



PHOTO BY DAN DONEHEY

A patient is prepared for a CT scan at Medical Imaging of Fredericksburg. The CT unit is used for a range of tests including lung screenings.

## Affordable Care Act Mandates Insurance Coverage of Annual CT Lung Screening for High-Risk Patients

### Medicare Patients Already Benefiting

A low-dose computed tomography (CT) screening test that has been shown to significantly reduce deaths from the nation's leading cancer killer, lung cancer, has become more affordable for high-risk patients.

Effective Jan. 1, Medicare and most private insurance plans were mandated to cover the imaging test for high-risk patients under provisions of the Affordable Care Act. The Centers for Medicare and Medicaid Services in February announced its criteria for covering high-risk Medicare patients, effective immediately, said Stacy Moulton, MD, director of cross-sectional and body imaging for Radiologic Associates of Fredericksburg (RAF).

In anticipation of Medicare requirements for screening facilities, Medical Imaging of Fredericksburg became accredited as a Lung Cancer Screening Center by the American College of Radiology earlier this year. The outpatient imaging center, a partnership between RAF and Mary Washington Healthcare, has provided CT lung screening since 2011, but most patients have paid the \$366 cost out of pocket.

"Medicare's decision to cover annual low-dose lung cancer screening without cost sharing is tremendous for this high risk population," Dr. Moulton said. "Lung cancer is the number one cancer killer in the country, resulting in more deaths than breast, colon and prostate cancer combined. Low-dose CT lung cancer screening will provide this group of high risk individuals with an opportunity to identify cancers at an earlier and, thus, more treatable stage, with hopes of ultimately improving patient survival."

He added that the National Lung Screening Trial results (published in the *New England Journal of Medicine* August 4, 2011) showed a 20% reduction in deaths for high-risk patients who received CT screening versus chest X-rays.

*Insurance Coverage of Annual CT Lung Screening continued page 3*

## Breast Tomosynthesis Mammograms Coming



PHOTO BY DAN DONEHEY

The Imaging Center for Women

Imaging Center for Women (ICW) patients will soon have the option of receiving digital breast tomosynthesis mammograms, an imaging advance especially beneficial for women with dense breasts, said ICW Director Roni Talukdar, MD. He added that the center's new breast tomosynthesis unit, tentatively scheduled to arrive in May, will be the first of its kind in the Fredericksburg, Stafford, and Spotsylvania region.

Dr. Talukdar is a board-certified, fellowship-trained diagnostic radiologist with Radiologic Associates of Fredericksburg (RAF) who specializes in women's imaging. The ICW is a partnership of RAF and Mary Washington Healthcare and is located on the Mary Washington Hospital campus.

*"Tomosynthesis is especially useful for evaluating people with denser breasts, which represents about 30 to 40% of our patient population at the ICW."*

*Breast Tomosynthesis Mammograms continued page 3*

## VIVA Physician Assistant Achieves a First in Virginia



PHOTO BY DAN DONEHEY

Suzanne Shelling, PA-C, MPAS, of Virginia Interventional & Vascular Associates (VIVA) has become the first physician assistant in Virginia to complete the extensive requirements for using fluoroscopy. Fluoroscopy involves taking real-time X-rays for numerous purposes including guidance of interventional radiology procedures.

In order to become registered by the Virginia Board of Medicine, Suzanne had to complete a 40-hour continuing medical education course and 40 hours of clinical experience supervised by a qualified physician. She also needed to pass the certification test given by the American Registry of Radiologic Technologists.

“We are proud of Suzanne’s accomplishment and grateful for her willingness to complete the requirements for expanding her role in patient care,” said R. Donald Doherty Jr., MD, medical director of VIVA and a board-certified, fellowship-trained interventional radiologist.

The Virginia General Assembly passed a bill in 2012 enabling qualified physician assistants to use fluoroscopy. Jennifer Dawson, NP-C, VIVA Director, said allowing physician assistants to use fluoroscopy helps reduce radiation exposure and increase patient safety. “In practices such as ours, physician assistants who perform procedures using fluoroscopic guidance can be more effective in radiation dose management when executing this function independently,” she explained. ■

## Radiologist Spotlight: Aye Min, MD

Dr. Aye Min, a board-certified diagnostic radiologist with Radiologic Associates of Fredericksburg (RAF), received his initial medical training in Burma, his home country. Starting in 1988, in the midst of political unrest, he served for three years with a volunteer army of student activists fighting against the government’s military dictatorship. After fleeing to Thailand, he moved to the US in 1992 and a new life in Richmond.

On a two-year scholarship, Dr. Min attended the medical technologist program at Virginia Commonwealth University (VCU) and worked at the Medical College of Virginia (MCV) hospital blood bank. He went on to pursue his medical degree, internship and radiology residency at MCV. He also completed a fellowship with the Ellen Shaw de Paredes Institute for Women’s Imaging in Richmond, a facility devoted to the early detection of breast cancer.

Today, the focus of Dr. Min’s practice is mammography and women’s imaging. For 6 years, he served as the physician director of the Imaging Center for Women, a partnership of RAF and Mary Washington Healthcare.

“My decision to choose breast imaging as my specialty was influenced greatly by the late Dr. Paredes,” he said. “She taught me that breast imaging is not only about detecting an abnormal finding on a mammogram, but also about having a compassionate heart in delivering care. In giving me purpose and direction in my career, she was a true mentor.”

In his 10 years of practice, Dr. Min has seen a gradual evolution in the field of breast imaging. “We are now more involved with direct patient care and management, meeting with patients when we recommend a biopsy and then meeting with them again to provide results. If the result is cancer or a high-risk lesion that needs surgical attention, we arrange for a breast cancer navigator nurse to provide guidance and resources every step of the way, a service our patients truly appreciate. We are fortunate to be part of this coordinated program with Mary Washington Healthcare.”

Dr. Min met his wife, Edith, a Fredericksburg native, in 1994. “We were in the same calculus class at VCU,” he said. “She invited me to have Thanksgiving dinner with her family because she knew I was a refugee without a family in the US. The rest is history!”



Dr. Min’s children on a recent trip to Burma



Dr. Min and his wife, Edith

In 2006, Dr. Min joined RAF. He was introduced to the group by R. Donald Doherty Jr., MD, an interventional radiologist with RAF and fellow MCV graduate. “Don knew Edith,” Dr. Min explained. “He spotted me in our engagement notice in the *Free Lance-Star* newspaper and contacted Edith about a position opening at RAF. She encouraged me to apply. The charm of Fredericksburg and the people I met at RAF won me over.”

Dr. Min and Edith, now an attorney, have three children together: Esther, 10, and twins Andrew and Elliott, 8. In their family time, the Mins enjoy walks and bike rides along the Rappahannock Canal.

Dr. Min finds time also to visit Burma, where his parents and oldest sister still live. As part of a national reconciliation plan, he was able to return to the country in 2012 and has been back each year since. Along with visiting his family, his activities have included presenting at the Annual Myanmar (Burmese) Radiologic Society Meeting and lecturing to radiology residents at the Yangon General Hospital. ■

## Insurance Coverage of Annual CT Lung Screening continued from page 1

It was that study that prompted the U.S. Preventive Services Task Force (USPSTF) to give a “B” recommendation in favor of low-dose CT screening for high-risk patients. With the exception of “grandfathered” insurance plans, the Affordable Care Act mandates that insurers cover preventive measures with an “A” or “B” recommendation.

### Who is “High Risk?”

To qualify for insurance coverage, patients must meet the criteria for being “high risk.”

The USPSTF defined qualified high-risk patients as individuals who:

- Are between the ages of 55 and 80
- Have no signs or symptoms of lung disease
- Have a 30-pack-year smoking history (for example, smoked an average pack a day for 30 years, or two packs a day for 15 years)
- Are currently smoking or quit within the last 15 years

However, Medicare’s definition and requirements for an annual low-dose CT lung screening are more restrictive, defining qualified high-risk patients as individuals who:

- Are between the ages of 55 and 77
- Have no signs or symptoms of lung disease
- Have a 30-pack-year smoking history (for example, smoked an average pack a day for 30 years, or two packs a day for 15 years)
- Are currently smoking or quit within the last 15 years
- Have seen a qualified physician, physician assistant, nurse practitioner, or nurse specialist for a consultation and written order

Medicare in February also confirmed requirements for radiologists and imaging facilities providing low-dose CT lung screening, including participation in an approved data registry, Dr. Moulton added.

For patients who are not seeking coverage through Medicare or private insurance, and are paying the full cost out of pocket, a physician order is not required. Age and smoking history criteria also may be more flexible depending upon a patient’s case, noted Carla Brooks-Ford, CT screening coordinator for Medical Imaging of Fredericksburg.

### Educating Patients about Findings

One important point to stress when educating patients about low-dose CT lung screening is the prevalence of harmless “benign” nodules. “Per the National Lung Screening Trial results, an estimated 24% of high risk individuals will have a nodule detected during the screening, but approximately 96% of detected nodules will ultimately be benign,” Dr. Moulton explained.

### For More Information

Referring physicians with questions about the CT lung screening test can contact Dr. Moulton through RAF’s Concierge Service at 855-RAF-LINE (855-723-5463) or [concierge@rafadmin.com](mailto:concierge@rafadmin.com).

Patients with questions about the CT lung screening test can contact Carla Brooks-Ford at Medical Imaging of Fredericksburg, 540-741-7644 or toll free 866-828-7226. ■

## Breast Tomosynthesis Mammograms continued from page 1

Tomosynthesis is a new digital technology that has been shown to improve breast cancer detection rates and result in fewer patient callbacks for additional testing, noted the American College of Radiologists in a statement last fall. The Centers for Medicare & Medicaid Services has also announced that Medicare will begin covering tomosynthesis this year with certain stipulations. Citing research studies evaluating its effectiveness, *Time* magazine in December recognized tomosynthesis, also known as 3D mammography, as one of “11 Remarkable Health Advances From 2014.”

Dr. Talukdar said the experience of getting a mammogram with tomosynthesis breast imaging is similar to receiving a regular digital mammogram from a patient’s point of view, but the tomosynthesis unit is capable of taking a sweep of images from multiple angles around the breast to produce a three-dimensional image.

“Tomosynthesis is especially useful for evaluating people with denser breasts, which represents about 30 to 40% of our patient population at the ICW,” Dr. Talukdar explained. “For this subset of patients, tomosynthesis will be very beneficial and we look forward to bringing it to Fredericksburg.”

He added that Aye Min, MD, the RAF radiologist who was previously director of ICW, has been instrumental in bringing breast tomosynthesis to local patients. RAF and Mary Washington Healthcare had been evaluating the technology for several years and waiting for lower radiation units to be available in the U.S. before moving ahead with it.

“We went through a thorough process in selecting the technology and system. We wanted to make sure that it benefits the patients and meets the goals of RAF,” Dr. Min said. ■

## RAF Ranks Among Largest Radiology Practices in US

Radiologic Associates of Fredericksburg (RAF) ranks among the 100 largest privately owned radiology practices in the U.S., *Radiology Business Journal* announced in its December issue.

The journal’s “Radiology 100” ranking for 2014 named RAF the 85<sup>th</sup>-largest privately owned radiology practice in the nation, based on the number of full-time equivalent radiologists: 29, explained Richard C. Pierson, a financial consultant for the practice. RAF was one of seven practices in Virginia recognized in the ranking.

David L. Glasser, MD, president of RAF noted, “As a practice we have chosen to maintain the size necessary to ensure high-quality services to our patients, referring physicians, and health facilities. For example, we believe that our role as consultants to the physicians in our community does not end after normal office hours. Whenever a patient’s physician has a question or needs to discuss a case, 24/7, 365 days a year, one of our local radiologists is available for a consultation.”

CEO Ed Swager added, “Radiologic Associates of Fredericksburg also is committed to providing sub-specialized services in all major areas of radiology. Our physicians are all board certified and fellowship trained, with expertise in sub-specialties including body imaging, cardiac imaging, interventional radiology, musculoskeletal imaging, neuroradiology, and nuclear medicine.” ■



[www.rafimaging.com](http://www.rafimaging.com)  
[www.vivassociates.com](http://www.vivassociates.com)  
(540) 361-1000

Ed Swager, Chief Executive Officer

Radiologic Associates of Fredericksburg (RAF) is the largest provider of medical imaging services in the Fredericksburg, Stafford and Spotsylvania area. RAF's interventional radiology and vascular services group, Virginia Interventional & Vascular Associates (VIVA), performs minimally invasive procedures, vascular lab studies and vascular surgery.

RAF publishes *Imaging Advances* periodically for referring physicians and the greater medical community. For more information, please contact Irene Valentino, RAF Director of Administrative Operations, [ivalentino@rafadmin.com](mailto:ivalentino@rafadmin.com), (540) 361-1000.

Radiologic Associates of Fredericksburg  
10401 Spotsylvania Avenue, Suite 200  
Fredericksburg, VA 22408



*Imaging Advances* is an award-winning publication produced by Health Industry Writers, a division of Susan Carol Associates Public Relations

## VIVA Physician Honored by Professional Society



John D. Statler, MD, a board-certified, fellowship-trained interventional radiologist with Virginia Interventional & Vascular Associates (VIVA), is one of only 23 physicians nationwide selected this year as new Fellows in the Society of Interventional Radiology (SIR).

The honor goes to SIR members who have demonstrated excellence in research and published works or teaching and leadership within the field of interventional radiology, the society announced at its recent convention in Atlanta.

"Fewer than 10% of the society's members are selected to receive this honor," noted R. Donald Doherty, Jr., MD, medical director of VIVA. "John is truly deserving of this recognition. He was selected based on his dedication to the education of medical residents as an associate professor of radiology at the Uniformed Services University of the Health Sciences in Bethesda, Md., and also because of his many publications and his consistent leadership on SIR committees."

Interventional radiologists provide minimally invasive, targeted treatments using medical imaging for guidance. As an interventional radiologist at VIVA, Dr. Statler primarily focuses on treatments that help patients who have cancer, vascular malformations, or biliary conditions, or who require limb-saving therapies such as angioplasty, intravascular stenting, or atherectomy.

Dr. Statler has lectured at several international medical conferences and has written over 20 articles for peer-reviewed medical publications.

He earned his medical degree from Jefferson Medical College in Philadelphia, Pa., completed his radiology residency training at Walter Reed Army Medical Center in Washington, D.C., and completed his vascular and interventional radiology fellowship training at the Johns Hopkins Medical Institutions.

Before joining VIVA in 2007, Dr. Statler was the chief of both diagnostic and interventional radiology at Madigan Army Medical Center in Tacoma, WA. He completed a combat tour in Afghanistan in 2002-2003. He is board-certified by the American Board of Radiology and earned the Certificate of Added Qualifications (CAQ) in Vascular and Interventional Radiology. ■