



MEDICAL DIRECTOR SPOTLIGHT



Raymond Montecalvo, MD

Dr. Montecalvo is Medical Director at vRad (Virtual Radiologic), a leading outsourced radiology physician services and telemedicine company with over 500 U.S. board-certified and eligible physicians, the majority are subspecialty trained. He also is a practicing member of the radiology staff, with fellowship training in US/CT/MRI, as well as a Medical Director for vRad's radiologists. Dr. Montecalvo uses his practice management expertise to implement workflow and practice efficiencies.

What led you to medicine?

From an early age, I was interested in the sciences and curious about all things medical. My grandfather, who was a barber in Jersey City, New Jersey, had old medical text books from the 1920s, and I remember sitting and looking at them with him as a child. I felt I was in a place few people got to go, and I wanted to go there. Being a barber, he had great interest in skin diseases. He had a particular affinity for a disease called erysipelas. I don't think he had any idea what it was, but he loved to say the word.

According to my Italian mother, I stated my intent to be a doctor at the age of 6 – and she never let me forget it. I had a chemistry set in the basement, and when I was 10, I decided to write a book about the brain, which was completed during a week off from school. As I got older – and it became clear that I was not going to be playing Major League Baseball – I applied myself, excelled and ultimately got in to medical school.

Did you always want to go into radiology?

I had wanted to become a surgeon when I started, but I learned a great deal when I did my rotation. The first case I scrubbed in on was a cholecystectomy with a surgeon who had formally served with the Medical Corps of the U.S. Army during the Vietnam War. As she began the procedure, she decided to grill the closest "victim" – me – about the related anatomy, which surgeons frequently do to unsuspecting medical students. She asked me to name one particular region. At the time, I did not know that it was Calot's triangle – I didn't know it by that name – and she took me apart with quite the military style in front of the entire operating theater. It wasn't exactly a level playing field, but it was the best thing she ever did for me. That episode changed my desire to become a surgeon, so I started looking for an alternative.

I loved anatomy so I focused on that to see if I could parlay it into something. That was when I became aware of radiology, though in 1981, radiology was just starting to become an important part of modern medicine. The first commercial CT scanner had only been in use for a few years. It was nothing fancy – just a single slice. And I had always been interested in computers – our library had terminals connected to the medical school's mainframe that I used for hours. So after doing the due diligence, I found radiology interesting because of the intersection of these two areas of interest – anatomy and computers.

I was fortunate to get matched with a residency program at a private practice affiliated with the University of Pennsylvania and run by former University of Pennsylvania faculty. It was a small private practice, so the residents got to do everything; close supervision was next to impossible. They trained me early on using the "see-one-do-one-teach-one" process – I learned C1-2 punctures for myelograms in this fashion. After the training, I became an "indentured servant" and would be the only person in the IR lab at 3:00 am. I remember treating a patient who was actively bleeding while an attending physician walked me through a procedure while he was on the phone at home. It was all quite thrilling.

Just as thrilling was the opportunity to reorganize the entire practice's teaching file into the ACR nomenclature. The images were scattered all over the practice – we had senior partners in their 70s who had been practicing radiology since the 1930s and 1940s. They had seen everything and had an archive of interesting cases you just do not see anymore – such as rickets and polio. I did this on my own time; it was fantastic to see so many different cases and just absorb all of this knowledge. It was a great way for me to learn my specialty.

How did you connect with vRad?

In 1992, my cousin, who was an orthopedist in Naples, Florida, called to say that he knew a group of radiologists looking for an ultrasound expert. We moved and I joined the practice, and over time became a partner – we built imaging centers and got into teleradiology when we hired NightHawk Radiology Services.

By 2004, the older partners wanted to keep things as they were while several of the younger partners, myself included, wanted to continue to expand by increasing our footprint and services. When it became clear this was not to be, I began thinking about an exit strategy. It was a

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challenge – leaving Naples was not an option since my wife’s practice was booming. So I thought teleradiology could be an option given its flexibility. I contacted vRad out of the blue and got hired; I think I was Radiologist #50.

It was the perfect fit. Thanks to the workflow efficiency that the technology platform offered, I was able to interpret cases in a timely fashion from my own home. It quickly became apparent that teleradiology was a nice way for me to practice radiology.

What makes vRad different as a practice?

What I love about vRad is that we are always looking for new and better ways to improve the practice of radiology for the benefit of clients and their patients. As with most companies that disrupt established boundaries and push “status-quo” thinking, there was a time of growing pains and challenges, but when our CEO Jim Burke joined the practice two years ago, both he and our CMO Benjamin Strong, MD worked to develop a culture of collaboration and mutual respect that now permeates the leadership ranks as well as the practice. You feel part of the team now more than ever; making that change in culture is a testament to the management group. That collaboration is another strength of our practice and is leading to great innovation.

What gets you excited when you think about the future of radiology?

I get excited about the science, the continual technology advancements and innovation. Within our practice, such factors have helped us to eliminate the “seam” between on-site and cloud-based radiologists and improve the services we deliver so that we can do more to help physicians and their patients.

However, along with this innovation is the dramatic consolidation in radiology, which will continue. So it is exciting to see how forward-thinking clients are working to break down walls between their specialty and challenging themselves to become better, more valued members of the patient-care team. They see how data analytics can help them contribute and add value with their imaging partners. vRad saw how we could use radiology data to help inform and improve care with data-driven, evidence-based medicine. In some ways, vRad embodied that “see-one-do-one-teach-one” process I experienced as a resident, except with data analytics. We saw the need for analytics, we developed the tools, and now we are sharing them with our industry.

Finally, radiology will no longer be divided into different segments of professional, technical and imaging services. It will become “one-stop shopping” where you will have everything combined – the medical expertise, software and platform. Radiology is changing significantly, beyond just the declining revenue and reimbursement. Too many are trying to hold on to the old model, but that won’t keep them relevant, never mind employed. There needs to be a shift in the mindset of radiologists – being more flexible and nimble. vRad has a nimbleness that I think other groups lack – we can be more nimble by, for example, modifying our platform when a client needs something like a specific data request, or making a change to reflect new stroke protocols that support recent clinical research. We can do that.

What is your greatest professional accomplishment?

It’s happening right now, frankly. Being a part of this practice at the moment where we are “riding a wave of disruption” in medicine and radiology is exciting. Reaching this pinnacle in a long career – riding that and influencing that – it’s amazing to be part of a practice that is committed to offering innovative services.

We are becoming a one-stop shop for radiology groups and their clients. As more groups and health systems partner with vRad, they gain the benefit of our experience in terms of our analytics, platform, subspecialty expertise, and significant investment in technology. They benefit from that innovation without having to make the investment themselves.

What do you want referring physicians to know about vRad?

That we are, above all, patient centric. We are a practice run by physicians who want to deliver the highest possible quality medical care. We work hard every day to break down barriers between other clinical services and radiology. We want to get as much data on the front end to our radiologists as possible, so they have the best information possible to make the best diagnosis possible.

We are here for the long haul; we want to be partners with other clinicians – radiologists, pathologists, hospital administrators – because no one alone can solve the immense issues facing healthcare today.

What do you want patients to know?

I want them to know that, while they may not see us, radiologists are a dedicated group of clinical professionals who help care for them 24x7. I want them to be aware that their doctors have other doctors – a support team helping take care of them. They should never feel alone in their patient-care decisions.

Learn more about us.
Contact vRad today at
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