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Radiology Staffing: How to Do More with Less

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Is your radiology practice's case load growing, but your staffing level isn't? You're not alone.

"It's absolutely the case for us," said David Marichal, chief technology officer of Radiology and Imaging Specialists in Florida. "It's been a trend in terms of the industry."

Due to a downward progression in reimbursement and imaging volume, and burgeoning technology capabilities, the market for radiologists is tight and practices are focused on staying lean and efficient. "The challenge is to optimize productivity and efficiency while improving quality," said David R. Phelps, MD, president of Radiology Associates of North Texas.

Radiology practices need to make sure they are meeting the needs of referring doctors and hospitals, while weathering the challenges facing the industry. Here's how to leverage manpower and technology to do just that in lean times.

Scheduling
Determining the best ways to optimally staff the radiology practice is both art and science. Years ago, Phelps's practice made a conscious decision to move from subjectively hiring based on staff's reported needs , to a more objective way of analyzing needs. "We look at procedure volume at facilities, and growth of those, and try to match the manpower to the volume of work at individual facilities," he said. That way they're not just listening to the squeaky wheel, they're staffing based on actual data.

Marichal also uses data to determine how many radiologists are needed, and when. This is especially important as they negotiate new contracts with other facilities. His group evaluates the number of procedures performed there, to determine the on-site requirements, whether it's a full time staffer, or a floater who can go from facility to facility. "We staff to meet the needs of the facility, but still keep turnaround times at acceptable levels," he said.

Marichal's group is always looking at the aggregate volume, then breaking it down by facility and shift. "That's where you can make your decisions," he said.

For example, the 5 p.m. to midnight shift was incredibly busy, "it's one of the busiest spikes we see for hospitals," Marichal said. His group added a radiologist to that shift to increase coverage, and decreased one on the day shift. He also looked at how many reads per hour they're getting from certain facilities, along with the peak number, determining trends and adjusting staff accordingly.

If RIS reports aren't detailed enough, Marichal will construct his own analytics. Using this method, the practice has changed the traditional shift hours. "We have interesting shifts now, with some coming in at 10 a.m. instead of 8. We had enough people on during the 7 to 10 a.m. time period, we didn't need another."

Marichal uses the same kind of data for other office staffing, including technologists. He runs reports to look at the busiest times by the hour, trying to staff as leanly as possible while still providing the best customer service to patients. While they haven't laid anyone off, his practice will repurpose them and don't always rehire when someone leaves, especially in medical records, medical editing and transcription.

Marichal said his facility is competing with the large national radiology groups that get contracts by promising a certain staff level for locations and times, quick turnaround and subspecialty readings. Using cloud technology and integrated work stations, plus having a group of 25 radiologists which is large enough to provide subspecialty reads, his practice is able to compete. "Our approach is we're a hometown radiology group," Marichal said. "We've been in

this community more than 40 years. We're not looking to go national but we're looking to provide that [same] kind of service."

Applying Technology

One of the most important ways practices are staying lean is through technology. Using cloud technology, Phelps said his group has been able to move the readings around the practice's multiple locations. "You can optimize your work flow so you can shift work from parts of the practice that are overloaded to parts that have capacity," said Phelps. "This is a much more practical thing now that PACS is wide spread."

A single IT platform helps them realize efficiencies in work distribution. "I think that's another factor that's contributed to a slower hiring rate across the country," Phelps said. "As technology improves, and the larger practices move toward single IT platforms, they can gain back some manpower because of efficiency of manpower distribution."

When taking on a new client, Marichal's group was able to go from two radiologists on-site to one, by sharing the work across their "radiology cloud network" with a distributed reading work list. Marichal's practice integrated the studies from the client's PACS into theirs, and because of the shared data and work list, they could absorb the volume, placing only one radiologist on-site.

His practice is working toward a single unified universal work list for the radiologists. By having the workload from another facility available 24/7 on the practice's computer network, "we can provide much better services," he said. "It's not just the guy at his work station in the hospital, but anywhere we have work stations, so any radiologist can get to it."

Because of this, Radiology and Imaging Specialists was able to commit to a turnaround time of 30 minutes or less for STAT and ER cases, and two hours for everything else. "That allowed us to renew our contract" with a client, Marichal said. All the radiologists in the practice are credentialed at all associated facilities and hospitals, so anyone can read any client's study.

Doing more with less means continually evaluating the practice's work flow. "We have to be better business leaders in the world of radiology," Marichal said. "We have to look at every facet of how we practice at all levels of staffing and service lines. If we don't, we'll be extinct."

- See more at: http://www.diagnosticimaging.com/radiology-staffing-how-do-more-less#sthash.4X63NMlg.dpuf