

How Can Radiology Networking Improve Your Practice?

A large metropolitan-area radiology group covers several departments within a hospital system. They have on-site staff daily at each location to handle all modalities, including sub-specialists to be sure pediatric, neuro, and body imaging are handled with the right expertise. They find that on some days a particular department is overloaded, while on the same day another department is slow. The subspecialists don't always have enough work in their area to keep them busy. Lately, trying to hire enough hands in the tight radiology job market has become more and more difficult, as well as costly. Unfortunately, the various hospitals do not all employ the same Picture Archiving and Communication System (PACS) even though they're part of the same parent system. This group's situation is not unique.

Radiologists Can Cover Multiple Sites

An article by Shinagare and Khorasiani in the February Korean Journal of Radiology describes a hospital system that created a radiology network across its several academic and community hospitals and other imaging sites, with a centralized pool of images in a common PACS from which the radiologists pull cases to read based on their assignment. This allows subspecialty expertise to reach cases where the appropriate radiologist cannot be physically located, including the opportunity to cover more remote, rural sites. It also reduces the need to have as many of each subspecialty within the same group, since they can be available to all the sites at once. The system helps the radiology practice balance its workload so that excess volume from one site can be absorbed by radiologists from another site.

The authors explain that by creating shared resources, including electronic medical records (EMR), PACS, dictation, and result-communication systems, they are able to distribute cases based on radiologist availability and expertise regardless of where the patient was scanned. It's easy to see how such a system can help a group become more efficient by allowing more work to be done by fewer individuals. For a growing practice, this offers the ability to expand without taking on more payroll and, for a practice with attrition, it allows the remaining radiologists to pick up the slack without a one-for-one replacement of those who have left. Both scenarios offer enhanced net revenue

to the group.

However, development of such a system is costly and requires effort to achieve. When hospital hierarchies are involved, the complexity increases. With a long-range view, the benefit would certainly outweigh the hurdles.

Practices Can Share Resources

The idea of networking can be taken beyond the needs of a single practice. Assuming the practices are not competitive with each other, two or more practices could share physicians across their groups. Remote reading can be established, which is especially easy if the groups share the same systems.

- A number of networking scenarios are easy to imagine:**
- Two or more radiology groups identify some excess capacity in one area but have a need for support in another area. Such disparities could involve an abundance or lack of subspecialists or simply enough general readers to handle the workload.
 - Two groups might each identify the need to fill a half-FTE slot. Working together, they identify a candidate that meets their needs, and they share the cost.
 - Two or more groups band together to hire overnight readers, obviating the need to contract with a for-profit teleradiology company.

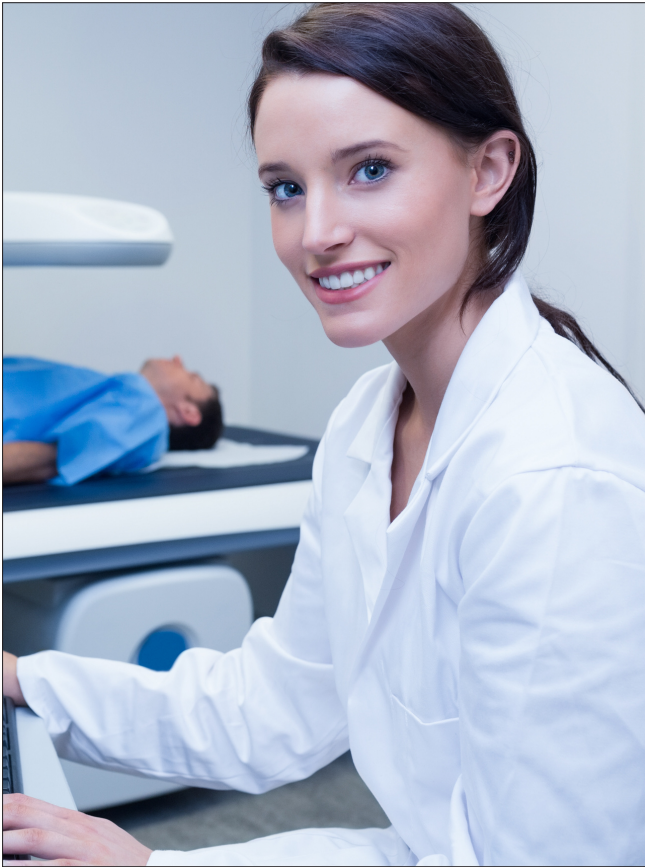
When groups share a full-time employee, the most likely arrangement would be for one group to subcontract with the other for the services it needs. A pool of radiologists shared by two or more groups would probably be best handled by creating a separate entity that is controlled in common by the sharing groups. In either case, the covering radiologists need to be on the hospital medical staff to read for patients that are hospital-based (either in or out-patient), and in all cases, they need to be credentialed with the billing group's insurance payers, as well as with their federal programs (Medicare, Medicaid, etc.).

Conclusion

The concept of having a radiologist cover a wide range of patient locations from a single seat is a viable and valuable strategy in today's environment. The difficulty for practices to hire sufficient staff, coupled with steadily declining reimbursement, makes radiologist efficiency the highest priority. Rather than sending a radiologist to the patient's location, transferring

the patient's images to the radiologist provides a solution to maximize the use of specialists within a single practice, as well as to bring high quality services to under-served areas. The technical environment can be created, albeit with some cost and effort, but the challenge for practices is to be able to use the technology to their best advantage.

Sandy Coffta, Vice President, Client Services, Healthcare Administrative Partners. Healthcare Administrative Partners (HAP) provides revenue cycle management, clinical analytics, and comprehensive practice management solutions for radiology practices. We also provide coding services for multispecialty practices. HAP produces results, not promises. Our key to optimizing your success is to aggressively improve all areas of your practice's financial health – maximizing reimbursements and accelerating cash flow while reducing cost and compliance risk. www.hapusa.com





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