



One Radiology Leader's Perspectives on MU, the IT Market, and Radiology's Future

January 5, 2015 by Mark Hagland



Randy Hicks, M.D., CEO of Regional Medical Imaging in Michigan, shares his perspectives on the future of radiological practice and of HIT



Regional Medical Imaging (RMI) is an independently owned and operated imaging center organization established in 1985 that encompasses six diagnostic imaging centers located in Flint, Michigan and in surrounding communities in Genesee County, of which Flint is the county seat. Randy Hicks, M.D., is the co-founder, co-owner, and CEO of RMI; he oversees the operations of an organization with 16 full-time radiologists and five part-time radiologists, who produce 120,000 diagnostic imaging studies a year, and who work with a total of over 120 staff, serving a population of about 425,000 in the Flint metropolitan area and in the Genesee County service area.

Dr. Hicks sat down to speak with *HCI* Editor-in-Chief Mark Hagland while both were attending and participating in RSNA14, the annual conference of the Radiological Society of North America, held Nov. 30-Dec. 4 at the McCormick Place Convention Center in Chicago. They met at the booth of Merge Healthcare, a Chicago-based company that is a solutions provider for Regional Medical Imaging. Below are excerpts from their December interview.

You and your colleagues have made numerous strides in the past few years. What would you say are currently the biggest challenges and opportunities you're facing these days?

You know the industry well; everything's in turmoil these days. In our own healthcare market, we're competing with three different hospital-based organizations for business. My challenge is not that I don't have imaging informatics; it's that the large systems want to lock us out. And only one system wants to connect us. But we're moving forward on multiple fronts. We were the first customer organization in Merge's portfolio to attest to [meaningful use](#). We attested to Stage 1, and are working on attesting to Stage 2.

What does it mean as a radiology group, to move forward on [meaningful use](#)?

As an independent guy, I was looking for the template to communicate with other people. And all I wanted was a standard to help me communicate with everyone and play in the same sandbox with others, because I had the same tools. As an independent person in the marketplace, my own motivation as the CEO of a radiology group, was to prevent being locked out. And most radiologists will tell you, it didn't mean much from a patient perspective. And now lung screening, we have to know how many years they've smoked, and etc., and the government is tagging along on this data accumulation, and we're on the platform, so that lets me play. And a lot of people are scrambling for the data; well, I have the data.

What has the [meaningful use](#) experience been like so far?

From an owner perspective, it's been good, because it's kept me in the game. But from an operational perspective, it's been burdensome. Merge sent a team in to help us, determining what data to collect, how to collect it, who would ask the questions. Like you say, radiology is a weird place to ask about smoking cessation, if someone's coming in for a scan of their broken bone. So we were a good proving ground.

What would you advise other radiologists and radiology group managers about MU and other aspects of imaging informatics now?

I don't think you're going to be in this game for long if you're not using data in a truly meaningful way, not per [meaningful use](#). I have to keep patients engaged. And if radiologists turn their heads and ignore what's going on, they'll be blown away. And so much disruption is going to take place. And we need to be engaged in thinking about the future. So I'm always trying to engage in innovation, like texting patients to remind them of their appointments. And the payment system is messed up. We had a terrible cash flow problem in the first three months of 2014, because more and more patients are in high-deductible plans and didn't have the cash. But if we can show them we're the low-cost provider, that relationship will change. And that's the only way I can stay in business. It's no longer about modality technology. It's going to be about technology and communications. And so many physicians don't vision what's happening.

What strikes you about the RSNA Conference this year?

It is all about informatics, if you really look at everything, from the president's address all the way through. And the leadership's trying to tell the rest of the crew that things are happening. And these booths [on the exhibit floor at McCormick Place, during the RSNA Conference] are dedicated to information systems now. And people are engaging and thinking about it. And in the educational sessions, people are talking about how much things will cost. I just gave a class, and they provided educational websites around cost. Four years ago, we were talking about [meaningful use](#) Stage 1 and people weren't even paying attention. But people are now realizing they need to get their data connected and done well. It's not being done well yet, but people are thinking about it.

What would you say will be the biggest hurdles for the radiology community to overcome in the next few years?

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REPRINTS

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We have to sort out as an industry who owns the data, and what will we do with it? And do we need independent providers to drive price? Competition’s good. But then the bigger question is, who owns the data, and how will it be used? And ultimately, the government will decide to read the data... and decision support systems run by ACR [the American College of Radiology] will monitor how we work. In the end, we’ll see more homogeneity of care delivery, and that will improve care for patients.

In other words, the elimination of unnecessary variation in care, correct?

Yes; I think under the healthcare system as it’s developing, with more IT, that IT and information will be passed on to community-based systems, which will provide greater standardization. But that’s down the road by several years. So ten years from now, you and I will sit here [at RSNA], and it will all be very different.

Is there anything you’d like to add?

Yes; I just can’t wait for someone to disrupt the industry enough to change things. We need some disrupters—like Google was—to really make a change. Right now, each little [vendor] enterprise is trying to build their own widget. And when you look at groups, you don’t know what your partners are doing. And the reporting systems are still rudimentary. And that’s what healthcare’s running up against right now. The [information] systems are just starting to come that will really help us.



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