

Six Ways to Improve Radiology Practice and Hospital Alignment



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Finding ways to strengthen physician-hospital alignment has never been more important as imaging services become increasingly commoditized and competition more intense. Radiology groups that remain complacent about ties with their hospital partners run the risk of being replaced. That's why it is vital to regularly assess the health of the hospital-practice connection and constantly look for ways to improve it.

Optimizing [revenue cycle management](#) is an important strategy for improving the financial health of the practice and thus reducing financial demands on the hospital. However, there are six additional areas you can focus on to help ensure that your hospital contract and the relationship that sustains it remain on solid ground:

1. Foster clear and concise communication: In an earlier era, many radiology groups were comfortable maintaining an arms-length relationship with the hospital they served. The desire to keep details of the business private was viewed as a way to insulate the practice from unreasonable hospital demands.

In today's emerging value-based care environment, however, close collaboration between the hospital and ancillary providers is essential. Improving quality, ensuring appropriate utilization and developing more efficient staffing require continual communication. More generally, each party needs to be fully aware of what the other expects and requires to succeed. The key to that level of understanding is regularly scheduled, face-to-face meetings.

At the same time, both entities also should feel comfortable picking up the phone and reaching out on any topic. Finally, remember that email is a messaging tool and a poor substitute for direct communications between the partners.

2. Develop a quality champion: Quality is a relative term and means different things in different settings. That said, it is important that both the hospital and practice work closely to identify mutually agreed-upon quality objectives and measures. The best way to accomplish this is to cultivate quality champions from each organization who can collaborate to continually pursue new methods for measuring and improving quality.

Both champions also must develop strategies to disseminate quality and performance objectives throughout their organization. Perhaps most importantly, quality champions need to convey the mindset that quality is not a destination but a journey; one that requires continual movement and commitment.

3. Know your numbers: Having the ability to track key indicators forms the basis for improving both financial and operational performance. In addition to billing data, one valuable source of historical practice information are databases typically included as part of the hospital-owned radiology information system (RIS) or picture archiving and communications system (PACS). Unfortunately, hospitals don't always share the information collected by these platforms, either because they're not aware of the system's capabilities or because administrators don't understand the kinds of details practices need to improve.

That's why radiology groups should be pro-active with hospitals to ensure that available information is accessible to the group. Whether it's obtaining turn-around times to isolate bottlenecks, measuring demand throughout the day to staff more effectively, or gaining access to blind quality review results to assess individual provider performance, groups should emphasize that both the hospital and the practice will benefit from a freer flow of PACs and RIS information.

As critical as this kind of granular data is, it is possible to spend too much time tracking information of marginal utility and in so doing, lose sight of the forest for the trees. For that reason, practices and hospitals should avoid pursuing metrics that require considerable effort to produce but generate negligible returns. Instead, they should concentrate on those indicators that can make the largest impact on quality improvement while decreasing cost.

4. Pursue innovation: Like quality, innovation is a broad term that can be difficult to define but nonetheless is essential for the success of the practice. For a radiology group, innovation essentially means using limited resources as effectively as possible to further continuous quality improvement.

Creating a framework that allows innovation to thrive involves creating a process that can support new ideas on everything from how patients are processed when they present to more effective communications with the hospital. The goal is to zero in on those concepts that can have the greatest impact and are relatively simple to implement.

5. Maintain a positive culture: One of the characteristics that Change Healthcare has repeatedly identified at top-performing healthcare organizations is a conscientious effort to maintain a positive culture. That means greeting patients warmly, ensuring positive patient interactions and striving to be equally upbeat with other clinicians and hospital personnel. For patients, especially those undergoing therapeutic care, a visit to the radiologist can be a highly stressful experience. Working with the hospital to minimize that stress by streamlining

processes and otherwise improving the overall patient experience can go a long way toward generating goodwill for both the practice and the hospital.

6. Generously share expertise: A willingness to cooperate, share information and collectively solve problems is the cornerstone of an effective physician-hospital alignment in today's value-based environment. These objectives will become increasingly important once Appropriate Use Criteria (AUC) are implemented across radiology in January 2018. The Centers for Medicare & Medicaid Services rule will require that physicians who order advanced diagnostic imaging follow evidence-based appropriate use criteria. Failure to do could mean the radiologist will not be paid for the service.

It is therefore important that practices use the time available before the rule takes effect to become familiar with the AUC guidelines. They should also engage with their hospitals and referring physicians to map an effective approach for conforming with this significant process change.

A good partnership

Like a partnership, the [hospital-radiology group relationship](#) is never static and either grows stronger or weaker over time. Given the competitive threats that exist in today's market, groups cannot afford to neglect their responsibilities for keeping the union strong. By communicating clearly and often, embracing quality and innovation, understanding the data that underlies performance, maintaining a positive culture and sharing expertise, radiology practices will bolster their value to the hospital and reduce the risk of being replaced.

Change Healthcare revenue cycle and practice management services for radiology practices can help guide you through the complexities of the new healthcare environment. Whether improving operations, growing your practice, or evaluating opportunities driven by value-based care, we provide radiology practices with the strategies and support needed to determine the next step to take.

To learn how Change Healthcare can help your organization, [contact us](#) today or if you're in Chicago for RSNA, come talk to us at Booth #6713.