Checkmate! Building Better Patient Care - Strategic Concepts for Radiology
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Disclosures

Ricardo Cury, MD discloses that he is a consultant for Astellas Pharma and GE Healthcare and receives research grants from Astellas Pharma and GE Healthcare.
Institute of Medicine

• Patient Protection and Affordable Care Act
  – Change from a service-provision model to service-quality model (ACOs)

• Safe, effective, patient-centered, timely, efficient, and equitable care

• Metrics of quality patient care are being derived that are quantifiable:
  – Patient satisfaction
  – Cost savings
Disruptive Change

Fee-For-Service   Margins?   Value-Based Payments

INVEST IN QUALITY INITIATIVES

FOCUS IN THE PATIENT
Expectations for Radiologists

- Educate referring physicians
- Serve on committees
- Be patient advocates
- Establish imaging protocols
- Work to reduce radiation exposure
- Strive to make the radiology service as efficient and comfortable as possible
- Work with technologists to optimize the quality of imaging throughout the department
Strategic Planning Cycle

- Formulate Strategy
- Propose Mission
- Propose Goals
- Examine External Issues
- Examine Internal Issues
- Summarize Findings in a SWOT Analysis
Executing Your Mission Statement

- **Mission statement**: Mission + Vision + Core Values

- **Goals**: General statements of what radiologists want to achieve

- **Objectives**: Specific, quantifiable, time-sensitive statements

- **Action Plans**: A statement of how we are going to achieve the above objectives
Define Stakeholders

• Patients
• Referring Physicians
• Hospital / Health Care System
• Community at Large
• Radiologists
Define Strategy

- High performance
- Innovation
- Premium price
- Apple or Ritz-Carlton

- Low cost proposition
- Efficiency/Standardization
- Walmart or Toyota

- Needs of specific customers
- Health services – ACOs
- IBM

Enzmann D et al. JACR Mar. 2013
Simulation: Mid-Size Radiology Practice

- 30-50 Radiologists
- Providing services to two (2) Hospitals
- 5 Outpatient Centers
- Requirements: 24/7 coverage of two (2) Hospitals EDs and Subspecialty care
To provide high quality, safe and compassionate care in diagnostic and interventional services to patients, referring physicians, Hospitals and our community at large
Vision

• To be the regional leaders in Diagnostic Imaging and Interventional services

• To create a Center of Excellence in the delivery of Imaging and Interventional across the care continuum

• Strategic collaboration and integration will enable us to deliver higher-value services under any payment and care delivery model
Core Values

- Excellence
- Subspecialty Care
- Personal Service
- Quality
- Innovation
SWOT Analysis

Strengths:

- Increasing subspecialized expertise
- Strong relationship with the Hospital
- Support from administration
- Regional recognition
- Quality of physicians
- In-house coverage
SWOT Analysis

Weaknesses:

- Lack of income diversification
- Tied to one Hospital System
- No significant hard assets
- Lack of IT support
- Politics within the group
SWOT Analysis

Opportunities:

• Hospital alignment
• Alignment with other Radiology practices
  • Gain market share
  • Baby boomers (increase in imaging needs)
• Improve contracts
• New business
• Use technology and physician extenders
• Increase marketing efforts and awareness of radiology services
SWOT Analysis

Threats:

• Decreasing reimbursement
• Increasing after-hours work
• Increasing number of non-compensated cases
• National Radiology Practices
• Competing local Radiology groups
• Leakage of studies
• Health care reform and ACOs
• Turf wars
• Self-referral / In-office imaging
Leadership Matters

Likeable Business

Gratefulness

Authenticity / Transparency  Adaptable

Surprise & Delight  Responsiveness  Simplicity

Listening  Storytelling  Passion  Team Playing
Goals
Goals

1 - Strengthen your Hospital Relationship
Goals

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2 - Strategic Alliances on the National or Regional Level
Goals

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3 - Develop a Robust Quality Improvement Program
Goals

1 - Strengthen your Hospital Relationship

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3 - Develop a Robust Quality Improvement Program

4 - Improve Personal Service
Goals

1 - Strengthen your Hospital Relationship

2 - Strategic Alliances on the National or Regional Level

3 - Develop a Robust Quality Improvement Program

4 - Improve Personal Service

5 - Invest in IT: “Image delivery anytime/ anywhere”
1- Strengthen your Hospital Relationship

2 - Strategic Alliances on the National or Regional Level

3 - Develop a Robust Quality Improvement Program

4 - Improve Personal Service

5 - Invest in IT: “Image delivery anytime/ anywhere”

6 - Marketing: Improve Radiology visibility
1- Strengthen Your Hospital Relationship

Hospital Metrics/Goals

• Decreased length of stay
• Increased contribution to operating margins, amortization of hospital fixed costs, and shared capital resources
• Cost awareness and active cost management
• Increased efficiency and process improvement
• Measurable service quality (payer incentives)
1- Strengthen Your Hospital Relationship

Service Improvement

- Quality
- Patient management
- Departmental efficiency
- Patient safety (radiation, contrast, contra-indications)
- Strategic growth
- Cost management (capital resources)
- Process awareness and improvement
- Development of new and valuable procedures
- Communication of critical findings
1- Strengthen Your Hospital Relationship

Strategic Collaboration

- Participate in the C-Suite – Regular meetings
- Be part of the development of ACOs or CINs
- Have a seat on the table
- Support Centers of Excellence in your Hospital
- Alignment of recruitment and areas of growth
- Strategic Planning with the Health System
2 - Strategic Alliances with Other Radiology Practices

- Share Best practices
- Decrease operational costs (healthcare insurance, malpractice insurance, billing)
- Economies of scale (supplies, etc…)
- Ability to provide increased service (subspecialty reads)
- Manpower support
- Leverage with Private payors and Health Care Systems
- Alternative to employment
- Better position to compete in the market place
- Protect your home base (market)
- Risk for commoditization
2 - Strategic Alliances with Other Radiology Practices

National Consortium of Private Radiology Practices
2 - Strategic Alliances with Other Radiology Practices

Group Practice Without Walls

- **Class A Voting**
  - co-equal voting

- **Class B Non-Voting**
  - Single tax id

NEWCO, LLC

- **Division I**
- **Division II**
- **Division III**
- **Division IV**
2- Strategic Alliances with Other Radiology Practices

Why Consolidate?

• Bargaining power in relation to payors/vendors
• Position for recruitment, growth and future success
• Position to contract with ACOs, health systems
• Revenue enhancements (e.g., clinical trials, captive insurance)
• Improved access to capital for technology and growth
• Economies of scale (e.g., insurance, employee benefits, staffing, operations)
• Information technology platform and clinical integration
• Quality improvement through peer interaction
• Quality of life (e.g., more coverage/less call)
Principal Obstacles to Consolidation

- Shared governance
- Change of brand identity
- Different cultures
- Different IT platforms (and recent IT investments)
- Different billing arrangements
- Different debt profiles
- Different payment contracts/rates
- Different salary and benefit structures
- Different buy-sell arrangements
- Trust?
3 - Quality Improvement Program

GOAL: To provide excellence and safety in Imaging delivery and care

- Patient safety
- Quality of the images
- Quality of the interpretations
- Service to patients and referring physicians
- Cost containment
- Helping build the hospital's business
3 - Quality Improvement Program

Service Standards

• Report TAT
• Subspecialty expertise
• Time between request and exam completion
• Patient Satisfaction
• Physician Satisfaction
• Measures of resource use and efficiency
• Peer review
• Critical alert report and compliance
3 - Quality Improvement Program
3 - Quality Improvement Program

Patient Satisfaction

Year to Date 2012 Outpatient Satisfaction

Baptist Diagnostic Center
Patient Satisfaction Report

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Overall Rating</th>
<th>95th Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bone Density</td>
<td>97.7</td>
<td>94.9</td>
</tr>
<tr>
<td>CT Scan</td>
<td>96.0</td>
<td>94.9</td>
</tr>
<tr>
<td>Mammography</td>
<td>94.5</td>
<td>94.9</td>
</tr>
<tr>
<td>Radiology</td>
<td>96.5</td>
<td>94.9</td>
</tr>
<tr>
<td>Ultrasound</td>
<td>93.9</td>
<td>94.9</td>
</tr>
<tr>
<td>Registration Overall</td>
<td>93.5</td>
<td>94.9</td>
</tr>
<tr>
<td>BDC Overall</td>
<td>95.4</td>
<td>94.9</td>
</tr>
</tbody>
</table>
3 - Quality Improvement Program

Referring Physician Satisfaction

- 96% Very Satisfied & Satisfied
- 4% Not Satisfied
3 - Quality Improvement Program

Turnaround Time

![Graph showing turnaround times and percentage of cases](image-url)
3 - Quality Improvement Program

Standardization of Imaging

- Inserting Imaging into the Protocol Development Process
  - Identify pathways and protocols involving imaging that are currently undergoing standardization efforts
  - Encourage participation by both radiology leaders and radiologists in hard-wiring appropriate imaging into new protocols

Typical Pathway Priorities for Most Organizations

- Lower back pain
- Hip and knee inflammation
- Chest pain
- Migraine headache
- Trauma
Acute Chest Pain Protocol - CTA

- 5 Hospitals
- Miami Baptist 100-Bed Emergency Department
- Six 64-slice MDCT and HDCT
- Operation 7 days/week

6000 patients
**Table 3.** Chest pain algorithm work-up and considerations for diagnostic strategy in patients presenting to the emergency department

<table>
<thead>
<tr>
<th>Level</th>
<th>Considerations for diagnostic work-up</th>
<th>Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>STEMI</td>
<td>Cath lab</td>
</tr>
<tr>
<td>2</td>
<td>NSTEMI or UAP</td>
<td>Cath lab</td>
</tr>
<tr>
<td>3</td>
<td>Suspected ACS TIMI &gt; 2</td>
<td>SPECT MPI</td>
</tr>
<tr>
<td>4</td>
<td>Suspected ACS TIMI ≤ 2</td>
<td>Coronary CTA</td>
</tr>
<tr>
<td>5</td>
<td>Non-cardiac chest pain</td>
<td>CXR, Chest CTA (PE, Aortic Dissection or TRO), V/Q scan, GI work-up, etc.</td>
</tr>
</tbody>
</table>

ACS, Acute coronary syndrome; PE, pulmonary embolism; CXR, Chest x-ray; TRO, triple rule out; GI, gastrointestinal; UAP, unstable angina pectoris.
Length of Stay

Length of stay (LOS)

- 2009: 28.8 h
- 2010: 14.0 h
- 51%
Decrease in Costs

Cost per patient for chest pain evaluation

- Approximately 10% decrease in cost per patient after CTA Implementation
- Cost from $2751 to $2374
3 - Quality Improvement Program

- PQRS
- MOC
- Radiation dose
- Decrease inappropriate testing (Inpatient setting)
- Meaningful Use
- ACR RadPeer
4 - Improve Personal Service

- Core group of physicians in each Hospital
- Medical Directors in each outpatient center
4 - Improve Personal Service

Committees

Goal – Increase participation of group members

- Manpower and Operations
- Marketing
- Billing
- Finance
- IT
- Quality Improvement
4- Improve Personal Service

Medical Directors

- Ownership
- Loyalty
- Better communication with managers and supervisors
- Monthly staff meetings
- Reach out to local referring physicians
- Ensure patient satisfaction
- Ensure referring physician satisfaction
4 - Improve Personal Service

Innovation – Radiology Rounds

IV. Radiology Rounds:
Baptist wireless network + iPad

**LEGEND**

- Encrypted data
- Unencrypted data

**BHSF Network**

**Radiotherapy Rounds**: Radiologists would round in the Hospital (ED, Chest Pain Unit, Pediatric floor, Stroke unit, MSK, OB-GYN, etc…) with iPads and discuss cases with clinicians.

**Pros**: Data is secure while in transit if HTTPS or similar is used. Solution is portable and suitable for use in Baptist facilities with wireless access.

**Cons**: Cost of portable devices. No solution is yet offered by Phillips (e.g., iSite).

*An in-house App Server is in development, but not ready for production.*

- **App Server**: accesses images in PACS and provides them to mobile users; may be integrated with the PACS, or may be a separate system. May use HTTPS.
- **Wireless**: wireless provides proximity, HTTPS provides security.
- **IPad**: Mobile device shall provide acceptable image display and performance.
4 - Improve Personal Service

Radiology Rounds

• Innovation
• Deliver value-added services
• Improve Radiologist visibility
• Increase patient and referring physician satisfaction
• Utilization management – increase appropriate tests
Cloud Based Solution – Image Sharing

- Image anytime, anywhere
- Eliminate CDs and films
- Reduce costs
- Vendor Neutral Archive
- Patient Health Record
- Storage in the cloud
5 - Invest in IT Infrastructure

Bigger Data (Data analytics)

- RIS/PACS/VR
- EMR/ Hospital system
- Claims data
- Patient Outcomes
- LOS, Readmission rates
- Downstream testing
- Cost
- Management/ technological revolution
- Data governance and pattern recognition
- Key performance indicators/ Score cards
5 - Invest in IT Infrastructure

Bigger Data

DATA ➔ INFORMATION ➔ KNOWLEDGE ➔ WISDOM

James H. Thrall, MD
5 - Invest in IT Infrastructure

Improve subspecialty coverage – Remote reading
5 - Invest in IT Infrastructure

Radiology Call Center

**Example Vehicles for Collaboration**

- **Call Center**
  - Call center for referring physicians
  - Call center forwards calls to physician responsible for study or patient in question

- **Access to Radiologists**
  - Radiologists carry cell phones and regularly answer calls from referring physicians
  - Reading room number made available

- **Proactive Results Communication**
  - Every positive finding on a study, not only critical findings, communicated via a phone call to the physician

- **Referring Physician Interaction**
  - Radiologists participate in medical society events
  - Host dinners, on-site events for referring physicians
5 - Invest in IT Infrastructure – 3D Lab

- Improve tech efficiency and workflow – CT/MRI
- Standardization of imaging delivery
- Provide quantitative data
- Destination for advanced imaging studies
6 - Marketing – Improve Radiology Visibility

[Image of RASF website]
6 - Marketing – Improve Radiology Visibility

- Marketing visits
- Radiologist visits to referring physician offices
- Educational talks to referring physicians
- Built relationship with referring physician
- Increase referrals
6 - Marketing – Improve Radiology Visibility
Subspecialty coverage
Radiology – Center of Excellence

- Improve Radiology-Hospital Relationship
- Strategic Collaborations: National and Regional level
- Robust Quality Improvement Program
- Improve Personal Service
- IT – “Image deliver anytime/anywhere”
- Bigger Data
- Radiology Rounds – Visibility, utilization management
- Radiology Call Center – Integration among all facilities
- Dedicated marketing strategy
Checkmate!
What are your personal goals to add value to your Radiology group?

1-
2-
3-
4-
5-
What are your personal goals to add value to your Radiology group?

1- *Invest in personal leadership growth (ACR – RLI)*
2 - *Add-value to your section/departmental growth*
3 - *Participate in at least one Hospital or group committee*
4 - *Speak with at least one referring physician/ day*
5 - *Speak with at least one patient / day*
Thank You

Radiology Associates of South Florida