

Challenges to Radiologists: Responding to the Socioeconomic and Political Issues Keeping Radiologists Up at Night: The Third Annual Open Microphone Sessions at the 2011 AMCLC

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Radiologists and their practices and departments are facing challenges that are increasing in number and intensity. These include higher expectations from hospital administrators and referring physicians, new regulatory requirements, lower reimbursements, and competition from predatory practices. For many radiologists, these forces are having a negative impact on their job satisfaction, their lifestyles, and the time they have available for consultation, teaching, and research. Some radiologists face loss of employment, and the specialty faces existential threats. This article includes surveys of the ACR Council regarding recent challenges and summarizes comments from the councilors, the literature, and the authors with respect to recommendations to radiologists in meeting these challenges.

Key Words: Radiology reimbursement, hospital and radiologist relationships, nighthawk coverage, predatory practices, radiology regulations, ACR Council survey

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The two open microphone sessions at the 2011 AMCLC were held on May 16 and 17. Council speaker Alan Kaye, MD, introduced the sessions with a picture of a frightened Dorothy in *The Wizard of Oz* saying, "Toto, we're not in Kansas anymore!" Dr Kaye then presented a series of challenges facing radiology and radiologists, conducted a survey through an audience response system, and asked the councilors for their reactions, priorities, and suggestions. Indeed, many radiologists feel alarmed about the number of changes in the health care system and the implications for their professional lives in terms of job security, income, hours worked, personal satisfaction, need to deal with regulations, control over

their careers, and time to render quality personalized care, teach, and do research [1].

Some of the many challenges for reimbursement are the Deficit Reduction Act, the sustainable growth rate, the utilization assumption rate increase, the practice expense reduction, potentially misvalued codes by the Relative Value Scale Update Committee, the multiple-procedure discount for contiguous body parts, and the threat of a discount for noncontiguous body parts and different modalities [2-8]. Declining reimbursement and delayed retirements due to lower-than-expected retirement plan valuations are believed to be having an adverse effect on the job market for young radiologists. There are concerns about a repeat of the diminished attractiveness of radiology to medical students that occurred in the 1990s, when concern about managed care led to a short-lived decline in applications to radiology resident programs.

Some of the administrative challenges for radiologists include rapid turnaround time 24 hours every day, practice and modality accreditations, focused professional practice evaluation and ongoing professional practice evaluation, and the Physician Quality Reporting Initiative (PQRI) [9-11].

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Many wonder if the PQRI will actually improve quality. It is expected that pay-for-performance legislation will come soon, with required participation or significant at-risk compensation involved. The PQRI may result in information used to determine if radiologic testing in certain areas is appropriate [11]. Confusion regarding the PQRI process is superimposed on a lack of transparency in government decision making. These, combined with what sometimes seem arbitrary and unfocused measures to deal with perceived shortcomings, raise serious concerns about the effectiveness and appropriateness of decisions that affect radiologists' profession and patients.

The Maintenance of Certification program of the ABR has received conditional qualification for the 2011 Physician Quality Reporting System's MOC Program Incentive [12]. Also, the Federation of State Medical Boards will require that physicians have more lifelong learning in a system under development called Maintenance of Licensure [13].

The private practice structure under which much of radiology operates is also undergoing change. This includes more radiologists' being employed by hospitals and multispecialty clinics, more capitation, and a government drive to have many health care providers in accountable care organizations [14,15]. The Patient Protection and Affordable Care Act (PPACA) will result in more accountable care organizations, more insured patients, more Medicaid patients, a new methodology for determining research priorities, an emphasis on quality improvement and evidence-based medicine, and alterations in reimbursement with more capitation [16,17]. The Medicare Payment Advisory Commission has recommended more bundling of payments. Bundled Medicare payments for a given episode of care could include lumping together all charges for numerous imaging examinations immediately before, during, and up to 1 month after hospitalization, with those payments dependent only on the illness severity of the patient. This could result in decreased reimbursement to radiologists because they would be competing with hospitals and other providers for a share of the reimbursements [18]. The PPACA also provides for the Independent Payment Advisory Board to replace the Medicare Payment Advisory Commission in 2015. Whereas the latter is a group of experts that advises Congress on Medicare issues, the Independent Payment Advisory Board makes recommendations regarding Medicare spending that go into effect unless Congress acts to stop them [19].

Overutilization is a huge needless expense in the United States, and unnecessary complications can result from it as well [20-23]. By some accounts, 30% of all care rendered in the United States may be unnecessary [24]. The Canadian Association of Radiologists indicated that 30% of medical imaging was not indicated in Canada [25]. The PPACA must present measures to eliminate unnecessary expenses to maximize the effectiveness of

limited funds for more beneficiaries. Radiologists' confidence in the success of the PPACA is diminished, in that they do not see a strategy to deal with the major sources of overutilization in imaging: self-referral and defensive medicine [21,23].

There is a major push for evidence-based medicine. This has led to increased scrutiny of diagnostic algorithms and also to higher bars for approval of reimbursement for new imaging tests. Negative results of tests are viewed as reflective of a lack of necessity. In a study of nearly 400,000 patients, 83.9% of whom underwent noninvasive testing for coronary artery disease, only 37.6% had obstructive disease, and 39.2% had <20% coronary artery stenosis [26]. It was concluded that there was a need for a better strategy to improve the percentage of positive results in those undergoing cardiac catheterization. Also, false-positive results from well-established examinations such as mammography are frowned upon and now considered "harms" secondary to additional tests they mandate and the "psychological stress" they engender. This is despite evidence of the effectiveness of mammography, with a new study indicating that an invitation to be screened resulted in a very significant diminution in mortality from breast cancer [27,28]. Perhaps most threatening to the specialty is the stunting of new technology and new uses of existing modalities. This was recently brought to the fore by the denial of coverage for screening CT colonography by CMS, indicating that there was not adequate evidence in the face of a large, prospective, multicenter study [29,30]. Now, even evidence of benefit may not be sufficient. Cost-effectiveness will be very important in determining recommendations for reimbursement, as exemplified by the recent debate over the very encouraging results of the ACRIN[®] trial of screening CT examinations for lung cancer. This will include an analysis of the cost per quality-adjusted life-years gained [31].

The appointment of Donald Berwick, MD, to lead CMS also caused concern among some radiologists. He is said to want to ration care and redistribute some health care resources from those with money to those without it. He has made positive statements regarding the public health care system in Great Britain [32]. He has also focused on reducing medical errors, giving patients more dignity, and quality improvement without high costs [33].

A new concept has been introduced to the health policy lexicon with respect to radiology. As briefly mentioned above, imaging tests are now felt by some to "harm" patients, such as with false-positive diagnoses leading to unnecessary biopsies or follow-up examinations and with radiation exposure due to problems with training, exposure, equipment, inappropriately protocolled examinations, and performance of inappropriate examinations. The reasons that unneeded radiographic studies are performed include ignorance, eco-

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