

Summary

Proposal: To launch, foster and expand Disease-Focused Panels (DFPs) within SAR to strengthen the scientific and educational mission of SAR, and to expand the impact of SAR on wider medical practice and patient care.

- **Rationale:** SAR is a society focused on the innovation and advancement of radiology of the abdomen and pelvis. The Society's mission is the advancement of innovation of organ-system based imaging and intervention. Therefore, future medical practice will ultimately depend upon our influence in patient care, education, and research in disease-based initiatives.
- **Purpose:** SAR's ability to influence the radiology community, wider medical community, and payor groups depends upon translation/exchange of knowledge between our members, other radiology societies, non-radiology physician groups, and patient advocate, payor and governmental agencies—focused on our ability to deliver expertise in disease-specific radiology. While SAR has been successful in mentoring radiologists and providing educational programs, the impact of imaging knowledge on specific diseases has often been driven largely by non-radiology physician groups. One goal of the SAR Disease-Focused Panels is to provide a group of abdominal radiology experts who can partner with non-radiology physician groups to develop recommendations for improved patient care based on scientific evidence and consensus expert opinion, and to provide a mechanism for SAR members to initiate these discussions. Disease-Focused Panels will also agree upon annual goals, establish consensus expert opinion on key issues, work to improve quality of image acquisition and reporting for diseases under focus, and develop common educational materials. These interactions within and outside of abdominal radiology will improve the focus and import of educational materials delivered at the SAR Annual Meeting or in *Abdominal Imaging*.
- **Definition:** Disease-Focused Panels are composed of SAR members who are identified experts in radiology of a particular disease or clinical problem related to a specific disease who have applied for and been granted status as a 'SAR Disease-Focused Panel,' who work together to further the scientific and educational goals of SAR, and who have identified an unmet need to work within SAR, or with other radiology or non-radiology groups, to advance and lead the care of patients with a particular disease. The advocacy of specific radiology technologies may be possible but not consistent with the SAR 'brand' and would not qualify under this definition.

SAR Disease-Focused Panels (DFP)

Overview

- **Implementation:** Described fully in the accompanying document “SAR Disease-Focused Panel Bylaw and Operational Manual Modifications.” In brief:
 - SAR Disease-Focused Panels (DFPs) will be led by a SAR member designated as the chair, or alternatively by scientific and educational co-chairs, who will serve 3-year terms. Leadership organization should reflect the goals and mission of the DFP. The leadership plan will be approved by the DFP Oversight Committee. A minimum of six members can serve on a single DFP. Except for a DFP Consultant (below), all DFP members must be SAR members in good standing. SAR members can serve on one DFP, but may communicate with other DFPs. Membership by junior members of the Society is encouraged. DFPs are encouraged to have 20 members or less. Additional members will be considered by the DFP oversight committee if appropriately justified. Panels may recruit radiologists with special expertise into the DFP if these radiologists join SAR.
 - A formal SAR DFP application must be signed by at least 6 inaugural members and approved by the DFP Oversight Committee, which will review DFP applications to assess for their impact on patient care and estimated benefit to the imaging community. The original impetus for DFP creation may be common interests amongst SAR members, or may be due to invitation from the SAR Board or DFP Oversight Committee. IMM and the DFP Oversight Committee will assist in connecting like-minded radiologists with common interests in a particular disease. Interested parties will discuss common goals, leadership and communication plans, and a DFP consultant in completing the SAR DFP application. See the accompanying, “SAR Disease-Focused Panels Application” document. Panels will be recognized as SAR-approved DFPs after approval of an application by the DFP Oversight Committee.
 - A **DFP Oversight Committee (DFP-OC)** will be led by a chair appointed by SAR Board. This DFP Oversight Committee will provide feedback to potential DFP groups and review applications for DFP status and renewal, and make recommendations to the SAR Board. The DFP Oversight Committee will not choose leaders for individual DFPs. Potential DFP members should independently coalesce around common goals, leadership and communication plans. DFP applications will be submitted by the proposed DFP Chair. The DFP Oversight Committee will review all annual reports from the DFPs and submit an annual report to the SAR Board.
 - The Chair of the DFP Oversight Committee will serve for a 3 year non-renewable term. Other DFP Oversight Committee members are selected by the DFP Oversight chair and will serve for 3 year staggering terms.
 - SAR Board may appoint a Board member to serve on the DFP Oversight Committee at their discretion.
 - The SAR Board and the Annual Meeting Council/Educational Program Committee can solicit educational or other knowledge content from the DFPs.
 - DFPs should recruit at least one “**Consultant**” to serve on a given DFP. **Consultants** are non-SAR member, non-radiologists whose expertise and work will advance the mission of the DFP and interaction with other groups. All Consultants are nominated by the DFP chairs and 2/3 majority of the DFP. The goals on which the Consultant will assist and his/her qualifications will be shared with the DFP Oversight Committee, who will approve this position.

SAR Disease-Focused Panels (DFP)

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- Consultants ideally attend DFP meetings, but can participate via conference call. Annual productivity towards DFP goals is expected.
 - The Society will fund one Consultant to attend the annual meeting, to be selected by the DFP Chair(s). These Consultants are not charged a fee for participation in DFP panels, and should not be charged registration fee if participating in the Educational Program, similar to other invited lecturers. Additional Consultants may choose to attend the meeting at their own expense.
 - DFPs are encouraged to enlist consultants to participate in decision-making and progress on specific DFP goals that impact medical practice, but it is not required.
 - Consultant reimbursement will be discussed with DFP chairs on an annual basis.
 - SAR DFPs are required to meet at the annual meeting and submit an annual report to the DFP Oversight Committee, which will be provided to the Board of Directors. See accompanying “SAR Disease-focus Panel Annual Report.”
 - SAR DFP chairs are not members of the Educational Program Committee. The Annual Meeting Council (and Educational Program Committee, as an entity thereof) may solicit input from DFPs for consideration in future meetings. There is a range of options for which the Annual Meeting Council may wish to use DFP expertise (opinion papers/reviews, how-to workshops, workshop track, etc.).
- Deliverables: Appropriate progression towards SAR DFP goals as stated in the original applications and/or yearly report. Reports will include accomplishments of past year and goals for following year(s).
 - Terms – Initial approval is given for a three-year status as a SAR DFP. Thereafter, each year the DFP Oversight Committee will review each DFP annual report and formally vote on renewal (without or with reservations, with specific concerns noted) or non-renewal.
 - Member selection: It is not the responsibility of SAR to initiate the DFPs. Rather, membership should occur through self-selection and passion for patient care and disease. After SAR DFP status has been granted, DFP members serve for 2-3 years, with new members being nominated by the chair(s) and approved by 2/3 majority of DFP members. DFP membership is not honorary—all members are expected to work together to achieve the stated goals of the DFP.
 - Number of Panels: Panel number is limited only by substantive proposals, which further the goals of SAR and patient care. As outlined above, a maximum budget will be allocated for remuneration for consultant travel, and this may constrain the number of panels.

Potential for Impact

Included below are specific proposals/deliverables/actions that could be addressed by SAR DFPs depending upon their annual goals.

Impact on Educational Program and Content

- 1) Maintain recommendations of topics and speakers to provide to the Education Committee annually*
- 2) Provide content and mechanistic ideas to expand education mission
- 3) Participate in 'Ask The SAR Disease Focused Panelists' questions on web; luncheon meetings at the annual course
- 4) Lead, design and direct symposia
- 5) Discuss educational needs with other SAR committees as applicable

Impact on Research

- 1) Prepare research roadmap for the field
- 2) Develop formal inter-society collaborations with relevant non-radiology physician and patient advocacy groups*
- 3) Develop industry collaborations
- 4) Derive intra-society research collaborations

Impact on Clinical Practice

- 1) Develop SAR image acquisition protocols based on consensus expert opinion, which are designed to improve image quality in a cost-effective manner*
- 2) Develop SAR clinical practice protocols
- 3) Develop SAR clinical structured reports to improve quality of written communication and guide image interpretation
- 4) Work with the Website Education and Website Oversight Committees to derive content for website
- 5) Write SAR position or 'white' papers
- 6) Write multidisciplinary position or 'white' papers with non-radiology physician groups (e.g., current pancreas)
- 7) Provide example PQI projects relative to diseases under focus
- 8) Provide educational content for non-radiology physician groups under the SAR banner (to establish SAR as a repository for disease-specific radiology expertise)

Impact on Patient Education

Direct communication and education with patients is imperative for developing and mature radiology technologies. Referring clinicians may not be able to answer patient concerns or even describe how radiology procedures are performed, much less address questions of risk, performance and benefit.

- 1) Write educational materials for patient advocacy groups
- 2) Share patient educational materials developed at different institutions within SAR
- 3) Partner with non-radiology physician groups to develop educational materials