

Recent Milestones and Future Goals of the SIR

As it gears up for its 2006 annual meeting, the Society of Interventional Radiology continues working to advance quality patient care.

BY CURTIS A. LEWIS, MD, MBA

During the past 10 years, the Society of Interventional Radiology's (SIR) membership has grown 42%. I think this is largely because we focus on the one thing that matters most to our members and, most importantly, to our patients: interventional radiology (IR)—and we do it well. Clinical practice for IR. CME for IR. Coding for IR. Training for IR. Standards for IR. Patient information for IR. Research for IR. Designing the future of IR.

I am positive about our future and our innovative specialty. We are a nimble organization that has learned to successfully compete in a changing medical world where shifting roles are blurring the lines among specialties and images are being interpreted from half way around the globe.

A HISTORY OF LEADERSHIP

SIR has a long history of collaboration with other specialties. SIR took the lead with respect to pursuing Medicare coverage for carotid stenting, and subsequent to that, we were instrumental in organizing a multidisciplinary approach to carotid stent registries. We participated in a coalition to pass legislation to provide an abdominal aortic aneurysm screening benefit under Medicare, and we were part of a coalition to reform Medicare's sustainable growth rate, which is used to update the Medicare Physician Fee Schedule. SIR also led the early development of a coalition to raise PAD awareness and continues to actively serve in this coalition process.

Additionally, SIR is involved with an intersociety safety working group to study occupational health problems that may potentially be related to the IR work environment. Through our SIR Foundation, we are taking the lead in developing multispecialty clinical trials. We participate and have led in the development of multispecialty, evidence-based guidelines. Recent guideline efforts in which we have collaborated include PAD, carotid stenting, thoracic endovascular arterial repair, deep vein thrombosis, liver

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microsphere brachytherapy, and cardiac computed tomography and cardiac magnetic resonance.

Interventional radiologists are innovators and problem solvers who constantly strive to improve their current treatments and create new therapies that make patients' lives better. SIR understands this and is flexible enough to respond to the changing landscape of the profession. For example, SIR identified interventional oncology as a strategic area for procedural growth, emerging technology, and patient care improvement.

SIR quickly responded by creating a global task force that within 1 year had an educational symposium planned, grant money allocated for projects, standards under development, a patient section added on our Web site, patient education materials created for members to use, and research consensus panels planned. The concept of a world congress was conceived during an interventional oncology strategic planning meeting that included international participation. The World Conference on Interventional Oncology (WCIO) was planned for June of this year in Italy.

A TEAM MENTALITY

As an organization, we are dedicated to the specialty team as a whole—not just IRs. For medical students and residents, we offer scholarships, grants, mentors, and free registration to all our educational programs. For midlevel practitioners, including technologists, registered nurses, nurse practitioners, and physician assistants, as well as physician members, we provide the tools to help grow their clinical

cal practice such as practice guidelines, business planning, training, patient materials, a coding guide, research grants, a monthly journal, and a voice on Capitol Hill. I think our comprehensive approach to serving members, combined with our focus on the growth of the specialty and its impact on the future of medicine and quality patient care, makes SIR a diversified association that is making a difference globally.

ENSURING PATIENT SAFETY

Patient safety is another major focal point. There is ongoing scrutiny of medicine's traditional training model, which lets physicians train to learn procedures on real patients. There is an increasing trend toward less acceptance for training and making mistakes on patients by any practitioner. SIR is taking a leadership role on medical simulation for patient safety and education. We are working on a process for validating medical simulation for IR procedures and exploring, with the American Board of Radiology and a number of radiology organizations, the role that medical simulation may have in future training and recertification. The ultimate goal is better patient care and improved patient safety.

INTERNATIONAL UNITY

We are also intrinsically linked with the global interventional radiology community. Being raised in Europe and having spent years in the international arena, I am especially pleased with our many international collaborations and activities. This spring, we will hold SIR's first annual meeting in an international venue when we convene in Toronto from March 30 to April 4, 2006, for our 31st Annual Scientific Meeting.

We recognize that destiny favors those who have learned from their past and have prepared for their future. We have, and we will continue to do so. Most importantly, we must always remember to keep quality and our patients as the beacons that guide our Society and our specialty; that is what has brought us to where we are and will carry us to where we need to go. ■

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