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MIR 2015: Radiology Societies Step Up to Develop Radiology Leaders



Worldwide there is a mandate for providing value healthcare, and radiologists play a key role in leading the team approach to high quality, high value healthcare delivery and population health. William Thorwath, CEO, American College of Radiology spoke at the Management in Radiology (MIR) annual meeting on 9 October about the need to foster radiology leadership in the context of the move to value-based and team care delivery and payment systems. Professional radiology societies need to develop tools and guidance to equip radiologists to both participate in and lead the impending transformation. He argued that radiology specialty societies are in a unique position to equip and empower members to lead in this new paradigm of team-based care. Thorwath emphasised the transformation in healthcare that is coming, and the rise in patient consumerism (as outlined in the [latest issue of HealthManagement.org The Journal](#), he said).

Lee and Cosgrove wrote in the Harvard Business Review ([“Engaging doctors in the health care revolution”](#)): “Fixing health care will require a radical transformation, moving from a system organized around individual physicians to a team-based approach focused on patients.”

In the U.S. the Centers for Medicare and Medicaid Services (CMS) have laid out a tight timetable to set value-based payment goals. The goal is to have 85 percent of all Medicare fee for service payments tied to quality or value by 2016 and 90% by 2018. And the target is to have 50% of Medicare payments tied to quality or value through alternative payment models by the end of 2016, and 50% by the end of 2018. And the private sector is also moving towards value-based payments.

Thorwath noted that historically there has been no formal education or training on non-clinical skills, including leadership, in medical school, residency or fellowship, so there is a large population of unprepared practising radiologists. For trainee radiologists these skills are now required by the American Board of Radiology - namely quality improvement, healthcare economics, practice improvement, professionalism and communication skills.

Leadership is important, said Thorwath, who recommended John P. Kotter’s 2012 book *Leading Change*. To have influence radiologists need to be leaders or followers. “Leaders are those who will become champions in their practices and healthcare systems. Followers are those who need to understand and believe that change is necessary and are willing to trust their leaders and specialty society guidance”, he said.

To this end the American College of Radiology has developed the [Radiology Leadership Institute \(RLI\)](#), which has a competency-focused curriculum based on a “Common Book of Knowledge”. The RLI is affiliated with a number of business schools, who customise their courses with radiology specific examples. Other radiology organisations have created the [Academy of Radiology Leadership and Management](#), and there is joint crediting

of courses and educational materials. Thorwath noted that 28% of RLI enrollees are members in training: “They are not encumbered by ‘the good old days’”.

Specialist societies can assist members with measuring value-based care with their registries, database development, standardised reporting, promotion of a common lexicon and relationships with other specialities.

Thorwath concluded by saying that specialist societies need to put out their successful examples of value-based care to inspire members. The ACR’s [Imaging 3.0 Toolkit and Case Studies](#) is one such example.

“Inspire the next generation, then let them lead”, he said.

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