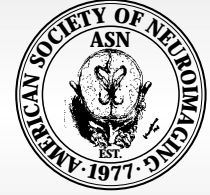


AMERICAN SOCIETY OF NEUROIMAGING NEWSLETTER



August 2002

WHY IS IT IMPORTANT FOR YOU TO SUPPORT THE INTERSOCIETAL COMMISSION FOR THE ACCREDITATION OF MAGNETIC RESONANCE LABORATORIES (ICAMRL)?

By Frank Hussey

Neurologists should be aware of the potential danger of having only one accreditation program – The American College of Radiology (ACR) - for MRI outpatient medical imaging facilities.

Prior to the formation of the Intersocietal Commission for the

Accreditation of Magnetic Resonance Laboratories (ICAMRL), only those outpatient medical imaging facilities with radiologist medical directors and interpreting physicians were eligible for accreditation. This was despite appropriate educational background and MR training of other non-radiologist physicians. The ACR excluded

Neurologists, Neurosurgeons, Cardiologists, Orthopedists and other specialists. As a result, with the support of the ASN and AAN as well as other specialty societies, the ICAMRL was established. The ASN and AAN are both founding sponsoring organizations of the ICAMRL.

After the formation of the
ICAMRL continued on page 3

President's Address John B. Chawluk, MD



The ASN mission is to promote the highest standards of neuroimaging in clinical practice while supporting the rights of qualified physicians and their patients with neurological disorders. This is accomplished through scientific and educational programs, publications, practice and training guidelines, and evaluation of physician competence through examinations. The ASN has established an examination process, which is fair, objective, comprehensive, rigorously standardized, and modality oriented (ultrasound—carotid, transcranial, pediatric; MRI/CT).

Radiologists have often criticized the ASN examination process as a biased “diploma mill” whereby “self-serving neurologists” grant themselves certificates. In order to empower the ASN credentialing process, the ASN needs support by an autonomous, respected, independent and larger constituency organization. An example of such an organization would be the American Board of Psychiatry and Neurology (ABPN), which is part of the “gold standard” physician credentialing body, the American Board of Medical Specialties (ABMS). In the early 1990’s a stillbirth credentialing certification was established, the Certificate of Added Qualifications (CAQ) in Neuroradiology, open to neurologists who commit themselves to “at least seven years of coherent [residency]

training ...” To my knowledge no neurologists have successfully entered such a training program, primarily due to the onerous length of training required and the difficulty for neurology trainees to gain entry into radiology training programs.

The United Council of Neurological Subspecialties (UCNS) has been proposed as an alternative to ABPN/ABMS certification. The goal of the UCNS is to improve the quality of the training and certification of physicians in the Neurological Interest Areas (NIA). The primary functions of the UCNS are to establish technical examination standards for UCNS approved NIA’s and affiliated boards, and issue certification to individual physicians who meet the certification standards established by UCNS and are

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Congratulations to 2002 Examinees

Our congratulations to those who passed the Certification Examinations on March 10:

MRI/CT

Ivo Bekavac, MD, PhD
Morgan S. Campbell, MD
Deborah L. Carver, MD
Carlos Gama, MD
James D. Geyer, MD
Badr A. Ibrahim, MD
Travis H Jackson, MD
Singarauelu Jagadeesan, MD

Shedthikere N. Krishna Murthy, MD
David S. Liebeskind, MD
Li-ling Lim, MD
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Jerry Nash, MD
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Kevin Puzio, MD
Stephan Schuele, MD
J. Stephen Shymansky, MD
Rodney D. Soto, MD
John M. Tanner, MD
Henry Tellez, MD
Thomas Trese, DO
Stephen L. Wayne, MD

Neurosonology

James Bavis, MD
Allan Burke, MD
Beate Diehl, MD
Ana C. Felix, MD
Bogdan P. Gheorghiu, MD
Jorge T. Gonzalez, MD
Christiana E. Hall, MD
Gonzalo Hidalgo, MD

Adrian A. Jarquin-Valdivia, MD
Tudor G. Jovin, MD
Eugene Kaplan, MD
Hassan Kassem-Moussa, MD
Jong-yeol Kim, MD
Dean D. Kindler, MD
Lise A. Labiche, MD
Ashok Narayan, MD, MRCP

Sean C. Orr, MD
Jennifer Pallone, DO
Jingzi Shang, MD
Elaine J. Skalabrin, MD
Seung-Han Suk, MD
Victor C. Urrutia, MD

Congratulations to 2002 Award Recipients Presented Saturday, March 9, 2002



2002 William H. Oldendorf Award

Tudor G. Jovin, MD

**University of Pittsburgh Medical Center
Pittsburgh, Pennsylvania**

“The Ischemic Core and not the Consistently Present Penumbra is a Major Determinant of Outcome in Acute MCA Occlusion”

2002 William M. McKinney Award

Lise A. Labiche, MD

**University of Texas – Houston Health Science
Center
Houston, Texas**

“Residual Flow Signals Predict Complete Arterial Recanalization in Stroke Patients Treated with Intravenous TPA”

ICAMRL continued from page 1
ICAMRL, the ACR changed their policy and began accrediting facilities that employed non-radiologists as readers. As neurologists, we need to keep it changed and make certain that there is an alternative accreditation program that embraces other specialists by supporting the ICAMRL certification process.

The philosophy behind the creation of the ICAMRL is that all specialties involved in the performance and interpretation of magnetic resonance imaging should be included in the process of setting the standards for interpretation, examination performance, indications and equipment with the goal of working together to develop an accreditation program that will ultimately benefit the patient.

Development of the ICAMRL accreditation program has been a relatively streamlined task due to the fact that the ICAMRL is managed under the umbrella of Intersocietal Accreditation Commission (IAC). The IAC has ten years of experience with developing and administering similar accreditation programs for other imaging modalities and offers an "intersocietal" approach to accreditation by uniting all involved specialties when developing an accreditation program.

It is the philosophy of the Intersocietal Accreditation Commission that a single specialty should not set the standards for interpretation, performance, indications and equipment but rather all specialties should work together to develop standards and

accreditation processes that will ultimately benefit the patient. Each of the IAC organizations has developed a comprehensive, peer-review accreditation program for its respective specialty and is recognized for providing a mechanism for facilities to voluntarily demonstrate their commitment to quality care.

The other members of the IAC include the Intersocietal Commission for the Accreditation of Vascular Laboratories (ICAVL), the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL) and the Intersocietal Commission for the Accreditation of Nuclear Medicine Laboratories (ICANL). All other IAC accreditation processes have been recognized, and in many cases required, by Medicare carriers, third party payers, referring physicians and the public.

Through ICAMRL accreditation, all providers of magnetic resonance imaging, including cardiologists, neurologists, orthopedic surgeons and radiologists, now have a method for demonstrating the quality of care provided by their facilities.

The accreditation programs for magnetic resonance facilities offered by the Intersocietal Commission for the Accreditation of Magnetic Resonance Laboratories (ICAMRL) and the American College of Radiology (ACR) share some similarities but their differences are significant. The major difference between the two programs is in the underlying concept and focus of review. The ICAMRL is "multispecialty" and the ACR is "single" specialty.

The ICAMRL accreditation

program places emphasis on the evaluation of the final product produced by the MR facility: the magnetic resonance examination and its report. Certification of system performance, documentation of the policies and procedures in the facility are submitted, patient satisfaction and referring physician surveys are required and case studies are used to the determination of compliance with the Essentials and Standards and are the basis for the judgment of the quality of work that the facility is performing.

You can obtain information on the ICAMRL Web site (www.icamrl.org).

To order materials
<http://www.icamrl.org/ordermaterials.htm>

Calendar of Events

**November 21, 2002
Call for Abstracts Deadline**

**February 3, 2002
Meeting Registration Deadline**

**February 6, 2002
Hotel Inter-Continental
Reservations Deadline**

**March 5-9, 2002
26th Annual Meeting of the
ASN joint with the 10th
meeting of the NSRG
Hotel Inter-Continental
New Orleans, LA**

President's Address

Continued from page 1
certified through the UCNS. Charter parent organizations have committed to sponsoring the UCNS, including the AAN, ANA, AUPN (Association of University Professors of Neurology) and Child Neurology Society. NIA's will be certified through the UCNS if they represent a unique and defined field within Neurology with a defined body of knowledge ("Core Curriculum") and standard of competency. NIA's qualifying for certification with the UCNS imprimatur will be required to have a validated and established examination procedure with an established certification/examination committee.

The ASN examinations and, in the future, UCNS certification in Neuroimaging provide evidence for an individual physician's competency. Third party payors and state licensing agencies are beginning to require neuroimaging laboratories to demonstrate accredited competency at the facility level. The Intersocietal Commission for Accreditation of Vascular Laboratories (ICAVL) was established in the late 1980's. ICAVL accreditation has become a requirement for Medicare/Medicaid reimbursement of vascular ultrasound procedures in many states. In the mid 1990's the American College of Radiology (ACR) set up a program for accrediting MRI laboratories. The original criteria, drafted in 1994, essentially excluded non-radiologists from interpreting MRI scans for reimbursement in an ACR approved facility. In 1997 Aetna-US Healthcare announced it would require MRI facilities to

obtain ACR accreditation for reimbursement through their insurance program. In reaction to this policy, the ASN initiated the formation of the Intersocietal Commission for Accreditation of Magnetic Resonance Laboratories (ICAMRL). In 1999 ICAMRL was formed. Coincidentally (or not), the ACR at that time opened their accreditation process to non-radiologists, though still requiring that the medical director of any ACR approved MR facility be a board certified or board eligible radiologist.

Since its inception, ICAMRL has floundered financially. This is not an unusual situation for such an organization—ICAVL went through similar growing pains initially, but is now not only self-sufficient but very profitable. The marketing of the ICAMRL process has been meek. Our major allies in supporting ICAMRL are the cardiologists—but cardiac MRI is still "in utero," yet ready to spring to life with full vigor in the next couple of years. The ASN, AAN, and SCMR (Society of Cardiac Magnetic Resonance) have granted additional 3 year loans to keep ICAMRL alive. A similar loan is expected shortly from the ACC (American College of Cardiology), with financial backing from MRI vendors and manufacturers also anticipated. It will be then up to the neurological and cardiological communities to determine the importance of ICAMRL to their imaging practices. We must not forget that without an accreditation process that is open to all competent practitioners regardless of specialty (i.e. ICAMRL), the only available pathway to facility accreditation will be through the

ACR, and we will all be at the mercy of organized radiology when it comes to obtaining certification of our MR laboratories for third party payors and governmental bodies. Based on past experience, do we truly expect our radiological colleagues to welcome us non-radiologists with open arms to the community of medical imaging? All of us must therefore order ICAMRL application kits, and complete and ultimately file ICAMRL applications for any facilities where we interpret MRI studies. At this time there may be no local pressures (insurance, regulatory, or legislative) to qualify for ICAMRL accreditation—but if we don't support ICAMRL now, politically and financially, we may not have it there in the future when we do need it!

Things have never looked brighter for the neuroimaging community. We have national companies aggressively supporting neurologists who wish to incorporate MRI interpretation into their clinical practices. This is being done without violating Stark regulations. Through the UCNS we have the support of organized neurology at large (AAN, ANA, AUPN, etc.) in our quest for broadly recognized certification of neuroimaging competency. Finally, unless we blow it through complacency, we have a viable "non-sectarian" accreditation program for our MRI laboratories (ICAMRL), which allows us, as neurologists, to staff our laboratories, and even serve as medical directors if qualified. If we do not seize the moment, however, darkness may again prevail in our neuroimaging centers.

Imaging Solutions offering MRI/CT Practice Opportunities for Neurologists

By Frank Hussey

Federal Law has prohibited physicians from having an ownership interest in diagnostic imaging centers if they refer Federally reimbursable patients to that center. Following passage of these laws, many states hastened to pass parallel laws to extend the prohibition to non-federally subsidized patients as well. An exception within the federal and state prohibitions permits group practices to own imaging centers provided that certain requirements are met in connection with operation of the center. However, most physician groups are appropriately occupied with the practice of medicine and have neither the time nor the experience to establish their own imaging centers. The loss of income as a result, to a medium size neurological group, can exceed two million dollars per year.

Medical Imaging Solutions, Inc. (MIS) is a company which was formed to assist physician groups in planning, procuring, and

opening their own imaging facilities. Its three principals have over 40 years combined experience with establishing out-patient imaging centers ranging from small single modality centers to nine-thousand square foot multi-modality centers. Together, they have established sixteen successful MR and CT centers.

MIS principals will meet with an interested physician group to analyze referral patterns. Based upon the needs of the group and the referral patterns, appropriate configured state of the art diagnostic imaging equipment can be proposed and acquired through MIS procurement contract. As MIS its affiliates purchase between two and three MR and CT scanners each year, it has pre-negotiated discounts with major equipment providers which substantially exceed the discounts which would be available to an individual group negotiating on its own.

Once the equipment is selected, Imaging Solutions personnel will oversee every step of the creation of the imaging center, from working with appropriate architects

on the design, overseeing construction, coordinating installation with the equipment manufacturer obtaining equipment financing, interviewing and hiring prospective employees, and implementing billing solutions. After opening, Imaging Solutions will continue to work with your center, evaluating employees, the efficiency of your billing and collections (whether it be in-house or a third party), controlling costs and implementing filmless teleradiology services.

Perhaps the greatest benefit for a physician group using Imaging Solutions is that its management fees are not paid until the imaging center is open and producing revenue. This permits a physicians group to minimize any cash flow deficits, which may be associated with the center. In some cases, the management fee to Imaging Solutions has been less than the discount obtained by it than the discount on the equipment purchases.

I can be contacted at 941-659-3251.

Highlights from the 25th Annual Meeting March 7-10, 2002 Westin Innisbrook Resort – Tampa, Florida

Our Annual Meeting attracted over 200 attendees to Tampa this year. We'd like to thank our Course Chairs for putting together an excellent and well-received program.

We were pleased to welcome BioSound, DWL Systems, the Intersocietal Accreditation Commission, Lippencott Williams and Wilkens, Medical Resources, Inc., Nicolet Vascular, Inc., NMT

Medical, Inc., Pfizer, Inc., Sage Science Press, Spencer Technologies and WB Saunders-Mosby-Churchill Livingstone as exhibitors this year. Our thanks as well to those companies who supported our Annual Meeting: Biogen, Boston Scientific/Target and Pfizer, Inc. The Neurosonology Hands-On Workshop depends on the participation of equipment

companies who provide machines and personnel. The 2002 participants were DWL Systems, Nicolet Vascular, and Spencer Technologies and the Society extends our thanks for making the Workshop possible.

Most syllabi are available from the 2002 Annual meeting for \$20.00 each. Please contact the ASN Executive Office at (952) 545-6291 for ordering information.

MRI Neuroimagers Find Fertile Ground in Texas

By Garth James

The ASN and reading neurologists (neuroimagers) have been the foundation for the growth of one of the leading regional providers of MRIs in the nation. Founded in 1995, MRI Central has built a business based on the premise that any qualified physician should have access to the finest facilities and MRI technology available and be reimbursed for their interpretations. Since establishing its first center in Dallas in 1995, MRI Central has expanded to six centers, five in Texas and one under construction in Pennsylvania. The Pennsylvania center was created at the urging of past Presidents of the ASN. Jack Greenberg, MD and John Chawluk, MD were concerned that area neurologists might be denied access to a high quality imaging center where they would be welcomed to interpret their own scans.

As MRI Central's President & CEO, I have been a faculty member at two of the annual meetings of the ASN. My

presentations have focused on the impact of the Stark Amendment on self-reading physicians and how to negotiate with a local imaging center to gain access to their facilities. As I mention in my presentation, "If you are not successful in negotiating access to a local facility, please give us a call. Opening and operating MRI centers is our business. If it makes economic sense we'll do it."

ASN's emphasis includes the education and credentialing of neurologists to interpret neuroimages. One of the credentialing requirements is that the physician must interpret a certain number of images. MRI Central enhances this process by providing, at no charge to the ASN member-in-training, overreads and consultation for the first 400 scans referred to one of their centers. MRI Central also provides a free teleradiology network, which links overreading physicians such as Rob Bakshi, MD and John Chawluk, MD to referring neurologists, enhancing the educational component and expediting the

diagnostic process.

The ASN is no longer alone. A new organization, the Society for Cardiovascular Magnetic Resonance Imaging (SCMR), is finalizing its credentialing criteria for cardiologists to interpret cardiac MRI and other cardiovascular studies. Again, MRI Central, a leader in cardiac imaging, is developing educational seminars and overreading capability for cardiologists as they have for neurologists.

MRI Spectroscopy is the newest diagnostic tool being promoted by MRI Central for use by neurologists. Educational seminars are currently being developed in conjunction with Siemens Medical Systems to train neurologists in its use.

Mr. James is a corporate member of the ASN. Learn more about MRI Central's affiliation with the ASN by visiting their website at www.mricentral.com, or contact Garth James directly at (214) 368-9966.

National Imaging Company Supports Neurologists Interpreting MRIs

Hackensack, NJ -- Medical Resources, Inc. Supports NeuroImaging Training Programs

Medical Resources Inc., which operates and manages fixed-site outpatient medical diagnostic imaging centers in the United States, with over 60 imaging centers in nine states, has adopted a supportive environment for neurologists interested in neuroimaging. The company currently has contracted with a large number of neurologists to provide MRI interpretations in Florida, the Northeast, and the Midwest.

The company also provides a neuroimaging program, which is designed to help neurologists meet the requirements to read MRIs. The program, which is "officially acknowledged," helps neurologists meet the AAN neuroimaging guidelines to read MRIs (Gomez et, al., *Neurology* 1997;49:1734). Medical Resources, Inc. provides neurologists access to weekend mini-fellowships, a 200-hour CME video library, monthly case

studies, independent second opinions, and ongoing quality assurance meetings.

Jeffrey W. Clarke, the company's Director of NeuroImaging, states, "Today, virtually all neurologists have extensive training in MRI during their residency programs. Additionally, they have the added benefit of knowing the patients' clinical history, which not only assists in the interpretation of MRIs, but also provides

Medical Resources continued on page 7

AMA calls for reimbursement for all ultrasound exams

By Edward Susman

The House of Delegates of the American Medical Association (AMA) has gone on record in support of paying adequately trained doctors for sonographic services, even if the exams are not provided by a radiologist. "We felt it was necessary to approve this resolution because we found out that there are some insurance companies that aren't paying doctors for sonographic service, claiming that only radiologists are qualified to perform that function," said Dr. LaMar McGinnis, a general surgeon from Atlanta and an AMA delegate representing the Chicago-based American College of Surgeons.

The resolution, discussed at the AMA House of Delegates meeting in Chicago last month, affirmed that "ultrasound imaging is within the scope of practice of appropriately trained physicians, and that criteria for granting privileges for performing ultrasound procedures should be based on recommended training

and education standards developed by each physician's respective specialty."

McGinnis said that when ultrasound technology first came on the scene a generation ago, radiologists were the primary operators. However, ultrasound is now an integral part of image-guided surgery. "For a great many doctors, sonography has replaced the stethoscope for diagnosis in gynecology, gastroenterology, surgery, and many other fields," he said. The American College of Surgeons introduced the resolution because of reports from doctors that they were being turned down for reimbursement by insurers. "Some of these doctors, who were denied reimbursement because they weren't radiologists, are experts in the use of sonography who travel around the world instructing other doctors in the proper use of the devices," McGinnis said.

The resolution noted that the payment exclusions "serve to limit patient access to state-of-the-art techniques used by physicians who are best-trained to treat the patient's specific medical problems."

The resolution, which was unanimously approved by the House of Delegates, asks that the "AMA, in collaboration with other specialty societies, vigorously advocate with Medicare and

other payors that all appropriately trained physicians -- regardless of specialty -- be reimbursed for performing diagnostic sonography, including sonographically directed biopsy, aspiration, etc., in situations with defined clinical indications."

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Medical Resources continued from page 6

continuity of care for the patients. Quick diagnosis and continuity of care can lead to increased patient satisfaction and the reduction of unnecessary testing."

The company offers weekend mini-fellowships, the next mini-fellowship is tentatively planned for October 2002 in New York. For information about Medical Resources, Inc.'s NeuroImaging Program, interpreting privileges, or joint venture opportunities, please contact Mr. Clarke at 888-674-1996.

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Mark your calendars

**AMERICAN SOCIETY OF NEUROIMAGING
26TH ANNUAL MEETING AND THE NEUROSONOLOGY
RESEARCH GROUP 10TH MEETING**

MARCH 5-9, 2003

**HOTEL INTER-CONTINENTAL
NEW ORLEANS, LA**



The preliminary program/call for abstracts was mailed to all members recently. Please visit the ASN website, www.asnweb.org for up-to-date information or another copy of the abstract form. You may also contact the ASN Executive Office with any questions.

AMERICAN SOCIETY OF NEUROIMAGING

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Now available on-line:

- Annual Meeting Information
- Registration forms for MRI/CT and Neurosonology examinations
- Committee and Board listings
- On-line membership database
- Fellowship and Tutorial listings

- Other Links

Coming Soon:

- Neurojobs