

GE Healthcare

TiP-TV™ Training in Partnership Program Supplement and Test for Imaging Professionals

Leadership Education

The AHRA 35th Annual Meeting: An Overview – Part 1

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1.0 ASRT-approved Category A CE Credit



imagination at work

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Program Summary

This page provides an overview of the program content and learning objectives. Please refer to the Table of Contents for a detailed list of the topics covered. We encourage you to file a copy of this Program Summary and the Table of Contents with your continuing education certificate. We also recommend that you provide a copy of this information to your manager as a record of your educational achievement.

Program Description

This program provides the first of two compilations of selected educational content and events that occurred during the 35th annual meeting of the American Healthcare Radiology Administrators (AHRA) in Orlando, Florida. Interviews with primary presenters and AHRA members focus attention upon issues pertaining to a host of diagnostic imaging issues to include: fiscal management, regulation, electronic imaging-PACS, technology, and management operation.

Program Objectives

By the end of this program, the viewer should be able to:

1. Analyze educational content as presented through interviews with many primary speakers at this event.
2. Find four major categories to include: fiscal management, regulation, electronic imaging, and management operations.
3. Recognize the extraordinary educational and networking opportunities available through the AHRA annual meeting and exposition.
4. Define many prevalent issues currently facing radiology administrators.

Target Audience

Course objectives for this program specifically target radiology administrators. Other administrators and management personnel may also benefit from viewing this program.

NOTE: While not limited to this audience group, the content is most effective when applied to people with this experience. Regardless of your imaging specialty, you may apply for continuing education credit. Refer to the Continuing Education Credit page for additional information.

Continuing Education Credit

1.0 ASRT-approved Category A CE Credit

Continuing Education Credit

After viewing the TiP-TV video presentation and reading this program supplement, please complete the required online CE credit activities (test and feedback form). The TiP-TV test measures knowledge gained and/or provides a means of self-assessment on a specific topic. The feedback form provides us with valuable information regarding your thoughts on the program's quality and effectiveness.

Online Process for CE Credit



TiP-TV satellite broadcast subscribers can go online to obtain CE credit – quickly and easily!

hls.gehealthcare.com

1. View the entire video presentation – this is a requirement for obtaining CE credit. This supplement is **not** intended to replace watching the video presentation.
2. Go to the GE Healthcare Learning System (HLS) web site at **hls.gehealthcare.com** and complete the feedback form.
3. Complete the post-program test.
 - ◆ You have up to three attempts to successfully complete the test with a minimum passing score of 75% (ASRT-approved programs) or 80% (SNM-approved programs).
 - ◆ The test must be completed without aids or assistance of any kind; this is an **individual effort**.
4. Upon successful completion of the online CE information, you can instantly print a certificate.

Continuing Education Credit Eligibility – Important Notice!

A GE Healthcare TiP-TV course may be available in several different formats, such as, but not limited to, a broadcast, online web course, or videotape. You may only be able to receive CE credit once for a particular course, regardless of the format in which it was viewed.

If you have already received CE credit for this course, you are encouraged to contact your CE certification organization (ARRT, ARDMS, NMTCB, etc.) to determine if you can repeat this course for CE credit.

Thank you for choosing GE Healthcare as your continuing education partner. We hope you will join us for other TiP-TV programs in the future. For more details and program schedule information, please visit: **www.gehealthcare.com/education**

If you have a question or comment on the program content, please send a message to:
PSTIPApps-ct@med.ge.com

Introduction

This is the first of a two-part series providing an overview of issues, sessions, and discussions that took place at the 35th annual meeting and exposition of the American Healthcare Radiology Administrators in Orlando, Florida. For this program, session and workshop presenters, speakers, and AHRA officers were interviewed in an effort to bring you an idea of what this five-day meeting is really about.

There are so many issues facing healthcare administrators in general, and radiology administrators specifically, that the overall AHRA educational docket required meeting subjects to be divided into nine groups as listed below. Presentations representative of these subject groups were scheduled throughout the week.

- Asset Management
- Communication/Information Management
- Electronic Imaging/Picture Archiving and Communication Systems (PACS) /Technology
- Fiscal Management
- Human Resources
- Imaging Center
- Management Operations
- Professional Development
- Regulation/Accreditation

In this program, discussions based on elements regarding fiscal management, regulation, electronic imaging, PACS, technology, and management operations will be addressed. Imaging center information is interspersed as well.

The program begins with a look into one of the major issues facing administrators as they attempt to manage fiscal responsibilities and deal with regulations affecting those responsibilities; that is the Deficit Reduction Act, or DRA.

Fiscal Management and Regulation

Prevalent upon everyone's mind is the Deficit Reduction Act of 2005, which began to have an effect in January of 2007. The impact is affecting not only independent imaging centers, but also hospitals. In the program video, Bob Maier, President and CEO of Regents Health Resources, Inc. in Brentwood, Tennessee, discussed the impact of the DRA and recommended strategies to minimize losses.

Notes:

The effects of DRA are seriously impacting healthcare, not only in fiscal terms, but there is concern that patient access to services may be affected as well. The question becomes: "Is there a way to put the brakes on this legislation"? In the program video, Bob Maier talks about this and also describes the Moran study.

Notes:

The Stark Rules, named after California representative Pete Stark, who authored the 1993 legislation upon which the current Medicare and Medicaid regulations are based, have at their base, a prohibition against physician self-referrals. Has the DRA had an effect on this legislation? Bob Maier comments.

Notes:

At the conclusion of the discussion, Bob Maier was asked for recommendations that may help deal with the impact of DRA.

Notes:

There are many options available to bolster reimbursement for diagnostic imaging services in the face of legislation such as the Deficit Reduction Act and other regulatory and competitive issues. Coding has always been an important element in charge capture and the idea of a dedicated radiology coder is gaining momentum. Melody Mulaik, President of Coding Strategies, Inc. in Powder Springs, Georgia, was asked to explain the concept of a dedicated coder in terms of benefit to the organization.

Notes:

The possibility that payment will be denied is a prominent concern. The work that goes into determination of the cause of denial and subsequent resubmission of corroborating clinical information can be significant. Melody Mulaik was asked whether there should be a dedicated person whose responsibilities include that aspect of the reimbursement process.

Notes:

Another perspective pertaining to radiology coding comes from Cheryl Schad of Schad Medical Management in Mullica Hill, New Jersey. She emphasized that coding is inextricably bound to compliance requirements.

Notes:

Can digital technology provide avenues to meet and beat reimbursement problems, streamline workflow processes, improve customer satisfaction, and generally change the entire complexion of the imaging business? That question is the foundation of the next segment.

Electronic Imaging/PACS/Technology

Could it be there are potential solutions hidden in a world built on electronics and digital frameworks? Over time, there has been much discussion regarding the impact of picture archiving and communication systems and radiology information systems, or PACS/RIS, and their roles in process improvement, workflow, and the bottom line.

Professor Abraham Seidmann, of the William E. Simon Graduate School of Business Administration at the University of Rochester in Rochester, New York, was interviewed at length. Professor Seidmann led a research project designed to evaluate the integration of electronic patient data with digital imaging via PACS. You'll see in his comments that improved financial performance is part of the research equation.

Notes:

Improved bottom line, a significant marketing impact, and much improved turnaround time does not come without cost in terms of revenue and time. At the meeting, Gerard Durney, Vice President of Lenox Hill Hospital in Manhattan, New York, along with colleague Dana Ostrow, presented a lecture on leveraging PACS/RIS workflow and offered their perspective, which bears out much of what was mentioned by Professor Seidmann.

Notes:

Dawn Klingsmith, Director of Imaging Services at the Oregon Medical Group in Eugene, Oregon, recommends looking at every work process when a digital transition takes place. She has a rather unusual name for the analog environment – calling it "sneakernet."

Notes:

Transitions to PACS/RIS environments not only have the potential to affect the bottom line, they may also lead to complete reevaluation of how work is performed, offering significant opportunity to improve performance. What about the time it takes to ramp up, to begin to see a return on investment, and to reach a stable state? In the program video, Professor Seidmann comments.

Notes:

Professor Seidmann stated that much of their study embraced tangible benefits, but intangibles were improved as well, including reduced stress levels and higher morale.

Digital departments have as their objective, among other things, to become completely filmless and as paperless as possible. Are these realistic goals? Should it be a complete transition or is there room for a combination, especially regarding paper? In the program video, Gerard Durney and Dana Ostrow comment.

Notes:

As you know, report turnaround time is very critical to customer satisfaction and is affected by a number of factors. According to Gerard Durney, voice recognition software is an important element in reducing the time it takes to send a report to referring physicians.

Another important component is called "decision support order entry," which is an evidence-based tool to help physicians order appropriate exams for their patients. This offers potential for cost savings and efficiencies. Gerard Durney explains in the program video.

Notes:

When thinking about the future of diagnostic imaging, an extraordinary burden is placed upon administrators to plan appropriately for future needs. Because technology can sweepingly change the complexion of healthcare in a quick, dynamic fashion, and because capital costs are enormous, you almost need a crystal ball to pursue the correct pathway.

In this light, a relevant example relates to data storage. As you know, single diagnostic imaging examinations can now produce hundreds, if not thousands, of images. The following technical advancement is in its formative stages, but could soon impact imaging in a very significant way. In the program video, John Colang, of Intel Corporation in Rio Rancho, New Mexico, discussed the very new concept of holographic storage.

Notes:

Management Operations

Patient-centered care, or PCC, is an approach in which the patient's disease, or potential disease, is just one of many elements to be considered in the overall care package. A well-rounded approach that takes into account the patient's desires, dignity, and comfort is the basic idea. Julie Mathewson, of the University Health Network in Toronto, Ontario, Canada, described the primary aspects of PCC, how it impacts frontline staff, and how the 4 A's are used to ensure the care approach is followed.

Notes:

The PCC approach clearly made a difference in patient satisfaction. Shane Foreman, of 3d Health, Inc. in Chicago, Illinois, suggested that customers may view service differently than healthcare personnel. An important element not mentioned in the PCC discussion was wait time. What impact does that have on customers? Shane Foreman comments.

Notes:

Another of the issues discussed at this conference was the disparity between the healthcare opportunities afforded urban vs. rural communities. Shane Foreman comments.

Notes:

In this program, considerable time was focused on technological implementation and its impact on the business of healthcare. In the second program in this series, the subjects of management operations, as well as human resources, professional development, leadership, and asset management. will be discussed. In addition to many of the guests you saw during this program, many others that contributed to the overall project will be welcomed. The identities of these contributors can be seen in the program video.

Appendix A: Presenters

Roger Beck, M.S., R.T. (R)(CT)

CT/Leadership TiP-TV Program Manager
GE Healthcare

John Colang

Software Engineering Group Pool Manager
Intel Corporation
Rio Rancho, New Mexico

Gerard Durney, MBA, FAHRA

Vice President
Lenox Hill Hospital
New York, New York

Shane Foreman

Principal and Founder
3d Health, Inc.
Chicago, Illinois

Hazel Hacker

Business Manager
Edison Imaging Associates, P.A.
Edison, New Jersey

Dawn Klingsmith, B.S.R.T., (R)(CV)

Director of Imaging Services
Oregon Medical Group
Eugene, Oregon

Philip Larkin

Operations Manager, Imaging Informatics
Ohio State University Medical Center
Columbus, Ohio

Robert Maier

President and CEO
Regents Health Resources
Brentwood, Tennessee

Julie Mathewson, M.R.T (N)

Professional Practice Leader
University Health Network
Toronto, Ontario, Canada

Jay Mazurowski

2006-2007 President AHRA
Concord, New Hampshire

Melody Mulaik, MSHS, CPC, CPC-H, RC

President, Coding Strategies, Inc.
Powder Springs, Georgia

Dana Ostrow

Associate Director of Customer Service
and Clinical Applications
Lenox Hill Hospital
New York, New York

Jeff Palmucci, CRA

2007-2008 President AHRA
Milwaukee, Wisconsin

Cheryl Schad, B.A. Ed, CPC, ACS-RA, PCS

Schad Medical Management
Mullica Hill, New Jersey

Abraham Seidmann, Professor

William E. Simon Graduate School of Business
University of Rochester
Rochester, New York.

Appendix B: Resources

Electronic Resources

American Healthcare Radiology Administrators: <http://www.ahraonline.org>

GE Healthcare TiP-TV Leadership Series: <http://www.gehealthcare.com/user/education> > Click on Quick Links
> Click on Leadership Education

NOTE: The Internet is an ever-evolving environment and links are subject to change without notice.

Appendix C: Post-Test

LMS Course Number: 3257

To be eligible for CE credit, you MUST view the video presentation first. Then complete the post-test on the GE Healthcare Learning System (hls.gehealthcare.com) by the due date listed online.

1. According to Bob Maier, the Deficit Reduction Act (DRA) has reduced Medicare payments for the technical component of imaging studies by _____% to _____%.
 - a. 2; 5
 - b. 5; 15
 - c. 10; 25
 - d. 15; 40
2. The DRA will affect only free-standing diagnostic imaging centers and NOT hospitals.
 - a. True
 - b. False
3. In the _____ study of 2006, conducted by the American College of Radiology (ACR), it was found that imaging reimbursement by Medicare is often lower than the cost of providing services.
 - a. Bartlett
 - b. Moran
 - c. Nelson
 - d. Stark
4. The Stark rules were enacted to limit _____.
 - a. revenue
 - b. medical errors
 - c. physician self-referrals
 - d. selected medical conditions
5. The DRA was enacted because diagnostic imaging services were _____.
 - a. overutilized
 - b. underutilized
 - c. too expensive
 - d. not sophisticated enough
6. According to Melody Mulaik, when addressing imaging charge rejections and denials, the greatest attention usually goes to _____.
 - a. outpatients
 - b. inpatients
 - c. physicians
 - d. medical records
7. According to Cheryl Schad, _____ is an area that will present more risk and compliance issues than most other areas of diagnostic imaging.
 - a. mammography
 - b. computed tomography
 - c. outpatient radiology
 - d. interventional radiology

8. Professor Abraham Seidmann reported that picture archiving and communication systems and radiology information systems (PACS/RIS) will eventually allow patient volumes to increase, and that _____ per volume will also increase.
 - a. time
 - b. errors
 - c. revenue
 - d. denials
9. According to Professor Seidmann's data, when PACS/RIS became fully operational and stable, report turnaround time decreased by _____%.
 - a. 20
 - b. 40
 - c. 60
 - d. 80
10. Dawn Klinglesmith strongly recommended _____ while converting from an analog to a digital environment.
 - a. looking at all work processes
 - b. keeping your old system
 - c. hiring a computer software engineer
 - d. keeping patients away
11. According to Professor Seidmann, the learning period for a new PACS/RIS environment required _____ to _____ months reach a steady state.
 - a. 2; 4
 - b. 4; 6
 - c. 8; 10
 - d. 12; 15
12. Two benefits of Professor Seidmann's PACS/RIS study were improved patient and employee satisfaction.
 - a. True
 - b. False
13. Gerard Durney and Dana Ostrow indicate that, in their facility, radiologists function in a largely paperless environment, while technologists function in a/an _____ environment.
 - a. digital
 - b. paper-least
 - c. analog
 - d. conditional
14. According to Gerard Durney, the biggest impact on report turnaround time came from a _____.
 - a. voice recognition system
 - b. 12-person transcription system
 - c. digital laser printer
 - d. new courier system
15. Gerard Durney described _____, which allows clinicians and residents to request procedures based on accepted standards of care.
 - a. new computer architecture
 - b. data mining
 - c. decision support order entry
 - d. data retrieval

16. One of the best methods used to change physician behavior is to give them _____.
 - a. clerical assistance
 - b. data
 - c. computers
 - d. more responsibility
17. According to John Colang of Intel, _____ storage will make a dramatic impact on archiving media used for diagnostic images.
 - a. analog
 - b. digital
 - c. holographic
 - d. optical tape
18. John Colang mentioned that the capacity of new storage media will increase currently available methods by about _____ times.
 - a. 20
 - b. 50
 - c. 100
 - d. 200
19. Julie Mathewson discussed a program called _____, which has core values including respect, human dignity, and patient as leader.
 - a. Patient-Centered Care
 - b. Patient First
 - c. Focus on Healthcare
 - d. Future Wellness
20. According to Shane Foreman, free-standing imaging centers are a/an _____ phenomenon.
 - a. passing
 - b. rural
 - c. urban
 - d. research