



RLI Power Hour

Wednesday, May 18, 2022

Population Health Research and Policy in Radiology

A View from the
Harvey L. Neiman Health Policy Institute

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POPULATION HEALTH MANAGEMENT

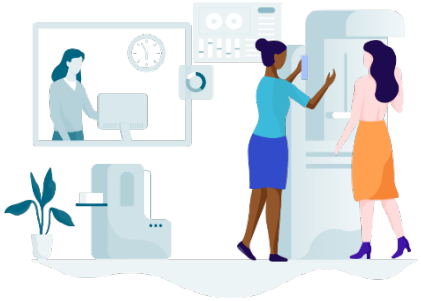
SURVEILLANCE AND PREVENTION



ACUTE CARE



CHRONIC CARE MANAGEMENT



Mammography
Low Dose Chest CT
Virtual Colonoscopy
AAA screening
AI tools



ACR Imaging 3.0 · Choosing Wisely
Best Practice Recommendations
Clinical Decision Support
IP Care Coordination
Clinical Pathway Management



Follow-up: AAA, Lung Nodules
Oncology Intervention
Fatty Liver
Metabolic Syndrome
QALY improvements

ACR IMAGING 3.0 · ACO'S/MSSP · SHARED RISK MODELS WITH PAYERS · MIPS · APM · COMMUNITY HEALTH INITIATIVES

Population Health Solutions Span a Broad Range



1

Health and well-being develop over a lifetime.

Disparities and Equity

Social determinants drive health and well-being outcomes throughout the life course.

Place is a determinant of health, well-being, and equity.

Screening/ Diagnosis

The health system needs to address the key demographic shifts of our time.

Policy Change

The health system can embrace innovative financial models and deploy existing assets for greater value.

Collaboration

Health creation requires partnership because health care only holds a part of the puzzle.

← What creates health?

How can health care engage? →


Big U.S. Goals



<u>Cancer Objectives</u>	Increase Screening Rates	Reduce Death Rates
Female Breast Cancer	Baseline only	Improving
Lung Cancer	Baseline only	Improving
Prostate Cancer		Improving
Colorectal Cancer	Baseline only	Improving
Overall		Improving

Screening Objectives



<u>Cancer Objectives</u>	 Baseline only	2030 Goals
Female Breast Cancer	72.8%	77.1%
Lung Cancer	4.5%	7.5%
Colorectal Cancer	65.2%	74.4%

The Power of USPSTF Recommendations

- **50% increase in screening CT colonography (CTC) rates after the 2016 USPSTF updated recommendation to include CTC**
- **CTC rates were steady from 2010 to 2016 despite decreased patient cost sharing from 38% to 10%**



American Journal of
Preventive Medicine

RESEARCH BRIEF

U.S. Preventive Services Task Force Update and Computed Tomography for Colorectal Cancer Screening Among Privately Insured Population

Steven Chen, MSPH,^{1,2} Courtney C. Moreno, MD,³ Richard Duszak Jr, MD,³ Michal Horný, PhD, MSc^{1,3}

Introduction: The Affordable Care Act of 2010 mandated private health plans to fully cover the services recommended by the U.S. Preventive Services Task Force. In June 2016, the Task Force added computed tomography colonography to its list of recommended tests for colorectal cancer screening. This study evaluates the association among the updated recommendation, patient cost-sharing obligations, and the uptake of colorectal cancer screening through computed tomography colonography in the privately insured population.

Methods: Using individual claims from the 2010–2018 IBM MarketScan Commercial Database, monthly screening computed tomography colonography utilization rates per 100,000 privately insured beneficiaries aged 50–64 years and the monthly proportions of these services delivered by in-network providers for which patients had to bear a portion of the procedure costs were calculated, and an interrupted time series analysis was performed. The study was conducted between January and May 2020.

Results: Although the proportion of in-network procedures subject to patient cost sharing declined from 38.2% in 2010 to 10.2% in early 2016, the monthly utilization remained nearly constant. The announcement of the updated recommendation was associated with an immediate increase in the monthly screening computed tomography colonography utilization rate from 0.4 to 0.6 procedures per 100,000 individuals but with no change in the proportion of in-network procedures subject to patient cost sharing.

Conclusions: In an environment of already largely eliminated patient cost sharing, the release of supportive evidence-based recommendations by a recognized credible body was associated with an immediate increase in computed tomography colonography use for colorectal cancer screening in the privately insured population.

Am J Prev Med 2021;000(000):1–5. © 2021 American Journal of Preventive Medicine. Published by Elsevier Inc. All rights reserved.

But disparities in access are rampant even among the insured...

JAMA Network | Open

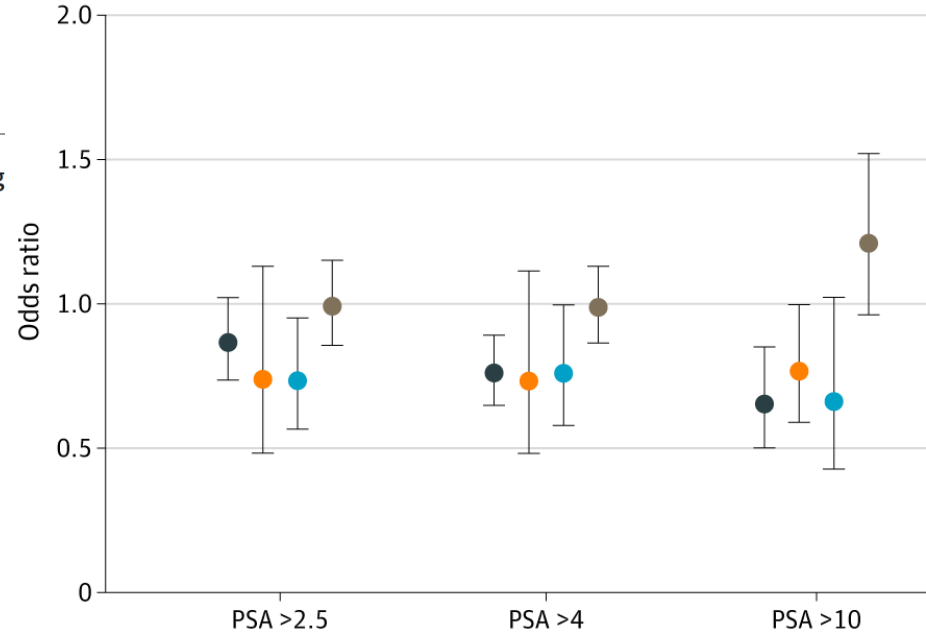
Original Investigation | Health Policy

Racial and Ethnic Disparities in the Use of Prostate Magnetic Resonance Imaging Following an Elevated Prostate-Specific Antigen Test

Nino Abashidze, PhD; Chad Stecher, PhD; Andrew B. Rosenkrantz, MD, MPA; Richard Duszak Jr, MD; Danny R. Hughes, PhD

Black patients were 24% less likely than white patients to have a prostate MRI after receiving an elevated PSA score

Odds of Prostate MRI with elevated PSA test



Health Equity Spotlight

RADIOLOGY HEALTH EQUITY COALITION



Studies Planned on Cancer Screening Equity

- What individual, geographic, population and community- and facility-level factors are sources of disparities?
- Are disparities greater for newer screening technologies?
Is access geography and time dependent?

Breast Cancer
41% higher breast cancer mortality
for black
compared to white
women

Our Goals:

Elucidate major sources of disparities and provide actionable information for policy

Identify economic incentives that may reduce identified disparities

Advancing the Radiologist Value Proposition

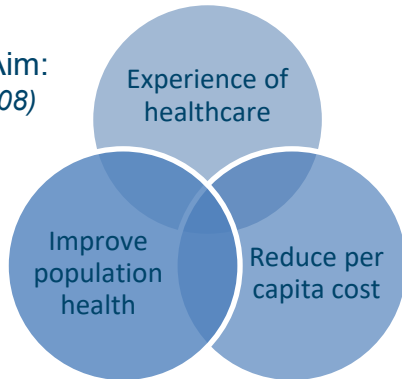
Population Health

The health outcomes of a group of individuals
Including the distribution of such outcomes within the group

Value-Based Care

A framework for health care systems to improve value for patients, where value is health outcomes per unit of costs

IHI Triple Aim:
(Berwick 2008)



Benefit / Cost = Value

Benefits: Outcome,
efficacy, quality,
safety, experience



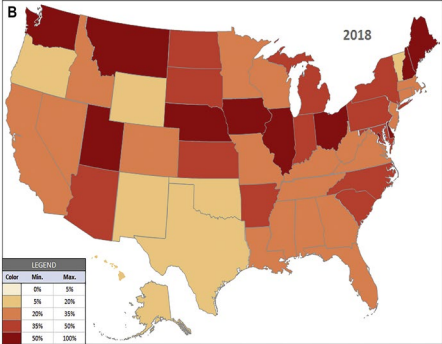
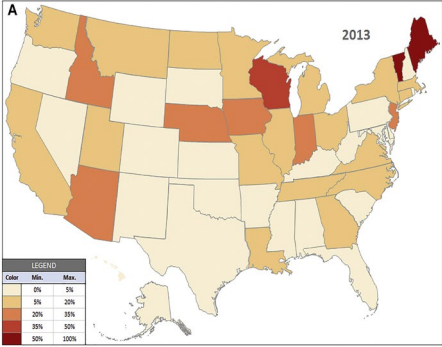
Radiologist participation in ACOs is growing

10% to 35%
Increase in
radiologist ACO
participation
2013 to 2018

ORIGINAL ARTICLE

Evolving Radiologist Participation in Medicare Shared Savings Program Accountable Care Organizations

*Stefan Santavicca, MS^a, Richard Duszak Jr, MD^b, Gregory N. Nicola, MD^c,
Lauren Parks Golding, MD^d, Andrew B. Rosenkrantz, MD, MPA^e, Christian Wernz, PhD^f,
Danny R. Hughes, PhD^{b,g}*



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Radiologists are Positioned for Impact

Roles

- Increase screening rates
- Follow up / mgmt. of findings
- Incidental findings
- Decision support & appropriate use
- Less invasive treatment (IR)
- Radiation Oncology
- Equitable access and quality
- Research & analysis
- Advocacy

Tools

- Technology
- Data
- Registries
- Relationships



ACR Forging Ahead...

ACR Commission on Patient- and
Family-Centered Care
Population Health Management Committee



ACR® Blue-Ribbon Panel on Population Health

Will **collect, assess, create and distribute resources** to empower radiologists to lead efforts to advance population health improvements.

RADIOLOGY HEALTH EQUITY COALITION



Our Vision



Commit to Act

Pledge to join the community advancing health equity in radiology.



Submit Resources

Share resources to help your colleagues achieve equity in their practice.



Spread the Word

Talk with your colleagues and community partners about how radiology can advance equity in healthcare.



Grow

Utilize solution-oriented tools to bring more of the community into your practice.



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Studies in Health Care and Economics

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