



CHAIRMAN'S CORNER

CHANGE

by Alan Matsumoto, MD, Chair

Health care in the United States is changing at a more rapid pace than any other profession. Medical information is doubling every 73 days. In four years, there will be one million times more medical knowledge to learn and apply to patient care decisions as compared to today. The United States is spending more than \$3 trillion/year for health care, which is not sustainable. Individuals are now personally paying the greatest portion of health care costs due to increases in co-pays, premiums, and deductibles. Consumerism is driving patient-focused initiatives and accessibility to information. Outcomes and quality measures are the new currencies for health care, and fee-for-service is gradually disappearing. Integrated health care networks, bundled payments for episodes of care such as hip replacements, and employment of all physicians within a system are becoming more the norm.

The Medicare Access and CHIPS Reauthorization Act of 2015 (MACRA) has been added to the mix, and Centers for Medicare and Medicaid Services (CMS) will start collecting data in 2017 to inform the merit-based incentive payments—which most Radiologists will be under—for 2019. CMS has provided limited clarity about how quality, use of electronic health records, clinical practice improvements, and resource management—the primary metrics being measured in MACRA—will be tied to the incentive payments. Even though acting CMS Administrator Andrew Slavitt recently intimated that CMS may be delaying the implementation of MACRA, it is not going away.

In the last 24 months at UVA, our entire C-suite (CEO, COO, CNO, CFO, and CMO) for our Medical Center has changed. We have also had four different Deans in addition to a new COO and Associate Dean for Faculty Affairs for our School of Medicine in the same period. I am sure many of you have also experienced similar changes to some of the leadership in your respective institutions.

And you wonder why all of us are feeling anxious and overwhelmed about the changes in health care.

How do we manage this change? As Charles Darwin would have said, we must adapt so we not only survive but also become stronger in the new health care environment. Here's what I believe:

- Radiologists must become accountable to patients, payers, and the systems in which we practice. They are the consumers of our services, so we must respond in a meaningful way to their demands and needs.
- We must generate the data and learn to tell our own stories of the value we add to health care while proactively leading strategic initiatives for our institutions and becoming more visible to patients, payers, and legislators. We can no longer let "others" tell our story.
- Many of these efforts will require "sweat equity" to have the privilege of providing these services.
- We need to be aligned with the goals and missions of our institutions and recognize that, as technical fees continue to shrink, health systems will not appreciate nor partner with Radiologists who own imaging centers that compete with them.
- We must be affordable and easily accessible. The Radiologists, technology, and staff we need are expensive, so we cannot let our practices become a cost center for an integrated health care network or health system.
- Imaging protocols need to be tailored and optimized, the right study needs to be done for the correct indication, patient services and progression must be efficient and timely, our reports should be understandable and actionable, and structured reports should become the standard.
- Creative hybrid practice paradigms and partnerships may become necessary for some academic departments and private practices to prosper.

In summary, to quote the former UCLA basketball coach John Wooden: "Failure is not fatal, but failure to change might be." I hope Radiologists and their practices can adapt to the changing needs in this new world of health care and consumerism. As difficult and unsettling as these changes may seem, we should embrace them as an opportunity to reinvent our practices and service models. We owe it to our patients, our health systems, our specialty, ourselves, and our future.

As always, best wishes to you and your loved ones.

Alan