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Value-Added Services of Hospital-Based Radiology Groups

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Why Might a Hospital Want to Get Rid of Their Radiology Group & Hire a Teleradiology Company?

- Radiologists' office competes with the hospital.
- Doesn't have the necessary subspecialty expertise.
- Aren't responsive to service needs or complaints from referring MDs.
- Haven't been available for committee service.
- Hospital wants to give away imaging turf to attract other specialists.
- Hospital wants more control.
- Hospital wants to put radiologists on salary, bill globally, & profit on pro fees.

Why Might a Hospital Want to Give Away Privileges for Imaging Procedures to Nonradiologist Physicians?

- Economic credentialing – recruit other specialists to the medical staff by offering them privileges for imaging
- Radiologists don't have the necessary expertise
- Resentment by the hospital toward the radiologists
  - their office competes with hospital
  - radiologists aren't responsive to service needs or complaints
  - not sufficiently interested in hospital's governance or culture

But a unified, cohesive radiology group onsite adds many values to a hospital – values that would be lost if the hospital allows its radiology department to become fragmented by the intrusion of other specialists or teleradiology companies.

These added values fall into 6 categories:

1. Patient safety
2. Quality of the imaging exams
3. Quality of the interpretations
4. Service to patients and referring physicians
5. Cost containment
6. Building the hospital's business

Patient Safety

- Oversee pt safety programs (radiation exposure, magnetic fields, contrast)
  - other specialists not properly trained
  - will likely be somewhere else when problems arise
  - only "on site" radiologists always present in the department and also are properly trained
- Participate in quality improvement programs
  - peer review such as the ACR's eRADPEER
  - other specialists have no incentive & limited/no opportunity to do so
  - other specialists may prefer to avoid QI because it would show their deficiencies

Patient Safety

- Radiologists are the only ones trained in the physics & technical aspects of imaging equipment
- Are best able to ensure pt gets the right exam done. If requested exam isn't appropriate, they're in best position to advise change.

Quality of the Examination

- Radiologists are the best-informed about appropriateness of imaging exams
  - e.g a urologist with CT privileges will likely not know when MRI might be better
- Best able to oversee imaging protocols, supervise techs
- Are the most familiar with ACR practice guidelines & technical standards
- Best able to supervise the process of getting ACR accreditation
- Best able to provide in-service education of techs

Quality of Interpretations

- Radiologists are clearly the experts in image interpretation (get 5-6yrs of training)
- Can interpret an entire image, not just 1 organ
  - cardiologists doing CCTA can't read the lungs, etc
  - gastroenterologists doing CTC can't read rest of abd
- Can integrate images from other modalities to make correct diagnosis
  - if other specialists get privileges, they're most likely just in 1 modality
- Are available in the dept to consult with referring MDs [don't have other responsibilities like seeing pts in offices, doing surgery, etc]

Service

- Best able and more motivated to turn reports around ASAP. Nonradiologists have other priorities.
- Radiologists highly motivated to maximize pt throughput in the dept (it's their bread & butter).
- Total chaos will result if a series of other specialists are in & out of the dept all day long to read their cases.
- Radiologists can oversee & streamline workflow
  - triage inpts, outpts, ER pts
  - 16 slice CT or 256 slice CT? 1.5T MRI or 3.0T?
  - hospital is anxious to shorten LOS

Service

- Have the expertise in electronic radiology record – PACS, RIS, VR, structured reporting, CAD, etc
- IRs can schedule & perform wide variety of procedures quickly and efficiently. Other MDs would have to come through one at a time → chaos
- Best equipped to be responsible for management and storage of information , and providing enterprise wide access to images and reports (not the case when other physicians do imaging in their silos)
- Radiologists can conduct pt & referring MD satisfaction surveys; others won't bother because they'll have little/no stake in the results

Cost Containment

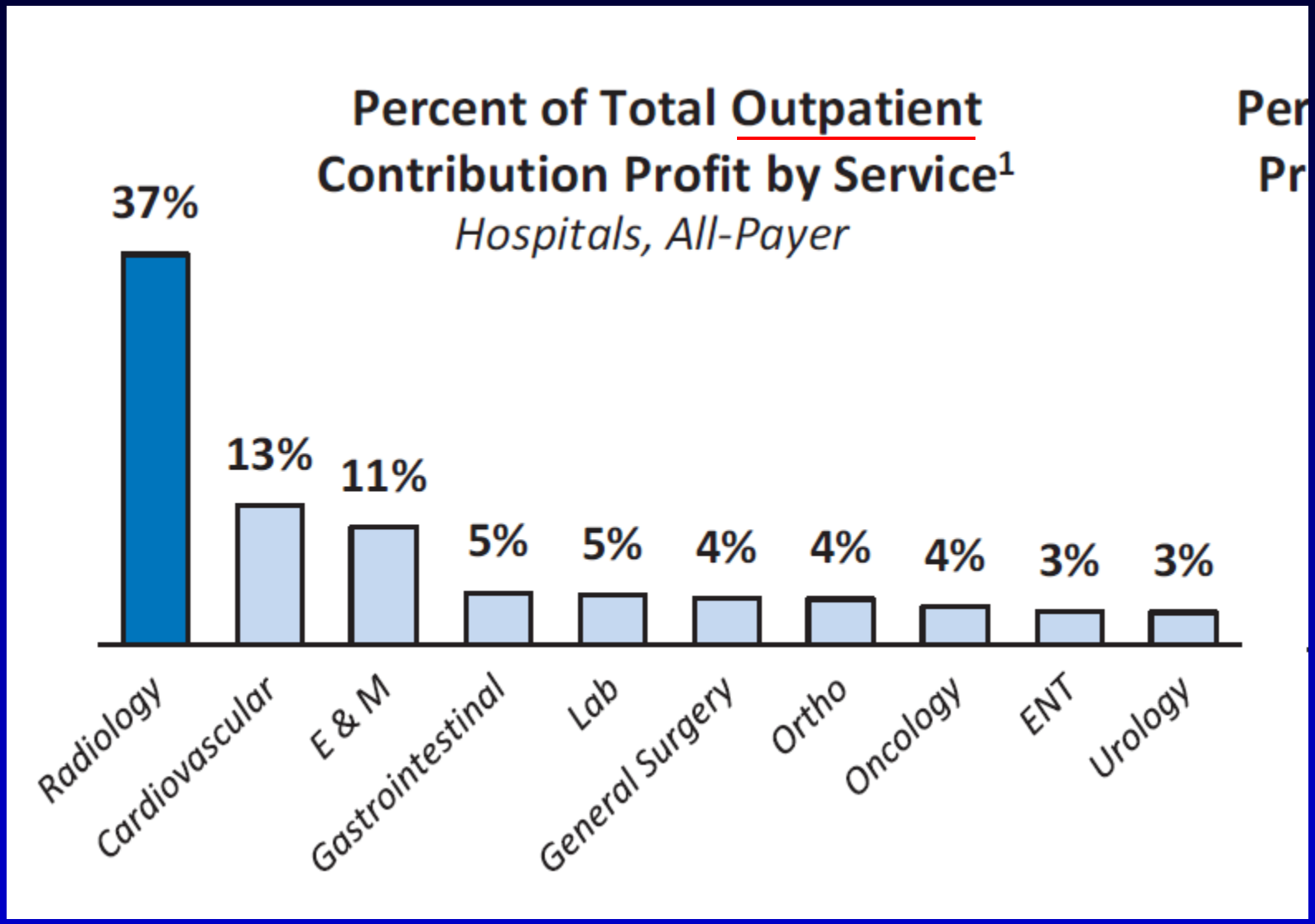
- Radiologists motivated to maximize pt throughput. Keeps unit costs down.
- Can do head-to-toe imaging, not just a very limited scope of practice.
- Best able to advise against unnecessary or inappropriate imaging exams for ED pts, inpts.
- Best able to advise on optimum allocation of personnel in the dept.
- Best able to advise hospital on equipment purchases, and also to negotiate with manufacturers.

Building the Hospital's Business

- Radiologists are motivated to build the entire practice; their livelihood depends on it
  - others will want to build only their own piece of it
- Can attract referrals from all groups in a specialty because radiologists are not their competitors
- Are most knowledgeable about the business of radiology – coding, billing, marketing, etc
- Radiologists are best informed about technological advances- advise about new programs that can be offered to grow the business
- Telerads work with the end product and have no stake in building business at the front end

Building the Hospital's Business

- On site radiologists can show entrepreneurship by working with the hospital administration
  - build JV outpatient centers
  - build these centers in outreach areas which gives your hospital more visibility
  - these centers serve as entry portals for the hospital



The Advisory Board, 2011

But to truly add value, radiologists have to <u>do</u> all these things, not just talk about doing them.