

# President's Message

Thomas G. Steward, MD

The 75th ACR meeting held in Washington D.C. in September featured a dinner dance, nationally recognized speakers, political satirists Mark Shields and Mark Russell and a Marine brass band! The contentious issues were few, the mood festive and I was worried. Worried because radiologists around my state are facing uphill battles in turf wars, restrictive contracting and oppressive bureaucratic HMO's that take the enjoyment out of the practice of medicine, making it harder every day to do the best job for our bosses....our patients. Worried because apathy is increasing as the system grinds us down. Worried because the younger physicians in the state have not responded to the need to get involved.



I was also impressed. The ACR has produced a ten-minute video of the history of the ACR and its accomplishments. Impressed at the new radiology exhibit at Epcot in Orlando, Florida. Impressed at the outgoing ACR president's vision of unifying the voice of radiology in the next millenium. Impressed with Bruce Hillman's continued commitment to quality care for patients. Impressed with Bill Thornwarth's intellect and hundreds of hours of volunteerism to preserve the quality of radiology and its strong future. Impressed at the responses being crafted to legislative and insurance issues around the U.S. Impressed with the democratic method of creating policy in the council meeting. Impressed with the fellows and Gold medal recipients at the Fellows ceremony. Impressed that Terry Frey from Cincinnati will be vice speaker, and likely speaker of the ACR the next four years.

I was also treated to a presentation by Michael Dunn who has convinced many by his wit and wisdom of the value of a Radiologist's participation in the political system. Join the RAA and RADPAC, please!

Finally I had the honor of hosting a dinner honoring the new Fellows of the ACR from Ohio including Charles Church, Charles Lanzieri, Choggi Mah, Drake Richey, and Dan Singer.

The radiologists at our last executive council meeting were concerned about two issues. The first is the never-ending requests for money from multiple professional organizations, and second, the continuation of a relevant state society meeting every year. At first these issues might seem unrelated however they are actually intimately intertwined. Consider the fact that the OSRS provides a yearly "meeting" usually in May with a social schedule as well as a CME agenda. This meeting was fabulously successful last May due to many factors. However we traditionally subsidize the cost of the meeting with funds from the OSRS. This is in addition to the registration charge we use. This subsidy has varied from \$10,000 to \$20,000 over the past few years. The question is, do we decrease dues for the OSRS and raise the registration charges for the state meeting, or get out of the CME business altogether? This becomes an issue because we would like everyone in the OSRS to begin donating to the state PAC (ORSPAC) in a financially significant way.

Do you have any feelings on the subject? If so, please e-mail me at [Dad43Rad@aol.com](mailto:Dad43Rad@aol.com) or contact Anitra Metheny at the OSRS office. Don't forget, e-mail for OSRS is [osrs@osma.org](mailto:osrs@osma.org).

HAPPY HOLIDAYS AND A PROSPEROUS NEW YEAR!

# Why ORSPAC?

Declining income, and another mailing detailing good reasons to send a check. Will it really make a difference? I already give to the AMA, the ACR, the OSMA, the OSRS, my local society, my subspecialty society, and now they each have a PAC! Help.

Will the AMA support my side of an issue? If the OSRS and OSMA agree on an issue do they work together? Do I need to join them all?

Have you had these thoughts? You are not alone. However, you must understand that joining and actively participating in as many of these organizations is vitally important to your patients and your career. WHY?

Each of the above organizations exists as an organized body to serve its members. None can give money to a lawmaker or organization. It is only through the PAC of each organization that money can be distributed in a way that allows a higher level of influence in the political arena. A PAC donation is a separate, non-tax deductible contribution from a person (no corporate checks).

In general, physicians work in small business relationships, rarely interacting with the lawmakers of the region, state or nation. Yet our work affects every citizen and is one of the most regulated and politicized professions in our society. A PAC IS THE ONLY WAY TO UNIFY OUR VOICE.

“Why so many groups,” you ask? Because each group has influence with lawmakers and each represents YOU in some fashion. If you abandon ANY group your influence in the group is lessened. Who represents you in the most local and specific way? It is ORSPAC — the Ohio Radiological Society Political Action Committee).

Join NOW. The 2000 election will bring unprecedented changes to the state legislature. With the effect of term limits 47 lawmakers will be unable to seek reelection! There will be new Chairs of the Senate Health, and the House Health, Insurance and Finance committees.

Do you have an opinion on the new bill introduced last week on Physician Profiling? How about self-referral legislation. Put some cash on the line. It might improve your patient's lives and your professional career.

Mail your check today to:

ORSPAC

c/o Billie Fiori, Treasurer

88 East Broad Street, 9th Floor

Columbus, OH 43215

- \$200 Club Membership (\$200 or greater donation)
- Sustaining Membership (\$75 or greater donation)
- Resident Membership (\$10 or greater)

Note:

All contributions must be by personal check.

Contributions to PAC organizations are not tax deductible.

# President's Report

1. Appointment of two new co-chairmen for membership committee: Linda Reilman, M.D. and Rodney Geier, M.D. Technologists Advisory Committee: Mark King M.D.
2. Membership Drive:  
Counselors should have received lists from the ACR and lists developed from the Ohio State Board soliciting potential members of the ACR and the OSRS who are not currently members. There has been some difficulty in defining the groups. There will be some clarification at the council meeting.
3. Hot issues from the ACR include HCFA July 22 proposed rule on the 2000 Medicare fee schedule. Proposal would allow nurse practitioners and clinical nurse specialists to independently open imaging facilities. HCFA letter needs to be written by September 20th. Thomas Bill H.R. 2651 about Physicians' self-referral amendments of 1999. This legislation among other things will repeal the compensation arrangement of the self-referral ban thus rendering the statute virtually ineffective. Letters need to be written and contacts made with congressmen.
4. RADPAC:  
One representative from each state will serve on a national council. This representative will have three to five on their subcommittee in cycle with the election years. Two year terms are anticipated. Dan Singer is our representative with the president and past president ORSPAC serving in the subcommittee under Dr. Singer.
5. Need two AACR Chapter Press Corps@ representatives. They will serve as ACR local media contacts.

## Nuclear Medicine Ad-Hoc Committee Report

Ohio became an Agreement State on September 1, 1999. Medical use of radioactive materials is now regulated by the Bureau of Radiation Protection, Ohio Department of Health (BRP, ODH).

Licenses may apply to combine their Ohio medical use licenses for reactor-produced and accelerator-produced radioactive materials through a license amendment. This reduces total license fees (Contract BRP, ODH at 614-644-2727). The amendment must be filed by September 30, 1999.

– Michael J. Gelfand, M.D.

# Committee on Physics and Radiation Safety

## Report

Report for the Executive Committee Meeting of September 19, 1999

1. The State of Ohio had been delayed in status as an Agreement State of the US Nuclear Regulatory Commission, previously set at July 19, 1999. Individual or institutional NCR license may be merged with their NARM (Ohio) license by amendment to ODH.
2. JGD is serving on the Rules Committee of ODH for Radiation Oncology. The committee is in the midst of developing new standards of review for radiation oncology radiation-producing equipment used in patient care.
3. Since obtaining the ODH list of Certified Radiation Experts (CRE) from Dr. Chris Lee, the undersigned have contacted the two official subgroups which constitute Medical Physicists who worked in Ohio plus an unofficial group. The Penn-Ohio Chapter and Ohio River Valley Chapter are operated under the American Association of Physicists in Medicine (AAPM). The Cleveland Area Medical Physicists CAMP, is unaffiliated. Representatives of these groups have been inquired about the possibility of forming a new group of medical physicists who worked and/or lived in Ohio and whose livelihood will be impacted by the emerging rules of Ohio. A meeting of these representatives at OSRS is being scheduled to meet with Drs. Chris Lee, John Olsen, George Callendine and Jerry Dare.
4. GWC and JGD have scheduled a meeting in October with Roger Suppes and Margaret Wanchik of ODH to review the qualifications of Medical physicists. The ODA rules show different credentials for working in a hospital as a CRE as opposed to those who serve in the private sector of radiation oncology centers and diagnostic imaging centers. The meeting will serve to itemize the exact requirements.

George W. Callendine, Jr.

Jerome G. Dare

## Fellowship Committee Report

The following members will receive their Fellowship at the 1999 Annual Meeting of the American College of Radiology in Washington, D.C. on September 28, 1999. These members and their guests will be honored at a dinner hosted by the Ohio State Radiological Society following the Fellowship Convocation:

Charles C. Church, MD

Charles F. Lanzieri, MD

Chonggi L. Mah, MD

Drake Richey, MD

Daniel Singer, MD

There are two Fellowship nominations for consideration.

– R. Terrell Frey, MD, FACR

# Carrier Advisory Council Report

On September 8, 1999 the CAC meeting was held at the Nationwide Building in Columbus, Ohio.

Y2K issues were presented. About 87% Medicare billing is done by electronic transmission. When Medicare tested for Y2K compliance, of 820 agencies, about 33% failed. Radiologists should check their billing office on Y2K issues before the end of the year.

Local medical review policy of radiation oncology was discussed. Doctors Steve Zeidner and Larry Berk were present.

Local medical review policy of CT of thorax was discussed. Doctors S. Christopher Lee and Harlan Meyer were present.

In the future the ACR will have a web site for LMRP for radiologists and radiation oncologists to review the policies.

– S. Christopher Lee, MD

## ACR Resident Representative's Report

### New Resident Physician Section Officers Serve as Delegates to National ACR Meeting

New officers for the Resident Physician Section of the OSRS were elected during the annual meeting in Cincinnati. David Huelsman, MD, of the University of Cincinnati completed his term as president, and Douglas Lemley, MD, of Ohio State University ascended from the position of vice-president to assume the responsibilities of president. Philip Callendine, MD, also of Ohio State University is the new vice-president and president elect. Dr. Ayah Agha of the University of Cincinnati was elected as secretary.

Drs. Lesley and Callendine served as Ohio's two resident delegates to the 75th Anniversary Meeting of the American College of Radiology which was held in Washington in September. They met with 90 fellow residents from throughout the nation to discuss issues of common interest. Two resolutions affecting residents and fellows were presented to the General Council; each won approval.

Resolution 24, presented by the Resident Physician Section, creates a panel to investigate the creation of a more efficient means of applying for fellowship positions. Dr. Lemley was elected to the Executive Council of the ACR Resident Physician Section which will coordinate this undertaking and report back to the General Council in 2000.

The Intersociety Council of the Board of Chancellors supported Resolution 41. This legislation also concerns fellowships. Its passage will create a committee to research alternatives to HCFA to serve as a means of funding fellowship education. This committee also will report its findings to the General Council in 2000.

### Lemley Elected to ACR Resident Executive Committee

Douglas E. Lemley, MD, President of the Resident Physician Section of the OSRS, was elected to the Executive Committee of the ACR Resident Physician Section during the 75th Anniversary Meeting of the ACR which convened in Washington, DC, in September. Dr. Lemley will serve as the ACR resident delegate to the American Academy of Academic Chief Residents in Radiology. He also will act as liaison between these groups and the recently created committee of the ACR which will investigate the creation of a more efficient and equitable means of seeking fellowship positions. Lemley is the present chief resident of the Department of Radiology at The Ohio State University.

John Briguglio, MD, of Philadelphia, PA, is the new chairman of the Executive Committee. Other newly elected officers are Shireesha Reddy, MD, of Chicago, IL (vice-chair), Jocelyn Simon, MD, of Washington, DC (secretary), and Jordan Page, DO, of Kansas City, MO (AMA resident delegate).

# Legislative Update

## 1. The Patient Protection Act of 1999 (AM. Sub. H.B.4)

### A. General:

I. On July 13, 1999, Governor Taft signed the Patient Protection Act of 1999 (the APPA).

II. Some provisions of the PPA become effective on October 14, 1999. One provision becomes effective on April 11, 2000. However, most provisions do not become effective until May 1, 2000

### B. Substantive Provisions:

The PPA builds on the managed care reforms from H.B. 361 (122nd General Assembly) in several ways.

#### I. Appeals:

The PPA creates additional appeal rights.

#### a. Internal Appeals:

H.B. 361 enacted provisions regarding utilization review determinations and reconsideration of those determinations. If the utilization review determination or reconsideration is denied, the enrollee may initiate an internal appeal. The internal appeal procedures for health insuring corporations (HIC) were substantially reformed by the PPA.

- i. A decision on an internal appeal must be rendered within sixty (60) days, seven (7) days if the seriousness of the enrollee's condition requires an expedited review.
- ii. If the service is denied because it is not medically necessary, the enrollee may seek an external review.
- iii. If the HIC denies the service because it is not covered under the contract, the enrollee may ask the Superintendent of Insurance to review that issue.
  - If the Superintendent agrees that it is not covered, the HIC does not have to provide the service or an external review.
  - If the Superintendent states that the service requires the determination of a medical issue or is covered under the contract, the HIM must either cover the service or provide the enrollee with an external appeal.

#### b. External Appeals:

The PPA allows an enrollee to receive an opinion from an outside, independent entity which is knowledgeable about his or her condition.

- i. The external appeals process in H.B. 361 was only available to terminal patients who had been denied care based on the fact that the care was experimental, the PPA allows any enrollee to request an external review if the service is denied because it was determined not to be medically necessary and the service costs more than \$500.
- ii. The external review decision must be rendered by an Independent Review Organization (AIRO®) within thirty (30) days after the filing of the request for an external review, seven (7) days if the seriousness of the enrollee's condition requires an expedited review.

#### c. Applicability to Other Carriers:

The PPA applies the appeal procedures not only to HICs, but also to indemnity health insurers and public employee benefit plans.

### 1. Emergency Services in Indemnity Plans:

The PPA takes the emergency services mandate from H.B. 361 (which only applied to HICs) and applies it to indemnity insurers. Now, both carriers must cover emergency services for enrollees without regard to the day or time the emergency services are rendered or to whether the enrollee or the emergency department where the services are rendered obtained prior authorization for the emergency services.

### 2. OB/GUN Coverage:

The PPA enacts a provision which allows female enrollees to obtain covered OB/GUN services from a participating OB/GUN without obtaining a referral from her primary care provider.

### 3. Independent Review Organizations (IROs):

The PPA creates a formal process for the accreditation and selection of IROs.

### 4. Tax Provisions:

The PPA allows taxpayers to deduct the amount paid for medical care insurance and long-term care insurance and allows taxpayers to deduct medical expenses from their adjusted gross income.

## 2. Ohio Attorney General Opinion 99-044

### A. Utilization Review Determinations:

When rendered for the purposes of utilization review, an opinion regarding the medical necessity of physician services does not constitute the practice of medicine.

#### I. Rationale

- a. A HIM shall not be considered to be practicing medicine. Ohio Rev. Code 1751.08(D).
- b. Since a corporation can only act through its officers and agents, it follows that all persons employed by or acting on behalf of a HIM in making utilization review determinations shall also not be considered to be practicing medicine. The opinions of these persons are part of the process and thus, these decisions cannot be considered to be the practice of medicine.

#### II. Effect:

These acts do not come within the regulatory, investigatory, or enforcement authority of the State Medical Board.

### B. Appeals:

Opinions rendered during the appeals process of a HIM do not constitute the practice of medicine, even when the individual engaged in the determination process is an Ohio licensed physician.

#### I. Rationale

- a. A HIM shall not be considered to be practicing medicine. Ohio Rev. Code 1751.08(D).
- b. Since a corporation can only act through its officers and agents, it follows that all persons employed by or acting on behalf of a HIM in making utilization review determinations shall also not be considered to be practicing medicine. The opinions of these persons are part of the process and thus, these decisions cannot be considered to be the practice of medicine.

#### II. Effect:

These acts do not come within the regulatory, investigatory, or enforcement authority of the State Medical Board.

### C. Jurisdiction:

A physician's actions in offering a medical necessity opinion pursuant to a utilization review determination or an appeal may be subject to review by the State Medical Board if the Board receives a complaint alleging that the physician violated Ohio Revised Code 4731.22 (grounds for physician discipline).

#### I. Rationale

##### a. Medical Standards:

Some grounds for discipline in 4731.22 relate to minimal medical standards of care or treatment. As discussed above, a physician's opinion rendered during utilization review or an appeal is not the practice of medicine. Therefore, if the complaint alleges a violation of a provision that relates to minimum medical standards, the State Medical Board is without jurisdiction to review the alleged violation.

##### b. Ethical Standards:

Some grounds for discipline in 4731.22 relate to the ethical nature of physician's behavior. If the complaint alleges a violation of a provision that relates to ethical standards, the State Medical Board has jurisdiction to review the alleged violation.

#### II. Effect:

The jurisdiction of the State Medical Board depends upon the nature of the complaint.

## 3. Mandated Point of Service

### A. House Bill 16 (123rd General Assembly):

This legislation, sponsored by Rep. Mottley, created a task force to study consumer access to preferred provider plans, point of service plans, and other open panel plans for health care coverage. The legislation was signed by Governor Taft on June 15, 1999, and became effective that same day due to an emergency clause.

- I. The Task Force will issue a report by December 31, 1999. This report will influence the outcome of any legislation on mandated point of service.
- II. One bill has already been introduced which mandates that health plans offer a point of service plan. Sen. Blessing's S.B. 163 would require all closed panel plans offered by HICs to allow enrollees to use nonparticipating providers and to impose copayments on enrollees which reflect the HICs's actual costs in providing the out-of-panel access.

## 4. Telemedicine

### A. Update:

- I. Meetings with Rep. Rose Vesper and Rep. Dale Van Vyven.
- II. Drafting of new legislation.

### B. Proposed Amendments:

#### I. Informed Consent:

Prior to the delivery of health care from a physician in another state, the patient must provide verbal and written consent. Consent becomes part of the medical record.

#### II. Jurisdiction of Ohio Courts:

States that out-of-state physicians providing medical services to Ohio resident shall submit themselves to the jurisdiction of the courts of Ohio for any actions resulting from services performed.

#### III. Exemptions:

States that the medical practice laws in Ohio do not apply to a physician in another state when the physician:

- a. Provides periodic consultation services to an Ohio practitioner without remuneration or the expectation thereof;
  - i. Note:  
Episodic consultation used to be defined as consultation that occurs on an irregular basis and with respect to no more than 24 patients in any year and 12 follow-up visits with respect to each patient. That definition will be removed and will be left to the State Medical Board to define in rule.
- b. Provides academic consultation services to a medical school in this state;
- c. Provides medical services that are not available in this state;
- d. Provides decisions regarding the denial of coverage under health insurance policies.

## Treasurer's Report

Dr. Robert Tyrrell reported the society had a balance on hand of \$152,657.44.

## Secretary's Report

The minutes of the May executive council meeting offered by Dr. Daniel Singer were approved.



# Membership Committee

## New Members:

- Richard B. Allen, MD, Copley
- Christopher G. Anton, MD, Loveland
- John Dean Barr, MD, Shaker Heig
- Adam G. Crouch, MD, Canfield
- Paul N. Grooff, MD, Westlake
- Douglas Keyser, MD, Massillon
- Lauren Kinsell, MD, Solon
- Abraham Levitin, MD, University Heights
- Adir Ludin, MD, Solon
- Michael T. Mader, MD, Boardman
- Andrea B. Magen, MD, Beachwood
- Barry C. McNulty, MD, Canton
- Robert L. Miller, MD, Huron
- James Walter Murakamt, MD, Dublin
- Richard D. Patterson, Jr., MD, Akron
- Gregory Rasp, MD, Dayton
- Judith R. Samuels, MD, Bentleyville
- Karen S. Sheehan, MD, Hudson
- John B. Sweet, MS, West Chester

## Transferred out of state:

- Lori L. Barr, MD, Texas
- Jerald L. Brinley, MD, Kentucky
- Kameswararao Chalasani, MD, West Virginia
- Lalit K. Gurtoo, MD, New York
- Matthew D. Kane, MD, Illinois
- Surjeet S. Pohar, MD, Kansas
- Laura Z. Rice, MD, North Carolina
- Laurence J. Soges, MD, Pennsylvania
- Matthew H. Thomas, MD, Pennsylvania

## Transferred to Ohio:

- Richard M. Butler, MD, Mt. Vernon
- Lincoln K. Pao, MD, Columbus

## Retired:

- G. William Bretz, MD, Dayton
- Hugh Martin Hyre, MD, Lewisville
- Konrad Kircher, MD, Bellbrook
- Howard J. Klein, MD, Beachwood
- Richard E. Myers, MD, Toledo
- Paul J. Raglow, MD, Walbridge
- Luong-Chi Tuong, MD, North Fairfield
- Jerome F. Wiot, MD

# 2000 OSRS Annual Meeting

MARK YOUR CALENDAR FOR THE 2000 OSRS ANNUAL MEETING

The Ohio State Radiological Society Annual Meeting will be held at the Hyatt On Capitol Square in Columbus, Ohio. The topic will be on Ultrasound and the date will be May 20-21, 1999.

This looks to be another exciting annual meeting. Watch for Registration Materials.