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**Syed F. Zaidi, MD:
Redefining Radiology's
Role in Health Care**



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Radiology Associates of Canton has been providing 24/7 comprehensive imaging and interventional radiology services in Stark and Summit County hospitals for almost four decades. Shown here are two of the 24 members of that group: James Geihlsler, MD, and Syed Zaidi, MD.

Syed F. Zaidi, MD:

Redefining Radiology's Role in Health Care

by Robert Janek

SYED ZAIDI, MD, was only three years out of fellowship training in 2010 when he was elected President of Radiology Associates of Canton (RAC). Founded in 1971, the 24-physician radiology group had been highly successful in providing comprehensive imaging and interventional radiology services to Stark and Summit County hospitals for almost four decades.

Recent reform measures, however, were changing the healthcare environment and radiology's role in it, and the RAC group recognized this. They also recognized Dr. Zaidi's penchant for driving change.

"Allen Rovner, MD, was my mentor when I first joined RAC. He supported my growth, and he supported change," says Dr. Zaidi. "So did Sam Stuhlmiller, MD, the president of the group at the time, and the other former RAC presidents Tom Poulton, MD, and Bill Wallace, MD."

Today, Dr. Zaidi is not only President of RAC but also CEO of RadHelp LLC, which he and his colleagues launched in 2013. RadHelp offers innovative co-management services and population management strategies to help radiology groups and hospitals form mutually beneficial partnerships to improve quality of care.

About Dr. Zaidi

Born in Pakistan, Dr. Zaidi was raised in New York City where he remained to attend Mount Sinai School of Medicine and complete a residency in Diagnostic Radiology at Beth Israel Medical Center. Both of his parents, his three siblings and his wife are physicians as well.

"The tradition in my family was to strive to do your best, and the best thing to do was to be a physician because of the contributions you can make to your community and to society," says Dr. Zaidi.

During his medical training in the late 1990s and early 2000s, interventional radiology was a field that was expanding quickly and providing innovative alternatives to open surgery. Intrigued by that, he completed fellowship training in interventional radiology at Yale-New Haven Hospital in Connecticut. Afterward, he moved to Ohio to join RAC.

“I was inspired by the unique relationships in RAC and in Aultman Hospital,” Dr. Zaidi explains. “Aultman also had its own health insurance plan (AultCare), which was intriguing to me. RAC was very involved in leadership at the hospital and the health plan, and they were doing some unique and innovative things. And then my wife and I were really taken by this area of Northeast Ohio — its diversity and beauty, the four seasons and the family environment. So it was a combination of all of those things which drew us here.”

In addition to Aultman, RAC has contracts with Summa Barberton Hospital, Union Hospital in Dover, and Affinity Medical Center in Massillon to provide 24/7 radiology and interventional radiology services. RAC

also supplies services to Atrium OB/GYN and Stark County Women’s Clinic.

“We have RAC providing the full range of radiology services, including internal nighthawk services. Nothing is sent out to another radiology group — even overnight,” says Dr. Zaidi. “And then we have RadHelp, our consulting arm which helps hospitals and other radiology groups develop a co-management partnership to succeed in this era of healthcare reform.”

RadHelp and Co-management

Like most innovative ideas, RadHelp evolved as a solution to a problem — how to deal with decreasing reimbursements, increasing regulations, and a move from volume-based to value-based service.

“In 2011, our relationship with Aultman was wavering, despite RAC’s high level of volume-driven service. And there was strife within our group about focusing on increasing volume versus providing consultative services to our referring physicians,” Dr. Zaidi recalls. “It was time for a paradigm shift in co-management.”

The transition was not difficult, since Aultman, under the leadership of CEO Chris Remark, had previously implemented a co-management model with its employed cardiologists and independent oncologists. Strategic planning sessions between RAC and Aultman leadership helped align both organizations’ goals and resulted in

- + Shared governance through which all departmental decisions, including purchasing equipment, staffing and making investments, would be made jointly between the hospital administration and the radiologists

- + Pay-for-performance (a value-based payment model) for the radiologists

- + Patient-centered radiology services supported via data mining for improved quality and outcomes

“By partnering with Aultman for shared governance, we’ve been able to increase the service lines we offer, increase market share, increase engagement for

The co-management model between Radiology Associates of Canton (RAC) and Aultman Hospital was so successful that RAC decided to launch RadHelp in 2013. RadHelp offers innovative co-management services and population management strategies to help radiology groups and hospitals form mutually beneficial partnerships to improve quality of care. Shown here is RadHelp’s executive team with Aultman Hospital’s CEO. (L-R) John Vizzuso, CEO of RAC and COO of RadHelp; Syed Zaidi, MD, President of RAC and CEO of RadHelp; Christopher Remark, CEO of Aultman Hospital; and Allen Rovner, MD, CMO of RadHelp.

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the referring physicians, and implement quality initiatives hospital-wide,” says Dr. Zaidi. “We supplied a lot of leadership in strategic planning and ideas for quality improvement. We also hired clinical coordinators to expedite care and a marketing director to work with the hospital’s marketing department.”

Pay-for-Performance

After agreeing to a shared-governance approach, the next step was to develop a pay-for-performance program. The goal was to build a platform for improving quality, with transparency and a focus on clinical outcomes. The performance metrics were jointly agreed upon by the hospital and the radiologists. Once the metrics were in place, a fair market value was assigned to them.

“A few process metrics, such as turn-around times, were included,” Dr. Zaidi explains. “But greater emphasis was placed on metrics linked to clinical outcomes, such as CT biopsy accuracy, mammography recall rate and inferior vena cava (IVC) filter retrievals.”

In addition, metrics were established around overall department performance — for example, the length of time between the receipt of an order and the performance of the imaging study.

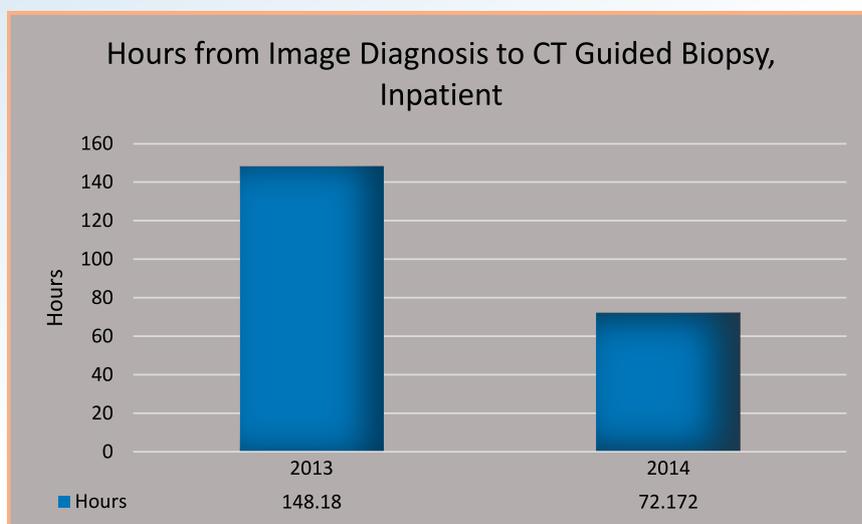
“The point of co-management is that the physicians are leading the whole service line and everyone involved with it, so we are responsible for ensuring the improvement of the entire process of how a patient obtains radiology treatment at the hospital,” says Dr. Zaidi.

A Patient-Centric Model

Improved patient-centered care is at the heart of any co-management agreement, according to Dr. Zaidi. And that’s why his group employs two care coordinators. Utilizing data mining software, they actively follow up on inpatients and outpatients to expedite their care, reduce their length of stay and reduce their costs. The resulting improvement in outcomes is impressive.

“Comparing outcomes in 2013 with those of 2014, we reduced the time from

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initial imaging to biopsy by three whole days for inpatients, which decreased their length of stay and costs,” says Dr. Zaidi. “Our care coordinators, who follow up directly with patients as well as physicians, were also able to increase IVC filter retrieval rates by 26 percent from 2013 to 2014. That’s an important issue, because the latest FDA guidelines indicate that IVC filters should not be left in for life if it’s not necessary.”

Radiologists also proactively identify patients with positive findings and contact the ordering physician directly for immediate intervention. As a result, procedures such as drain placements and aspirations are now performed the same or next day, thereby eliminating multiple physician referrals and duplicated imaging or lab studies.

Through report reviews, process evaluation, and standardization, RAC radiologists have shifted from being consultative physicians to active partners in patient-centered care. Practice revision and standardizations have improved the care-delivery model which, in turn, has improved the working relationship between the radiology group and hospital administration. For all involved — the patient, the physician and the hospital — this is a win-win-win.

National Recognition

All in all, RAC’s co-management model with Aultman has been so successful that the radiology group was recognized by the American College of Radiology (ACR) as a leader in implementing Imaging 3.0™, the goal of which is “to deliver all the imaging care that is beneficial and necessary and none that is not.” A case study detailing RAC’s approach and implications for patient care is posted on the ACR 3.0™ website. In reality, RAC’s co-management agreement with Aultman was established, and RadHelp was subsequently launched, even before Imaging 3.0™ was introduced.

Now Dr. Zaidi and his colleagues hope to adapt their value-based, high-quality care to other service lines within the hospitals they serve and with other hospitals and radiology groups across the nation, as well.

“Healthcare reform is leading to a value-based payment methodology which requires a sea change in the way hospitals and physicians practice medicine,” says Dr. Zaidi. “RadHelp can simplify the change process.”

For more information about RadHelp, visit RadHelpLLC.com or call 800-794-5518. For more information about Radiology Associates of Canton, visit RadCanton.com or call 330-363-2842. ■