

President's Message

Daniel Singer, MD

This letter is my first President's Letter to the membership of the OSRS since assuming the position at the annual meeting in Columbus this past May. It would be appropriate to introduce myself to those of you who for a variety of reasons were unable to attend the annual meeting.



I have had the good fortune of being in private practice with Toledo Radiological Associates for my entire career of eighteen years. Through the knowledge gained by interacting with my twenty-five partners I have been able to deliver care in all areas of radiology except for interventional radiology. Like most of you the intellectual challenges of a constantly evolving discipline has kept me going through all the more recent challenges to the practice of radiology. In 1991 I became involved with the OSRS after being elected to the position of alternate councilor by the Northwest Ohio Radiological Society. The experience gained by my close association with radiology leaders in our state would soon be an asset to aid my transition in 1992 to Medical Director of Radiology at Toledo Hospital, our largest hospital and the tertiary center of the Promedica Health System.

These past eight years have rushed by but the changes to our specialty have been overwhelming to all of us. The ramifications to patient care are now only beginning to be understood by those outside of the medical community. In 1992 as Medical Director I had full control of the department including the financial budget, staffing, and equipment. Together with the other members of the Medical Executive Committee our recommendations for planning were taken as important gospel by the administration. Back then the administration would encourage all doctors to admit patients through the open staff model. Patients were able to freely choose their doctor from almost all practicing in Northwest Ohio. Today, as Medical Director I come to the hospital each day not knowing how many non-physician staff will be available as staff cuts occur without my prior knowledge. A committee of administrators that is kept secret plans the budget. An outside consultant who has never worked in a radiology department now selects equipment. The President of the Promedica System has not bothered to attend a Medical Executive Committee in over two years as it is viewed as a powerless body of complainers that do not understand business and who have not accepted their role as employees in the new system.

Like most of you it is getting more difficult to come to the hospital and perform the duties that we have been trained so highly in and continue to develop even in our "off hours." Today most of the patients we serve in the hospital setting are those so accurately referred to by Tom Brokaw as "The Greatest Generation." Hopefully there will be a grass roots political groundswell to overturn the poor care many of these fine people are receiving in their final years. The first wave of "baby boomers" are also now becoming important users of the medical system. Demographics of this powerful group will insure that our politicians address their concerns. Yes, whether we want to participate or not it will be politics that will change the environment we practice in today and in the future. It is pleasing to see the rapid growth of radiology in the PACS process. RADPAC is now at the \$250,000 dollar level. ORSPAC, our state PAC, is small in dollars but a potent force thanks to the knowledge of our attorney, Victor Goodman of the political system in Columbus. All of us must contribute to these two PACs to make this a success. More of us must be involved personally in the political system. Two of our members, John Olsen, M.D. and Chris Lee, M.D., spent countless hours this summer at the Ohio Department of Health Hearings in Columbus. The outcome for our specialty and all patients was much more favorable than we thought possible. The difference was that radiologists were present at the hearings and their knowledge of radiation protection was evident to all in attendance. I hope to see more involvement by our membership at all levels in the state. Those of you who know our legislators please contact our executive council so we can place you on a hotline of pertinent issues of concern to radiology. There is also a noted absence of participation of our younger radiologists at the state level. We have strong resident participation but no one from the 30 to 40 yr. age group. To help with this issue all Regional councilors have been asked to mentor an individual of this age group from their region and invite them to our next State Meeting to be held in Columbus on Sunday, September 10th.

Two key issues will be discussed at our meeting. One will be the ACR Resolution to provide in-house, seven-day, 24 hour coverage. This will be voted on at the national meeting later in September. This is controversial to say the least especially among those of us in private practice. Technology has been improving to provide coverage by teleradiology for most of the studies done at night. Recruitment of new radiologists has been difficult for most of us in the Midwest even without this proposed new staffing requirement. The second issue is the future of our academic program held in conjunction with our annual meeting in May. Our past president, Tom Seward, is chairing a committee to address this issue. Attendance has been weak these past few years and a change in the annual meeting venue may better serve our membership. Please email your local councilor or me with your thoughts on these issues. I look forward to working with all of you this year and although we may not have the chance to personally meet, I check my email at least four times per day and promise to answer all questions from the ACR membership.

Leadership Meeting

- The ACR leadership meeting was held on Saturday, March 25th through to the following Tuesday at the Willard Hotel in Washington, DC. Drs. Thomas Seward, Terry Frey, Larry Berk, myself and Victor Goodman, our OSRS Lobbyist, represented the Ohio chapter.
- The meeting began with a rousing speech by our President, Dr. Landrey, emphasizing our need to become involved with the political process. This encouraged all of us to press home the need to support Radpac.
- Dr. Alderson reviewed the need for an Academy of Radiology Research at the NIH. This provided all of us with needed details to encourage our Senators and Representatives to support HR1795/S110.
- Dr. Max Cloud reminded us of the fact that we are only one election away from a major policy change in health care.
- The ACR legal department provided a comprehensive review of the legal issues facing state chapters. We were fortunate to have Victor Goodman at this meeting. One area the chapter must review is liability insurance for directors and officers of the OSRS.
- On Tuesday all delegates met with their respective state Senators and House Representatives to discuss the following issues:
 - HCFA ruling on Nurse Practitioners to perform and interpret radiology.
 - Institute of Medicine for Biomedical Engineering Self-Referral Bill
 - Colon Cancer Screening Bills For 3rd party payors.

Thank you for all your support to allow us to attend this important meeting and represent the Ohio radiologists.

Daniel Singer

Committee on Physics and Radiation Safety

Report

1. The Ohio Department of Health has continued to propose new rules for the healing arts in radiation oncology for 1MV and 1MV and CT. The undersigned were in attendance of the many comment review sessions. The proposals which would require the use of NIST calibrated or referable instrumentation in the performance of the measurement was taken verbatim from the SSR. However the national calibration laboratory does not provide a calibration to CT chambers.Action Item: ODH has generated overburdening proposed rules for the radiation innocuous procedure of Bone Densitometry, where imaging dose is less than 0.0007 rads or 0.000007 Sieverts. The SSR was followed without conscience. OSRS should ask for its elimination.
2. Dr. Thomas Seward, Immediate-Past President of OSRS, had received a letter of participation in CRCPD. In the early 1980's, Otha Linton, ACR Associate Director, initiated an educational symposium at the annual Conference of Radiation Control Program Directors. He established a wine & cheese gathering for the attendees and a breakfast for ACR staffers, ACR chapter representatives and the executive committee of CRCPD. Some of these activities are continued today. California has always sent a radiologist and a medical physicist to the sessions. CRCPD generates the Suggested State Regulations (SSR) with assistance from ACR. Some states, such as Ohio, have held the guides, SSR, as an irrefutable document. Upon his retirement from ACR, Otha is on the CRCPD staff.Action Item: OSRS should resume the liaison with CRCPD in their annual meeting. This would ensure a closer alignment with the primary administration of Ohio in radiation control.

George W. Callendine, Jr. PhD

Jerome G. Dare, PhD., MS

Nominating Committee

The following names were placed in nomination for the respective offices. A motion was made to elect the nominations by acclamation.

Officers

- President: Daniel Singer, MD, Toledo
- President-Elect: Robert L. Tyrrell, MD, Kettering
- Secretary: Thomas Poulton, MD, Canton
- Treasurer: Frank McWilliams, MD, Cincinnati
- Immediate Past-President: Thomas Seward, MD, Cincinnati

Councilors and Committeemen

- George H. Belhobek, MD
- Lawrence Berk, MD
- Phil Calendine, MD
- George W. Callendine, PhD
- Jerome G. Dare, MS, PhD
- Frederich Dengel, MD
- Kathryn G. Gardner, MD
- Rodney Geier, MD
- Samuel L. Hissong, MD
- Stanley B. Ignatow, MD
- Mark King, MD
- Rosemary Klecker, MD
- S. Christopher Lee, MD
- Frank McWilliams, MD
- Gunvantray Mehta, MD
- John O. Olsen, MD
- Thomas B. Poulton, MD
- Linda Reilman, MD
- Michael J. Seider, MD
- Daniel Singer, MD
- Thomas Seward, MD
- Robert L. Tyrrell, MD
- Gunvantray Mehta, MD
- Frank J. Schlueter, MD
- Steven R. Zeidner, MD

Legislation

A. House Bill 585 (Telemedicine)

HB 585 received unanimous approval in the House Health Retirement and Aging Committee (18-0) and in the full Ohio House of Representatives (97-0). HB 585 has had a first hearing in the Senate Health, Human Services & Aging Committee and is scheduled for Proponent Testimony, Opponent Testimony, Interested Party Testimony, and a possible vote on May 23, 2000. Dr. Olsen will be testifying as will Tom Dilling, Executive Director of the Ohio State Medical Board.

FYI the following is a letter sent to the House Health Committee from John O. Olsen:

Date: March 30, 2000

To: House Health Committee
Dale Van Vyven, Chairperson

From: John Olsen, MD.
Ohio State Radiological Society

Re: H.B. 585 Proposed Telemedicine Legislation

My name is John Olsen. I am a practicing radiologist, a member of the Ohio State Medical Association and a past president of the Ohio State Radiological Society, a statewide organization of over 800 radiologists dedicated to the practice of quality radiology in the State of Ohio.

We are in support of H.B. 585 which, with a few exceptions, would require that physicians practicing medicine on patients residing in Ohio including the practice of telemedicine be required to obtain Medical Licenses from the State of Ohio and would be subject to the Ohio Medical Board and to the jurisdiction of Ohio Courts. When I last spoke to you on this issue in February 1998, twenty-two states had adopted rules or legislation requiring such accountability for physicians practicing medicine on their citizens. Today, the number stands at thirty-two, and we expect Michigan and South Carolina to consider similar legislation this session.

As things stand now, any out-of-state physician may practice medicine on Ohio residents on a regular basis without being licensed as a physician in Ohio, without being subject to the jurisdiction of the Ohio State Medical Board and without being subject to our courts.

If you do not pass this or a similar law, an Ohio patient injured by an out-of-state physician may not be able to sue that physician in Ohio and instead may have to file suit in the physician's home state. A patient's ability to sue an out-of-state physician in the patient's home state depends upon the state's "long arm" statute and the Fourteenth Amendment's due process clause. A long arm statute allows the courts of a state to assert jurisdiction over a non-resident defendant in certain circumstances. The due process clause limits this ability by providing that the non-resident defendant must have purposefully established contacts with the state.

There are a handful of cases which illustrate the issue of obtaining jurisdiction over out-of-state physicians. These go both ways, sometimes asserting jurisdiction, sometimes not. In a 1997 NY case [Ingraham v. Carol] a New York woman traveled to Vermont to see a physician regarding a lump in her breast. Although the woman traveled to Vermont to see the physician, the Vermont physician sent instructions to the woman's physicians in New York directing them to withhold any invasive procedures and to merely monitor the lump. By the time a correct diagnosis was made, the cancer had spread and would eventually cause the woman's death. Her husband filed a malpractice claim in New York, but New York's highest court said the state did not have jurisdiction over the Vermont physician. The husband would have to sue in Vermont.

In another case [Bullion v. Gillespie] a Texas woman traveled to California to participate in a clinical trial. After returning home, the patient and physician were in contact by telephone and the physician sent drugs through the mail. In this case, the court held that the California physician was subject to jurisdiction by Texas courts.

With cases going both ways, it is clear that the law is not settled. An Ohio court faced with a case involving malpractice through telemedicine would look to these jurisdictional cases and could decide either way. H.B. 585 eliminates the confusion and states that an out-of-state physician's contact with an Ohio patient, whether written, oral, or electronic, is the practice of medicine, and the patient may seek redress in Ohio courts.

Medical practice acts in every state support licensure and restrict the practice of medicine including diagnosis and treatment to those who possess licenses to practice. Medical practice at a distance as in telemedicine should not be an exception to state medical practice acts, and in most states telemedicine is not an exception. In this regard we want Ohio to be like most states. The American Medical Association's position is to require full and unlimited licensure. The American College of Radiology, our parent organization, published a national telemedicine standard in 1994 which calls for full licensure in both the sending and receiving sites.

Patient safety is the primary issue, and each state has the responsibility to protect its own constituents. Each state develops criteria for protection such as requiring medical practitioners to be licensed. Why should some Ohio citizens be potentially subjected to practitioners with lesser credentials?

The proposed legislation speaks to telemedicine and would address our concerns over accountability and responsibility both generically and specifically to the form of telemedicine known as teleradiology. The physician interpreting an image is responsible for image quality. This is clearly assumed in Ohio Department of Health rules developed in response to 1995 legislation on Radiologic Technologist licensure. All technologists administering ionizing radiation on Ohio residents are to be under the supervision of Ohio licensed practitioners.

Obtaining a license to practice medicine in the State of Ohio is not a difficult or onerous process for qualified applicants. Reputable practitioners of telemedicine are obtaining medical licenses in the sending state as well as in their home receiving state. I am familiar with national teleradiology services that obtain licenses to practice in every state from which they receive images. When images come from hospitals, they attempt to obtain privileges in those hospitals, and if possible become members of the medical staff.

This bill does not attempt anything unreasonable. The members of our organization commend the careful attention you are giving to this issue. We are confident that as you think in terms of safety and quality of care for the residents of Ohio, and accountability of practitioners, you will support H.B. 585.

Thank you.

A. House Bill 667 (Insurance Overpayments/ Takebacks) (Damschroder)

This legislation requires health insuring corporations and sickness and accident insurers to provide physicians with written notice of an overpayment within one year or lose the right to make an adjustment or correction to the physician's account or to otherwise seek reimbursement for the overpayment. HB 667 has had one hearing in the House Commerce and Labor Committee.

B. House Bill 684 ("Prompt Pay" Law) (Coughlin)

This legislation revises the "prompt pay" statutes applicable to third-party payors. Current law requires third-party payors to act on a completed claim within 24 days of receipt. This requirement is not very effective at ensuring prompt payment because the time frame can be changed in a provider contract. The legislation limits the ability of a health plan to alter the time frame by contract and clarifies enforcement of the prompt pay provisions. HB 684 has had one hearing in the House Commerce and Labor Committee.

C. House Concurrent Resolution 65 (Trakas)

This resolution requests Congress to enact the Quality Health Care Coalition Act of 1999 (HR 1304), which would allow doctors to engage in collective bargaining with managed care plans. HR 1304 was reported by the U. S. House of Representatives Judiciary Committee on March 30, 2000, by a vote of 26-2. It has 219 cosponsors and may receive consideration in the full U. S. House of Representatives. As would be expected, HR 1304 is being vigorously opposed by the business and insurance communities. Interestingly, Ohio's business and insurance communities are putting a great deal of effort into defeating HCR 65, despite the fact that it is mostly a symbolic act. It's chances for passage are unclear. Ohio legislation similar to the federal legislation has been drafted by the Legislative Service Commission, but has not yet been introduced. Representative Trakas announced yesterday that next week he will be introducing an Ohio version of the Health Care Provider Joint Negotiation Act. Representative Trakas' draft legislation would permit health care providers to negotiate with health insuring corporations and sickness and accident insurance over non-fee-related, and in certain circumstances, fee-related, provisions of provider contracts with health insuring corporations and insurers.

Ad-Hoc Committee on Nuclear Medicine Report

The Bureau of Radiological Health, Ohio Department of Health (ODH), took over regulation of Nuclear Medicine, September 1, 1999, as an Agreement State.

Under State law, the regulatory program must be self supporting. However, licensees have consolidated many licenses (i.e., due to fewer licenses at the same site or mergers of health care facilities). Revenue shortfalls have occurred. ODH has decided to request price increases.

In addition to the fee changes, new rules are also forthcoming on general radiation protection and the use of diagnostic x-ray. The rule changes may be of interest and are posted on the ODH website at www.odh.state.oh.us/public-f.htm.

Michael J. Gelfand, MD

ORSPAC

PAC Balance – \$8,039.00

Since the PAC began in 1998, a total of \$9,696.00 has been raised. Following is a breakdown of the contributions and expenditures since 1998.

	Contributions Received	Expenditures	Contributions to Legislators
1998	\$2050.00	\$61.15	\$1,510.00
1999	\$6010.00	\$64.65	\$0
2000	\$1636.00	\$21.10	\$0

Membership Roster

It is my understanding that during the February meeting it was determined that memberships would be from January to January. Based upon the January to January membership time period, following is a breakdown of total members to date.

	Total Members	200 Club	Sustaining	Resident
2000	13	5	5	3
1999	53	11	41	1
1998	10	10	0	0

Outstanding Issues

If a member makes multiple contributions throughout the year at different fundraisers/solicitations and the individual contribution amounts are \$100 each time, totaling \$200, is that member or a 200 Club?

Some members contributed in December of last year. Should their membership be for 2000?

Continual Flow of Contributions

The continual flow of contributions for ORSPAC will be critical this year due to the November 2000 elections and term limits. There are legislative races this year. As a result of term limits, there are 41 open seats in the Ohio House of Representatives and 7 open seats in the Ohio Senate. The Chairs of the House and Senate Health Committees are term limited along with the majority of the members who serve on those committees. When the 124th General Assembly begins in January 2001, hopefully, candidates who support the efforts of ORSPAC and the health care industry will have been elected. However, strategically contributing to the House and Senate Caucuses and to various candidate could deplete the funds currently in the PAC account.

There still remains a large number of radiologists who have not joined the ORSPAC. ORSPAC directly advocates and works for radiologists in Ohio. Other PACs, national and state medical, physician, and or health care PACs are important, however, their voices are not directly targeted to issues surrounding radiologists in Ohio. The current database for the Ohio State Radiological Society includes approximately 860 radiologists. Even if 10% of the radiologists join at the sustaining membership rate of \$75, an additional \$6,450 could be raised. Additionally, the ORSPAC should consider holding fundraisers throughout the summer and early fall to increase contributions, educate the Radiological society members and meet legislators.

Following are suggestions for increasing contributions, improving member participation, and facilitating legislator/candidates contacts.

1. Regional Legislator Receptions-Legislators are preparing their calendars for summer and fall events. Since this is an important election year, legislators and candidates are trying to accommodate as many requests for appearances as possible. ORSPAC could plan receptions in various cities – the reception could be a grassroots informational meeting with the opportunity for various candidates from the area to attend and meet the radiologists.
2. Sponsor a golf outing with a reception afterwards for members.

Elections 2000 & Term Limits

As previously mentioned, the November 2000 elections will produce a number of new legislators in the Ohio House and Senate. Since term limits became effective approximately a quarter of the legislators have already departed for other state, county and or private employment. In January 2001, 47 more legislators will be leaving office. The experience and knowledge of legislators who have debated, researched and written the health care laws over the last ten to twenty years will be gone. As a result of term limits, Representatives and Senators are limited to 8 consecutive years in office. In other states with term limits, the average years in office for legislators has been reduced to 5-6 years. Getting to know the candidates who are running for the November 2000 elections is extremely important. Over the next few weeks we will be preparing biographies for the candidates throughout the state. Currently, we are in the process of sending out packets to the entire Ohio State Radiological Society database in list of all legislators and candidates for the November 2000 election, biographies for candidates are broken down according to zip codes that make up a House and Senate district. Currently, the majority of addresses in the OSRS database are work addresses. On the dues solicitation form/envelopes that will be sent out shortly, there will be a place for home and work address. We will be able to then determine the legislators who represent your home address, as well as your work address. It is important to get to know legislators and candidates for both addresses.

Grassroots

Through involvement in the grassroots program, the Radiological Society and ORSPAC can build key contacts who can assist in the organization's development of the Radiological society and ORSPAC's goals. Following are some opportunities for you to take advantage of in developing your grassroots campaign. We can assist in planning and inviting legislators and candidate to various events.

1. Invite the legislators or candidates from your area to tour your office/facility. Use the time to learn about the legislators and candidates positions on health care, as well as educate legislators/candidates on the benefits and needs of the industry.
2. Offer to have a meet & greet or open house at your home, office, or facility. This is a time when you would invite friends, staff, and other acquaintances to an informal meeting with the legislators and or candidates. This usually only requires an hour or two and is either in the morning, after work, or on the weekend. A meet & greet is a time for legislators/candidates to meet one on one with selected groups of constituents. During the meet & greet you can serve coffee, drinks, and/or light appetizers. This type of an event creates a casual setting and allows you the opportunity to discuss issues, positions, and the community.
3. Invite legislators/candidates to speak at a Radiological Society meeting. Let the legislators/candidates know what areas are of interest to the individuals attending. A candidate likes to know who they will be addressing.
4. Attend a legislator's/candidate's debate or meeting held by other organizations. If the opportunity presents itself, try to say hello to the candidate. Attending these events will help to familiarize yourself with views expressed by the candidates and issues important to them, as well as let the candidate know that you are interested and involved in your area.

Fellowship Committee Report

There is one Fellowship nomination to be considered for Chapter nomination or concurrence.

July 1 was the deadline for submission to the ACR for fellowship consideration in 2001.

Councilors and alternate councilors should begin a review process to identify candidates for ACR fellowship in their regions, and encourage them to apply.

Stanley B. Ignatow, MD

Treasurer's Report

Dr. Robert Tyrrell submitted a report that the society has a balance on hand of \$180,068.72.

Secretary's Report

The minutes of the January, 2000, executive council meeting offered by Thomas Poulton, MD, were approved.

Membership Committee Report

New Members

- Diane H. Anderson, DO, Troy
- Charles E. Boetsch, MD, Warren
- David L. Kaufman, MD, Defiance
- Robert M. Lemming, MD, Springfield
- Robert B. Roach, MD, Ironton
- Daniel C. Schultz, DO, MS, Centerville
- Dean J. Shanley, DO, Cincinnati
- William E. Vazquez-Choisne, MD, Springfield

Transferred from Ohio

- Michael Cohen, MD, Florida
- Timothy D. Divens, MD, Indiana
- Alain Drooz, MD, Virginia
- B.N. Essiet, MD, Tennessee
- Laurence G. Hanelin, MD, Arizona
- Robert C. Hewes, MD, South Carolina
- Shirley Z. Jucius, MS, Maine
- Ralph C. Kennaugh, MB, ChB, Texas
- Ayyangar M. Komanduri, PhD, Nebraska
- David M. Kushner, MD, Arizona
- Joel E. Lichtenstein, MD, Washington
- Suhas G. Parulekar, MD, Texas
- Frank E. Zink, MD, Minnesota

Transferred to Ohio

- Kirkman G. Baxter, MD, Kansas (North Canton)
- David B. Crawford, MD, Connecticut (Waite Hill)
- Douglas W. Ditzel, DO, Missouri (Lima)
- Steven J. Fagan, DO, Michigan (Springfield)
- Stephen F. Hatem, MD, Maryland (Cleveland)
- Kevin F. Hill, MD, North Carolina (Mansfield)
- Thu-Anh Hoang, MD, California (Lima)
- Michael J. McDonough, MD, Missouri (Toledo)
- Robert J. Paul, Jr., MD, Delaware (Powell)
- Alice S. Rim, MD, Florida (Moreland Hills)
- Benjamin Signer, MD, Texas (Beachwood)
- Rena B. Zimmerman, MD, Mississippi (Lima)
- David P. Zadvinskis, MD, Michigan (Dublin)

Retired

- David J. Cavanaugh, MD
- L.J. Jacques, MD
- Richard K. Lenhart, MD
- Teresita Ocampo, MD
- John Vanek, MD
- Sanford Weiss, MD
- Donald E. Widman, MD

Dates to Remember

OSRS Annual Meeting

April 28-29, 2001

Marriott Hotel

Beachwood

OSMA Annual Meeting

May 18-20, 2001

Cincinnati

In Memory of...

The OSRS wishes to express our deepest sympathy for the loss of our friends and colleagues.

- Earl R. Haynes, MD, Zanesville
- Hilton Rodriguez-Delgado, MD, Dayton
- Saul A. Rosenblum, MD, Fairlawn