

Multidisciplinary Tumor Boards: An Opportunity for Radiologists to Demonstrate Value

Michele D. Lesslie, DO, Jay R. Parikh, MD, FACR

In response to healthcare reform, a necessary evolution of radiology has shifted from generating volume to demonstrating value. Multidisciplinary tumor boards provide a critical opportunity for radiologists to demonstrate their value to their clinical colleagues, their patients, administrations, and society.

Key Words: Multidisciplinary care—radiologist—breast imaging—value.

Published by Elsevier Inc. on behalf of The Association of University Radiologists.

INTRODUCTION

In the last two decades, many radiologists were satisfied with and well compensated for their work producing high volumes of radiology reports in quiet, dark reading rooms. That outdated paradigm of the fee-for-service model of reimbursement resulted in limited interaction with patients, referring clinicians, and administrators. Radiologists traditionally could be described as image interpreters who thrived in the model that rewarded radiologists based on volume. However, the eventual fragmentation of imaging services and the advent of teleradiology led to radiologists becoming almost invisible (1).

There is a demand for a new generation of radiologists who provide services beyond producing high volumes of dictated radiology reports. This is more than a revolutionary way of looking at radiology; it is an evolutionary process that is vital to the relevance and longevity of this specialty. A new age of medicine has evolved as radiology moves from a fee-for-service model centered on volume toward a patient-centric, value-based model. This cultural transformation demands that radiologists expand their role in the healthcare system to that of expert diagnostic imaging consultants. Instead of focusing on volume, value is prioritized, which is essentially determined by referring healthcare providers and patients as consumers (2).

Value-based healthcare focuses on the right patient receiving the right examination at the right time. This improves patient quality while reducing cost (3). Centers for Medicare and Medicaid Services (CMS), the largest payer in the United States, is ambitiously targeting a shift in healthcare

reimbursement, with the goal that 85% of all fee-for-service payments will be linked to quality or value metrics by the end of 2016, with 30% alternative payment models by 2016 and 50% by 2018 (4). Recently, the Medicare Accountable Care Organizations 2015 Performance Year Quality and Financial Results reported that over 400 Medicare ACOs generated more than \$466 million in total program savings in 2015, accounting for all ACOs' experiences. Of these, 125 qualified for shared savings payments by meeting quality performance standards and their savings threshold (5).

So how do radiologists step away from the reading room and demonstrate their value as members of the healthcare team in this new era of healthcare? One answer is by participating in multidisciplinary tumor boards (MTBs), formal meetings in which networks of specialists devoted to the care of cancer patients meet to discuss diagnosis and management. These meetings often involve core groups of medical oncologists, radiation oncologists, surgeons, radiologists, and pathologists, as well as other ancillary members of the healthcare team. Patients discussed in these meetings predominantly have newly diagnosed cancer but also may include those at high risk for cancer or patients with complex management questions, such as discordance in biopsy results. Using the approach to the diagnosis and treatment of breast cancer as a model, herein we describe how active participation and engagement in MTBs provides opportunities for radiologists to align with the value expectations of current healthcare reform. This model can be extended and applied to other specialties in radiology, as well as other multidisciplinary conferences. Several of the principles presented here could potentially be applied to other payment paradigms, but this article will focus on the value paradigm, which is being advocated by CMS.

The specialty of radiology needs to adapt to the current shift from volume-based to value-based healthcare. Quality interpretation of radiological findings via traditional written radiology reports is merely a starting point for radiologists in

Acad Radiol 2016; ■■■■-■■■

From the Department of Diagnostic Radiology, The University of Texas MD Anderson Cancer Center, Unit 1350, 1515 Holcombe Boulevard, CPB 5.3208, Houston, 77030 TX. Received August 15, 2016; revised September 14, 2016; accepted September 19, 2016. **Address correspondence to:** M.D. Lesslie. e-mail: MDLesslie@mdanderson.org

Published by Elsevier Inc. on behalf of The Association of University Radiologists. <http://dx.doi.org/10.1016/j.acra.2016.09.006>

shaping America's healthcare system. Radiologists must be willing to step out of the comfort zone of the reading room and interact directly with patients and referring clinicians. MTBs provide an ideal opportunity for radiologists to interface directly with referring clinicians and become engaged in the care of cancer patients. Active participation in MTBs shows a willingness of radiologists to collaborate with healthcare providers in other disciplines, demonstrates the critical role that radiologists play in the full spectrum of patient care, and prevents the commoditization of radiologists. Radiologists earn the confidence of referring physicians, gain credibility with hospital administrations, and increase their personal job satisfaction through direct interaction with the multidisciplinary team. Building trust and fostering relationships with clinicians and other healthcare professionals at the local level are essential steps in demonstrating the relevance of radiology to the professional community at the regional and national levels, at which radiologists must be seen as relevant and indispensable members of healthcare systems and society (6). MTB participation is, therefore, a significant opportunity for radiologists to align with the emerging value paradigm of radiology. Active radiologist engagement in MTBs achieves this by aligning radiologists with essential facets of healthcare: patient quality and safety, education, advocacy, research, and economics.

Patient Safety and Quality

Patient quality and safety is a fundamental component of any measured value in healthcare. The enhanced level of communication among members of the healthcare team available in an MTB optimally leads to a consensus diagnostic and management strategy with the ultimate goal of improved patient quality and safety. MTBs offer the benefit of having multiple key specialists, including radiologists, involved in the care of a cancer patient at the same location and at the same time.

Radiologists play an integral role in MTBs by assisting in the planning of complicated surgeries by interpreting complex imaging findings. For example, radiologists who overcome "stage fright" (7) can assist in accurately staging breast cancer. Additional suspicious radiological findings may be found, potentially revealing additional sites of disease. Imaging findings that may alter breast cancer staging, prognosis, or treatment include tumor size, tumor number, total span of the disease, regional lymph node status (such as axillary, internal mammary, or infraclavicular involvement), locoregional spread (involvement of the chest wall, skin, or nipple), and presence of distant metastasis (8). Radiological findings are increasingly integrated into clinical staging, which helps in choosing between breast conservation surgery and mastectomy and between sentinel lymph node biopsy (SLNB) and axillary lymph node dissection, as well as in determining the need for adjuvant chemotherapy or radiation therapy (9). A study at the University of Michigan in 2006 demonstrated that MTBs changed the breast cancer diagnosis in 45% of cases and changed the surgical management in 11% of them (10). Also, a team from the University of Pennsylvania found that MTBs at their in-

stitution changed the treatment of breast cancer for 43% of referred patients (11).

Open communication between radiologists and pathologists in an MTB can assist in the evaluation of imaging and histologic correlations in percutaneous image-guided breast biopsy results (12). Discordance between imaging and histologic findings indicates that a lesion submitted to biopsy analysis may not have been adequately sampled. Such discordance is an indication for repeat biopsy or surgical excision (13) to potentially reduce any delays in breast cancer diagnosis. Conversely, concordance between histology and percutaneous image-guided core biopsy results for patients with benign or high-risk benign breast lesions can reduce the number of unnecessary excisional biopsies (14).

Similarly, open communication among radiologists, pathologists, and surgeons in MTBs can assist in the correlation of imaging and pathologic findings from surgery. Possible complications during preoperative localization include undocumented clip migration from the original area of concern on imaging (15), clip disappearance (16), wire migration (17), and surgical technique. In an MTB, the interdisciplinary team can perform a root cause analysis in such cases (18) and determine subsequent management, including an immediate postoperative mammogram (19).

Education

Educating patients, clinicians, and the society will be a cornerstone for radiology's emerging shift from volume to value. For example, recently published relevant and controversial articles can be distributed for discussion among attendees of an MTB. Using an evidence-based approach, they can then make informed decisions regarding cancer patient management. To stay updated on current evidence-based guidelines, radiologists are encouraged to remain apprised of the recent medical literature. MTBs are forums for the discussion and implementation of clinical practice guidelines, such as those of the National Comprehensive Cancer Network (20).

MTBs are recognized by third-party organizations, such as malpractice insurance companies and radiology professional organizations, as valuable avenues for education for healthcare teams. Depending on the institution and availability of an educational sponsor, MTB attendance can provide valuable continuing medical education credits for physicians, as well as continuing education credit for nurses, technologists, and practitioners in other disciplines. Regular participation in departmental or group conferences (at least 10 per year) focused on patient safety, including attendance at MTBs, meets the requirements of part 4 of the updated American Board of Radiology Maintenance of Certification (Practice Quality Improvement) (21).

Also, community education often occurs in MTBs. Administrators and patients who attend these meetings better appreciate the complex imaging, staging, and management decisions that are made with the valuable expertise of radiologists. This helps elevate confidence in the credibility of radiologists

Download English Version:

<https://daneshyari.com/en/article/5725615>

Download Persian Version:

<https://daneshyari.com/article/5725615>

[Daneshyari.com](https://daneshyari.com)