

**Atlantic Medical Imaging
Physician Operations Meeting Minutes
January 14, 2020**

Attendance: Drs. Kenny, Graziano, Avagliano, Leshchinskiy, Simpson, Pack, Jennifer Gorgol, Cynthia Dill, Frank Dente.

Via conference call: Drs. Levi, Tejas Patel, Hiren Patel, Ankur Shah, Hota, Bhimani, Mizrahi, Stephanie Biaggi.

OLD BUSINESS

- Calcium scores on all North hearts (south)
 - Competitors already doing this.
 - Would move to including calcium score with CCTA in North.
 - Not in favor of doing in south market
 - Will move issue to Marketing for input and data.
- CCTA
 - Administering xanax same day for anxiolysis.
 - Rad licensing will all need to match addresses of prescribing office.
 - Cynthia working on enhanced screening questionnaire and protocols
 - Comfort level of Rads with prescribing to patients without history was brought up.
 - Will submit issue to Exec minutes for further discussion.
- MIPS – Operation change and reporting
 - Measure #405: "No further follow up is recommended" will need to be in report to comply with MIPS measure in 2020.
 - Exclusions and specialty cases are in outline
 - Measure #364 (More important of the two): Recommending follow up, must put "per Fleischner guidelines" in the criteria for all lung nodules.
 - Committee would like to do this practice wide.
- CDI Integration-
 - Process for notification of cases (CT colon, PET, CCTS, Ca score, MR prostate, MSK, Neuro? Body MRI) Notification and confirmation of completion
 - No duplication of reports...potential risk
 - Data migration is taking much longer than expected to get a clean data file.
 - Will move ahead with the data gathered so far.
 - Major focus is currently on staff training and timing
 - Go live date is tentatively set for April 6th.
 - Full phone system expected to be online by the end of January 2020.

NEW BUSINESS

BODY

- MRI
- Motion: recurring issue; working w/ Kim Wright; noting almost all cases in tech QA
 - "Best images possible"—Kim checking to see if techs are actually running sequences again
 - Coaching—techs need to be coaching patients, especially on breathing during Gado injections
 - Time Crunch—techs complaining they don't have enough time or help in getting patients/cases done
- Iron Quantification
 - Liver Lab—Seimens has given quotes for this to AMI in 2019
 - Awaiting CapEx approval from finance—Galloway and Wall 1.5T would get the software licenses
 - Premier liver imaging package; cutting edge in Liver imaging
 - Iron Quant

- Fat Fractionation
 - Rennes Signal Intensity Ratio Method—Rennes Website is no longer working
 - Dr. T Patel suggests we no longer run any Iron Quant cases in North
 - Suggested to block all Iron Quant cases in south & push patients to Vineland office. Can offer transportation.
 - Investigating FerrisScan – Dr. T. Patel will get pricing
 - Send cases out to 3rd party vendor
 - FerrisScan is per case pricing
 - Will incur a cost to AML – could possibly be less than transportation of patients
 - T. Patel will find out approximately how many cases and will submit issue to Exec.
- Cardiac
 - Dr. Hota has taken over the program; some, if not the most technically difficult cases to perform, especially given the limited tech knowledge and skill
 - Continuing to work with the Galloway techs as well as spend some days in North to train Techs.
 - Train techs in cardiac anatomy and less commonly used imaging planes in the next month (30 minutes Webex lecture)
 - Dr. Hota gave a well attended and informative lecture in Wall on cMRI in December organized by Marketing
 - Dr. Hota will give a second cMRI lecture at the CDI CME on 1/24
- Endometrial thickness
 - PM 4mm consensus (ACOG states 4mm)
 - Dependent on local practice and physicians
 - Recommended practice wide to use 4mm as normal; greater than 4mm, requires tissue sampling.
- Prostate
 - Post processing—marketing is compiling a list of top prostate referrers and their use of DYNACAD for MRI-TRUS fusion biopsy
 - All Uro offices that use DYNACAD will have their cases processed immediately at the time of dictation—PR 3, 4, and 5 lesions
 - Dictations will state if the cases was processed at the end of the report
 - OAs and their staff are to look to see if the cases have been processed when they are given a list of cases by the Uro Offices
 - If the case is not processed, they should contact the interpreting radiologist
- What is considered a barium swallow
 - Esophagram
 - If unsure, contact referring physician.

ULTRASOUND

- Endometrial Thickness—what to do at 5mm in PMB
 - <5 is normal
 - >5 is abnormal
 - ACR and SRU don't truly address 5mm
 - ACOG 2018 rec biopsy at 5mm or more
 - Recommendation: do we state "needs sampling" or just "needs further work up"
- IMorgon at ARMC

CT

- Investigate changing axial recon for single phase abd/pelvis CTs (incl CAP)
 - Some scanners will recon at 3 mm
 - Some scanners will recon at 2.5 mm
- Chest
 - New templates created for routine CT Chest (w and w/o) and ILD
 - Create new templates for CT Chest Angio (Aorta and PE)
- Artificial Intelligence: Vendor—RIVERAIN (Nodule Detection)

- Met at RSNA
- FDA Approved.
- Can be integrated with Fuji
- Dr. Hota sent numerous cases to them for processing and we are receiving cases back in the processed form.
- Hoping to have a presentation end of Jan 2020 at Galloway
- To view sample case: GLOBAL WORKLIST--name: RVTEST, 2070462387

NEURO

- MRA Neck W/O
 - two studies recently did not include the arch/origins of great vessels - I had them recall the patients
 - Dr. Kenny will discuss with Dr. Ankur Shah to create protocol.
- MRI brain time slots
 - Prior was 40 minutes, but was scaled back to 30 minutes (not sure how/why). Consensus among the techs is: not enough time when accounting for things like axial 3D FSPGR for tumor, adding in IACs, etc.
 - Issue tabled for now. Dr. Kenny will revisit later with Dr. Ankur Shah.
- Fonar MRIs
 - We already restrict certain cases; we should not be doing PEDS or any MS cases either, postop spines? should or is scheduling booking these patients when they can tolerate another magnet (recently read a cancer lumbar spine on 0.6 when cervical spine was done on 1.5)
- Fonar - why are Northfield images better?
 - Are same protocols being followed
- MIM software for brain PET
 - We have floating license for 1 user per session
 - Can install on multiple locations; specifically, in Somers Point
- CDI integration
 - Neuro cases expected in April how many neuro cases and when to expect them
- NEURO: BLOCK SCHEDULING
 - Cannot scan patients with surgical leads
 - Kim is contacting GE to see if there are any systems that can.
 - Dr. Kenny will work with MR Lead to create prescreen process & then monitor cases
 - Issue is still pending
- Neuro 3D sequences
 - Will demo "MedicVision" & "Subtle" softwares

I.T.

- Cadstream Breast MR Upgrade (reached end of life)
 - Already approved; Frank will provide cost and specs, Dr. Kenny will forward to exec and finance to add to the budget.
- Windows 10 Upgrades
 - Frank getting costs on upgrades and installs
 - Many systems / machines are not Windows 10 capable yet.

WOMAN'S IMAGING

- Magview
 - Magview server to be delivered week of 1/20/20
 - Then install to start by the end of February, early March.
 - Training schedule for techs on update: can we incorporate into tech lectures
 - How long until bridge
- CME – Woman's Imaging CME event planned for 2/9; registered for 9 Cat I credits
 - Tech lectures 2/9 – Techs will receive 10.75 ASRT credits
 - All docs needing CME's should attend too
- RF Chips - we are waiting for hospitals to sign on to trial
 - Should be ready by the end of January.

- AI - Women's Imagers in agreement that Hologic HD based AI system will be a game changer
 - improves efficiency & accuracy
 - All cases with needle locs must be pushed to the Nurse Navigator
 - Not practical to have 2 PACS systems
 - Tech program includes the equipment price
 - Our competition has signed on to implement; S. Jersey, etc...
 - Plan to upgrade – We will need to start upgrading now, so it won't be a huge task all at once.
- MRI
 - Incorporating diffusion into our protocol.
 - This won't add much time and the benefit / result is well worth it.
 - We went through coils to determine age did we create plan to upgrade old coils
- Lymphoma cases
 - Textured implants require MRI
 - US biopsies for these cases need expanded time allotments
 - New consent form; Dr. Peggy creating.
 - Us only diagnostics need to be tracked
 - These are much more time consuming than current envy gives credit for
 - CBL path
 - Addressing turnaround time issue
 - Addressing histopathologist issue Diffusion on MRI

MSK

- Update/ revise/ improve 3T image quality
 - Not able to make improvements; No time in slots
- Scope cases that can / should be scanned on the 0.6T magnets. NEURO, MSK and BODY to weigh in.
 - We will need to review protocols and improve image quality
 - Dr. Hiren Patel will review Jefferson protocols and compare to our current.
 - Size of this project is daunting do to the scale of our practice; will take some time.

ARMC

- CPACS
 - Slowness in transition
 - Slowness is getting better; also different work stations seem to have different speeds
- Scanner paperwork
 - GE changed the code so paperwork will automatically pop up. It seems to work both ways (old & new) but ARMC will push for uniform rollout.
 - Dr. Leshchinskiy will poll the ARMC regular rotating Rads to find out preference and give feedback to Dr. Kenny.
- Peervue
 - We recommend reading cases on the fly; with the current system in place, cases seem to get overlooked.
 - Goal is: above 5% of all cases.

The next meeting is scheduled for Tuesday, February 11th at 5:30PM in the Pomona Conference Room.