is an FYI.

Gel caps containing concentrated fecal microbes stopped recurrent *Clostridium difficile* infection and were well tolerated by patients, researchers at the University of Calgary in Alberta, Canada reported.

Among patients with more than three episodes of recurrent *C. Difficile* infection who could not tolerate jejunal catheter or suffered from anal incontinence, a single dose of an oral suspension of fecal microbes delivered through several dozen 0.47 mL gel capsules resolved all but one of the recurrent infections with no instances of vomiting after capsule ingestion, according to Thomas Louie, M.D. of the University of Calgary.

Patients who did not respond were found to have chronic infection elsewhere in the body. After the infection was treated, the patients responded to the therapy successfully. Each patient received 24-34 fecal microbe capsules on an empty stomach, then were followed up at one week, one month, three months and at six months after therapy with an additional follow-up at 3 years. The therapy was well tolerated Dr. Louie noted and treatment completely resolved patients' symptoms after the single does of pills.

Overuse of antibiotics is frequently the cause of the problem because the antibiotics may scramble the diversity of the gut flora, rendering it ineffective.

All patients were successfully treated using the gel capsules.

Source: Petrochko, Cole "Fecal Transplant: Now In Pill Form" Oct 4, 2013

ICD-10: What it means for radiologists

While radiologists are likely to be shielded from much of the pain associated with the transition to ICD-10, it remains important to keep pace with such efforts, according to Melody Mulaik, a coding and billing specialist who spoke at last week's American Healthcare Radiology Administrators fall conference in Baltimore.

Mulaik, president and co-founder of Powder Springs, Ga.-based Coding Strategies, said that one area where radiologists will need to be especially alert will be clinical data reporting. "Think about the quality of the clinical data you receive [from referring physicians]," Mulaik said. "How many of you always have referring physicians give you all the details you need? That's going to get worse in ICD-10."



Mulaik said that radiologists should expect increased harassment from health information managers for better quality data. To that end, she said, radiologists themselves are going to have to do more dictation in ICD-10. "For instance, think about the number of unspecified codes we use in radiology," Mulaik said. "Eventually, the payers are going to say, 'How do you not know X, Y or Z?' Think of the message an unspecified code sends--'We don't know where the cancer is, but we're going to treat it with radiation anyway.'"

Despite several medical associations indicating that their physicians are struggling with the transition to ICD-10, Mulaik urged radiologists to not be distracted by the noise around them. "We are implementing ICD-10 on Oct. 1, 2014. Would I be comfortable better on that date? I would," Mulaik said. "[The Centers for Medicare & Medicaid Services], when they pushed it off a year, technically didn't have the authority to do that, but they did it anyway. Congress said, 'you went beyond your authority, but we're going to let it slide, and you can't push it off again.'"

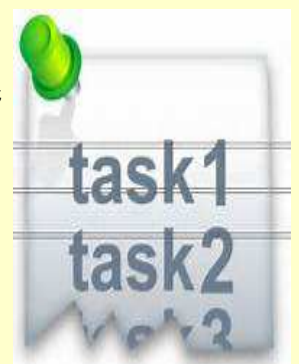
A June analysis by the American Health Information Management Association painted a bleak picture for hospital ICD-10 implementation efforts, stating that most facilities either had not started with the transition, or were still in the very early stages. What's more, a survey published in April by healthcare revenue IT vendor Health Revenue Assurance Holdings found that 20 percent of responding small- and mid-sized hospitals had yet to start any education or training for the shift.

Source: Bowman, Dan, "ICD-10: What It Means For Radiologists" www.fiercehealthit.com October 4, 2013

Still Holding....

A number of RPAs have paid their fees but have not finished the renewal process—three things must be completed in addition to paying the renewal fee—send copies of your radiographer card, the ACLS card (front & back) and proof of CE compliance. Renewals will not be processed until all documents are received.

If you mail the documents and fee to the CBRPA office, be aware your letter does not arrive on the day mailed. It takes approximately 5 mailing days to be received, a week for processing (since it done once a week) and five days for the mail-back. Usually 3 weeks—plan according!



Radiologists Call Medicare Law 'Irrational'

OKLAHOMA CITY (CN) - An "irrational" federal law requires radiologists who interpret X-rays and MRIs, but do not interact with patients, to submit Medicare patients' histories and physical data, and doesn't pay them if they do, a radiology partnership claims in court.

Diagnostic Imaging Group and Drs. Ernest Mckenzie and John Hamlin sued the U.S. Department of Health and Human Services, the Office of the National Coordinator for Health Information Technology, the Centers for Medicare and Medicaid Services, HHS Secretary Kathleen Sebelius, and Novitas Solutions, in Federal Court.

The doctors "seek to declare invalid and permanently enjoin the enforcement of Medicare and Medicaid's eligible professional meaningful use penalties for noncompliance," which they claim place unreasonable and illegal demands on radiologists.



The American Recovery and Reinvestment Act imposes penalties, set to begin in 2015, on medical professionals who do not submit Meaningful Use reports, which include patient history and physical exam information, with their Medicare bills.

The law "makes no differentiation in its meaningful use rules and regulations between hospital-based radiologists who only interpret inpatient and outpatient imaging studies without doing histories and physicals on patients and hospital-based radiologists who are intervention lists who interact with patients similar to surgeons and cardiologists where histories and physicals are necessary prior to intervention," the plaintiffs say in the lawsuit.

The defendants refuse to compensate hospital radiologists for performing histories and the physical exam demanded by law to obtain the meaningful use data.

"The effect of that refusal is involuntary servitude, a violation of the 13th Amendment of the U.S. Constitution," according to the complaint.

The plaintiffs also claim the refusal violates the 5th Amendment prohibition of seizure of "private property of physical labor in taking histories and physicals."

"There is no rational basis for the law ... to impose on hospital radiologists who are not admitting or treating patients the demands of meaningful use when the same information and data is obtained from the hospital medical records and the eligible hospital meaningful use reports and the treating physician records," the complaint states.

The plaintiffs seek a court order declaring that requiring such radiologists to submit meaningful use data is unconstitutional.

Alternatively, they ask the court to declare that the defendants must compensate plaintiffs for history and physical examinations performed on Medicare and Medicaid patients to obtain the meaningful use data.

They are represented by John Hamlin, of Clinton, Okla.



Source: Baily, Lorraine "Radiologists Call Medicare Law 'Irrational' Courthouse News Service, October 14, 2013. www.courthousenews.com

RPAS REPORT



October and November are months when state legislatures start planning for their up-coming January legislative sessions. Bills are being planned and support is being garnered. Many bills are pre-filed and ready to be considered during the early phases of the session. Contact your local ASRT affiliate to determine if legislation involving the imaging profession is being planned.

You may also want to check to ascertain if the Physician Assistants are planning on introducing amendments to licensure laws that would allow them to preform imaging procedures. A tactic is to change the definition of the physician to include them. However, you can enlist the assistance of the state radiation office and RT licensing board to help in making certain that anyone operating ionizing radiation equipment has the educational background and competency to perform the procedures.

RPAS stands ready to assist in the following areas.

1. Preparing a legislative bill,
2. Sample emails and letters to send to representatives.
3. Back-up information to send or leave with representatives.
4. Information on how to contact and communicate in person with representatives.
5. Support for your efforts with phone calls , emails and letters.

Although many do not like to become involved in “politics”, what they do not realize they are already involved in many ways. Often said within the imaging profession is, “Why can’t we be more like the nurses?” Nurses are very involved in “politics” promoting their profession within the hospitals, clinics, counties, states and on the federal level. Time for the imaging professionals to learn from the nurses.

To track federal bills go to www.GovTrack.us and you can review the progress of any bill submitted. Each state also has a tracking site that can be monitored as an alert for any legislation that may affect your job and life. Monitor the sites once per week to be able to stay current with events. Sometimes things happen fast; therefore, while on the state site, determine who your representatives are and bookmark their email addresses so you can contact them rapidly, if needed.



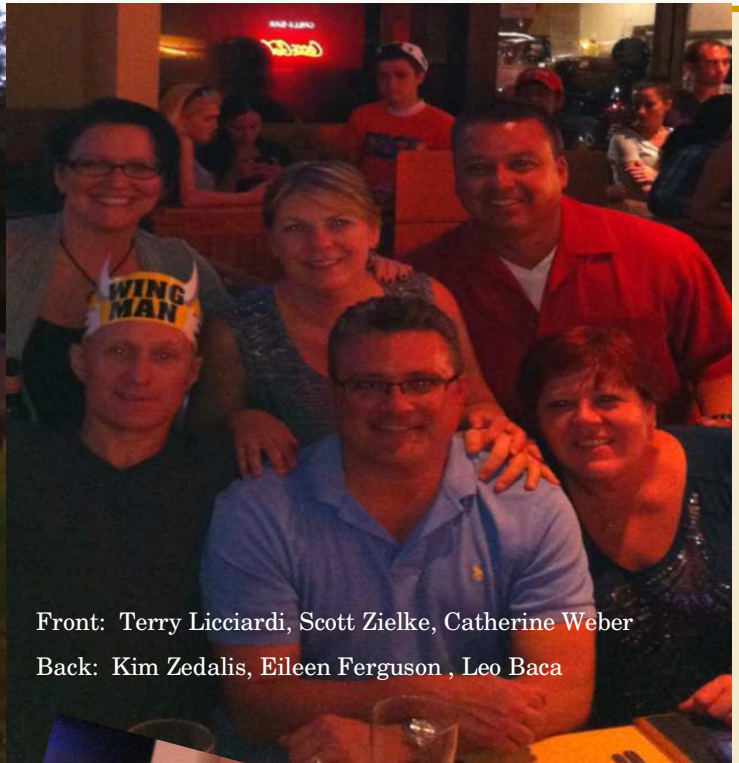
RPAS wishes all of you a very fun-filled Halloween and don't eat too much of your children's candy!!



ORLANDO SYMPOSIUM—2013



Kimberly Zedalis & Eileen Ferguson



Front: Terry Licciardi, Scott Zielke, Catherine Weber
Back: Kim Zedalis, Eileen Ferguson, Leo Baca

It started innocently
 ~Then someone crowned
 Terry the King Wing Man
 ~and after a few more
 beers ~and heated football
 discussions ~ Behold ~~~
 Steve Irwin appeared!!



Terry, Scott and Catherine
 and the referee
 waiter!



Leo Baca~~
 famed gator
 wrestler



Terry Licciardi
 Mom, look
 what I found~~
 it is better than
 a dog!

Moral~~
 don't mix
 beer and
 gators!!

RPA REPORT

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WEB SITES

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RPAS — RPASociety.org



Wilhelm Conrad Roentgen

November 8, 1895

His discovery 118 years ago has immeasurably benefitted medicine and humanity in ways he never dreamed. Society owes a debt of gratitude and a sincere sense of thankfulness for his contribution. As the founding father of the medical imaging profession, we especially should be humbled and appreciate his persistence and fortitude in pursuing an answer to his questions and curiosity. Remember his contribution during the week of November 2-8. The best way to demonstrate appreciation is to render excellence in performing procedures and in providing exceptional patient care.



If you missed this last one, Don't Miss the Next Florida Meeting!!



Dates for the 2014 ARPE Educational Symposium are set for October 16-18. The International Palms Resort will be the venue with attractions all around it and free shuttle to the theme parks. Make plans! DO Not Miss It!

