GAINING PHYSICIAN ACCEPTANCE IN A PACS ENVIRONMENT

or “Where the @#$%#^ Is My Film?”

By Paul Dubiel, RT(R), MS
Part 1 of 3

Physicians, like most people, react to change in various ways. Some are reasonable: they get the e-mail or go to the meeting, ask questions, understand the process, and accept the change quickly. Others know the change is coming, understand the process, then go screaming into the night when the changes are implemented. Still others stick their heads in the sand or cover their ears and make loud noises—denying that they ever knew the change was coming. During the PACS implementation at Seton Healthcare Network—which consists of 7 hospitals and 2 outpatient clinics spread over a 4-county area in central Texas—we dealt with all 3 types of reactions. Sometimes all of the reactions came from the same physician.

continued on page 6

AND THE WINNER IS ...

Congratulations are extended to the 2005 AHRA award recipients. Awards and recognition will be given during AHRA’s 2005 Annual Meeting & Exposition in San Antonio, TX in August.

This year’s recipients are:

Gold Award: Bobbi Miller, CRA, FAHRA

AHRA / GE Healthcare Awards for Excellence: Carla J. Antley, CRA; Gerard (Gerry) A. Durney, FAHRA; Cheryl Poretti; Audrey Seals; and Terrie Sue Stinson

Fellows: Edward Asante, Hazel Hacker, Joan Oakley, and Penny Olivi, MBA, RT, CRA

Radiology Management Creative Management Article Award: Emily M. Blomenberg, BS, CRA, RT(R), John Marshall, CRA, RT(R), and Denise Adema, RN, MBA

Radiology Management Outstanding Column Award: Penny M. Olivi, CRA, MBA, RT

Radiology Management Outstanding Article Award: Becky Lamberth, MSRS, RT(R)(MR) and Robert J. Cornello, MS, RT(R)(CDT)

Stay tuned to September Link for complete annual meeting and award coverage.
At the closing luncheon of the Annual Meeting in 2004, after I was installed as president, Harry Butler, ace photographer, said, “Congratulations. You are now two-thirds the way to being a has been.” We had a good chuckle then, and here it is—time to move to being immediate past president.

This year has been a good one, full of opportunities to learn. I have met either in person, via e-mail, or by phone many people whom I would not have otherwise worked with, and to me that is always a plus.

Lynn McVey, Jay Mazurowski, Mike Albertina, Debbie Clark, Steve Clevenger, Ken Fazzino, Hazel Hacker, Richard Lewis, Deb Lopez, Penny Olivi, Jeff Palmucci, and Jeff Schaefer have made up the 2004-2005 Board. Together with the AHRA staff—Joyce Cordero, Kathy Delaney, Karen Guy, Kathryn Keeler, Sue Ruthroff, Suzee Slattton, Christine Turtl, and Carole South-Winter—they were the best people to work with all year long in getting things accomplished for you. The 2005-2006 Board, staff, and our new executive director, Ed Cronin, will continue this coming year to bring you things you are asking for. These include online CEUs and preparation for the CRA, getting information to you on JCAHO safety issues, collaborating with other associations, working with JRCERT to encourage successful alternative education programs for RTs, and other issues that will arrive between now and the Annual Meeting in 2006. I am grateful I will have one more year to contribute to this process, and to lead the Nominations Committee for the 2006-2007 Board of Directors.

Endings seem to me a time to acknowledge those who have mentored and encouraged me along the way. Sheila Sferrella, Gordon Ah Tye, Deb Platt, Roland Rhynus, J.D. Mace, DiAnne Wallace, Mark Vlau, Deanna Welch, Sandy Anderson, Jim Grosskopf, Ron Bernardi, Monte Clinton, and Louise Broadley each in their own way encouraged, appointed, or inspired me to believe that I have a positive contribution to make for the AHRA. Please accept my gratitude for your role in changing my life.

The future of AHRA is in the hands of each and every member. We give power to lead our organization to those we elect to office and to those in whom we see leadership skills. When talent is seen, we make recommendations for appointment to committees, task forces, and chairs of committees. It is the responsibility of those who come to the forefront of AHRA to identify the next generation of leaders who will keep alive the vision of the past, change it to fit today, and mold it for the future.

Change is about the only thing we can count on in our professional lives as well as in our personal lives. AHRA exists to serve a need in bringing you high quality education, programs, products, and services. We know that what members want and need changes as our industry changes. We will as a profession continue to struggle with staffing our departments and imaging centers, getting information faster and faster into the hands of those who will make decisions in the treatment and healing of our patients, and keeping a good balance between work and home life. I believe the work done this year in getting benchmarking studies, the first textbook for CRA preparation, and the establishment of the Vendor Advisory Council are good indicators of what can be accomplished when we work together toward a common goal.

Lynn, here are the reins.

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**Robbie’s Reads**

**Empress Orchid** by Anchee Min (2004 Mariner Books/ Houghton Mifflin)

This is a historical novel about the last Empress of China, Tzu Hsi, or Orchid, as she was known as a young concubine. The novel explores her life from a young teenager who, after her father’s death, was sent to the Forbidden City to see if she could make a better life for herself and her family. I read this book in 2 days, as I just wanted to find out what was going to happen next, how long it was going to take the emperor to “visit her palace,” and how she went from being a very meek individual to speaking her mind freely with the emperor, and thus influence events during the last dynasty in China.
TAKING THE REINS

By Lynn A. McVey

So here I am, and I’ll bet you’re wondering, “How did she get here?” Well, it was 1982, and I had just gotten my first radiology management job. While I was a tech, I had been an ASRT member for years. A co-worker at my new job told me to join the AHRA instead, so I did.

Three months later, I attended my first AHRA conference as a radiology manager. It was held in San Diego and was my first trip alone. I was 26 years old and I was pretty impressed with myself because I was on a business trip!

When I registered, I was thrilled with the goody bag. But I was particularly jealous of everybody else’s badges. Most members had pretty-colored ribbons. One guy had ribbons as long as his tie. “He must be the president,” I thought. My badge was bald. And my badge was empty.

From 1982 until 1999, my badge stayed bald. For 16 years in a row, I came to the Annual Meeting, yet had no idea what I was missing. I religiously sat in sessions all day long. Afterwards, I stayed in my hotel room. I caught up on my reading. I watched a lot of movies. I sat in the hot tub a lot. I ordered room service every night. I never attended one social event.

Sixteen years of bald badges were enough for me. I decide to get involved. I applied for the Writer’s Boot Camp. Surprisingly, I was accepted and attended the workshop in Minneapolis. When I first walked in, I saw this guy, and he was dressed in an army uniform. It was Howard Schwartz. I loved that he was creative and confident enough to dress up like that! I thought, “This guy’s got spirit.” Howard was my first intro into the AHRA leadership. I have come to learn the AHRA leadership has always been filled with some very “colorful” characters.

After that, an article I wrote got published, and I applied to be a speaker at the next Annual Meeting. That was the turning point for me. There would be no more room service and movies for this AHRA member! Not only did I speak at the meeting, I got invited to the volunteer recognition reception. I got included in round-table discussions. People asked me to join them for dinner. Other members approached me to discuss my topic. But the best part of all: I had a ribbon! The ribbon on my badge said “Speaker.” My bald and empty days were over!

From there, my AHRA journey continued by joining the Annual Meeting Design Team, which was such a ball! I will confess that for 3 years, I literally counted the “sleeps” until our next meeting. And then during the actual week of the Annual Meeting, the adrenaline rush was awesome. Anyone who is energetic, likes fun, and is creative should try it on. I loved being on the Design Team.

After a few years with the Design Team, I was elected to the AHRA Board of Directors. The board’s strategic planning work will impact this organization for years after we’re all gone. As a member of the AHRA Board of Directors, I am grateful to be part of the fraternity/sorority we developed. Although it’s a huge responsibility and a privilege to be part of the AHRA leadership, I can’t even pretend it hasn’t been one of the most joyful times of my professional life. We all have one thing in common—we love the AHRA!

So, here I am, your new president, with my own vision for AHRA. Since the new shortage seems to be in radiology leadership, I’d love to see an accelerated curriculum for potential managers to be given during our Annual Meeting. Who will replace all of us? How can we escalate training to avoid a significant shortage of radiology managers? How do we mentor and groom our replacements? I think AHRA can help.

I’d like us to partner with ASRT and offer a Management 101 curriculum to techs identified as potential leaders and to techs we are mentoring. I think AHRA is strong enough to make a difference. I think AHRA is smart enough to help the industry avoid a leadership shortage. I think AHRA is influential enough to make an impact on the entire industry. And that’s my vision for the AHRA.

We all have one thing in common—we love the AHRA!

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**EVENTS 05**

**AHRA Board of Directors Meeting**  
November 12, 2005  
Hilton Logan, Boston, MA

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**MQSA Inspector Speaks**  
September 15, 2005 / 1:00 PM — 2:30 PM Eastern

**ACR Bi-RADS**  
October 20, 2005 / 1:00 PM – 2:30 PM Eastern

**JCAHO Update for 2006**  
December 15, 2005 / 1:00 PM – 2:30 PM Eastern

**Audio Web**—  
**PET Scans and Therapeutic Nuclear Medicine**  
featuring Melody Mulak, MSHS, CPC, CPC-H, RCC  
September 29, 2005 / 1:00 PM - 2:30 PM Eastern  
What is the correct way to code PET scans now that Medicare has introduced new guidelines? Are there restrictions on equipment or radiopharmaceuticals that must be considered? Attendees will gain an understanding of the differences between the limited number of CPT codes available and how this relates to the previously introduced HCPCS codes.

**AHRA Imaging Center Administrators Conference**  
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Wyndham Phoenix Hotel  
Phoenix, AZ

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Exhibits, Speakers: Jennifer Leq, x 21  
Conference Logistics: Linda Hathco, x13

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**AROUND THE AHRA**

**Link receives 2005 Award for Publication Excellence (APEX)**

APEX 2005 awards were based on excellence in graphic design, editorial content and the success of the entry—in the opinion of the judges—in achieving overall communications effectiveness and excellence. There were 4,942 entries evaluated in 109 categories. Link received an Award of Excellence in the “One to Two Person-Produced Newsletter” category. This is the third consecutive year Link received this honor.

**Do you have news to share with the ahra community?**  
Email link@ahraonline.org

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**ABOUT LINK**

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**AHRA MISSION STATEMENT**

The American Healthcare Radiology Administrators is a resource and catalyst for development of professional leadership in imaging sciences.

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Conference Logistics: Linda Hathco, x13
WHY CRA?

By Michael R. Hughes, CRA, RT, (R)(M)
Radiology Administration Certification Commission (RACC)

Renewal time is here for the inaugural group of radiology administrators who took the Certified Radiology Administrator (CRA) examination in July 2002. When a renewal time comes around, usually one question comes to mind: “Why should I renew?” This question goes hand in hand with the original question of, “Why did I take the examination in the first place?” I thought it might be interesting to review how other CRAs have answered this question.

Shortly following the first examination, Robbie Edge, CRA, FAHRA, stated, “I encourage my colleagues to take the exam and set the example we are asking of our technologists; that is, we are asking them to step up and get advanced certifications. As leaders, we need to show them we are willing to earn and study for our credential.”

Charles Stamper, CRA stated, “I think I would be sending the wrong signal to my staff if I didn’t take an advanced certification for my job.”

“The CRA behind my name has not made a great difference in what I do or how I do it, but it has made a tremendous difference in my level of confidence in myself,” said Winnie Grieshaber, CRA. She looked at taking the test as a way to validate her knowledge and experience. She uses questions about the CRA to let people know the full meaning of being certified. “I am positive that as time passes, the requirement for being certified will become a deciding point in the choosing of radiology administrators.” In fact, many radiology administrators are currently adding the words “CRA preferred” to their job descriptions.

I agree with what Gary L. Duehring, CRA, said. “If the holder has the opportunity, they should use those letters (CRA) to open doors, to make necessary changes, and to stand as an example to others within the profession.” It is up to us to make the CRA credential what it can become.

This is the first of 2 articles. I will follow this article with one that talks about how holding the CRA credential has personally impacted some of you in your jobs, your institutions, your communities, or the profession. So please send me those stories, and send in your renewal or your application to sit for the next CRA examination now.

References:
1 Inaugural CRA Results are Released, Link, October 2002, Vol. 21, No. 10
2 The Earliest Adopter, Link, March 2003, Vol. 22, No. 3
3 CRA, Does it Make a Difference, Link, June 2003, Vol. 22, No. 6
4 What’s in a Credential, Link, April 2003, Vol. 22, No. 4

UPCOMING EXAMS

Fall CRA Test date: November 4, 2005 Application Deadline: September 20, 2005
Spring CRA Test date: March 10, 2006 Application Deadline: January 25, 2006
Log on to www.ahraonline.org, click on “CRA Certification” for exam information and applications.
GAINING PHYSICIAN ACCEPTANCE IN A PACS ENVIRONMENT

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During this process, we’ve learned that change, no matter how small or inconsequential it may seem, has the potential to elicit some sort of response that you may or may not expect—or that you are not prepared to handle. Let me put it another way: If you have a physician who goes to administration because you replaced the black chairs in the doctor’s dining room with charcoal gray ones, you might expect a slightly more intense reaction when you stop printing film because physicians can look images up on the PACS workstation.

Looking back at our transition to PACS, it’s easy now to recognize that we could have done things differently to help ease the change. Reviewing the process also helped me understand that no matter how we tried to prepare physicians for the transition, it was essential to let them react in their own way. Sometimes it’s best to just let a physician “let you have it” until they get it out of their system. Then, they can accept the change and move forward with you instead of against you.

Sometimes it’s best to just let a physician “let you have it” until they get it out of their system.

With hindsight being 20/20, it’s easy for me to now identify some key issues that would have eased the transition and helped physicians better navigate through the change process.

1. There is no such thing as over-communication.

For those of you with children: Have you ever known that a child has a project due in a month? Everyday for that month, you tell him to make sure he is doing the project. Every day, in different ways, you try to remind him of the due date. You start by simply telling him. Then, you switch to notes in the kitchen. You might put a sticky note on his computer, leave a voicemail on his cell phone, or text message him. The closer to the due date, the more intense your communica-

tion becomes. The morning the project is due, you wake up your child and tell him, “Don’t forget your project.” The words every parent dreads come spewing out of his mouth: “What project are you talking about?” or, “I forgot, Why didn’t you tell me?”

Well, physicians will have the same reaction to PACS. There will be words you shouldn’t say followed by the phrase, “I’m going to administration, and they will make you change it back.” Obviously, we thought we communicated, but we were talking and no one was hearing. So now as I roll out PACS in one of my smaller sites, I do the same communication, but in addition, I spend 2 or 3 days a week in the department—just in case my presence will help as we roll out.

I also attend key meetings such as those of the trauma council, critical care council, surgery council, and medical executive committee. If there is a meeting with one or more physicians, I will be there as well. So far, this has greatly helped the acceptance process for PACS, although the meetings can be like a crapshoot. This month, there are no questions or problems with PACS. However, the same meeting next month—attended by the same physicians and with basically no process changes in PACS—could have some totally different reactions might. Be there, be open, and don’t get offended when they try to attack the new system. Taking time and listening will only help them accept what is the inevitable. If they don’t accept, you need to go back to square one and earn their buy-in.

SHARE YOUR STORY

Did you recently go through a PACS implementation, develop a management plan, assist with a human resource issue, or come up with a new or innovative way to do your job? If yes, would you be interested in sharing your experiences with the AHRA membership? Articles in Link feature real-life member experiences. If you would like more information about writing an article, please email link@ahraonline.org or contact Karen Guy at AHRA at (800) 334-AHRA or (978) 443-7591. Your colleagues are interested in hearing and learning from you.
Chief Technologist PACS and Radiology Information System

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RANDY CALL FOR NOMINATIONS

The Radiology Administration Certification Commission (RACC) is seeking nominations for 2 CRA's to serve a 3-year term beginning January 1, 2006.

The RACC sets policy and provides oversight for the Certified Radiology Administrator (CRA) program. The RACC meets regularly via conference call and face-to-face approximately once a year.

If you are interested in serving on the RACC, please email link@ahraonline.org and AHRA staff will send you a nominee information form to complete. Nominations must be received by August 25, 2005.

All CRAs will then vote in an online election in Fall 2005.