10 Ways Radiology Can Thrive in a World Focused on Population Health

One of the hottest topics of discussion in healthcare is population health and the shift from a volume- to value-based model, where the emphasis is on providing the necessary care and guidance to maintain a healthy population.¹ Focusing on health versus sickness will drive down healthcare costs. It makes great sense. But radiology operates in a classic fee-for-service model where you’re paid on volume. So, how do radiologists survive and thrive² when the push to population health may result in fewer tests and less money?

Radiologists will persist and prosper by improving the quality of care. While the traditional formula for quality – value/cost – doesn’t fit perfectly in radiology, the Virginia Mason Quality Equation³ is a model radiologists can adopt and work toward.

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\text{Quality} = \frac{\text{Appropriateness} \times (\text{Outcomes} + \text{Service})}{\text{Waste}}
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The following tips will help you improve appropriateness, outcomes, and service, and cut waste to improve quality and your bottom line.

**APPROPRIATENESS**

1. **Move from the basement to the care floor⁴**
   In the U.S., it’s estimated that 20-50% of diagnostic imaging is clinically unnecessary.⁵ That’s a lot of wasted effort and imaging. But it’s not actually Radiology’s fault, as you’re only responding to orders for tests. By adopting a consultative model where you’re working side-by-side with the care team, you can help them determine the appropriate form of testing and cut down on needless scans.

2. **Get involved with decision support technology**
   Historically, radiologists have had little or no input regarding the physician support tools and technologies that help guide decisions about patient care. Getting involved in selecting and creating the tools that are used by the care team will lead to more appropriate imaging recommendations.

3. **Contribute to hospital policy**
   Similarly, radiologists are not typically involved in creating hospital policies and guidelines. Taking part in the guideline development process will ensure that your views and expertise are reflected in hospital policies, which will ultimately help decrease unnecessary scans.

² http://www.radiologybusiness.com/topics/care-delivery/radiologist-and-population-health-management
⁴ http://healthleadersmedia.com/print/PHY-294318/Population-Health-Demands-Clearer-Standards-for-Rad
OUTCOMES

4. Manage follow-up
Traditionally radiologists do not interact directly with patients or the physician who requested the scan. This indirect relationship can lead to a frustrating game of phone tag where radiologists call the physician, physician calls the patient, patient calls the physician, and so on. By establishing a direct line of communication with patients, exactly what a Patient Centered Medical Home (PCMH) approach advocates, radiologists can improve follow-up and ensure patients are prepared for their scans.

5. Work with the referring physician
With the old model of care, physicians ordered scans which radiologists would conduct and then provide the readings for. Physicians then had to interpret those results and develop a plan for care. As we move to a population health approach, radiologists should seize the opportunity to work more closely with care teams, read the images with them, and help with the diagnosis and the strategy for care, which will ultimately improve patient outcomes.

SERVICE

6. Be efficient
By hiring the right technicians, using the latest technology, and keeping machines up-to-date, you can improve your turnarounds and make your department more efficient.

7. Make it easy
Image reports are no longer just for the eyes of radiologists and referring physicians. Imaging data will soon be accessible to physicians and payers outside the hospital - and possibly even patients. Writing your reports in a way laypeople can understand will not only improve interpretation of your readings and save physicians’ time spent explaining results to patients, but will also make physicians more likely to refer patients to you.

WASTE

8. Make systems interoperable
RIS and PAC solutions that do not share information easily with other systems will hamper your efforts to be part of the ever-expanding healthcare ecosystem. To thrive in the future, radiologists need to make it easy to share health information with others. Consider how it’s easier for physicians to order duplicate scans than to access the originals. Radiologists can help reduce waste from repetitive scans by adopting systems that are interoperable and using industry standards.

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5 http://www.radisphereradiology.com/the-emergency-department-is-a-big-contributor-to-overutilization-8-of-imaging-isnt-every-reviewed-byphysicians-before-patients-sent-home/
6 https://www.linkedin.com/pulse/population-health-implications-radiology-director-of-radiology
9. **Adopt standard nomenclature**

In the same vein as the technology infrastructure, each radiologist and practice has its own vocabulary and method of reporting. Standardizing on a language that’s free of short form, medical slang, and lingo specific to a practice will not only reduce waste but will also improve readability and interpretation for laypeople.

10. **Change the incentives**

With an average 4.4-9.2% error rate in procedure interpretations, there is certainly room to improve accuracy. Instead of rewarding radiologists on volume and revenue, reward them on accuracy of reads. Implement systems and peer reviews to decrease the error rate and resultant waste.

Though the move to a population health model is a big shift for radiology centers, the opportunities to succeed in value-based care are immense. By making small but meaningful improvements in appropriateness, outcomes, service, and waste, radiologists will improve quality and continue to be revenue-generating powerhouses.

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8 Ibid