

GETTING BUY-IN FROM YOUR GROUP

Richard L. Hallett, MD

Chief, Cardiovascular Imaging

Northwest Radiology Network

Adjunct Assistant Professor

Stanford Hospital and Clinics

OVERVIEW

- Why have dedicated cardiac / CVI service?
 - Why is group buy-in important?
 - How can we achieve buy-in?
 - Additional Resources
-

WHY HAVE A DEDICATED CARDIAC / CVI
SERVICE?

REASONS FOR DEDICATED CV SERVICE:

- CVI is subspecialized work
 - Anatomy + physiology
 - Moving parts
 - Training program and practice exposure to CVI is variable
 - “The heart is a black box to me”
 - “Why are there so many images?”
-

REASONS FOR DEDICATED CV SERVICE:

- CVI is technically demanding
 - ECG-synchronized CT
 - Cardiac MR techniques
 - Post-processing

NAME THIS INTERFACE:

REASONS FOR DEDICATED CV SERVICE:

- CVI is often tailored to patients / clinicians
 - Opportunity for “precision medicine”
 - Congenital Heart Disease
 - Vascular mapping, LRD, special cases

BENEFITS TO THE GROUP / DEPARTMENT

- **Better patient care**
 - Referring physician satisfaction
 - Capture and/or consolidate imaging
 - Increased volume (income):
 - Therapy-planning CPT code
 - Halo effects (CAC scoring)
 - Be a resource for time-consuming exams that no one wants to read...
-

WHY IS BUY-IN IMPORTANT?

WHY IS BUY-IN IMPORTANT?

- Group must understand the value-add from dedicated CVI rotation/MDs
- Buy-in may be needed for acquisition of equipment and materials/talent
 - 3D software / hardware / outsourced solutions
 - 3D Lab techs (buy/rent/lease)
- No buy-in = not sustainable
 - Result: Loss of business (to others)

TO ACHIEVE BUY-IN:

- Develop and present a business plan
 - Group
 - Hospital / Health System
 - Have a plan for staffing
 - Show data supporting service efficacy
 - Case examples / stories
-

MAKE A BUSINESS PLAN!




The Business Model Canvas

Designed for:

Designed by:

Date:

Version:

<h3>Key Partners</h3>  <p>Who are our Key Partners? Who are our key suppliers? Which Key Resources are we acquiring from partners? Which Key Activities do partners perform?</p> <p>MOTIVATIONS FOR PARTNERSHIPS Optimization and economy Reduction of risk and uncertainty Acquisition of particular resources and activities</p>	<h3>Key Activities</h3>  <p>What Key Activities do our Value Propositions require? Our Distribution Channels? Customer Relationships? Revenue streams?</p> <p>CATEGORIES Production Problem Solving Platform/Network</p>	<h3>Value Propositions</h3>  <p>What value do we deliver to the customer? Which one of our customer's problems are we helping to solve? What bundles of products and services are we offering to each Customer Segment? Which customer needs are we satisfying?</p> <p>CHARACTERISTICS Newness Performance Customization "Getting the Job Done" Design Brand/Status Price Cost Reduction Risk Reduction Accessibility Convenience/Usability</p>	<h3>Customer Relationships</h3>  <p>What type of relationship does each of our Customer Segments expect us to establish and maintain with them? Which ones have we established? How are they integrated with the rest of our business model? How costly are they?</p> <p>EXAMPLES Personal assistance Dedicated/Personal Assistance Self-Service Automated Services Communities Co-creation</p>	<h3>Customer Segments</h3>  <p>For whom are we creating value? Who are our most important customers?</p> <p>Mass Market Niche Market Segmented Diversified Multi-sided Platform</p>																					
<h3>Cost Structure</h3>  <p>What are the most important costs inherent in our business model? Which Key Resources are most expensive? Which Key Activities are most expensive?</p> <p>IS YOUR BUSINESS MORE Cost Driven (lowest cost structure, low price value proposition, maximum automation, extensive outsourcing) Value Driven (focused on value creation, premium value proposition)</p> <p>SAMPLE CHARACTERISTICS Fixed Costs (salaries, rent, utilities) Variable Costs Economies of scale Economies of scope</p>	<h3>Revenue Streams</h3>  <p>For what value are our customers really willing to pay? For what do they currently pay? How are they currently paying? How would they prefer to pay? How much does each Revenue Stream contribute to overall revenues?</p> <table border="0"> <tr> <td>TYPES</td> <td>FIXED PRICING</td> <td>DYNAMIC PRICING</td> </tr> <tr> <td>Asset sale</td> <td>List Price</td> <td>Negotiation (bargaining)</td> </tr> <tr> <td>Usage fee</td> <td>Product feature dependent</td> <td>Yield Management</td> </tr> <tr> <td>Subscription fees</td> <td>Customer segment dependent</td> <td>Real-time Market</td> </tr> <tr> <td>Lending/Renting/Leasing</td> <td>Volume dependent</td> <td></td> </tr> <tr> <td>Licensing</td> <td></td> <td></td> </tr> <tr> <td>Brokerage fees</td> <td></td> <td></td> </tr> <tr> <td>Advertising</td> <td></td> <td></td> </tr> </table>	TYPES	FIXED PRICING	DYNAMIC PRICING	Asset sale	List Price	Negotiation (bargaining)	Usage fee	Product feature dependent	Yield Management	Subscription fees	Customer segment dependent	Real-time Market	Lending/Renting/Leasing	Volume dependent		Licensing			Brokerage fees			Advertising		
TYPES	FIXED PRICING	DYNAMIC PRICING																							
Asset sale	List Price	Negotiation (bargaining)																							
Usage fee	Product feature dependent	Yield Management																							
Subscription fees	Customer segment dependent	Real-time Market																							
Lending/Renting/Leasing	Volume dependent																								
Licensing																									
Brokerage fees																									
Advertising																									

STAFFING

- MDs
 - Procedure volumes
 - Amt of post-processing/case
 - RVU/hr
 - Non-RVU generating time
 - 3D lab / techs
 - Depends on practice location, IP/OP, etc
-

SUPPORTING DATA

SUPPORTING DATA - 1

- Verdini D et al JACR 2016: 73 pts
 - Cardiac training increases sensitivity for cardiovascular findings on non-gated chest CTA
 - Sensitivity doubled from experience level 1 to 4

SUPPORTING DATA - 2

- Sverzelatti N, et al: *Radiol Med* 2016
- 447 pts
- CT for pulmonary fibrosis, PE, or lung CA workup
- 63% of potentially clinically significant cardiovascular findings went unreported
 - 55% cases had at least one unreported
 - Coronary artery Ca++
 - Cardiac valve Ca++
 - Ascending Aortic aneurysms

SUPPORTING DATA - 3

- Choy G et al. *Acta Radiol* 2013
 - 268 consecutive chest CT
 - 163 had cardiac findings (63%)
 - 80% CAD, 80% valve Ca++, 20% pericardial effusion
 - 1 cardiac mass, 1 LAA thrombus
 - 22% were not reported prospectively

SUMMARY POINTS

- Dedicated CVI service can:
 - Provide consistent CV performance – better patient care
 - Provide better service to referrers / hospitals
 - Capture and/or expand revenue streams
 - Offload those time-consuming / “black box” exams!

THANKS FOR YOUR ATTENTION!

Special Thanks:

Shannon Walters – Stanford 3DQ Lab

Phil Dunn - St. Vincent Heart Center of Indiana
