

Radiology practices struggle to survive amid COVID-19

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Private radiology practices have been especially hard hit by the COVID-19 pandemic, and the steps they take to mitigate the impact of the pandemic on their practice will shape the future of radiology,

according to a special report from the Radiological Society of North America (RSNA) COVID-19 Task Force, published today in the journal *Radiology*.

The COVID-19 pandemic resulted in widespread disruption to the global economy. The resulting reduction in demand for imaging services had an abrupt and substantial impact on private [radiology](#) practices, which are heavily dependent on examination volumes for practice revenues. Examination volumes in radiology practices have decreased by 40%-90%. The volume reduction is anticipated to persist for anywhere from a few months to a few years.

Private practice radiologists make up a substantial proportion of the specialty, accounting for approximately 83% of all practicing radiologists in 2019.

The report describes specific experiences of radiologists working in various types of private practices during the initial peak of the COVID-19 pandemic and presents a detailed case study of a private radiology practice impacted by the pandemic. The authors outline factors determining the impact of the pandemic on private practices, the challenges practices have faced, and the financial adjustments made to mitigate losses.

"For many practices, caring for patients with COVID-19 increased the complexity of the financial impact," said lead author Richard E. Sharpe Jr., M.D., M.B.A., senior associate consultant at Mayo Clinic in Scottsdale, Arizona. "Volumes of advanced imaging, a higher reimbursement service for many practices, were reduced while low reimbursement services, such as radiography, often increased. At the same time, performing these low reimbursement services in ways that minimized the risk of virus transmission to staff and other patients increased the time and resources required to perform these services.

These challenges were often most pronounced in private practices that included a hospital-based component to their practice, and which cared for COVID-19 patients with moderate and severe symptoms."

In addition to financial burdens, tremendous variability in interpretations of state-level practice guidance existed, even in the early affected Seattle area. For example, some practices in Seattle maintained elective imaging appointments, while other groups only indicated plans to reschedule screening examinations. Still others requested that patients postpone all elective imaging. One group directed patients to reschedule only if they were symptomatic for coronavirus.

In the report, Dr. Sharpe, along with coauthors Brian S. Kuszyk, M.D., and Mahmud Mossa-Basha, M.D., lay out strategic efforts that practices are making to their mid- and long-term plans to pivot for long-term success while managing the COVID-19 pandemic.

Private radiology practices have crafted tiered strategies to respond to the impact of the pandemic by pulling various cost levers to adjust service availability, staffing, compensation, benefits, time off and expense reductions. In addition, they have sought additional revenues, within the boundaries of their practice, to mitigate ongoing financial losses.

Some practices may opt to adjust employed physician contracts to better mitigate practice risk from potential future volume disruptions. Base salary may comprise a smaller portion of overall compensation, with the balance dependent on the overall financial performance of the organization and/or individual productivity.

The longer-term impact of the pandemic will alter existing practices, making some of them more likely to succeed in the years ahead.

Some groups may prove unable to survive the COVID-19 [pandemic](#), potentially fueling trends either toward consolidation into larger radiology groups or toward increased employment by hospitals.

"We anticipate that small radiology practices may be at greatest risk for consolidation with larger radiology groups that have a more diversified practice model regarding inpatient-outpatient mix, subspecialty service lines, and geography," said Dr. Kuszyk, president of Eastern Radiologists in Greenville, North Carolina.

RSNA is committed to providing trusted resources to the radiology community as they prepare for and manage patient surges caused by the spread of COVID-19. RSNA established the COVID-19 Task Force to lead RSNA's efforts in educating radiologists and [health care professionals](#) about the impact of COVID-19 and develop needed tools to help radiology departments handle the crisis. RSNA's COVID-19 Resources page houses the latest guidance, original research, image collection and more.

More information: Richard E Sharpe et al. Special Report of the RSNA COVID-19 Task Force: The Short- and Long-Term Financial Impact of the COVID-19 Pandemic on Private Radiology Practices, *Radiology* (2020). [DOI: 10.1148/radiol.2020202517](https://doi.org/10.1148/radiol.2020202517)

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