

Future-focused physician Ezequiel Silva, MD, takes helm of the RUC

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Physicians who are concerned about whether they will be fairly compensated for their use of telehealth, augmented intelligence, remote patient monitoring or other digital health tools should be comforted to know that Ezequiel Silva III, MD, is working on it.

Dr. Silva, a San Antonio-based diagnostic and interventional radiologist, is the new chair for the AMA/Specialty Society RVS Update Committee—better known as “the RUC.” The 32-member panel, aided by a team of 300 medical advisers, assesses the impact of scientific and technological advancements on patient care, identifies changes in clinical practice and makes recommendations based on clinical experience and objective data to inform Medicare payment policy.

A recent example of this involved advocacy by the AMA and the RUC that led to the Centers for Medicare & Medicaid Services’ nearly doubling Medicare payment for COVID-19 vaccine administration to more accurately reflect the cost of resources necessary to ensure safe and appropriate vaccination.

“The RUC’s foremost task is to ensure that patients receive the highest quality of care possible and that physicians have the resources to provide that care,” Dr. Silva wrote in a post on the American College of Radiology (ACR) “Voice of Radiology” blog.

The RUC is now heavily involved in reviewing evaluation-and-management services delivered during hospital visits, home visits, at nursing facilities and in emergency departments. Also, since 2006, the RUC has used objective screening criteria to identify more than 2,500 potentially misvalued services.

In an interview, Dr. Silva noted that one of the RUC’s jobs is to “enable innovation” by ensuring that physicians have the resources to provide patients with innovative treatments, therapies and services—sometimes aided by new technology.

“The rise of the digital native physician will have a profound impact on health care and patient outcomes, and the RUC will be increasingly called upon to assess the impact of digital health technologies on patient care,” said AMA Board Chair Russ Kridel, MD.

Dr. Silva explained what this assessment might entail.

“Imagine for a moment a patient comes to their physician and they have pages and pages of digital data based on their heart rate, their sleep patterns and their activity patterns or medication use—or even more subjective parameters,” he said. “Imagine a behavioral health application that’s tracking a patient’s mood and how they’re feeling. Well, if physicians are going to apply that in patient care, then they need to understand what the implications are to their practice.”

Those implications include possible extra expenses for a practice or extra work for a physician. It may also include decisions aided by augmented intelligence (AI) or machine-learning applications. And, if it does, what are a physician’s ethical and legal obligations to explain to patients if an algorithm aided their decision-making or played a role in developing a diagnosis or treatment plan?

AI holds a lot of potential to transform radiology—along with dermatology, pathology and other “visual specialties,” Dr. Silva said. But it can’t fully replace physicians.

“An algorithm can make a judgment, but how do you apply that single data point to the totality of that particular patient?” he said. “That’s where the human piece, in my opinion, will never be replaced because that’s one data point in a patient, that has a million data points and we need to be ready as physicians to inform those clinical judgments and decisions.”

Panel prepared for telehealth boom

Previously, Dr. Silva served as co-chair of the AMA Digital Medicine Payment Advisory Group (DMPAG), a diverse cross-section of nationally recognized experts that identifies barriers to digital medicine adoption and proposes comprehensive solutions on coding, payment, coverage and other factors.

DMPAG had worked on easing telehealth integration since its founding in 2017, and Dr. Silva credits the panel with building a foundation that made the rapid adoption of the technology possible in what he describes as the “largest pilot study in the history of the universe.”

“It gave credibility to the effort that we brought forward to the digital medicine space, because what we did—even though we weren’t doing it to prepare for a pandemic—put ourselves in a position to be

successful in a time of crisis,” he said, adding that there is enough data to assess how the pilot worked.

Some of this is “nuts-and-bolts” claims data that can be used to measure how many patients received services via telehealth, which diseases or conditions prompted those visits, and what were the downstream health outcomes.

“Then you can start to do surveys and ask organizations: What was your institutional experience?” Dr. Silva said. “What was your physicians’ experience? What were the platforms that you found that work most effectively? What were the effects on your revenue stream and growth? But at the end of the day, you’re talking about public health and health outcomes.”

Deeply involved in organized medicine

Dr. Silva has been a member of the RUC since 2016 and has chaired its research committee. But his experience with the RUC and DMPAG are just the tip of his deep involvement in organized medicine.

He has been a Texas Medical Association (TMA) delegate to the AMA House of Delegates, has testified before the Texas state legislature, and has served in leadership positions on the:

- | TMA Council on Socioeconomics,
- | ACR Commission on Economics
- | Founding board of the Harvey L. Neiman Health Policy Institute, the ACR’s socioeconomic research organization.
- | Society of Interventional Radiology’s Economics Committee.

The medical director of radiology for Methodist Hospital Texsan in San Antonio, Dr. Silva has also served on legislative and socioeconomics committees for the Bexar County Medical Society.

“I’m actively engaged in clinical care, so I see firsthand the challenges my practice and our patients face, and I take that experience to the RUC and to the House of Delegates,” Dr. Silva said.

Dr. Silva is the first radiologist and first physician of Hispanic descent to lead the RUC.

“I was born in a town on the Mexican border called Brownsville, Texas, and my Mexican American heritage is as much a part of me as anything—and I’m extremely proud of it,” he said.

Dr. Silva said his grandfather, Ezequiel Silva Sr., is “one of the smartest men I’ve ever been around,” yet “there were certain opportunities he didn’t have.” Fortunately, he’s been able to see his children and grandchildren go to college and be successful. “Something I’m extremely proud of is the ability for me to potentially serve as a role model for other Mexican-American students and children aspiring



to enter this grand profession,” Dr. Silva said.