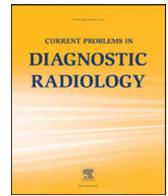




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Radiology and Political Advocacy: Characterizing Radiology Political Action Committee Donors

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Purpose: To identify factors associated with radiologist donations to radiology political action committees (PACs).

Materials and Methods: A survey was emailed to 4474 radiologists. Factors investigated include demographics, donor history, and knowledge of the federal advocacy process. Logistic regression analysis was performed to determine factors associated with donor behavior.

Results: In total, 336 radiologists completed the survey. Overall, 152 (46.2%) radiologists reported donating to a radiology PAC in the past year. Those with annual personal income \geq \$450,000 had greater odds to donate than those with annual personal income $<$ \$450,000 (odds ratio [OR]: 2.58, 95% confidence interval [CI]: 1.47–4.52; $p < 0.001$). More than three-quarters (77.2%, $n = 254$) reported limited or no knowledge of the federal advocacy process. Those with good or excellent knowledge of the federal advocacy process had greater odds to donate than those with no knowledge (OR: 2.63, 95% CI: 1.01–6.84; $p = 0.047$). Those with awareness that membership dues and foundation funds do not fund Society of Interventional Radiology Political Action Committee had greater odds to donate (OR: 3.54, 95% CI: 2.00, 6.25; $p < 0.001$).

Conclusions: Radiologists' personal income and knowledge of the federal advocacy process were identified as key factors influencing donations. PAC donation may benefit from raising awareness of the federal advocacy process, as well as from targeted fundraising strategies aimed at higher earners.

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Introduction

Medicine is ever evolving and so are the political and economic landscapes in which it exists. In 2017 insurance companies and Health maintenance organizations (HMOs) spent nearly \$250 million on lobbying.^{1,2} This allows them to influence legislation such as the Affordable Care Act.³ Over the same time period health professional organizations spent just over one third of that amount on lobbying. Radiology organizations spent only approximately 1% of what the insurance companies and HMOs spent on lobbying.⁴

Physicians often remain silent regarding policies which have profound effects on medicine as well as the role they play in it.⁵ Many of these physicians have little knowledge of activism.⁶ However, political activism is essential to ensuring that physicians maintain their role as medical decision makers so they can continue to provide high-quality care. It is also essential that reimbursement remains

commensurate with the great amount of time, resources, and capital invested in the practice of medicine. Support of physician groups and their associated political action committees (PACs) is one way that physicians can maintain control of the practice of medicine.^{7,8}

Radiologists are not immune from having the way they practice medicine encroached upon by the government and insurance companies.^{3,9} For this reason PACs such as the American College of Radiology's political action committee (RADPAC) and the Society of Interventional Radiology Political Action Committee (SIRPAC) exist. Radiologists' income comes primarily from diagnostic imaging interpretation and image-guided procedures; because of this, the interests of radiologists do not entirely overlap with the interests of larger medical organizations such as the American Medical Association. Radiology PACs represents the interests of radiology on Capitol Hill, educating politicians about the merits and importance of diagnostic imaging and image-guided procedures, as well as lobbying on behalf of those interests.^{10,11} This is perhaps even more important for radiologists than for other specialties, as nearly half of the public is unaware of the fact that radiologists are doctors.⁸ For all of the above outlined reasons, it is in the best interests of radiology and

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radiologists to have strong government relations in order to ensure that radiologists have a voice in the creation of policies that impact radiology.^{10,11}

One study regarding radiology PAC donations examined potential interest in donating among radiology residents and found that those with children, with $\geq \$50,001$ of educational debt, and without knowledge of radiology PACs had less interest in contributing.¹² This study has a small sample size of only 53 people and only studies intentions to donate to a radiology PAC. A recent study found that federal political contributions by radiologists have increased by over 3-fold from 2003 to 2016, the vast majority of which were to RAD-PAC.¹³ However, radiologist characteristics associated with the actual behavior of PAC donation remain unknown. Our project aims to characterize factors associated with PAC donation among radiologists (Fig. 1).

Materials and Method

Participants and Settings

Members of the Society of Interventional Radiology (SIR) Resident and Fellow Section (RFS) Advocacy Committee met via teleconference to discuss issues pertaining to radiology political advocacy. The committee set out to characterize factors associated with PAC donation among radiologists in order to facilitate more targeted fundraising. An anonymous survey was designed which queried personal and professional demographics, donor history, and knowledge of the federal advocacy process. The survey was conducted using SurveyMonkey¹⁴ and was designed to take approximately 5-10 minutes to complete. No monetary incentives were provided.

In January 2017, 4474 SIR members were queried via email survey. An email list of the complete SIR membership was obtained directly from the administration. SIR members were chosen, as the vast majority of members are radiologists, and they were easily accessible to the authors. The survey was open for approximately one month. The survey had 336 responses (7.5%). Seven people were excluded because they were not practicing radiologists. In total, results from 329 radiologists were analyzed. No other exclusionary criteria were used.

Variables

The outcome variable examined was donation to a radiology PAC (RADPAC and/or SIRPAC). Demographic variables surveyed included age (25-34, 35-44, 45-54, 55-64, ≥ 65 years), sex (male or female),

years in practice (currently in training, 0-5 years, ≥ 6 years), community setting (urban, suburban, rural), region of practice (Western, Eastern, Central), employment model (hospital/agency, private solo or group, resident/fellow) annual personal income ($\$0$ - $\$449,999$ or $\geq \$450,000$), knowledge of federal advocacy (none, limited, good/excellent), awareness of SIRPAC existence (no or yes), and awareness that SIRPAC is not funded by society membership dues or foundation funds (no or yes). Survey takers were also educated about political advocacy through the survey.

Statistical Analysis

Frequency and percentage were used to describe the variables. The Pearson chi-square test compared the variables to the outcome variable of political action committee donation. All variables statistically significant in the univariate analyses were included as predictors in a multivariate logistic regression analysis to the outcome variable of political action committee donation. All p values were two-tailed. IBM SPSS Statistics Version 25 was used for all analyses.¹⁵

Results

Overall, 46.2% (152/329) donated to a radiology PAC. Table 1 shows comparisons between those who donated and did not donate to a radiology PAC. Practice years significantly differed where those in practice ≥ 6 years had greater percentages for donating than not donating ($p = 0.048$). Personal income significantly differed where those with income $\geq \$450,000$ had greater percentages for donating than those not donating ($p < 0.001$). Knowledge of federal advocacy significantly differed where those with good/excellent knowledge had greater percentages for donating than not donating ($p < 0.001$). Awareness that SIRPAC exists significantly differed where those aware had greater percentages for donating than not donating ($p < 0.001$). Awareness that the SIRPAC is nonfunded by membership dues or foundation funds significantly differed where those aware had greater percentages for donating than not donating ($p < 0.001$). Age, sex, community, region, and employment did not significantly differ between those who donated and did not donate to a radiology PAC.

Table 2 shows multivariate logistic regression analyses for donating to a radiology PAC. Personal income $\geq \$450,000$ had increased odds for donating (odds ratio [OR]: 2.58, 95% confidence interval [CI]: 1.47, 4.52, $p = 0.001$). Good/excellent knowledge of federal advocacy had increased odds for donating (OR: 2.63, 95% CI: 1.01, 6.84, $p = 0.047$). Awareness that SIRPAC is not funded by membership dues or foundation funds had increased odds for donating (OR: 3.54, 95%

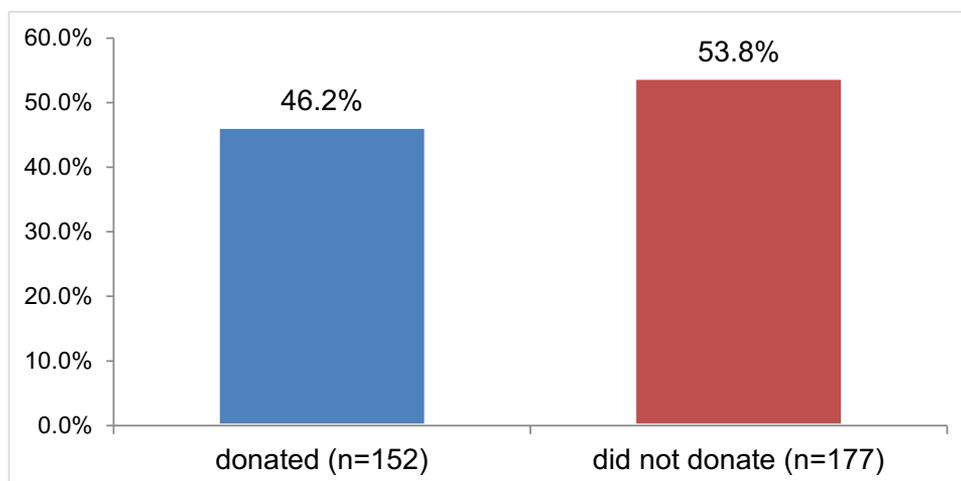


FIG 1. PAC donation among radiologists in the past year.

TABLE 1
Sample characteristics of 329 radiologists

Variable	PAC donate No# (%) (n = 177)	PAC donate Yes # (%) (n = 152)	p value
Age			0.41
25-34 years	30 (16.9)	17 (11.2)	
35-44 years	66 (37.3)	60 (39.5)	
45-54 years	52 (29.4)	44 (28.9)	
55-64 years	22 (12.4)	27 (17.8)	
≥65 years	7 (4.0)	4 (2.6)	
Sex (female)	27 (15.3)	14 (9.2)	0.10
Practice years			0.048
Currently in training	25 (14.1)	18 (11.8)	
0-5 years	51 (28.8)	28 (18.4)	
≥6 years	101 (57.1)	106 (69.7)	
Community			0.46
Urban	119 (67.2)	93 (61.2)	
Suburban	46 (26.0)	49 (32.2)	
Rural	12 (6.8)	10 (6.6)	
Region United States			0.42
Western	44 (24.9)	30 (19.7)	
Eastern	79 (44.6)	6 (44.1)	
Central	54 (30.5)	55 (36.2)	
Employment			0.06
Hospital/Agency	82 (46.3)	54 (35.5)	
Private solo or group	70 (39.5)	80 (52.6)	
Resident/Fellow	25 (14.1)	18 (11.8)	
Personal income			<0.001
\$0-\$449,999	102 (65.8)	62 (45.3)	
≥\$450,000	53 (34.2)	75 (54.7)	
Knowledge federal advocacy			<0.001
None	30 (16.9)	13 (8.6)	
Limited	123 (69.5)	88 (57.9)	
Good/Excellent	24 (13.6)	51 (33.6)	
SIRPAC exists (yes)	147 (83.1)	145 (95.4)	<0.001
SIRPAC nonfunded by membership or foundation (yes)	60 (33.9)	108 (71.1)	<0.001

Note: PAC, political action committee; SIRPAC, Society of Interventional Radiology Political Action Committee. All age categories had expected values >5 allowing for Pearson chi-square test analyses. Income does not have data for 37 people who declined to provide information.

CI: 2.00, 6.25, $p < 0.001$). Practice years and awareness that SIRPAC exists were not significantly associated with donating.

Discussion

We found that personal income $\geq \$450,000$, good/excellent knowledge of federal advocacy, and awareness that SIRPAC is not funded by membership dues or foundation funds were each associated with increased odds for donating to a radiology PAC. Demographic variables

TABLE 2
Logistic regression analyses for donation to radiology political action committee

Variable	OR (95% CI)	p value
Practice years		
Currently in training	1.69 (0.70, 4.09)	0.25
0-5 years	0.94 (0.50, 1.79)	0.86
≥6 years	1.00	
Personal income		0.001
\$0-\$449,999	1.00	
≥\$450,000	2.58 (1.47, 4.52)	
Knowledge federal advocacy		
None	1.00	
Limited	1.54 (0.69, 3.43)	0.30
Good/Excellent	2.63 (1.01, 6.84)	0.047
SIRPAC exists (yes)	1.50 (0.56, 3.99)	0.42
SIRPAC nonfunded by membership or foundation (yes)	3.54 (2.00, 6.25)	<0.001

Note: CI, confidence interval; OR, odds ratio; PAC, political action committee; SIRPAC, Society of Interventional Radiology Political Action Committee.

of age, sex, community, region, and employment were not associated with donating to a radiology PAC. Also, after adjusting for relevant covariates, practice years and awareness that SIRPAC exists were not associated with donating to a radiology PAC.

Members with personal incomes $\geq \$450,000$ were more likely to donate. This is expected, as those with higher incomes tend to have more disposable income.^{16,17} Perhaps by using targeted fundraising strategies aimed at higher earners, radiology PAC donations could be bolstered overall. However, the ideal strategy to target high earners preferentially has not yet been identified. We chose \$450,000 as a cutoff for our analysis, as this is the approximate median salary of radiologists.^{18,19}

Those radiologists with good or excellent knowledge of federal advocacy were more likely to donate. The implication is that education will lead to more donations. Raising awareness of political advocacy in medicine and the federal advocacy process may be an effective means of bolstering PAC donations. This may be accomplished through publication of this study, increased visibility of PACs at Annual Meetings, and telethons.

Those who were aware that SIRPAC is not funded by membership dues or foundation funds were more likely to donate. It is possible that those who were unaware of this topic were less inclined to donate because they assumed that their society dues funded the PAC as well. Perhaps offering an opportunity for PAC donation upon paying annual dues would be effective.

Female respondents comprised 12.4% of our sample. This is similar to the 9.2% and 24.7% reported for interventional and diagnostic radiology respectively.²⁰ The vast majority of respondents (93.3%) reported practicing in urban and suburban community settings. This is similar to literature which shows that 89% of physicians practice in urban and suburban settings.²¹ This pattern suggests that our findings for radiologists are generalizable.

Limitations

This study has several limitations. The response rate of 7.5% represents a minority of those emailed. The low response rate may be partially attributable to the lack of monetary or other incentive to complete the survey. The SIR membership queried also represents a number less than 20% of the active radiologist American College of Radiology (ACR) members.²² We feel that the characteristics associated with donation among the SIR members queried in our survey may be generalizable to radiologists as a whole because they are all practicing radiologists. However, we acknowledge that the ability to generalize these findings may be limited by inclusion of only SIR members, as well as the low response rate. Relatedly, any survey is affected by selection bias, as it is possible that those with more interest in advocacy would be more likely to complete the survey.

Conclusions

Radiologists' knowledge of the federal advocacy process, personal income, and awareness that membership dues and foundation funds do not fund SIRPAC were identified as key factors influencing donations. Radiology PAC fundraising may benefit from raising awareness of the federal advocacy process, as well as from targeted fundraising strategies aimed at higher income earners.

Conflicts of Interest

The authors have no conflicts of interest to disclose and have not received any outside funding.

Supplementary data

Supplementary data associated with this article can be found, in the online version, at [doi:10.1067/j.cpradiol.2018.08.009](https://doi.org/10.1067/j.cpradiol.2018.08.009).

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