

# Study Finds Minority Children Receive Less Advanced Imaging In The ED

A recent study found African American and Hispanic children get fewer tests than Caucasian children concerning x-ray, CT, ultrasound, and MRI. This study found that when white children went to the emergency department, they were more likely to receive advanced imaging during their visit in comparison to African American or Hispanic children. This evidence points to the discrepancies in care and possible image overuse. They published their findings in the JAMA Network Open on Jan 29.

In the evidence published at this event was founded by a multi-institutional team of investigators. They found the pattern was consistent among all the exam types, regardless of what type of insurance the patient had.

“Our findings suggest that a child’s race and ethnicity may be independently associated with the decision to perform imaging during ED visits,” said the team, led by Jennifer Marin, M.D., M.Sc., associate professor of pediatrics and emergency medicine and medical director of point-of-care ultrasound at the University of Pittsburgh Medical Center Children’s Hospital. “The differential use of diagnostic imaging by race and ethnicity may reflect underuse of imaging in non-Hispanic black and Hispanic children, or alternatively, overuse in non-Hispanic white children.”

Alarming, the disparity can cause a variety of problems when diagnostic imaging is not equitably applied, risks surrounding radiation exposure, misdiagnoses, missed opportunities for needed follow-up care, or poorer outcomes become a concern. To fully comprehend and obtain a clearer picture of how diagnostic imaging is used with these groups, Marin’s team

evaluated data from 13,087,522 ED visits from 6,230,911 children across 44 pediatric ED nationwide. They concentrated on visits where at least one diagnostic imaging study was performed for a child under age 18 who was seen between Jan. 1, 2016, and Dec. 31, 2019. The average patient age was 5.8 years, and 52.7 percent were male.

## **So what stood out from this data?**

According to their analysis, diagnostic imaging was performed in 3,689,163 – 28.2 percent – of ED visits. Of those encounters, 33.5 percent were for white children, 24.1 percent for African American children, and 26.1 percent for Hispanic children. And, among the types of imaging used, 79.9 percent of visits involved X-ray, 19.6 percent involved ultrasound, 10.6 percent used CT, and 2.4 percent resulted in an MRI.

Although a clear conclusion came from over and under-use based on their review of visit data, they did find that white children had a higher imaging rate for abdominal pain and trauma, as well as chest X-rays for bronchiolitis, asthma, and chest pain. The team claimed they also had higher rates of head CT even when the likelihood of head injury was low.

However, for at least half of the 26 diagnostic categories evaluated, African American and Hispanic children received less imaging, they said. African American children were only more likely to be imaged for aspects: skin and subcutaneous conditions, blood and immunological conditions, mental health, and liver and pancreatic conditions. For Hispanic children, imaging was only more likely with mental health, as well as lymphatic, hematopoietic, and other malignant conditions.

The most significant imaging volume differences between African American and Hispanic children and white children occurred with conditions related to the reproductive system, the eyes, and the digestive system, the team pointed out. But what is the supposed cause for the disparity?

There are several potential reasons behind why these diagnostic imaging disparities exist, the team reasoned. Those factors fall into three categories: parental, clinician, and structural.

**Parental factors:** The investigators found that levels of parental anxiety can frequently play into whether a child receives an advanced imaging exam. Also, a language barrier can often increase or decrease the likelihood of receiving imaging orders.

**Clinician factors:** The implicit racial biases that a physician might have can also play into whether he or she orders an imaging test for a child. These biases can be exacerbated during times of stress, the investigators emphasized, making this a particular problem to watch in the ED setting.

**Structural Factors:** Minority children are less likely to have a medical home, they said, increasing the need for advanced imaging when they present to the ED. For white children, higher imaging rates could be driven by primary care provider referrals.

Ultimately, the team hopes their findings can result in work that can bring about equality among these groups for diagnostic imaging use. There is a need for measurable interventions that can lessen this problem in the ED.

“Adherence to clinical guidelines and other objective scoring tools have the potential to reduce subjectivity, support team-based decision making, and improve communication and structurally competent clinical care,” they said. “Internal quality assurance evaluations to better understand physician-level practices that may be influenced by implicit bias may also narrow the disparity gap.”

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# **Pandemic Causes More Americans To Choose Medicare Plans**

A 9% increase in the number of Medicare beneficiaries who enrolled last year clearly shows effects of the pandemic and economy on American society.

36% of the 67.7 million Medicare beneficiaries in the US are enrolled in a Medicare Advantage plan this year, based on preliminary open enrollment data collected from October to December, 2020.

In order to determine the reason why the new enrollees chose the MA plan, MedicareAdvantagePlans.org polled the new Medicare beneficiaries in a new study.

Their chosen plan, known as Medicare Part C, have become more popular recently as it is cost-effective, flexible and include Part D prescription drug coverage.

## **Here's the breakdown for the reasons behind choosing the MA Plan:**

- 29% for prescription drug coverage
- 16% for its affordability
- 9% for supplemental benefits

The 9% expressed telehealth benefits and COVID-19 supplemental benefits. MA plans are accommodating virtual care, with more than 94% offering telehealth benefits compared to the 58% that it was before.

“Supplemental benefits have become such an important selling point for MA plans that there will be a 64% year-over-year increase in the number of MA plans that are offering such benefits in 2021,” noted MedicareAdvantagePlans.org. “And as a

result of the coronavirus pandemic, 34% of Medicare Advantage plans are now offering COVID-19-related supplemental benefits in 2021, which includes covering costs for things like testing, personal protective equipment, and care packages.”

The Congressional Budget Office says 51% of all Medicare beneficiaries will be enrolled in a MA plan by 2030.

As authors note, 65% of respondents who chose to enroll in a MA plan had first compared all available coverage options, with a further 26% saying they did a brief amount of research before enrolling.

However, to contradict this, The New York Times found that 57% of Medicare enrollees do not review or compare their coverage annually, including 46% who never or hardly revisit their plans. The researchers point out the detrimental effect of their lack-of-interest.

“This isn’t great news when you think about all the consumers out there that are possibly missing out on MA benefits because they either don’t know what they are or understand how it could be better (or more cost-effective) for them.”

In 2021, average premiums for MA plans are expected to reduce by 34.2% from 2017, marking the lowest average monthly premiums since 2007.

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## **So what’s RCM?**

By Neale Pashley

Revenue Cycle Management (RCM) refers to a payment process that integrates an all-inclusive range of tools, practices, techniques and solutions that are closely interconnected to

information and operational healthcare services. The goal of RCM is to ensure the healthcare provider or facility has a friction-free billing and payment process.



Neale Pashley VP,  
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## **An RCM Strategy Should Benefit the Provider and Patient**

A well-thought-out RCM strategy uses both preemptive and responsive methods to optimize the profits of healthcare facilities while providing each patient with improved healthcare services. In addition, the integration of healthcare providers, patients, insurance payers and billing companies while processing patient claims makes it possible for healthcare facilities to raise their revenue.

## **Reduce Payment Process Friction**

When it comes to the payment process, friction refers to any issue that interrupts an otherwise smooth transaction. Examples of payment process friction include when a patient calls in to complain about his or her medical bill, or when insurance companies are denying submitted claims.

## **An insurance denial brings with it an array of questions:**

- Was all the information that was obtained from the patient correct?
- Did the administrative team fail to verify the patient's information?
- Were the wrong CPT codes used?
- Does the insurance need additional information? If so, what information is being requested?

## **Correct Patient Information is Vital for Friction-Free Payment Processes**

To have a successful Revenue Cycle Management strategy, focusing on front-end tasks is key. Many of the medical billing errors that occur result from incorrect patient information. This incorrect information carries on throughout the revenue cycle, thus, disrupting claims reimbursement. Needless to say, when incorrect patient information is collected during the registration process, the payment process is interrupted. This delay in payment could cause the relationship between the patient and the provider to become strained. As a means to eliminate the frustrations associated with billing issues and payment processing, many healthcare facilities are choosing to hire an RCM company that can provide them with a solution for the issues related to claim denials due to missing patient information.

## **The Role of Technology in the Payment Process**

Technology can be used to assess potential points of friction and then analyze that information to ascertain which issues are more likely to interrupt a healthcare facility's payment process. Once this information is collected, healthcare

facilities can use it to fine-tune their RCM.

## **Possible friction points include the likelihood of:**

- the health insurance company denying claims due to missing patient information.
- the insurance company inappropriately denying claims.
- claims being denied due to the use of incorrect CPT billing codes.
- denials due to additional information requests.
- denials due to inaccurate patient information.
- a patient's ability to pay his or her portion of the bill.

A good Revenue Cycle Management company can analyze this information for the healthcare facility and create a personalized plan to reduce the friction that is occurring in their payment process.

## **Changes in Healthcare Can Cause Payment Disruptions**

The continuous changes within the healthcare industry can make it difficult to maintain financial stability, however, RCM companies stay abreast of these changes, thus, preventing any disruption to their clients' payment processes.

## **4 Tips for Improving Patient Satisfaction and Front-End Tasks**

As the healthcare industry continues trending toward consumer convenience, the importance of reducing friction must be recognized. Especially considering that patient satisfaction scores and value-based outcomes directly affect payments. Offering patients an easy way to pay and update their information can decrease friction and increase revenue.



## **1- Offer Individualized Platforms**

Allowing patients to pay their bills online makes the payment process easier, which is likely to increase patient payments.

## **2- Provide Patient Portals**

A patient portal provides a way for patients to update their insurance information and set up payment plans for any outstanding medical bills. Providing patients with a platform they prefer will increase the likelihood that the patient will settle his or her account.

## **3- Verify Patient Information**

Technology can be used to reduce the number of insurance denials that occur due to incomplete or inaccurate information. This verification process is possible because the patient's information on a claim can be compared to his or her policy information. This allows the medical biller to ensure there are no discrepancies that could delay payment.

## **4- Verify Patient Eligibility**

Checking a patient's eligibility as well as verifying that a statement is correct before sending it to the patient also reduces friction.

Technology can reduce the incidence of many issues that are responsible for impeding the payment process. Healthcare facilities that neglect to prioritize their clientele will fall behind, leaving the door open for their competitors. Especially since patient satisfaction serves as the main component in today's value-based era.

## **Choosing a Revenue Cycle Management Company:**

To choose the RCM company that will meet all your needs, there

are several questions that need to be answered.

### **Questions for a Revenue Cycle Management Company**

- What is the strategy for identifying, validating and solving patient registration issues and missing claim information?
- How do you ensure correct coding and how is coding accuracy audited?
- What is the source of truth for auditing billed charges and what is the process for ensuring all charges are billed and paid appropriately and per contract with each payer?
- How do you optimize denial management?
- How are Worker's compensation claims handled differently?
- How are governmental payers handled differently?
- What are the unique needs of Medicaid in my state?
- How do revenue cycle strategies differ for 3rd party liability, Ideal provider organizations, Better managed care, Guaranteed insurers?
- Do you perform automatic write-offs, if so, why?
- Is every unpaid claim viewed at least once by an experienced denial management representative?
- What access is given to data and reporting to ensure transparency and evidencing success?
- How do you maximize patient collections, patient satisfaction and manage the patient's perception of the medical group?
- How does your technology enhance human interactions in the billing process?

A reputable RCM company takes care of all these issues and more, thus, reducing the stress on the healthcare professional by keeping the payment process moving along smoothly.

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# RSNA's First Virtual Conference: How You Can Prepare

By Neale Pashley

The RSNA conference is one of the biggest and most significant of the year. But this year, the 450,000 sq ft exhibit space has been replaced by a computer, monitor, mouse, and keyboard for coronavirus safety measures.

You may have the same doubts we do on whether the virtual RSNA will work. But it seems everyone is willing to give it a try as RSNA registration is on the same level as last year. Similar to all the virtual shows going on this year, this will be a learning curve for everyone.

The challenges with virtual shows are many, including bandwidth, network security, communication, and a host of other issues remaining to be known. No one can just drop in on a demo in progress like a traditional conference.

You also want to ask the right questions about products and get the answers you need. Not being able to interact with sales reps has been considered a huge negative.

However, there are positives to the virtual show. There are fewer vendors registered for the show, 239 vendors this year compared to 735 last year. But having fewer vendors can allow attendees to spend more time interacting with the representatives and company for a more in-depth experience and evaluation of the products and services.

The show is also far longer than in the previous years from 8 am to 6 pm, while also allowing industry presentations from 6pm to 9 pm, giving plenty of time for attendees to see and hear it all.

Larger vendors with a global presence may also be staffing their sites 24/7, which would allow access even beyond extended hours. This is a major advantage for radiologists and others who maybe couldn't participate during regular show hours but still want to review what their colleagues have seen over the course of the meeting.

This also allows for hospital personnel beyond radiology to have input into product purchasing, whereas before, the decision was pretty much relegated to certain representatives of the group or facility.

They have also extended the conference by three days, so now seven rather than the usual four and a half. The conference will be from Sunday, Nov 29, through Saturday, Dec 5.

Another positive is the access to exhibitor profile pages, it will be available on demand through April 30, 2021.

How can you best prepare for the show?

We created a list for you...

## **1- Know your bandwidth.**

Not being able to physically see or touch the devices is a feeling missing from the virtual conference. The image quality of the show will be an important factor in this respect. If you are at home, you will likely be fine, but if you are sharing with other departments within a hospital, it could cause problems for hospital operations or access to the show could be blocked by the hospital's security system. It's best to assume nothing and get cleared through your IT department. Downloading a 1,000-slice CT study or several 10-MB digital

breast tomosynthesis images from a local server is one thing – doing it over the internet, especially over hospital bandwidth where you may be throttled back, is another.

## **2- Research vendors and the technology and create a list**

Once you are set you can start researching vendors and the technology. Use a search engine to find what you're looking for but narrow it down to exactly what product category you want. Narrowing down to the area of interest you have, for example, if you are looking at Artificial Intelligence, could be stroke, mammography, neurology, lung, or other. You then develop a vendor list from that. Once you have the list of vendors you want to see, you can then cross-reference it against vendors that are showing at RSNA this year.

Exhibiting at RSNA shows that the company has made a commitment to the radiology community by making its products and services available for review at a trade show. Even though a company may have displayed at RSNA 2019, fewer than half of the vendors last year had received the U.S. Food and Drug Administration's 510(k) clearance for their software as of the meeting, so you should also research this for the vendors you choose.

## **3- Make the most of vendor information on RSNA.**

Vendor websites are great for providing a broad overview, but the information provided online is where the RSNA shines. You will get much more information from RSNA than a website, and you can see demos, chat with representatives, etc. in real-time as well. The RSNA also allows a keyword search, so you can look up vendors in many ways. All exhibitors also have an exhibitor profile page that provides attendees with the

following:

- Company description
- Social media links
- Location (filtered field)
- Product categories (filtered field)
- PDF collateral(s)
- Video(s)
- Ability for attendees to drop a business card
- Live chat with exhibitor representative
- The ability to schedule meeting with virtual network platform with company representative

## **Some vendors will also offer the ability to have:**

- Virtual meeting rooms (video conferences like Zoom) video chats, live booth demos, virtual reception desk, etc.
- Additional interactive features like product hot spots, introductory company videos, and booth fly-throughs
- Customized links to company's own third-party virtual booths/websites

The information you can get from a vendor's website combined with what the RSNA provides in greater detail should give you almost everything you need to know in advance. This will allow you to be ready to ask direct pointed questions once you log in to the show and make better decisions for your company.

RSNA is no doubt going to be very different this year. Even though the form and format have changed, the meeting will still provide a very valuable tool in helping to show the various imaging informatics solutions available to solve the problems radiology is facing.

It will be interesting to see how the virtual exhibiting plays out. If all goes as hoped and expected, expect a hybrid RSNA

next year and in future years. These would provide for hands-on exhibits, as done in past years, combined with virtual presentations.

With travel budgets continually being slashed to the bone, bringing a core team to Chicago while also bringing the show to the people will provide the balance and value that this tradeshow and others have been lacking for years.

Collaborative Imaging team hope to see you online at the show.

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## **Lawmakers Attempt To Protect Physicians From Medicare Cuts With New Legislation**

Lawmakers from both parties attempted to avoid reductions in reimbursement for radiologists and other specialists by introducing new legislation Friday. To cover the difference between 2020 and 2021, they created "Holding Providers Harmless from Medicare Cuts During COVID-19 Act".

The reps who sponsored the bill have hindsight over the headwinds physicians are currently facing and will face during the pandemic, Reps. Ami Bera, MD, D-Calif., and Larry Bucshon, MD, R-Ind.

Bucshon, a cardiothoracic surgeon who had a private practice before joining Congress, said in a statement, "No doctor should have to worry about large pay cuts while they work to get back on their feet as they continue caring for patients and battling COVID-19 on the front lines". He called the new proposal "practical, commonsense legislation that will hold

doctors harmless and stave off pay cuts as they continue to be the heroes we need during these challenging times.”

The Centers for Medicare and Medicaid Services has planned for a while to significantly boost pay for outpatient evaluation and management services. However, that requires about 10% cuts to others who do not bill for such services in order to balance the budget, lawmakers noted.

The American College of Radiology and other physician specialty groups have petitioned hard against these payment reductions over the last few months.

This new legislation was commended on Friday by the ACR.

“We strongly urge Congress to pass the provider and patient protections included in this vital legislation,” Howard Fleishon, MD, chair of the college’s board of chancellors, said in a statement.

Reps. Michael Burgess, MD, R-Texas, and Bobby Rush, D-Ill., created their own solution in October, proposing to waive budget neutrality requirements for one year under the Medicare Physician Fee Schedule. Radiology advocates hope this new “hold harmless” proposal from Bucshon and others will gather support in Congress.

“Given the ongoing concerns about the cost and precedent associated with an unrestricted waiver of budget neutrality, the more targeted approach of this bill should help encourage congressional leadership to include the legislation in a year-end legislative package,” Josh Cooper, ACR’s vice president of government relations, economics and health policy, told *Radiology Business* Friday.

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# CT Volumes Still Haven't Recovered From Pandemic Lows

While the volume of CT studies in the U.S. has improved since the initial start of the pandemic, the American College of Radiology reports that the numbers remain still far below pre-pandemic expectations, from the data collected as of the end of September.



Neale Pashley, VP of Partner Services

According to the American College of Radiology (ACR) Dose Index Registry, the worst of CT volume was 32 days after emergency declarations and stay-at-home orders in states in early 2020, with a 53% reduction in exam volume

However, these most recent numbers show that CT volume had rebounded to 84% of what Radiologists would expect after emergency declarations and stay-at-home orders in states in early 2020, with a 53% reduction in exam volume.

Over the entire study period, exam volume was 19% lower than expectations, reported Dr. Matthew Davenport, clinical

associate professor of radiology and urology at the University of Michigan and colleagues.

What do these numbers mean? Davenport et al wrote that the numbers reflect “substantially reduced United State CT Volume” which “reflect[s] delayed and deferred care, especially in states with greater unemployment.”

Even the ACR’s CT Dose Registry has had to change and evolve through the pandemic. Its new purpose is to track CT volume as the coronavirus goes through ups and downs.

From the start of January to the end of September, 18,947,969 CT scans would have been expected to be performed, but the actual rate was 19% lower than that. As the country opens up again, volume has increased, but it is still lower than expected. But will 2021 find the country on lockdown again, bringing radiology back to its lows?

The ACR Dose Index Registry hopes to help by providing a “powerful real-time method of studying imaging volumes in the United States, and it can serve as a real-time indicator of health care access,” Davenport et al wrote.

The study they performed included CT exams conducted at 2,398 radiology practices, including academic groups, community hospitals, multispecialty clinics, and freestanding imaging centers across the country. They compared this data to that of what would typically be expected based on predictions before the pandemic.

Davenport et all wrote that states with smaller populations reported a lower decline in CT volume.

Healthcare systems have responded to the pandemic by restricting access to healthcare service, including computed tomography scans, they noted.

Based on the time period studied, January to September, 3.7

million fewer CT examinations were conducted than would have normally been performed.

This leaves us with a tricky situation. Is avoiding COVID-19 more important than the risk of delaying a CT exam? If so, then the care should be delayed, but the opposite can also be true. So care, including CT scans, should be provided, concluded the study.

**By Neale Pashley VP of Partner Services at Collaborative Imaging**

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## **Private Equity Firms and Physician Practices: A Rising Collaboration**

Consolidation has been a frequent topic of conversation within the health care industry long before the arrival of COVID-19, as large organizations look to expand their business landscape and small practices try to keep up in a rapidly evolving industry. The widespread effects of this pandemic may increase the steadily rising consolidation numbers, as many of the smaller health care practices are struggling to survive.

In the past decade, new players – like private equity firms – have made their way into the health care consolidation game. Like most of the opportunities they pursue, private equity investors search for stable markets with possibilities of large return on investments and have zeroed in on health care organizations, like physician practices, for their newest investment ventures. According to research published in the Journal of the American Medical Association (JAMA), private

equity firms acquired 355 physician practices from 2013 to 2016.

With the continual inflow of these firms and investors impacting health care organizations, it's important for independent radiology practices to understand what exactly private equity firms are, how they are impacting medical practices and other additional options your practice can consider before selling to these firms and falling victim to consolidation.

### **What are private equity firms?**

Private equity firms are investment management groups that utilize capital – either of their own or borrowed from other investors – to acquire stakes in smaller organizations to improve overall operations scale and increase value.

Private equity investors can acquire 100% of the companies they invest in or purchase percentage stakes, usually opting to acquire at least a controlling stake. This differentiates these companies from those that are considered public. The equity firm gains private ownership of a company with their percentage stake as opposed to having stock share ownership of a public company.

Similar to how investors navigate the stock market, the goal for private equity firms is to eventually sell much higher than their original investment in hopes of gaining further capital for future ventures. After about four to six years – and once they make desired profits through management and performance fees – these firms will sell their investment stakes either to other corporations looking to buy or by offering stock options of the company to the public.

### **Private equity in health care.**

The influx of private equity into the health care industry has been steadily increasing over the last decade. Initially,

private equity firms focused on specialties of health care, such as organizations in orthopedics, dermatology, urology and others.

The radiology industry was a late arrival to consolidation while organizations in the above-mentioned specialties, along with those in emergency medicine and pathology, have been involved in this process for decades. Radiology practices have been resistant to selling to large hospitals and equity firms, whereas these specialty organizations were looking for economic survival and adopted early to consolidation.

However, private equity firms are now shifting their focus to physician practice management companies (PPMC), who are constantly looking to invest in radiology and physician practices of all sizes to expand their portfolio and value to private equity firms. Firms have begun to heavily invest in the PPMC market as it's widely considered to be a stable investment space that is expected to withstand future market downturns, such as the COVID-19 pandemic.

There are many ways firms navigate the PPMC market, but many utilize the "roll-up" model. Firms will target large physician practices with sufficient infrastructure and revenue to utilize as a "platform practice." Once acquired, the platform practice will serve as an example for all future practice investments the firm makes. Subsequently, the firm will begin to purchase stakes in nearby smaller practices to build its portfolio and expand its network across the immediate region under its platform practice. The next goal for the firm would be to then approach and acquire groups of all sizes across multiple regions, expanding its footprint and taking advantage of the various markets throughout the country.

### **Alternate options for those wanting to remain independent**

The wide scale entry of private equity in health care may bring much needed capital to small practices trying to

maneuver their financial burdens. However, there is concern amongst industry professionals that the growth of private equity in the industry will harm it instead of enhancing it.

There are alternative options, however, for practices wanting to avoid selling out to larger organizations or equity firms. One is partnering with other independent groups, like Collaborative Imaging, to obtain and utilize cutting-edge radiological resources. Collaborative Imaging offers its industry-leading workflow and revenue cycle solutions, readily available funds for capital intensive projects and 24/7 administrative support so its more than 500 radiology partners can operate at optimal efficiency while maintaining their group governance and decision-making autonomy. Access to solutions and resources of this nature can play a pivotal role in your independent practice enhancing its stature and being able to weather the turbulent industry state, while remaining autonomous.

If you're interested in learning more about Collaborative Imaging, feel free to contact us today.