

2017 Presidential Address: Staying Ahead of the Curve

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Abstract

The practice of the radiological sciences has always been dynamic. From economics and payment policy to imaging appropriateness, the ACR has led the way in keeping our specialty ahead of the curve. However, being ahead of the curve is a fragile place, and constant diligence is needed to remain there. There will always be major changes on our horizon, and the ACR will be there to empower us to adapt to change.

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Our changing health care environment, political polarization in Washington, and economic threats to our practices have all created tumultuous times for our specialty, and I frequently wonder why someone like me—a radiologist in a small community practice, at a relatively small hospital, in a relatively small state—would ever be considered for the offices I have held in the College. How could I ever understand the challenges facing practices different than mine? Our organization embodies a truly diverse range of practice types. We not only represent small independent practices but also large academic practices, radiologists practicing in multispecialty clinics, those employed by their hospitals, and those employed by large national radiology groups; and every issue we face can potentially have a different impact on each of these practice types. But the common thread for your College leaders, no matter what the issue, has always been our patients—because once we put our patients first, with a desire that each and every patient is treated just as we would treat our friends and family, our decision making becomes a lot easier.

Just over 10 years ago, Mickey Guiberteau reminded us in his 2006 Presidential Address that a profession

demands much more than most traditional jobs [1]. He told us that a profession's principal duty is not to ourselves but to those we serve, and as physicians, this principal duty must be to our patients. It is why we do what we do and what sets our profession apart from other trades and vocations. The members of the ACR Council set policy for our organization that allows the ACR to do the things that are helping radiologists put our patients first. And although recognizing a duty to our patients has been a guiding principle for our organization over the years, it also applies to the decisions we make every day in our practices. Although there are of course many differences in practices across the country, if we make decisions that are in the best interest of our patients, we can be assured that we have made the right decision. When our patients are at the center of what we do, our decisions become obvious, and in the end, we are better off because of the value patient-focused decision making brings to our practices. So whether it is in a radiology organization or in a radiology practice, in an academic center or a small community hospital, on Fifth Avenue or on Main Street in middle America, keeping our patients at the center of what we do as a principal strategy for our organizations and practices is key for radiologists to demonstrate their value in health care. And I firmly believe that letting what is best for our patients guide our decision making will ensure a bright future for our practices and our specialty because using our knowledge and our tools to improve the health and care of our patients is our primary goal.

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When the ACR Board of Chancellors was in the process of updating our organization's Strategic Plan, we conducted fairly extensive research among radiologists and found that the vast majority of our members see the ACR as a career partner. And it was this partnership theme that molded the ACR's core purpose: "To serve patients and society by empowering members to advance the practice, science, and professions of radiological care"—essentially defining an external environment and developing the tools that empower radiological professionals to create our own value in our health care systems and for our patients—doing the things for members that they would not otherwise be able to do for themselves. So how has the ACR been able to achieve these goals in the past and how can we continue to succeed in the future? To explain how we can accomplish this mission, I'm going to use an old and somewhat overused cliché, "staying ahead of the curve."

Clichés, idioms, and sayings are important to us in the South. We learn them from our families. And as many of you know, I am from Alabama, a small state where our most famous last words are, "Hey, y'all, watch this!" So, notwithstanding Harper Lee's *To Kill a Mockingbird*, Alabama is not usually known for our literary scholars. In the modern era, I suspect our most famous, or perhaps infamous, poet has been Jimmy Buffet. One of Jimmy's earliest songs was titled "Clichés." Written in 1975, Jimmy says, "Clichés are good ways to say what you mean and mean what you say." So with that in mind, I am going to embrace "staying ahead of the curve" as one of the ways to understand why radiologists and the College have been successful over the years in promoting the policies and developing the tools that help all of us take better care of our patients.

But it's not as simple as you might think. Now, most of us generally understand the phrase "staying ahead of the curve." We usually take it to mean being able to anticipate the latest developments to be well positioned when change occurs. But as I did more research on the origin of the phrase, I found a discussion of the "power curve" in aviation, which some suggest is the source of the expressions "behind and ahead of the curve." The complexities of the aviation power curve are beyond my ability to explain, but I learned several lessons from my research. The power curve defines the airspeed at which an airplane is most efficient, and a pilot that is flying "behind the curve" risks stalling with limited options in case of trouble. On the other hand, when a pilot is ahead the curve, the aircraft performs much better and is more

efficient. But, it turns out staying ahead of the curve is a very fragile place to be. When a plane gets too far ahead of the curve, fuel consumption increases and efficiency is reduced, which can get a pilot behind the curve again in short order. So, why did I bore you with all of that? It is to emphasize that in radiology organizations and in our practices, we have to be conscious of our environment and proactive in our thinking and actions or we will surely fall behind the curve. Yet if we get too far out in front of the curve, our energy becomes wasted and our actions less impactful or even counterproductive. Ahead of the curve is indeed a fragile place and being there requires constant vigilance to stay in the sweet spot where proactive thinking translates into the actions that best serve our patients and increase the value that we as radiology's professionals provide.

The ACR, I believe, has a long history of keeping our profession ahead of the curve. Two years ago, Paul Ellenbogen in his presidential address [2] took us back to the 1960s and late 1980s when on two different occasions CMS (then called the Health Care Financing Administration) had seriously considered lumping the payments to hospital-based physicians, including radiologists, in with the payments to hospitals, thus mandating all radiologists become hospital employees. Without the proactive efforts of the College to keep radiologist payment methods the same as those for other physicians, the independent practice of radiology might have been lost and with it much of the innovation that has fueled the development of our specialty, which in turn has exponentially improved the care we provide our patients. At the same time, we now recognize that to be more relevant and valuable to our patients, radiologists must also be able to partner with their health care systems and referring physicians to provide cohesive team-based care. Ahead of the curve is a fragile place to be—developing these partnerships while maintaining our independence is a balancing act that requires constant vigilance and fine tuning.

But whether it is more centralized control of health care dollars or the influx of entrepreneurial forces in the market place, radiology practices are seeing more and more pressure to give up their independence. For many, consolidation has not resulted in increased team-based care or our increased value to health care systems. To maximize revenue, many times consolidation puts even more pressure on radiologists to focus only on image interpretation, further isolating them from the clinical team and with little opportunity to provide value beyond

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