A Horror Story: Disappearance of the Consultative Radiologist

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It Can Happen to You!
Increasing number of radiologic examinations are read remotely

- Increasing teleradiology companies
- Takeover by management companies
- Increasing for-profit hospitals
- >50% of practices use tele-services
Motives

• Companies/hospital - ↑ revenue
• Radiologist – majority for convenience
Revenue (? added value)

- Management fees
- Piece work (per RVU)
- % of income at reading center
- Greater productivity
If OK for nights, why not days?
“Marginalized radiologist” is when the only value is the report.
The Biggest Loser is the Patient
Patient loses radiologist covering their back

- Indication screening
- Tailored protocol
- Supervision of examination
- Communication
  - Physician
  - Patient
- Comparison & history = report
Consultative Radiologists
Intervene Up-front
Patient loses radiologist involvement

- Consultative rounds
- Quality metric
- Radiation standards
- Setting appropriate hospital policies (imaging)
Referring physician loses an unbiased opinion.
Difficult, if not impossible, to run residency program.
Huge Decision

• Say No and Close Up Shop
• Capitulate – Wave the White Flag
• Negotiate
The Physician’s Comprehensive Guide to Negotiating

Babitsky S, Mangraviti JJ
SEAK Pub 2007
508-457-1111
www.seak.com
Since teleradiology business model is bad for patient care and doesn’t lower payors’ costs, can it be reversed?
“Pediatric Model”
New paradigm for radiologist involvement (LOT)

• Leadership
• Ownership
• Team membership
Ownership

• “our patients”
• communication
• never close the door
• add value – know patient’s story and tailor the report
Leadership

- set appropriate indications
- standardize protocols
- cost containment
Team Membership

• quality metrics
• patient safety
• subspecialist on clinical teams
We must use our unique technology to improve patient care.
The Rest of the Story
References

References