AFFORDABLE HEALTHCARE UPDATE

RADIOLOGY MEANINGFUL USE

HAMPTON SYMPOSIUM

October 2013 | Boston, MA

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**Affordable Healthcare**

**Simon Sinek’s Golden Circle**

**Why? > How? > What?… Helps us to better communicate concepts**

**Apple’s Philosophy & Success**

- **Why?** We believe in thinking differently, challenging the status quo.
- **How?** We do that by making our products beautifully designed and user friendly.
- **What?** We just happen to make great computers, wanna buy one?

**Not just ‘what’ Meaningful Use is,**

**but ‘why > how > what’ Affordable Health Care it is**
AFFORDABLE HEALTHCARE

• WHY?
  – US HEALTHCARE – UNSUSTAINABLE COSTS, MILLIONS UNINSURED
    • HC REPRESENTS 17% OF OUR GDP
  – QUALITY AND SAFETY PROBLEMS
    • NO DATA CONSISTENCY OR STANDARD IT INFRASTRUCTURE

• HOW?
  – OBAMACARE (THE AFFORDABLE CARE ACT)
  – MEANINGFUL USE (THE CMS EHR INCENTIVE PROGRAM)

• WHAT?
  – SHIFTING RISK TO PATIENTS AND PROVIDERS WHILE EXPANDING COVERAGE
    • ACCOUNTABILITY & MOTIVATIONS, BUNDLED PAYMENTS
    • FEES-FOR-SERVICE ALTERNATIVES
  – IMPLEMENTATION OF CERTIFIED EHR TECHNOLOGY
    • MONITORING AND IMPROVEMENT OF QUALITY, SAFETY AND ACCESS
**The Pioneer ACO Program**

- **ACO Eligible for Shared Savings**
  - West: Brown & Toland (CA), Banner (AZ), Heritage (CA), Monarch (CA), Partners (MA)
  - Northeast: Steward (MA), Beth Israel (MA), Montefiore (NY)
  - Midwest: MI Pioneer (MI), Bellin (WI), Franciscan (IN), OSF Healthcare (IL), Univ. Michigan (MI), Trinity (IA), Dartmouth (NH)
  - Southeast: JSA (FL)

- **ACO Not Eligible for Shared Savings**
  - West: HC Partners (CA)
  - Northeast: Atrius (MA)
  - Midwest: Genesys (MI), Sharp (CA), Seton Health (TX), Presbyterian (NM), Phys. Health (CO), Primescare Med. (CA)
  - Southeast: Allina (MN), Fairview (MN), Park Nicolet (MN)

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**32 Pioneer ACOs**
- 18 Received Shared Savings
- 13 Received No Shared Savings
- 1 Paid Shared Losses

**As of Sept, 2013**
- 488 ACOs
- 253 CMS Contracts
- 235 Comm Contracts
Meaningful Use (MU)

A voluntary CMS incentive program to promote use of Certified Electronic Health Record Technology (CEHRT) to improve the safety, quality and cost of health care.

- Incentives - $44K/$63K per physician participant
- Penalties - Up to 5% for future non-participation
Meaningful Use

Five Fundamental Goals

Stage 1 Core
- Order Entry
- Drug Interaction
- Problem Lists
- e-Prescribing
- Medication List
- Allergy List
- Demographics
- Vital Signs
- Smoking Status
- Quality Measures
- Decision Support

Stage 1 Menu
- Drug Formulary
- Lab Test Results
- Patient List
- Patient Reminder

Stage 2 Core
- Secure Messaging

Stage 1 Menu
- Electronic Access Educational Info
- Transition of Care

Stage 1 Core
- eHealth Info Copy Clinical Summary
- Electronic Exchng

Stage 1 Menu
- Immunizations
- Syndromic Data

Stage 2 Menu
- Cancer Registry
- Specialty Registry

Stage 1 Core
- Protect Electronic Health Information

25 Objectives and Measures: Stage 1

33 Objectives and Measures: Stage 2

Improve Care Coordination

Improve Public & Population Health

Ensure Privacy and Security
Enrolled Payments

Physicians > 50% $2.6 Billion
Hospitals > 80% $5.1 Billion
Total - $7.7 Billion
## Meaningful Use

### Radiologists

<table>
<thead>
<tr>
<th>Vendor</th>
<th>Radiologists</th>
<th>%</th>
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<tr>
<td>Cerner</td>
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</table>
**Meaningful Use**

**Radiologists**
- Nearly ALL are eligible for the program
- Compliance can still be challenging for many radiologists
- Aug. 2013 – 3,905 radiologists attested (Approx 14%)
Meaningful Users at Partners (Oct 2013)

6,698 PHS Physicians – 2,606 Attested ($39M)

- Specialists: 34.2%
- Primary Care: 59.7%
Accelarating Diffusion of Innovation: Maloney’s 16% Rule

Maloney’s 16% Rule:
Once you have reached 16% adoption of any innovation, you must change your messaging and media strategy from one based on scarcity to one based on social proof, in order to accelerate through the chasm to the tipping point.

Psychology of Influence:
- Scarcity
- Social Proof

Adoption Profile:
- Innovators: 2.5%
- Early Adopters: 13.5%
- Early Majority: 34%
- Late Majority: 34%
- Late Mass: 16%

Psychographic:
- Technologists
- Visionaries
- Pragmatists
- Conservatives
- Sceptics

Social Technographic:
- Creators
- Critics & Collectors
- Joiners & Spectators
- Inactives

All Physicians
Radiologists

^ Robert Claidini * Everett Rogers #Forresters ~ Geoffrey Moore + Malcolm Gladwell
Meaningful Use: Radiologist Participation Pathway

- **Stage 2 (~4,000)**
- **< 1/3 not participating**

<table>
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<tr>
<th>Year</th>
<th>Begin 2014</th>
<th>Begin 2013</th>
<th>Began 2012</th>
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<tr>
<td>2011</td>
<td>450</td>
<td></td>
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<tr>
<td>2012</td>
<td>3,500</td>
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Meaningful Use

Stages of Meaningful Use

Stage 1: Organize Data
Two Years

Stage 2: Improve Processes
Two Years

Stage 3: Improve Outcomes
Two Years

Future Stages

Health Record Reform

2012 2013 2014 2015 2016 2017
MEANINGFUL USE

FIVE FUNDAMENTAL GOALS

- Improve Quality, Safety, Efficiency
- Engage Patients and Families
- Improve Care Coordination
- Improve Public & Population Health
- Ensure Privacy and Security

Stage 1 Core
- Order Entry
- Drug Interaction
- Problem Lists
- e-Prescribing
- Medication List
- Allergy List
- Demographics
- Vital Signs
- Smoking Status
- Quality Measures
- Decision Support

Stage 1 Menu
- Drug Formulary
- Lab Test Results
- Patient List
- Patient Reminder

Stage 2 Menu
- Progress Note
- Family History
- Imaging Results

Stage 1 Core
- eHealth Info Copy
- Clinical Summary

Stage 1 Menu
- Electronic Access
- Educational Info
- Transition of Care

Stage 1 Core
- Electronic Exchng

Stage 1 Menu
- Immunizations
- Syndromic Data

Stage 2 Menu
- Cancer Registry
- Specialty Registry

25 OBJECTIVES AND MEASURES: STAGE 1

33 OBJECTIVES AND MEASURES: STAGE 2
**Meaningful Use**

**Stage 2: Image Ordering and Results Objectives**

- **Image Ordering Measure**
  - Use CEHRT to order > 30% of imaging exams

- **Image Results Measure**
  - Use CEHRT to receive > 10% of imaging results (Images!)

**Stage 3: May require digital delivery of images to patients**
A Technological Innovation IS Resulting from MU

Accelerating Diffusion of Innovation: Maloney’s 16% Rule©

Similar to the RIS, PACS & Speech Recognition Eras
(A Digital Divide will be created by the adoption rate)

The Imaging Health Record

Maloney’s 16% Rule: If you are looking to accelerate adoption of any innovation, you must change your messaging and media strategy from one based on scarcity to one based on social proof, in order to accelerate through the chasm to the tipping point.

^ Robert Cialdini, Everett Rogers, Forrester, Geoffrey Moore, Malcolm Gladwell
Creation of the Imaging Health Record

- Today’s IT Limitations
  - Our imaging information is too compartmentalized
- The Transition
  - Convergence of RIS and EHR functionality
    - Enterprise - Ordering, Scheduling, Communication, …
  - Convergence RIS and PACS functionality
    - Department - Worklists, Workflow, Interpretation, …
  - Share imaging information beyond our institutions

Radiology IT becoming CEHRT at RSNA

Source: RadiologyMU.org
Evolution of the Imaging Health Record

Health Information Exchanges

How will this happen?

EHR

Meaningful Use Participation

PATIENTS

EHR

EHR

IHR

Imaging Health Record

Imaging Information Exchanges
### MU AND PAYMENT REFORM CONSIDERATIONS

<table>
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<th>CURRENT STATE</th>
<th>INNOVATION</th>
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**Graph Diagram:**

- **Axes:**
  - Productivity
  - Profitability
  - Performance
  - Presence

- **Legend Colors:**
  - Orange
  - Green
  - Blue

- **Graph Lines:**
  - Productivity Line
  - Profitability Line
  - Performance Line
  - Presence Line
SUMMARY

- **The adoption rate of MU technology is variable**

- **This variability could create ‘digital divides’**
  - Amongst ourselves
  - Between us and our referrers
  - Between us and our patients

- **Early adoption of MU will better equip radiologists**
  - To interact with our PCPs
  - To communicate with our patients
  - To participate in future payment reform strategies

- **ACR Imaging 3.0 initiative will help radiologists to prepare**
UPDATE IN AFFORDABLE HEALTH CARE
A NEW ERA FOR RADIOLOGY

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