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# Value-Added Services of Hospital-Based Radiology Groups

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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

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- 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.

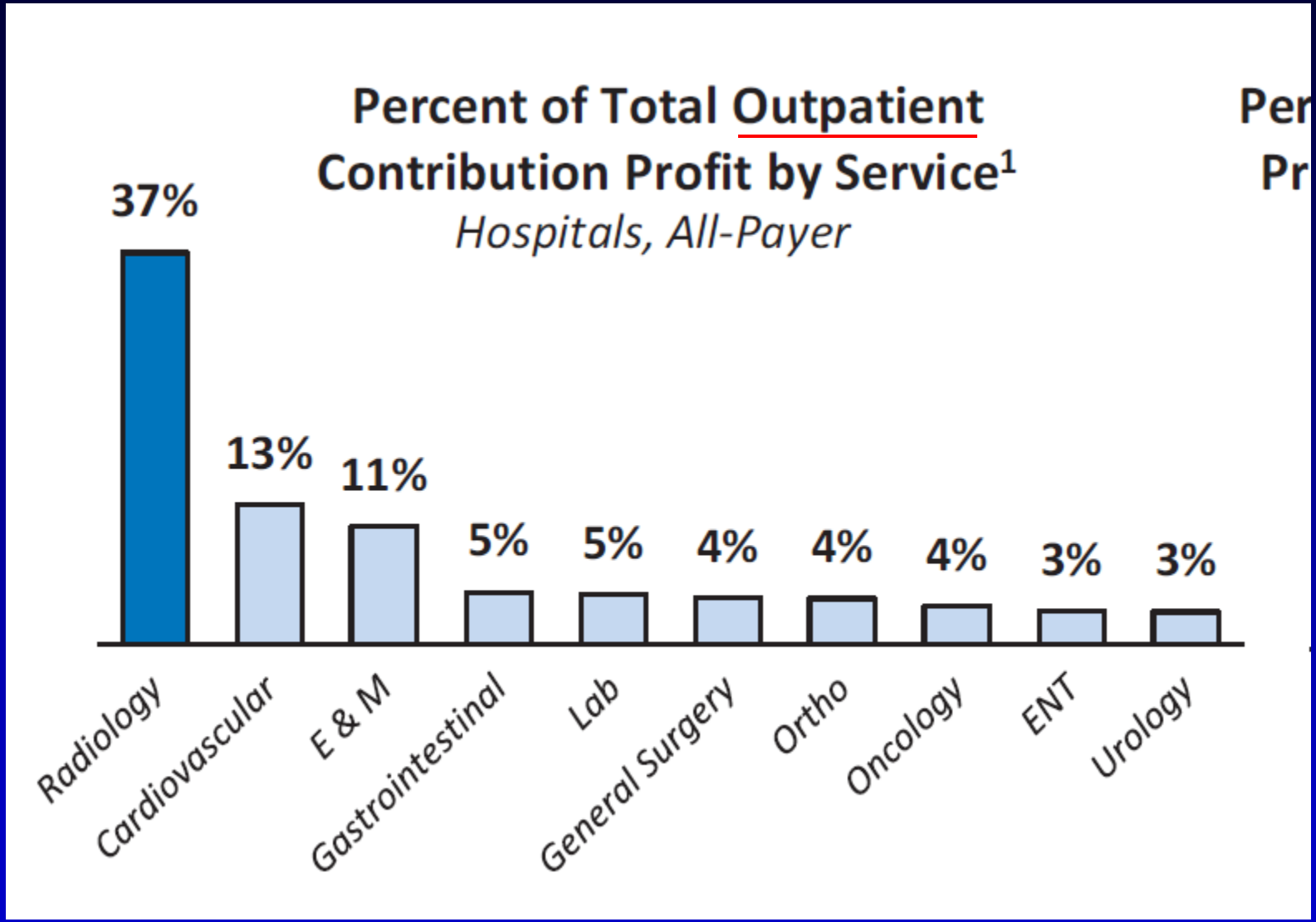
# Building the Hospital's Business

- 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

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- 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





**But to truly add value, radiologists  
have to do all these things, not just  
talk about doing them.**