AHA Physician Alliance
American College of Radiology presents:

Patient Forward:
Radiologists as Hospital Change Agents
Presenters

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Value Management Program Founder and Director

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Moderators

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Mayo Clinic-Rochester

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Project Manager
American Hospital Association
“Our goal is to deliver all the imaging care that is beneficial and necessary and none that is not.”

3 Key Actions:

- Culture Change
- Portfolio of IT Tools
- Alignment of Incentives

Imaging 3.0 is a vision and game plan for providing optimal imaging care.
Empowerment--Transitioning from Imaging 2.0 to Imaging 3.0

Volume-based → Value-based
Transactional → Consultative
Radiologist centered → Patient centered
Interpretation focused → Outcomes focused
Commoditized → Integral
Invisible → Accountable

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Polling Question

How many audience members work in a facility where a lung cancer screening program is currently in operation?

a) My facility has a working lung cancer screening program.
b) My facility doesn’t currently have a lung cancer screening program, but we’re considering implementing one.
c) My facility has no plans to implement a lung cancer screening program.
d) The question is not applicable to my situation.
Samir Patel, MD, FACR
Diagnostic Radiologist
Radiology, Inc.
Value Management Program Founder and Director
Elkhart General Hospital

- 410-licensed-bed main hospital
- Comprised of over 300 physicians
- 30 medical specialties represented
- Nearly 2,000 employees serve in nursing, technical, administrative, and support capacities
- Hospital system also includes Bremen Hospital in Bremen, IN (Critical Access Hospital)
Payer Mix

Medicaid 14.9%
Medicare 49.5%
Self pay 5.7%
Commercial 29.9%
Elkhart County

- Regional population of 205,032 people.
- Adult Smoking Rate: 20.1%
- Number of Adult Smokers: 25,674
- Lung Cancer Incidence (2011-2015): 63.5 per 100,000
- 137 lung cancer cases per 100,000 people annually
- Lung Cancer Mortality (2011-2015): 42.8 per 100,000
Defining a Community Need

• 2011 Elkhart County Community Health Assessment
• Estimates of cost <$19,000 per life saved
• Developed a comprehensive lung cancer screening and smoking cessation program
Creation of the Multidisciplinary Thoracic Oncology Conference

- Physician-led effort
- Participation from across several different specialties
- Employed and non-employed physicians collaborate, even within the same specialty
- Patients and family members encouraged to attend
“Inviting patients into the decision-making process.”
Creation of the Lung Cancer Screening Program

• Screened 150 patients in its first 13 months
• Patients who meet the high-risk criteria established by the National Lung Screening Trial should consider screening with low-dose CT
• Self-referrals allowed
Key components of a community hospital-based comprehensive lung cancer screening program

- Outcomes Monitoring
- Standardized Structured Reporting
- Lung Cancer Screening Program
- Optimization of LDCT Imaging
- Multidisciplinary Thoracic Oncology Clinic
- Advanced Practice Nurse: oversees entire processes
- Insurance preauthorization and verification
- Smoking Cessation Counseling
Getting the Word Out

- Quarterly medical staff business meeting
- Invite patient self-referrals
- Several presentations to individual physician group practices, both employed groups and non-employed groups by radiologists
Lung Cancer Screening Program — Outcomes

Elkhart General Hospital Lung Cancer Screening Outcomes First 2.5 Years (6/29/12-12/12/14) of Program

- 468 CT examinations
- 298 unique patients
- 9 cancers diagnosed
- >50% Stage 1
- Cancer Detection Rate per 1000 studies: 19.2
- Cancer Detection Rate per 1000 patients: 30.2
Radiology, Inc. Lung Screening CT Program Update

ACR Lung Cancer Screening Registry 2017 Data for Radiology, Inc.
Cancer Detection Rate: 10.42 per 1000 studies (>3x database mean)
Enhanced Patient Understanding
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<td><strong>Total # Lung Cancers (Cancer Registry)</strong></td>
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<td><strong>% of Lung Cancer Patients Attending Conference</strong></td>
<td>52.9%</td>
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Benefits to Beacon Health System

• The goal is to not only diagnose lung cancer, but to treat it as well
• Both programs achieve the IHI Triple Aim
• Success at the mid-size hospital level should scale
Outside of Beacon Health System, other health systems Radiology, Inc. covers are starting to model the lung cancer screening programs. Some goals for the future include:

- Increasing the number of lung cancer screening CT's year over year. Still many lung cancers detected at stage 3/4.
- Increasing the number of physicians at TOC (CT surgery staffing).
“Our voice of experience says that a successful community hospital LDCT lung screening program is possible.”
IMAGING 3.0 RESOURCES

- Dr. Patel’s story: Imaging 3.0 Case Study: Patient Forward
- Journal of the American College of Radiology article featuring Elkhart General Hospital’s programs
- Journal of the American College of Radiology Imaging 3.0 Value Chain Series Edited by Giles Boland, MD, and Richard Duszak, MD, this bimonthly feature focuses on changes in the organization and financing of medical imaging as post-Affordable Care Act payment incentives move toward a value basis.
- Imaging 3.0 case study about how to implement a lung cancer screening program.
- JACR CEO Suite Collection The Journal of the American College of Radiology is pleased to present this collection of articles focusing on how radiologists can best work with the leadership of their institutions to provide the highest quality care at the most reasonable possible cost.
- Radiology Support, Communication, and Alignment Network (R-SCAN) R-SCAN™ is a collaborative action plan that brings radiologists and referring clinicians together to improve imaging appropriateness based upon a growing list of imaging Choosing Wisely topics. R-SCAN delivers immediate access to Web-based tools and clinical decision support technology that help you optimize imaging care, reduce unnecessary imaging exams and lower the cost of care. There is no cost to participate.
Questions?