

"A healthy man has a thousand wishes,
a sick man has only one".

Slovenian proverb

The Most Important Health Care Characteristics

- Quality
- Cost
- Access

What is Right with our System?

- Excellent hospitals, equipment, and health care facilities
- Enough well trained professionals
- Superb research
- Sufficient spending

What is Wrong with our System?

We spend far more money than any other country on health care...

...but get far fewer benefits, far worse health outcomes, and far less patient satisfaction.

Competing Philosophies on HealthCare

Two views --

Currently a major Social/Political issue in the United States

Competing Philosophies on HealthCare : Free Market – Individualism

“...we’re going to find ourselves spending our sunset years telling our children and our children’s children about a time in America, back in the day, when men and women were free.”

Ronald Reagan speaking against the creation of Medicare, the U.S. health care funding system for those over 65 years of age

Competing Philosophies on HealthCare : Community Obligation

"Health care is an essential safeguard of human life and dignity and there is an obligation for society to ensure that every person be able to realize this right."

- Cardinal Joseph Bernardin, Chicago Archdiocese

The Invisible Hand of the Market and Healthcare Purchasing

- Demand for service is irregular and unpredictable (and expensive)
- Purchase often associated with an "assault on personal integrity"
- Demand for services driven by the professional judgment of the caregivers, not consumer desires.
- Limitation of entry of providers into the market
- Insensitivity to prices, absence of price competition
- Asymmetry of information between provider and buyer

Kenneth Arrow, American Economic Review, 1963

Financing Strategies

- Nationalized Healthcare
 - England, Norway, Sweden
- Medicare
 - Canada, Taiwan
- Subsidized/Regulated Insurance
 - Holland, Switzerland, France, Germany
- Cash

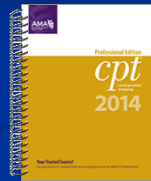
Financing Strategies

- Nationalized Healthcare
 - Veterans System, Military, Indian Health Service
- Medicare
 - Medicare, Medicaid
- Subsidized/Regulated Insurance
 - Employer or group based insurance, Individually purchased.
- Cash
 - Wealthy, "Self" -Pay"

Service Descriptors

■ Current Procedural Terminology (CPT®)

- Listing of descriptive terms/identifying codes for reporting of medical services and procedures
- Published by American Medical Association (AMA); copyrighted
- Updated Yearly



+● 77293

Respiratory motion management simulation (List separately in addition to code for primary procedure)

➡ CPT Changes: An Insider's View 2014

▶(Use 77293 in conjunction with 77295, 77301)◀

Medicare initiatives for cost savings and quality improvement

- Value based purchasing
- Quality indicators

Section 3002 - Improvements to the physician quality reporting initiative

- Expansion of Physician Quality Reporting System (PQRS)
 - Evolution from carrot to stick (2015)
 - Participation in the American Board of Medical Specialties Maintenance of Certification* (ABMS MOC*) (2011)
 - Publically available information on physician performance (2013)
 - Physician Compare Website (2015, report to Congress)



Radiation Oncology Quality Measures

- Hormonal Therapy for Stage IC-IIIC (ER/PR) Positive Breast Cancer. (Tamoxifen)
- Documentation of Current Medications in the Medical Record.
- Pain Intensity Quantified.
- Plan of Care for Pain.
- Cancer Stage Documented.
- Radiation Dose Limits to Normal Tissues.

Accreditation Opportunities

Imaging:

- ACR
- IAC
- TJC
- CMS required for advanced imaging modalities under MFS, but not under HOPPS
- Private payers may have requirements

Accreditation Opportunities

Therapy:

- ACR
- ACRO
- ASTRO
- Generally not required for payment

Accreditation Opportunities

Therapy:

- ACR - 628 Accredited sites
- ACRO - < 200
- ASTRO -WIP

Accreditation Opportunities

Accreditation as a quality metric:

- More comprehensive
- Binary calculation result
- Ease of reporting

Payment Reduction Initiatives

- Multiple procedure reductions
- Bundling and Packaging
- AMA RUC mis-valued code reviews
- Scrutiny of improvements in technology
- Urban Institute / Rand Corporation Reviews

Packaged Services Ancillary Services

77332 Stereotactic Treatment
Delivery

HOPPS 2014: \$3591

HOPPS 2015: \$9768



Special Deal

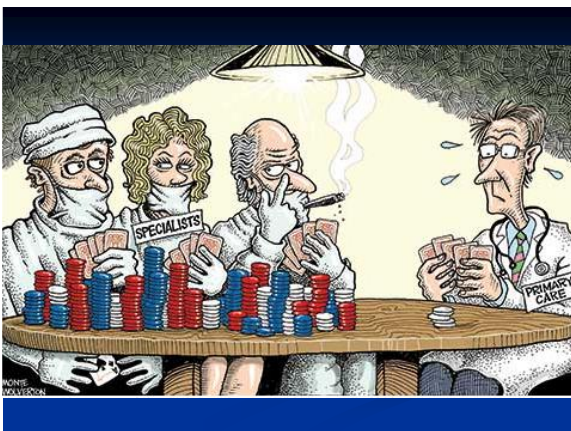
The shadowy cartel of doctors that controls Medicare.

By Haley Sweetland Edwards July-August 2013



The Secretive Group Behind Medicare Reimbursements

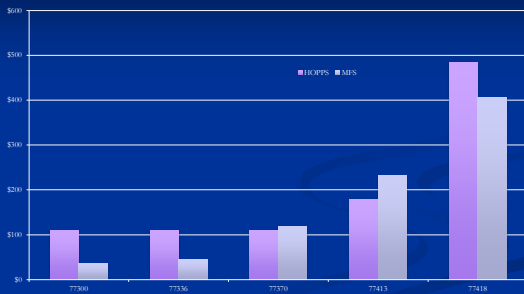
By Kate Pickert 29 July 2013



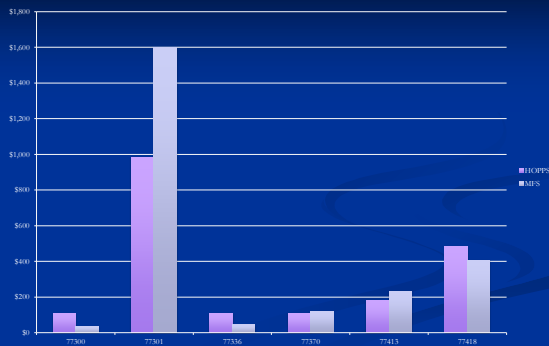
Accuracy In Medicare Physician Payment Act HR 2545

- Introduced by Rep. James McDermott, House Ways and Means.
- Based on Recommendations by the MEDPAC
- Requires CMS to create a panel of unbiased reviewers
- Identify distorted payments and make corrective recommendations
- Allocates up to \$10⁷ per year for the effort

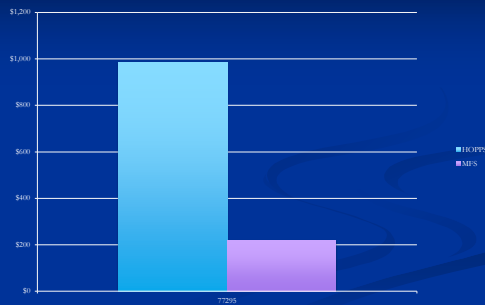
HOPPS vs. MFS 2013



HOPPS vs. MFS 2013



HOPPS vs. MFS 2013



Is Bigger Better? Cheaper?

- Consolidation of delivery systems (nec hospitals)
- Consolidation of physician practices
- Consolidation of physics practices

The Opinion Pages | EDITORIAL

The Risks of Hospital Mergers

By THE EDITORIAL BOARD JULY 6, 2014

- ✉ EMAIL
- 📘 FACEBOOK
- 🐦 TWITTER
- 💾 SAVE
- ➔ MORE



In retrospect, it looks as if Massachusetts made a serious mistake in 1994 when it let its two most prestigious (and costly) hospitals — Massachusetts General Hospital and Brigham and Women's Hospital, both affiliated with Harvard — merge into a single system known as Partners HealthCare. Investigations by the state attorney general's office have documented that the merger gave the hospitals enormous market leverage to drive up health care costs in the Boston area by demanding high reimbursements from insurers that were unrelated to the quality or complexity of care delivered.

”When hospitals buy physician practices, the result is usually higher hospital prices and increased spending by privately insured patients.”

Health Affairs 2014

Decision Support

- RBMS/ROBMS
- Choosing Wisely
- ACR Appropriateness Criteria

Decision Support

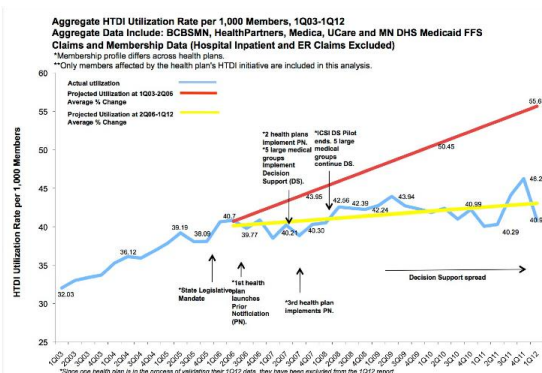
- Don't initiate whole breast radiotherapy as a part of breast conservation therapy in women age ≥ 50 with early stage invasive breast cancer without considering shorter treatment schedules.
- Don't initiate management of low-risk prostate cancer without discussing active surveillance.
- Don't routinely use extended fractionation schemes (>10 fractions) for palliation of bone metastases.
- Don't routinely recommend proton beam therapy for prostate cancer outside of a prospective clinical trial or registry.
- Don't routinely use intensity modulated radiotherapy (IMRT) to deliver whole breast radiotherapy as part of breast conservation therapy.

Decision Support

- Don't do imaging for uncomplicated headache.
- Don't image for suspected pulmonary embolism (PE) without moderate or high pre-test probability.
- Avoid admission or preoperative chest x-rays for ambulatory patients with unremarkable history and physical exam.
- Don't do computed tomography (CT) for the evaluation of suspected appendicitis in children until after ultrasound has been considered as an option.
- Don't recommend follow-up imaging for clinically inconsequential adnexal cysts.

Clinical Indications	Clinical Scenario
<input type="checkbox"/> abnormal gait (ataxia)	<input type="radio"/> none
	<input checked="" type="radio"/> Ataxia
	<input type="radio"/> Ataxia, acute or sub-acute, infection suspected
	<input checked="" type="radio"/> Ataxia, after head trauma (<24 hours)
	<input type="radio"/> Ataxia, slowly progressive, or long duration
	<input type="radio"/> Ataxia, stroke suspected as etiology

Appropriateness rankings for a 30 year old male		Display Evidence...
Indications: Ataxia, after head trauma (<24 hours) [1]		
9 CT, head, w/ iv contrast	select this exam	
9 MR, head, w/ iv contrast	select this exam	
7 MR, head, w/o iv contrast	select this exam	
7 CT, head, temporal bone, w/ iv contrast	select this exam	
6 MR, neck, w/o iv contrast	select this exam	
6 CT, head, w/o iv contrast, [pedi]	select this exam	
6 MR, angiography, head-neck, w/o iv contrast	select this exam	



Safety Initiatives

- Safety Is No Accident
- Treat Safely
- Radiation Oncology-Incident Learning System (RO-ILS)
- IAEA SAFRON/ RPOP

- Professional issues overlaid/intertwined:
 - Education and training – clinical emphasis
 - Increasing complexity of technology Accreditation/Quality enhancements
 - Fear of Radiation
 - Increasing lifespan – palliative care
 - Competition from Others

- Professional issues overlaid/intertwined:
 - Education and training – clinical emphasis
 - CAMPEP Degree Programs
 - CAMPEP Residencies
 - DMP
 - Ph.D.
 - M.S.

- Professional issues overlaid/intertwined:
 - Increasing complexity of technology
 - Concomitant risks associated with misapplication.
 - Accreditation/Quality Enhancements
 - Fear of Radiation
 - Increasing lifespan – palliative care
 - Competition from Others

- Professional issues overlaid/intertwined:
 - Competition from Others
 - Bio Med
 - IT
 - Dosimetrists
 - Medical Physicist Assistant

Find Opportunity in Risk



Cost Savings

Medicare Part D Patient Assignment

Random Assignment → Intelligent Assignment

2009 Savings \$5 Billion

Health Affairs June 2014

Cost Savings

■ Lucentis → Avastin

■ 10 year savings:

- \$ 18 Billion - Medicare
- \$ 5 Billion – Patients
- \$ 6 Billion – Other Healthcare expenses

Total: \$29 Billion

Health Affairs June 2014

Rev. Benjamin Reynolds