Challenges of Maintaining An Academic Environment in A University-Based Private Practice Group

by
Sharon E. Byrd, M.D., FACR
Professor Rush Medical College
The Colonel Robert R. McCormick Research Professor
Chairperson Department of Diagnostic Radiology & Nuclear Medicine
Rush University Medical Center and Rush Oak Park Hospital
Chicago, Illinois 60612
The challenges of maintaining an academic environment in a university-based private practice group is very complex.

In general, according to Jeffrey Weinreb (Radiology 2004; 232:327-330) in “Building a Team for Change in an Academic Radiology Department, there are fundamental differences between academic radiology departments and other businesses including private practice radiology.

In a service-oriented business, such as a private practice radiology group, the mission is fairly straightforward: to provide a product (e.g., an examination and interpretation) and be profitable. In a private practice setting, radiologists usually understand that their primary role is to provide a service, which generates income.

In an academic radiology department, the mission is more complicated. It is not enough to simply provide excellent care. To distinguish care from the private practice competition, it has to be innovative and must employ cutting-edge technologies. It is not enough to be profitable. The academic department has to be so profitable that it can support the infrastructure, resources, academic time, and faculty mandated by its other two missions, research and education. Furthermore, although members of every hospital-based radiology department participate in hospital and professional committees, the administrative obligations and time commitments tend to be greater in academic departments.
This is the real problem of how to maintain an academic environment in a private practice where we have to generate our income and provide a subspecialty interpretation of imaging exams and procedures and consultation with our subspecialist referring physicians and yet we are expected to provide quality teaching to our GME and non GME residents and fellows and now more involvement with the medical students and support research whether it be basic science, translational or clinical. And yet, support the private practice group which includes offices, administrative work for the group, overseeing billing, HR for the group and all of the benefits which include health and retirement, etc. In addition, some private practices run imaging centers which involves another layer of responsibility for the group.

I have not included the administrative requirement by the hospital for the group as well as the committee service.

The overall key to this is the academic institution the group is involved with and what type of support if any is received from the institution whether it be financial to support administrative requirements for the chair and other radiologists or to support research. This can be complex at some institutions because of legal issues.

This is a real problem for smaller private practice groups who are based in an academic institution because the revenue may not allow for academic time for research and teaching.
Some of the points in discussion with other private practice groups which have helped:

Provide the best quality service to the institution and develop a referral base of physicians at the institution who are very supportive of the group and want to collaborate with members of the group on teaching and research.

Work with other departments who may have more resources for research and teaching.

Find out what support there is from the medical school for teaching and research.

Work with the administration of the medical school/Dean, hospital and the institution to become a partner to determine what resources are available to a private group.

Obtain as much support from the institution as legally possible in the form of resources such as support for research in the form of hospital or medical school grants or others and administrative support to help to offset the financial burden on the group and to allow for the group to offer competitive salaries to the radiologists and support personnel and to hire enough radiologists to allow for academic time and research time.
What our private group Affiliated Radiologists tries to do is to follow the guidelines for academic radiologists in an academic department. We have used several templates from different academic radiology departments. We have started to use the template from the Society of Chairs of Academic Radiology Department (SCARD). This is outlined in the article “A Guide to the External Review of an Academic Radiology Department” by Collins et al in Academic Radiology 2014; 21:400-406.
This is the template. Before I review this template for our group, I need to provide some background information.
Background Information

• Diagnostic Radiology Group at Rush University Medical Center (RUMC) in Chicago, Illinois

• Private Group since 1972 (45 years) named Affiliated Radiologists, SC. The Diagnostic Radiologists and Nuclear Medicine physicians within the department formed this private group in 1972. Before 1972, the radiologists were salaried by the hospital (Rush Presbyterian-St. Luke’s Medical Center)

Consist of 29 Diagnostic Radiologists (8 Diagnostic Neuroradiologists including chairperson/ no Interventional Neuroradiologists. 15 Body Imagers includes Body CT, Body MR, US, Nuclear Medicine, Pediatrics, GI Radiology, GU Radiology, MSK, Chest Radiology, Cardiovascular Radiology and Interventional Radiology (6 IR)

• Division of Breast Imaging became independent of the group in 2000 (8 Breast Imagers)

• However, all Affiliated Radiologists (29) and Breast Imagers (8) are within the Department of Diagnostic Radiology and Nuclear Medicine at RUMC including 3 physicists (NM, CT, MR and outside consultant physicist for Breast Imaging

• Requirement of whoever is the president of Affiliated Radiologists must be the chairperson of the Department of Diagnostic Radiology and Nuclear Medicine. The chair must have the qualifications of and haven gone through a national search to become the chairperson of the Department. The Dean of Rush Medical College selects the chair through a national search. The remainder of this is complicated because if the chair is not part of the private group, then RUMC will not renew the contract to the private group to provide radiological services and then the decision for the radiologists is to decide whether to become salaried through the hospital (become part of the salaried medical group) or leave RUMC.
There are been relatively few chairs of the radiology department at RUMC and they have been internal candidates in the search of candidates for the chair.

There is now a movement at RUMC for all of the physicians to be salaried through the hospital and to become part of the Rush University Medical Group (RUMG). The administration at RUMC no longer wants private practices at the institution and almost all have been given timeframes to become departments which are salaried through RUMC. There a very few private practices at RUMC. Most of the physicians are salaried through RUMC. Affiliated Radiologists was asked about six years ago to transition into the medical group. Tentatively they would like for us to transition over the next two to three years.

This is a discussion for another meeting.

For this meeting, the following is the SCARD template that we use.
Data of our hybrid private practice-academic group

29 Radiologists (25 full FTE and 4 part time 0.8 FTE who are in the Body Imaging Division) perform around 310,000 exams and procedures a year. This includes RUMC, ROPH, CIC/imaging center.

5 ACGME radiology residents per year for 4 years with total of 20.
6 Neuroradiology fellows (4 ACGME and 2 non ACGME)
4 MSK/Vascular fellows non-ACGME
1 ACGME Nuclear Medicine fellow
5 ACGME IR fellows

4 IR/DR residents will start this July 1, 2017.
Massachusetts General Hospital (MGH) in Boston claimed the top spot in our first annual ranking of the 20 Largest Academic Radiology Practices. Cosponsored by LarsonAllen (Minneapolis, Minnesota) and Radiology Business Journal, the survey ranked the participating practices by the number of FTE radiologists plus the number of FTE PhDs to reflect the academic mission more fully. Because the revenue numbers shared were confidential, they were not factored into the ranking. Due to the varied missions of the participating institutions, revenue did not necessarily correspond to our size ranking.

MGH weighed in with 88 radiologists and 89 FTE PhDs, for a department total of 177. With 774 FTE employees in support, the practice interpreted approximately 670,000 procedures for one client hospital last year, as well as performing an additional 110,662 final teleradiology interpretations for five clients.

The University of California–San Francisco (UCSF) Department of Radiology and Biomedical Imaging ranked second in size, with 74 FTE radiologists and 70 FTE PhDs. The practice employs 225 FTEs, and it performed 550,000 procedures for four hospitals. The UCSF practice either is not performing teleradiology outside the institution or elected not to share those numbers.

Our third–highest-ranking practice was also the practice with the most FTE radiologists: Mayo Clinic, Rochester, Minnesota, with 122 FTE radiologists and 21 FTE PhDs. The practice interprets a million procedures for one hospital, plus an additional 7,500 final teleradiology interpretations for one client.

Averages and Outliers

The participating practices employ an average of 79.1 FTE radiologists and PhDs, and all but four operate in an employed practice business model. The median number of procedures performed was 477,566 (considerably lower than the median number of procedures performed by the nation’s largest private practices, which was 1.1 million for the eight largest practices and 481,947 for the 14 private practices at the bottom of the largest-50 ranking).

All but three of the largest academic practices reported providing in-house nighttime coverage, but given their subspecialty expertise, surprisingly few academic practices appeared to be providing teleradiology services outside the hospitals that they cover. All but two of the nine practices that reported at least one teleradiology client provided those services in one state, presumably their own. An exception was the University of Maryland, which reported doing 263,625 final teleradiology interpretations in 25 states.

Academic practices lag behind private practices in imaging-center ownership, with an average of two per practice, but this is a number skewed low because half of the practices reported owning no imaging centers. By comparison, the median number of imaging centers owned by private practices ranged from two for those practices with fewer than 35 FTE radiologists to six for practices with more than 65 FTE radiologists.

As we looked at the data and talked with various practice managers, we recognized the opportunity to add questions that could add further clarity to the various missions of these practices. For instance, should we differentiate between clinical income and research income? Should we include the number of residents along with FTE radiologists and PhDs next year to reflect the pedagogical mission better?
For this meeting, the following is the SCARD template that we use.

Information to Request
Before Radiology Department Review Site Visit


• Overview:

  Department Chair self-evaluation, summary of department changes over the past 5 years, including both current and recent past departmental goals and major initiatives

Chair’s personal performance:

  Clinical activity (type and schedule) Scholarly activity (number and brief description of grants, publications, national presentations, and teaching activities) Service activity (number and description of local, regional, and national committees, society officerships, editorial boards, and study sections
As the chair of the department, I maintain my academic credentials. I am a diagnostic neuroradiologist and still perform 50% clinical neuroradiology including taking neuroradiology call and performing procedures. I perform my clinical work in the mornings and my administrative work as a chair later in the day. I maintain my academic credentials including my CAQ in neuroradiology (recertified Oct. 2016) as well as my teaching and clinical research.

I also oversee our private group as president of Affiliated Radiologists.

Our group has part ownership in a joint venture imaging center with RUMC called Circle Imaging and our group provides the management of the center.

I became chairperson of the Department of Medical Imaging / Radiology Department at Rush Oak Park Hospital about two year ago when RUMC finally bought the hospital.
Organizational structure

- Faculty full-time-equivalents (FTEs) (number and percentage of women (6) and other minorities (2) and rank distribution)
- Curriculum vitae of all faculty members/ Yes reviewed annually with the chair
- Department organizational chart showing the titles and names of the Chair, Vice Chairs, Directors, Section Chiefs, other faculty, and staff, and their reporting structure/ Yes
- List of department committees/Yes
- Roles of department members in hospital and medical school committees (e.g., promotions, medical executive, quality, and safety), including any reporting structures of departmental faculty to extra departmental entities/ Yes
- Description of how faculty mentoring is provided and how professional development opportunities are communicated to faculty/Yes
- Description of formal faculty evaluation process/ Yes
- Methods of communication (e.g., department website, department newsletter, department e-mail notices, department digital signage, faculty meetings, and external communication outlets)/ Mainly through departmental meetings, e-mails and division/section meetings
- List of department support personnel (e.g., business administrator, administrative assistants, billing/coding staff, department budget analyst, department research assistants, program coordinators, and information technology support staff)? /Some of this is handled through the department and some through the administration through private group. We do our own professional billing and the billing for the imaging center.
- Description of faculty clinical scheduling process and sample schedules/ Yes
- Vacation and meeting policy? All based on 10 weeks time off.
- Description of faculty academic time (education, research, scholarship, and administrative)/ Each division head/section head coordinates this.
We follow as closely as possible the organizational structure for an Academic Department.

We try to hire academic radiologists who understand that they will have a higher clinical volume than normally seen with the number of radiologists in our group. We try to pay a salary which is competitive, which is somewhere in between academics and private practice but more toward academic. They understand that they have to do the clinical work as well as teaching of our residents and fellows and medical students and some clinical research/some scholarly. There are a few older radiologists who have been in the group for a long time and were never required to write peer review scientific articles. These radiologists are required to do more teaching and committee work to help compensate for the radiologists who are doing more academic work/more scholarly activities.

We try to even out the workload with different shifts throughout the day. Some radiologists work the day shift, some an evening shift and some work from home with their home PACS stations. We have fellows and residents working a midnight shift and starting next year we will have two full time diagnostic radiologists assigned to working the midnight shift with two of our fellows and residents to review exams, sign off on imaging studies performed at night and provide the in house consultation for the physicians in house covering clinical services and the emergency department. This will help to even out the workload during the day and allow the radiologists more time to do committee work, work with the technologists, attend and give conferences, tumor board and work on preparation of lectures and clinical research.

We do not have the infrastructure in the department for basic science research but we do clinical research and our scholarly activity/ academics has been steadily increasing every year.

We have a mentoring process within the department to help with academics and to find resources to help develop our young radiologists.
Financial performance

- List of revenue sources (e.g., clinical, college, hospital, state, grants, endowments, other)/ Our main revenue source is what our private group generates from the work performed. We have very little in grants and endowments.

- Description of department budgeting process/ This is a problem because the way the budget for the department is handled is through our administrative line and I can only request things to be put in the budget. I do not handle the department’s budget only the budget of our private group.

- Five-year history of actual revenues and expenses versus budget/ I have that for the department and our private group.

- Description of department reserves, endowments, and ongoing philanthropic efforts. / Not much

- Faculty compensation plan document (description of plan/process, components such as base/incentive/call coverage)/ This is all handled through our private group.

- Mean salaries for each rank compared to national benchmarks/ We have this.

- Travel and expense allowance policy/ We have this.
Clinical performance

- Faculty work relative value units adjusted for FTE, per section and department total, compared to national benchmarks (e.g., Medical Group Management Association [MGMA], University Health System Consortium [UHC], and Association of Administrators in Academic Radiology [AAARAD]/Society of Chairs of Academic Radiology Departments)/ We look at this.
- Number of examinations by modality and site for past 5 years/ Yes
- Description of the range of diagnostic and therapeutic services and any deficiencies/ Yes
- Method of 24/7/365 faculty coverage (e.g., faculty available on or off-site, teleradiology)/ Yes but different for each division/section
- Equipment inventory with dates of purchase/ This is done as chair through the hospital administration working with me
- Description of capital budget process/ through the hospital
- Equipment purchase and maintenance process/ through the hospital
- Radiology information system, picture archiving and communication system, and voice recognition equipment and support. Yes/ through the hospital
- Description of how physical space and facilities are maintained and renovated/ Yes through the hospital
- Description of quality, safety, and efficiency initiatives (e.g., American College of Radiology [ACR] accreditation, dose reduction and monitoring, ACR General Radiology Information Database, days to appointment, complication rate, decision support integrated with computerized physician order entry, and meaningful use participation)/ Yes in conjunction with the radiologists, physicist and hospital administration.
- Patient satisfaction survey results for past 2 years/ Yes through the hospital
- Ordering provider satisfaction survey results for past 2 years/ Yes through the hospital
- Samples of department dashboards
- Report of department report turnaround times for past 2 years/ Yes
Educational programs

- Institutional model for funding teaching: our private group fund most of the teaching and meeting expenses, non GME fellows and any other related expense.
- Description of medical student clerkship (mandatory or voluntary, length, and curriculum): Yes with assigned radiologists to oversee this and work with the medical school
- Medical student evaluations of clerkship for past 2 years: Yes
- Description of core residency program (number approved and current number, funding source/s): Yes
- The most recent Radiology Review Committee report: Yes
- The most recent resident survey results: Yes
- The most recent internal residency program review: Yes
- Residency match results for past 5 years: Yes
- American Board of Radiology pass/condition rate: Yes
- List of resident publications and presentations over past 5 years? Yes. Every year this is collected and reviewed with the radiologist and Dean of Rush Medical College
- Description of fellowship programs (accredited versus nonaccredited, type and number, number of fellows in each program over past 5 years, the most recent RRC site visit reports, number of fellow publications and presentations over past 5 years): Yes
- Description of department-sponsored Continuing Education Programs: Yes
Research/scholarly activity

• Description of laboratories and other dedicated research space
• List of grants over past 5 years (federal, foundation, society, and internal) to include salary support and percent effort
• Submitted grants in past year
• Number of faculty presentations in past 5 years
• Number of faculty publications in past 5 years (listed as peer-reviewed and nonpeer-reviewed)
• Number of faculty committee memberships (local, regional, and national), society officerships, editorial board memberships, and study section memberships over past 5 years
• Awards, honors, and distinctions of faculty/department/staff/students
Overall, it is very challenging to try to maintain an academic environment in a university based private group.

We try to follow a template for an academic department. This helps to provide a guide as to what needs to be done by the radiologists in the private group.

We follow all of the benchmarks/metrics required by the Medical Center and the Dean’s office for our private group and the department. We honor all of our contractual agreements with the institution.

We try to partner with the administration of the institution, other departments and Dean of the medical school to help find resources and collaboration for teaching and research.

We provide a good subspecialty radiology service and we have a good reputation in the medical center. This has helped us dealing with other departments and the hospital and medical school administration.

But in this day of reduced reimbursement for imaging and procedures, the need for competitive salaries for the radiologists, need for more radiologist in a group to provide more time to prevent burn out and more time to allow for teaching and research, the small private practice radiology group who is in an academic environment must find innovative ways to survive or become part of the salaried group of the medical center.


