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Now Hiring? Don't Let Today's Market Challenges Hold You Back

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Travis Singleton

The radiology job market has had its fair share of ups and downs, as one can see by simply scanning the last 15 years of data from Merritt Hawkins, a popular physician search firm. In 2003, radiology was the No. 1 most requested search assignment at Merritt Hawkins. The top of the mountain in terms of demand. That period also marked a huge increase in the supply of radiologists as both medical students and residents liked the specialty's high quality of life as well as its potential for high earnings.

Soon after, however, recruiting demand began to drop due to the high supply of radiologists and the 2007 recession, among other factors. "Radiology began to drop lower and lower in Merritt Hawkins' top 20, and then in 2012, it fell out of the top 20 for the first time in more than a decade," says Travis Singleton, Merritt Hawkins senior vice president. "That was a rather large shift when you consider the size and pervasive nature of radiology."

In 2016, radiology returned to Merritt Hawkins' rankings, and 2017 has been an even better year for the specialty. Singleton says this return to form was inevitable for radiology—it's just too important for patient care to not bounce back in the job market. "With an improving economy and the effects of an aging population, demand for imaging was due to rise again sooner or later," he explains. "Very little in today's healthcare system takes place without an image. Radiology's impact on patient care can't be underestimated."

Unfortunately for those tasked with radiologist hiring, the rise in demand comes with a number of new challenges. The Merritt Hawkins search data shows close to 50% of radiologists are 55 and older and attrition is beginning to reduce the pool of available candidates. And the supply shortage doesn't appear to be limited to rural areas, with communities of 100,000 people or more making up 55 percent of the firm's search assignments. In addition, the average base salary for radiologists climbed from \$323,000 to \$436,000 between 2012 and 2016, putting additional pressure on hiring imaging providers.

The Subspecialty Balancing Act

There's also another challenge providers are facing when they try to

recruit new employees: they face frustrating restrictions sparked by an industry-wide increase in subspecialty training.

Blue Radiology Services, for example, is a 22-radiologist practice based out of Wellington, Fla., that performs roughly 400,000 reads a year at three hospitals and seven imaging centers. Business is booming for Blue Radiology Services, but one problem haunts them regularly as they work toward increasing their reach: today's crop of young radiologists have all been trained in a specific subspecialty, and they often don't like working outside their comfort zone.

"In the early days, people would do their residencies and then went straight to a practice; they didn't even do fellowships," says Roger Ramos, MD, Blue Radiology Services president. "Everyone did everything back then. We've gone from that to people doing their residencies and always doing a fellowship of some kind. Everyone is super subspecialized, and a lot of the time, they are only comfortable in their particular specialty."

This is problematic, Ramos explains, because radiologists on call at a hospital can't always be picky. And it's not that he dislikes subspecialized radiologists; they just aren't always a perfect fit for certain situations. He may find the best radiologist in the state, but if that individual can only do a fraction of the work that's needed, it puts him in an almost impossible position.

"Say I have a musculoskeletal (MSK) radiologist and I only have 10 MSK cases a day," Ramos says. "If they don't want to read anything else or they don't feel comfortable reading anything else, there's no way I can afford to pay them to read 10 cases a day. It's very difficult, because you have the demands of the hospitals that want subspecialty reads and you have the demands of the referring physicians who want subspecialty reads, but you don't have enough cases to support having that person on staff."

As it so often does, Ramos adds, it simply comes down to money. "It's hard for me to pay you more than you generate. That's where we're at, unfortunately. It's a real balancing act, and that is where the relationship with vRad is so valuable for us."

vRad's virtual FTE (vFTE) solution has been exactly what Ramos and his team needed to overcome the issues caused by today's tightening, subspecialized radiology job market. It gives leaders instant access to trained subspecialists, reducing stress in the workplace and replacing it with good old-fashioned reliability. vFTE is also licensed in all 50 states, so there's no concern about being limited by your surroundings.



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The cost savings are also significant, Ramos reports. His practice can still bring in full-time radiologists when necessary, but they can take less risks now, turning to vFTE in times when they might otherwise be considering hiring someone who doesn't quite fit their needs. Also, users don't have to offer vFTE's teleradiologists benefits. Instead, the money that would have gone to those benefits can be invested right back into the company.

And vRad isn't just a solution that helps practices with subspecialty needs; vFTE is a flexible tool for filling other schedule gaps such as vacation coverage, new contracts where only a partial FTE is needed, or to cover a retirement.

To paint a picture of just how effective vFTE can be, Ramos describes what often happens in imaging groups when subspecialty radiologists are away from the office. "Let's say I have one MSK radiologist and he or she is on vacation or on call, so they're out of the daily workflow," he says. "Effectively, I have no MSK radiologist available at that time, so I have a few choices: I hold the films, I wait for them to come back or I get a person who isn't fellowship trained to read those exams. Neither solution is very good. With vFTE, I have someone available to read those exams immediately."

All About Relationships

Of course, if the reads provided by vFTE weren't good enough, Ramos would go another route. But vRad's radiologists are efficient, reliable, and have the absolute latest subspecialty training.

This makes Ramos and the rest of Blue Radiology Services' leadership happy, but it also makes referring physicians happy.

"The specialized radiologists speak the same language as the orthopedic surgeon, for example," Ramos says. "That surgeon becomes comfortable with the radiologist and his or her reads, so it becomes a real relationship. Someone who isn't fellowship trained, it's not that they are missing findings—but there isn't that comfort level with the person reading the exam or the surgeon ordering the exam. And medicine is all about relationships."

Another key relationship in imaging is the one between vendors and their customers, and Ramos reports that working with vRad has been a dream come true. It's a partnership that began almost two years ago, and he has nothing but kind words for the company and its helpful customer support. "Their service is top-notch," he says. "And they're always very responsive."