



University of Connecticut Health Center
School of Medicine

Department of Diagnostic
Imaging and Therapeutics
Chairman: (860) 679-3626
Radiology Residency:
(860) 679-2345
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February 5, 2009

The Honorable Elizabeth Ritter
Co-Chair Public Health Committee
Legislative Office Building
Room 3004
Hartford, CT 06106-1591

Dear Representative Ritter,

As Chairman of the Department of Diagnostic Imaging and Therapeutics at The University of Connecticut Health Center I would like to apologize for not being able to attend the public hearing today; however, I did want to share my thoughts regarding the licensure of the Radiologist Assistant Profession.

In the rapidly evolving, and increasingly expensive, field of radiology I am challenged on a daily basis to provide high quality patient care in a timely and cost effective fashion. As these demands on the radiology department increase, greater responsibilities are placed upon both the radiologist and the Radiologic Technologist. As a result, there has developed a need for a "radiologist extender" with specific knowledge and experience in the field of radiology. The American College of Radiology and the American Society of Radiologic Technologists in 2003 recognized these increasing demands and have concluded that an additional member of the radiologic team would be beneficial in providing the highest level of patient care. Consequently, the ACR and the ASRT developed a new physician extender, the Radiologist Assistant.

The role of the Radiologist Assistant is to perform patient assessment, procedures, provide patient education and initial review of diagnostic images. What makes the Radiologist Assistant an integral member of the radiologic team is their additional training as a Radiologic Technologist. Radiologist Assistants understand the use of and the appropriate safety precautions necessary when using ionizing radiation, and understand how to properly position patients for exams to obtain optimal diagnostic images. The added benefit of having an advanced level practitioner who is also a technologist is a tremendous asset to the radiology department.

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263 Farmington Avenue
Farmington, Connecticut 06030-2802

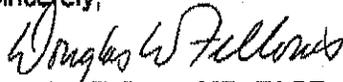
Radiology Assistant

February 5, 2009

Furthermore, both the Radiologist Assistant and the Radiologic Technologist must complete extensive education prior to becoming certified by the American Registry of Radiologic Technologists. The education includes proper patient positioning, patient assessment, use of ionizing radiation and most importantly, proper radiation protection practices.

As a radiologist, I am in full support of the Radiologist Assistant profession in the State of Connecticut and the subsequent licensure of these professionals. Radiology is a unique subspecialty of medicine and we as radiologists need an advanced level practitioner who understands all the aspects of radiology. Radiologist Assistants will help the department provide the highest quality patient care while maintaining appropriate radiation safety for the patient and medical staff.

Sincerely,



Douglas Fellows, MD, FACR
Professor and Chair
University of Connecticut Health Center
Diagnostic Imaging & Therapeutics



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Ramon Gonzalez, MD
Director Radiology Assistant Program
Quinnipiac University
275 Carmel Avenue
Hamden, CT 06518-1908

Dear Dr. Gonzalez,

I am writing this letter in support of Radiology Assistants, and the Radiology Assistant Program at Quinnipiac University.

Nearly every medical and surgical specialty has employed physician extenders. However, the specialty of radiology has been remiss in its utilization of Radiology Assistants, typically using them in the interventional radiology setting instead. A common lament among radiologists utilizing residents has been that residents have often been disinterested in properly interviewing and working up patients, with the goal being simply to "get through the rotation."

In addition to this, traditional non-radiology PA's in nearly all cases have lacked the knowledge of fluoroscopy, computerized tomography, and magnetic resonance imaging which are essential to a well-functioning radiology department. Likewise, advancements in technology require a stronger knowledge base than that obtained by traditional radiology technologists. This has led to frequent situations where the radiologist is unnecessarily performing a great deal of non-interpretive work.

All of the above concerns point to the need for specifically-trained Radiology Assistants (RA's). The RA is capable of handling a variety of tasks including gathering and reviewing previous studies on scheduled patients; reviewing lab work, plain films, contrast studies, and CT and MR scans. The RA possesses the medical knowledge necessary to interview patients, perform injections, barium work, arthrograms and the like. These abilities on the part of the RA, combined with the availability of filmless technology, PACS (picture archiving and communication systems), and area networks, allow the radiologist to work off-site, where he or she can perform the critical interpretive duties. Meanwhile, the RA can supplement patient care needs within the acute care institution or office setting. In sum, while in the past radiology has been a leader in technology within the health care industry, it has been somewhat lacking in terms of advancing patient care. Development of this new breed of radiology assistant will certainly help to fill this void.

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Radiology Assistant Program, Quinnipiac University

February 5, 2009

As a practicing Interventional Radiologist of over 15 years and having worked with several Radiology Assistants and Radiology Assistant students, my experience with these physician extenders has been nothing short of extremely positive. Because of my positive experience with Radiology Assistants, I am enthusiastic to help in the training and promulgation of the Radiology Assistant Program at Quinnipiac University.

It is my firm belief that Radiology Assistants are superbly qualified Radiologist extenders and their participation in Radiology practices should be encouraged, doing what they are perfectly qualified to do, as a mid-level health care professional working under the supervision of a Radiologist.

Sincerely,



John R. Pannese, MD
Section Head Interventional Radiology
Diagnostic Imaging and Therapeutics
University of Connecticut Health Center
263 Farmington Avenue
Farmington, CT 06030-2802

Cc: William Hennessy
Director of Diagnostic Imaging
Quinnipiac University
275 Carmel Avenue
Hamden, CT 06518-1908

February 5, 2009

Public Health Committee:

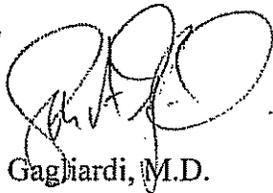
I am writing in support of the Radiologist assistant profession.

The specialty of Diagnostic Radiology is a quickly evolving field with new technology and applications of that technology occurring every day. The American College of Radiology and the American Society of Radiologic Technologists recognized these increasing demand and decided an additional member of the radiologic team was necessary to provide the highest level of patient care. The American College of Radiology and the American Society of Radiology Technologists developed a new physician extender.

Radiologist Assistants perform patient clinical assessment, procedures and provide patient education. Radiologist Assistants are proficient in the use of radiographic equipment and safety as well as understanding precautions necessary when using ionizing radiation.

I strongly support the Radiologist Assistant profession in the State of Connecticut. Licensure in our state for the professional Radiologist Assistants will allow the Radiology Departments to enhance quality patient care while assuring radiation exposure safeguard for Connecticut patients and health providers.

Sincerely,

A handwritten signature in black ink, appearing to read "Joe Gagliardi".

Joseph A. Gagliardi, M.D.
Chairman, Department of Radiology
St. Vincent's Medical Center
2800 Main Street
Bridgeport, CT 06606
Phone: 203-576-5061
Fax: 203-581-6537

Re: Support of the Radiology Assistant Program

I am writing this letter in strong support of Radiology Assistant training programs. The RA has unlimited potential to facilitate work flow in imaging practices as well as improve patient care and patient experience. An RA is able to perform much needed procedures such as imaging guided biopsies and drainages. In addition, RAs are a veritable gold mine to busy private practice centers as they are able to function with minimal supervision while performing important tasks on high volume services such as fluoroscopy. By allowing an RA to perform a fluoro study under supervision, it allows the physician an opportunity to prioritize interpretation of other imaging. Clearly, this is of great benefit in settings where volumes are high, thus allowing for greater time to be spent on film interpretation.

It is my strong recommendation that credentialing and recognition of the radiology assistant be approved. It is to the greatest advantage to the radiology community and the patients they serve to provide this much needed service level.

Sincerely,

Tara Catanzano
Chief Ultrasound
Associate Program Director Radiology Residency
Baystate Medical Center

February 5, 2009

To Whom It May Concern:

I am writing this letter on behalf of legislation supporting the degree of Radiology Assistant in Connecticut. As a large university academic radiologist, I see the full breadth of radiology. I was trained in an era of increasing health care cost and decreasing insurance reimbursements, however, as the population ages, there is greater health care utilization. We are expected to do more, with less. Our own practice started employing mid-level practitioners approximately six and a half years ago, with clear benefit. However, the pool of candidates qualified to fulfill the ever expanding need remains small. Five APRNs and PAs have held this role, and each required extensive, time-consuming direct training from those in an already busy practice. This was performed without complaint or issue, because the future benefit was clearly recognized.

Radiology Assistants provide a clear answer to a pressing question, "How can we provide cost effective, quality care, in a time of forever increasing service demands?" The training specific to the Radiology Assistant is unique in several ways. First, as Radiologic Technologists, they are intimately acquainted with the wide range of radiologic procedures. Second, the Radiology Assistants' role as a physician care extender adds to the well recognized, underserved profession of radiology, in a non-restrictive fashion. The comprehensive training prepares the students in a variety of tasks, through didactic, as well as empiric, hands-on approach. While not trained in interpretation, they can perform many of the less complicated procedures, freeing the radiologist to provide greater patient care, and ultimately increase productivity. Third, the curriculum is already structured to train the students as physician care extenders, but more specifically, radiology extenders, requiring that they work under the supervision of a licensed radiologist, a demand which is unique to the mid-level practitioner role.

In summary, the Radiology Assistant licensure is one whose time has come. I have taken on the responsibility and task of instructor in one of the newest training programs because it is a program in which I greatly believe. Whether it be in a university based, academic program, or a general, private practice, introduction of the Radiology Assistant is a major step in solving the problem of "trying to provide more with less."

Sincerely,



Dr. Eric Reiner
Instructor, Radiology Assistant Program
Quinnipiac University
Hamden, CT 06518
Assistant Professor, Diagnostic Radiology
Assistant Fellowship Director,
Section of Interventional Radiology
Yale University
New Haven, CT 06520