

Without a Paddle?

As radiology practice managers, we navigate in uncertain times.

Every time we turn around, the news seems to grow more alarming, and in many instances, more negative. The financial impact of consolidating CPT-4 codes for computed tomography (CT) procedures has been notable and could be the death knell for many marginal imaging centers. At a minimum, it will reduce radiologist income this year and that is never a good message to deliver in a board meeting.



SURVIVAL HINTS FOR THE RADIOLOGY MANAGER

BY PATRICIA KROKEN, FACMPE, CRA, FRBMA

We also know Congress is losing its stomach for granting reprieves from Medicare Physician Fee Schedule adjustments and the Sustainable Growth Rate formula (SGR) is unsustainable. We're advised to prepare for bundled payments and participation in Accountable Care Organizations (ACOs) although the details of how to do so are still fuzzy. Hospital-based radiologists struggle to qualify under meaningful use criteria for electronic medical records (EMRs) and yet appear to face potential financial penalties if they do not participate in the program. It's enough to make you wonder about a safer career driving a nitroglycerin truck. So what do you do?

First of all, our lives in radiology have seldom had smooth sailing. At least not for the past 20 years or so. We've been through changes in payment methodology, declining reimbursements, increases in regulatory requirements, increases in overhead due to rising administrative demands, increases in compliance/audit activity, the introduction of dramatic new regulations, and warnings that radiologists would soon be employed by hospitals, independent physician associations (IPAs),

or multi-specialty groups. In other words, instability has been the only stability we have known. (This is to serve as a reminder to those of who have been through tumultuous times before and as a heads-up if this is your first voyage through stormy seas.) At the end of it all, as the next phase shakes out, somebody will still be reading radiology cases and probably doing pretty well financially. The goal is to make sure that is your group, without too much loss of sleep and/or sanity along the way.

At the risk of sounding too jaded, I spent way too much of my career in meetings, working until late in the evening, sacrificing weekends with my family (or just getting some rest), and did I mention meetings? I have lived and breathed radiology—and still don't know everything I should know. And the rate of change hasn't changed all that much. It still seems almost impossible to grasp what needs to be done. What looms ahead is daunting and there are dire predictions about the future of radiology.

So what can we actually do to survive and thrive?

1. Say a blessing for California (and if you are from California, know we are saying a blessing for you).

This is where most of the progressive ideas in health-care are road tested and the state quickly embraces things new and disruptive. California “creep” usually emerges next in Las Vegas, NV (one of the most insane radiology markets in the country) so we usually have time to read, observe, and learn whether a concept will spread and/or how well it will work. California is where capitation was vetted and after a number of radiology practices managed to figure out how to make money under the methodology, it was largely abandoned around the rest of the country. Fortunately our colleagues in California are a hardy bunch and they weather drastic change well—and share what they've learned to help the rest of us. Note: The “California factor” also crops up in the progressive multi-specialty practices around the country—mainly Cleveland Clinic and Mayo so we can learn from them too, especially when it comes to ACOs.

2. Develop and tend hospital relationships. There are still too many practices losing their professional services agreements over service issues.

If your group is still functioning in adversarial mode (or entitlement mode or they need us mode or we've had the contract for 30 years complacency), it might be a good idea for you to take the first step in terms of improving the relationship with hospital administration. They too are living in scary times and offering to provide data for process improvement projects regarding billing and coding are generally safe places to start.

How to do that is a topic for another article, but

the quality of private practice data is usually much better and helping a beleaguered peer improve profitability (especially when it is mutually beneficial) represents a decent olive branch. In the end, it doesn't do much good to worry about other industry events if we lose a primary revenue source.

3. Develop and tend professional relationships.

Not only will one of your colleagues in the RBMA represent a sympathetic ear at the next meeting, that person may prove to be a valued mentor or subject matter expert. While attending meetings and participating on the RBMA Forums may help establish a dialogue, there is nothing like committee membership or serving as an officer to deepen relationships and let you know who you can count on. Or let others better know your talents, skills, and experience. At a minimum, you can gain support handling a difficult issue and know you are not alone in the challenges you face. At the most, you can gain a lifeline in the event things go bad (and they go bad rapidly) when you need help finding a new position. It doesn't hurt to expect the best of life—but also plan for the worst.

4. Develop a personal study program.

The business environment for radiology has one certainty—it will continue to be uncertain! If you are currently operating on knowledge that made you successful five years ago, you are working with outdated skills and information. And further, five years from now you'd better have new skills, knowledge, and capabilities in your toolbox. It's a constant learning process and the leaders in the industry work aggressively to maintain, grow, and refine that edge. Fortunately the explosion of information delivery through the Internet has made it easier to monitor industry developments, but it is still difficult to stay current. Investing time and effort in a “knowledge network” is worthwhile, especially if you and your peers can agree to allocate certain subject matter areas among you and then regularly exchange information.

One largely untapped source lies in talking with the vendors who participate in RBMA meetings, and they can be invaluable in terms of staying abreast in technological developments as well as identifying trends that will impact us in the future. After all, many of them dedicate significant resources to research and development, which means they must also be students of the industry. Beyond the initial sales pitch are some valuable nuggets of industry intelligence.

5. Drill the basics.

Every winning athletic team begins its training season with basic strength, agility, and “fundamentals” drills—running the spectacular plays

only after everyone is back to form. So how often do we go back to the basics in terms of areas of management responsibilities? This might involve sitting next to your imaging center registration staff to see what they deal with on a busy morning. Or over the course of a couple of weeks, sitting with people on the front lines of your billing office. You get the idea. We often carry the responsibility for oversight of numerous intertwined operational processes—and seek ways to reduce costs—but may be removed from the work by intermediate supervisory/management levels.

This also extends to the larger context of radiology practice basics: the timely delivery of radiology reports to our referring physicians. In itself, this is a simple concept but it again involves coordination of an intricate series of processes and groups may lose sight of that primary goal in the hassles of workload management, productivity, business expansion, and outdated information systems. As a manager who would be the first to say, “I don’t have time for that,” the ultimate goal is to ensure the practice functions as a financially solid entity. When everything shakes out and the marginal organizations fail to adapt, the best run business stands to profit. Where do you plan to be when that happens? Do you know where you could cut costs and/or improve productivity right now?

6. Refine your time management system. Chances are you entered your practice behind the eight ball and have been running to catch up ever since. There are a number of formal time management programs and options available, offering both digital and paper variations. This is an area in which it is advisable to pirate techniques from people you admire and/or who just seem to have it all together better than you. Over the years, I have observed how people have scheduled projects, managed to-do lists, and run meetings—and then borrowed liberally as I learned from people who did things better. Refinement can involve anything from learning to delegate more effectively to changing calendar systems, but it is an area worth working on and there is so much to do that we need to be well-organized. We tend to lose valuable time to the “urgent” and spend too little time on planning, learning, and project follow-up (all of the things we know that would make our practice better). One suggestion that has resulted in sighs of relief from staff members resulted from implementing a “quiet period” once a week, where people worked on their own projects and could not be interrupted during this time block. If you can dedicate a morning (and Friday mornings work well), that’s

excellent, but even a couple of protected hours help immeasurably. Try it and end your week feeling better about next Monday morning.

7. De-stress on a regular basis. Confession: this was (and is) one of my weakest areas, so I continue to work on taking my own advice! The to-do list is endless and the hours are finite. No matter what you do you will probably never be caught up, even working evenings and weekends. No matter how much you give, if your group situation “goes south,” you can find yourself without a job on very short notice. And while it takes many years to build an excellent practice, it takes only a few months for everything to collapse. (Too many of us know that from experience.) Don’t wait until you have gone through that ultimate crisis to realized you committed several years of weekends, didn’t take vacation time earned, and lost countless evenings to meetings or working late to finish projects when it was finally quiet in the office. There is a time to make yourself (and rest) a priority.

In the end, it is best to simply gain perspective. Our chosen career is fraught with change and stresses. As soon as one challenge is dealt with another emerges, and it’s been going that way for a couple of decades. Chances are you will survive the Medicare audits, implementation of formal quality measurement programs, accreditation, electronic medical records, technology upgrades, revenue reductions, and terrifying headlines—with only a few scars. Chances are you need to remind yourself of the number of challenges you have already faced—so there is a strong likelihood you will adapt to the new ones as well.

We can all be un-horsed if we let our guard down—and sometimes even when we’ve played by all the rules and done an excellent job! If you find yourself without a paddle, you may need to row with your iPad, but one of the goals should be to maintain optimism and faith in the ability to learn, adapt, laugh, and work together to make life in radiology just a little less scary.)))



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