



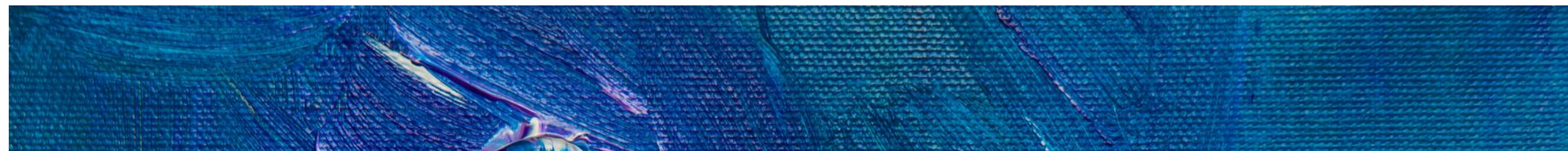
# WHY QUALITY IN RADIOLOGY MATTERS IN 2023 AND BEYOND

[WWW.RMIPC.NET](http://WWW.RMIPC.NET)



# DISCLOSURES

I have a relevant financial relationship with iCAD, GE and Merge/Merative as a consultant.



# OBJECTIVES

1

WHY QUALITY IN RADIOLOGY MATTERS IN 2023 AND BEYOND

2

CURRENT EXAMPLE OF MICHIGAN MARKETPLACE PRESSURE FOR UNDERSTANDING QUALITY AND DIFFERENTIATING COMPANIES BASED ON QUALITY

3

RADIOLOGISTS' OPPORTUNITY TO EMBRACE CHANGE AND LEAD WITH QUALITY

4

LEARN HOW PARTNERING WITH INDUSTRY CAN HELP TO STRENGTHEN OUR GOALS AS RADIOLOGISTS



# JACR

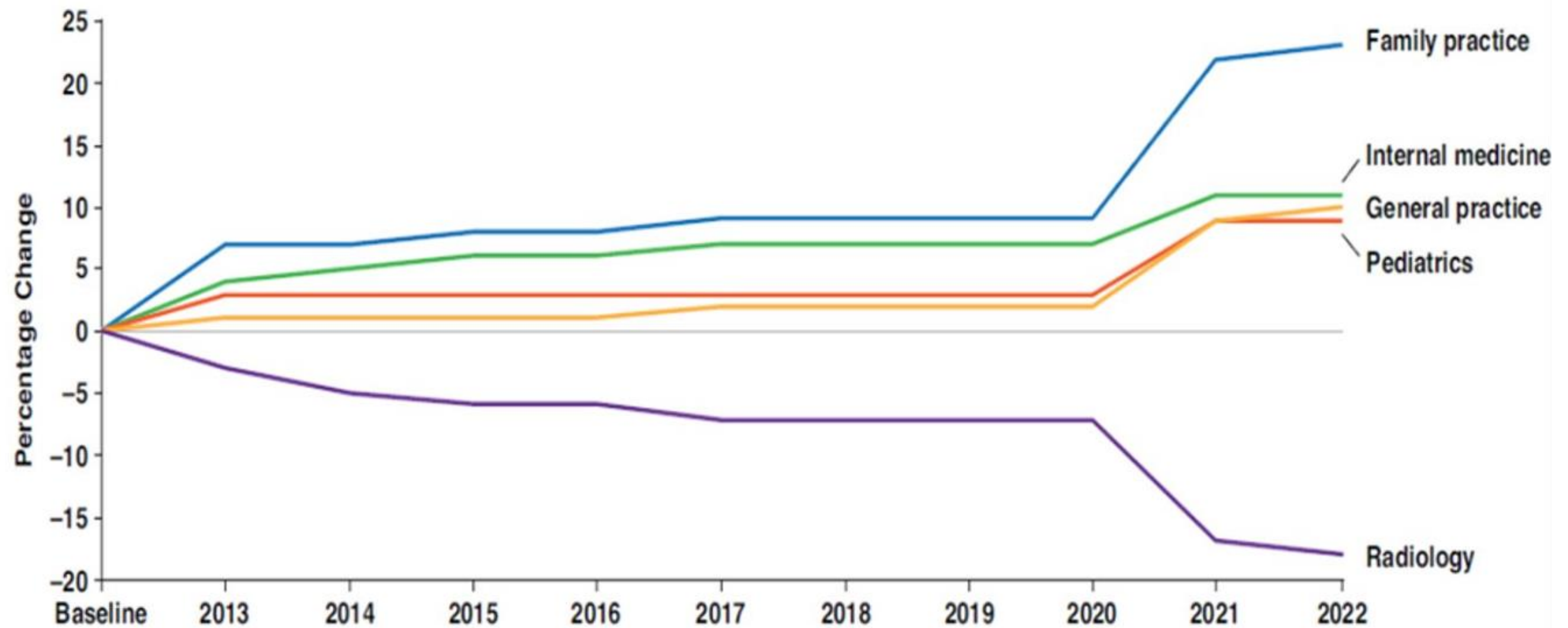
Table 1. Mean adjusted reimbursement trends from 2007 to 2019

Imaging Modality	Mean CAGR	Mean Annual Change	Mean Unadjusted Total Percentage Change	Mean Total Percentage Change
Bone densitometry	-9.7%	-\$8.24	-63.6%	-70.5%
CT	-4.9%	-\$17.66	-32.2%	-45.1%
CTA	-6.0%	-\$38.12	-41.4%	-52.5%
Mammography	-0.6%	-\$0.98	14.7%	-7.1%
MRA	-6.2%	-\$39.83	-42.8%	-53.7%
MRI	-8.2%	-\$52.08	-55.7%	-64.1%
Nuclear medicine	-0.4%	-\$0.32	18.2%	-4.3%
Radiography	-1.3%	-\$0.71	5.5%	-14.6%
Ultrasound	-2.1%	-\$4.13	-4.8%	-22.9%

Note: All values are adjusted for inflation. CAGR= compound annual growth rate; CTA= CT angiography; MRA= MR angiography.

# HHS MPFS FINAL RULE

## IMPACT TABLES



**Fig. 1**—Comparison of primary care specialties and radiology with respect to Medicare reimbursement policy changes over 10 years. Graph shows cumulative year-over-year percentage change from 2013 to 2022, with 2012 as baseline, in expected impact resulting from policies in Medicare Physician Fee Schedule Final Rule. Data obtained from Department of Health and Human Services MPFS Final Rule, Impact Tables, for calendar years 2013 through 2022 [



Between 2005 and 2021, when adjusted for inflation, reimbursement to radiologists per Medicare beneficiary declined by 24.9%



Additionally, the conversion factor for radiology for the budget neutrality equation over this period declined by 7.9%



RVUs per beneficiary performed by rads increased by 13.9%



All of this means more services/patient with less overall pay!

# JACR AUGUST 2023

(Lauren and Greg Nicola)

# RADIOLOGY

## BUSINESS PROBLEMS

- Rising costs
- More and more regulation and need for complex systems to navigate the landscape
- Professionals leaving the industry
- No one available to run equipment
- Lack of measures that apply to radiology and the topping out of measure in use today, leaves radiology with no ability for uplifts and real risks of penalties in the MACRA/MIPS Medicare programs



# NEED TO PARTNER WITH REGIONAL BC/BS PROGRAMS



- We must demonstrate our value to the carriers and gain their respect for what we bring to the table
- Our colleagues in large POs must also understand the value of quality imaging services and the money they can save by working with great radiology teams
- Radiology groups will need to assess their strengths and weaknesses in this environment



# MICHIGAN HAS A LARGE PATIENT POPULATION THAT IS BEING MOVED INTO VALUE-BASED SYSTEMS



# WHAT'S THE VALUE?

Healthcare industry has moved to value-based pay

Fee for service is a dying model which rewarded people for doing more

Under value-based pay healthcare providers are paid for outcomes

Good outcomes require quality services that reduce unnecessary tests and use the shortest and most efficient pathway to maintaining the populations' good health



**VALUE** -----> **RELEVANCE**



## Shareholder Value

- Company Owner
  - Earnings (EBITDA)
  - Brand Valuation

## Stakeholder Value

- Radiologists
- Employees
- Referring (PO) Facilities
- Communities

# HOW DO WE DO THIS?

## MICHIGAN RADIOLOGICAL SOCIETY

- Radiology is at the center of this transformative change
- More and more providers are depending on imaging to diagnose and direct treatment in patient care
- Radiologists need to be engaged in this transformation



# W. EDWARDS DEMING

THE FATHER OF QUALITY

**“Uncontrolled variation is  
the enemy of quality”**

Putting a good person in a bad system will not lead to quality





# WE MUST REDUCE VARIABILITY AND IMPROVE QUALITY

By improving process, we can reduce variability and improve quality of care

This is the value proposition for radiologists moving forward





- Incentive programs have developed that reward quality-based radiology groups that can deliver quality care at a reduce cost to the system
- Decreasing reimbursements have put tremendous pressure on the industry
- Efficiency gains are tough to come by
- How is quality rated in the industry?



# FEEDBACK IS IMPORTANT



In Michigan companies are working with payers to develop cost effective value care systems



Covera is in the marketplace working with BC/BS to identify quality players in radiology



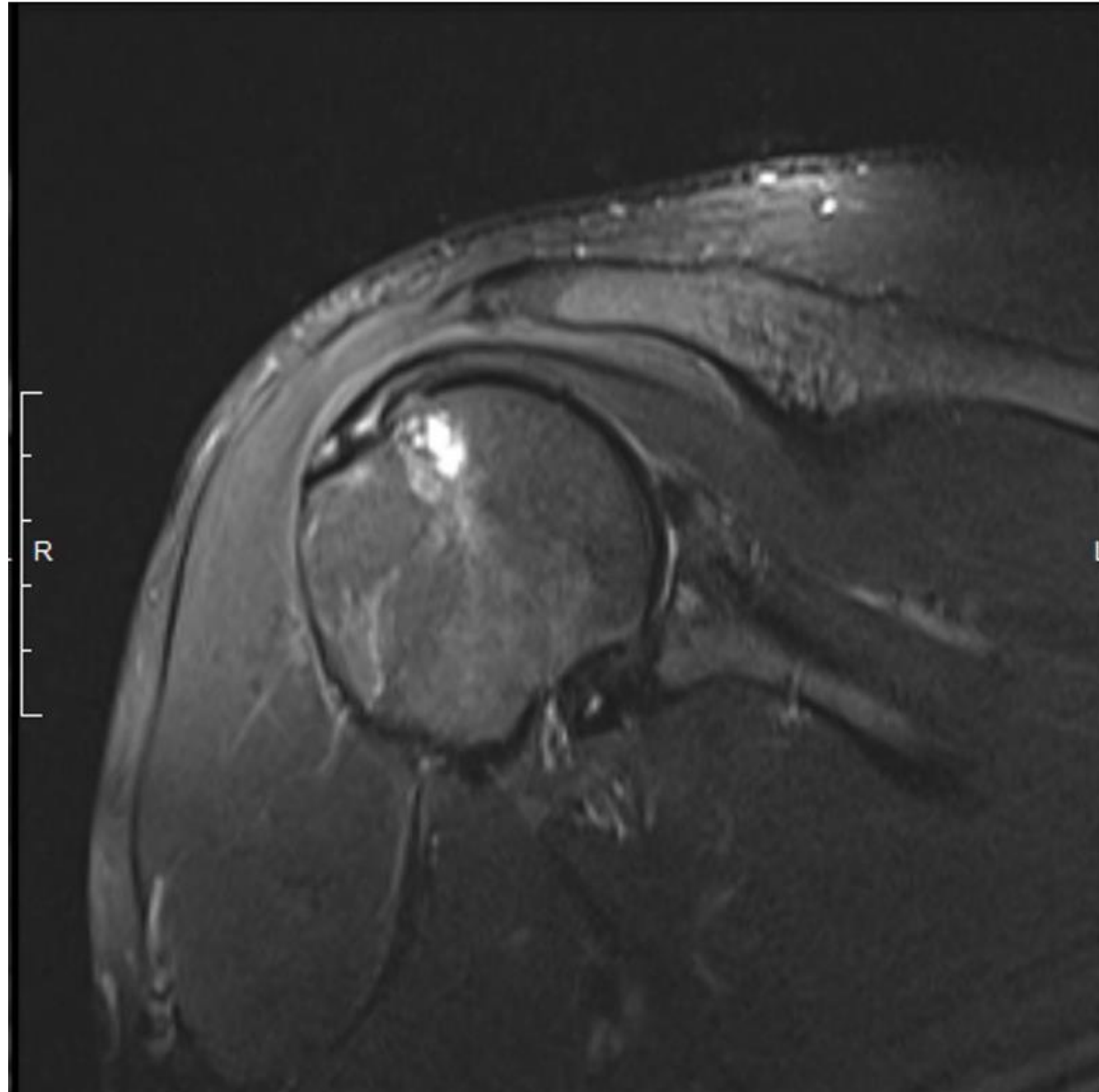
A multiyear project that Covera has taken on to transform the industry and work to bring value-based pay to the practice of radiology in Michigan

# RMI EXPERIENCE WITH COVERA

- Clinical image datasets are analyzed with AI powered intelligence platform
- Provide feedback on quality and give insight as to where work is needed to drive right diagnosis and care
- Accurate diagnosis leads to reduced costs
- Those with the best teams and systems will draw the attention of the payers and POs



# Feedback On Discrepancies



covera  
health

The feedback in this report has been provided as part of a quality review by Covera Health, Inc and/or its affiliates (Covera Health). It represents a potential discrepancy in the interpretation of this study identified by a subspecialist radiologist who is part of Covera Health's quality review team. We bring this feedback to your attention for educational and quality improvement purposes.

Study Type

Shoulder

Study ID

O6B8AP8YIE9S7ZKU

Original Report Assessment

Acromial Morphology - Primary reader silent or unclear

Covera Assessment

Acromial Morphology - Os acromiale

04503364

Series/Image

9/2, 14/5 and 13-15/3

Original Report Assessment

Supraspinatus/Infraspinatus - Minimal or mild tendinopathy

Covera Assessment

Supraspinatus/Infraspinatus - Severe tendinosis/interstitial tear

Series/Image

12/4

ⓘ

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# BUILDING PARTNERSHIPS



Michigan radiologists need to work with industry to show our value



Sharing data to improve quality throughout the state



To be of value we will need to work on reducing variability in the profession



# HOW TO IMPROVE



Through industry partnerships radiology groups can gain an understanding of where they are in quality metrics compared to others in the state of Michigan and around the country



In doing so, quality metrics can be reviewed in a confidential manner and radiologists can work to improve these metrics



Improved metrics/quality leads to improved value



Working with industry, radiologists can change the way we are paid by demonstrating our quality/value

# WHERE DO WE GO FROM HERE?

At RMI we have adopted a policy of working with all players in industry to gather feedback wherever we can

We are driven by change and working to be the best that we can be

We work to make change where we can at RMI to have best in class service and care



RADIOLOGY GROUPS IN MICHIGAN  
NEED TO PUSH FOR **QUALITY** AND  
REDUCED **VARIABILITY**



# EMBRACING CHANGE



- Radiology is rapidly evolving with AI touching everything we do
- We will need to evolve with this change and learn to use the tools that are now being used by others to look at our diagnostic work
- Managing this barrage of change is challenging at best and overwhelming at worst



# ACR/MRS

## ORGANIZATION LEADERSHIP

- ACR has worked to help control variability and bring some organization to interpretation by deploying BI-RADS, O-RADS, TI-RADS, LUNG RADS and PI-RADS
- ACR directed Clinical Decision Support tools are now embedded in most dictation systems
- We are working to reduce variability and improve quality across the industry



# MY RECOMMENDATIONS TO YOU



Invest in things that make you better

Reduce variability in your group

Drive for efficiency

Develop and use communications systems that work for patients and physicians

Stay Engaged with Industry leaders