



# Evaluating the Costs of IR in Health Care Delivery: Proceedings from a Society of Interventional Radiology Research Consensus Panel

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## ABBREVIATIONS

APM = alternative payment model, CMS = Centers for Medicare and Medicaid Services, ESCO = ESRD Seamless Care Organization, ESRD = end-stage renal disease, HCC = hepatocellular carcinoma, MACRA = Medicare Access and CHIP Reauthorization Act

Health care reform in the United States has begun to fundamentally change health insurance, reimbursement, quality measurement, and reporting throughout the health care enterprise (1,2). The final rule defining the implementation of the Medicare Access and CHIP Reauthorization Act (MACRA) includes health care costs as a measure of care provided by which physicians will be compared and reimbursement bonuses or penalties subsequently determined (3). In addition, alternative payment models (APMs), which account for costs of care, have been implemented for

joint replacement, oncology, and end-stage renal disease (ESRD) treatment (4). As these APMs determine reimbursements or shared savings for groups of physicians based on cost reductions achieved, costs of care are increasingly influencing physician reimbursement.

According to a 2015 analysis by The Commonwealth Fund, increased scrutiny of the costs of health care in the United States is driven by the high percentage of national gross domestic product spent on US health care (17.3% as of 2013), along with its corresponding annual growth, and the higher costs of care compared with other industrialized countries (5). Based on these facts, the accepted view is that the United States performs more wasteful health care owing to overtreatment, lacks incentivized disease prevention, and provides poor coordination of care for chronic diseases (6–9). The development of APMs around bundling and capitation is founded on the premises that wasteful care is driven primarily by the transactional fee-for-service payment system, physicians can control wasteful care, and reducing wasteful care will reduce overall health care spending. Although there is considerable debate about the accuracy of these premises, the current legal, regulatory, and policy environment is unified in viewing cost measurement, benchmarking, and APMs as a means of controlling health care expenditures in the United States.

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## SCOPE AND CONSENSUS PROCESS

On December 9, 2016, the Society of Interventional Radiology (SIR) Foundation assembled a Research Consensus Panel for the development of a research agenda for costs related to interventional radiology (IR) in health care

delivery. The panel and its audience members included a multidisciplinary group of expert panelists, representatives from governmental agencies, and representatives from commercial vendors involved in IR. The expert panelists included 6 interventional radiologists, 2 health care economists, 2 health services researchers, 1 representative from the Centers for Medicare and Medicaid Services (CMS), and 1 nephrologist who is the medical director for a disease-based accountable care organization. Audience members included interventional radiologists, industry representatives from major companies involved in the production and/or distribution in the United States of products for interventional procedures, and SIR and SIR Foundation staff. The objectives for the research consensus panel were to (a) create a conceptual framework for understanding costs in IR; (b) review current status of cost and economic research in IR; and (c) determine clinical operations, research, and organizational (SIR) priorities for future cost and economic research in IR.

Eight panelists were invited to present on selected topics (Table 1). Following the presentations, 3 roundtable discussions followed with an aim to focus the panel's recommendations. Audience members were invited for comments and questions at the end of each roundtable discussion. Following the in-person panel meeting, the

lead author (A.S.) compiled a summary of the presentations, consensus process and discussions, and audience comments to create a first draft of the white paper. The draft underwent multiple revisions with input from all authors as well as addition of recommendations from the panel before submission for publication.

## CONCEPTUALIZING COST RESEARCH IN IR

Measuring costs related to health care delivery is a complex endeavor, and costs (and benefits) differ based on the perspective of the stakeholder. Cost measurement requires an assessment of the patient's condition (risk adjustment), an assessment of costs of the health care provided (direct medical costs), an estimation of indirect costs (eg, expenses incurred from the cessation or reduction of work productivity owing to disease), access to meaningful cost data from multiple perspectives (transparency), appropriate analyses of cost comparison or cost savings, and insights on how alternative stakeholders may use this information (cost-constituent perspective) to influence health policy (Fig 1). Interventional radiologists are well suited to demonstrate value delivered in a cost-conscious health care

**Table 1.** Panelist Presentations and Roundtable Discussions during Panel Proceedings

Topic	Panelist
Introduction	Filip Banovac, MD, FSIR Moderator, Chair, SIR Foundation, Chief, Vascular and IR, Vanderbilt University Medical Center
Conceptual framework for understanding costs related to IR	Ammar Sarwar, MD Lead Investigator, Harvard Medical School, Beth Israel Deaconess Medical Center
Costs in health care delivery: what can physicians control?	William Marder, PhD Senior Vice President, Truven Health Analytics
Overview of cost measurement in health care: examples, challenges, and opportunities	Brian W. Bresnahan, PhD Department of Radiology, University of Washington
Current status of cost research in IR	Matthew Hawkins, MD Director of Pediatric Interventional Radiology, Emory University
Resource use measurement in MACRA	Theodore Long, MD, MHS Lead on Resource Use, Centers for Medicare and Medicaid Services, Associate Research Scientist, Yale School of Medicine
Performing cost research with claims data	Ruth Carlos, MD Professor, Department of Radiology, and Institute for Healthcare Policy and Improvement, University of Michigan
Performing time-driven activity-based costing in IR	Marcelo Guimaraes, MD, FSIR Section Chief, Interventional Radiology, Medical University of South Carolina
IR costs: update from the comprehensive ESRD care model	Walead Latif, DO, MBA, CPE Medical Director, Fresenius Vascular Care
Roundtable discussion: Which areas can interventional radiologists lead for cost improvement? Support vs therapeutic services; specific disease conditions.	
Roundtable discussion: Improving cost-effectiveness at an institutional level? How can IR practices participate?	
Roundtable discussion: Developing a grant or APM proposal—what are the next steps?	

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