

Chair's Message



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Much discussion revolves around transitioning from “volume” to “value” in the healthcare market. Radiology, as a large-scale, high-volume diagnostic business, has historically focused on measuring volume in exam count and in wRVUs. Economies of scale are clearly important to radiology services, but patients prefer personal care over scale. A monochromatic radiology goal of being superefficient “image readers” is precarious, because not only does it misinterpret patient expectations, but it also suggests machine learning as a plausible, superefficient “image reader” substitute.


Resilience, a topic often resurrected in times of rapid change, is an adaptive trait enabling diverse, robust responses to withstand shocks to an environment to which you are already well adapted. Being highly efficient “image readers” whose responses are primarily bounded by even further efficiency increases is not a resilient position for radiologists. Is the traditional focus on high efficiency balanced enough for radiology to demonstrate its value in the current environment?

Were a healthcare CEO asked about success factors, attracting and keeping patients in the healthcare system would rank most highly. Patient volume is a result, not a driver. The value of Netflix is based more on the number and growth of subscribers, the analog of attracting and retaining patients, than on its internet streaming speed, the analog of an operational performance measure.

While radiology efficiency is essential to clinical operations performance, how will it show its ability to attract and retain patients? This requires interaction with patients to build “value” beyond production efficiency. Patients are the “real” customer, not images and not the wRVU.

Discussions of value inevitably get complicated. Let’s keep it simple – radiology

services need to be “indispensable” to physicians, healthcare systems, and most importantly to patients. You have to be known to be indispensable. Even a highly accurate, written expert report is not enough to reach this goal. Radiology is a team sport and radiologists themselves must take time to become known by building trusting relationships through communication (face-to-face is best) and consultation, even though no wRVU is generated.

Retaining customers is a general business imperative, hence, a health system priority. Radiologists should reflect on the job-to-be-done (jtbd) for which they were “hired.” That “jtbd,” now includes informing and educating patients on how their imaging test results bear on their health. In an era of ubiquitous communication and telemedicine (*myUCLAhealth*), diagnostic radiologists (DxR) can fulfill the “jtbd” and become more “valuable” to patients with personalized expertise. UCLA Radiology is inaugurating a “primary radiologist” and a “primary mammographer” program for DxRs to personally connect to long-term (retained) patients. Radiology will become even more “indispensable” when radiologists directly attract and retain patients. It will become more resilient. 

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