

The Impact of the Patient Protection and Affordable Care Act on Radiology: Beyond Reimbursement



Arun Krishnaraj, MD, MPH^a, Alexander Norbash, MD, MHCM^b, Bibb Allen Jr, MD^c, Paul H. Ellenbogen, MD^d, Ella A. Kazerooni, MD, MS^e, William Thorwarth Jr, MD^f, Jeffrey C. Weinreb, MD^g

Abstract

The 2014 ACR Forum focused on the noneconomic implications of the Affordable Care Act on the field of radiology, with specific attention to the importance of the patient experience, the role of radiology in public and population health, and radiology's role in the effort to lower overall health care costs. The recommendations generated from the Forum seek to inform ACR leadership on the best strategies to pursue to best prepare the radiology community for the rapidly evolving health care landscape.

Key Words: ACR Forum, Affordable Care Act, patient experience, population health, public health, value proposition

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Each year, the ACR assembles a small, diverse group of experts and thought leaders from within and outside the specialty (see list of participants in Acknowledgments section) to discuss a specific topic of long-range importance to the practice of radiology. This strategic planning initiative, known as the ACR Forum, began in 2001 and has included topics ranging from “The Future of Imaging Screening” (2004) [1] to “The Impact of Generational Differences on the Future of Radiology” (2011) [2], to most recently, “The Future of Imaging Biomarkers in Radiological Practice” (2013) [3].

A number of previously published articles have attempted to address the potential economic impact of the Patient Protection and Affordable Care Act [4], more commonly known as the Affordable Care Act (ACA) or “Obamacare,” on the practice of radiology in the United States [5-7]. For the 2014 ACR Forum, the organizing committee chose to focus on the noneconomic

implications of the ACA, such as the patient experience, population and public health considerations, and the nature of radiology's value proposition. During the 2-day program, a series of brief presentations on the topics of improving and measuring the patient experience, radiology's role in population and public health, and radiology's role in lowering health care costs, were each followed by extended group discussions. The output of these discussions was compiled as a list of consensus recommendations to the ACR Board of Chancellors on how best to prepare the radiology community for the rapidly evolving health care landscape. This article summarizes and synthesizes the proceedings of the meeting, which was held May 30 to June 1, 2014, in Reston, Virginia.

BACKGROUND

The 2014 ACR Forum began with a keynote lecture by John E. McDonough, DrPH, MPA, Professor of Public Health in the Department of Health Policy and Management at the Harvard School of Public Health. Professor McDonough chronicled the drivers of health care reform in the United States, which include: high per capita health care spending; commensurately low scores in composite health system performance rankings by the United States compared to peer nations in the Organization for Economic Co-operation and Development (OECD); ballooning health care spending as a percentage of gross domestic product, now at 18% in the United States; the rising

^aUniversity of Virginia, Charlottesville, Virginia.

^bBoston University School of Medicine, Boston, Massachusetts.

^cTrinity Medical Center, Birmingham, Alabama.

^dPresbyterian Hospital of Dallas, Dallas, Texas.

^eUniversity of Michigan, Ann Arbor, Michigan.

^fACR, Reston, Virginia.

^gYale University School of Medicine, New Haven, Connecticut.

Corresponding author and reprints: Arun Krishnaraj, MD, MPH, University of Virginia Health System, 1215 Lee Street, PO Box 800170, Charlottesville, VA 22908; e-mail: ak8jj@virginia.edu.

number of uninsured and underinsured individuals; and widespread inconsistencies and disparities in delivered services. The ACA was developed to address these concerns and was signed into law in March 2010. Despite multiple attempts to repeal or defund the ACA, including a challenging historic US Supreme Court decision upholding the constitutionality of the individual mandate, it has managed to survive.

Broadly, value in health care can be defined as quality divided by cost, or as health outcomes achieved per dollar spent. Value is improved by either increasing quality or decreasing costs, or both. Prior efforts at health care reform in the United States, which have not been successful to date, have focused on reducing per capita health care costs by restricting access, and somewhat arbitrarily reducing reimbursement without dependent considerations relating to quality or patient satisfaction. The evolving health care paradigm emphasizes value by promoting a transition away from the volume-driven fee-for-service structure that currently exists. Success will depend on what has been termed “the triple aim” of health care reform: improving the care of individuals; having a positive impact on the health of populations; and lowering the cost of care via innovation, improvements in efficiency, and reductions in waste [8].

THE PATIENT EXPERIENCE

In most major industries in the United States, consumers drive the business model, and their satisfaction with the delivered product or service is of prime importance. However, in health care, the same business model has not always been in effect. The bewildering array of facilities, treatment options, and number and complexity of disorders experienced by patients have created an asymmetry of knowledge, placing physicians in an advisory and fiduciary role, in which they direct their patients in choosing among options for care.

Although the Internet has made more information available to patients, helping to remove some of the obstacles to acquiring knowledge that have existed in the past, the quality of that information is inconsistent, and it is unavailable to some potential consumers. By contrast, for many other industries, such as manufacturing and service, independent nonprofit organizations, such as Consumer Reports, assist consumers with purchase decisions. These purchase decisions are made for products such as automobiles and dishwashers, based on well-defined metrics such as reliability, and well-accepted and established, measurable performance metrics.

Consumers of health care are seeking similar resources when selecting a health care provider or service. Key information, such as health-related risk-adjusted outcomes, is not as readily available in as usable a format for the health care purchaser as it is for consumers in the service and manufacturing industries. Although organizations such as Consumer Reports have made forays into this area, many health care providers insist that current efforts toward public

reporting of health-related metrics at times seem arbitrary rather than deliberative, and do not account for the nuances or variability inherent in individual patient encounters. Patients argue that, even when available, data are not produced in a comprehensible fashion that facilitates decision making.

The locus of decision making for health care remains unclear. Should the physician serve as an advisor to a patient, providing a range or choice of balanced options, or should a physician assemble a specific advised care pathway? Alternatively, should a patient be able to obtain the data and assemble care pathways themselves? More specifically, where does that leave radiologists, who are seen foremost as diagnosticians, and how can radiologists help bridge the information divide between patient presentation and treatment?

Imaging is playing an ever-increasing role in the diagnosis, management, and longitudinal follow-up of disease processes. With recent trends toward greater cost-sharing, patients are paying a greater out-of-pocket amount for these services, and hence pushing for greater cost transparency. Radiology must continue to work to ensure that imaging is appropriate and accessible, of understandable value, and provided at a reasonable cost that consumers are willing to pay.

The product of the imaging encounter is facilitation of a diagnosis, leveraged through images and a report. Universal and functional portability of images is important to the patient experience and to minimizing exposure to ionizing radiation and overutilization. The ACR was directly involved in the creation of Optimizing Patient Exposure to Ionizing Radiation, a Physician Quality Reporting System measures group, which promotes portability by requiring that the following be available: (1) CT images for patient follow-up and comparison purposes; and (2) search capacity for prior CT studies through a secure, authorized, media-free, shared archive [9]. Many patients welcome accessibility to both images and reports, but they especially value reports that are comprehensible to them and can be understood in the context of their comprehensive medical history [10].

For patients to make informed decisions about where, and even from whom, they prefer to obtain medical imaging services, they need to have access to information that enables them to compare costs, patient-satisfaction metrics (eg, parking, wait time, staff), radiologist qualifications, imaging equipment, and accreditation status in various categories. Patients expect care to be delivered in an environment that is both safe and comfortable. As they pay more out-of-pocket fees for imaging services, they will gravitate to facilities that pursue service excellence throughout the enterprise, from initial contact and scheduling, through reception, the waiting period, the technologist-patient interaction, and the exam, all the way to the final report, which they want to be made available in a timely fashion.

For radiology to deliver on the promise of an excellent and reproducible patient experience, feedback from patients

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