

Medical Physics : Is there value and if so how do we convince people?

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It's all about safety...



hippety...
hoppety...
whatever.



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Everyone says it's about safety and patient care.



How is Medical Physics Different?

People really are (appropriately?) scared of Radiation





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Causes of Death in the US

Cause of Death	Deaths
Automobile accidents	~36,000
Falls	13,332
Bathtub Drowning	341
Electric Transmission lines	99
Bitten or crushed by Reptiles	31
Fireworks Discharge	5
Contact with venomous spiders	5
Radiation Accidents	0

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Is the worry outsized?

Radiation Accident	Direct Deaths
Chernobyl	31
Fukushima	0

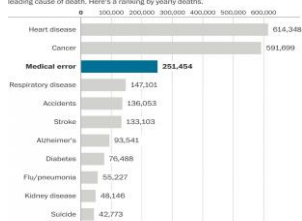
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Those are some interesting facts, but that doesn't seem like it helps our cause...



Death in the United States

Johns Hopkins University researchers estimate that medical error is now the third leading cause of death. Here's a ranking by yearly deaths.



Source: National Center for Health Statistics, BMJ

THE WASHINGTON POST



New York Times

- [HEALTH](#) | THE RADIATION BOOM
- Radiation Offers New Cures, and Ways to Do Harm
- By [WALT BOGDANICH](#)JAN. 23, 2010



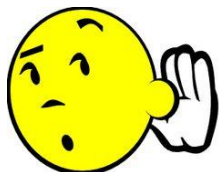




It REALLY is about safety



How do we get hospital administrators, doctors, or our families to listen to how important we are?



The core arguments

- ❑ Patient Care
 - Doing the right thing
- ❑ Protection of Market share
 - Accident avoidance
- ❑ Grow the hospital reputation
 - Patients referred in, our loss of leakage to more specialized centers



Strategy Today

- ❑ Must be willing to say no.
 - We can't do XYZ because it is not safe.
- ❑ ALL revenue in the radiation oncology department ultimately rests upon the physics team.
- ❑ Negotiate for additional manpower/support when the hospital wants to expand offerings.
 - We can't safely do SBRT well unless we have _____.
- ❑ Be PRESENT in the clinic
 - Don't be a "ghost" physicist who doesn't interact with the team



2007



2016





Future shock

- Future shock is the shattering stress and disorientation that we induce in individuals by subjecting them to too much change in too short a time.
- "If you don't have a strategy, you're part of someone else's strategy."
 - [Alvin Toffler](#)



What the HELL do we do now?

- Changing re-imbusement models**
 - Payment per diagnosis rather than per item.
 - Allows an opportunity to reconsider payment structure
 - All the more important for it to be well understood now.
- Are we actually in this together?**

