

Thriving in the Era of Teleradiology

By Whitney L.J. Howell | February 10, 2011

When [teleradiology](#) on-call services burst onto the scene with the rise of the Internet in the late 1990s, they relieved many radiologists of night and weekend call duties. No doubt, many practices saw them as the answer to shorter-shift prayers.

But, if you mention the same companies today, you're likely to prompt worry and fear about lost jobs and revenue in even the most established radiology offices.

In recent years — and especially in the past few months — some on-call teleradiology companies, such as the [recently merged](#) NightHawk and Virtual Radiologic, have taken what some in the industry consider to be aggressive steps to grow their clientele base, including going after hospitals and health systems that have existing relationships with smaller practices.

For many small groups, that possibility could become a reality. According to a study published in the February issue of the *Journal of the American College of Radiology*, more than half of all radiology practices in the United States use on-call services for night and weekend coverage.

"The situation has become predatory," said Arl Van Moore, MD, chair of the American College of Radiology teleradiology task force and president of North Carolina's Charlotte Radiology. "There are some companies that are pursuing hospitals that have contracts with other radiology groups to see if they can come in and replace the existing provider."

Some practices are already feeling the impact. In October 2009, Consulting Radiologists in Toledo, Ohio, lost its long-standing contract with St. Vincent Mercy Medical Center to an out-of-town, on-call company. Others, such as Radiological Associates of Sacramento, are facing a similar fate.

In response to radiology groups' concerns, teleradiology companies say their services benefit both practices and patients.

"Local practices benefit from larger teleradiology practices by receiving around-the-clock access to sub-specialty radiologists... enabling the local practice to provide prompt turnaround times," said Les Mann, Virtual Radiologic's vice president of sales and marketing. "And, I think we all agree that patients benefit from access to subspecialists. It doesn't really matter whether the reads are done down the street from the hospital or three states away. The key is a work flow that balances loads and enables prompt turnaround times."

Joe Moock, managing partner of teleradiology company StatRad, noted that for smaller practices without subspecialists, "teleradiology practices can provide consultations or reads on cases to assist the group. Teleradiology practices can also make it possible to take advantage of cost effective, proven technologies and systems to remotely transmit and read images."

Moock also cautioned that teleradiology companies shouldn't be "lumped together," and that his company doesn't compete with independent radiology groups and wouldn't read for independent testing facilities or non-radiologist physicians.

It's true that smaller radiology groups are partially to blame for initially handing over business to on-call companies and letting them get their foot in the door with hospital management. But Eliot Siegel, MD, chief of imaging services in the VA Maryland Healthcare System, said the private and hospital-based groups have the power to reverse this trend.

"Over the next five years or so, I think we'll see a tendency in radiology groups to move away from relying on the on-call services," he said. "They'll try to cover more of what their own practice needs. There will be a backlash as groups start to decrease how they use on-call services and start to take on more call themselves."

Safeguarding your practice against the efforts of an out-of-town, on-call service to poach your contract or your long-term relationship with a client can require many things, said Ross Christensen, MD, a vascular and interventional radiologist with La Jolla Radiology in San Diego, Calif. La Jolla has provided services to Scripps Memorial Hospital system for more than 40 years. Recently, he said, the practice began feeling outside pressures from on-call service companies looking to undercut their historic relationship with the system.

First, Christensen said, don't take your relationship with the client for granted. Embed yourself into the hospital's culture by participating in all upper-level conversations about imaging issues. Not being at the table, Christensen said, is equal to "being on the menu." Being absent from the conversation diminishes the role that radiologists play in providing quality patient care on the ground, and that gives on-call companies that only read scans the power to say they provide equivalent services, he said.

Clients will also notice your contribution to patient care if you take an active teaching role and are diligent about ensuring patients and other health care providers have all the details they need about particular scans, Siegel said. Investing the extra time for one-on-one conversations with your clients can give them the feeling that they're receiving concierge services that they can't get from out-of-town providers.

Making internal shifts could also protect you from losing business. Although it may be an unpopular change, scheduling your existing doctors or hiring additional radiologists to read scans in the evening or weekend hours could also stave off any loss of revenue, Moore said. It could also help to expand the sub-specialty services you offer, he said.

"Providing services or affiliating yourself with other small radiology groups that you wouldn't consider predatory could make it easier for you to meet the growing needs of your clients," he said. "This is key to providing 24/7 service and making it harder for on-call companies to show how they're different."

This tactic can also help your practice's bottom line because extended work hours can lead to increased reimbursement for your radiologists.

Christensen said his group has considered joining forces with several other small groups in San Diego as a protective measure. So far, the move hasn't been necessary, he said, but it is still on the table. Strength in numbers is beneficial, but accentuating the fact that your client knows you and what to expect from your services can also make decision makers rethink the choice to switch radiology providers.

"Although on-call services can point to large volume and quick turn-around of reading scans, you do lose something with them. You lose the quality of interaction and the ability to talk with them about a case. You can't discuss things that might be inaccurate, and patients lose the opportunity to see the person analyzing their condition," Christensen said. "Play up the 'you know us' factor. Make sure they remember the quality of your work."

Implementing these steps, Siegel said, could lead on-call services being used less in the near future, strengthening the relationships that local radiology groups have with clients.