

# FUEL GROWTH IN IMAGING

How to Commercialize your Imaging Service Line to Fuel Growth in a Consolidating US Healthcare Market

FROST & SULLIVAN BRIEF

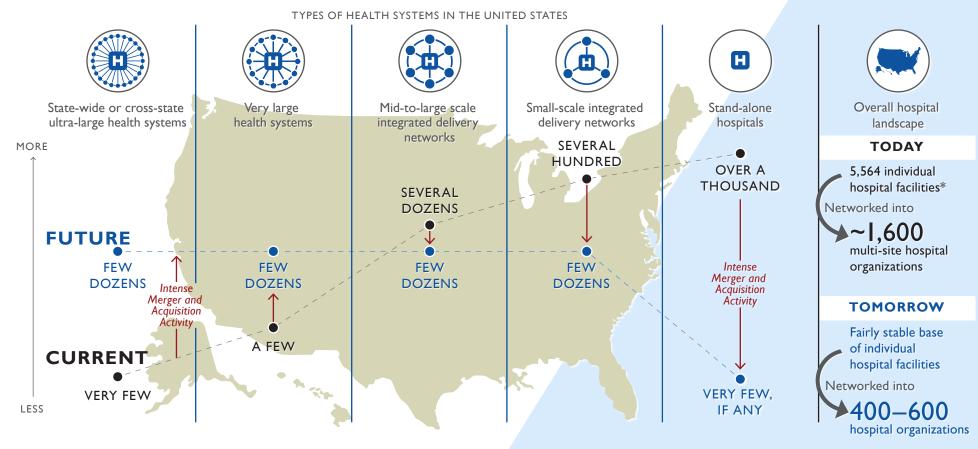
by Nadim Michel Daher, Industry Principal, Medical Imaging and Imaging Informatics

### Ongoing Consolidation of the US Hospital Landscape

2017 has shaped up to be another big year for healthcare industry consolidation in the United States. The number of mergers and acquisitions that occurred among hospital chains surpassed that of 2016.

As patterns of this activity become clear, there does not seem to be any end in sight to the consolidation phenomenon. If it follows its course like it has over the last several years, in just a few years the hospital provider landscape will look very different.

For instance, today several hundred hospitals still operate on a stand-alone basis, while at the opposite end of the spectrum, only a few very large multi-site systems with several dozens of hospital facilities exist. Soon, these very large networks will prevail, with some spanning state-wide or crossing state borders, such that all-in-all the U.S. will be left with between 400 and 600 different hospital organizations, down from the current 1,600.

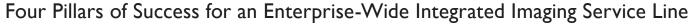


<sup>\*</sup> American Hospital Association Fast Facts on US Hospitals, http://www.aha.org/research/rc/stat-studies/fast-facts.shtml





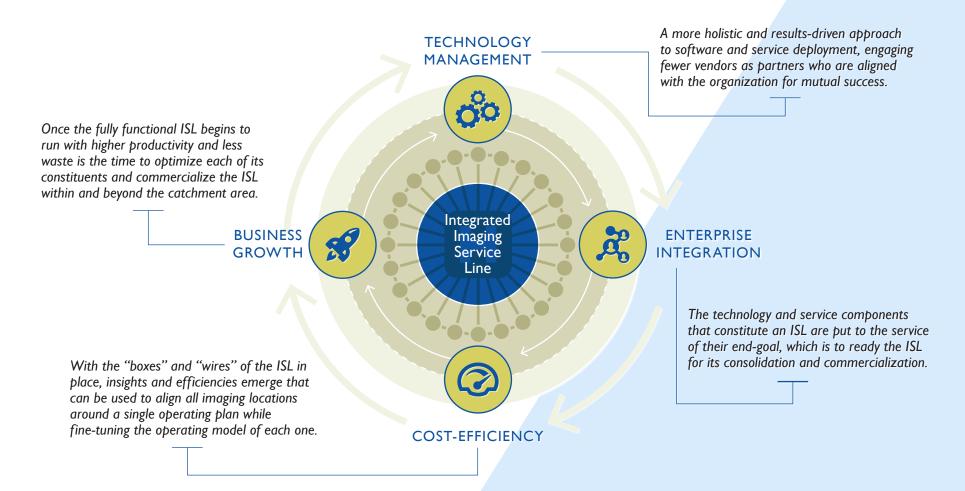




It is quite easy to rationalize the ongoing consolidation of hospitals into fewer larger integrated delivery networks (IDN's) and health systems, with the quest to reduce costs and reap higher value from the system being the main drivers.

However, the reality is that the consolidation is not yet producing the expected economies of scale. At the level of medical imaging, integrated imaging service lines (ISL) are the key to start fueling a virtuous cycle of cost efficiency and growth.

While ISL's are a fairly new concept, the four pillars for success have become a lot clearer today: they are about Technology Management, Enterprise Integration, leading to Cost-Efficiency, and eventually to Business Growth.



#### **NEW ACQUISITIONS**

**CREATE** a simple, replicable and costeffective way of getting a newly acquired facility on-board the ISL, without the burden of managing an additional silo or the need for an expensive forklift upgrade.

#### FLEET-WIDE MANAGEMENT

**TECHNOLOGY** 

**MANAGEMENT** 

**STREAMLINE** the processes for maintaining, procuring, and replacing imaging equipment assets at the fleet level, working with fewer, better-aligned vendor partners, which will free-up capital and predict costs.

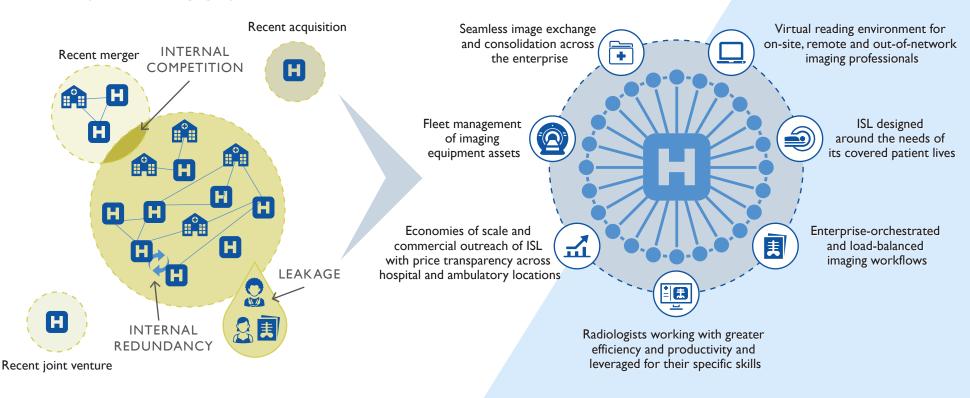
#### **VENDOR ENGAGEMENT**

**LEVERAGE** high-value-adding services such as transformation, advisory, and managed services, working with vendors who are willing to take ownership and hold themselves accountable to the desired outcomes.

## Paradigm Change

From Running a Collection of Departmental Imaging Operations...

...to Driving an Integrated Imaging Service Line



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ENTERPRISE INTEGRATION

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#### PHYSICIAN ALIGNMENT

**ENSURE** that the various sites of service and professional resources comprising the ISL contribute to one operating plan that produces, maintains, and measures alignment between health system, physicians and patients.

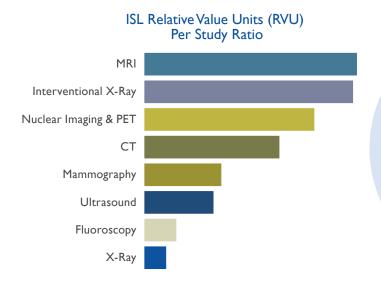
#### **OPERATING PLAN**

**DEFINE** service level expectations for the ISL so that patients receive the same quality of service irrespective of time, location or radiologist localization, and such that ISL constituents can be benchmarked against one another as apples-to-apples.

#### CLINICAL COLLABORATION

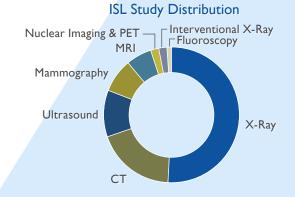
**CAPITALIZE** on the digital maturity of medical imaging, as one of the three major pillars of diagnostics alongside pathology and laboratory services, to drive new collaborative workflow models across the service lines that support clinical decisions.

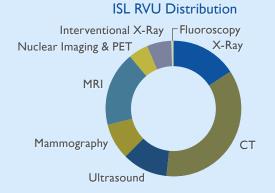
### Math of a Typical I-Million-Study Imaging Service Line



Note: ISL Assumptions:
Technical to Professional RVU Ratio 2.700
Avg Payer Mix as % of Medicare 105.00%
Non General Practitioner with Special
Interest Adjusted per RVU reimbursement \$35.80













# Outcomes That Can be Measured and Improved

Thanks to the Economies of Scale and Skill of an Integrated ISL

COST-EFFICIENCY INTEGRATION

TECHNOLOGY MANAGEMENT

BUSINESS

GROWTH

Analytical power to minimize impact of "sticks" and maximize "carrots" from the payors by measuring quality, value, and performance

Ability to leap over the initial catchment area and provide imaging contracts to outside locations

Larger TIN (Tax ID) giving the system and radiology groups increased leverage with local commercial payers

Readiness for imaging enterprise to take on risk-based contracts with large employers in the area

Seamless and replicable way of incorporating a new imaging facility and its RVU's into the ISL without the initial forklift overhead

Virtualized professional imaging resources with fewer, larger, and more aligned radiology providers

Contained technology expenditure and outcomes-based shared-risk contracts with fewer and more aligned vendor partners

In-sourced radiology contracts reducing reliance on 3rd party teleradiology services for 24x7, sub-specialty and final reads including for emergency

Consolidated equipment and IT maintenance contracts with fleet-wide asset management

ENTERPRISE

Uniform service level agreement leading to the same level of care regardless of time and place

Aligned imaging outreach supporting population health management with greater screening program adherence

Inclusive analytics approach allows you to measure quality, value, performance and compare all locations equally

Integrated approach to meeting imaging appropriateness mandates while personalizing local care standards

Comprehensive solution to address leakage by widening the pool of imaging sites of service for patients

Orchestrated imaging workflow to minimize variability in care across the system

Personalized scheduling across the service lines giving more flexibility to patients

#### REFERRAL OPTIMIZATION

**PRIORITIZE** internal resources by exploiting the investment into a high-availability platform of specialized imaging experts and latest-greatest imaging capabilities, as a way to increase out-of-network referrals and minimize leakage.

#### CATCHMENT EXPANSION

**BUSINESS** 

**GROWTH** 

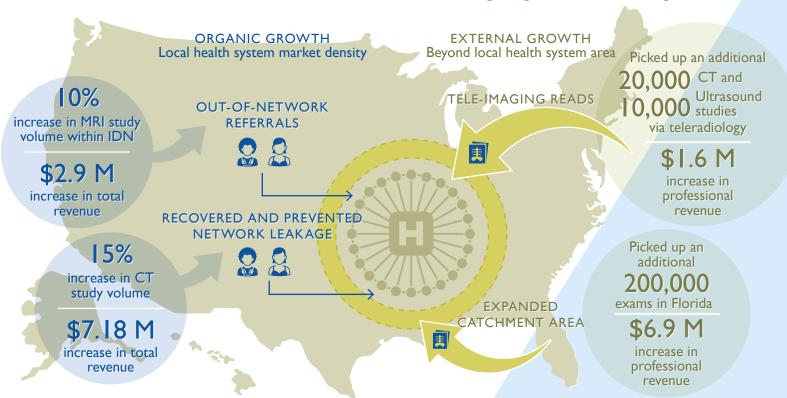
**DISTRIBUTE** the ISL workload in an orchestrated manner across available resources while developing tele-imaging activities as non-predatory ways to obtain adjunctive sub-specialty and final coverage.

#### **NEGOTIATION LEVERAGE**

consolidate the ISL financials into a single Tax ID and demonstrate the reduced cost per RVU led by lateral consumption of additional ISL capacity, in order to gain additional leverage in shared-risk contracting and payment model negotiations.

### Illustration of Four Organic and External Growth Opportunities

Realized Over 18-30 Months from Integrating and Commercializing Your ISL



Total revenue increase from these

4 ISL commercialization items over

18-30 months

\$18.6 M

or an increase of 13.9% of \$133 M ISL

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### **Technology Investments**

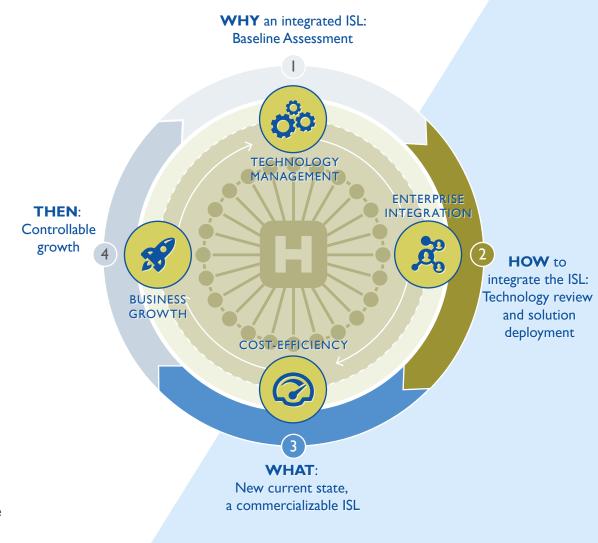
### The "Why" Should be Driving the "What"

The way medical imaging organizations continue to justify and realize their technology investments is proving increasingly more unsustainable. The imperative for value-based healthcare imposes on imaging operations to augment and demonstrate their value and that of their new investments, so as to get aligned with institutional-level value-based purchasing frameworks.

The best-practice for reaching this goal is to invest in appropriate, carefully selected and planned professional imaging resources, additional capacity, technology and services that can combine into one integrated ISL. Without a clear purpose and validated contribution to an ISL operating plan, new investments pose the risk of adding complexity, redundancy or liability to the imaging enterprise.

Accomplishing an ISL that can be commercialized and grown in a controllable manner is, therefore, a process that must start with setting out the rationale and desired outcomes for its various constituents and stakeholders, including vendors as partners.

If healthcare is to start approaching the efficiency levels that have been attained in virtually every other industry, the field will have to come to terms with the idea that industrialization is an opportunity for collective betterment, not a threat to the people involved.



# NEXT STEPS (>)

- Setup a meeting with your Imaging Service Line team members and discuss this paper and the "why" and "what" of your imaging service line.
- Interested in learning more about the topics covered in this white paper? Call us at 877.GoFrost and reference the paper you're interested in. We'll have an analyst get in touch with you.
- Visit our Digital Transformation web page.
- Contact your local Siemens representative and learn about their Service Line Solutions. To learn more visit the Siemens Healthineers population health page.

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