IS3R and the Value of 6 a.m. Zoom Calls

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Perhaps it was due to the time (6 a.m. Zoom calls should be illegal), but I didn't immediately place the name of the woman speaking.

Between furiously scribbling down everything she was saying, I minimized the Zoom screen and typed her name into Google. Barbara J. McNeil, MD, PhD: Ridley Watts professor and founding head of the Department of Health Care Policy at Harvard Medical School, professor of radiology at Harvard Medical School and Brigham and Women's Hospital, and former chair of the Medicare Evidence Development Coverage Advisory Committee, otherwise known as MedCAC (a group I am known to quote). Wow. OK, well, that's not *unimpressive*.

It was my first call working with the International Society for Strategic Studies in Radiology (IS3R), a community of radiology leaders from around the world. The IS3R mission is to "actively shape the future of medical imaging and image-guided therapies by leveraging the knowledge and influence of world leaders in these disciplines and in related industries." I was asked to serve as one of two representatives of the Radiological Society of North America (RSNA) on an IS3R working group considering value-based radiology. Dr. Mary Mahoney, chair of radiology at the University of Cincinnati and RSNA president, is the other representative.

When I was invited to join this working group, my supportive wife lovingly asked me, "Do you think they meant to invite your dad and got confused?" While my father, a retired academic radiologist with the same name who was active in international affairs, is clearly the more appropriate choice, I didn't give them the option of inviting dad in lieu of me. I promptly and gladly accepted!

In truth, my invitation is a reflection of the work that Radiology Partners (RP) is doing on value-based care at scale. RP is the only private radiology practice represented on the working group. Others are established leaders in academia or industry, like IS3R President Dr. Luis Donoso, chairman of the diagnostic imaging department at the Hospital Clínic of Barcelona, professor of radiology at the University of Barcelona and past president of the European Society of Radiology.

The IS3R came on my radar through a series of articles on value-based care, including in Radiology and JAMA Viewpoint. Our working group is focused on helping radiology promote value-based care at a global level. In many countries, not just the United States, the costs of healthcare are rising, outpacing inflation. There is intense interest in optimizing value. If radiology is viewed solely as a cost, as opposed to an integral part of care delivery, then broad-based cuts to radiology are to be expected. In the United States, we see this as year-after-year reductions in radiology reimbursement. However, since radiological services improve patient care while lowering overall cost, such reductions are often misguided. For example, a CT scan that identifies a non-operative cause of a patient's abdominal pain, avoiding the cost of surgery as well as the associated risks to the patient, is value additive. We must also recognize that many proposed imaging exams do not add value and that often our value as radiologists is directing our colleagues when not to image. The fundamental question for

our IS3R group: How can we transcend the viewpoint of our specialty as a cost to be minimized and create understanding of radiology as a necessary part of care delivery and a creator of value? This was the subject Dr. McNeil was addressing on that pre-dawn Zoom.

I still remember the day Dr. Anthony Gabriel and Rich Whitney, co-founders of RP, came to visit our Chicago area practice in 2013 to talk about their vision for Radiology Partners. Our group, which had grown from the Chicago region and expanded into three other states, was getting a lot of attention from stereotypical private equity types and most of us wanted nothing to do with that. Our group believed in scale, but we were developing it on our own terms and we weren't looking to lose our autonomy or our commitment to quality improvement. When Anthony and Rich came to share the story of RP, which was mostly aspirational at that point, we were intrigued. They didn't want to create a Quality Improvement Team—they wanted to create a Clinical Value Team that would foster collaboration and focus on both quality and cost. We had never heard of a Clinical Value Team. But were they sincere? Some people told us it was all talk and that they would never really invest in innovation or value-based services. I thought about those early conversations with Anthony and Rich as I looked at my computer screen and the faces from around the world. Here I was, part of a global conversation about value-based care and radiology, representing RP and the ideals Anthony and Rich spoke about nearly a decade earlier. Pretty cool … even at 6 a.m.

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