

Practice Management and Health Policy Education in Radiology: An Emerging Imperative

Ivan M. DeQuesada II, MD, Falgun H. Chokshi, MD, MS, Mark E. Mullins, MD, PhD,
Richard Duszak Jr, MD

Abstract

As society places increased responsibility on practicing physicians for addressing accelerating health care costs and delivery system inefficiencies, traditional education and training programs have left most physicians ill equipped to assume this responsibility. A variety of new initiatives are underway that dramatically change how radiology training programs address these issues. We review the emerging need for better physician education in health policy and practice management, detail the history and requirements of the ACGME and the ABR Healthcare Economics Milestone Project, and outline mechanisms by which radiology residency programs can comply with these requirements. We describe our own new comprehensive pilot curriculum, Practice Management, Health Policy, and Professionalism for Radiology Residents (P³R²), which may serve as a potential model for other training programs seeking to develop targeted curricula in these newly required areas.

Key Words: ACGME milestones, business, economics, education, healthcare, management, practice, resident

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INTRODUCTION

As the affordability of health care becomes a matter of increasing national conversation, society is placing more responsibility for this burden on practicing physicians [1]. Traditional education and training programs, however, have left most physicians ill equipped to assume roles as change agents [2], including radiologists [3,4]. Accordingly, the ACGME, ABR, and other organizations overseeing or participating in postgraduate medical education have launched initiatives to foster and support efforts to fill in this gap.

Ongoing rapid and dramatic changes in US health care law and regulations have prompted all involved stakeholders to reexamine local and national payment and delivery systems that have historically emphasized volume and throughput over value and quality [5,6]. That goal

may soon become reality, given the announcement [7] from CMS earlier this year that its target is to have 50% of all Medicare payments tied to value or quality by 2018. Providers who do not comply with these goals will likely see lower payments for their services.

Through the new Imaging 3.0™ initiative [8], thought leaders in radiology have begun to map out a vision and plan for the specialty, to reverse those priorities. The current climate of change thus provides a unique opportunity for radiology residency program directors and other educators to advance the current state of radiology practice management and health policy education in an aligned manner. The ABR is now incorporating a noninterpretive skills module, to address these and related topics, as a requirement for initial certification and maintenance of certification. Thus, exposure and familiarity will become increasingly imperative for all radiologists [9].

In this paper, we (1) review the need for physician education in practice management and health policy; (2) detail the history and requirements of the ACGME and ABR health care economics milestone [10] as it pertains to radiology; and [3] outline various mechanisms by

Emory University School of Medicine, Department of Radiology and Imaging Sciences, Atlanta, Georgia.

Corresponding author and reprints: Falgun H. Chokshi, MD, MS, Department of Radiology and Imaging Sciences, Emory University Hospital, 1364 Clifton Rd NE, Atlanta, GA 30068; e-mail: falgun.chokshi@emory.edu.

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which radiology residency programs can comply with both the letter and spirit of these requirements. In addition, we describe our own new comprehensive pilot curriculum, Practice Management, Health Policy, and Professionalism for Radiology Residents (P³R²); we hope this model will help others seeking to develop practice management and health policy curricula to comply with these new imperatives.

THE “BUSINESS EDUCATION” IMPERATIVE

Over the past decade, medical educators have begun to speak and write increasingly about the need for formalized curricula in practice management and health policy [3,11-14]. Although some nonradiology specialty publications have recently advocated increased teaching and training in these areas, most specialties, radiology among them [3], have yet to develop uniform structured programs [15-17]. Medverd et al [3] recently surveyed the state of radiology business education and health policy curricula in the United States and found that, despite the perception that such programs have a high level of importance, their quality varies considerably. Most respondents found their own programs to be at best only moderately effective. Despite ongoing calls in various specialties for more robust practice management and health policy curricula [13,16,18], most radiology residency programs, historically, have not emphasized education in this and other noninterpretive skills areas [3].

Historically, physician and trainee graduate medical education (GME) in business practice, health policy, and leadership have received little attention in the peer-reviewed literature. Publications regarding residency curricula for such noninterpretive skills are relatively scarce [3]. Recently, however, papers have emerged in several specialty journals, discussing the value of coding, billing, and business education [19,20], in addition to highlighting the importance of education in health technology [20], practice management [21], and strategic planning [22].

Several recent articles from various specialties have highlighted how little physicians know about the costs of services they render [1,23-29]. Most radiology trainees, for example, cannot estimate the cost of common imaging studies within even 50% of Medicare-allowable fees [30]. We believe that these observations highlight the need for targeted education in this space.

The emergence of this business imperative is important to all radiologists, not just radiology educators and trainees. The examination part of current maintenance of

certification requirements includes a noninterpretive skills-testing component, which makes up 25% of the examination [9]. Based on the available study guide for this component, practice management, economics, and health policy all represent areas of tested content [31]. This imperative thus represents a paradigm shift in the radiology education space for not only current trainees, but also those who completed their training in the past and seek to maintain their certification.

With sweeping changes in payment and delivery systems related to the Patient Protection and Affordable Care Act [5], ongoing challenges to the value of new technology [14], and increasing threats of professional commoditization [32], radiology trainees need business and practice management education more than ever. Without enhanced education, however, such knowledge gaps will presumably only increase. Accordingly, training program leaders have myriad opportunities to develop, standardize, and improve practice management and health policy curricula in their own programs, as well as in other programs across the country.

THE ACGME ECONOMICS MILESTONE REQUIREMENT

Diagnostic radiology residency training programs, like many others, historically, have focused nearly entirely on interpretive and procedural skills [33]. In today's changing health care environment, however, an increasing emphasis on noninterpretive skills related to practice management and health policy is necessary to drive specialty value in the future [11,17,23,34]. This realization by the radiology education leadership community has engendered a small body of published work intended to satisfy this need [11,35,36]; but, collectively, these offerings still fall short of providing the daily interaction and dialogue that a training program brings to its residents. To address the apparent discordance between the need for and actual implementation of such curricula, the ACGME has developed policies and requirements that form its Milestones project [10].

In 1998, the ACGME launched an outcome project to improve medical education, focusing in particular on quality patient care in the evolving health care setting [37]. Six core competencies, originally defined in 1999, have since been integrated into this initiative. The competencies were later subdivided into milestones [10], which now serve as performance targets for residents advancing through training programs. The milestones serve as markers of resident progression during training

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