

2023 RLI Impact in Leadership Award



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Project Description

I have been attending the ACR Practice Leaders meetings since 2010, and the RLI Annual Summit since 2012 from the inaugural meeting. I have attended multiple sessions of these meetings, and also have participated in presentations at these meetings, and the RLI Power Hour, most recently in 2022. The RLI meetings in particular were very inspirational to me and propelled my leadership career in my group, Radiology Associates of Canton (RAC) and subsequently also lead to my leadership role in Radiology Partners (RP). I also was inspired to obtain an MBA from the business curriculum of the RLI, which I completed at the Wharton School of Business in 2019.

The RLI experience exposed me to the use of business strategies generally in healthcare and how radiology could be helped by use of modern business strategies, particularly in private practice, along with other clinical strategies that could be applied in radiology. The following concepts were largely introduced to me at RLI meetings:

- Value = Outcomes/Cost
- Value of Hospital-based Radiologists
 - Better IP Coordination
 - Decreased Length of Stay
 - Shifting Inpatient to Outpatient Care
 - Role of IR in High Value Care
- Co-Management of Radiology Service Line
- Population Health Management/Utilization Management
- Imaging 3.0

I learned these concepts from multiple radiologist presentations but particularly from a few rad leaders, namely Frank Lexa, Jonathan Berlin and Rich Duszak along with others. These mentors were liberal in their sharing of ideas to inspire the audience, and as a young rad leader, I was hungry for actionable ideas. I could write many essays on how I implemented each of these concepts but I'll focus on one of the key parts of the foundation for me which is Co-Management.

Co-management was being discussed at the ACR/RLI meetings in 2011-2012 in the context of its use in Orthopedics and it was an open question of whether this could be adopted in radiology. I first heard about it at a lecture by Dr Brant-Zawadzki. There are multiple strategic benefits to implement this concept in radiology. It allows a private practice to showcase its clinical quality, for increased financial support for clinical services by investing and risk-sharing on important clinical initiatives, and ultimately

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bolstering a group's position with their health system as a strategic partner rather than a vendor. It also allows a radiology group to face the pressures of payer and health system consolidation, manage internal cultural and governance issues, and how to make the practice of radiology more sustainable with the newer generation of rads. This was all new to me about its potential in radiology.

I went back from the meeting in 2012 and developed the model to partner with Aultman Hospital on co-management of the radiology service line. The model was developed collaboratively with the health system on shared strategic goals, and with incentives to achieve clinical performance metrics. These were not TAT goals, they went beyond that to encompass true clinical quality metrics, such as improvement in mammography recall rate, improved IVC filter retrieval rate, improved length of stay by optimizing inpatient utilization, care coordination, IR oncology growth etc. We developed formal shared governance of the service line with the hospital including joint strategic planning, approval of capital equipment purchases, and tech staffing decisions. For the hospital, they obtained alignment with the rads without high cost of employment, and the rads became advocates for hospital clinical initiatives in collaboration with other service lines. For the radiologists, we strengthened our relationship, were able to recruit for IR and other subspecialties more reliably, and grow market share while maintaining our independence and dept leadership. There were many clinical improved outcomes from this model, along with financial benefits where we received additional \$400,000 support to our practice which was used to align our practice's governance to support this strategic initiative. This was very successful since it was instituted in 2012 at RAC and has continued all these years to the present through the group's partnership with Radiology Partners, which is a testament to the strength of the model. The model was published in JACR in 2015 and I have talked about it at multiple ACR/RLI presentations over the years.

This model of co-management allowed our group to develop another key RLI concept of radiology's role in population health management which was most inspired by Jonathan Berlin's ACR/RLI presentations along with others. The concept included use of CDS, use of ACR Recommendations for Incidentalomas, about how data mining could be used to evaluate outcomes, and about how hospital-based radiologists can manage utilization across the spectrum of inpatient/outpatient/ER. I took this concept and implemented it within the governance model of co-management at RAC. The hospital had purchased a data mining software called Montage, which could track keywords in our reports. Under co-management, RAC hired a radiology clinical coordinator who used Montage to review imaging results of inpatients being admitted for suspicious new neoplastic findings who may need a biopsy. The coordinator worked with the hospital admitting team to ensure whether a biopsy was needed, and if so, was able to expedite it rather than waiting for the usual process of a consult leading to a biopsy request to IR days later. We were able to reduce length of stay by 3 days in the inpatient biopsy population by using this strategy. This led to multiple other successful projects of population health management such as decreasing utilization of Chest CTA in the ER for pulmonary embolism by 15% over one year (won an ACR Gold Medal for Abstracts in 2016). These projects were formulated into a

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consulting group called RadHelp, which led to the partnership between RAC and Radiology Partners (RP) in 2015, and is the foundation of the clinical value team in RP.

So, in summary, as you can see, the ACR Practice Leaders meetings and RLI have been essential in my personal career growth as well as the success of RAC and RP, and has led to lasting clinical quality improvement as well as sustainable value-based radiology practice models. I couldn't have instituted these strategies without the guidance provided by the RLI as well as key associated RLI mentors including but not limited to Frank Lexa, Jonathan Berlin, Rich Duszak, Larry Muroff and others. The human capital and leadership of the RLI is a key institution guiding the future of the radiology specialty and I am honored to have been a small part of it and its impact in radiology practice leadership.