

# UCLA Radiology

NEWSLETTER OF THE DEPARTMENT OF RADIOLOGICAL SCIENCES

AUTUMN 2020

## Healthcare, Diversity and Inclusion



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# Chair's Message

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## Dieter Enzmann, MD


Distinguished Professor of Radiology  
Leo G. Rigler Chair  
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Department of Radiological Sciences  
David Geffen School of Medicine at UCLA

“The most difficult social problem in the matter of Black health...was to understand why so few White Americans were bothered by it. The poor Black lives were spent in the most unhealthy parts of the city and in the worst houses, with minimal medical attention.” This excerpt is not from a current newspaper, but rather it’s an 1899 quote from sociologist, W.E.B. DuBois. Unfortunately, it remains relevant today, as renewed attention to health disparities in our nation, in our minority populations, and especially the Black population, have again, been brought into sharp relief by the COVID-19 pandemic.

While voicing this concern makes news headlines, local actions speak much louder than newspaper articles in addressing our own community health disparities. UCLA Radiology has and continues to take real world actions by bringing its high level of expertise in diagnostic imaging, in interventional radiology and in management of clinical operations to the Martin Luther King, Jr. Community Hospital (MLKCH) in South Los Angeles. UCLA Radiology entirely staffs the department with faculty, technologists, nurses, nurse practitioners and administrators. Lessening health disparities requires a safe, trusted environment for which MLKCH was designed, and we take responsibility for our MLK Radiology Department to meet and maintain those high standards.

UCLA Radiology provides diagnostic imaging and interventional radiology services 24 hours a day, seven days a week, 365 days a year. We do this because it was the “right thing to do”

many years before the current heightened attention. This pioneering engagement in the UC system has significantly bettered the care of MLKCH patients providing tangible, medical benefits to its predominately Black population. That care is now expanding to include a major new lung cancer screening (LCS) initiative to reduce the tragic toll lung cancer inflicts on the Black population. This comprehensive LCS program, led by Dr. Ashley Prosper, requires trust, shared decision-making and radiological expertise.

In order for academic medicine, UCLA Health, and UCLA Radiology to remain true to its social compact, we must assume leadership in solving this pressing societal problem. This requires a long-term, action-oriented commitment and UCLA Radiology takes great pride in having applied the talents and skills under its control to work on alleviating this painful aspect of social injustice. 

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**Lessening health disparities requires a safe, trusted environment for which MLKCH was designed, and we take responsibility for our MLK Radiology Department to meet and maintain those high standards.**

# Department Forming Committee to Address Equity, Diversity and Inclusion

**Kathleen Brown, MD**  
Professor of Radiology  
Section Chief, Thoracic Imaging  
Assistant Dean, Equity and Diversity Inclusion  
Department of Radiological Sciences  
David Geffen School of Medicine at UCLA



The David Geffen School of Medicine at UCLA is committed to the core values of diversity and inclusion, and considers them to be inseparable from its goals of excellence in health care education, research, community engagement and clinical care. Recognizing that a diverse workforce is an intrinsic element of providing high-quality, equitable health care and eliminating health disparities, the UCLA Department of Radiological Sciences is creating an Equity, Diversity and Inclusion (EDI) Committee to lead efforts to recruit, retain and support resident and faculty physicians that reflect the diversity of the Los Angeles community.



Nick Carranza – UCLA Health

**“Of all the forms of inequality, injustice in health care is the most shocking and inhumane.”**

**— Dr. Martin Luther King, Jr**

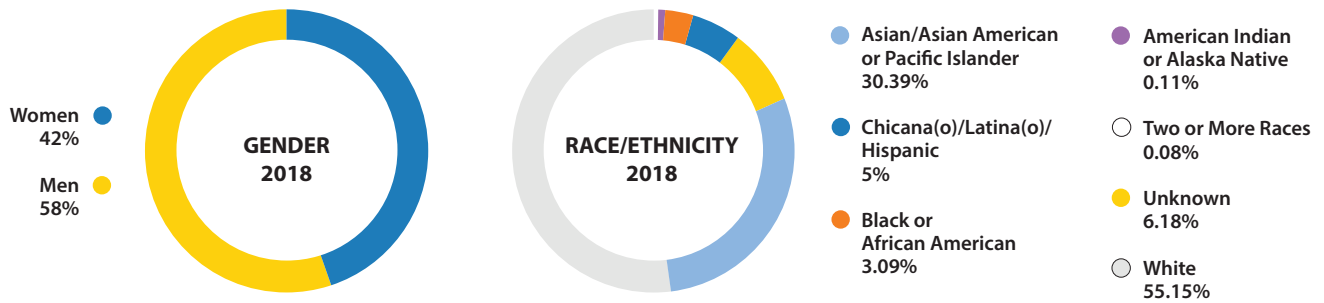
The EDI Committee is also charged with helping to create and maintain an academic environment, culture and clinical workplace that values diversity and inclusion. The committee plans to collaborate with the American College of Radiology (ACR) Commission for Women and Diversity and the RSNA (Radiological Society of North America) Committee on Diversity, Equity and Inclusion to help shape an academic curriculum that promotes principles of health equity and community responsibility.

The new committee's leadership will include Kathleen Brown, MD, FACR, professor of radiology, section chief of thoracic

imaging and assistant dean of Equity and Diversity Inclusion at the David Geffen School of Medicine at UCLA.

“The year 2020 has been marked by grief, frustration, anger, and for many, despair and overwhelming fatigue,” says Dr. Brown. When UCLA Health began seeing its first cases of COVID-19 in early 2020, Dr. Brown's focus as a thoracic radiologist was on understanding the radiographic appearance of COVID, both on chest radiograph and CT. As Dr. Brown continued to keep abreast of the most current science on the disease's pathophysiology, researchers also began publishing data on the impact of social determinants of health and the

## DGSOM Faculty Diversity Overview, 2018



Data source: Employee Database (EDB) and Academic Database (ADB) <https://medschool.ucla.edu/diversity-anti-racism-roadmap>

disproportionate impact that COVID was having on communities of color.

“Then in the midst of the COVID pandemic, Ahmaud Arbery was fatally shot while jogging, Breonna Taylor was killed in her home by police and George Floyd was brutally murdered — and that incited peaceful protests and demonstrations across the world,” recalls Dr. Brown. “These tragic acts of racism have compelled us to use our collective voice as physicians and radiologists to address health and health care disparities and structural racism.”


Radiology’s EDI Committee will focus on issues of race, gender and identity, inclusive of the LGBTQ community and individuals with disability.

Following are some examples of the efforts to promote equity, diversity and inclusion that include the UCLA Department of Radiological Sciences. The Radiology EDI Committee will coordinate with other initiatives at UCLA that promote equity, diversity and inclusion.

- The School of Medicine is developing an Anti-racism Roadmap, whose tenants the Department of Radiological Sciences will be incorporating in its own EDI plans.
- Dr. Brown anticipates launching a lecture series to inform department members on matters of diversity and inclusion in collaboration with Robert Suh, MD, professor of radiology and director of the Diagnostic Radiology Residency Program.
- As part of their introduction to the medical profession, UCLA medical students recently spent a week focusing on racial justice and health equity, which included presentations on structural determinants of health, racial justice, implicit bias and the impact of bias on patient care. These topics will be included in the EDI curriculum to be introduced to the Radiology Department. Dr. Brown also hopes that radiology faculty and residents will engage in upcoming discussions of the DGSOM common book, “How to Be an Antiracist” by Ibram X. Kendi.
- The DGSOM Office of EDI is making information on the diversity of School of Medicine faculty available in dashboards showing the gender, ethnicity and racial makeup of individual departments. This information can help the Radiology EDI

Committee focus its efforts and keep the entire department apprised of its progress in these areas.

- UCLA Radiology will continue to pursue research opportunities to impact health care disparities. See page 5 for information on a project to increase adherence to lung cancer screening guidelines among African American men, a population at increased risk for lung cancer.
- The department is working to improve the pipeline for underrepresented minorities in the field of radiology by participating in programs like the American College of Radiology PIER program — the Pipeline Initiative for the Enrichment of Radiology — which aims to increase the number of women, Hispanic and Black medical students and trainees who choose to pursue radiology. Relative to the population of medical students and trainees, the proportion of all three groups choosing the field of radiology is low. As part of the PIER program, UCLA radiologists Hannah Milch, MD, and Ashley Prosper, MD, served as mentors to a second year medical student, helping her as she developed an ACR Case-in-Point and gave lectures to the ACR PIER scholars to foster their interest in radiology.
- The Department of Radiological Sciences will continue to engage with extramural EDI speakers invited to DGSOM and UCLA Health. For example, following the visit of Kimani Paul-Emile, JD, PhD and Alicia Fernández, MD who presented their work on dealing with racist patients, Anne Hoyt, MD, professor of radiology and director of the Santa Monica Women’s Imaging Center, gave a presentation on responding to hospital patients who express racism. In response to these leadership engagements, UCLA Health has since implemented policies regarding patients who demonstrate bias to health care workers and is developing an action plan to further address this issue.

Dr. Brown intends for the EDI Committee and the Department of Radiological Sciences to seize the current moment in history to act in advocacy of justice and equality. She makes her point by quoting Dr. Martin Luther King, Jr., saying, “The ultimate tragedy is not the oppression and cruelty by the bad people, but the silence over that by the good people.” 

# Improving Adherence to Lung Cancer Screening Guidelines



**Ashley Prosper, MD**  
Assistant Professor of Radiology  
Thoracic & Diagnostic Cardiovascular Imaging  
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David Geffen School of Medicine  
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**Hannah Milch, MD**  
Assistant Professor of Radiology  
Breast Imaging  
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David Geffen School of Medicine  
at UCLA

The health benefits of screening eligible patients for lung cancer with low dose computed tomography (LDCT) have been well established. The National Lung Cancer Screening Trial — led by Denise Aberle, MD, professor of radiology at UCLA — demonstrated a 20 percent relative risk reduction compared to chest radiography. In a subsequent European trial (NELSON), lung cancer screening with LDCT reduced mortality in women by 33 percent and in men by 24 percent compared to no screening.



“By a large margin, however, not enough of those who would benefit from getting regular, low dose CT screening for lung cancer are doing so,” says Hannah Milch, MD, assistant professor of radiology at UCLA. “Five to 10 percent, essentially, of eligible current and former smokers are being screened.”

Adherence to breast cancer screening recommendations, by contrast, is between 76 and 81 percent. Dr. Milch, in collaboration with Ashley Prosper, MD, assistant professor of radiology at UCLA, is exploring the possibility of leveraging the high adherence to screening guidelines for breast cancer to improve the poor adherence to lung cancer screening guidelines. “We have, on the one hand, an image-based screening practice

that has been around for a while that has very high adherence and on the other hand a newer type of screening modality — LDCT for lung cancer screening — also shown to save lives, but with a much lower percentage of eligible patients adhering to those guidelines,” says Dr. Milch.

Dr. Milch recently conducted a pilot study at UCLA in which over 800 women being seen for breast cancer screening were surveyed to determine their eligibility for lung cancer screening, their awareness of lung cancer screening and their adherence to lung cancer screening guidelines. She found that about a quarter of the women presenting for screening mammography had a history of smoking, and about one in seven of these women

**“Any way that we can facilitate or normalize the process of getting screened for lung cancer will be beneficial.”**

**– Dr. Prosper**

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## “By a large margin, not enough of those who would benefit from getting regular, low dose CT screening for lung cancer are doing so.” – Dr. Milch

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were potentially eligible for lung cancer screening. Yet the majority (63 percent) of these eligible women had never heard of lung cancer screening with LDCT.

“If we could use screening mammography as a way to identify women who could really benefit from lung cancer screening, that could potentially have a significant impact on adherence to lung cancer screening guidelines,” explains Dr. Milch. Drs. Milch and Prosper speculate about the possibility of combining even more image-based screening exams to improve adherence and offer better convenience to patients. They point out that additional image-based screening services that might be considered for inclusion in a radiology-based wellness package could include CT coronary calcification scoring, DEXA scans for bone density and CT colonography. “It may be easier for patients to take these preventive measures if they were coordinated into a single visit. That could be very helpful for patients’ overall health,” adds Dr. Milch.

Dr. Prosper is also pursuing another research project based on her analysis of the National Lung Screening Trial data. “African American men have the highest rate of morbidity and mortality from lung cancer of any group. In the NLST, when African Americans were screened with low dose CT, they had the greatest reduction in lung cancer mortality as well as all-cause mortality.”

Dr. Prosper was recently awarded an Innovation Fund grant from the American College of Radiology to devise educational and outreach tools to improve lung cancer screening adherence among African Americans to help address the disparity in their health care outcomes. In collaboration with a group of community stakeholders, she is working to develop education and outreach tools specifically for the African American community that are culturally relevant and culturally competent.


The end products of Dr. Prosper’s one-year project, which begins in September of this year, will include videos, a website, outreach tools and a guide on forming community partnerships that will be made available to other radiology centers. “We have a lot of lung cancer screening programs that are accredited through the American College of Radiology across the country who I hope will be similarly interested in engaging their communities and working with their surrounding populations to make sure that patients are aware of their screening programs and feel that they can access them and will be welcome,” explains Dr. Prosper.

Improving adherence to lung screening guidelines requires addressing psychological barriers unique to lung cancer screening. “Lung cancer screening is different from just about any other cancer screening exam in that patients face stigma as current or former smokers,” explains Dr. Prosper. “That can be a real barrier to patients coming in to get screened for lung cancer.” Smoking stigma and fatalistic views about their lung health can keep this group from getting screened. “Any way that we can facilitate or normalize the process of getting screened for lung cancer will be beneficial to these patients,” says Dr. Prosper.

### Updated Guidelines Could Benefit African American Men

Current guidelines from the United States Preventive Service Task Force (USPSTF) recommend annual lung cancer screening with low dose computed tomography for adults 55 to 80 years of age who have a 30 pack-year smoking history and who currently smoke or have quit within the past 15 years. The USPSTF has recently proposed changes to lower the age range to 50 years and the smoking history to 20 pack-years.

	Current Guidelines	Proposed 2020 Revision
<b>Age</b>	55-80	50-80
<b>Pack-years</b>	30	20
<b>Years since quitting</b>	15	15
<b>Grade</b>	B	B

This could prove particularly helpful in the early detection of lung cancer among African American men, as they tend to develop lung cancer at a younger age and with a lower pack-year smoking history. “A lot of us have felt that the existing guidelines are not inclusive enough — that we’re not catching African American smokers in time,” says Dr. Prosper. “Seeing the USPSTF acknowledge this and widen the age range and widen the smoking history should really help us in terms of improving that inequity.” 

# UCLA's Radiology Practice at Martin Luther King, Jr. Community Hospital Offers Rewards that are as Great as its Challenges

Martin Luther King Community Hospital (MLKCH) is a private, non-profit, facility governed and operated by the Board of Directors of Martin Luther King, Jr. – Los Angeles Healthcare Corporation (MLK-LA). As part of the coordinating agreement between the County of Los Angeles and the University of California, UCLA plays a leading role in developing and maintaining medical care and quality standards. As a result, the UCLA Department of Radiological Sciences has provided technologists, image management staff, nurse practitioners and physicians for MLKCH's radiology service since the new hospital opened in 2015. The vision of MLKCH is to be a "leading model of innovative, collaborative community healthcare." MLKCH's mission is "to provide compassionate, collaborative, quality care and improve the health care of our community." MLKCH has developed an innovative community learning and resource center that serves as a link between the hospital and community residents, providers, and organizations.



## Planning and Initiating Radiological Services at MLKCH

The UCLA Department of Radiology has been heavily involved in the formation of the new MLKCH with Jonathan Goldin, MD, PhD, executive vice chairman for the UCLA Department of Radiology, appointed to its Medical Advisory Committee (MAC) in April 2014. The MAC, which was composed of seven physicians, was charged with many responsibilities — including drafting of the medical staff bylaws, numerous forms used for the medical staff application process and a large number of the hospital policy and procedures. The first medical staff election

was held on April 16, 2015, and MAC evolved to be the current Medical Executive Committee (MEC) once the hospital was licensed by the Department of Public Health on April 28, 2015. Dr. Goldin, and Edward Zaragoza, MD, professor of radiology and vice chief of Staff at Martin Luther King, Jr. Community Hospital, were elected to the MEC and continue to serve on that committee to the present day.

UCLA Radiology played a number of important roles in readying MLKCH to provide clinical care. UCLA helped identify imaging

equipment that would be needed to provide diagnostic and interventional radiology services. UCLA radiology personnel also helped MLKCH develop and implement their electronic medical records system, which is a different platform from the one used at UCLA Health's own hospitals. "We were involved in the validation of that platform, the build and the editing, so it would function as needed for the radiology environment," says Brenda Izzi, senior director of clinical operations for the UCLA Department of Radiology

As chief of radiology informatics, Dr. Zaragoza played a significant role in establishing the electronic workflow of radiological services at MLKCH. "Once we were given the mandate to add the interpretation of radiological studies from Martin Luther King, we had to find new tools that would enable us to bring together the IT assets from UCLA and MLKCH," explains Dr. Zaragoza. Once implemented, the changes enabled UCLA radiologists to bring elements from the two systems into a combined workflow. "The change was transformative," continues Dr. Zaragoza. "In addition to the individual radiologists on site at MLKCH, the full bandwidth of subspecialty radiology that we offer at UCLA is available to the patients at Martin Luther King.

It's a major accomplishment to bring that level of subspecialty expertise to an underserved community."

All UCLA radiology faculty are credentialed at MLKCH. Some are credentialed as on-site radiologists, while others are credentialed to provide only teleradiology.



**Jonathan G. Goldin, MD, PhD**  
Professor of Radiology and MBP  
Executive Vice Chairman  
Chief of Radiology, Santa Monica-UCLA  
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**Edward J. Zaragoza, MD**  
Professor of Radiology  
Section Chief Acute Care Imaging  
IT Clinical Director  
Department of Radiological Sciences  
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at UCLA

## An Underserved Patient Population

The population of patients served at MLKCH is notably distinct from the patient population at UCLA Health's two West Los Angeles hospitals. Many patients seen by UCLA radiologists at MLKCH arrive having no clinical history, no comparison studies, and frequently are presenting with diseases that have gone undiagnosed and untreated. Their delayed care can be due



**Patients at MLKCH often present with more advanced disease than do patients at the UCLA Health hospitals.**



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“With the opening of a dedicated IR suite, MLKCH will have a state-of-the-art platform from which to deliver the level of care that the community really deserves.”

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to a number of causes, including economic disadvantage, less frequent access to care and lack of awareness on when to seek care. Patients seen at the two UCLA Health hospital emergency departments, by contrast, include many tertiary care patients with robust clinical histories that include the care of multiple subspecialty physicians and many prior imaging studies for comparison.

In the absence of medical histories, UCLA radiologists work alongside MLKCH emergency room physicians to piece together a differential diagnosis based on the information that is immediately available. “You train yourself to be more comprehensive in your diagnostic approach and use other information to construct a more relevant differential for your clinician,” explains Nazanin Yaghmai, MD, professor of radiology and chief of Acute Care Imaging.

In addition, patients at MLKCH often present with more advanced disease than do patients at the UCLA Health hospitals. Acute Care Imaging radiologists working with the MLKCH emergency room physicians frequently diagnose conditions that would have been caught much earlier in patients with more frequent access to care. “A patient will come in with chest pain and — for various reasons — the ER radiologist is going to be the first to see the

large tumor or advanced fibrotic lung disease, the cardiomyopathy or the destructive lesions in the ribs that are contributing to the chest pain,” explains Dr. Yaghmai.



**Nazanin Yaghmai, MD**  
Professor of Radiology  
Section Chief, Acute Care Imaging  
Department of Radiological Sciences  
David Geffen School of Medicine at UCLA

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## Flexibility and Collaboration are Keys to Providing Care

Part of providing radiology services at MLKCH has been building an interventional radiology practice from the ground up. MLKCH does not have a dedicated interventional radiology suite, so the team has created an IR suite in the MLKCH operating room, using a mobile C-arm imaging device. This is a common setup for an outpatient setting, but a primitive one compared to UCLA Health’s advanced interventional radiology suites. “I think it’s incredibly exciting what we are able to do today in interventional radiology at MLKCH — our interventionalists are doing incredible work with

very limited fluoroscopy equipment resources,” Says Dr. Zaragoza. “That’s soon going to change with the opening of a new IR suite. They’re going to have a state-of-the-art platform from which to deliver the level of care that the community really deserves.”

Due in part to poor dietary habits, the community served by MLKCH has a high incidence of obesity and type 2 diabetes. The resulting prevalence of peripheral vascular disease and the risk of cardiac disease and stroke have fueled a demand for more advanced image-guided interventions.

Adam Plotnik, MD, assistant professor of radiology, an interventional radiologist who splits his time between Ronald Reagan UCLA Medical Center in Westwood and MLKCH, describes the stark contrast in the two patient populations. “People come to MLKCH with, for example, complications of diabetes that are extremely advanced. While it’s very unusual to see such advanced cases in our Westwood or Santa Monica hospitals, people come into the ER at Martin Luther King with very bad gangrene — even wounds that are crawling with maggots. Such neglected care makes it very challenging to give advanced care to this population,” explains Dr. Plotnik.

With a medical staff that is very streamlined compared to the robust, super-specialized teams that care for patients at UCLA Health — and with the challenge of treating patients who often present at the ER with end-stage disease and no prior work-ups or medical records — the treatment team at MLKCH tends to form especially strong collaborative interdependencies. “At MLKCH, we are able to manage very complex patients with a small, multidisciplinary team,” says Dr. Plotnik.



**Adam Plotnik, MD**  
Assistant Professor of Radiology  
Vice-Chair of Diagnostic Services,  
Martin Luther King, Jr. Community Hospital  
Interventional Radiology  
Department of Radiological Sciences  
David Geffen School of Medicine at UCLA

## Exciting Potential as a Training Environment

The same things that make practicing at MLKCH interesting and clinically challenging to UCLA faculty would make the MLKCH practice extremely valuable in contributing to the development of UCLA radiology trainees. “The case load that comes through MLKCH is very exotic. We see advanced presentation of malignancy, and advanced unusual infectious diseases,” says Dr. Zaragoza.


MLKCH is committed to developing a teaching program, but the MEC has chosen to ensure the establishment of a successful clinical practice before embarking on this next step. Recently they

opened an emergency resident rotation and UCLA Radiology is currently in discussions to bring interventional radiology fellows to the MLKCH practice “Ultimately, I’d like to be able to open the worklist that the attendings use to our residents and fellows to read as part of their training experience,” continues Dr. Zaragoza. “it could give trainees used to the types of patients we typically see in Westwood and Santa Monica insight into what happens in more disadvantaged areas.”

## A Uniquely Rewarding Radiology Practice

In addition to the professional enrichment provided by working in a setting so different from their UCLA Health practices, UCLA radiologists frequently mention the emotional rewards and satisfaction of providing care to MLKCH patients. Benjamin Plotkin, MD, associate professor of radiology and radiology director at Martin Luther King, Jr. Community Hospital practices exclusively at MLKCH and has been practicing there since it opened for patient care. Dr. Plotkin enjoys caring for patients in the community, which has not always had sustained and reliable health care. “I very much like MLKCH and the patients, and am happy to help in any small way I can,” says Dr. Plotkin. “I try to keep in mind that everyone has an unseen struggle — problems or issues that they are dealing with. I try to think about how I can make things more comfortable for them, alleviate their stress, answer their questions and explain at least what role I have in their care.”

Brenda Izzi points out that a number of the UCLA radiology staff working at MLKCH have strong ties to the community. “Many of them were born at the old King Drew Hospital and still live in the community. They know how hard it was in the community when the old hospital closed. To now have the ability to provide care at MLKCH — and provide care at the level of academic subspecialty that we do — has been very rewarding for them.”

“The department has opened up a practice within a very exciting health care environment, very different to UCLA hospitals and it offers an opportunity to expose our faculty — and in the future our residents — to the inequalities of health care,” sums up Dr. Goldin. “There’s a tremendous amount of satisfaction providing care to people and being educated in the disparities of health care in Los Angeles.” 



**Benjamin Plotnik, MD**  
Associate Professor of Radiology  
Radiology Director, Martin Luther King, Jr.  
Community Hospital  
Director, Musculoskeletal Imaging  
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**Brenda Izzi, RN, MBA**  
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## UCLA Radiology Expands into Calabasas



The UCLA Department of Radiology brings world-class expertise to the Calabasas community with the launch of our UCLA Calabasas Imaging and Interventional Center. The new facility will open in October 2020 and occupy over 7,000 square feet. Over 100 UCLA radiologists bring a wealth of expertise to the community, with subspecialists available to interpret specialized studies.

Our Imaging and Interventional Center brings the latest and most innovative technology to the community, including the Siemens MAGNETOM Vida 3-Tesla MRI. This machine has the latest technologies that adapt to the patient's body and movement, resulting in higher-quality images while increasing patient comfort. The Siemens Flash CT has dual source capability, resulting in high-quality images, and supports specialty studies including gout, cardiac and lung cancer screening evaluations.

Residents of Calabasas will also be able to receive interventional radiology procedures closer to home without going to a hospital. The center will be able to perform procedures that were previously available only in hospitals or ambulatory surgery centers, like in-bore MRI prostate biopsies and endovenous laser treatment. Patients requiring image-guided biopsies, drainages, ports, IVC filters and PICC lines will have the option to go to a community imaging center rather than recovering at a hospital.

### **Calabasas Imaging and Interventional Center**

26585 Agoura Rd., Suite 210

Calabasas, CA 91302

Central scheduling: 310-301-6800

[www.uclahealth.org/radiology/cic](http://www.uclahealth.org/radiology/cic)

## QGenda Working Group Improves Faculty Scheduling via Automation

The Department of Radiology at UCLA Health has formed a QGenda Working Group to review, standardize, and optimize faculty scheduling via automation. Created in May 2020 and sponsored by Dr. Jonathan Goldin, executive vice chairman, and Brenda Izzi, senior director, clinical operations, the working group's mission is to allow consistent and reliable clinical coverage schedules to be created for all sections, services and locations. By decreasing variability in scheduling templates and improving the automation of QGenda to predict shift, location, work type and skillset, the Work Group aims to create annual faculty schedules at the beginning of each academic year, rather than the current month-to-month faculty schedule creation and review. The Work Group is reviewing current state with each section and plans to roll out automation supported schedules by October 2020. Post implementation, the group will continue to oversee standard changes and requests.



*Brenda Izzi and  
Dr. Jonathan Goldin.  
Members (not pictured):  
Beth Amos, Elizabeth Jaurequi,  
Ed Lee, Kyle Miller, Andrew  
Villamil, Ludmila Youchkovets*

# UCLA Health

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or go to: [www.uclahealth.org/radiology/giving](http://www.uclahealth.org/radiology/giving)



UCLA Health's hospitals in Westwood and Santa Monica placed #1 in California and #4 in the nation in the 2020-2021 U.S. News & World Report survey.

## Our locations

UCLA Radiology is committed to providing outstanding patient care through excellence in clinical imaging at a number of convenient locations.

For more information, visit [www.uclahealth.org/radiology](http://www.uclahealth.org/radiology) or call (310) 301-6800.



## UCLA Radiology

AUTUMN 2020

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