I. Introduction

A. Define an ACO

B. Objective: The Audience Will Understand:

1. ACO and Other Evolving Payment Models
2. Forces behind Changes in Medical Imaging
3. What Steps Medical Imaging Departments Can Take to Improve future Prospects

II. ACO’s and Other Evolving Payment Models

A. Bundled Payment

1. Insurers Disburse a Single Payment for a Specified DRG.
   a) Hospital and Physicians Split the Payment

      (1) Increased Collaboration with Specialist to identify the Correct Exam

B. Episodic Bundled Payment

1. Single Payment to cover an Episode of Care
   a) Hospitals and Physicians Split the Payment

      (1) Episode is likely defined as 3 days Prior to Admission to 30 Days Post Discharge

      (2) Imaging Services Become and Expense Rather than a Revenue Driver

C. Shared Savings

1. Performance Bonus
   a) ACO’s receive shared savings for delivering care below the defined market’s average cost per beneficiary.

      (1) Appropriate Utilization

      (2) “Attributed” or “Covered” Lives

      (3) Need to “Remove Cost from the System”
III. ACO, Shared Savings, Bundled Payments, Capitation, Obama care? Whatever it is, the Model is Changing

1. Decelerating (or Declining) Reimbursement Growth
   a) Government Budget Constraints
   b) Payments Subject to Quality and Cost Based Risks Payments
   c) Payer Steerage to Low Cost Provider (RBMs)
   d) Limited ability to shift Costs to Consumers
   e) Choosing Wisely Campaign (Heavy Focus on Imaging)

2. Shifting Payer and Case Mix
   a) Expansion of Medicaid Eligibility
   b) Increased Medicare Enrollment (Baby Boomers)
   c) Increased Influx of Government Insured patient will cause capacity constraints for Higher Paying Services
   d) Increase of Chronic Disease and Comorbidities

IV. Where Do We Go From Here? Things We Can Do Now!

A. Focus On Department Efficiencies to Reduce Costs

1. Labor Productivity
2. Equipment Utilization Metrics
3. Work with Radiologists to Identify/Update Appropriate Protocol Utilization

B. Enhance Collaboration with Other Departments and Service Line Leaders

1. Enhance Patient Care
2. Opportunity for Radiology to Extend Expertise
3. Increased Likelihood for Obtaining Capital Request, When Service Line Leaders are in Support
4. Multidisciplinary Meeting Attendance
   a) Both Invite and Attend
      (1) Oncology
      (2) Surgical Services
      (3) Women’s Service
C. Improving Patient Care Coordination

1. Enhance Physician Relations Staff
   a) Appropriate Exam Orders
   b) Departmental Updates
   c) Service Recovery

2. Care Coordinator
   a) Track and Follow up on Recommended Care
   b) Follow up with Physicians Offices for Cancelled Exams/ No Shows
   c) Resource for Patient, Physician and Other Department Questions and Concerns

D. Promote High Value Imaging

1. CCTA for Chest Pain

2. Pre-Operative MRI for Prostate Cancer

3. Appropriate Risk Candidates for Screening Procedures

V. Conclusion: Dash Board