



# COVID-19 Management

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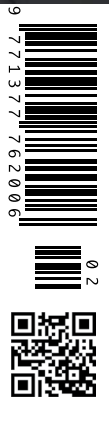
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# U.S. Radiology Responds to the Pandemic and Looks Ahead

U.S. radiologists have been significantly negatively impacted by the pandemic but valuable lessons have been learned.

As the United States prepared to face an onslaught of COVID-19 cases that could swamp healthcare facilities and decimate the workforce, it became clear that the American College of Radiology needed to use its power as “the Voice of Radiology” to inform the response of the imaging community. Around the country, radiologists sought guidance on how imaging should be used appropriately and what imaging should be performed at all. ACR leadership relied on our evidence based Appropriate Use Criteria (ACR 2020), and our commitment to doing “all the imaging that is beneficial and necessary and none that is not” to state clearly that CT was not an appropriate screening method for COVID-19 and that non-essential imaging should be

We sought to ensure their access to sometimes scarce PPE as well as to recognise their potential lack of agency and alternative employment should they need to recuse themselves from deployment for personal reasons. At the same time, we celebrated their heroism (ACR Answering the Call 2020).

The States of Emergency declared by the Federal Government and many States permitted relaxation of many regulatory requirements. Those directly applicable to radiologists included welcome waivers of burdensome pre-authorization requirements. Advanced Practice Providers (APPs) were permitted to practice without the supervision of a physician during the pandemic. While critically important in ensuring

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## The ACR is seeking to learn from the pandemic by establishing a registry of imaging and clinical data

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deferred. Although many health systems rapidly shut down routine imaging, others were slower to do so fearing the negative impact on revenue and it took the influence of a national professional organisation to convince them. Many departments stood up remote working on a scale and at a speed they might not have thought possible and the ACR provided guidance to inform safe and secure interpretations from home (ACR COVID-19 Clinical Resources 2020).

The ACR used its voice to advocate for safe working conditions and adequate Personal Protective Equipment (PPE) for technologists who, unlike many of their radiologist colleagues, were unable to work remotely through the pandemic. We also spoke up for trainees, many of whom were redeployed to the “front line” in Intensive Care Units.

adequate staffing in a crisis this expansion of APP scope of privileges, something that community has long lobbied for, will be threatening to radiologists in the longer term.

Across the US many radiologists were furloughed and many who have their own practices were forced to lay off their own valued staff as they operated at a fraction of their normal volume. Looking ahead, social distancing and cleaning requirements will make a return to prior volumes impractical for many and the financial future for some practices is uncertain at best. This will obviously have a knock-on effect on the job market for graduating trainees compounded by an anticipated recession and stock market volatility that will cause some senior radiologists to defer retirement. The ACR has worked to advocate for radiologists

as Congress has legislated a number of financial relief packages, the details of which are beyond the scope of this article. Continued advocacy is needed as an approximately 10% previously planned cut in imaging reimbursement will take effect in 2021.

Meeting after meeting was postponed, cancelled or transitioned to a virtual format culminating with the “big one” when the largest scientific and industry conference, the annual meeting of the Radiology Society of North America decided to go all virtual. Interviews for fellowships, resident graduations and visiting professorships have been relegated to Zoom and those of us who’ve still performed clinical assignments in person only touch our patients when absolutely necessary. Working from home has become the norm and managing a career as a physician as well as a new role as a home school teacher is a challenging reality for many radiologists who are parents. Troubling data show that while both parents may be juggling that female radiologists’ academic productivity may be suffering disproportionately (Viglione 2020).

Tragically we saw the results of our fragmented and inequitable healthcare delivery system in the disproportionate toll on communities of colour. New York City, where I practice, is a vibrant metropolis that welcomes the world and celebrates its diversity. But the tough realities of living here: the low wage jobs that can’t be executed remotely, the cramped living conditions and poor access to healthcare and social services all compounded to exact a heavy price on the most vulnerable.

### **The challenges notwithstanding, what valuable lessons have we learned and how will our profession move forward?**

Across the US and the world we have collaborated rapidly and generously to understand the role of imaging in the diagnosis and management of COVID-19. Using webinars we have told our stories and learned from each other. Working collaboratively with other US Radiology Societies and Federal Research agencies, the ACR is seeking to learn from the pandemic by establishing a registry of imaging and clinical data.

Traditional hierarchies are losing their grip. I’ve often spoken about the need for established health care organisations to take a “New Power” (Heimans and Timms 2014) approach to including the voices of our younger members and now, having watched in awe as our trainees put their lives on the line and smash the trope of the “invisible radiologist” their voices must be a greater part of the discussion as we make policies going forward.

Recognising that the fee for service payment system failed to provide stability for practices during the crisis we will hopefully redouble our efforts to find reimbursement models that recognise the value of imaging and drive better and more equitable outcomes.

While virtual meetings inevitably lose the informal networking aspect, virtual meetings may, counterintuitively, permit greater participation. The use of more standard criteria for membership of committees and speaker invitations rather than the “who you know” that may have excluded women and those from underrepresented minorities in medicine. Virtual visiting professorships are opening up speaking opportunities for more junior faculty without the need to travel which will aid in those faculty seeking academic promotion.

The word “unprecedented” has become a cliché when describing this time in our history and yet for most of us it describes the past few months accurately. Our lives will forever be informed by this time and divided into pre and post pandemic chapters. My hope is that we make the next chapter of our profession more inclusive, more collaborative and more focused than ever on improving the health of our population. ■

#### **Author: Prof. Geraldine McGinty**

Departments of Radiology and Population Science | Weill Cornell Medicine | New York, NY

[Gbm9002@med.cornell.edu](mailto:Gbm9002@med.cornell.edu) | [@DrGMcGinty](https://twitter.com/DrGMcGinty)

### Key Points

- National radiology leadership was key to influencing appropriate imaging and personnel safety during the pandemic.
- Radiologists face an uncertain financial future in the US.
- The pandemic has exposed inequities in the US healthcare system.
- Radiologists are learning to interact virtually which may in fact promote diversity.

### REFERENCES

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