

BCRS News

Enclosures...

- Draft Minutes of last General Meeting
- NEW Reporting Standards for 1st Trimester Ultrasounds
- Draft CT Billing Guidelines Initiatives

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1st Annual Strategic Planning Session

In January of this year, your Executive Team came together and spent a day with Dr. Eli Sopow, an expert in organizational design, for the purpose of creating a BCRS strategic plan. The Executive felt that this was an essential step to better ensure that the increasing activities of the BCRS are absolutely aligned to overarching goals of the Society. This effort resulted in a draft strategic plan that highlighted the current state of the BCRS as compared to the desired future state, mapping the strategies that will move the Society forward over the next five years. Highlights of the plan include:

- Increasing the profile of radiology in BC, including creating an awareness of radiologist's role;
- Promoting appropriate utilization of diagnostic imaging within BC;
- Leading the way in quality assurance for BC radiologists;
- Increasing external stakeholder engagement and discussions
- Accessing and implementing state of the art diagnostic imaging technologies
- Maximizing satisfaction and value within the profession of radiology

Copies of the strategic plan will be made available once it has been finalized. In addition, and linked to the strategic plan, will be the implementation of an annual operational plan, which is also under development. In 2009 the focus is on:

- 1) Communications: internal/external
- 2) Technology: e-Health initiatives
- 3) CME: for the membership
- 4) External stakeholder relations

Each year, the Executive will revisit the progress made against the strategic plan and revise as necessary to ensure that the BCRS remains to be an impactful and relevant organization to its members.

Retroactive Payments Years 1 to 3

You are aware that the new fees were effective as of January 1, 2009. The corresponding retroactive payments are still to come. The BCMA has been working around the clock with MSP but these monies have not yet been dispersed.

We have been informed that the retroactive amounts will flow in three installments, the first of which should be received before the start of the new fiscal year for the Ministry of Health (April 1st). The following two payments will be sent shortly thereafter.

Year 4 Allocation

We have received the Year 4 allocation from the BCMA for the breast imaging fees for which we proposed increases. These fees are still tentative and are pending government approval.

Additionally, the fee amendment (decrease) to the Endovascular stent graft procedure was approved and as a result, revenue-neutral increases were awarded to the TIPS and Radio-frequency procedures as well as several additional procedural items:

CODE	DESCRIPTION
T10900	Endovascular aortic repair, radiological component (\$850 → \$450)
T10908	Percutaneous image-guided tumor ablation, 1 st lesion (\$432 → \$500)
Not yet assigned	TIPS (\$950 → \$1050)
00723	Sialogram or galactograms procedure fee for injection
00727	Salpingogram Diagnostic – procedural fee
00811	Joint injection, aspiration or arthrogram, under radiological guidance
08510	Sialography
00739	Percutaneous lung or mediastinal biopsy – procedural fee
00740	Biopsy Needle, liver
00741	Biopsy Needle, splenic
00742	Biopsy Needle, renal

President's Message

Greetings to all. It has been a very busy first few months.

Since our last letter the executive has had its annual strategic planning session. This is discussed elsewhere but puts us on a pathway for the next 5 years, with goals to be achieved against which we can measure progress. We believe this to be important.

In the interim we have also had several meetings with government and the BC Cancer Agency around a variety of issues detailed elsewhere in this letter. Unfortunately we were unable to roll back the extraordinary increase in DAP fees, but are hopeful that the proposed governance restructuring will lead to a more streamlined process. Our contacts with the government are at an increasingly high level and in the longer term we believe this will be important.

Details of the recent general meeting are recorded elsewhere. The decision was made at that meeting that the BCRS would no longer recommend to its members that they maintain membership in the SSPS. Note that this is not a recommendation specifically against joining the SSPS. It is up to individual members to decide on whether or not they receive value for their fees.

The CME portion of the general meeting was very well received (our sincere thanks to Jonathon Leipsic) and the intention is that all future meetings will have an educational component.

In closing I wish to thank the executive and membership for all of the unpaid work that is happening on behalf of the BCRS. In particular Jonathon Leipsic and Marty Jenkins spend enormous amounts of time representing you at the SSPS. And you can see from the newsletter the number of issues in which we are involved. We need membership engagement so please, volunteer. The position of President Elect remains unfilled and is critical. Please think about this. If you know of a colleague who might be a potential President, apply the screws. And consider whether you yourself could do this on behalf of your fellow radiologists.

~Terry Warner, BCRS President

SSPS Membership

At the last General Meeting, the membership discussed whether or not it is in our best interest to remain part of the SSPS. This follows last years' extraordinarily unpleasant and unsatisfactory micro-allocation process and the continued direction of the SSPS that is contrary to our interests, the focus being almost entirely centered on disparity correction. The opinion of the Executive was that our Section receives little value for the fees that its members submit.

According to the BCMA Constitution, a section maintains "membership" in the SSPS as long as there is at least one specialist physician who joins. Based on this information, the group discussed four possible options:

1. Recommend that radiologists maintain their membership with the SSPS.
2. Recommend that radiologists withdraw completely from the SSPS.
3. Combination of the above such that a number of Executive members join the SSPS to maintain a level of communication.
4. Let each individual members decide how they wish to proceed.

It was agreed that option 4 would be the best suggestion. This allows each individual radiologist to assess the merits of belonging to the SSPS in the past, and over the next year. At least some of the Executive will maintain membership so that, for the moment, we retain a place on the Council.

SAVE THE DATE

Next BCRS
General Meeting

June 13, 2009
at the BCMA

Contact the BCRS
for more information

Pacific Northwest
Radiological
Society

April 17-19, 2009
The Empress
Victoria, BC

2009 – 2010 Radiology Awareness Program

COMMUNICATIONS

It appears that the good work of the radiologists has become one of those **best kept secrets** within the modern day health care system. According to some recent survey data collected by the American College of Radiology (ACR), it was revealed that half of all Americans — including some very influential people on Capitol Hill — don't know that radiologists are doctors, let alone the amount of training and expertise required of them. Simply replace "Americans" with "Canadians", and "Capital Hill" with "Victoria Parliament" and the same rings true here in BC.

A major thrust of the BCRS's 2009 (and likely into 2010) efforts will be to develop and launch a public awareness communication plan. The primary goal of the plan will be to expose the value that radiologists bring to the patients within the BC health care system. A key focus will be to develop the public's understanding of your role as a radiologist, the years of education and training it took to qualify as a radiologist and your commitment to the quality of patient care in BC.

In order to get the campaign underway, the BCRS is looking to you for help by way of the creation of a "tag line" that will underscore all efforts of this plan. As in other marketing efforts, the tag line will need to be clever, short, represent radiology and resonate (stick) with the receiver of the message.

Please send along your tag line to Cheryl by no later than March 22, 2009.

Grand Rounds with

*Dr Suhny Abbara of
Massachusetts General Hospital
Boston, MA*

*June 24 and 25, 2009 @
St Paul's Hospital, Vancouver*

CME Corner

Coronary CT Angiography

This was the first of what we plan to be many BCRS Continuing Professional Development sessions. Dr Jonathon Leipsic delivered an outstanding one-hour session, being rated highly by those attending the last General Meeting, which was eligible for 1 Royal College credit.

CME: Into the Future – A NEEDS ASSESSMENT

Clearly the offering of CME has proven to be of value to the BCRS membership, and we are committed to increasing these events over time. Critical to the creation of a BCRS CME plan is to understand the topics you are most interested in, the program formats that suit your learning style, as well as the how and when of scheduling CME is maximize participation.

Pasted below is a link to a short and concise online survey entitled, *BCRS CME Needs Assessment 2009*, which has been design to give us this information. This assessment will take no more than a few minutes of your time to complete. Thanks in advance!

<https://www.surveymonkey.com/s.aspx?sm=9iEDwSQpY4dciqyyjQfxxw3d3d>

College of Physicians & Surgeons

1) Diagnostic Accreditation Program (DAP)

The BCRS has been very busy around the issue of the DAP fees. To the credit of the College and the MoH, they have afforded us several opportunities to bring forward these concerns on your behalf, which have also been raised by other stakeholders, including the Health Authorities.

The DAP's current governance model, as well as their accreditation processes and policies will be undergoing extensive review in the immediate future. The BCRS has requested to be an active participant in this process, and this was acknowledged by Ms Phyllis Chuly, the MoH representative on the DAP Board. Ms Chuly noted that, while she could speak in favor of the BCRS being formally included in the review process, the actual selections were beyond her authority.

You are aware that this issue required a resolution and, given the current fiscal climate, there was no longer a possibility of having the 2008 fees reduced and clinics, the last hold-out, were asked to pay their 2008 dues by February 28th. We are cautiously optimistic that the DAP review will lead to a more efficient and cost-effective organization, ultimately reducing the financial burden placed on those requiring DAP accreditation.

We will continue to update you on the restructuring efforts of the DAP and the impact on future payments.

2) Teleradiology

In January, the Council of the College approved in principle the proposed Bylaws for Telemedicine Registration in British Columbia. The Bylaw will be modelled after the Alberta Bylaw. They will be engaging their external legal counsel to draft the wording of the Bylaws. It is this lawyer who is assisting the College with the overall Bylaws as we come under the *Health Professions Act* in June.

There will be special consideration in the Bylaws to accommodate a physician providing telemedicine services to a maximum of three times per year being exempt from the requirement for registration. This is intended to facilitate “one off” consultations. As an example, a child in Northern British Columbia who had been treated at Sick Kids in Toronto might need re-assessment and, rather than travelling to Toronto with his family, might be able to be assessed through a telemedicine linkage. The intent, therefore, is three individual consultations, not three days or three weeks. We will ensure that the Bylaw written does not allow for an actual loophole.

Once available, we will forward a copy of the draft Bylaws to the Teleradiology Group for feedback.

Teleradiology Working Group

This Working Group was formed as a result of the discussions on teleradiology at the AGM, and with the BC College. This is a critical issue for the future

The Working Group has been reviewing the existing teleradiology guidelines and has developed draft guidelines relevant to the situation in British Columbia. We anticipate that these will be available for more widespread review prior to the June General Meeting.

The Teleradiology Working Group

Dr Brad Halkier, Chair – Royal Columbian
 Dr Pete Tonseth – Premier Radiology Canada
 Dr Chuck Coffey – Williams Lake & Quesnel
 Dr Giles Stevenson – Kitimat and Prince Rupert or
 Dr Peter Hicken – Kitimat and Prince Rupert
 Dr Alisdair Leighton, Prince George
 Dr Kelly Silverthorn - Nelosn
 Dr Dave Malfair – Vancouver
 Mr Bob Rauscher - BCRS

Nuchal Translucency Measurements

In the last newsletter, the BCRS reported that we had established an NT Working Group to work with the Perinatologists to promote fetal health. Together these groups have proposed *Reporting Standards for First Trimester Ultrasound Scans that include NT Measurements*. These standards come into effect February 16, 2009.

1. Patient identification (name, date of birth, PHN)	10. Fetal number (singleton or multiple)
2. Date & location of scan	11. If multiples
3. Ordering MD	• Chorionicity
4. MDs for which to send copies of risk assessment	• Previous pregnancy with Down syndrome, trisomy 13 or 18
5. Gestational age	• IVF pregnancy?
6. Crown rump length (CRL) x 3	12. Standard comments for inclusion on NT reports (see below)
7. If CRL >80 mm, biparietal diameter (BPD x3)	13. FMF code of person acquiring the image
8. Nuchal translucency (NT) x 3	
9. M-mode doppler to document fetal heart rate (FHR) (not pulsed doppler)	

Additionally, there are also *Reporting Standards as Time Permits and Standard Comments for Inclusion on all NT Reports*.

Please contact the BCRS office if you would like a copy of these standards.

Training

Regarding accreditation, there have been changes made over last month. The components of training are now split. The theory course is now free from the UK website (www.mfmedicine.com) where you learn the theory, write the test and receive certification. Regarding the required auditing, this is still available on the Canadian website (the UK website has a connecting link.) There is no test associated with the audit course.

Billing

Currently there is no fee code for performing NT measurements. These studies will need to be billed under code 08655 (OB scan under 14 weeks). Given this situation, the BCRS NT Working Group has commenced the application process for a new diagnostic fee item. It is hoped that this fee will be eligible for funding from the New Fee Fund.

Nuchal Translucency Working Group

Dr Simon Bicknell, Chair – Lions Gate
 Dr Phil Switzer – Greig Associates
 Dr Maria Kidney – Royal Columbian
 Dr Denise Pugash – BC Women's
 Dr David Coupland - Nanaimo
 Dr Steve Kwong – Kelowna
 Mr Bob Rauscher - BCRS

Connecting Digital Imaging (CDI) Project Gets Re-Focused

Over the last few years, the world of digital medical imaging has become the new reality within the British Columbia health care system. Many of you were aware of, or directly participated in, the CDI project led by Fraser Health. A significant amount of useful planning was accomplished, however two main issues became evident over the three years plus it was under development; 1) That the CDI project was institutionally focused, leaving out the Community Imaging Clinics (CICs) who deliver a significant amount of medial imaging services within the health authority system, and 2) Nothing had moved to the implementation phase.

Very recently the BCRS started meeting with Mr. Ron Davies with the Ministry of Health, Director of e-Health, Diagnostic Imaging, who has brought the CDI project directly under his purview. The BCRS was cautiously pessimistic at our first meeting with Mr. Davies and his team which occurred last December, where today the BCRS is cautiously optimistic about the future of an all inclusive digital imaging system, where CICs are seen as being integral to the design of this system. The BCRS has been requested to be an active contributor to the emerging implementation plans for DI. Those plans include working toward a common viewer at the provincial level to allow movement and instant access of images across geographies, a centralized archival system for efficient storage and retrieval and ensuring these plans include linking the health authorities and CICs. Currently, limited deployment is occurring within the Vancouver Coastal Health Authority with plans to extend to Fraser Health. Understanding how to link the CICs into these efforts will be the primary focus of one of Mr. Davies' team members, who will work with the BCRS and the CIC's to accomplish this. A workshop and exchange session on the morning of the next BCRS General Meeting scheduled for June 13th is in the early stages of planning, representing a prime opportunity for you to learn more about and contribute to the e-Health CDI initiative.

BCRS Executive Team:

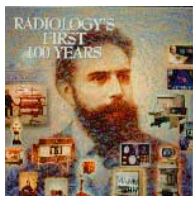
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 Dr Brad Halkier, Past President
 Dr Jonathan Leipsic, Economics Chair
 Dr Chuck Coffey, Programs Chair
 Dr Paul Trepanier, Treasurer
 Dr Emil Lee, Secretary
 Dr Doug Graeb, Academic Rep
 Dr Nicholas Lamb, Regional Rep
 Dr Kelly Silverthorn, Mammography Rep
 Dr Marty Jenkins, Community Practice Rep
 Mr Bob Rauscher, Executive Director (ex officio)
 Ms Cheryl Rentz-Bennett, Executive Assistant (ex officio)

*Vacancy:
 President Elect*

BCRS Economics Committee:

Dr Jonathan Leipsic, Chair
 Dr Paul Trepanier
 Dr David Rubin
 Dr Gary Kindrachuk
 Dr Michael Butchart
 Dr Jason Clement
 Dr Kevin Rowan

Did you know...



The discovery of x-ray by Wilhelm Conrad Roentgen - November 8, 1895

Dr. Roentgen refused to patent any of the apparatus associated with the production of x-rays believing that this new discovery should be used for "the good of man". If the discovery were made today, do you think that the discoverer would be likely to make the same decision?