The Changing Radiologist Role

Key Imperatives for Securing Health System Alignment and Radiology Group Prosperity

- Redefining Service Excellence in Radiology
- Tactics for Building Hospital-Radiologist Alignment
- Weathering Payment Cuts
Imaging Performance Partnership

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Available Within Your Membership

Over the past several years, the Imaging Performance Partnership has developed numerous resources to assist program leaders in preparing for greater alignment and accountability. All of these resources are available in unlimited quantities through the Imaging Performance Partnership membership.

Radiologist Performance Benchmarking and Alignment Models

- The New Radiology Compact
  Lessons for Strengthening the Hospital-Radiologist Relationship
  - Role of the radiologist in new care organization
  - Profiles in collaborative performance improvement
  - Enhancing physician access to radiologist expertise

- Health Care Reform Forecasts and Strategies

- Radiologist Professional Services. Performance Dashboard
  This resource identifies appropriate benchmarks for radiologist performance in 14 metrics across six categories. Radiology practice and hospital leaders alike can look to the resource for unbiased information about national trends in radiologist performance.

Health Care Reform Forecasts and Strategies

- The Role of Radiology in the Care Continuum
  2012 National Meeting Webconference Series
  - Hardwiring interdepartmental care collaboration
  - Better coordinating patient care
  - Promoting imaging exams that play a role in downstream care costs

- Road Map for Reform
  Managing Radiology Under New Payment Models
  - Impact of accountable care on imaging volumes
  - Embedding standards for evidence-based radiology
  - Partnering with radiologists for quality utilization
  - Outlook for imaging centers and outpatient partnerships

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The Partnership would like to express its deep gratitude to the organizations that shared their insights, analysis, and time with us. The research team would especially like to recognize the following individuals for being particularly generous with their time and expertise.

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<td>Phoenix, AZ</td>
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<td>Beaumont Health System</td>
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<td>Royal Oak, MI</td>
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<tr>
<td>Billings Clinic</td>
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<td>Gastonia, NC</td>
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<td>Charlotte Radiology</td>
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<td>Hill Medical Corporation</td>
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<td>Indiana University Health</td>
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<td>Indianapolis, IN</td>
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<tr>
<td>Katten Muchin Rosenman LLP</td>
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<tr>
<td>Chicago, IL</td>
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<td>Magee-Womens Hospital of UPMC</td>
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</tbody>
</table>
Executive Summary

Study Impetus
Advances in imaging technologies and applications have led to increasing demands on radiologist time, training, and services. Coupled with slower volume growth rates and rising competition from national companies, radiology groups feel more challenged now than ever before. On the hospital side, imaging department leaders are increasingly looking to leverage radiologists for growth recovery and to assist with strategic planning efforts as markets transition to risk-based payment models.

Now is a time of significant challenge, but also significant opportunity, for radiologists and leaders of imaging departments to build alignment and growing imaging services. Health system leaders are in an excellent position to renew conversations with radiologists about service standards and alignment opportunities. Radiology practices that deliver on these new market demands may be able to secure long-term partnerships and experience unprecedented success.

In this study, the Partnership has identified ten imperatives, organized into three sections, for ensuring health system alignment and radiology group success. These imperatives are designed to help imaging leaders identify areas of opportunity for their radiology practices and ensure the continued success of their partnerships.

Elevating the physician service standard
As a critical first step, imaging leaders should reflect on the fundamental radiologist mission – how radiologists serve referring physicians as part of patient care. The imperatives in this section reflect current standards for radiologist performance and strategies for promoting stronger collaboration throughout the department.

Building alignment with health system partners
Regardless of formal alignment structure, radiologists should demonstrate dedication to their health system. Incorporating radiologists into operational management of the imaging department, encouraging participation in system-wide steering committees, and identifying shared growth opportunities will increase relationship stability between imaging department leaders and leaders of the medical group.

Ensuring sustainability for new market realities
Given the increasing demands on radiology practice time and resources, this special report offers guidance on restructuring practice operations to enable physicians to devote greater time to non-revenue generating activities.
Understanding the Changing Radiologist Landscape
Understanding the Changing Radiologist Landscape

In understanding how to best align with radiologists to meet growing demands of today’s imaging market, it is helpful to take a look back at how dramatically the imaging landscape has changed in the past 15 years.

As outlined on the right, pronounced advances in technology and new applications for imaging services have resulted in increasing demands on radiologist time, service, and training.

Coupled with a considerably slower growth rate in outpatient volumes since 2009, many practices feel challenged now more than ever before.

A Whole New World
Numerous Changes Across the Last 15 Years

1997
2012

<table>
<thead>
<tr>
<th>Emerging Modalities</th>
<th>Multi-slice CT</th>
<th>Tomosynthesis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Percentage Outpatient Growth</td>
<td>10-15%</td>
<td>(2)-4%</td>
</tr>
<tr>
<td>Payment</td>
<td>Pre-DRA(^1)</td>
<td>Post-DRA, MPPR(^2), EUF(^3)</td>
</tr>
</tbody>
</table>
| Service | • Longer turnaround times acceptable  
• Day shift service  
• Subspecialty read rare | • Faster turnaround times  
• 24/7 coverage a must  
• Subspecialty read requirement |
| Providers | IDTF\(^4\) | Market consolidation, IDTFs closing, increase in joint ventures |

---

1) Deficit Reduction Act.  
2) Multiple Procedure Payment Reduction.  
3) Equipment Utilization Factor.  
4) Independent Diagnostic Testing Facility.

Source: Imaging Performance Partnership interviews and analysis.
Currently, radiologists’ challenges stem from three major sources.

First, falling reimbursement levels, coupled with flattening volumes throughout the market, have reduced radiologist annual revenue.

Second, competition is intensifying, making practices more vulnerable to replacement by presenting health systems with greater options for radiology exam read services.

Finally, the transition toward health care reform has raised many questions regarding imaging’s role and will require health system leaders to leverage radiologist involvement in strategic decision making.

An Era of New Obstacles

*Market Pressures Fueling Anxieties About Current Business Model*

**Faltering Practice Economics**
- Annual erosion of imaging professional payment
- Slowing volume growth
- Less favorable payer mix

**Intensifying Competition**
- National radiology companies offering elevated levels of service
- Remote interpretation offered by regional groups
- Hospitals demanding tighter alignment, stricter service standards

**Health Reform Transition**
- Emphasis on quality of care over quantity
- Increased payment risk
- Reduction in volumes of inappropriate exams
- Need to integrate across the care continuum
- Greater scrutiny over exam appropriateness

Source: Imaging Performance Partnership interviews and analysis.
Since the passage of the Deficit Reduction Act in 2006, the Centers for Medicare and Medicaid Services (CMS) has steadily reduced technical and professional reimbursement for outpatient imaging services paid under the Medicare Physician Fee Schedule (MPFS).

The graph at the top shows average reductions in MPFS reimbursement for imaging exams from 2006 to 2013. Imaging directors and practice leaders have come to expect small yet sustained cuts to revenue each year, and future projections look no different.

Moving forward, the graph on the bottom of the page illustrates recent CMS estimates that reduce Medicare professional payments for radiologists by about 3% in 2013, and technical payments through the Physician Fee Schedule by an additional 7%.

---

1) Physician Practice Information Survey.  
2) Patient Protection and Accountable Care Act.  

Much of radiologists’ reimbursement decline stems from small annual incremental cuts, most recently with the Multiple Procedure Payment Reduction (MPPR), implemented in 2012 and set to expand for 2013.

When a physician reads more than one scan on the same patient in the same session, he or she is paid in full for the most expensive scan. However, CMS reduces payment for the subsequent scans by 25%.

Beginning in 2013, the MPPR will apply to any physicians in the same medical practice. Alongside perceived efficiencies when multiple procedures are conducted in the same session, CMS argues that it is necessary to apply the imaging MPPR to all physicians in a practice so that there is no financial incentive for practices to split multiple procedure interpretations for a patient among different physicians in the group.

Beyond the impact of the cut itself, the continued expansion of the MPPR indicates that CMS is continuing to target professional radiology payments as a source of savings.

Targeting Professional Payments

CMS Finalizes Expansion of MPPR

Multiple Procedure Payment Reduction
2013 Physician Fee Schedule Final Rule

Applicable Services
CMS will apply the MPPR to professional payments of advanced imaging services, including CT, MRI, and ultrasound

Affected Entities
MPPR in effect when multiple services are furnished to the same patient in the same session by the same practitioner or by multiple practitioners within the same practice

Payment Reduction
When multiple advanced imaging services are provided together, the procedure which carries the highest professional payment paid in full, with professional payments for other services reduced by 25%

Intensifying Competition

Given the economic uncertainty and growing pressures on radiologist service levels, it is no surprise that there has been significantly more merger and acquisition activity among radiology practices over the past few years, as highlighted by the graphic on the right.

In order to effectively compete in the market, physicians are now seeking the stability of larger practices with more health system clients and economies of scale.

As larger practices invest in remote reading capabilities and growth strategies, competition over volumes becomes even stiffer for radiologists.

Growing Market Consolidation

Select Radiology Group Mergers, 2009-2012

Furthermore, many teleradiology companies, traditionally considered simply providers of off-hour outsourced preliminary reads, have evolved in scope and service.

Utilization of these groups by radiology practices to cover off-hours needs has grown across the past decade. However, as many of these companies now offer full-time coverage and onsite services, radiology groups are becoming vulnerable. Some hospitals are responding to these new opportunities by replacing local practices with national companies for complete coverage of imaging exam reads.

The availability of national radiology companies presents an opportunity for imaging departments, and also indicates that radiology groups may have to work harder to compete for new or existing contracts.

### National Radiology Companies Upping the Ante

**Service Offerings Increase Attractiveness for Hospitals and Practices**

#### Percentage of Practices Using External Off-Hours Teleradiology

<table>
<thead>
<tr>
<th>Year</th>
<th>2003</th>
<th>2007</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Usage</td>
<td>15%</td>
<td>44%</td>
<td>55%</td>
</tr>
</tbody>
</table>

#### Guarantees by Select Remote Radiology Companies

- **pdi PEDIATRIC Teleradiology**
  - Onsite technologist and nurse training programs
  - 75% of radiologists fellowship trained in subspecialty

- **ONRAD, INC.**
  - Turnaround time for all studies averages 25 minutes

### A Short Jump From Night to Day Reads

"It dawned on us that the model of outsourcing our night work actually threatens not only our livelihood but the very existence of our specialty as a profession; nobody ever questions the value of imaging in the modern practice of medicine today, but many question the value of onsite radiologists."

**Cynthia Sherry, MD**

Texas Health Presbyterian Dallas

To mitigate these threats, radiology groups are searching for strategies to differentiate their services and compete with local and national competitors.

Many practices have turned to the subspecialization model, requiring radiologists have specialty training for different parts of the body and modalities, as a means of demonstrating the quality of their physicians.

Data from a 2009 study showed that 63% of radiologists surveyed reported that their group had recently increased its level of subspecialization, and 71% of radiologists reported that a key motivation was demand from referring physicians.

Increasingly, health systems are also demanding subspecialty reads in order to improve quality and reduce likelihood for repeat exams or follow-up consultations.

However, in order to support a subspecialist model, a practice must retain sufficient imaging volumes. Thus, many radiology groups cannot begin to advance subspecialization without first investing significantly in practice growth and building strong contracts with hospital partners.

Continued Pressures to Subspecialize

Has Your Practice Recently Increased Its Subspecialization?

<table>
<thead>
<tr>
<th>Practice Motivation for Subspecialization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demand by Referring Physicians</td>
</tr>
<tr>
<td>To Improve Quality of Services</td>
</tr>
<tr>
<td>New Diagnostic Imaging Technologies</td>
</tr>
<tr>
<td>Demand by Hospitals</td>
</tr>
<tr>
<td>Demand by Payers</td>
</tr>
<tr>
<td>Teleradiology</td>
</tr>
</tbody>
</table>

The growing competition and higher service demands have placed considerable pressure on radiologist-health system relationships. As a result, a number of health systems have discontinued long-standing contracts with radiology groups, showing just how pronounced the volatility has become.

The destabilization of these relationships may be cause for alarm, but imaging departments and progressive radiology practices should see significant opportunities in creating new models for alignment and elevated service from radiologists.

Radiologists also face internal pressure from other specialists who compete for reading privileges of imaging exams. And while these turf wars are not a new phenomenon, recent declines in volume growth have caused them to become much more contentious.

The graph to the far right shows how pervasive turf conflicts are in today’s market.

The role of the imaging director should not be to fight for radiologist turf to the point of alienating other specialists and administrators. However, understanding the competitive pressures placed on radiologists today can help directors play a constructive role in mediating negotiations.

Pressure #3

Healthcare Reform Transition

Finally, the implementation of the Patient Protection and Affordable Care Act (PPACA) will affect all providers, including radiologists.

While the timeline for transitioning to risk-based payment models will vary from market to market, certain provisions of PPACA such as the Shared Savings program, will have a significant impact on imaging volumes as well as the way radiologists perform their services and earn payment, as outlined on the right. Now is the time for radiologists and imaging directors to think critically about radiologists’ role in the continuum of care and plan for this transition.

A prime concern for radiologists regarding the transition to shared savings programs is maintaining health system partnerships and corresponding current volume sources.

With more tightly managed referral patterns and consolidation among previously competing physician groups, a small number of Accountable Care Organizations (ACOs) may control the majority of referrals.

If radiologists are too slow to align or lose their current partnership with a provider who is becoming an active ACO participant, there is a real danger that they can be cut out of referral networks entirely.

Impact of PPACA Provisions on Imaging

<table>
<thead>
<tr>
<th>Provision</th>
<th>Description</th>
<th>Likely Impact to Volumes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage Expansion</td>
<td>Citizens lacking health insurance receive coverage through employer mandates and the creation of state-sponsored insurance exchanges</td>
<td>Slight Positive</td>
</tr>
<tr>
<td>Value-Based Purchasing</td>
<td>CMS reduces Medicare payments by 2% over five years, redistributes withhold based on individual hospitals’ quality performance</td>
<td>Neutral</td>
</tr>
<tr>
<td>Hospital-Physician Bundled Payments</td>
<td>CMS disburses single payment to cover all hospital and physician services provided during a single inpatient stay for a specific DRG</td>
<td>Neutral</td>
</tr>
<tr>
<td>Episodic Bundled Payments</td>
<td>CMS disburses single payment to cover hospital, physician, ancillary, and post-acute services for a given episode of care, beginning three days prior to inpatient stay and extending 30 days post-discharge</td>
<td>Slight Negative</td>
</tr>
<tr>
<td>Shared Savings</td>
<td>Providers form Accountable Care Organizations, assume responsibility for managing total cost of care for attributed lives, and receive share of savings</td>
<td>Slight to Significant Negative</td>
</tr>
</tbody>
</table>

Redrawing the Competitive Landscape

Fee-For-Service

Accountable Care

Source: Imaging Performance Partnership interviews and analysis.
In order to become valued health system partners, radiologists need to be responsive to health system priorities, especially relating to health care reform.

Department leaders should expect strategic involvement of their radiologists, and should explore more structured alignment models as systems begin to transition toward accountable care.

The graphic to the right lays out the different roles that radiologists could play in the management of imaging services as an institution transitions to a more risk-based payment scenario.

This graphic can serve as a launching point to discuss how radiologist and system partnerships should evolve.
For health system department leaders looking to improve the relationship and alignment with radiology groups, efforts should focus on key radiologist strengths and improvement opportunities. Strategic imperatives for radiologists fall into three categories.

First, leaders should ensure radiology groups are meeting or exceeding current national performance standards and service metrics.

Next, leaders should leverage radiologist involvement outside the reading room, making certain radiologists play a prominent role in the strategic priorities of the institution. This includes having a relationship that goes beyond department leaders, working with technologists as well as at the health system executive level. The role outside the reading room should also extend to bolstering hospital growth efforts, working closely with marketing staff and augmenting referral strategy.

Finally, ensuring that radiology practices have established progressive internal business practices will help make certain that groups can deliver on these new mandates for service and alignment with health system partners.

### Three Key Forces for Radiologists

*Future Success Hinges on Meeting Distinct Priorities*

#### Clinical Service
- Timely report turn around
- Availability for physician consultation and discussion
- High level of clinical quality
- Engagement on hospital clinical initiatives

#### Strategic Alignment
- Dedication to departmental efficiency
- Willingness to train technologists
- Assistance with positioning for risk-based payment models
- Commitment to shared principled growth strategies

#### Progressive Practice Structure
- Physicians embrace dual role of clinician and strategic partner
- Leadership incentivizes physician contribution through compensation model
- Practice plans for reimbursement cuts
- Practice develops deeper relationship to hospital through joint incentives for value-added activities

Source: Imaging Performance Partnership interviews and analysis.
The Changing Radiologist Role

I. Elevating the Physician Service Standard
   1. Perfect “Read and Report” Radiology
   2. Foster Comprehensive Clinical Collaboration
   3. Advance Quality Tracking and Process Improvement

II. Building Alignment with Health System Partners
   4. Partner on Frontline Operations
   5. Engage C-Suite Leadership
   6. Collaborate on Growth Strategy
   7. Develop Innovative Radiology Partnership Agreements

III. Special Report: Ensuring Sustainability for New Market Realities
   8. Adapt Practice Culture for Business Requirements
   9. Develop Action Plan for Weathering Payment Cuts
   10. Optimize Radiologist Compensation Models

Source: Imaging Performance Partnership interviews and analysis.
Elevating the Physician Service Standard

Imperative #1: Perfect “Read and Report” Radiology
Imperative #2: Foster Comprehensive Clinical Collaboration
Imperative #3: Advance Quality Tracking and Process Improvement
Perfect “Read and Report” Radiology

In a 2012 research survey, the Partnership asked hospital imaging leaders and radiology group directors to evaluate the importance of different aspects of radiologist services. The results highlight the importance of first mastering basic service metrics such as turnaround time, call coverage, and subspecialty coverage, which ranked among the most important for both physicians and hospital directors. Ensuring radiologist performance on fundamental aspects of reading and reporting is a critical starting point for radiology group leaders looking to remain competitive and demonstrate value to hospital partners.

While hospital and radiology group leaders largely agree on which metrics are important, the standards for performance on those metrics can be unclear. Benchmarking key quantitative metrics is a valuable starting place in assessing radiologist service. From interviews with hospital imaging leaders, leading radiology practices, and external articles and surveys, the Partnership developed key performance benchmarks in six categories: turnaround time, critical findings compliance, call coverage, voice recognition, peer review, and subspecialty expertise. The full dashboard can be found across the next two pages and at advisory.com/ipp.

Agreeing on the Fundamentals

Radiologists, Hospitals Leaders See Importance of Radiology Basics

Radiologist Integration Survey

The following questions explore how a radiology practice can provide value to its hospital or health system partners. Please note the importance of the following services on a scale of 1 to 6, where higher numbers denote greater value and importance:

<table>
<thead>
<tr>
<th>Service</th>
<th>Hospital Leaders</th>
<th>Practice Leaders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Report Turnaround Time</td>
<td>5.7</td>
<td>5.5</td>
</tr>
<tr>
<td>24/7 Call Coverage</td>
<td>5.4</td>
<td>5.2</td>
</tr>
<tr>
<td>Subspecialty Expertise</td>
<td>5.1</td>
<td>4.5</td>
</tr>
<tr>
<td>Peer Review</td>
<td>4.6</td>
<td>4.7</td>
</tr>
</tbody>
</table>

Finding an Appropriate Benchmark

- Interviews revealed need for comprehensive physician performance benchmarking
- Pulled data from over 50 industry interviews, surveys, and reports
- Compared current results with older data to assess trend in service delivery
- Resource available at www.advisory.com/ipp

Source: Imaging Performance Partnership 2012 Volumes and Integration Survey, Imaging Performance Partnership interviews and analysis.
Radiologist Professional Services Performance Dashboard

To evaluate radiologist service, imaging leaders can determine if performance is “traditional” (reflecting typical performance in radiology 3-5 years ago), “new status quo” (reflecting an elevated performance level typical of successful groups today), or “progressive” (reflecting highest-performing practices). Please note, these values should serve simply as guidelines, not absolute figures appropriate for every group or particular case.

Turnaround Time: These figures can help guide analysis of radiologist performance for setting formal contract standards.

Critical Findings Compliance: While it may be the hospital administrator’s responsibility to create a clear critical findings policy, compliance with policies falls to radiologists. These benchmarks represent average time to deliver critical findings, regardless of specific policy, as well as compliance with policies, regardless of actual time to results communication.

Call Coverage: The advent of teleradiology has increased radiologist flexibility; yet hospital leaders and referring physicians still generally prefer internal management of coverage responsibilities. The metrics on the page therefore measure the availability of radiologists within the practice during nontraditional hours.

### Key Indicators of Radiologist Performance
**Turnaround Time, Critical Findings, and Call Coverage**

<table>
<thead>
<tr>
<th></th>
<th>Traditional</th>
<th>New Status Quo</th>
<th>Progressive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Turnaround Time</strong>¹</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Emergency Department</td>
<td>2-4 hours</td>
<td>30 minutes-2 hours</td>
<td>Under 30 minutes</td>
</tr>
<tr>
<td>2. Inpatient</td>
<td>Same day results (approx. 8 hours)</td>
<td>4-8 hours</td>
<td>Under 4 hours</td>
</tr>
<tr>
<td>3. Outpatient</td>
<td>24 hours</td>
<td>4-8 hours</td>
<td>Under 4 hours</td>
</tr>
<tr>
<td><strong>Critical Findings Compliance</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Time to Deliver Findings</td>
<td>Greater than 1 hour</td>
<td>30 minutes-1 hour</td>
<td>Under 30 minutes</td>
</tr>
<tr>
<td>5. Practice Compliance</td>
<td>Under 90%</td>
<td>90%-95%</td>
<td>95%-100%</td>
</tr>
<tr>
<td><strong>Call Coverage</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Outsourcing Off-Hours Reads</td>
<td>Yes</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>7. Hours of Service</td>
<td>Standard (e.g. 8am - 6pm)</td>
<td>Extended (e.g. 7am-10pm)</td>
<td>24/7 coverage</td>
</tr>
<tr>
<td>8. Payment for Outsourced Interpretations</td>
<td>Hospital, or both share cost</td>
<td>Radiology practice bears sole cost</td>
<td>No cost; coverage spread internally</td>
</tr>
</tbody>
</table>

¹ Defined as the time from exam complete and logged into PACS (Picture Archiving and Communication System) to the time the report is sent from the radiologist’s office to the referring physician.

Source: Imaging Performance Partnership Professional Services Performance Dashboard; Imaging Performance Partnership interviews and analysis.
Voice Recognition: Because the use of voice recognition (VR) allows for vastly improved turnaround time and can lower department costs, implementation is a significant satisfier and hallmark of a progressive practice, especially as systems can be used to note quality or safety concerns using vocal cues.

Peer Review: While every radiologist should undergo some peer review, progressive practices distinguish themselves by emphasizing internal review processes and external transparency with hospital partners. These benchmarks address dedication to monitoring clinical practice quality by measuring the proportion of cases reviewed and how results are shared with imaging stakeholders.

Subspecialty Expertise: The Partnership measures subspecialization not only based on the availability of fellowship-trained physicians, but also on the number of final reports recommending additional imaging for diagnostic purposes.

While the totality of a radiology practice’s service should not be assessed on quantitative metrics alone, this resource is intended to aid practices and departments in highlighting areas of success and opportunities for improvement.

Key Indicators of Radiologist Performance

**Voice Recognition, Peer Review, and Subspecialty Expertise**

<table>
<thead>
<tr>
<th></th>
<th>Traditional</th>
<th>New Status Quo</th>
<th>Progressive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voice Recognition</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Use of Voice Recognition</td>
<td>No</td>
<td>Yes</td>
<td>Yes, and VR software used for tracking quality</td>
</tr>
<tr>
<td>10. Percentage of Self-Edited Reports</td>
<td>Under 80% and hospital pays for editing service</td>
<td>Above 80% and hospital pays for editing service</td>
<td>100% or practice pays for internal editing service</td>
</tr>
<tr>
<td>Peer Review</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Percentage of Cases Reviewed</td>
<td>1% or fewer cases reviewed</td>
<td>1%-3%</td>
<td>Greater than 3% of cases reviewed</td>
</tr>
<tr>
<td>12. Shared Peer Review Data</td>
<td>No results shared</td>
<td>Results shared with hospital</td>
<td>Results shared and practice held to quality standards in contract with system</td>
</tr>
<tr>
<td>Subspecialty Expertise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Availability of Subspecialist</td>
<td>No</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>14. Reports Recommending Follow-Up</td>
<td>15% or higher</td>
<td>10%-15%</td>
<td>Under 10%</td>
</tr>
</tbody>
</table>

Source: Imaging Performance Partnership Professional Services Performance Dashboard; Imaging Performance Partnership interviews and analysis.
Beyond quantitative measurements of performance, it is also critical that radiology groups ensure that they are meeting qualitative aspects of service. High satisfaction levels with radiologist performance from the hospital’s medical staff are vital for maintaining longstanding partnerships. Progressive practices assess satisfaction levels with detailed surveys that provide results to direct improvement efforts. Hospital partners typically require that groups meet certain performance thresholds.

For example, in surveys utilized by the radiology group at Swire hospital, a pseudonym, radiologists must average a certain level of satisfaction-3.5 on a scale of 1 to 4. The survey is quite detailed, with categories to assess quality of care, quality of service, and individual radiologist performance.

The box at far right contains some sample initiatives that radiologists began after receiving survey results. Survey feedback led radiologists to expand their availability to referring physicians, improve attendance at multidisciplinary meetings, and increase their commitment to relationship building with referring physicians.

Ensuring Medical Staff Satisfaction

Annual Survey Guarantees Internal Service Standards Met

Swire Hospital\(^1\) Radiology Satisfaction Survey

I. Quality of Care (40%)  
*Please indicate your satisfaction with overall clinical quality for the

II. Quality of Service (30%)  
*Please indicate, on a scale of 1-4 (select 5 for “N/A”) the quality of

III. Individual Assessments (30%)  
*Please indicate the service and quality provided by each of the radiologists you work with, on a scale of 1-4 with 1 indicating “unsatisfied” and 4 indicating “highly satisfied.” Choose 5 for “N/A.”

<table>
<thead>
<tr>
<th>Dr. Richard Clarkson</th>
<th>1 2 3 4 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Mary Crawley</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Dr. Edith Daisy</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>Dr. Charlie Hughes</td>
<td>1 2 3 4 5</td>
</tr>
</tbody>
</table>

Case in Brief: Swire Hospital

- Large community hospital located in the South
- Radiologists annually poll medical staff on radiology service
- Practice aggregates data and presents to department administrator
- In order to maintain contract, practice must average a score of 3.5 or greater

Changes Made After Survey

- Radiologists improved availability for referring physician consultation
- Improved attendance at multidisciplinary meetings
- Internal group focus on developing lasting relationships with referring physicians

---

1) All names are pseudonyms.

Source: Imaging Performance Partnership interviews and analysis.
High referring physician satisfaction is critical to both radiologists and imaging department leaders. However, referring physicians utilize imaging services in different ways, with each type of specialist valuing components of radiologist performance differently.

In order to better understand how to market their services to diverse specialty groups, leaders at the national radiology company Radisphere created a survey, asking physicians to rank the importance of the 10 components of radiologist service identified on the top of the page. For example, the results found that while surgeons value radiologist consultation the most, family medicine physicians feel critical results reporting is most important, and neurologists prioritize subspecialty expertise above all other qualities.

Understanding the unique needs of different specialities allowed Radisphere to revise their marketing program and deliver more targeted, meaningful outreach. Similar surveys can help department leaders identify the root cause of low specialist group referrals and target improvement efforts.

Tailoring Service to Individual Specialists

Survey Finds Radiology Priorities Vary Among Specialists

Radisphere’s 10 Radiology Standards

- Subspecialty expertise
- Turnaround time
- Consultation
- Peer review
- Concurrent review
- Critical findings
- Checklist-driven reporting
- Availability of interventional radiology
- Utilization insight and guidance
- Leadership

Priorities Vary by Specialist

- Surgery
  
  #1: Consultation

- Family Medicine
  
  #1: Critical Results Reporting

- Neurology
  
  #1: Subspecialty Expertise

Distinct Preferences Found Across Specialists

- 100% Percentage of ED Physicians Who Listed TAT\(^1\) in Top 3
- 28% Percentage of All Other Physicians Who Listed TAT in Top 3

Case in Brief: Radisphere

- Large national radiology group headquartered in Beachwood, Ohio
- Launched survey to referring physicians in November 2011
- Provided a list of 10 standards regarding radiologist performance
- Asked physicians to add or remove standards, rank in order of importance
- Relationship managers now emphasize different standards, and the metrics by which to judge those standards, according to the physician specialty in question

1) Turnaround time.

Source: Radisphere, Beachwood, OH; Imaging Performance Partnership interviews and analysis.
Perfect “Read and Report” Radiology

Three key takeaways summarize this first imperative, highlighting the most important insights in regard to optimizing radiologist performance in reading and reporting exams.

First, department leaders should realize that with the emergence of large national players, radiology groups now compete for reading privileges with not only other local groups, but also on a national level. Health systems now have far more options than ever before when choosing a radiology group with whom to contract.

Next, department leaders should understand physician satisfaction drivers, going beyond simple questionnaires to individual and specialty-driven analytics. These efforts will enable radiologists to prioritize and target improvement efforts.

Finally, setting benchmarks and measuring success should be an iterative process; standards for performance are constantly evolving, and radiology leaders should continue to refine their standards for physician excellence.

Key Takeaways

- **Shifting market dynamics increase competition.** Due to the availability of remote radiology, professional radiology services are shifting to a more national market with some hospitals beginning to seek out larger national companies to provide services both during the day as well as nighttime off-hours. Local providers should ensure that they are matching service levels of national competitors.

- **Ensuring satisfaction requires custom evaluation.** Practices should take the pulse of individual specialists to ensure performance meets expected standards and meet specialist priorities for imaging.

- **Developing excellence in radiology an iterative process.** Because radiology has transformed into a more demanding market, practices should continually raise their level of service to meet current benchmarks.

Source: Imaging Performance Partnership interviews and analysis.
Superior radiologist clinical service extends beyond simply reading exams and reporting results in a timely manner. In order to maintain strong relationships with health system partners, radiologists should become significant clinical collaborators with ordering physicians.

The four critical components of collaboration are outlined on the page. First, referring physicians and department administrators should feel radiologists are accessible and have easy, on-demand access to representatives from the radiology practice. Second, there should also be a sense of familiarity with radiologists, with physicians feeling that they know radiologists on a personal level and have regular interactions with them. Radiologists should also serve as educators to ordering physicians, dedicating time to teaching technologists and referring physicians about imaging appropriateness. Finally, it is also critical that radiologists coordinate with other specialties that perform imaging exams. The questions in each box can serve as a diagnostic for imaging directors evaluating radiologist performance. The following pages provide examples of practices excelling in each pillar.

The Four Pillars of Effective Collaboration

**Accessibility**
- Can referring physicians call radiologists without waiting on hold?
- Do radiologists return messages within 24 hours?
- Do radiologists have an “open door” policy in their hospital reading rooms?

**Familiarity**
- Do high imaging referrers have personal relationships with radiologists?
- Do radiologists make an effort to regularly interact with staff and hospital-based physicians?
- Are radiologists personable and approachable?

**Education**
- Do radiologists participate on relevant clinical committees and grand rounds?
- Do radiologists lead imaging-specific appropriateness campaigns?
- Do radiologists aid in technologist training?

**Coordination**
- Do radiologists develop collegial relationships with other specialists?
- Are conflicts resolved speedily without need of administrator intervention?
- Do radiologists consistently follow up with physicians on patient care decisions and outcomes?

Source: Imaging Performance Partnership interviews and analysis.
In order to prioritize radiologist accessibility to hospital and health system clients, Riverside Radiology launched a central operations center to field phone inquiries and requests from referring physicians. The operations center remains open 24 hours a day and seven days a week.

IT personnel and physician extenders manage the phone line and direct incoming calls on clinical matters to the appropriate subspecialist radiologist while handling any administrative or technical problems themselves. Radiologists also rely on the operations center to handle any administrative backlogs that might delay the interpretation process.

The operations center demonstrates to hospital administrators and referring physicians that Riverside is dedicated to remaining completely available. With the operations center staff handling the majority of administrative issues, Riverside radiologists can remain completely focused on patient care, helping the practice maintain an exceptional average turnaround time of two to three hours for inpatient and outpatient exams.

Ensuring 24/7 Access to Radiologists
Operations Center at RRIA\(^1\) Provides Physician Resources

Riverside Radiology 24/7 Operations Center

**External Benefits**

- Referring physicians call to access radiologists for discussion of critical or subcritical results
- Can also call to identify appropriate subspecialist for ordering question
- Technologists may call with a question about specific exam protocol

**Internal Benefits**

- Radiologist will call staff if imaging series not finished; staff will coordinate follow-up exam with hospital
- If clinical history or prior imaging not available, staff accesses information for radiologist

Case in Brief: Riverside Radiology and Interventional Associates

- Large, multispecialty radiology practice located in Columbus, Ohio, serving 17 hospitals throughout state
- Launched 24/7 operations center for referring physicians and hospital staff as a first point of contact
- Operations center staffed by IT personnel and physician extenders to answer referring physician and radiology department staff questions
- Resolves operational and technical challenges for physicians and departments
- Ensures all aspects of case management expedited for urgent exams
- Logistical expertise of operations personnel helps maintain average report turnaround time of eight minutes for ED studies and two to three hours for all other studies

\(^1\) Riverside Radiology and Interventional Associates.

Source: Riverside Radiology and Interventional Associates, Columbus, OH; Imaging Performance Partnership interviews and analysis.
Collaboration requires that radiologists remain accessible, but health system department directors and radiology practice leaders should also strive to hardwire an even deeper relationship between radiologists and referring physicians.

At St. Matthew Radiology, a pseudonym, radiologists have instituted ongoing peer-to-peer interaction through a formal mentorship program.

Each St. Matthew radiologist identifies between 5 and 10 high-referring physicians he or she would be willing to mentor. To facilitate clinically based interactions, radiologists choose mentorship pairings based on shared clinical interests. After the pairing is initiated, radiologists take full ownership of the relationship, organizing meetings and addressing specialist concerns as necessary.

Business leaders at St. Matthew help prepare radiologists for this role by providing outreach packets which guide them through the four main steps to effective outreach, highlighted in the box at the bottom.

Putting the relationship in physicians’ hands may require more upfront radiologist time, but the resulting relationship and continued referrals make the program worth the effort.

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Establishing a Mentorship Program

**Radiologists Paired with Referrers Based on Specialty**

<table>
<thead>
<tr>
<th>Radiologist</th>
<th>Subspecialty</th>
<th>Physician</th>
<th>Specialty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Thoreau</td>
<td>Neurology</td>
<td>Dr. Hart</td>
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</tr>
<tr>
<td>Dr. Thurber</td>
<td>Cardiology</td>
<td>Dr. Henry</td>
<td>Cardiology</td>
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<td>Dr. O’Brien</td>
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<td>Dr. Spindle</td>
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<tr>
<td>Dr. Kemal</td>
<td>Neurointervention</td>
<td>Dr. Jacker</td>
<td>Orthopedic Surgery</td>
</tr>
<tr>
<td>Dr. Bascomb</td>
<td>Breast Imaging</td>
<td>Dr. Mercer</td>
<td>Primary Care</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr. Sean</td>
<td>OB-GYN</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dr. Kiplinger</td>
<td>Oncology</td>
</tr>
</tbody>
</table>

**Steps to Effective Outreach**

- Confirm service satisfaction
- Mention upcoming lectures
- Highlight new service offerings
- Offer marketing collateral

---

1) All names are pseudonyms.

Source: Imaging Performance Partnership interviews and analysis.
In order to further develop roles as clinical collaborators among physician peers, radiologists also need to take a leadership role in educating referring physicians about appropriate imaging ordering. Leaders at Radiology Associates of the Fox Valley (RAFV) recognized the importance of this role and initially focused on standard efforts, including monthly "lunch n’ learn” events and symptom-based lectures. Unfortunately initiatives did not change ordering patterns.

RAFV leaders speculated that traditional efforts may not have been effective because they provided physicians with too much information, and physicians were unable to absorb key teaching points. Leaders then began to target outreach through a “quiz of the week.” Each week, radiologists email referring physicians and department staff, pinpointing one common ordering scenario and multiple choices for possible resulting imaging orders. They also include the answer and the rationale for the use of that particular exam.

By focusing on one specific situation, their message has been discrete enough to be understood. Weekly emails also serve as a relationship touch, ensuring that referring physicians remember RAFV and connect them with valuable education efforts.

Educating Peers to Improve Clinical Quality

RAFV1 Weekly Email Provides Education, Service Touch

To: sbranson@abbeygroup.com  
From: nichterm@rafv.org  
Subject: Radiology Quiz of the Week

Dr. Branson²,

A 29-year-old man presents to an outpatient clinic for elective evaluation of chest pain. He is otherwise healthy and works as a welder and fitter. Approximately one week prior to presentation while sitting in front of his computer, he experienced sharp, stabbing left chest pain that radiated to his back and was accompanied by shortness of breath. The pain is worse when he lies on his back and relieved when he leans forward. The patient has no nausea or left arm pain. The patient is a smoker (approximately one pack per day for 10 years). His heart rate is 88, blood pressure 132/84, and his respiratory rate is 16. The patient is six feet, one inch tall, and weighs 164 lbs. The patient has no sternal or anterior rib tenderness.

Which one of the following imaging studies is the best first step in the evaluation of this patient?

(a) Plain film of the chest  
(b) Ultrasound of the chest  
(c) Computed tomography of the chest  
(d) Magnetic Resonance Imaging of the chest

Case in Brief: Radiology Associates of the Fox Valley

• 32-physician private radiology practice located in Neenah, Wisconsin  
• Launched weekly “quizzes” after realizing physicians were overwhelmed with broad lecture series covering too many topics  
• Will soon track changes in ordering behavior to determine effectiveness of weekly email pushes

Source: Radiology Associates of the Fox Valley, Neenah, WI; Imaging Performance Partnership interviews and analysis.

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Finally, tensions over reading privileges with other specialists can hinder radiologists’ ability to become valued members of the medical staff. Unfortunately, many department administrators feel they spend too much time mediating conflicts. Resolving “turf wars” allows radiologists to better coordinate care with other physicians.

At Northside Radiology, a group that partners with Northside Hospital, leaders felt that turf conflicts with vascular surgeons regarding interventional procedures significantly hindered productivity and service to the hospital. Radiologists also suspected that vascular surgeons were steering patients away from Northside to a nearby competitor, where they could avoid any turf issues entirely.

They reached out to leaders from the vascular group to resolve the conflict by creating principled protocols for handling shared procedures. The two groups established basic requirements for any physician wanting to perform vascular interventional procedures. Once the collaborative process took off, Northside’s volumes of interventional patients increased, indicating that opening imaging to other physicians does not always result in volume reduction.

### Ending Contention Between Specialists

As Referral Leakage Ends, Radiologists Reap Benefits of Collaboration

#### New Requirements for Any Interventional Procedure

1. Physician credentialed to perform IR procedure
2. Any physician billing for interventional procedures must share in coverage rotation for that procedure
3. Radiologists conduct professional over-read of vascular studies

### Procedure-Specific Multidisciplinary Meetings

- Attended by presidents of groups and key physicians
- Decide the qualification standards for performing the procedure
- Determine likelihood of evening or weekend coverage responsibilities
- Procedures discussed include line placement, dialysis interventions, and arteriography

### Monthly Referrals by Vascular Surgeons

**Before Collaboration**

- Vascular surgeons have privileges for interventional work only at competitor hospital
- Surgeons send most referrals to a competing hospital instead of Northside due to internal tensions regarding turf

**After Collaboration**

- Procedures now shared evenly
- Vascular surgeons send referrals equally to Northside and competitor
- Due to increase in IR patients, Northside Radiology sees increased volumes

### Case in Brief: Northside Radiology

- 38-physician private radiology practice located in Atlanta, Georgia
- Realized several years ago that collaboration between vascular surgeons and radiologists could benefit both specialties
- Created process by which the vascular surgeons and radiologists could fairly distribute procedures between physician specialties

Source: Northside Radiology, Atlanta, GA; Imaging Performance Partnership interviews and analysis.
Cardiac imaging continues to be at the heart of turf conflicts between cardiologists and radiologists at many institutions. This is often the case with cardiac CT angiography (CCTA). Even after groups agree to share interpretations, conflict can arise regarding the details of the shared arrangement.

This page overviews two distinct protocols from member institutions. Department leaders may want to consider incorporating elements of these protocols to help their radiologists and cardiologists navigate the process of sharing imaging exam reads.

In order to assist with protocol development for sharing any procedures between radiologists and other specialists, this page highlights five key areas to consider: call coverage, credentialing, quality assurance, protocoling, and payment.

In order to create lasting agreements that prevent further conflict over missed details, department leaders should make sure each of these five areas is addressed in some form.

### Hardwiring Specialist Reading Protocols

#### Two Models for Sharing Cardiac CT Angiography (CCTA)

1. **Interpretations Split by Referral Source at Parks Health Partners**
   - Images referred by cardiology read by cardiologist; all other CCTA referrals split 50/50 between groups
   - Radiologists over-read when cardiologists are primary readers
   - Parks reimburses radiologists $50 for over-read
   - Since collaboration began, CCTA volumes doubled

2. **Interpretations Split by Rotation at Molesly Hospital**
   - Created calendar to rotate responsibility for interpretation
   - Radiologists over-read when cardiologists are primary readers
   - Earn some payment from cardiologists for over-read
   - Some concerns over cardiologists steering patients to schedule during their weeks, but collaboration overall significant factor in reducing tension between specialists

### Establishing “Post-Turf” Protocols

#### Key Areas for Specialist Leaders to Develop Strategic Guidance

1. **Call Coverage**
   - Is it necessary? If so, how will coverage be shared between specialists?

2. **Credentialing**
   - Which physicians are qualified to perform or interpret procedure? What training will be required?

3. **Quality Assurance**
   - What percentage of cases will be subject to peer review? Which specialty will review exams?

4. **Protocoling**
   - Who bears responsibility for adjusting protocols for individual exams? When will general protocols be revised, and who will participate in the process?

5. **Payment**
   - Will any payment be shared with the over-reading physician? Who will subsidize the non-primary physician? What percentage of the PC will the non-primary physician earn?

---

1) Pseudonyms.
2) Professional component.

Source: Imaging Performance Partnership interviews and analysis.
Foster Comprehensive Clinical Collaboration

Four key takeaways comprise this second imperative to improve clinical collaboration. First, department administrators should ensure their radiology groups develop long-term, collegial relationships with physicians and department staff.

Next, radiologists should find effective ways to communicate with referring physicians and build strong educational programs on relevant topics in radiology, such as imaging appropriateness and radiation dose.

Further, coordinating care requires a patient-centered focus, not a physician-centered one, and department administrators should help radiologists move beyond a “turf wars” mentality.

Finally, creating principled and comprehensive protocols for sharing procedures between specialists will minimize conflicts when clinical and economical interests overlap.

Key Takeaways

**Strong partnerships begin with the basics.** Personal relationships among radiologists, department leaders, and referring physicians help build a more open, collaborative imaging department.

**Meaningful education centers on tailored, actionable lessons.** To educate and change behavior, radiologists should identify teaching opportunities to address distinct referring physician and imaging staff needs. Presenting more detailed, actionable teaching around a narrowly scoped topic provides greater value than general guidelines.

**Coordinated care requires a focus beyond turf.** Both administrators and physicians should broaden their focus from their department to serving the medical community as a whole. Sharing procedures with outside specialists in a systematic fashion allows radiologists to develop principled protocols and resolve any conflicts in a direct, efficient manner.

**Hardwiring protocols for negotiating turf conflicts greatly reduces tension between radiologists and specialists.** Key details to iron out include requirements for coverage, a protocol for determining how patients are assigned to specialists for procedures, and guidance on any reimbursement sharing, with advice of counsel.

Source: Imaging Performance Partnership interviews and analysis.
In addition to perfecting service to referring physicians and cementing a strong role as a clinical partner, the third key imperative is for radiologists to become effective partners on quality tracking and improvement. Most hospital administrators rank quality improvement as a top priority in imaging, yet defining how to measure quality in radiology can be difficult.

This imperative characterizes three key ways radiologists and hospital radiology administrators can work together to improve departmental quality: sharing transparent, quantitative quality data, fostering a team approach to quality improvement projects, and accepting financial risk for clinical performance or reporting.

### Advance Quality Tracking and Process Improvement

#### Defining Quality in Radiology

*Understanding the Different Components of Quality Demonstration*

1. **Data Sharing**
   - Group demonstrates service level through shared clinical quality metric performance.

2. **Quality Improvement Guidance**
   - Physicians offer sophisticated guidance on ordering patterns and educate referrers on utilization management.

3. **Tying to Payment**
   - Radiology practice leverages incentives from CMS to increase dedication to improving quality in imaging.

---

Source: Imaging Performance Partnership interviews and analysis.
Many radiology groups decline to share key clinical quality or business intelligence data with their hospital partners, either because they do not track data by individual institution or possibly because they may have concerns regarding malpractice.

However, research conversations found that practices that voluntarily share meaningful data with their hospital partners, such as radiologist performance reports, referral data, and imaging utilization levels, may enjoy greater levels of integration with hospital partners. Hospitals find that understanding and tracking these data metrics can contribute significantly to departmental strategic efforts.

Specifically, tracking three types of metrics – clinical quality, service, and business and growth, outlined in greater detail on the page, should be the foundation for radiology group involvement in quality improvement.

---

**Tracking Transparent Quality Metrics**

*Several Practices Sharing Service, Quality Data with Hospitals*

### Clinical Quality Metrics

- Peer review results
- Critical results compliance
- Safety measures for interventional procedures

### Service Metrics

- Average report turnaround time
- Referring physician satisfaction scores
- Patient satisfaction scores

### Business and Growth Metrics

- High/low referring specialties
- High/low referring physicians
- Volume, payer mix changes

Although many departments track these metrics individually, radiology practice reports serve as “double check” for busy department leaders.

Source: Imaging Performance Partnership interviews and analysis.
As concerns about imaging appropriateness intensify among lawmakers and providers involved in risk-based payment models, it will become increasingly important to track imaging utilization patterns. Radiologists can provide value by taking ownership of utilization data collection and proactively engaging ordering physicians in improving appropriateness. However, while imaging administrators value this education, referring physicians may not always be receptive to involvement in their decisions.

At Vera Radiology, a pseudonym, radiologists prioritized consultation with referring physicians on order appropriateness. However, while conversations were often productive, referring physicians occasionally ignored recommendations. In addition, one-off consultations prevented radiology leaders from identifying ordering trends across physicians.

To improve the success of their efforts, radiologists then recorded each consultation within the PACS, creating a log that administrators could use to view trends and pinpoint outlier ordering patterns. With both hospital imaging leaders and radiologists taking on responsibility in this effort, resulting utilization management efforts improved and certainly warranted the additional time investment.

### Utilization Discussions Often Fall Short

**Consultation Important to Vera Radiology**, Not Valued by Referrers

<table>
<thead>
<tr>
<th>Recognizing the Problem</th>
<th>Consulting with Referrer</th>
<th>Performing the Exam</th>
<th>Tracking Trends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiologist reviews day’s exams</td>
<td>Radiologist calls up referring physician</td>
<td>Referrer may or may not alter exam order</td>
<td>No process to track or trend ordering patterns</td>
</tr>
<tr>
<td>Recognize potentially inappropriate scan, or reason for order missing</td>
<td>Describes major concern</td>
<td>Radiologist has no “hard stop” power</td>
<td>Administrators not aware of utilization problem, radiologist time dedicated to utilization consulting</td>
</tr>
</tbody>
</table>

### Implementing Method of Utilization Tracking

**New Process Allows Vera Radiologists to Make Meaningful Contribution**

- Radiologists still expected to call referring physician
- Physician may or may not change order
- Radiologists now log exchange as voice clip in Vera’s PACS
- Include both reason why order deemed inappropriate and physician responsiveness
- Employee manually pulls flagged orders with radiologist voice clips
- Creates utilization report
- Data presented monthly to hospital quality assurance (QA) director
- Practice receives credit for value-added consultation
- Data available for appropriateness efforts

Source: Imaging Performance Partnership interviews and analysis.
While improved quality and departmental performance can justify more radiologist involvement in departmental initiatives, the Physician Quality Reporting System (PQRS) provides an additional incentive. The PQRS is a CMS initiative created in 2007 that rewards physicians for reporting performance on over 200 quality measures. Physicians participating in the PQRS currently can earn rewards for reporting, but after 2013 can also be subject to a payment penalty if they fail to report.

Understanding physician incentives and responsibilities can help department leaders hold radiologists accountable for clinical performance.

Radiology Associates of the Fox Valley earns incentives from CMS for PQRS participation, and provides that same data to hospital quality administrators, thus demonstrating their value to the system and keeping administrators abreast of image quality.

**Leveraging Practice Quality Achievements**

**RAFV¹ Radiology Shares PQRS² Data with Hospital Partners**

“Everybody is working harder with fewer resources, and our hospital partners are looking to us… All of our extra work is setting us apart and bringing more value to the system. We’re doing this to become better clinical partners and because it is the right thing for patient care.”

Monica Nichter
Practice Administrator

**Case in Brief: Radiology Associates of the Fox Valley**

- Realized that PQRS participation could also demonstrate value to health system
- RAFV earns incentive payment and garners goodwill from hospital without additional cost

**Understanding the Physician Quality Reporting System**

**Physician Quality Initiatives In Brief**

- PQRS voluntary through end of 2012; transitioning to penalty program beginning in 2013
  - Three group reporting options:
    - One for 2–24 physicians
    - One for 25 – 99 physicians
    - One for ≥100 physicians
  - Report through claims, registry, or EHR³
- PQRS Maintenance of Certification (MOC) program provides additional bonus
  - Bonus allows for additional 0.5% of total allowable Medicare Part B charges
  - Through the ABR⁴, radiologists can earn incentive payments for MOC participation

**Opportunity Still There…for Now⁵**

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<th>2013</th>
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<th>2015</th>
<th>2016</th>
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<table>
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<tr>
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<th>2015</th>
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<tr>
<td>MOC</td>
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<td>PQRS</td>
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<td>Payment Adjustment</td>
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In addition to encouraging data sharing between physicians and hospitals, PQRS incentives can also allow physicians to devote substantial time to department quality improvement projects through the MOC incentives.

Leveraging the potential to earn MOC credits, Radiologists at Radiology Associates of Northern Kentucky (RANK) created a project to improve compliance with their method of conveying subcritical findings.

First, radiologists offered feedback on flaws with the current process regarding subcritical findings, including several workflow barriers outlined at the top of the page. To the bottom is the four step improvement process to address the barriers, which includes centralizing printing of subcritical finding notifications and recording all outgoing communication to track notification calls.

As a result, RANK radiologists and hospital staff now ensure 99% compliance. RANK attributes the MOC incentives in driving radiologist behavior changes. The improvement plan proved to be a huge success even before factoring in radiologist payment through MOC incentives.

**Delving Deeper to Implement Change**

*RANK\(^1\) MOC\(^2\) Project Improves Subcritical Results Reporting Process*

**Case in Brief: Radiology Associates of Northern Kentucky**

- 31-physician radiology practice in Crestview Hills, Kentucky
- MOC participation and incentive structure allows physicians to dedicate significant time and leadership to hospital quality improvement projects
- Partnered with hospital to improve subcritical findings reporting; practice took lead tracking results for system
- Began by accessing internal problems with reporting, found quick fixes to superficial issues and held meetings to determine root cause of noncompliance with subcritical findings policies

**New Protocols Result in Strong Improvement**

| Percentage of Subcritical Findings Reported Directly to Physicians |
|--------------------|-----------------|-----------------|
| Before MOC Project | 85%             | 95%             |
| 6–8 Weeks After Implementation |               |                |
| Today              | 99%             | 99%             |

1) Radiology Associates of Northern Kentucky.  
2) Maintenance of Certification

Though radiologists can demonstrate quality in multiple ways, the critical key to success is ensuring quality goals are well aligned and both the health system and radiology group are active contributors.

As more payers and providers adopt risk-based payment models, health systems will need to justify the appropriateness of imaging exams and monitor utilization and ordering patterns. Utilization management guidance and sophisticated performance improvement initiatives prove to be two key strategies for demonstrating radiologist quality. Although efforts may vary from institution to institution, emphasis should remain on demonstrating quality through tracked performance metrics and quantitative improvement.

**Key Takeaways**

It is important to demonstrate value through tracking imaging department quality performance. Sharing key clinical quality and performance data supports hospital quality reporting and demonstrates the radiologist’s integral role in the department. Leaving these metrics within the practice until the health system questions quality may put the partnership in jeopardy.

Sophisticated utilization support goes beyond consultation. Strong guidance on utilization management incorporates regular, high-level overviews of ordering trends and presents quantitative data on utilization which can be tracked across the system over time.

Keying into incentive payments can unlock benefits for both partners. PQRS payments now compensate radiologists for time spent on quality initiatives that may also serve health system strategic purposes.

Source: Imaging Performance Partnership interviews and analysis.
Building Alignment with Health System Partners

Imperative #4: Partner on Frontline Operations
Imperative #5: Engage C-Suite Leadership
Imperative #6: Collaborate on Growth Strategy
Imperative #7: Develop Innovative Radiology Partnership Agreements
This section focuses on building a more cohesive, coordinated imaging department through close alignment with radiologists on a system-wide level.

Truly integrating independent (or employed) radiologists with health system initiatives can help department leaders sustain or grow imaging volumes, enhance radiology’s visibility within the health system, and even improve exam throughput.

These next imperatives unlock potential opportunities that can be achieved when radiologists partner more closely with department staff on operational matters, system executives on strategic initiatives, and department leaders on marketing efforts.

### The Case for Strengthening Alignment

#### Retaining Current Volumes
- Close alignment on hospital imaging growth initiatives decreases likelihood radiologists will pursue competing sources of volumes
- Decreases likelihood hospital will seek to replace radiology group with competitor

#### Promoting Imaging Growth
- Hospitals stand to gain from radiologist marketing strategy and support
- Radiologists benefit from hospital resources and data
- Both parties gain from coordinated outreach

#### Ensuring Radiology Inclusion in Reform Strategy
- Department leaders can advocate for radiologists to be included in formal meetings and strategic committees addressing accountable care strategy
- Radiologists can leverage relationships with medical staff to promote a proactive role for imaging

Source: Imaging Performance Partnership interviews and analysis.
In order to strengthen alignment between the health system and the radiology group, radiologists should look for opportunities to participate in department initiatives and develop relationships across the department staff. Thus, the fourth imperative is that radiologists should partner on frontline operations to build relationships with the technologist staff and aid in operational improvements for performing scans.

Radiologist guidance on the process for performing exams can improve quality, which can eliminate the need for repeat examinations, ultimately freeing radiologist and department time. With increased department capacity, volumes can also increase, augmenting both practice and department revenue.

Health system imaging departments that look for ways to leverage radiologist expertise in improving exam workflow find that the resulting efforts can be mutually beneficial.

Two Key Benefits from an Operations Partnership
“Boots on the Ground” Assistance Win/Win for Hospitals and Practices

<table>
<thead>
<tr>
<th>Sample Initiative</th>
<th>Benefits</th>
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<tbody>
<tr>
<td>Radiologist involved in technologist training and protocoling can lead to higher quality scans</td>
<td>Fewer repeat examinations required</td>
</tr>
<tr>
<td></td>
<td>Frees up radiologist time, increases scanner capacity</td>
</tr>
</tbody>
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The Quality Case

The Volume Case

Radiologist involvement in technologist training and protocoling increases efficiency

Time required per patient decreases; departmental capacity increases

Volume, revenue increases

Source: Imaging Performance Partnership interviews and analysis.
At St. Luke’s University Health System, leaders were struggling to find ways to improve technologist career development.

In order to engage technologists on strategic initiatives, imaging leaders promoted high-performing techs to the role of “clinical specialists.” In this capacity, they work directly with radiologists to identify new imaging procedures with a strong outlook for growth investment and collaboratively begin to develop a possible plan for implementation.

Through these partnerships, both technologists and radiologists integrate themselves into department clinical strategy, building a strong, engaged department staff, and promoting high-quality imaging.

Developing Strategic Partnerships

**Clinical Specialist Model at St. Luke’s Promotes Collaboration**

- High-performing technologist chosen to become clinical specialist for modality
- Assigned to radiologist chief of modality for training
- Together, team develops long-term strategy for modality

Identify “what’s next” in modality, including equipment, software, and service lines

Determine applicability to St. Luke’s, given economic and cultural factors

**Case in Brief: St. Luke’s University Health System**

- 560-bed hospital in Bethlehem, Pennsylvania
- Created clinical specialist program encouraging technologist and independent radiologist engagement
- Currently clinical specialists can be found in CT, MR, mammography, nuclear medicine and ultrasound
- To determine appropriateness of new initiatives, clinical specialists and radiologists travel to referring physician offices in order to estimate potential impact on volumes
- New procedures launched after clinical team recommendation included MSK ultrasound, nuclear imaging for thyroid, and advanced neurological MRI exams

Source: St. Luke’s University Health System, Bethlehem, PA; Imaging Performance Partnership interviews and analysis.
To encourage radiologist involvement in frontline operations, institutions can create forums for radiologist-technologist interaction. At Yale-New Haven Hospital, lead technologists are paired with radiologists to manage modality operations and strategy. These dyads are responsible for technology forecasting and protocoling, as well as aspects of department management. Radiologists benefit because they have help bearing operational responsibilities, and hospitals benefit from the modality management structure that encourages technologist engagement and growth opportunities.

Collaborating on Operational Management

Regular Radiologist Interaction Integrates Clinical, Business Perspectives

**Radiologist-Technologist Dyad**

Partnership allows collaboration in improving department operations and implementing best practices

**Sample Projects**

- Identifying new capital purchasing priorities
- Revising imaging protocols
- Right-sizing equipment utilization
- Improving interdepartmental collaboration
- Determining areas requiring staff training
- Improving communication with referring physicians

**Case in Brief: Yale-New Haven Hospital**

- 500-bed academic medical center based in New Haven, Connecticut
- Radiologists paired with high-performing technologists on improvement projects
- Proposed practices are presented at medical and department meetings for approval, elevating department competitiveness and radiologist visibility
- Radiologist section chief and clinical manager partner to co-lead imaging sections, oversee radiologists and high-performing technologists

Source: Yale-New Haven Hospital, New Haven, CT. Imaging Performance Partnership interviews and analysis.
Another example of an effective forum for creating alignment between radiologists and frontline staff comes from Beaumont Health System, where the chief of radiology hosts “skip” meetings, interfacing directly with select frontline staff members, including schedulers, technologists, and nurses.

By design, these meetings have no set agenda. Instead, they serve as a chance for staff to offer suggestions and address problems in departmental workflow. The meetings also provide an opportunity for staff to develop relationships with radiologist leadership.

The bottom section contains three other examples encountered in the research, demonstrating that there are many ways to build partnerships between frontline staff and radiologists.

At Swire Hospital, a pseudonym, radiologists take responsibility for monthly continuing education lectures for technologists. At Vera Radiology, also a pseudonym, radiologists utilize a special “Q&A” folder within their PACS to engage more thoughtfully with technologists on clinical matters. And at Northside Radiology, practice leaders are involved in the technologist performance review process.

Unlocking Further Opportunities
Three Additional Ways to Add Value

**Continuing Medical Education Support for Technologists**
- Radiologists at Swire Hospital provide at least one hour of CEU training per month to techs
- Teaching activities funded by hospital-wide teaching stipend

**Folders Within PACS Facilitate Technologist and Radiologist Q&A**
- Vera Radiology maintains a special “Q&A” folder on PACS
- Technologists submit questions to radiologists by dragging file into “Q&A” folder; radiologists respond in same way

**Consulting on Technologist Performance and Promotions**
- Physicians at Northside Radiology work with hospital administrators on technologist performance feedback and training
- Radiologists provide additional perspective on technologist skill and potential

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1) Pseudonyms.
2) Continuing education units.

Source: Beaumont Health System, Royal Oak, MI; Northside Radiology, Atlanta, GA. Imaging Performance Partnership interviews and analysis.
Partner on Frontline Operations

Three key takeaways summarize the imperative for radiologists to get involved in frontline operations in order to build hospital-radiologist alignment and support mutual success.

First, improved efficiency and quality can pave the way for higher department capacity.

Second, radiologist-technologist partnerships can ease some clinical responsibilities for overworked radiologists while fostering a more engaged, collaborative department staff.

Finally, staff engaged most directly in patient care offer a unique perspective on process improvement opportunities. Encouraging collaboration with radiologists will enhance communication and can result in improved operational performance.

Key Takeaways

Radiologist operational support adds value to hospital, benefits radiologists as well. Training technologists improves efficiency and quality of examinations, resulting in net gains for radiology volumes.

Increasing technologist responsibilities aids both department and radiology practice. Developing more structured areas for technologist growth increases their engagement and allows the hospital to retain skilled staff. For radiologists, partnering with technologists may allow both parties to share responsibility for some protocol development and strategic planning.

Closing the feedback loop ensures best possible performance. Encouraging frontline engagement surfaces specific problems and solutions of which higher management may unaware. Radiologists can leverage their role as partners to both technologists and department directors to ensure that all concerns and suggestions are given appropriate weight.

Source: Imaging Performance Partnership interviews and analysis.
Engage C-Suite Leadership

While significant radiologist integration in the imaging department is important, radiologists should also strengthen ties with higher-level health system leaders. As the story on the page indicates, most often C-suite executives make final decisions about independent physician group contracting. Although Patmore Radiology, a pseudonym, maintained a strong relationship with the hospital director of radiology, the CEO had no personal familiarity and understanding of Patmore’s value, and thus had no difficulty signing with a competitor instead of renewing the Patmore contract.

Leaders at Hughes Radiology, a pseudonym, commit to building relationships with hospital CEOs as soon as they begin working with a new health system. They have a formal onboarding program that includes an extensive review of chief executives’ top five priorities for imaging. In subsequent monthly check-ins, Hughes makes sure to communicate progress against these goals.

Similarly, executive retreats for all Hughes’ clients provide valuable strategic guidance and allow for networking, which keep the executives satisfied and can help build contract stability.

Practice Overlooks Executive Relationships

- To prepare for ACO, CEO decides to tighten alignment with radiology practice
- Decides to give exclusivity to one group and end contract with other

Painswick Radiology1 leader meets with CEO, emphasizes close relationships in medical community
- Patmore Radiology leader confident with connection to radiology director and group performance on quality

Patmore Radiology contract not renewed for 2011
- Painswick Radiology becomes exclusive provider of imaging services to Mason Health

CEO Opinion Determines Practice Fate

“When we moved from two radiology groups to one, it wasn’t really my choice. There wasn’t a concern about Patmore Radiology’s service level. I think the concern from the CEO was that Painswick Radiology seemed to be closer with the referring physicians…”

Radiology Director
Mason1 Health System

Delivering on C-Suite Priorities

Extensive Hospital Onboarding Process Coupled with Regular Check-ins

During onboarding, practice asks hospital executives to list top five priorities for imaging
- Practice develops work plan to focus specifically on C-suite goals
- Monthly check-ins with executives ensure practice progress on strategic goals follows expectation
- Quarterly meetings onsite between C-suite of practice and hospital delves into quality, service, and relationship needs

Hughes1 Annual Executive Retreat

Outside presenter provides executives with strategic topic designed to engage executives on health care transformation and imaging’s role
- Executives share two or three speeches outlining Hughes’ strategic and operational initiatives for the coming year and how they can serve executives
- Evening social event allows executives to network informally and develop closer relationship with Hughes leaders

Source: Imaging Performance Partnership interviews and analysis.

1) Pseudonyms.
Maintaining tight relationships with C-suite leaders should include partnering on larger strategic health system initiatives when involvement from imaging is beneficial. For example, Kemal Radiology, a pseudonym, lobbied to secure radiologists a seat on Crawley Health Partners’ ACO steering committee.

Radiologist involvement proved to be very valuable, because although the steering committee was not focused specifically on imaging, Kemal physicians offered several ways that radiologists can play a role in transitioning to risk-based care.

Together, Kemal and Crawley leaders created a plan to decrease referral leakage. Although they predict overall imaging volumes may decrease in their market as the number of risk-based reimbursement contracts increases, they hope that by tightening referral networks, they will increase market share enough to continue to grow.

By looking beyond radiology and integrating themselves with system-wide strategy, radiologists are able to learn about upcoming changes and develop strategies to keep the imaging department successful while simultaneously enhancing the value of their group.

Embracing Shift Toward Accountable Care

Aiming to Net Higher Share of More Principled Volumes

Total Volumes and Market Share Outlook

Crawley Health Partners\(^1\) and Competitors

Benefits of Kemal\(^1\) Radiologist Involvement on Crawley ACO Steering Committee

- Advanced awareness of changes, ability to influence hospital decisions
- Stronger ties with system executives and physician leaders
- Leveraging opportunities to grow imaging volumes in accountable care
- Influence any risk-based compensation models for radiology team

Case in Brief: Kemal Radiology

- Large private radiology practice serving multiple hospitals and health systems throughout the Midwest
- With proactive commitment, radiologists key members of Crawley Health Partners system-wide ACO steering committee
- View participation in committee as win/win for department and practice
- Although shift to accountable care will likely decrease overall imaging in regional market, team believes that with appropriate strategy, Crawley can earn a higher share of more principled volumes

\(^1\) Pseudonyms.

Source: Imaging Performance Partnership interviews and analysis.
While encouraging radiologists to get involved in health system strategy for imaging can be beneficial to department administrators, extending that involvement to executive-level leadership can yield further benefits.

McGovern Radiology, a pseudonym, had recently become the exclusive imaging provider for Bertram Health System, also a pseudonym. Both parties wanted to take advantage of this increased alignment to develop shared strategic goals for imaging. They created monthly meetings for the Radiology Advisory Council, which includes members of the system c-suite, and covers a wide array of strategic topics. One specific initiative focusing on growth led to the development of CT lung cancer screenings at Bertram. The key to success is that both the radiology practice and department have a regular forum for interfacing with C-suite leaders. This regularity makes it easier to demonstrate imaging’s value and understand how the department can prepare for high-level strategic shifts and contribute to hospital goals.

Sustaining C-Suite and Practice Interaction

McGovern Radiology\(^1\) Brings Together Key Decision Makers

Radiology Advisory Council

- CEOs of three Bertram\(^1\) Health System hospitals
- System Director of Radiology
- McGovern representatives
- Director of Strategic Development

Radiology Advisory Council Agenda

**June 2011**

- How can imaging gain market share from competitors?
- Update on Breast Center of Excellence progress
- Special presentation from system CEO: expansion plans for 2012
- Radiology’s role connecting Bertram with independent hospitals
- Imaging marketing strategies for Q3 2011
- Update on CT lung screening program

Case in Brief: McGovern Radiology

- Large private radiology practice located in the Midwest
- Recently became exclusive imaging provider for major health system
- Closer alignment allowed for creation of high-level Radiology Advisory Council, which meets monthly to determine imaging’s role in wider health system strategy
- As health system considers expansion, radiology group works to gain contracts with smaller, independent hospitals as point of introduction between hospital and health system
- Other initiatives arising from council include Center of Excellence strategies and new service offerings such as CT calcium scoring and lung screening

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1) Pseudonyms.

Source: Imaging Performance Partnership interviews and analysis.
Engage C-Suite Leadership

Three takeaway points summarize why department leaders should encourage radiologist alignment with health system executive level leaders.

Practices that take the time to develop close relationships with high-level health system executives enjoy greater contract stability.

But the key for department success is to leverage these relationships to benefit the entire imaging enterprise and develop a role for imaging in helping the health system offer high-quality, cost-effective care.

Building collaboration among health system executives, radiology directors, and practice leaders may be challenging for some institutions, but developing a unified vision can ensure that any initiatives taken on by the practice or department carries out mutual goals.

Key Takeaways

**Demonstrating meaningful value to senior health system leadership can help ensure continued contract renewal.** Radiology practices have greater success building lasting partnerships with health systems if their value in achieving health system goals is visible to upper level executives.

**Participation in health system strategy development can benefit the radiology group and the hospital imaging department.** Leveraging radiologists in system-wide strategic planning increases radiology's visibility within the health system. Participation also provides practices with the opportunity to look out for changes affecting imaging and represent the interests of the imaging department.

**System strategies for care transformation can be aligned with radiology goals.** While department administrators and practice leaders are both concerned that the movement toward accountable care will reduce imaging utilization, an increased focus on tightening referral networks and preventing referral leakage has the potential to boost overall practice and system volume.

Source: Imaging Performance Partnership interviews and analysis.
Collaborate on Growth Strategy

In contrast to the early 2000s, outpatient imaging volume growth has slowed since 2009, stemming from the economic downturn. Achieving significant growth increasingly relies on the active involvement of radiologists. The top of the page highlights three main points of the referral cycle where radiologists can provide value: building relationships with new referrers, maintaining current referrer streams, and developing new sources of growth for further volume gains. These next cases illustrate how department leaders can involve radiologists at each stage to build sustained, principled volume growth.

Starting with new referrer outreach, progressive programs have found ways to integrate radiologists into marketing, recognizing that referring physicians value collaborative relationships with physicians to whom they refer. In the case of Pamuk Medical, a pseudonym, the department sent a newly hired radiologist to accompany liaisons on visits to introduce herself to the system’s referring physicians. Close monitoring of referrals before and after the radiologist’s outreach showed that volumes increased an average of 20% from the practices receiving the radiologist visit, a substantial return on the radiologist’s time.

Understanding Hospital Growth Priorities
Successful Strategies Address All Aspects of Referral Loop

- **Reaching Out to New Referrers**
  - New referrer marketing efforts highlight advanced procedure offerings and subspecialty interpretation

- **Preventing Referral Leakage**
  - Radiologist accessibility, ease of scheduling keep referral leakage low; targeted outreach tightens referral networks

- **New Principled Growth Strategies**
  - Imaging team develops new imaging procedure offerings to gain market share, target new referrers

The Power of Referring Physician Outreach

*Pamuk*\(^1\) *Puts Radiologist in the Game*

- **Hospital** hires new radiologist; decides to incorporate new physician into outreach efforts
- **Radiologist** participates in visits, forges relationships with referring cohort
- **Referral volumes** tracked before and after each radiologist visit; data reveals 20% increase in hospital imaging volumes

For more information about radiologist involvement in referring physician outreach, please see the Imaging Performance Partnership’s 2011 study, *Advancing Imaging Referral Strategy*.

**Case in Brief: Pamuk Medical*\(^1\)**
- Five-hospital system in Midwest
- Center includes newly employed radiologists on physician visits
- Program monitors volumes, sees 20% uptick after radiologist began participating in outreach

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1) Pseudonym.

Source: Imaging Performance Partnership interviews and analysis.
Securing Loyalty of New Referrers

Physician-Delivered Results Encourage Relationship Stickiness

It is critical for radiologists to stay involved in referrer relationship building even after new business has been won. Magee-Womens Hospital strives to make a strong impression on first-time referrers by ensuring that the radiologist reading a physician’s first referred exam will call to personally deliver the results of the interpretation. Though the radiologist is not making an in-person visit, the call allows for consultation and provides a personal touch, ideally laying the foundation for a long, clinically-based relationship between the two providers.

It is worth noting that accessibility and familiarity, two of the major pillars of collaboration, are critical to ensure exceptional service to referring physicians. By remaining available, friendly, and interested in working with other specialists, radiologists can make a considerable impact on referring physician perception of imaging department services.

Case in Brief: Magee-Womens Hospital of UPMC

- Part of a 20-hospital academic medical center based in Pittsburgh, Pennsylvania
- Reading radiologist personally calls new referrer to deliver results, discuss other opportunities for collaboration
- Call assures new referrers that radiologists are accessible, available to provide consultation and support for future requests

Familiarity, Accessibility Vital for Leakage Prevention

Accessibility
- Can referring physicians call radiologists without waiting on hold?
- Do radiologists return messages within 24 hours?
- Do radiologists have an “open door” policy in their hospital reading rooms?

Familiarity
- Do high imaging referrers have personal relationships with radiologists?
- Do radiologists make an effort to regularly interact with staff and hospital-based physicians?
- Are radiologists personable and approachable?

Abdominal CT Results

Patient: Sam Mitchell
Radiologist: Dr. Fink
Referring Physician: Dr. Adrian

Clinical History:
Patient gastrointestinal discomfort noted during annual physical

“Why is this result unexpected?”

Extended interaction increases referrer perception of radiologist accessibility, builds trust.

Source: Magee-Womens Hospital of UPMC, Pittsburgh, PA; Imaging Performance Partnership interviews and analysis.
The final way radiologists can contribute to hospital imaging growth is by collaborating with department leaders to identify new advanced procedures that can serve as additional sources of volume.

Leaders at Grantham Hospital and Cora Radiology, both pseudonyms, selected two newer procedures—CT lung screening and CT calcium scoring—to attract new imaging patients into the health system.

However, several radiologists at Cora remained skeptical of the value of introducing these procedures, since reimbursement is not well established among payers. Therefore, imaging leaders kept a close eye on the results of the new initiatives.

Though the lung screening and calcium scoring are not covered by local insurance plans, both tests were successful at attracting a population willing to pay out-of-pocket and introducing those patients to the system. To determine the initiative’s success, Cora leaders tracked the percentage of patients undergoing calcium scoring who were completely new to the system, and found that a full 40% were first-time patients.

The overwhelming success helped contribute to a 4% revenue increase for Cora in 2011.

**Partnering on Modality Growth**

*Radiologists Play Crucial Role in Development of New Procedures*

Grantham Hospital leaders approach Cora radiologists about launching advanced procedures → Together, imaging leaders decide to launch both CT calcium scoring and lung cancer screening → Since screenings not covered by insurance, group comes up with single global fee and model to split revenue.

**Case in Brief: Cora Radiology**

- Large radiology practice in the South serving one major health system
- Hospital approached practice about new wellness screening opportunities
- Due to low margins, some physicians hesitant to develop service offerings
- After strategic discussion, recognized value of screenings in attracting wealthier patients for downstream care
- To ensure that screening programs actually brought new patients into system, Cora decided to track percent of new patients who came in for screening
- Saw positive volume and revenue growth in 2011 in part due to screenings; continue to track patient progress to determine downstream revenue benefits

**Validating Program Success**

*Cora and Grantham Gaining Solid Return on Investment*

1. Since radiologists were wary of investment, practice administrator decided to track results of lung cancer screening program

2. Program designed to attract new, wealthier patients, so administrator tracked number of wellness screening patients totally new to system

3. Found that 40% of the calcium scoring patients are new to the system

4. Success of program in attracting new volumes contributed to 4% revenue increase for Cora

1) Pseudonyms.

Source: Imaging Performance Partnership interviews and analysis.

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Collaborate on Growth Strategy

By leveraging radiologists in growth efforts, either through referring physician outreach or by developing new procedures, leaders can bolster health system outpatient imaging volumes.

First, radiologist involvement in growth efforts should focus on all components of the referral chain.

Radiologists should aim to provide exceptional service in order to ensure continued referring physician loyalty.

Finally, radiologists and department leaders should also work to identify new growth opportunities in their market.

Collaborating on growth, high-level strategy, and operational management are imperatives for all markets, regardless of how quickly they are evolving towards accountable care. It is critical that imaging department leaders find radiology practices willing to collaborate closely with them on all of these improvement areas.

Key Takeaways

**Successful growth partnerships address all referral segments.** Most radiologist involvement in the referral cycle only addresses physician outreach to new referrers, while truly progressive partnerships define a role for radiologists in developing and marketing strategic growth priorities and ensuring referring physicians maintain or enhance referral relationships.

**Departments should rely on radiologists to ensure referrer loyalty.** Accessibility and collegiality go a long way in providing service to referring physicians and ensuring referral loyalty; truly progressive practices proactively cultivate relationships with referring physicians and work to create joint marketing collateral with hospital.

**Targeting new modality or procedure growth should be welcomed by department leaders and radiologists alike.** As practices and imaging departments share interest in seeing department volumes grow, a more direct radiologist role in guiding imaging growth strategy and monitoring success of initiatives allows both parties to fully understand and support shared goals.

Source: Imaging Performance Partnership interviews and analysis.
Develop Innovative Radiology Partnership Agreements

Given the availability of national radiology groups, hospitals can be at an advantage in negotiating contracts with radiology practices. However, in some instances, hospitals may want to consider providing radiology groups with additional support to help execute on the imperatives laid out in this book. In fact, some of the most progressive practices receive supplemental compensation from their health system partners. Others tie a portion of radiologist payment to performance in contract arrangements.

Key to receiving financial support is the radiology group’s ability to define their value proposition and demonstrate a return on investment. Only when practices and departments truly see each other as strategic partners and reap mutual benefits can successful incentive-based contracts develop.

Open Communication Unlocks Mutual Benefits

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Radiology Practice</th>
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<tbody>
<tr>
<td>- Unaware of practice’s commitment to hospital quality and success</td>
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<tr>
<td>- Feels practice continually asks for funds that simply aren’t available</td>
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<tr>
<td>- C-suite decreases budget, does not inform radiologists</td>
<td></td>
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<tr>
<td>- Struggling with declining volumes and annual reimbursement</td>
<td></td>
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<tr>
<td>- Feels hospital continually demands greater service, quality</td>
<td></td>
</tr>
<tr>
<td>- Comes to negotiation unprepared to defend value of practice</td>
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</table>

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Radiology Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Shares competitive concerns with radiology practice</td>
<td></td>
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<tr>
<td>- Understands demands on radiologists</td>
<td></td>
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<tr>
<td>- Creates system of incentives to align interests with radiologists</td>
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<tr>
<td>- Improved department performance more than offsets cost of incentive agreement</td>
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<tr>
<td>- Brings data to illustrate dedication to hospital success and performance</td>
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<tr>
<td>- Proactively agrees to improve service and quality for potential incentives</td>
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<tr>
<td>- Radiologists less pressured to stay in reading room, enjoy opportunity to add more value</td>
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Source: Imaging Performance Partnership interviews and analysis.
If incorporating incentive structures in radiologist contracts, each health system and radiology practice partner should customize metrics according to institution-specific goals.

Radiology Associates of South Florida and their hospital partner, Baptist Health South Florida, designed a plan that allows radiologists to receive up to 0.5% of total outpatient revenue if they meet each of the four quality and service standards outlined on the page.

Making the incentive payments subject to overall outpatient performance is a wise move, providing radiologists with an incentive to consistently meet the four metrics while also strengthening marketing and operational ties to the outpatient imaging department to boost outpatient revenue.

Leaders at Baptist Health also developed additional incentive metrics for physician-led outreach and increased utilization of voice recognition software.

By tying incentive payments to outpatient revenue and incentivizing radiologist performance on key metrics most relevant to health system priorities, radiologists are positioned to deliver top-level service to the imaging department and support growth.

Tying Incentives to Overall Performance

Exceptional Service Earns RASF\(^1\) Portion of Imaging Revenue

0.5% of Total Outpatient Revenue Paid to RASF if:

1. 80% of all reports dictated within 12 hours of exam completion
2. 90% of peer reviewed exams earn score of 1\(^2\); at least 10% of total reads subject to peer review
3. Patient satisfaction scores at or above 80\(^{th}\) percentile
4. Referring physician satisfaction scores at or above 80\(^{th}\) percentile

Case in Brief: Radiology Associates of South Florida

- 69-physician multispecialty radiology practice in Miami, Florida
- Since inception, service levels have been raised and incentivized with portion of Baptist’s total outpatient imaging revenue
- Physicians separately compensated for marketing efforts and transition to self-editing reports

Incentive Payment for Passing Each Voice Recognition Threshold

<table>
<thead>
<tr>
<th>Percentage of Reports</th>
<th>Payment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 25%</td>
<td>$75,000</td>
</tr>
<tr>
<td>At least 50%</td>
<td>$75,000</td>
</tr>
<tr>
<td>At least 75%</td>
<td>$150,000</td>
</tr>
<tr>
<td>At least 95%</td>
<td>$200,000</td>
</tr>
</tbody>
</table>

Physician Outreach Payment Incentives Per Quarter

<table>
<thead>
<tr>
<th>Number of New Referring Physicians</th>
<th>Payment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 25%</td>
<td>$62,500</td>
</tr>
<tr>
<td>At least 50%</td>
<td>$31,250</td>
</tr>
<tr>
<td>At least 75%</td>
<td>$15,625</td>
</tr>
</tbody>
</table>

1) Radiology Associates of South Florida.
2) Based on American College of Radiology (ACR) RADPEER program, a score of 1 indicates “concur with interpretation.”

Source: Radiology Associates of South Florida, Miami, FL; Imaging Performance Partnership interviews and analysis.
In addition to rewarding strong radiologist performance, imaging leaders can also tie poor radiologist performance to penalties to improve efficiency. Swire Hospital, a pseudonym, created an incentive-based contract that tied bonus payments to meeting standards in four categories.

One category in particular, “Interventional Start Times,” requires the practice to pay the hospital if they are more than 15 minutes late in starting a procedure. Practice leaders feel that bonus incentives from Swire in other areas make them comfortable putting some payment at risk.

The graphs at the bottom show first year results. For example, average outpatient report turnaround time decreased 80%, and the average minutes late for interventional procedures decreased 75%.

Even better, radiologists increased the number of self-edited reports, allowing Swire to reassign most of their transcription staff, saving them over a quarter million dollars—far more than the cost of radiologist incentive payments.

This case presents a strong example of how paying radiologists for performance may actually be able to save the hospital money.

### Meeting Each Other Halfway

**Swire’s¹ Radiology Contract Features Both Carrots and Sticks**

- **Turnaround Time**
  - Turnaround time for reports must be under 1 hour for ED, 3 hours for Inpatient, and 5 hours for Outpatient
  - Group paid if they meet two standards and incentivized further for meeting all three

- **Interventional Start Times**
  - First interventional procedure of the day must start on time
  - If radiologists more than 15 minutes late on 5% of total monthly cases, must pay Swire an adjusted fee

- **Self-Edited Reports**
  - Earn incentives if at least 86% of reports self-edited
  - Earn additional incentives if 90% of reports self-edited

- **Continuing Medical Education**
  - Must provide one hour of CEU to technologists per month
  - Without compliance, radiologists lose monthly education stipend

### New Contract Shows Fast Success

**Observing Cost and Quality Improvements Within Six Months**

<table>
<thead>
<tr>
<th>Average Outpatient Report Turnaround Time</th>
<th>Percentage of Self-Edited Reports</th>
<th>Punctuality on First IR Case of the Day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hours</strong></td>
<td><strong>50%</strong></td>
<td><strong>99.5%</strong></td>
</tr>
<tr>
<td><strong>Before</strong></td>
<td><strong>17</strong></td>
<td><strong>Before</strong></td>
</tr>
<tr>
<td><strong>After</strong></td>
<td><strong>3.5</strong></td>
<td><strong>After</strong></td>
</tr>
<tr>
<td><strong>Before</strong></td>
<td><strong>60</strong></td>
<td><strong>After</strong></td>
</tr>
<tr>
<td><strong>After</strong></td>
<td><strong>15</strong></td>
<td><strong>Before</strong></td>
</tr>
</tbody>
</table>

### Case in Brief: Swire Hospital

- Large community hospital located in the South
- After receiving complaints about turnaround time, Swire moved to incentive-based contracts in 2011, developed strict service standards tying performance to payment
- Radiologists now responsible for transcription and 24/7 coverage for hospital
- Swire saved costs in the first year of implementation from reduced need for transcriptionists, which more than pays for radiologist incentive payments

¹ Pseudonym.

Source: Imaging Performance Partnership interviews and analysis.
This final example illustrates the importance of carefully prioritizing radiology practice contributions to the imaging department.

Kemal Radiology, a pseudonym, is a large radiology practice serving several systems. Kemal leaders felt radiologist time was being pulled in too many directions and that they needed a better way to prioritize non-read demands. They created three tiers of engagement, ranging from a standard level of value-added services inherent to their partnership with the hospital to service levels that require additional compensation.

Because this distinction was carefully defined, hospital department leaders take accountability for prioritizing which initiatives are most important for radiologist participation.

While Kemal puts some limits on radiologist availability, they invest in practice support managers whose entire job is dedicated to helping imaging departments thrive.

Any project requiring less than 10 hours of management time is provided as a free service. Beyond that, Kemal will assign a dedicated manager to the project as a full-time consultant, and asks hospitals to cover the cost, at substantially lower cost than hiring outside consultants.

Maximizing Physician Value by Leveraging Support Team

*Kemal*¹ Provides Practice Support Teams for Non-Clinical Projects

---

**Kemal Practice Support Manager**

Practice Support Managers have advanced degrees and clinical background

Kemal Radiology currently employs three managers to assist hospital partners in strategy and operations

Any projects that require less than 10 hours of consultant time provided for free

Long-term projects requiring over 10 hours paid for by hospital at cost

---

**Sample Practice Support Manager Projects**

- Initiate workflow improvements
- Lead decision making for technology purchases
- Compile market assessment
- Develop strategic plan for imaging department
- Serve as interim department director
- Coordinate clinical pathway meetings and determine COE strategy

---

**Case in Brief: Kemal Radiology**

- Large private radiology practice serving multiple hospitals and health systems throughout the Midwest
- Kemal works with hospital partners to set fair compensation for physician time
- For most activities, hospital pays a nominal fee, which serves to ensure radiologist time is valued by system and both parties will be efficient in meetings
- For day-long events (clinical pathway in-days, medical site retreats), radiologists compensated at fair market value

---

¹) Pseudonym.
²) Fair Market Value.
Although innovative partnership agreements can be extremely effective in garnering valuable radiologist support, they are often underutilized in radiology negotiations.

Many department leaders view financial incentives for radiologists as paying for services they should already be receiving. However, hardwiring stringent standards and extraordinary service requirements into contracts that are tied to financial incentives, and possibly penalties as well, can ensure success and deliver a considerable return on health system investment, more than justifying the added cost.

Key Takeaways

**Demonstrating value should precede any contract negotiation.** Groups that successfully earn additional compensation from hospitals do so because they demonstrate the value they provide to hospital systems, and tie the need for compensation to exceptional service in a compelling way.

**Strong incentive structures incorporate radiology group role in hospital performance.** The most successful partnerships are those where the radiologists have more at stake than a flat bonus structure. Radiologists should be incentivized on health system imaging department performance.

**Quantifying and awarding physician time allows both partners to determine importance of radiologist activities.** By putting a set amount of financial compensation behind radiologist time, both radiology practices and health system departments have an interest in making radiologist involvement in hospital operations maximally efficient, which can benefit both partners even if compensation itself does not cover the cost of radiologist time.

Source: Imaging Performance Partnership interviews and analysis.
Special Report: Ensuring Sustainability for New Market Realities

Imperative #8: Adapt Practice Culture for Business Requirements
Imperative #9: Develop Action Plan for Weathering Payment Cuts
Imperative #10: Optimize Radiologist Compensation Models
As the preceding sections have laid out, enhancing service to hospital partners is crucial for radiology groups. Yet with decreasing reimbursement rates, radiologists may feel that spending more time on non-read activities, which have less direct effects on revenue, does not seem feasible. Radiology groups will need to adjust internal group dynamics and culture in order to successfully execute on the imperatives set forth here.

This section is aimed at radiology groups specifically and focuses on internal initiatives to ensure practice sustainability. Three hallmarks define a progressive practice: radiologist engagement, effective internal structure, and health system support, discussed in the previous imperative.

These next case studies illustrate how group leaders can position their practices to meet increasing demands and be more attractive partners to health systems.

### Shifting Practice Dynamics

**The Three Keys to Sustainability**

- **Radiologist Engagement**
- **Effective Internal Structure**
- **Health System Support**

---

**Recognizing the Need for Change**

“Groups will have to take a long, hard look at themselves... Very few people consider how time consuming and costly this can be, and how much due diligence and effort they will put into this. If it’s not well thought out and properly executed, it will become a distraction to the performance of radiology.”

*Howard Kessler, MD*
*Union Imaging Center*

---

**Practice Dynamics Crucial to Group Survival**

“Our success hinges on the dynamic of our group and on the internal model that we have.”

*Practice Administrator*
*Vera Radiology*

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1) Pseudonym.
Over the past several years, the Partnership has seen a striking trend toward centralized corporate management of radiology practices.

While this trend may help radiology groups become more agile and responsive to department imaging needs, one concern is that the reduced involvement in management decisions may cause individual radiologists to become less engaged.

It is crucial, then, for group leaders to facilitate a practice culture which fosters business and strategic engagement and educates physicians to become effective leaders both internally and externally.

Attributes of Successful Practices

A More Coordinated, Collaborative Atmosphere

High Level of Business Engagement

- Radiologists understand their evolving role as clinicians and consultants
- Radiologists willing to dedicate time to internal and external practice building activities
- Radiologists held to non-clinical metrics during annual review

Effective Physician Leadership

- Practices leaders combine clinical expertise with strong business skills
- Leaders recognize need to evolve practice given new economics of imaging market
- Practice invests in developing physician leadership to support colleagues and health system partners

Source: Imaging Performance Partnership interviews and analysis.
Influencing physician behavior can be challenging, but leaders can facilitate change with new radiologists by incorporating personality and fit criteria into the hiring process.

At Radiology Associates, P.C. (RAPC), candidates meet with physicians and practice leaders, department leaders, and frontline staff, who each evaluate them on different aspects relevant to alignment with the health system group. Practice administrators then combine all feedback to determine whether or not an offer will be made.

Making such an investment early ensures that RAPC leaders will not need to expend significant effort to engage radiologists later on.

### Hiring for Fit

*Interview Process Ensures Potential New Hire Vetted For Character*

**Formal Interviews**

- **Radiologist**
  - Assesses technical skills
  - Determines personality fit with other radiologists

- **Radiology Department Director**
  - Gauges interest in hospital quality initiatives
  - Looks for individuals likely to be good team builders

- **Frontline Staff**
  - Judges radiologist skill, interest in mentoring technologists and staff
  - Evaluates radiologist interaction with non-supervisory personnel

---

**Case in Brief: Radiology Associates, P.C.**

- 20-physician subspeciality practice located in Eugene, OR
- Several years ago, recognized need to seek out radiologists who would support strong hospital relationship
- Decided to prioritize cultural fit in any new radiologist hires going forward
- Each interviewer grids interviewee on multiple criteria, including teamwork and collegiality
- All grids aggregated to determine whether radiologist receives job offer

---

For radiologists already employed in the group, the examples to the right show how practice leaders can grow engagement with minimal effort.

Leaders at Cora Radiology, a pseudonym, require radiologists to list three ways they have positively influenced Cora’s business, motivating physicians to think critically about their role in the practice.

Leaders at Diversified Radiology instituted a “360-degree” review system to ensure radiologists are accountable for their level of interaction with colleagues, referrers, and department staff.

These simple steps can help build a more engaged radiologist group.

Setting Expectations for Engaged Physicians

Prompting Reflection

- At annual retreat, each radiologist fills out survey about impressions of practice direction
- Questionnaire asks radiologists to list three initiatives they undertook that year to help build the practice

Case in Brief: Cora Radiology

- Large private radiology practice located in the South
- Physicians expected to participate in activities that add value to the practice
- Use of survey question brings practice building to top of mind; encourages greater participation in coming year

Case in Brief: Diversified Radiology

- 55-physician subspecialty radiology practice located in Denver, Colorado
- Realized practice needed to be more proactive about fostering and reviewing for radiologist collegiality
- 360° reviews emphasize teamwork, help leaders evaluate physician engagement

Initiating 360° Reviews

- Input sought from radiologists, referring physicians, and department leaders
- Practice administrator compiles all feedback for annual review
- Improvement plans developed for physicians with mediocre 360° reviews

Source: Diversified Radiology, Englewood, CO. Imaging Performance Partnership interviews and analysis.

1) Pseudonym.
Northwest Radiology Network’s comprehensive review grid goes one step further in order to ensure physician engagement.

Each year, administrators evaluate physician performance in five key areas. Especially important for ensuring engagement are the customer service and business ownership metrics, which seek to make radiologists stronger business partners.

While radiologist performance on the grid does not change his or her annual compensation, leaders find that using soft incentives, such as comprehensive reviews, are sufficient to improve performance.

While employing forward-thinking radiologists may prove the easiest way of garnering physician engagement, these additional tactics can help build a more involved, active medical staff.

A Holistic Approach to Annual Reviews

*All Physicians at NWR*\(^1\) Evaluated on Five-Part Review Grid

**Productivity**

*Goal:* Physician within one standard deviation of group mean for annual measured productivity (units and RVUs)

**Physician Evaluation Score**

*Goal:* Physician evaluation score completed by radiologist colleagues must average at least 3.0

**Customer Service**

*Goal:* Fewer than two complaints to NWR Leadership concerning behavior

*Goal:* Top five referring physicians strongly agree or agree radiologist service satisfactory

**Involvement and Ownership in Business**

*Goal:* Greater than 50% attendance at assigned committee and NWR corporate meetings

*Goal:* Three practice building or marketing activities per year

**Quality**

*Goal:* Participation in peer review through ACR\(^2\) RADPEER\(^3\) program

*Goal:* Meet requirements to earn MOC or marked progress since last review

---

\(^1\) Northwest Radiology Network.

\(^2\) American College of Radiology.

\(^3\) Web-based program that facilitates peer review process and sends physician reports back to practice.

Source: Northwest Radiology Network, Indianapolis, IN; Imaging Performance Partnership interviews and analysis.
Radiologist engagement is a critical first step in ensuring practice readiness for new market demands. However, even engaged physicians may not naturally possess adequate business skills or leadership experience. Greensboro Radiology experienced this challenge firsthand. As the practice grew, leaders recognized that relying on a core group of radiologist leaders to provide the majority of non-clinical services would be unsustainable.

Turning to a local consultant for guidance, Greensboro leaders created a leadership course for radiologists that teaches positive communication and conflict mediation tactics. Because Greensboro could not send all radiologists through the training sessions at once, the practice initially targeted high performers who might one day lead the practice, along with physicians who needed to build their collaborative skills.

The course continues to be offered at Greensboro annually and has been especially effective in building skills among new physicians without previous leadership training.

Investing in Radiologist Leadership

Outside Consultant Helps Physicians Improve Communication

Key Components to Greensboro’s Leadership Academy

<table>
<thead>
<tr>
<th>Targeted Participation</th>
<th>Relevant Topics</th>
<th>Continued Education</th>
</tr>
</thead>
</table>
| Program participation targeted toward younger physicians without previous leadership training and high performers with potential for practice leadership | • Building daily positive interactions with staff  
• Matching intent with desired results  
• Improving conflict management skills | Targeted physicians meet with consultant for 360° review, actionable tactics for improving interactions and relationships |

Understanding the Impetus for Encouraging Radiologist Leadership

“A group stumbles if 20% or fewer physicians do 80% of the non-clinical work, because they’re going to burn out eventually and the group won’t be able to successfully handle leadership transitions...We need to invest in leadership development and physician non-clinical time if we want to achieve our desired culture and carry out our mission and vision.”

Worth Saunders, CEO
Greensboro Radiology

Case in Brief: Greensboro Radiology

• 52-physician subspecialty radiology group located in Greensboro, North Carolina
• Realized practice needed to increase its leadership development and training efforts to create desired culture and allow future growth
• Invested in four-session leadership academy taught by local offsite consultant; academy sessions offered sporadically throughout the year with the goal that all radiologists will have opportunity to participate
• Huge improvement marked in radiologists after course; referring physicians noted more positive interactions and physicians took on leadership positions at various levels throughout the practice
• After recent merger with High Point Radiology, leaders planning to send new radiologists through leadership academy as well to meld practice cultures

Source: Greensboro Radiology, Greensboro, NC. Imaging Performance Partnership interviews and analysis.
It is critical that radiology practice leaders build a culture that supports physician engagement and leadership in non-read activities.

Promoting the right business-oriented culture should help radiologists come to terms with their new roles and in turn, engaged radiologists will be better supporters of both group and health system strategic initiatives.

The questions on this page should serve as a diagnostic for leaders to determine how best to foster engagement, and help identify deficits to target efforts moving forward.

Questions for Imaging Leaders

1. Do you provide a forum for physicians to engage on health care reform and discuss future challenges?

2. Does your practice provide opportunities for physicians to leverage their best skills for the benefit of the group?

3. Are staff generally engaged with the practice mission?

4. Is there a formal mechanism to reward or address physician engagement in practice building activities?

5. Are physician leaders positively received by colleagues outside of the practice?

6. Do physicians seek out stretch roles and leadership opportunities?

7. Do incoming physicians share practice goals of community integration and positive relationship building?

Source: Imaging Performance Partnership interviews and analysis.
Adapt Practice Culture for Business Requirements

Three key takeaways summarize this eighth imperative. Practice leaders should help radiologists transition to new roles as consultants and collaborators. Many radiologists may be hesitant to embrace new practice models and change long-held behaviors.

In groups where all or most physicians participate in decision making, garnering physician support is essential. But even for groups with centralized decision making, widespread physician support can help speed the implementation of new initiatives and promote innovation.

Utilizing performance reviews to incentivize physician engagement and performance can empower radiology groups and strengthen ties to hospital partners.

Key Takeaways

**Strong yet flexible leadership yields best results.** Radiologists and department leaders need to adapt to the changing health care landscape and expand the roles of radiologists while still honoring radiologist core strengths and preferences.

**Leadership only successful if physicians, employees engaged.** Leaders should earn respect and dedication from physicians and employees. Screening for likely engagement levels during the interview process is especially important. Physician engagement can also be enhanced through performance reviews and education.

**Basic leadership training invaluable for new physicians.** Even practices led by strong managers need physicians to become medical directors and leaders on internal and external committees. Developing basic leadership talent within the practice can prepare physicians for these increasingly vital roles and reveal leadership potential in young radiologists.

Source: Imaging Performance Partnership interviews and analysis.
Imperative #9

Develop Action Plan for Weathering Payment Cuts

While demands from health care partners have increased dramatically, reimbursement pressures have forced groups to cut budgets and explore additional sources of income. Across the last two years, Medicare payment for common exams decreased by approximately 6%, continuing the trend of steadily chipping away at professional reimbursement.

While radiology group leaders may not be able to predict exactly what will happen, this imperative contains practices which will help leaders proactively address regulatory and economic changes and adjust budgets accordingly.

Leaders at Northwest Radiology Network (NWR) grew concerned about future payment cuts. To try to forecast the outcome on practice revenues, they modeled the bottom line impact of a series of potential changes.

Leaders then assessed how to offset these losses so they can keep the practice financially sustainable.

In the current economic climate, conducting these types of exercises should become standard practice for radiology groups and imaging departments.

### The New Reimbursement Reality

#### Facing Cuts Across the Board

<table>
<thead>
<tr>
<th>2010 Versus 2012 Physician Fee Schedule</th>
<th>Change in Professional Component Revenue For Radiology Practices, 2010 Versus 2011¹</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approximate Professional Reimbursement per Minute</td>
<td>n=40</td>
</tr>
<tr>
<td>CT Abdomen</td>
<td>$5.46</td>
</tr>
<tr>
<td>MR Angiography Head</td>
<td>$5.15</td>
</tr>
<tr>
<td>CCTA</td>
<td>$4.64</td>
</tr>
</tbody>
</table>

Steady, incremental decrease in reimbursement even without major regulatory changes

### Develop Dynamic Planning Tool

#### NWR’s Scenario Planning Keeps Practice Abreast of Possibilities

<table>
<thead>
<tr>
<th>Change</th>
<th>Effect</th>
<th>Volume Effected</th>
<th>Change in Revenue</th>
<th>Medicare Revenue Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>SGR²</td>
<td>Proposed 27% cut to specialist reimbursement</td>
<td>250,000 cases/year</td>
<td>($3M)</td>
<td>(27%)</td>
</tr>
<tr>
<td>MPPR</td>
<td>25% reduction in reimbursement for second scan</td>
<td>5,000 cases/year</td>
<td>($72K)</td>
<td>(1%)</td>
</tr>
<tr>
<td>CT Ab/Pelvis Bundling</td>
<td>One CPT code with lower revenue for all Ab/Pelvis cases</td>
<td>75,000 cases/year</td>
<td>(&gt; $1M)</td>
<td>(22%)</td>
</tr>
</tbody>
</table>

¹) Only first three quarters of each year measured.
²) Sustainable Growth Rate.

#### Case in Brief: Northwest Radiology Network

- Tool helps leaders and physicians prepare plans based on which proposed changes go into effect; plans include hiring freezes, wage reductions, and attempting to find compensation from hospital partners
- Excel-based tool also allows CFO to identify how much potential solutions can save NWR to compensate for lost revenue

While NWR’s model quantifies the impact of high-level market shifts, the next practice incorporates preemptive action as part of the planning.

Diversified Radiology starts by mapping out future scenarios and quantifying the impact to their bottom line. Next, they assign a probability to each scenario.

Leaders then combine the impact and likelihood for each scenario on the model, which collectively creates a strong hypothesis regarding overall reimbursement shifts and their effects on the budget.

They then determine how to appropriately adjust finances to compensate. In Diversified’s 2012 assessment, the model determined that an 8% budget decrease every year for three years was required.

While the actual time frame may vary for other practices, this type of scenario planning is critical.

Together, these tactics provide a model for smart, focused financial planning despite a good deal of uncertainty regarding future payment cuts.

### Future Modeling Guides Current Financial Planning

**Diversified Radiology Combines Impact and Likelihood for Baseline Scenario**

<table>
<thead>
<tr>
<th>Step 1: Determine Impact of Change</th>
<th>Step 2: Weigh Likelihood of Change</th>
<th>Step 3: Hypothesize Total Future Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No SGR fix: large impact</td>
<td>• No SGR fix: very unlikely</td>
<td>• Diversified estimated 24% decline in reimbursement over three years</td>
</tr>
<tr>
<td>• MPPR goes into effect: minor impact</td>
<td>• MPPR goes into effect: relatively likely</td>
<td>• Values will vary by group</td>
</tr>
</tbody>
</table>

### Step 4: Choose Sustainable Time Frame

- Diversified modeled for changes occurring in next three years
- Thus, needed to save 8% from budget annually for three years

### Step 5: Determine Source of Savings

- Diversified relies on IT investments to increase productivity, holding revenue constant
- Other strategies may include supply management, lean staffing, seeking alternate revenue streams

### Case in Brief: Diversified Radiology

- 55-physician subspecialty radiology practice located in Denver, Colorado
- Used scenario planning to map out both impact of potential change and likelihood of occurrence
- Leaders aggregated results to identify probable 24% revenue decrease over three years
- Annual budgets changed to incorporate 8% reduction in reimbursement

Source: Diversified Radiology, Englewood, CO; Imaging Performance Partnership interviews and analysis.
Given the ongoing trend of declining radiologist reimbursement, many groups seek sources of additional revenue to supplement incomes. The graphic on the page highlights a variety of revenue-generating initiatives to augment practice revenue without engendering competition with health system partners.

Although these supplementary services are unlikely to match professional revenue, leveraging expertise in these areas can help practices bolster finances when reading volumes are flat or declining.

Lang Radiology, a pseudonym, successfully managed to expand service offerings by spearheading the transition to voice recognition (VR).

Instead of waiting for their various health system partners to individually select and implement VR systems, Lang radiologists purchased a single software system. They now lease the use of voice recognition services to over a dozen client sites. As the box on the bottom of the page shows, Lang was able to supplement traditional revenue streams sufficiently through lease income.

### Centralizing Technologies within the Practice

**Lang Radiology**

<table>
<thead>
<tr>
<th>Finding New Volumes</th>
<th>Moving Beyond the Read</th>
<th>Leveraging IT expertise</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preliminary nighttime coverage</td>
<td>Remote radiology services</td>
<td>Management consulting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Billing and financial management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>IT consulting</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Providing imaging IT</td>
</tr>
</tbody>
</table>

- Lang provides radiology services to many local hospitals, health systems
- Some hospitals began pressuring practice to move to VR software
- Lang concerned that hospitals would transition to VR at different times or choose dissimilar systems
- Recognizes that controlling transition may smooth process and produce best outcomes
- Lang selects optimal VR software for existing infrastructure
- Offers to sell service to hospitals
- Service initially priced at cost of transcriptionist fees per CPT code, decreased over time

### Results

- Report turnaround time once hours or days; now, 87% of ED reports returned within 30 minutes
- Annual revenue from VR service equal to one-third of FTE's annual earnings

Source: Imaging Performance Partnership interviews and analysis.
Many practice leaders report feeling unprepared for the steady declines in radiologist reimbursement. Most admit that they do not have an action plan in place to adjust to lower payment levels, a sentiment echoed in conversations with health system department leaders as well.

But it is possible to plan for some amount of uncertainty, and radiology leaders can find some agency in this process. Investing time to think through contingency plans now can relieve significant stress for radiology leaders and radiologists. Further, thorough plans can allow practices to be more agile and successful in an era that increasingly separates progressive practices from reactive ones.

Predicting future changes may not be possible, but leaders should look to scenario planning as a method of estimating aggregate changes.

In addition, moving beyond traditional revenue streams can allow practices to strengthen income without relying on ever-changing reimbursement regulations or competing with hospitals for imaging volumes.

Key Takeaways

**Scenario planning allows leaders to plan for change.** Modeling the impact of regulatory, reimbursement or market changes on practice revenue allows leaders to create “if/then” scenarios planning out future action in the event that a proposed change goes into effect.

**Identifying likelihood of changes helps to estimate aggregate effects.** By connecting the likelihood of each regulatory change with its expected impact, leaders can look at aggregate results to estimate total change on volumes and revenue. This, in turn, can guide proactive financial planning.

**Augmenting practice revenue does not require hospital–physician competition.** Practices can supplement revenue from the professional component of imaging without looking to health system competitors or developing IDTFs. Groups that successfully diversify their service offerings often look to billing and management, as well as remote radiology.

Source: Imaging Performance Partnership interviews and analysis.
As the role of the radiologist involves a greater level of non-read activity, so too should the compensation models that practices utilize. However, research revealed that radiology practice leaders frequently do not employ incentive-based agreements. Instead, most radiology practices pay physicians through a traditional partnership model. Although many leaders see a relatively flat salary structure as undesirable, they believe the only viable alternative, an “eat what you kill” model based almost entirely on productivity, would be even less satisfactory.

Designing a payment model that combines the best aspects of both a flat salary and a productivity-based compensation model has been difficult for leaders struggling to balance clinical and non-clinical demands on physician time.

Factors to Consider When Moving to Variable Pay
- Reward clinical quality
- Prevent “cherry picking” of easiest exams
- Consider demands of different subspecialists
- Encourage practice building activities
- Even responsibility for non-clinical activities
- Provide opportunity for administrative and leadership time

Source: Imaging Performance Partnership interviews and analysis.
To properly incentivize radiologists to be productive but also meet growing demands outside of reading, practice compensation models should balance three key attributes.

First, compensation structures should be well defined, yet flexible. Compensation models should set clear expectations but also reflect the fact that radiologists have different skill sets and can take on different roles within the practice, reflecting their unique strengths.

Second, compensation should be tied to productivity, quality and practice building. The prime flaw in the “eat what you kill” model is that it ties compensation to only one discrete component of performance.

Finally, any model should flex payment based on quantifiable performance metrics. Before moving to any variable compensation model, leaders and radiologists together should define metrics for each component of compensation, and those metrics should be objectively measurable.

The case studies in this section provide examples of variable compensation models which effectively incorporate these three attributes.

Source: Imaging Performance Partnership interviews and analysis.
Vera Radiology, a pseudonym, has developed a compensation structure that balances the need for physicians to remain highly productive with the desire for physicians to focus on practice-building activities by setting annual productivity targets.

Leaders build some administrative time into all physician targets, and highly active physician leaders are assigned lower productivity targets.

When physicians surpass productivity targets, they earn additional compensation. To monitor productivity, Vera leaders look at RVUs generated and approved non-clinical time.

If a physician is granted additional non-clinical time to promote imaging’s role in the community, leaders assign an RVU value to this commitment. The figure, derived from the average number of RVUs generated in one hour, counts toward overall productivity.

Thus, Vera’s compensation model gives equal financial opportunity to high-producers and practice builders.

Principled Administrative Allowances

*Vera Radiology® Compensation Built on Productivity Targets and Administrative Time*

**Annual Productivity Target**

- Includes administrative time
- Can be spent on internal or external committees, research, maintaining certification

**Variable Compensation for Surpassing Target**

- Higher productivity nets higher compensation
- Leaders understand they should not penalize administrative time
- Additional requests for non-clinical time submitted to group for approval
- Physician administrative time assigned average interpretation RVU value
- Counts toward annual productivity target

1) Pseudonym.

Source: Imaging Performance Partnership interviews and analysis.
Hughes Radiology, a pseudonym, provides physicians with financial incentives for participating in practice building activities.

Hughes leaders take the consultative role of radiologists so seriously that they created two separate radiologist roles: the onsite consultant, and the offsite reader.

Onsite consultants attend committee meetings, take on hospital leadership roles, and spend almost half of their time away from the reading room. In contrast, offsite readers are highly trained subspecialists who exclusively read exams and focus on clinical productivity.

Hughes sets a baseline salary for all radiologists, and variable pay can comprise between 15% and 50% of total salary.

Leaders hold all radiologists to some critical metrics, like clinical quality or research. But leaders also incent radiologists on role-specific metrics. For offsite readers, metrics revolve around productivity, while for onsite radiologists, metrics include referrer satisfaction and relationship building.

By adjusting compensation to role-specific physician duties, Hughes’ incorporates each of the three attributes of strong payment model.

Maximizing Radiologist Skills

*Hughes*\(^1\) Incentivizes Onsite and Offsite Radiologists Differently

<table>
<thead>
<tr>
<th>Onsite Consultants</th>
<th>Versus</th>
<th>Offsite Readers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Split of Radiologists at Hughes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>60%</td>
<td>40%</td>
<td></td>
</tr>
</tbody>
</table>

- Includes generalists, breast imaging specialists
- Hire for personality, teamwork, congeniality
- Roughly 45% of time is spent on non-read activities
- Job description includes attending committee meetings, establishing community engagement, consulting with hospitals

- Composed of highly trained subspecialists
- Hire for efficiency, organization, clinical skills, quality of reads, training
- Focus on clinical productivity
- All time spent reading

### Adjusting Compensation for Performance

- Base pay varies between 50% and 85% of total salary (usually 70%)
- Additional payment varies based on radiologist performance

### Variability Component Rewards High Clinical Quality

- 50% of variable pay is role-dependent
- Remaining 50% based on clinical quality metrics
- Metrics include critical results compliance, peer review scores, and academic or research work

### Flexing Payment to Specific Roles

- Offsite radiologists compensated on physician productivity, overall practice financial performance
- Onsite radiologists compensated on physician satisfaction, relationship building
- Onsite radiologists not compensated based on productivity

---

\(^1\) Pseudonym.
Flexible payment models are not necessarily limited to private practices. At Henry Ford Health System, employed radiologists are compensated on an individual basis, with a set salary and supplemental pay component.

The supplemental pay includes weekend coverage, call coverage, and an “incentive” category which balances clinical productivity, non-clinical work, and a chairman’s discretion citizenship bonus.

Clinical bonuses incorporate overall number of cases, total RVUs, and time spent onsite. Radiologists earn points for non-clinical work, ranging from teaching to publishing to departmental leadership activities.

To determine actual payout, leaders add up all physician non-clinical points and assign a dollar-to-point weight.

Henry Ford’s incentive plan recognizes both clinical and non-clinical excellence for radiologists, and focuses radiologists on key value-added activities in order to supplement their own baseline salaries.

### Leveraging Supplemental Payouts

**HFHS**\(^1\) **Provides Discrete Criteria for Incentive Pay**

- **Radiologist Compensation**
  - Salary
  - Supplemental Pay
    - Weekend Coverage
    - Call Coverage
    - Incentive

  **Clinical Work** 70%
  - Cases 35%
  - RVUs 35%

  **Non-clinical Work** 20%
  - Percentage of Time Onsite 30%

  **Chairman’s Discretion** 10%

**Sample Non-clinical Activity Component of Incentive Pay**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Points</th>
<th>Weight</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teaching</td>
<td>15</td>
<td>0.1</td>
<td>1.5</td>
</tr>
<tr>
<td>Administration</td>
<td>25</td>
<td>0.2</td>
<td>5</td>
</tr>
<tr>
<td>Publications</td>
<td>50</td>
<td>0.3</td>
<td>15</td>
</tr>
<tr>
<td>Research</td>
<td>40</td>
<td>0.3</td>
<td>12</td>
</tr>
<tr>
<td>Other</td>
<td>25</td>
<td>0.1</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>36</strong></td>
</tr>
</tbody>
</table>

**Chairman’s Discretion Component**

The Chairman’s Discretion component of incentive pay is 10% of the total incentive payout and is awarded based on a radiologist’s participation and basic collegial attitude and cooperation.

**Case in Brief: Henry Ford Health System**

- Seven-hospital, 2,000+ bed health system headquartered in Detroit, Michigan
- Five hospitals directly employ radiologists; two acquired facilities staffed by private practice radiologists
- Employed physicians compensated with both base salary as well as incentive pay awarded on performance in variety of areas

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1\) Henry Ford Health System.
Leveraging compensation structures is arguably the most effective strategy for addressing radiologist weaknesses and aligning radiologists’ interests with those of the group as a whole.

As the case studies in this section illustrate, practice leaders that have already started down this path use a variety of different compensation models. But while the details may be different, each of the models highlighted addresses three attributes of successful flexible compensation: defined, yet flexible radiologist roles, a holistic understanding of radiologist performance, and utilization of transparent, quantifiable metrics.

Finally, it is important to understand that like any group of individuals, radiologists have different interests and different skills. The most successful radiology practice leaders have defined different roles for radiologists that maximize individual skill sets.

Key Takeaways

Radiologist compensation should be designed to align physician and practice interests. Compensation models should effectively adapt practice goals to an individual level by incentivizing radiologists who excel in productivity, clinical quality, and practice building activities.

Successful payment models share three key attributes. Radiologist compensation should be well defined within the group, but flexible enough to accommodate different work styles. Compensation should vary to match radiologist performance, and leaders should select quantitative performance measures to ensure fairness and transparency.

Not all radiologists should be incentivized for the same activities. Progressive practices leverage unique radiologist skills into individualized job descriptions emphasizing one of the three components of radiologist performance. Compensation should be flexed accordingly, ensuring that high performance is recognized.
Realizing Full Partnership Potential
A Convergence of Efforts

Radiology Practice Goals
- Augment practice revenue
- Ensure compliance with CMS incentive reporting initiatives
- Recruit new radiologists and retain talented physicians
- Protect physicians from turf encroachment

Imaging Department Goals
- Gain market share
- Improve imaging quality and exam appropriateness
- Earn seat at table for high-level health system strategy
- Enhance department efficiency
- Balance increasingly tight department budget
- Achieve success on HCAHPS® and quality metrics
- Engage department staff and encourage retention
- Garner more support from hospital C-suite, other department leaders

This concluding section offers guidance on how to prioritize improvement efforts from among the 10 imperatives laid out in the previous three sections.

It is important to note that targeting shared goals can lead to significant benefits for both radiology practices and hospital departments.

Executing on each of the 10 imperatives brings its own benefits for radiologists and health systems.

For systems, potential benefits include a stronger physician network, increased referral volumes and improved clinical performance.

For practices, potential benefits include increased efficiency and contract stability.

Reaping the Benefits of a Strong Partnership

**Imaging Departments and Practices Both Gain from Alignment**

**Potential Key Hospital Benefits**
- Improved service and quality performance
- Increased referring physician relationship building
- Additional support on key operational and strategic decisions

**Potential Key Practice Benefits**
- Collaboration, increased data sharing makes CMS incentive reporting easier
- Improving efficiency, outreach efforts translates into higher volumes, revenue
- Alignment ensures radiologists have seat at table for major department, hospital strategic decisions
It is unlikely that radiology practices and imaging departments have the resources available to begin work addressing every imperative at once. Thus, department leaders and practice leaders together should determine how to prioritize their efforts.

On the page, the Imaging Performance Partnership has organized each imperative by its potential benefit to the health system and the level of dedication required from the radiology practice to truly excel at performance.

The category at the top left represents ideal initial targets, as executing on strategies within these imperatives will greatly benefit the imaging department without straining practice resources.

The imperatives in the bottom right quadrant may seem unimportant to practice leaders trying to prioritize initiatives with a larger impact on health system satisfaction. While these imperatives can certainly be secondary priorities, they remain critical as practices focus on increasing efficiency and performance.

Prioritizing the Effort

Source: Imaging Performance Partnership interviews and analysis.
As part of a diagnostic exercise, to the right are 15 questions that all department leaders should ask themselves.

The answers to these questions should reflect the overall performance of the professional radiologists at any institution. If the answer to any of these questions is "no," the Imaging Performance Partnership recommends working with radiologists to ameliorate the problem as quickly as possible. If the answer to more than one third of these questions is "no," it may be time to extensively re-evaluate the institution’s relationship terms with the radiology practice.

Although designed for imaging department leaders, these questions will also provide value to the radiology practice leader. By taking time to reflect on group performance, leaders can proactively identify growth opportunities and make changes before it is too late.

### Fifteen Questions for Imaging Department Leaders

**Are You Getting the Value You Need from Your Radiologists?**

1. Are referring physicians satisfied with report turnaround time?
2. Do radiologists provide or pay for weekend and evening coverage?
3. Are radiologists easily accessible by phone and/or maintain an open reading room?
4. Do radiologists cultivate strong relationships with top imaging referrers?
5. Have radiologists had an active role in education campaigns on dose reduction and order appropriateness?
6. Does your radiology group share data on key performance metrics with your hospital?
7. Do radiologists participate in or lead department-wide quality improvement campaigns?
8. Do radiologists assist in technologist training or operational efficiency projects?
9. Do radiologists encourage imaging staff engagement in improving workflow and quality?
10. Can you rely on your radiology practice to represent shared interests in strategic meetings?
11. Do radiologists assist in referring physician outreach?
12. Are radiologists willing to assist the department by developing new growth strategies?
13. Do radiologists propose and lead new initiatives designed to earn market share?
14. Are onsite radiologists and radiology group leaders collegial coworkers?
15. Does exceptional service from radiologists justify compensation levels?

Source: Imaging Performance Partnership interviews and analysis.
Finally, the Partnership has created a diagnostic worksheet encapsulating the lessons from each imperative. Imaging leaders should use this diagnostic to assess the performance of their radiology group, while practice leaders and radiologists can identify their comparative strengths and weaknesses.

Individual partnerships may choose to execute imperatives differently, but should not ignore the lessons implicit in each imperative.

As a whole, these 10 imperatives outline a clear vision for the future of radiologist alignment. Leaders should use this page to ensure their service line continues to transition to more coordinated, patient-centered care.

### Imperative Assessment

<table>
<thead>
<tr>
<th>Imperative</th>
<th>Description</th>
<th>Impact on Practice</th>
<th>Impact on Hospital</th>
<th>Effort Required</th>
<th>In Place Now? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1: Perfect “Read and Report” Radiology</td>
<td>Excellent performance on traditional radiologist metrics.</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Y</td>
</tr>
<tr>
<td>#2: Foster Comprehensive Clinical Collaboration</td>
<td>Extensive participation across the care continuum.</td>
<td>Medium</td>
<td>High</td>
<td>Medium</td>
<td>Y</td>
</tr>
<tr>
<td>#3: Advance Quality Tracking and Process Improvement</td>
<td>Strong partnerships on defining and improving imaging quality.</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Y</td>
</tr>
<tr>
<td>#4: Partner on Frontline Operations</td>
<td>Radiologist involvement in department management.</td>
<td>Medium</td>
<td>High</td>
<td>Medium</td>
<td>Y</td>
</tr>
<tr>
<td>#5: Engage C-Suite Leadership</td>
<td>Radiologists aid in setting high-level imaging strategy.</td>
<td>High</td>
<td>Medium</td>
<td>High</td>
<td>Y</td>
</tr>
<tr>
<td>#6: Collaborate on Growth Strategy</td>
<td>Partners gain market share and develop new procedure offerings.</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Y</td>
</tr>
<tr>
<td>#7: Develop Innovative Radiology Partnership Agreements</td>
<td>Incentive structure rewards radiologists for excellence.</td>
<td>High</td>
<td>High</td>
<td>High</td>
<td>Y</td>
</tr>
<tr>
<td>#8: Adapt Practice Culture for Business Requirements</td>
<td>Culture promotes engaged physicians.</td>
<td>Medium</td>
<td>Medium</td>
<td>High</td>
<td>Y</td>
</tr>
<tr>
<td>#9: Develop Action Plan for Weathering Payment Cuts</td>
<td>Leaders develop tools to assist in financial forecasting.</td>
<td>Medium</td>
<td>Low</td>
<td>Medium</td>
<td>Y</td>
</tr>
<tr>
<td>#10: Optimize Radiologist Compensation Models</td>
<td>Compensation models flex payment to performance.</td>
<td>High</td>
<td>Low</td>
<td>High</td>
<td>Y</td>
</tr>
</tbody>
</table>

Source: Imaging Performance Partnership interviews and analysis.