

# **Clinical Leadership and Quality at the University of Texas Medical Branch**

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**Department of Radiology**

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**Professor and Chair**  
**Department of Pathology**

**University of Texas Medical Branch**  
**Galveston**

**We have no  
financial conflicts**

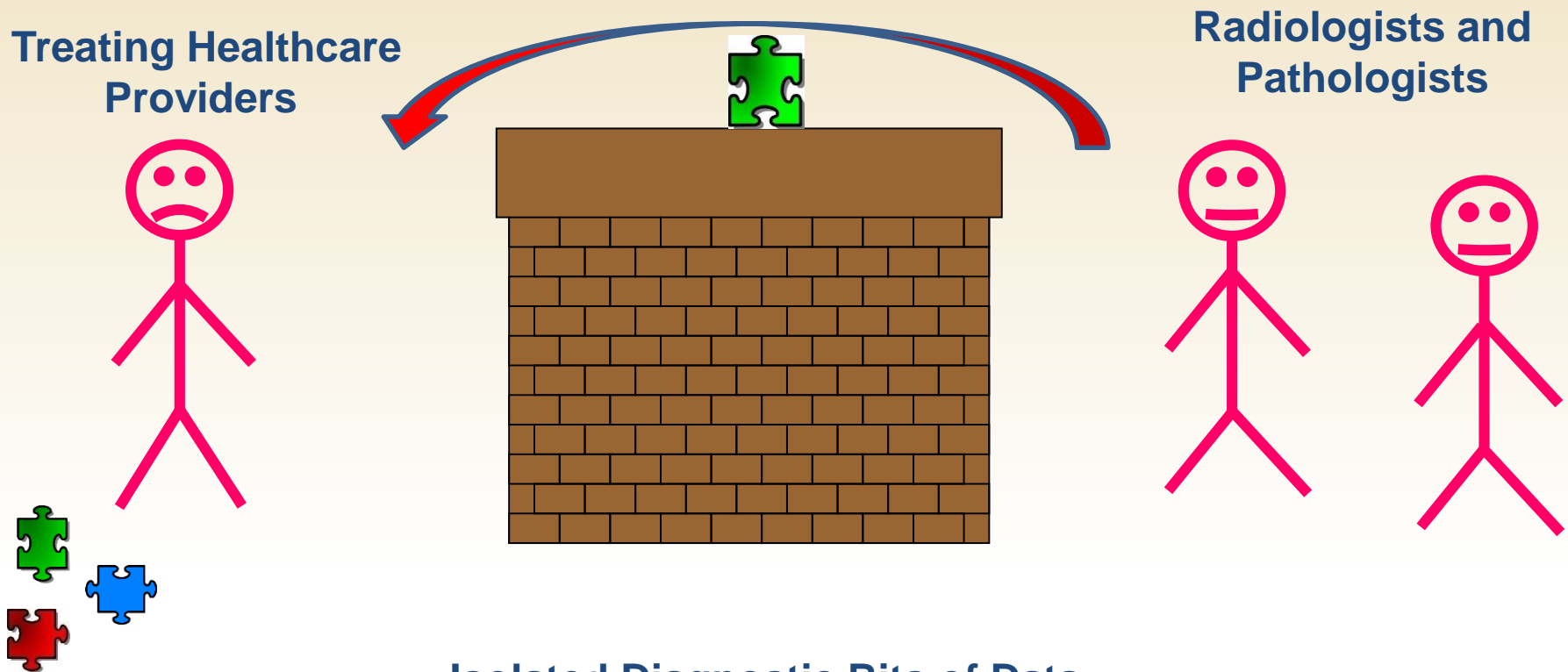
# **The Activity of a Diagnostic Management Team:**

**To Make Certain  
Everyone Knows the  
Basics From the Start**

**Instead of “throwing test results over the wall to treating physicians”**

**The DMT puts together the diagnostic puzzle and generates a diagnosis or short list of diagnostic options and provides the information to the treating healthcare provider**

# Conventional Approach



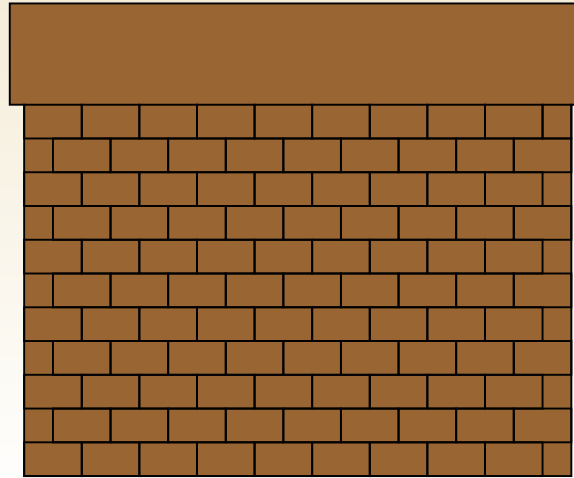
**Isolated Diagnostic Bits of Data:  
Assembly by Ordering Physician Minimally Trained in Test  
Selection and Interpretation**

# Diagnostic Management Team Approach

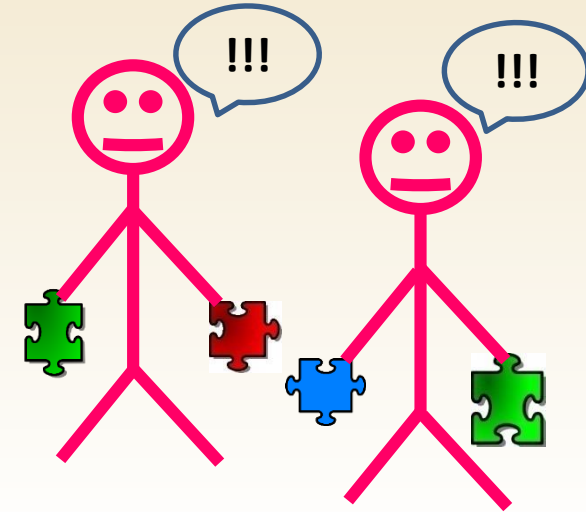
Treating Healthcare Providers



Caring for More Patients While Diagnostic Puzzle is Being Assembled



Radiologists and Pathologists



Isolated Diagnostic Bits of Data Being Merged with Clinical Data about the Patient by the Diagnostic Experts

# Diagnostic Management Team Approach

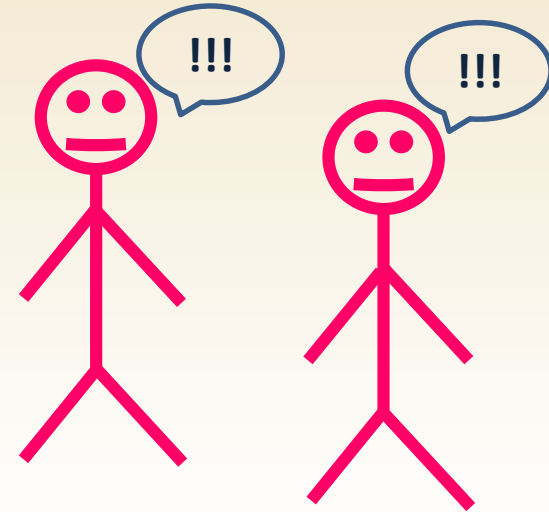
Treating Healthcare Providers



Solved Diagnostic Puzzle



Radiologists and Pathologists



Receives Accurate Diagnosis Quickly as a Completed Puzzle

There is No Wall Between the Ordering Doctors and the Diagnostic Doctors



# Anatomic Pathology DMT

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**Attendees:**  
**Every Expert**  
**Possibly Patient**

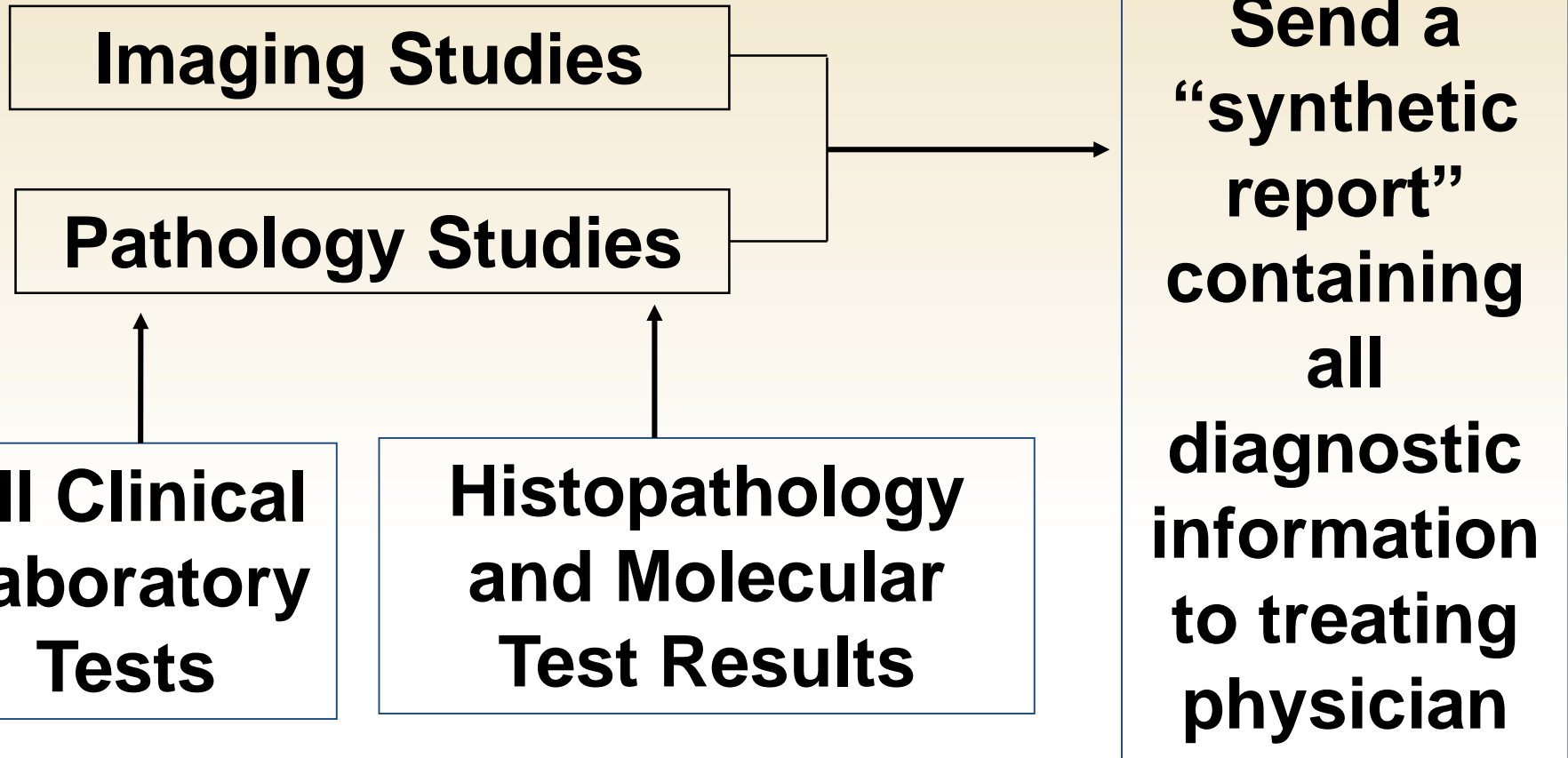
**Benefit:**  
**All learn from each other**

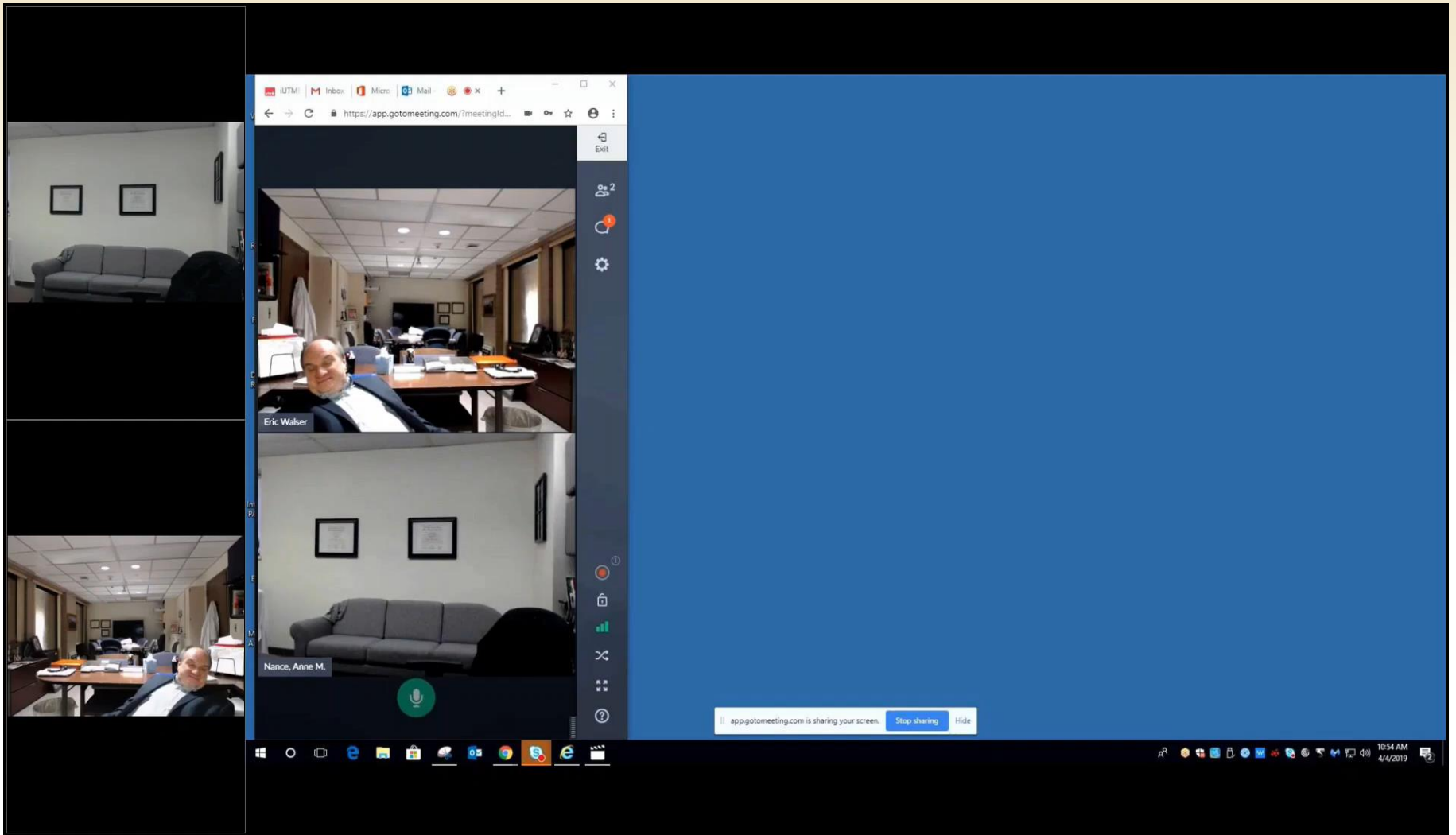
# Anatomic Pathology DMT

<b>Pathologist</b>	<b>Radiologist</b>	<b>Genetics Molecular Expert</b>
<b>Treating Physician</b>	<b>Patient</b>	<b>Coordinator</b>

# Anatomic Pathology DMT

## With a Pathologist and Radiologist





Tumor board.....imaging...more tests...clinic visit....treatment weeks later

## DMT

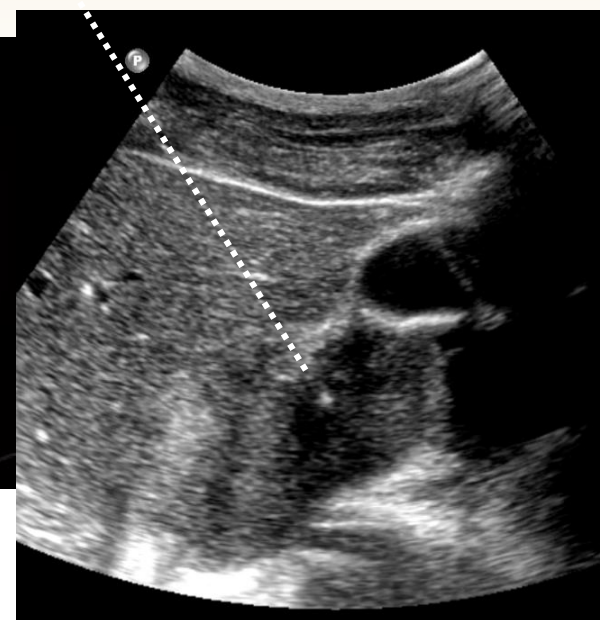
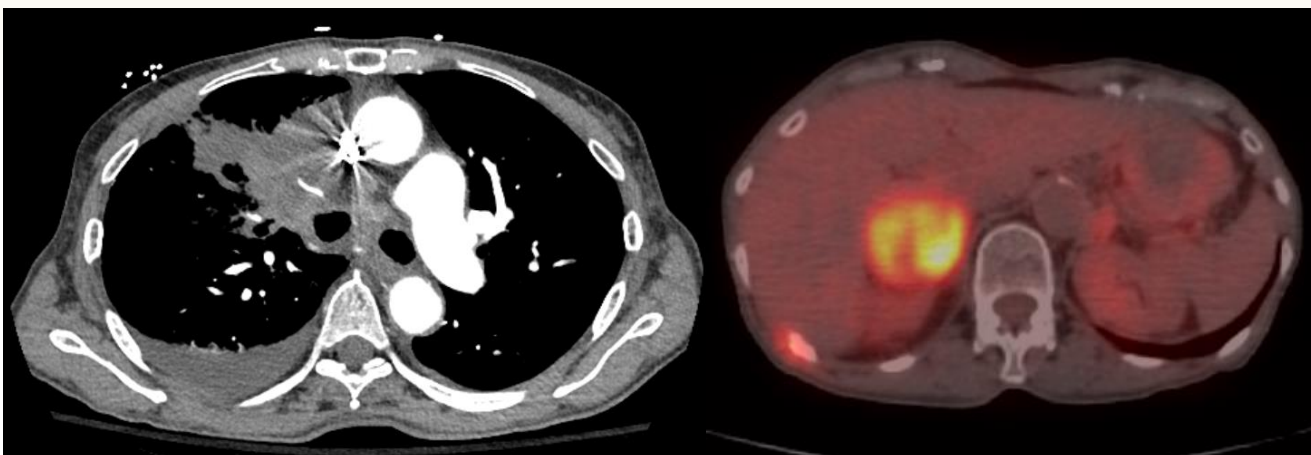
1/24/2019



1/25/2019



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Treatment

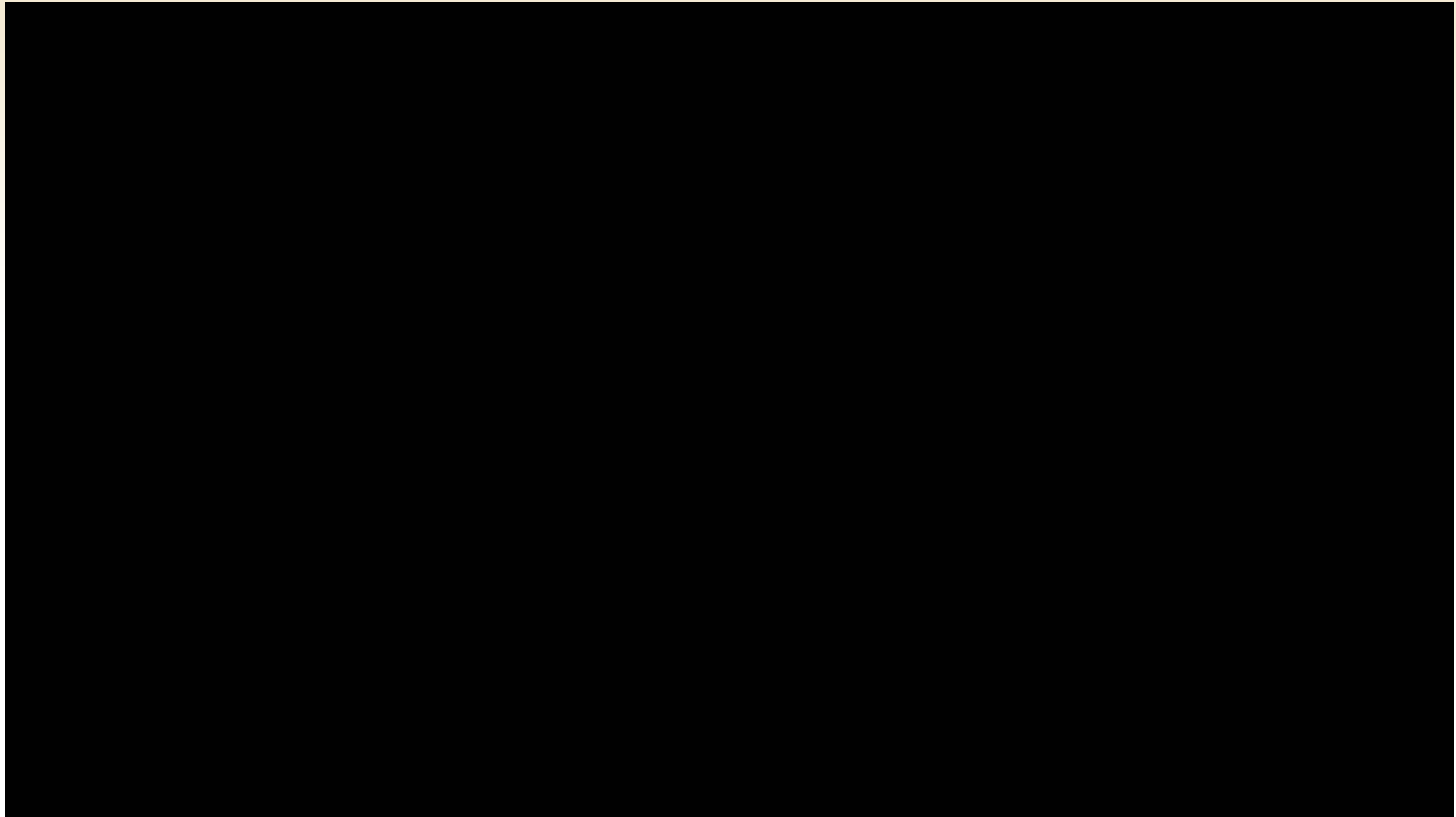


1/29/2019

# Minor obstacles to DMT

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- Technical issues with computer, webcam, software
  - Use easy televideo system requiring no software download
  - Pre-send a tutorial
  - Be on time!
  - Can record the session—inform the patient
- Documentation issues
  - Done after the session
  - Extra work
  - Required for payment



# Major Obstacles Remaining for Large Scale-up of DMT Services

- **Little or no payment**
- **Cultural change to prioritize clinical consultation through a DMT to be at least as high as other duties**



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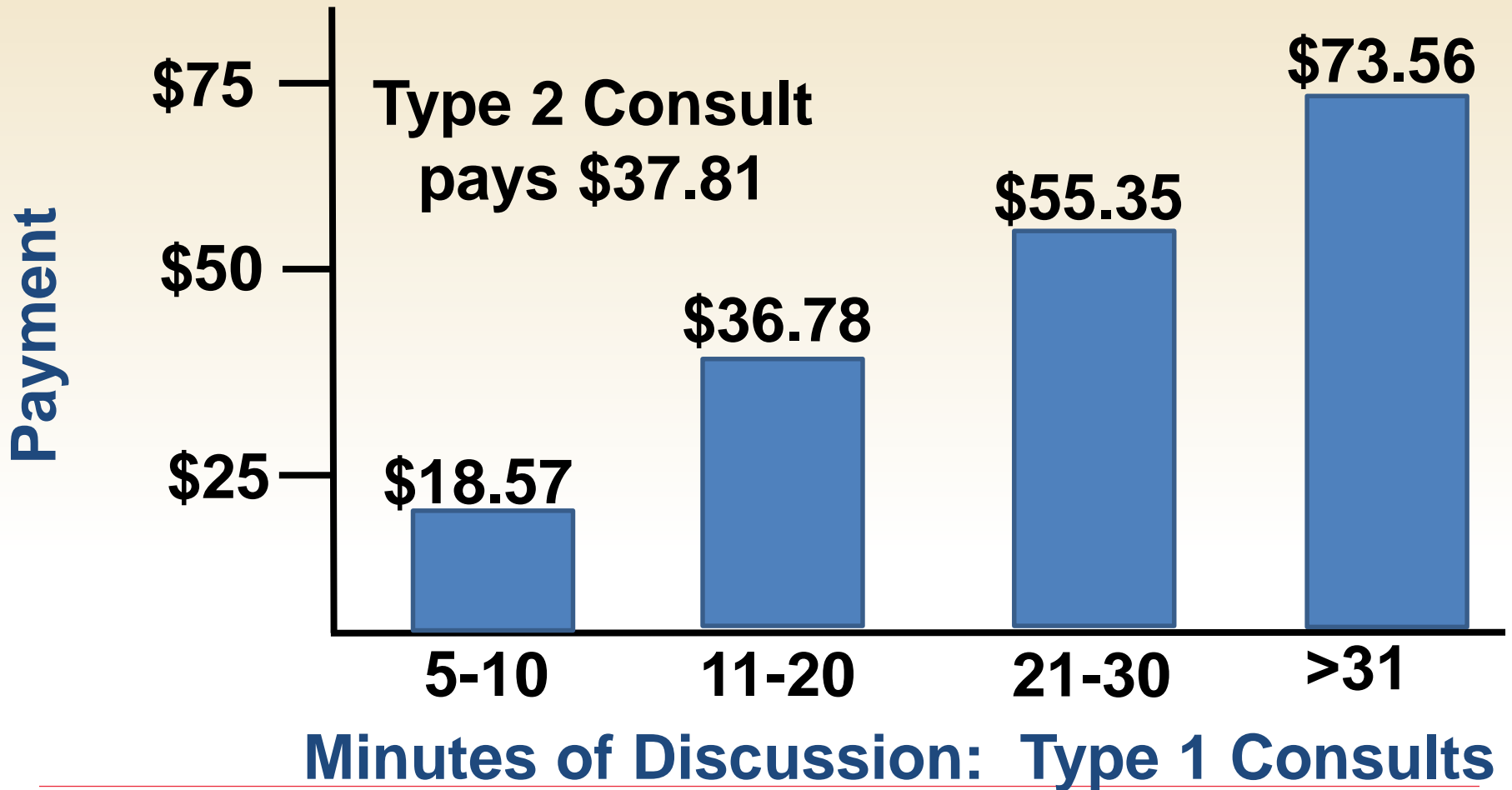
# How to Get Paid for a DMT Consultation?

# Internet Consultation

## Type 1:

- **$\geq 50\%$  of time discussing case with provider**
- **Longer call: Higher payment**
- **Medicare pays for these services and has billing codes**

# Payment for Internet Consultations



# Internet Consultation

## Type 2:

- **$\geq 50\%$  of time reviewing records**
- **Brief conversation with provider**
- **Medicare pays for these services and has billing codes**

# Internet Consultation

**Introductory paragraph in note from consultant indicates:**

- **Verbal/written request was made**
- **Time spent discussing case and/or reviewing records**
- **Comment that patient has given verbal consent to internet consultation**

# Telemedicine via Internet

- Diagnoses may be simple (strep throat) or complex
- Not a consultation with a specialist; Not an “internet consultation”
- Use is high in rural areas with no physicians

# **Anatomic Pathology/Radiology DMT is Mostly a Type 1 Consultation**

**These are Not Brief Discussions  
after a Lengthy Record Review**

**Most are Lengthy Discussions  
with Referring Providers**



# Major Obstacles Remaining for Large Scale-up of DMT Services

- Little or no payment
- **Cultural change to prioritize clinical consultation through a DMT to be at least as high as other duties**

# Culture Change for Diagnostic Experts in Radiology and Pathology

**Starting  
Point  
Activities  
A/B/C  
Practiced**



**External  
Environment  
Changes  
Activities  
A/B/C done  
more  
efficiently  
using  
methods  
D/E/F**



**Practitioner who  
learned activities  
D/E/F  
successfully  
transitions to  
meet current  
needs**



**Practitioner who  
does not learn  
practices D/E/F  
experiences loss  
of value**

**True for Virtually  
Every Profession**

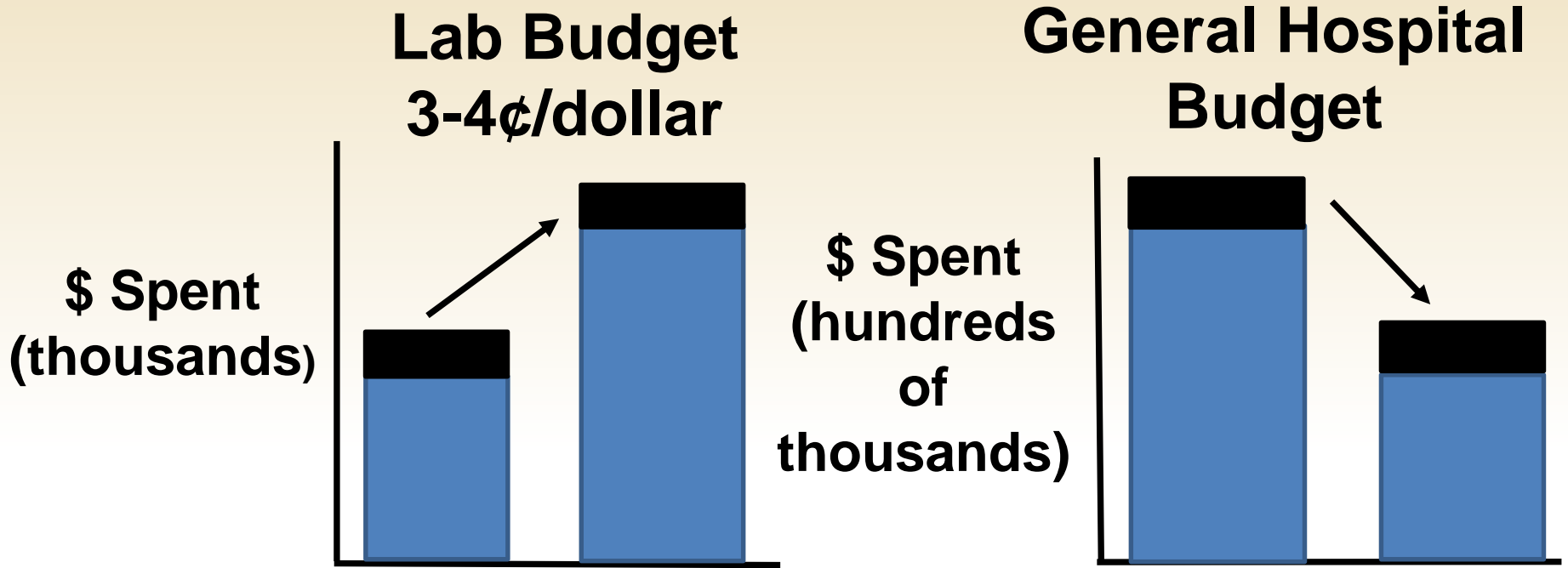
**Especially  
Healthcare**

**“The diagnostic odyssey”  
of exome analysis for  
patients, especially  
neonates, is being  
increasingly shown to  
reduce mortality**

**Five years ago, who would have thought a total exome sequence reviewing > 23,000 genes for > 5,000 diseases to evaluate a floppy baby made any sense?**

**It is now almost a standard of care**

**Which budget changes  
when an extra  
necessary test is  
ordered to make an  
accurate diagnosis  
quickly?**



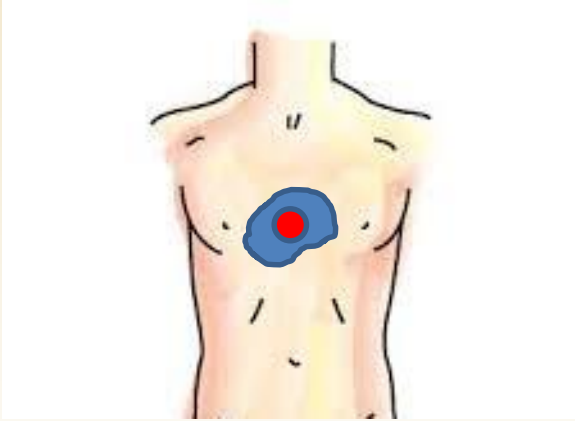
**Does the Lab Director Lose Credibility Because the Lab Budget Increased?**

**Hospital Administrators with Little Clinical Knowledge Might Say “Yes”**



# Do This Thousands of Times: Then Computer Knows It Is a Hepatoma

**Electronic Image:**



**Features of the mass:**

**Granularity**

**Size**

**Shape**

**Density**

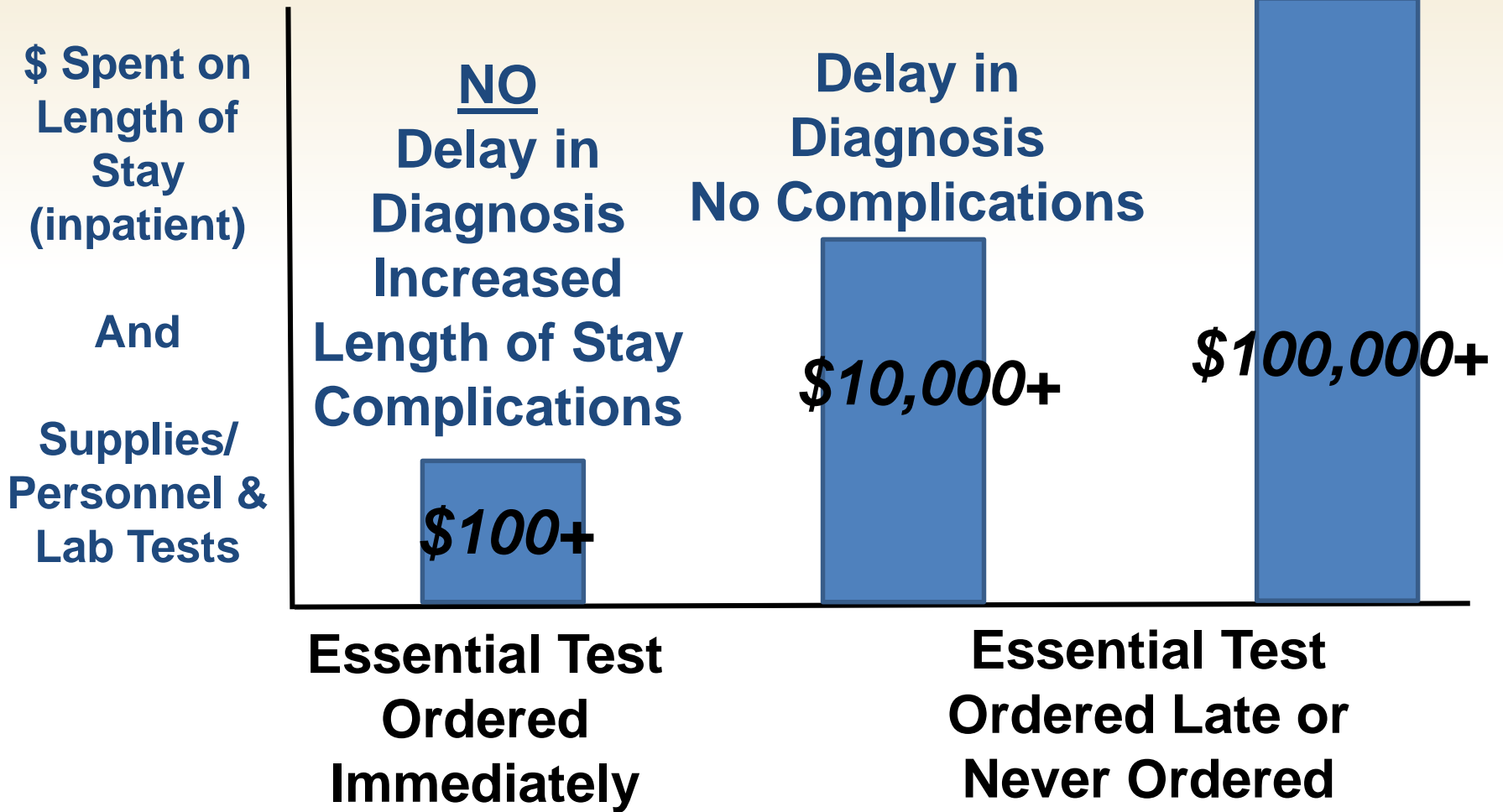
**Electronic Report:**

**Hepatoma,  
Not hepatitis**

# Image Review in Pathology and Radiology is Changing Rapidly

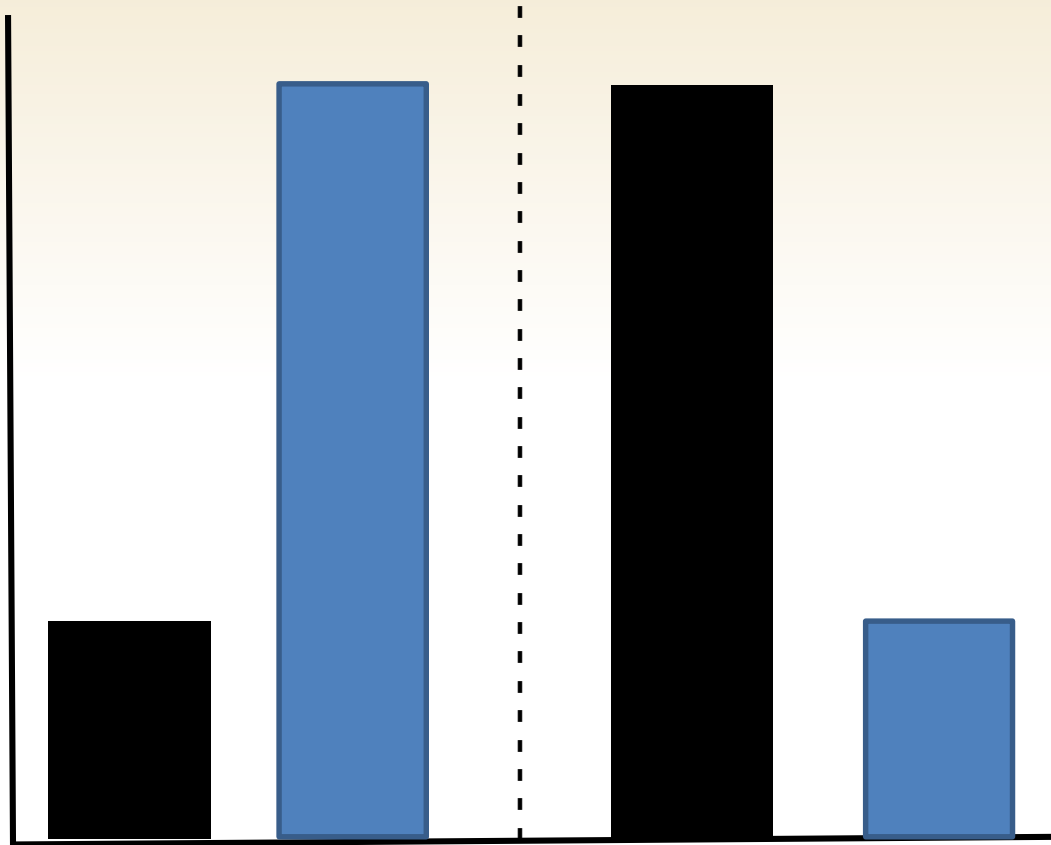
**What if Pathology and Radiology integrated all diagnostic information for the treating physicians?**

# Delay in Diagnosis w/ Complications



# What needs to change?

**Contribution  
to Correct  
Diagnosis**



**Contribution  
to Correct  
Treatment**

**Treating Physicians**

**Diagnostic Physicians and Scientists**

# Concluding Thought

# When You Are a Patient, Which One Do You Want?

**Diagnosis  
*without* a DMT**



**Non-experts Providing Most of the Care, Faced with Hundreds of Tests Unfamiliar to Them and with No One To Advise Them**

**Diagnosis  
*with* a DMT**



**Experts Directing Diagnostic Testing and Knowledgeably Interpreting Imaging Studies and Test Results**

# Acknowledgement

**Melody Dowler, CCS, CPC**  
**Director of Coding**  
**UTMB-Galveston**