Develop Your Radiology Financial Insight: Fundamental Principles You Should Know About Business

Sub-Events

How Much Is It Worth: Valuing Assets and Investments
Kenneth A. Buckwalter MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES
1) Understand the time value of money. 2) Review interest rate terminology such as Interest rate, Discount rate, and Hurdle rate. 3) Describe standard ways to value an investment for Payback time, Internal rate of return, and Net present value. 4) Use net present value to understand the loss of Tiger Woods’s Brand Value in 2009. (This course is part of the Leadership Track)

Follow the Money: Everything You Ever Wanted to Know About the Revenue Cycle
Mark Steven Frank MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES
1) Know the definition of 'revenue cycle'. Be aware of how the revenue cycle revenue applies to a 'typical' diagnostic radiology practice. 2) Know the definition of accounts receivable (AR), and the important role that AR plays in radiology practices. 3) Understand the concept of 'charge lag' and the factors contributing to it. 4) Know the major factors that effect timeliness and amount of payment received once a bill is submitted. 5) Know the relationships between net income, accounts receivable, and cash flow. 6) Be aware of the Radiology Business Managers Association (RBMA) recommended factors for tracking AR. 7) Know the definition of Adjusted Collections Percentage (ACP). 8) Know some techniques for reducing AR and optimizing the revenue cycle. 9) Know the definition of RBRVS (Resource Based Relative Value Scale) and its relationship to the Current Procedural Terminology (CPT) coding model. 10) Know the concept and structure (components) of an RBRVS global payment. 11) Understand how work performed (as perceived by the radiologist) maps onto the RBRVS scale and the role of the RBRVS scale in financial payment mechanisms. (This course is part of the Leadership Track)

The Basics of Accounting and Finance: What the Radiologist Needs to Know
Suresh K. Mukherji MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES
1) Review the basics of an income statement. 2) Review the basics of the balance sheet. 3) Review the basics on the cash flow statement. (This course is part of the Leadership Track)

ABSTRACT
The purpose of this talk is to provide the basic in financial accounting. This talk will review the basics of how to interpret an income statement, cash flow statement and balance sheet. This presentation will focus on a Radiology department so that it is pertinent to the audience.

The Use of Business Analytics for Improving Radiology Operations, Quality, and Clinical Performance (In Association with the Society for Imaging Informatics in Medicine)

LEARNING OBJECTIVES
1) Review the basics of an income statement. 2) Review the basics of the balance sheet. 3) Review the basics on the cash flow statement. (This course is part of the Leadership Track)

ABSTRACT
The purpose of this talk is to provide the basic in financial accounting. This talk will review the basics of how to interpret an income statement, cash flow statement and balance sheet. This presentation will focus on a Radiology department so that it is pertinent to the audience.
LEARNING OBJECTIVES

1) Understand what is meant by business analytics in the context of a radiology practice. 2) Be able to describe the basic steps involved in implementing a business analytics tool. 3) Learn how business analytics tools can be used for quality assurance in radiology, for maintenance of certification (MOC), and for practice quality improvement. 4) Be introduced to the capabilities of current and potential future business analytics technologies.

ABSTRACT

This course will provide an overview of the use of business analytics (BA) in radiology. How a practice manages information is becoming a differentiator in the competitive radiology market. Leveraging informatics tools such as business analytics can help a practice transform its service delivery to improve performance, productivity and quality. An introduction to the basic steps involved in implementing business analytics will be given, followed by example uses of BA tools for quality assurance, maintenance of certification (MOC) and practice quality improvement. The power of current business analytics technologies will be described, along with a look at potential future capabilities of business analytics tools.

Sub-Events

RCC12A  Introduction to Business Analytics Demonstrating Use of an Open-Source Tool for Application to Radiology
Katherine P. Andriole PhD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

1) Gain an overview of business analytics tools and understand how they might be used in radiology. 2) Be able to describe the general steps involved in business analytics, including extract, transform, load (ETL) and key performance indicators (KPI). 3) See a demonstration implementation of an open-source business analytics tool using a radiology use case.

ABSTRACT

This session will provide a general overview of business analytics concepts and how they can be used in radiology. A walk through of the basic steps involved in implementation including identifying, collecting, transforming, and dynamically presenting key performance indicators (KPI) will be demonstrated. The extract, transform, load (ETL) steps will be shown using an example use case, and multiple database sources taken from a radiology practice.

RCC12B  Operational and Predictive Analytics in Radiology
Paul G. Nagy PhD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

1) Discuss the importance of informatics tools for ABR MOC PQI and ACGME SBP quality efforts. 2) Identify the role of informatics in capturing, extracting, analyzing, and communication quality projects. 3) Illustrate graphical dashboarding examples to support quality efforts.

RCC12C  Capabilities of Current and Future Business Analytics Technologies
Tessa S. Cook MD, PhD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

1) To gain familiarity with currently available business technologies and their relevance to radiology practice. 2) To consider how existing business technologies can support quality assurance in radiology. 3) To learn about business analytics features that may be available/desirable in the future to augment and support both the practice of radiology.
LEARNING OBJECTIVES

1) Participants will appreciate the importance of understanding the culture of an organization. 2) Participants will understand that strategic planning will not result in a successful outcome if it is not consistent with the culture of the organization. 3) Participants will learn techniques that can help modify organizational culture and make it more effective in addressing new issues. (This course is part of the Leadership Track)

ABSTRACT

Culture may be defined as the behaviors and beliefs of a social, ethnic or age group. It is the set of shared attitudes, values, goals and practices that characterize the group. Understanding the culture of our professional organizations is essential to effectively creating and implementing a strategic plan. Each of us is involved in many organizations including private practice groups, multispecialty clinics, university departments and a variety of professional societies which are linked by common interests. These include a) interests related to a specific geographic region, an anatomic organ system, or an imaging or therapeutic modality. They may also be connected to a common goal such as education, research, reimbursement, regulation, government affairs, or radiology administration. The pace of change in our society is quickening. This is true not only for communication and imaging technology, but also for the entire health care industry and the regulations that govern our behavior. American medicine has been criticized for being too expensive and having only average quality. Furthermore, a large number of unnecessary deaths have been attributed to medical error. If our field is going to respond effectively to these many challenges, we must understand the cultures of our various professional organizations in order to enable them to better implement needed responses.

SPSI21

Special Interest Session: Radiology and Pathology Diagnostics: Is It Time to Integrate?

Special Courses

AMA PRA Category 1 Credits™: 1.50
ARRT Category A+ Credits: 1.50
Mon, Dec 1 4:30 PM - 6:00 PM  Location: E351

Participants

Moderator
Mitchell Dennis Schnall MD, PhD : Nothing to Disclose
Moderator
Michael D. Feldman MD, PhD : Nothing to Disclose

LEARNING OBJECTIVES

1) Learn about the potential value that would come from better integration of pathology and radiology. 2) Learn about near term opportunities for improving workflow and performance through coordination of Radiology and Pathology. 3) Learn about the future of molecular diagnostics integrating imaging and tissue assays.

Sub-Events

SPSI21A Goals and Associated Value Proposition Related to Radiology and Pathology Integration
Mitchell Dennis Schnall MD, PhD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

View learning objectives under main course title.

SPSI21B Near Term Opportunities for Radiology and Pathology Integration
Michael D. Feldman MD, PhD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

View learning objectives under main course title.

ABSTRACT

There are several challenges to meaningfully integrating clinical radiologic and pathologic information. These include issues of sampling and geographic registration, and practical matters of developing a shared workflow and integrated information systems as well as a common culture. These challenges invite research opportunities to investigate the most effective ways to extract diagnostic information from both molecular markers and imaging data, and to optimize evidence-based utilization of diagnostic tools for best patient outcomes. If done well, integrated and intelligent radiology/pathology information systems and processes may catalyze the realization of precision medicine.

SPSI21C Integrating Molecular Diagnostics and Molecular Imaging
Martin Gilbert Pomper MD, PhD (Presenter): Grant, Eisai Co, Ltd Grant, Eli Lilly and Company Founder, Cancer Targeting Systems, Inc Board of Directors, Cancer Targeting Systems, Inc Founder, Theraly Pharmaceuticals Inc

LEARNING OBJECTIVES

View learning objectives under main course title.
LEARNING OBJECTIVES

View learning objectives under main course title.

Panel Discussion


LEARNING OBJECTIVES

View learning objectives under main course title.

SPSI21D

The Aging Radiologist: How to Cope, When to Quit (Sponsored by the RSNA Professionalism Committee) (An Interactive Session)

Refresher/Informatics

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50
Tue, Dec 2 8:30 AM - 10:00 AM Location: E353B

Participants

Moderator
Donald M. Bachman MD: Nothing to Disclose
Stephen Chan MD (Presenter): Nothing to Disclose
Bruce Jonathan Barron MD (Presenter): Stockholder, Immunomedics Inc
William J. Casarella MD (Presenter): Nothing to Disclose
Robert Albert Schmidt MD (Presenter): Medical Advisory Board, Three Palm Software LLC Spouse, Medical Advisory Board, Bayer AG Consultant, VuComp, Inc Spouse, Consultant, VuComp, Inc

LEARNING OBJECTIVES

1) Identify physiological and psychological manifestation of aging specific to performance as a radiologist. 2) Institute non-prejudicial evaluation of function and performance of radiologists in their department as they age. 3) Understand economic, health, emotional and professional factors that stimulate radiologists to either continue working or retire. 4) Identify strategies for instituting meaningful and satisfying activities after retirement from active radiology practice.

RC332

How to Avoid Failure: Qualities of a Successful Leader

Refresher/Informatics

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50
Tue, Dec 2 8:30 AM - 10:00 AM Location: E451A

LEARNING OBJECTIVES

1) Develop an understanding of the essential traits and skills required for a leader to be successful, ie traits and states. 2) Develop an understanding of the common errors made by leaders in academic and private practices enabling the attendee to obtain the 'learnings' without the 'lumps. 3) Acquire the skills of succession planning needed to ensure that the success of your organization is sustainable over time and leadership transitions. (This course is part of the Leadership Track)

Sub-Events

RC332A How Leaders Succeed and Fail

James H. Thrall MD (Presenter): Board Member, Mobile Aspects, Inc Board Member, WorldCare International, Inc

LEARNING OBJECTIVES

View learning objectives under main course title. (This course is part of the Leadership Track)
RS332B Keys to Avoid Failure: Key Qualities of a Successful Leader
Norman Joseph Beauchamp MD (Presenter): Institutional research agreement, Koninklijke Philips NV
Institutional research agreement, General Electric Company Research Grant, Koninklijke Philips NV

LEARNING OBJECTIVES
View learning objectives under main course title. (This course is part of the Leadership Track)

RS332C Leadership: An Evolutionary Framework, Historical Examples of Leaders, and Personal Lessons Learned
Alexander M. Norbash MD (Presenter): Stockholder, Boston Imaging Core Laboratories, LLC Co-founder, Boston Imaging Core Laboratories, LLC

LEARNING OBJECTIVES
1) Recognize historical examples of leaders, in addition to how you can recognize and emulate their favorable characteristics that draw you to their leadership attributes. 2) Understand an overview of leadership references, where and how to access the same, how the related body of knowledge has evolved, and current perspectives concerning leaders and leadership. (This course is part of the Leadership Track)

MSQI32 Radiologist Performance Improvement: Implementing Lean in Your Practice

Multisession Courses

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AMA PRA Category 1 Credits™: 1.50
ARRT Category A+ Credits: 1.50
Tue, Dec 2 10:30 AM - 12:00 PM Location: S406B

Participants
Moderator
James Vincent Rawson MD: Nothing to Disclose

LEARNING OBJECTIVES
1) Discuss implementation strategies of Lean and Change Management. 2) Discuss Alignment of Operations and Outcomes. 3) Discuss Role of Employee Engagement in Change. (This course is part of the Quality Improvement Symposium)

ABSTRACT
Lean techniques are being used in healthcare with increased frequency. This program will focus on how Lean can be started and implemented in a healthcare environment. The role of process redesign in strategy and operations will be discussed.

Sub-Events

MSQI32A Linking Vision, Strategy, Operations and Outcomes
Karl N. Krecke MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES
View learning objectives under main course title. (This course is part of the Quality Improvement Symposium)

MSQI32B Resources, Training and Teaching LEAN in Radiology
James Vincent Rawson MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES
View learning objectives under main course title. (This course is part of the Quality Improvement Symposium)

MSQI32C Lean Change Management and Engaging Employees
Joseph R. Steele MD (Presenter): Consultant, INTIO, Inc Stockholder, INTIO, Inc Stockholder, Intelliject, Inc Stockholder, MedicaSafe, Inc Consultant, Adient Medical Inc Stockholder, Adient Medical Inc Consultant, Edumedics LLC Stockholder, Edumedics LLC

LEARNING OBJECTIVES
Participants

Presiding
N. Reed Dunnick MD Nothing to Disclose President, Radiological Society of North America

Sub-Events

PS30A
Presentation of the Gold Medal of the Radiological Society of North America

PS30C
Annual Oration in Diagnostic Radiology: Transitioning from Volume-Based to Value-Based Practice: A Meaningful Goal for All Radiologists or a Meaningless Platitude?
David C. Levin MD (Presenter): Consultant, HealthHelp, LLC Board of Directors, Outpatient Imaging Affiliates, LLC, N. Reed Dunnick MD Nothing to Disclose

This centennial year of the RSNA meeting is a good time to reflect on past successes, but also to recognize that radiology is at a crossroads. We face many threats, ranging from commoditization, to declining reimbursements, to the perception that much imaging is unnecessary, to termination of groups by hospitals, etc. One of our biggest challenges - and a way to counter some of these threats - is to effectively move from our current volume-based practice model to one which is more value-oriented. This oration will present concrete ideas on steps that need to be taken to accomplish that goal. Radiologists must refute the notion that we are simply purveyors of a commodity by starting to act like true consulting physicians. True consulting physicians would take a more active role in activities like assessing the appropriateness of requests for imaging, supervising the performance of the studies, communicating the results to patients, and being more available to consult with referring doctors. Of course, doing these things takes time away from reading cases, and that will lead to lower incomes. I will make the case that this is a worthwhile and necessary tradeoff. Primary care physicians and specialists in clinical disciplines spend hours each day providing uncompensated services to patients, and we have to start doing some of that as well. While it may not be feasible to try to evaluate the appropriateness of every imaging request or to directly supervise every study being done, there are things we can do to add value to these processes of care. A side benefit of taking the time to act like true consultants is that it will create more jobs for young radiologists, who are having trouble finding them now. We owe them that. Radiologists will also provide greater value if they make themselves available around the clock to help their patients and referring doctors, rather than outsourcing night and weekend work to others outside their practice. Greater focus on quality is another way to provide value. Programs like the Physician Quality Reporting System have imposed quality measures upon radiology practices, but some of them are neither useful nor easily measurable, and fail to provide any true indication of the quality of a practice. Radiology groups could provide better value by creating and tracking their own internal quality metrics, as some have already done. Still another way for radiologists to provide value is to develop closer ties to primary care physicians, who are often overburdened and need our help, and who are going to become increasingly influential players in an era of ACOs and bundled payments. One way we can do this is to propose what might be termed "the 90% rule." If all these suggestions are followed, I believe that within 5 years radiology will be considered a high-value specialty that is more helpful to our patients and referring physicians than at present, and one that is no longer viewed as a commodity by others in the rest of the medical world.

RC427
Critical Issues Facing the Practice of Radiology in 2015 and Beyond: A Roundtable with ACR Leaders (In Conjunction with the American College of Radiology)

Refresher/Informatics

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50
Tue, Dec 2 4:30 PM - 6:00 PM Location: S403B

This content is too rich for plain text representation as it is a detailed discussion on the future of radiology practice. It involves a multi-faceted approach, including the role of radiologists in managing patient care, the impact of commoditization, and the importance of value-based care.
Participants
Moderator  
Bibb Allen MD: Nothing to Disclose
Geraldine B. McGinty MD (Presenter): Nothing to Disclose
James A. Brink MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES
1) Recognize the major economic, political and practice issues facing the specialty of radiology. 2) Analyze the federal policy, private payer, health system and consumer initiatives that are signaling the shift away from volume driven transactional medical care toward value driven care and reimbursement models. 3) Describe point-of-care patient centric tools radiologists can use to bring value based radiological care into routine clinical practice. 4) Formulate strategies to position their community based or academic practices in a position to adapt and succeed in evolving value based reimbursement models. 5) Explain how aligning incentives between all stake holders is required to achieve the goals of health reform and how to be vocal supporters of our profession.

ABSTRACT
Because of changing federal policy and reimbursement models, the next five years may be the most tumultuous for medicine and our specialty since the adoption of Medicare. Leaders in organized radiology are working to place our specialty in the best possible position, but we face complex issues requiring complex and potentially counterintuitive solutions. Strategic decisions made by our organizations need to be informed by and have buy-in from those in the trenches of clinical practice. The imperatives of health reform and the dynamic shift from volume based transactional care to value based population care are creating the critical issues facing our specialty. In this roundtable session, we discuss a number of the critical issues facing our practices and discuss proactive strategic initiatives that can empower radiologists to transition from volume based to value based care and position their practices to succeed in the new paradigm. While integral to providing optimal radiological care, the value of the interpretations we provide will ultimately be taken for granted by our systems and policy makers. In order to provide additional value we must look beyond just the value of our interpretations. By engaging in the care prior to and following image interpretation, radiologists can improve individual patients’ safety, outcomes and engagement as well as improve population health. This measurable role for radiology in providing cost effective care will increase our relevance to the healthcare system beyond image interpretation. Participants can share their ideas and concerns with leaders in organized radiology as well as take away a number of tools they can use in their practices to begin or enhance the shift to value based care. Using these strategies, radiologists can leverage the value they create to enhance their position in their health systems and your professional organizations can leverage that same value with policy makers to impact federal health policy.

RC432
Measuring Quality in Radiology

Refresher/Informatics  
SQ  
LM
AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50
Tue, Dec 2 4:30 PM - 6:00 PM Location: N226

ABSTRACT
Leadership Track)
1) Define population health and articulate the essential role of quality in this new health care paradigm. 2) Consider the key role of patient experience in the concept of radiology quality. 3) Explore the concepts of quality and value in radiology. (This course is part of the Leadership Track)
ABSTRACT

Quality has become an essential component of radiology practices. But what is quality and how is it measured? The course will attempt to answer these questions from three perspectives. First, the perspective of quantitative radiology quality metrics and ways of measuring them will be explored, and methods of data analytics will be considered. Second, the concept of quality as it applies to a new health care delivery paradigm of population health will be analyzed. Population health is a framework in which health care entities and providers are tasked with keeping an entire defined population healthy, rather than the current healthcare delivery system that focuses largely on individual sick patients. The third speaker will address the essential role of patient satisfaction and positive patient experience in the concept of quality in radiology. These areas are increasingly prevalent in online rating sites, a domain that is not typically assessed with current standardized quality metrics.

Quality: Going Beyond the Metrics

Jonathan W. Berlin MD (Presenter): Stockholder, Nuance Communications, Inc Radiology Advisory Board, Nuance Communications, Inc

LEARNING OBJECTIVES

1) Define population health and articulate the essential role of quality in this new health care paradigm. 2) Consider the key role of patient experience in the concept of radiology quality. 3) Explore the concepts of quality and value in radiology. (This course is part of the Leadership Track)

ABSTRACT

Quality has become an essential component of radiology practices. But what is quality and how is it measured? The course will attempt to answer these questions from three perspectives. First, the perspective of quantitative radiology quality metrics and ways of measuring them will be explored, and methods of data analytics will be considered. Second, the concept of quality as it applies to a new health care delivery paradigm of population health will be analyzed. Population health is a framework in which health care entities and providers are tasked with keeping an entire defined population healthy, rather than the current healthcare delivery system that focuses largely on individual sick patients. The third speaker will address the essential role of patient satisfaction and positive patient experience in the concept of quality in radiology. These areas are increasingly prevalent in online rating sites, a domain that is not typically assessed with current standardized quality metrics.

What's New from the American Board of Radiology

Refresher/Informatics

AMA PRA Category 1 Credits™: 1.50
ARRT Category A+ Credit: 0

Wed, Dec 3 8:30 AM - 10:00 AM   Location: S403B

Participants

Moderator
Valerie P. Jackson MD : Nothing to Disclose

LEARNING OBJECTIVES

1) Explain the Core and Certifying Exams; describe the relationship to evolving impact of the new exams on training and practices. 2) Describe the ABR Board Eligibility policy and how a hospital credentials committee might apply it. 3) Describe recent ABR MOC program changes including: efforts to align MOC with practice requirements and incentives, self-assessment CME, and Continuous Certification. 4) Plan and execute a practice-relevant PQI project. 5) List the meaningful participation criteria for individual MOC Part IV credit when doing a group Part IV project. 6) Explain how IR/DR primary certification differs from VIR subspecialty certification; describe a likely sequence and timeline for its full implementation.

ABSTRACT

This is an era of rapid change in board certification processes. During this presentation, leaders from the American Board of Radiology will discuss multiple aspects of the Core and Certifying Exams and the Maintenance of Certification process. The new certification program for Interventional Radiology will be reviewed.

Sub-Events

RC502A

President's Perspective
Milton J. Guiberteau MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

View learning objectives under main course title.
Executive Director's Perspective
Valerie P. Jackson MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES
View learning objectives under main course title.

Initial Certification Examinations
Dennis M. Balfe MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES
View learning objectives under main course title.

MOC Examinations
Vincent Paul Mathews MD (Presenter): Speakers Bureau, Eli Lilly and Company

LEARNING OBJECTIVES
View learning objectives under main course title.

IR/DR Certificate
Matthew A. Mauro MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES
View learning objectives under main course title.

What Is Driving Health Care Reform and How It Is Changing Your Radiology Practice
Refresher/Informatics

AMA PRA Category 1 Credits™: 1.50
ARRT Category A+ Credits: 1.50
Wed, Dec 3 8:30 AM - 10:00 AM Location: S103AB

Sub-Events

A Brief History of Health Care Reform
Bernard F. King MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES
1) Understand the historical drivers of healthcare reform. 2) Understand the important milestones in healthcare reform over the last 100 years. 3) Understand the major goals of the Affordable Care Act (ACA). (This course is part of the Leadership Track)

ABSTRACT
This refresher course will review three major aspects of Healthcare Reform: 1) Historical drivers and milestones of healthcare Reform over the last 100 years, 2) The major implications of the Affordable Care Act (ACA) on Radiology and 3) Contemporary examples of how this is being carried out in the state of Massachusetts. The historical drivers and milestones in healthcare reform over the last 100 years is important to understand current changes and vehicles involved in payment schemes that exist today. The major implications of the Affordable Care Act on radiology are key in understanding how current and future healthcare reforms will reshape medicine and radiology. Finally, current practices occurring in Massachusetts are the most revealing and telling picture of how all these healthcare reforms will affect the practice of medicine and radiology in the United States for many years to come.

Impact of Health Care Reform on Radiology: Intended and Unintended
Lawrence R. Muroff MD (Presenter): Nothing to Disclose
LEARNING OBJECTIVES

1) Discuss the key elements of health reform as they impact radiology. 2) Develop strategies to deal with the intended and unintended consequences of health care reform. 3) Describe some of the alternative payment mechanisms that will be competing with fee-for-service, and discuss how radiologists will fit into these new compensation dynamics. (This course is part of the Leadership Track)

ABSTRACT

This presentation will review the trends impacting our specialty. Declining reimbursement, non-traditional competition, and more aggressive turf incursion will be examined, and strategies will be offered to enable radiologists the opportunity to survive and thrive in a time of change. The talk will cover alternative payment proposals and possible new practice models. Future opportunities will be discussed.

Attendees of this session should have a better understanding of how our specialty will look in the new health care dynamic and what their role will be in this changed environment.

Health Care Reform in Massachusetts

Alexander M. Norbash MD (Presenter): Stockholder, Boston Imaging Core Laboratories, LLC Co-founder, Boston Imaging Core Laboratories, LLC

LEARNING OBJECTIVES

1) Recognize the contributory elements promoting the implementation of significant healthcare reform in Massachusetts. 2) Review both the systemic shortfalls and benefits delivered to the citizens of Massachusetts during that state's implementation of universal health care. 3) Understand broad similarities and differences between the Massachusetts and National models of their respective Affordable Care Acts. (This course is part of the Leadership Track)
Radiologists Are from Mars, Radiology Benefit Managers Are from Venus: Secrets of Dealing with Radiology Benefit Management Companies
Mark D. Hiatt MD, MBA (Presenter): Medical Director, Regence BlueCross BlueShield Board Member, RadSite Former Chief Medical Officer, HealthHelp, LLC

LEARNING OBJECTIVES
1) Define the terms related to managing radiology benefits. 2) Delineate the relationships related to this management. 3) Discuss the interventions radiologists may pursue to improve their relationships with benefit managers.

Changing Relationships in Radiology
David J. Seidenwurm MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

Question and Answer 1
Jonathan W. Berlin MD (Presenter): Stockholder, Nuance Communications, Inc Radiology Advisory Board, Nuance Communications, Inc
Mark D. Hiatt MD, MBA (Presenter): Medical Director, Regence BlueCross BlueShield Board Member, RadSite Former Chief Medical Officer, HealthHelp, LLC

LEARNING OBJECTIVES

Radiology and Hospital Co-Management: A Roadmap for the Future
Syed Furqan Zaidi MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

Radiology Co-Management: The Hospital CEO Perspective
Christopher E. Remark (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

Moving Radiology Toward Value Based Compensation
Kenneth A. Buckwalter MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES
1) Understand the transition from fee for service to value based purchasing. 2) Define "value". 3) Learn how to differentiate process from quality metrics. 4) Describe how to create a "value matrix".

Question and Answer 2
Jonathan W. Berlin MD (Presenter): Stockholder, Nuance Communications, Inc Radiology Advisory Board, Nuance Communications, Inc
Syed Furqan Zaidi MD (Presenter): Nothing to Disclose
Christopher E. Remark (Presenter): Nothing to Disclose
Kenneth A. Buckwalter MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

View learning objectives under main course title.
RCC44A

Managing Your Department with Workflow Engines
Bradley J. Erickson MD, PhD (Presenter): Stockholder, Evidentia Health, Inc

LEARNING OBJECTIVES
1) Become familiar with workflow engine technology. 2) Understand how workflow engines can be used within a radiology department. 3) Understand strengths and weaknesses of workflow engines compared to alternative methods like databases.

RCC44B

Measuring Your Department with the SWIM Lexicon
Marc D. Kohli MD (Presenter): Research Grant, Koninklijke Philips NV Research Grant, Siemens AG

LEARNING OBJECTIVES
1) Describe existing heterogeneity of workflow terminology. 2) Explain benefits arising use of a standard nomenclature for workflow steps. 3) Provide details regarding how the SWIM lexicon could be applied in the learner’s environment.

ABSTRACT
In current practice, standard workflow steps such as the arrival of a patient to the imaging department, and completion of the exam are tracked in a very heterogeneous manner with imprecise terminology. In order to better understand and compare workflow across radiology departments, a common language must be devised and deployed. The SIIM Workflow Initiative In Medicine (SWIM) lexicon aims to address this challenge. We will illustrate how the SWIM lexicon can be used to measure and compare workflow in a radiology department.

RCC44C

Monitoring Your Department with Dashboards
Christopher D. Meenan (Presenter): Stockholder, Analytical Informatics, Inc

LEARNING OBJECTIVES
1) Describe what a radiology department dashboard entails. 2) Give three examples of key performance indicators for a radiology department. 3) Explain how dashboards have created an impact in other practices.

RC616

Service Excellence in Radiology (Sponsored by the RSNA Professionalism Committee) (An Interactive Session)

LEARNING OBJECTIVES
1) Understand who the customer is in Radiology and why customer satisfaction scores are important. 2) Review how Radiology...
1) Understand who the customer is in Radiology and why customer satisfaction scores are important. 2) Review how Radiology can document the added value role it plays in the enterprise. 3) Discuss how to manage workplace interruptions.

**ABSTRACT**

Service Excellence in healthcare is used generally to refer to patient or customer satisfaction, and our ability to consistently meet or exceed the expectations of patients, their families, and visitors. It can be more widely expanded to include interactions among staff within a group, across groups or job descriptions or across departments. Inherently it is the concept that healthcare is more than just the technical act of delivering service, in radiology that would be the performance of a diagnostic test for example that hit high marks for classic quality metrics like image quality, radiation dose optimization and clarity and accuracy of the interpretation. Service excellence embraces the notion that healthcare must address the psyche, emotions and worries of those we care for, who come to us for service because they are ill and concerned about their health, the impact of disease on themselves and their families. It is about HOW we deliver the care too. From looking people in the eyes at check in, asking if there is anything else we can do for them, letting then know how they will get their test results, acknowledging when we can do better without blame, and knowing when and how to say thank you. On a more tangible level, high marks for Service Excellence also translates into higher employee engagement, retention of staff and a drop in time and resources spent doing service recovery. Hiring for Service Excellence is important to having the right people in your organization, and sometimes letting those go who cannot live up to those expectations may be necessary to move forward. In the end, a commitment to Service Excellence is about not an expensive program delivered by others to you to train to, it is about treating everyone with respect and both setting and often exceeding expectations. With higher patient satisfaction scores comes retention of patients/customers, and word of mouth marketing that your program is THE destination for care now and in future.

**RC632**

**Value-Added Initiatives for a Healthcare System**

*Refresher/Informatics*

AMA PRA Category 1 Credits ™: 1.50  
ARRT Category A+ Credits: 1.50  
Thu, Dec 4 8:30 AM - 10:00 AM  Location: S404AB

**LEARNING OBJECTIVES**

1) Understand the difference between interpretive value and non-interpretive value and the concept of the Total Value Equation. 2) Understand how to illustrate where on the Operations Frontier Curve your practice or department wishes to place itself, and where you think you actually are. 3) Based on the above two objectives, be able to identify potential areas of improvement in your staffing model. (This course is part of the Leadership Track)

**ABSTRACT**

The term ‘value’ is popular in health care, and while universally understood to be critical to success, it is also a concept that is complex and can be challenging to evaluate. This talk analyzes the idea of value and value creation in the radiology department, and uses the Total Value Equation as a framework to deconstruct the activities of the department into interpretive and non-interpretive. By understanding these ideas, the radiology practice leader is better able to manage their resources and maximize their value production.

**RC632A**

Understanding Total Value Creation in Radiology  
Richard Elliott Heller  MD (Presenter): Consultant, Gerson Lehrman Group, Inc

**LEARNING OBJECTIVES**

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**RC632B**

Imaging Informatics  
Keith J. Dreyer  MD,PhD (Presenter): Nothing to Disclose

**LEARNING OBJECTIVES**

1) Develop an understanding of the essential Informatics skills required for a leader to be successful. 2) Develop an understanding of the common Informatics errors made by leaders in academic and private practices. 3) Acquire the skills of Informatics planning needed to ensure that the success of your organization is sustainable over time. (This course is part of the Leadership Track)

**RC632C**

Radiology’s Impact on the Hospital’s Bottom Line  
Bernard F. King  MD (Presenter): Nothing to Disclose

**LEARNING OBJECTIVES**

1) Identify methods to derive meaningful financial and clinical metrics and analytics demonstrating how Radiology contributes to the bottom line (tangible added value). 2) Developing departmental dashboards supporting HealthCare system balanced score cards etc. 3) Identify methods for improving imaging report turn around times to support initiatives to decrease hospital length of stays thus improving bottom line. (This course is part of the Leadership Track)
Leadership: How Can We Teach It and Promote It?

Leadership: A Program Director’s Point of View
Mark Edward Mullins MD, PhD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES
1) Define leadership within the context of medical education, especially related to a department with a Diagnostic Radiology Residency. 2) Appraise challenges and opportunities in leadership. 3) Develop a personal strategic plan for leadership.

Leadership: The Resident’s Point of View
Zachary Edward Ballenger MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES
1) The participants will understand some of the challenges faced by resident leaders. 2) The participants will learn strategies to improve leadership within the residency using examples of programs utilized at Indiana University Radiology. 3) The participants will comprehend the values inherent in resident leadership, both for improving the residency and for providing a well-rounded educational experience for the residents.

ABSTRACT
A radiology residency can have a complicated hierarchy, with many overlapping levels of authority within the administration, the faculty and the residents. Residents often view themselves at the very bottom of this hierarchy, and they may feel that in such a position their ability to act as leaders is minimal. Additionally, they may feel that their input and feedback is not valuable. This perspective is unfortunately common, and it is inaccurate. The truth is that residents, as the primary 'consumers' of radiology residency education, are the most in-tune with the daily goings-on of the residency and are in the very best position to offer fair assessment and suggestions for improvement. For this reason, leadership in residency is critical for the development and continuity of any elite radiology residency program. Additionally, leadership experience is an important component of the training of all physicians. Resident leaders are in the unique position to provide important feedback and suggestions to their superiors on many issues important to departments, ranging from educational experiences to patient care. However, traditional hierarchical limitations, significantly limit this very important component of a residency. Additionally, residents face other obstacles with regard to taking leadership roles, including insufficient time to create and initiate change, and often a lack of authority to alter the residency in any meaningful way. As stated in the objectives for this presentation, the participants will learn about the value of resident leadership, the potential barriers inherent in resident leadership, and ways to overcome the barriers and encourage this important part of a radiology residency. Examples of past success from Indiana University Radiology will be described in detail, along with examples of initiatives that were not very successful.

Promoting Leadership for Junior Faculty
Valerie P. Jackson MD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES
1) Identify the need for leadership development in young faculty members. 2) Analyze possible methods for promoting leadership in faculty members. 3) Demonstrate understanding of the value of giving leadership opportunities to younger members of your practice.

ABSTRACT
In medicine, the traditional path to leadership is via on-the-job training. However, there are advantages to promoting leadership education and experience for young faculty through faculty development programs, mentoring, and opportunities to develop leadership skills. This presentation will review the need for, methods for, and advantages to implementing leadership development programs in a radiology department or practice.
RC732

Compensation Plans and Funds Flow

Refresher/Informatics

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50
Thu, Dec 4 4:30 PM - 6:00 PM   Location: S404AB

Participants

Ronald L. Arenson MD (Presenter): Nothing to Disclose
Pablo Riera Ros MD, PhD (Presenter): Medical Advisory Board, Koninklijke Philips NV Medical Advisory Board, KLAS Enterprises LLC Medical Advisory Committee, Oakstone Publishing Departmental Research Grant, Siemens AG Departmental Research Grant, Koninklijke Philips NV Departmental Research Grant, Sectra AB Departmental Research Grant, Toshiba Corporation
William G. Bradley MD, PhD (Presenter): Stockholder, Time Medical Holdings Company Ltd Advisory Board, Time Medical Holdings Company Ltd

LEARNING OBJECTIVES

1) Understand the need to offer incentive compensation (bonus) to faculty in Academic Radiology Departments. 2) To be able to describe the advantages and disadvantages of productivity only incentive plans in Academic Radiology. 3) Understand methods of providing incentives other than clinical productivity. 4) Understand how to insure fairness and a feeling of working as a team with incentive-based compensation plans. 5) Understand how incentive systems used by private practices are different from that of an Academic Radiology Department. 6) Understand how payment mechanisms to Academic Radiology Depts are changing from collections-based to RVU-based (“Funds Flow”) with increased cost cutting and reliance on core services. (This course is part of the Leadership Track)

RC816

Tweet This: How to Make Radiology More Patient Centered (Sponsored by the RSNA Public Information Committee)

Refresher/Informatics

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50
Fri, Dec 5 8:30 AM - 10:00 AM   Location: S403A

Participants

Moderator
Judy Yee MD : Research Grant, EchoPixel, Inc
Susan D. John MD (Presenter): Nothing to Disclose
Whitney Fishman Zembr MB (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

1) Understand the rationale for and growing value of increased personalization of patient interactions in diagnostic radiology. 2) Communicate patient-centered radiology principles to residents and other colleagues. 3) Identify different avenues, including traditional, digital and social media, to engage our patients.

ABSTRACT

Modern medicine has become so complicated and sub-specialized that patients and their families often are confused. Frequently patients are not even aware that a radiologist is providing important services or the nature of those services. Increasingly, patients are turning to the Internet for answers. In the current era of consumer-driven healthcare, patient portals, online health resources and social media, radiologists must provide personal and patient-friendly services and use a variety of means to connect with patients. This course will provide specific examples and strategies for harnessing the power of the Internet and social media to become more patient centered.

RC832

Aligning Incentives Along the Imaging Value Chain

Refresher/Informatics

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50
Fri, Dec 5 8:30 AM - 10:00 AM   Location: E261

Participants

Geraldine B. McGinty MD (Presenter): Nothing to Disclose
Richard Duszak MD (Presenter): Nothing to Disclose
Giles W. Boland MD (Presenter): Principal, Radiology Consulting Group Royalties, Reed Elsevier
LEARNING OBJECTIVES

1) To understand value-focused healthcare imperatives in the evolution of healthcare delivery systems and how they impact medical imaging. 2) To implement practice changes aligned with Imaging 3.0 so as to maximize the relevance of radiology and radiologists in ongoing health system changes. 3) To improve the delivery of imaging care by focusing on value chain opportunities. (This course is part of the Leadership Track)

ABSTRACT

Although radiology’s dramatic evolution over the last century has profoundly affected patient care for the better, our current system is fragmented with many providers focusing more on technology and physician needs rather than what really matters to patients: better value and outcomes. This latter dynamic is aligned with current national health care reform initiatives and creates both challenges and opportunities for radiologists to find ways to deliver new value for patients. The American College of Radiology has responded to this challenge with the introduction of Imaging 3.0, which represents a call to action to all radiologists to assume leadership roles in shaping America’s future health care system through 5 key pillars: imaging appropriateness, quality, safety, efficiency, and satisfaction. That enhanced value will require modulation of imaging work processes best understood through the concept of the imaging value chain, which will be the focus of this course.

RCC62

Managing Radiology IT in the EHR World

Refresher/Informatics

AMA PRA Category 1 Credits ™: 1.50
ARRT Category A+ Credits: 1.50
Fri, Dec 5 10:30 AM - 12:00 PM   Location: S501ABC

Participants

Moderator
J. Raymond Geis MD : Nothing to Disclose

LEARNING OBJECTIVES

1) Identify EHR components relevant to radiology. 2) Understand how to assess and use those components to your advantage. 3) Discover potential and pitfalls of EHRs.

Sub-Events

RCC62A

Radiology in the EHR World: What You’ll Need to Know
Keith J. Dreyer MD,PhD (Presenter): Nothing to Disclose

LEARNING OBJECTIVES

1) Learn what challenges are faced by radiology departments and practices as hospital systems continue to make the move towards enterprise EHR deployment. 2) Understand how radiology IT and informatics solutions can interface with EHR solutions and manage the gaps and overlaps in EHR deployment.

RCC62B

EHR/RIS Optimization of Imaging Workflow for the Enterprise
Peter B. Sachs MD (Presenter): Advisor, Koninklijke Philips NV

LEARNING OBJECTIVES

1) Review the typical radiology department work flow in an EMR environment. 2) Identify the key work flow items that may require optimization. 3) Identify the key components necessary to carry out optimization. 4) Review examples of optimizations carried out at the author’s institution. 5) Discuss the impact these optimizations have had on radiology workflow/efficiency and patient care.

ABSTRACT

The development and deployment of electronic medical records has resulted in a significant impact on radiology work flow both positive and negative. Moving from paper driven to an electronic processes requires a highly functional, multi-disciplinary team to address break-fixes as well as optimizations. This presentation will review the optimal structure of the team and then discuss the requisite skill sets of the team members to insure getting the most out of the EHR to drive high quality, efficient, patient-centered work flow in the radiology department.

RCC62C

Electronic Health Record Driven Workflow for Diagnostic Radiologists - You Might Actually Want This
Cree Michael Gaskin MD (Presenter): Author with royalties, Oxford University Press Author with royalties, Thieme Medical Publishers, Inc

LEARNING OBJECTIVES

1) Present EHR driven workflow for the diagnostic radiologist at the speaker’s institution. 2) Discuss radiologist engagement in EHR implementation for radiology-centric optimization. 3) Discuss impacts of EHR driven workflow on diagnostic radiologists’ efficiency and quality of care delivery as well as user satisfaction.

ABSTRACT

Electronic Health Records (EHRs) are touted to improve the quality and efficiency of clinical care. As a result,
EHR-meaningful use legislation has been passed in the U.S. to financially incentivize adoption of this technology. Still, some radiologists remain skeptical that the benefits of EHRs are applicable to their practice and some fear that the technology could even unnecessarily complicate their workflow. One newer model for integrating EHRs into radiologists' practice is to use an EHR to drive diagnostic radiologist workflow, rather than the more traditional or widespread models of PACS driven or third-party RIS driven workflow. This newer model provides opportunity to leverage EHR technology and data for the benefit of radiology-related care delivery. This presentation shares a radiologist-centric viewpoint from one institution which has successfully adopted EHR-driven workflow for diagnostic radiologists. Though the process of implementation is touched upon, the presentation focuses on the resultant clinical workflow and the impacts on quality, efficiency, and radiologist satisfaction.

PACS and Radiologist Workflow in a Multi-Enterprise Environment

Gary J. Wendt MD, MBA (Presenter): Medical Advisory Board, McKesson Corporation Stockholder, TeraMedica, Inc Medical Advisory Board, HealthMyne Owner, WITS(MD), LLC

LEARNING OBJECTIVES

1) Understand workflow challenges for a radiologist operating a multi-enterprise environment. 2) Understanding requirements for environments with a single versus multiple medical record numbers a. PACS b. Dictation systems c. EHR. 3) Using a master patient index to link patient's across sites.

ABSTRACT

As a radiology department expands across multiple organizations there are several challenges that are created. Among these is the capability of the PACS, dictation systems and electronic medical record to operate in a single versus a multiple medical record number environment. These challenges are complicated further if there is no master patient index to link patient's across the multiple sites. All of these need to be taken into consideration prior to attempting to deploy a single workflow solution in multiple environments. Some possibilities that are discussed include using systems that function in a multiple medical record number environment, making changes to the demographic information in an interface engine or simply guaranteeing that each site uses unique identifiers. The benefits of having a single workflow solution across multiple environments is significant and helps to justify the cost of implementing in maintaining this type of environment.