Radiology’s Role in Population Health Management

Three Ways Your Imaging Infrastructure Can Support Population Health

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Demystifying Population Health

Infrastructure to Support Population Health Management

Q&A
Death by Buzzwords?
Becoming Difficult to Sort Through the Noise

Remote Monitoring
Multidisciplinary
Readmission
Care Navigator
Transitions of Care
High-Risk
Handoffs
Psychosocial Support
Health Coach
Wellness & Prevention
Patient-Centered Medical Home
Care Coordination
Risk Stratification
Care Plan
Care Coordination
Seamless
Care Management
Population Health
Outcomes
Top-of-License
Continuum of Care
Chronic Care
Community Partnerships
Medication Reconciliation
Outreach
Follow-up

Source: Imaging Performance Partnership interviews and analysis.
What Is Population Health Management?

Bigger Than Just Hospital Care

“Population health has been defined as: ‘the art and science of preventing disease, prolonging life, and promoting health through organized efforts and informed choices of society, organizations (public and private) communities and individuals.’”

Dartmouth-Hitchcock Medical Center

“Population health resides at the intersection of three distinct health care mechanisms: increased prevalence of evidence-based preventive services and behaviors; improved care quality and patient satisfaction; advanced care coordination across the health care continuum.”

American Hospital Association

Value = Quality, Patient Outcomes

Cost of Care

The Market Realities Ahead

Three Fundamental Forces Driving Shift to Population Health

**Driving Force #1: Complex Patient Population**
- Burden of chronic disease and aging population driving cost growth
- Expanding pool of Medicare beneficiaries intensifying utilization

**Driving Force #2: Resource Shortages**
- Insufficient number of clinicians caregivers to meet growing demand
- High turnover among nurses, support staff across settings
- Unfavorable FFS\(^1\) economics decreasing hospital reimbursement

**Driving Force #3: The Great Risk Shift**
- Efforts to reduce payment, rein in expenditures
- Emphasis on linking reimbursement to quality metrics and patient outcomes, jeopardizing operating margins
- Growth of risk-based delivery models such as bundled payments and ACOs\(^2\)

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1) Fee for Service.
2) Accountable Care Organization.

Source: Imaging Performance Partnership interviews and analysis.
An Increasingly Comorbid Population

Small Segment of Patients Contribute Disproportionately to Costs

### Percentage of Patients by Number of Chronic Conditions

**Medicare Beneficiaries, 2012**

- 0-1 conditions: 32%
- 2-3 conditions: 32%
- 4-5 conditions: 23%
- 6+ conditions: 14%

### Medicare Spending on Top 20% Most Costly Beneficiaries

- 20% of Beneficiaries account for 80% of Spending
- 81% of Spending is from 19% of Beneficiaries

In the Midst of Declining Resources
Increasing Demand for Care, Looming Workforce Shortages

Projected Physician Supply and Demand
Primary Care and Specialists, 2010-2020

Hospitals Bearing the Brunt of Payment Cuts
Reducions to Medicare Fee-for-Service Payments

1) Registered nurse.

Providers on the Hook for Long-Term Quality, Costs
Changing Payer Incentives Increasing Cross-Continuum Accountability

Select Initiatives Expanding Responsibility Across the Continuum

Pre-Acute | Inpatient Acute | Post-Acute

- Readmissions Reduction Program
- ACE\(^1\) Demonstration
- BPCI\(^2\) Initiative
- Accountable Care Organizations/Shared Savings Programs
- National Pilot Program on Payment Bundling
- Value-Based Purchasing

1) Acute Care Episode.
2) Bundled Payments for Care Improvement.

Source: Imaging Performance Partnership interviews and analysis.

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Running or Walking, Many Providers Taking on Risk

Three Motivators for Providers to Assume More Risk

Financial Advantage
- Move away from faltering fee-for-service economics
- Secure financial reward for value

Market Advantage
- Attract preferred physician partners
- Secure attractive purchaser contracts

Clinical Advantage
- Align financial incentives with mission
- Support investments in better health

Providers “Inherent” Level of Risk Is Rising

Populations for Which Providers Are “At Risk”

**Always Accountable**

- Health system employees and dependents
- Self-pay patients
- Managed care patients

**Newly Accountable**

- Individuals shopping on health insurance exchanges
- Medicare patients subject to readmission penalties and VBP¹
- Mandatory joint bundled payment

**Potential for Contracted Risk**

- Medicare patients under shared savings and BPCI
- Commercially insured patients
- Employees of self-funded employers

¹ Value Based Purchasing

Source: Imaging Performance Partnership interviews and analysis.
Success Requires Risk Stratification

Segment Care Management Models Based on Patient Care Needs

Three Distinct Patient Populations and Care Strategies

- **High-Risk Patients**: 5% of patients; usually with complex disease(s), comorbidities
  - Trade high-cost services for low-cost management

- **Rising-Risk Patients**: 15-35% of patients; may have conditions not under control
  - Prevent patients from becoming high-risk

- **Low-Risk Patients**: 60-80% of patients; any minor conditions are easily managed
  - Keep patients healthy, loyal to the system

Balancing Dual Goals

Prioritizing Initiatives That Promote Quality and Lower Cost

Initiatives that both improve quality and lower cost of care prioritized under population health

Clinical Quality
- Clinical outcomes
- Patient safety

Low Cost
- Total cost management
- Care efficiency

Source: Imaging Performance Partnership interviews and analysis.
Populations Health Risk Stratification

- **High-Risk Patients**: 5% of patients; usually with complex disease(s), comorbidities
- **Rising-Risk Patients**: 15-35% of patients; may have conditions not under control
- **Low-Risk Patients**: 60-80% of patients; any minor conditions are easily managed

Related Imaging Initiatives

- Utilization management
- Incidental findings management
- Lung cancer screening
- Clinical decision support
- Mammography
- CT colonoscopy
- Clinical decision support

*Source: Imaging Performance Partnership interviews and analysis.*
If You’re Not at the Table, You’re on the Menu

Rethinking Radiology’s Value Proposition Under Population Health

**PRESENT**

**VOLUME x PRICE**

**Fee-For-Service**
- Success measured by maximizing volumes and revenues
- Focus on individual scans and reads

**FUTURE**

1. Identify improvement opportunities across the continuum of care
2. Engage radiologists in consultative roles
3. Prioritize the right patients for the right clinical interventions

**Value-Based**
- Success measured by population health outcomes and total costs of care
- Multidisciplinary collaboration across care settings

“There is a risk, if we are not at the table, that our value is still measured in RVUs and the number of interpretations. In that case, when you put in a system that puts in some type of regulator on how many of those tests are done, there is no way to capture dollars for the additional activities that you are doing.”

*Clifford J. Belden, MD*
*Dartmouth-Hitchcock Health System*

Source: Imaging Performance Partnership interviews and analysis.
Radiology’s Role in Population Health Management

Radiology-Led Initiatives to Advance Population Health Goals

1. Right-size utilization
2. Leverage opportunities for imaging-led screening programs
3. Manage incidental findings

Infrastructure to Support Population Health Management

4. Invest in integrated data sharing platforms
5. Develop population health alignment models
6. Explore alternative payment structures

Source: Imaging Performance Partnership interviews and analysis.
Road Map

1. Demystifying Population Health

2. Infrastructure to Support Population Health Management

3. Q&A
Lesson #5: Invest in Integrated Data Sharing Platforms

Using Large Amounts of Data to Define and Analyze a Population

Radiology Data Sources

- Emergency department
- Radiology reports
- Referring physicians
- Images

Outcomes of Data Analysis

- Downstream utilization
- Dose monitoring
- Patient risk stratification
- Disease surveillance
- Diagnosis and treatment guidelines

1) Information technology.

Source: Imaging Performance Partnership interviews and analysis.
Data Analysis Reliant on IT Integration

Two Components of IT Necessary to Support Population Health

1. **Data Extraction and Analysis**
   - System for collecting data from images, radiology reports to analyze for use in risk stratification, disease monitoring

2. **Platform Integration**
   - Integration of IT systems to facilitate image and report sharing, increase coordination between providers

Source: Imaging Performance Partnership interviews and analysis.
Reduce Costs and Improve Quality Through Integration

IT Integration Necessary for Data Sharing, Provider Communication

IT Integration Provides Cost and Quality Benefits

**Cost**
- No costs associated with hard copies of images
- Reduced costs by avoiding patient rescans
- Lower cost for health system to give referrers access to images

**Quality**
- Reduced radiation dose from repeat scans
- Access to complete patient medical history
- Greater access to subspecialty reads
- Shorter turnaround times due to quicker image access

Source: Imaging Performance Partnership interviews and analysis.
# Expanding Our Reach

## Broader Access Promotes Coordination of Care

### Range of Options for IT Integration

<table>
<thead>
<tr>
<th>Level of Access Provided</th>
<th>EMR Integration</th>
<th>Direct PACS Interface</th>
<th>Cloud-Based Viewing</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All patient records</td>
<td>Images, can allow for reports</td>
<td>Reports and images</td>
</tr>
</tbody>
</table>

| Software Requirement     | All network providers must have software | Software required                              | No software required |

| Scalability to Referrers | Only in-network providers          | Any referrer with software and permission to access | Any referrer with permission to access |

| Cost                     | Most expensive                    | Moderately expensive                          | Least expensive     |

| Mobile Access            | No                              | No                                           | Yes                 |

## Goal of IT Integration to Support Population Health

Extend access to as many referrers as possible at lowest cost

Source: Imaging Performance Partnership interviews and analysis.
Cloud-Based Viewer Improves Quality, Efficiency

Widespread Adoption Increases Coordination, Reduces Repeat Exams

Children’s Hospital of Alabama’s Moves to Cloud-Based Image Sharing

- 20% of CDs received unreadable, leading to:
  - Patients receiving duplicate imaging exams
  - Delays in patient care

- Implemented cloud-based viewer to:
  - Expedite workflow
  - Provide secure, mobile access to more physicians

- System rolled out to ED, in-state referrers, and out-of-state referrers; has led to:
  - Easier facilitation of remote consultations
  - Reduced need for repeat exams

Cloud-Based Viewer Improves Quality, Efficiency

(Continued)

Case in Brief: Children’s Hospital of Alabama

• 350-bed hospital based in Birmingham, Alabama
• Hospital serves a vast referring physician network
• Roughly 20% of all CDs received with images on them were unreadable
• CD errors led to duplicated exams and delayed treatment for patients
• Imaging department looked for an electronic method of data sharing and settles on vendor neutral approach to image sharing
• Vendor neutral archive piloted in ED and trauma departments before being deployed to all referrers in the state and subsequently to providers outside the state
• VNA\(^1\) decreases the number of CDs received by 60%
• VNA currently connects Children’s Hospital of Alabama to 80 hospitals and 125 clinics and physician offices


1) Vendor neutral archive.
Key Takeaways

Lesson #5: Invest in Integrated Data-Sharing Platforms

Role of Imaging Director

- Evaluate options for integrating imaging IT systems
- Compare vendors
- Work with C-suite to identify the appropriate solution and vendor

Opportunities for Radiologist Involvement

- Use standardized reporting templates
- Incorporate detailed patient history into reports
- Push reports to cloud-based viewer

Types of Imaging Data to Gather

- Primary findings
- Incidental findings
- Patient history
- Radiation dose

Options for IT Integration

- EMR integration
- Direct PACS interface
- Vendor neutral archive
- Cloud-based viewer
- Health information exchange

Source: Imaging Performance Partnership interviews and analysis.
Lesson #6: Develop Population Health Alignment Models

Getting Stakeholders on the Same Page

Service Line, Radiology Group Must Both Align with Health System

Methods for Alignment Between All Relevant Stakeholders

Health System
- Multidisciplinary committees
- System-level population health committees
- ACO or hospital boards

Imaging Service Line
- Incenting radiologists for non-work activities to support population health
  - Non-financial compensation
  - Incentives for meeting quality targets
  - Full risk-based contracts

Radiologists

Source: Imaging Performance Partnership interviews and analysis.
Getting a Seat at the Table

Committees Provide Route for Health System, Service Line Alignment

Reasons for Participation in System-Wide Committees

1. Learn to speak the system’s population health language
2. Align imaging population goals with C-suite goals
3. Garner support and funding for imaging initiatives
4. Inflect imaging voice into system-wide decisions

Three Levels of Committee Participation

- Multidisciplinary committees
- System-level population health committees
- ACO or hospital boards

Source: Imaging Performance Partnership interviews and analysis.
Mirroring System-Level Committees in Imaging

Delegating Representatives to Address System Goals

Charlotte Radiology Committees
Mirror Health System Committees

CIN and Imaging Committees

- IT
- Quality
- Finance
- Operations
- Marketing

1) Clinically integrated network.

Source: Charlotte Radiology, Charlotte, NC; Imaging Performance Partnership interviews and analysis.
Mirroring System-Level Committees in Imaging

(Continued)

Case in Brief: Charlotte Radiology

• Radiology group in Charlotte, North Carolina
• Partner health system is a clinically integrated network (CIN) and has been working with physician groups to find ways to support population health goals through improving outcomes and reducing costs
• To support system’s population health goals, Charlotte mirrored its committee structure after the health system’s committee structure, with committees on quality, IT, finance, operations, and marketing
• Imaging committee members educated on what population health is; then tasked with developing processes within their purview to support system’s population health goals
• The chair of each imaging committee also serves on the system’s corresponding committee

Source: Charlotte Radiology, Charlotte, NC; Imaging Performance Partnership interviews and analysis.
Demonstrating Imaging’s Value to the C-Suite

Greensboro Radiology Wins ACO Contract for Willingness to Partner

Cornerstone Health Care RFP Process

1 Releasing RFP
- Expiration of contract led Cornerstone to seek group best aligned with its goals
- Looked specifically for partner willing to help develop clinical protocols, decrease duplicative imaging, provide seamless access to subspecialists, contribute IT capabilities

2 Identifying Partner
- RFP process and value stream identification took place over several months
- Four groups responded, including the current group and a national group
- Greensboro stood out as a willing partner, not just vendor

3 Making a Difference
- Cornerstone shares data, payer contracts with Greensboro for clinical protocol development
- Radiologists evaluated on service, participation successfully reduced advanced imaging utilization by about 9%
- Plan to take on risk in future

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Source: Cornerstone Health Care, High Point, NC; Greensboro Radiology, Greensboro, NC; Imaging Performance Partnership interviews and analysis.
Case in Brief: Greensboro Radiology

- Radiology group in Greensboro, North Carolina
- Cornerstone Health Care, a physician-led ACO, put out an RFP\(^1\) for an imaging partner
- Among four proposals, Greensboro Radiology stood out because they had collaborated on utilization management protocols to reduce unnecessary utilization by 9%
- Greensboro was able to present its partnership in terms of its abilities to meet the ACO’s goals
- The two are currently renegotiating a shared savings contract

\(^1\) Request for proposal.

Source: Cornerstone Health Care, High Point, NC; Greensboro Radiology, Greensboro, NC; Imaging Performance Partnership interviews and analysis.
### Showing Commitment to ACO Goals

<table>
<thead>
<tr>
<th>Focus Area</th>
<th>Details</th>
</tr>
</thead>
</table>
| **Superior Quality, Service** | • Strengthen clinician review processes  
• Enhance report clarity, standardization  
• Provide seamless access to subspecialists  
• Reduce turnaround times  
• Expand referring physician, patient access  
• Engage in disease surveillance  
• Develop methods for analyzing imaging data |
| **Driving Down Costs** | • Invest in clinical protocols  
• Offer referring clinician appropriateness education  
• Adopt ownership stake in MPFS-based outpatient imaging centers  
• Invest in interventional radiology services  
• Tighten preauthorization, secure patient collections |
| **Willingness to Partner** | • Understand the ACO’s strategy, objectives  
• Demonstrate ability to collaborate to achieve mutual goals  
• Participate on planning committees  
• Report on care coordination and service metrics  
• Refrain from working with direct competitors |
| **Keeping Patients In-Network** | • Invest in screening programs  
• Collaborate across service lines  
• Offer a low-price site of care  
• Integrate IT across the system |

Source: Imaging Performance Partnership interviews and analysis.
Aligning Radiologists with Care Partners

Service Line, Radiology Group Must Both Align with Health System

Methods for Alignment Between All Relevant Stakeholders

Health System

- Alignment of imaging service line with health system
  - Multidisciplinary committees
  - System-level population health committees
  - ACO or hospital boards

Imaging Service Line

Radiologists

Incenting radiologists for non-work activities to support population health
- Non-financial compensation
- Incentives for meeting quality targets
- Full risk-based contracts

Source: Imaging Performance Partnership interviews and analysis.
Incenting Radiologists to Ensure Success Under Financial Risk

Greater Risk Necessitates Greater Alignment

1) Relative value unit.

Source: Imaging Performance Partnership interviews and analysis.
Incenting Radiologists through Additional PTO\(^1\)

**Charlotte Radiology Converts Administrative Time to PTO**
- Administrative time shifted to support health system’s population health goals
- Radiologists participate in committees, other population health projects to support system goals
- Radiologists track and report time spent on non-contracted activities
- If time meets pre-set criteria, radiologists earn additional time off

**Future Plans to Incorporate Financial Incentives**
- Will begin tracking metrics around quality improvements and cost reductions that result from non-work activities
- Hope to get administrative time built into contracts after achieving these metrics

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1) Paid time off.

Source: Charlotte Radiology, Charlotte, NC; Imaging Performance Partnership interviews and analysis.
(Continued)

Case in Brief: Charlotte Radiology Radiology

- Radiology group in Charlotte, North Carolina
- Offers additional PTO to radiologists who participate in additional administrative responsibilities
- Radiologists submit time spent on non-reading activities through reporting system
- If the activity meets predetermined criteria, they are awarded additional time off
- Worklist automatically diverts reads to another radiologist during meeting attendance, so that there is no backlog for a radiologist participating in administrative roles
- Plan to track metrics around quality improvements and cost reductions associated with these non-work activities
- Plan to demonstrate benefit of administrative time to the health system to incorporate financial incentives into contracts
System Allows Radiologists to Take on Greater Committee Roles

Radiologists’ Traditional Tradeoff for Time

Committee Meeting
- No financial compensation
- Harms performance on productivity metrics
- Creates backlog of images in radiologist’s queue

Reading Room
- Financial compensation
- Improves productivity metrics, e.g., report turnaround time

Radiologist Committee Involvement Earns “Shift Credits” at Columbus

Committee responsibilities compensated as clinical wRVUs

Images shifted to other radiologists to eliminate backlog

Radiologist back-fill as needed

All tracked through software tool

Source: Columbus Radiology, Columbus, OH; Imaging Performance Partnership interviews and analysis.

1) Work relative value unit.
Rewarding Committee Involvement with RVUs

(Continued)

Case in Brief: Columbus Radiology

• Independent radiology group based in Columbus, Ohio
• Group reads for sixteen hospitals and ten imaging centers
• Leadership implemented new “shift credit” system in place to address issues with committee involvement for radiologists, lack of compensation, and backlog of scans
• Radiologists are compensated for time spent at committee meetings and on committee responsibilities through shift credits, which are assigned value as clinical wRVUs
• RVUs calculated by looking at average wRVUs per hour
• Radiologists enter shift credit time through a software tool
• System shifts images to other radiologists, preventing backlog for active physicians and evading declining report turnaround times for the group
• Has enabled Columbus Radiology has active participants on the majority of committees at partner hospitals
• Columbus radiologists now have executive roles outside of their group, including President of Medical Staff for large hospital partner and Chairman of the Board for large medical group

Source: Columbus Radiology, Columbus, OH; Imaging Performance Partnership interviews and analysis.
Building Quality into Contracts

The Shift from Fee-for-Service to Value-Based Metrics

Two Examples of Quality Incentives in Radiologist Contracts

**Buffet Health System**¹
- Percent of contract at-risk based on quality metrics
- Metrics include patient satisfaction and radiation dose tracking

**Whitman Imaging**¹
- Bonus based on quality targets
- Metrics include compliance with evidence-based guidelines, such as reduced variation and adherence to incidental findings guidelines

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**Sample Value-Based Care Metrics**

- Percentage of cases flagged for follow-up due to critical or incidental findings
- Documented time between availability of the critical test result and receipt by appropriate physician
- Percentage of patients receiving results within goal time frame
- Percentage of reports adhering to standardized template
- Percentage of reported diagnoses concordant with downstream confirmed diagnosis
- Mammography callback rate

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¹ Pseudonym.

Source: Imaging Performance Partnership interviews and analysis.
Key Takeaways

Lesson #6: Develop Population Health Alignment Models

Role of Imaging Director

- Identify hospital-wide committees that are appropriate for imaging leaders’ and radiologists’ participation
- Develop an imaging organizational structure to encourage radiologist input
- Participate in committees related to finance, operations, marketing, IT
- Participate in C-suite boards and committees
- Provide radiologists with protected administrative time
- Work with radiology group to make changes to contracts to support non-work RVUs

Opportunities for Radiologist Involvement

- Identify opportunities for cross-service line collaboration
- Volunteer for tumor boards or other multi-service line committees
- Participate in committees related to quality and other clinical aims
- Participate in imaging-specific committees related to population health
- Track metrics around quality and cost savings
- Become involved in non-work RVU activities
- Participate in system-wide committees

Source: Imaging Performance Partnership interviews and analysis.
Key Takeaways

Lesson #6: Develop Population Health Alignment Models

**Metrics-Based Incentives**

- Universal protocols
- Patient satisfaction
- Radiation dose tracking
- Peer review
- Participation in committees
- Consultation with referrers
- Use of structured reports

**Imaging Leaders Cheat Sheet Series**

- Set of two-paged summaries of population health concepts and their relationship with imaging
- Cover topics like bundled payments, ACOs, pay-for-performance
- Available at: https://www.advisory.com/research/imaging-performance-partnership/resources/2016/cheat-sheets/imaging-leader-health-care-cheat-sheets

Source: Imaging Performance Partnership interviews and analysis.
Lesson #7: Explore Alternative Payment Models

Rewarding Our Care Management Investments

Incenting Outside of a Fee-For-Service Model

“We have a payment system that’s at odds with what we want to accomplish.”

Dr. Steven Seltzer, Chair of Radiology, Brigham and Women’s Hospital

Current Alternative Payment Models

1. Bundled payments
2. Hospital value-based contracts
3. Medicare shared savings program
4. Capitated payer contracts

Source: Imaging Performance Partnership interviews and analysis/
Bundling an Early Opportunity for Imaging

System, Service Line Level Bundling Possible

Health System-Wide Bundled Payments

- **Diagnostic Services**
- **Acute Care Delivery**
- **Follow-Up Care**

**Single Bundled Payment**

$$$$$$

Opportunities for Radiology-Led Bundles:

- Screening mammography
- Low-dose CT lung screening
- CT colonoscopy

Source: Imaging Performance Partnership interviews and analysis.
Getting Our Feet Wet with Alternative Payments

Regardless of Risk Level, Reasons to Participate

Reasons to Explore Imaging-Led Bundles Vary Based on Health System’s Level of Risk

1. Capture screening market share; keep patients in-network for downstream care

2. Learn to control costs and predict utilization for future risk-based contracts

3. Define screening as an episode of care may allow radiologists to receive MIPS bonuses

4. Provide a platform for radiologists to own a type of alternative payment model, which are usually reserved for patient-facing clinicians

Source: Imaging Performance Partnership interviews and analysis.
Mammography a Good Early Target for Bundling

Pilot of Employer Bundling for the Screening Episode

Charlotte Radiology’s Proposed Mammography Bundle

Calculation for Price of Bundle

- Callback rate
- False positive rate
- Percentage with ultrasound
- Percentage with breast MRI
- Percentage with biopsies

Report to Employer

- Average stage at diagnosis
- Average cost to diagnose
- Employee compliance rate

Source: Charlotte Radiology, Charlotte, NC; Imaging Performance Partnership interviews and analysis.
Case in Brief: Charlotte Radiology

- Radiology group in Charlotte, North Carolina
- Collected metrics on their mammography program to market to employers, including callback rate, false positive rate, and percentage of studies using ultrasound, breast MRI, and biopsies
- Exploring a breast screening bundled payment model for employers using this data
- Calculate PMPM rate for an employer by calculating the average payment for a screening episode and stratifying the employee population by age
- Plan to provide employers with a report of outcomes of the program, including compliance rate and cost savings
Taking Mammography Bundles to Payers

Aiming to Increase Quality, Decrease Costs Through Bundle

Brigham and Women’s Proposed Mammography Bundle

Screening mammogram  Diagnostic mammogram  Ultrasound  Breast MRI

Impacts of Proposed Bundle

1. Responsibility within imaging
   - Radiologists empowered to manage patient care
   - Care manager role supports patient compliance, follow-up

2. Increased compliance
   - Steps to have more patients screened
   - Reduced patient financial burden for follow-up care

3. Keep patients in-network
   - Increase likelihood of downstream care occurring within the health system
   - Care coordination with PCPs

4. Quality improvement
   - All subspecialty reads
   - Access to patients’ previous studies

5. Cost savings
   - Cost to payer reduced
   - Costs of care delivery reduced through operational efficiencies

Source: Brigham and Women's Hospital, Boston, MA; Imaging Performance Partnership interviews and analysis.
Taking Mammography Bundles to Payers

(Continued)

Case in Brief: Brigham and Women’s Hospital

- 793-bed teaching hospital in Boston, Massachusetts
- Chair of Radiology developed a proposal for to offer screening mammograms at a fixed fee for all Medicare patients aged 65 and above covered by a Brigham PCP and the Pioneer ACO
- Proposal designed to enable radiologists to take primary responsibility for managing a patient population
- Hospital will hire Radiology Care Managers, who will be responsible for identifying eligible patients, scheduling appointments, confirming that patients attend appointments, and verifying that patients receive results
- Payment from Medicare would be reduced by 7% to $11.86 PMPM, from $12.74 PMPM under the current FFS model
- Success will be measured by this payment reduction and an increase in the number of eligible patients screened annually from 89% to 95%
- Ideally, this payment model will be rolled out to other non-CMS payers in the future
Key Takeaways

Lesson #7: Explore Alternative Payment Structures

Role of Imaging Director

- Understand the alternative payment landscape
- Understand the impact of system-level bundles on imaging
- Track quality and cost metrics for potential imaging bundles
- Participate in contracting conversations
- Explore options for imaging-specific bundles

Opportunities for Radiologist Involvement

- Participate in multidisciplinary committees to help develop care pathways for bundled conditions
- Track imaging utilization for bundled conditions
- Participate in quality and cost tracking initiatives
- Participate in contracting conversations

Considerations for Alternative Payments

- Identify services for which radiology manages the entire care episode (e.g. breast imaging)
- Identify services for which radiology manages a part of a bigger bundle
- Calculate metrics supporting quality and cost effectiveness of imaging services
- Engage C-suite leadership around the proposed payment change
- Identify payers or employers who would be open to an alternative payment structure

Source: Imaging Performance Partnership interviews and analysis.
1. Demystifying Population Health

2. Infrastructure to Support Population Health Management

3. Q&A
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