

RLI-RFS Webinar: Trends in Corporatization (Part 1)

Follow-up Questions and Answers

Question 1: Are radiology groups more likely to consolidate in the years to come?

Answer: This is a big unknown. Initial projections showed acquisition activity out to 2023 but that was earlier in the corporate experience and certainly before COVID-19. We are all monitoring closely.

Question 2: Are older radiologist concentrated more in a specific type of practice type?

Answer: I'm not aware of hard data. A related question is, are those practices with a larger proportion of older radiologists more prone to sell to a corporate entity? Although anecdotally, it seems there is variation depending on practice circumstances. For some, it has been the mid- or early-career radiologists who were critical in the final decision.

Question 3: In Emergency medicine, some of the HCA-owned hospitals are privately funding new residency programs regardless of community need and saturating the job market. Has there been any talk of preventing this in the radiology sphere?

Answer: There are some training programs that are associated with corporate entities either through associate agreements or asset ownership. There are restrictions about existing or new program expansion based on GME funding. I'm not aware of increases in overall slots specifically directed for the manpower needs of corporations.

Question 4: In spite of the projected future radiology shortage, what do you think about the strategy of reducing the number of graduating radiologist so as to increase the demand of our services and leverage our bargaining power?

Answer: There have been several attempts in the past for radiology collectively to anticipate manpower needs and adjust prospectively. All have been failures. Too many unknown parameters. In fact, if we undershoot and create a void, we risk having other specialties or advanced practice providers step in and fill in the gaps in patient access.

Question 5: How is the College going to ensure private practice remains a viable practice model and that corporate practices don't gain undue influence on the work of the College?

Answer: The College is a membership-driven organization. As a corollary, it will be up to American radiologists and most importantly this generation of providers to determine the practice models going forward. It is rare to have an organization that can move markets. It will be our community as providers and our patients who will determine successful models. Similarly, the College Council is the representative of the College. It is your elective representatives from your state chapters who choose those on the Board and Council Steering Committee.

Question 6: Are corporate radiology firms working to change or take advantage of Certificate of Need (CON) laws in ways smaller private practices couldn't?

Answer: Smaller practices have also lobbied for CON, as have many other types of entities. I think that you will see corporate firms also doing this depending on their geographic strategy.

Question 7: Some of these corporations are led by a single non-practicing physician, do you consider those to be "physician-led"?

Answer: This is a great question. The short answer would have to be yes, but I think that a better answer would depend on whether or not the leadership structure includes multiple physicians, including those who practice. Just having a physician in a top leadership position doesn't mean that physicians are leading at all levels and that practitioners have significant input into decisions.