

The Community-Based Academic Radiologist

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Abstract

As academic radiology practices expand into the community, the lines that have historically distinguished the academic from private practice radiologist are becoming increasingly blurred. In this article, we introduce the new concept of the community-based academic radiologist and address some of the unique challenges and opportunities faced by these radiologists navigating this new hybrid role of academician and radiologist in community-based private practice.

Key Words: Community hospital, academic, performance metrics, academic promotion, health care reform

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INTRODUCTION

The practice of radiology has historically ranged along the continuum of community-based private practice and academic practice [1-3]. As radiologists share the mission of providing high-quality and efficient care [1], these differing practice pathways come with unique incentives, opportunities, challenges, and priorities that are largely driven by stakeholders [3].

Historically, private practice radiology has taken place in community-based practice, in which radiologists partner with independent imaging centers or contract with a community hospital to provide service [3,4]. The mission of private practice radiology is largely bipartite, focused on volume and productivity in tandem with high-quality interpretation of imaging studies [3]. Subspecialty-trained radiologists in private practice often perform as generalists to ensure adequate coverage [1-3]. Because success of the practice is based on speed and competence, the individual radiologist's reading volumes and overall clinical productivity are significantly higher than they are for the traditional academic radiologist [2,5]. Historically, private practice radiologists are not affiliated

with large urban or metropolitan academic medical centers [1] and tend to serve healthier patients seeking care near their home or place of work [2,6].

In contrast, academic radiology, like academic medicine, has traditionally been practiced in academic hospitals, where radiologists focus on education and research in addition to patient care [1,7]. This pathway has served as the primary source of scientific and technologic progress in radiology, because academic radiologists are tasked with educating the next generation of radiologists [3,8]. Most academic radiologists are employed by their academic hospital, school of medicine, or affiliated foundation and interpret studies in their specific area of fellowship training or expertise [1,3]. Furthermore, academic radiologists often practice in hospitals offering higher-level (tertiary or quaternary) care in more urban or metropolitan areas of the city serving patients with more complex illnesses [3,6,9]. As mentioned previously, academic radiologists combine their clinical work with a significant amount of nonclinical work in the areas of education, research, and administration [5]. The degree of commitment to these areas of nonclinical work may vary depending on radiologist and institutional expectations [5,10].

The ongoing evolution of US health care reform [11-14], change in payer models [14,15], and shrinking clinical margins [16,17] continue to challenge the traditional academic radiology model. To adapt [13,18], academic institutions are discovering ways to align their mission with health care reform and achieve economies of scale [12,19]. This has been accomplished in recent

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years through expansion into the community utilizing one of three fundamental strategies: acquisition of community hospitals, formation of partnerships with community hospitals, or organic growth [9,20].

As academic radiology practices continue to expand into the community, the lines that have historically distinguished academic from private practice radiologist are becoming increasingly blurred [21-23]. In this article, we introduce the concept of the community-based academic radiologist (CBAR) and address some of the unique challenges and opportunities faced by radiologists navigating this new hybrid role of academician and radiologist in community-based private practice.

FULFILLING THE ACADEMIC MISSION

Deployment of academic radiologists into the community has several potential benefits that support not only the mission of academic hospitals but also the goals of US health care reform [9,11,13]. These include (1) improving access to services by serving patients in new geographic areas; (2) reducing disparity by offering subspecialty radiology to all populations served; (3) improving outcomes by detecting disease at earlier stages [9]; and (4) access to additional patient safety and quality metrics. A recent county-level analysis of the US radiologist workforce demonstrated significant geographic disparities in radiologist supply at the community level that were compounded by superimposed variations in the degree of specialization of the radiologists [24]. Further investigation is warranted to evaluate the patient care impact of such access disparities.

RESEARCH AND TEACHING BY CBARs

When an academic institution partners with a community hospital, the community hospital, in theory, gains improved access to the latest technologies, research, and clinical trials [22,23]. However, the complexity inherent in implementing a research agreement that balances the missions of the two partnered institutions can pose unique challenges. This is most often encountered when the two partners do not have a shared vision for research in the setting of current health care delivery [25,26]. Before an academic hospital and a community hospital enter into a partnership, all stakeholders, including the radiologists set to work at the community hospital, should discuss their shared vision, expectations, and goals.

Furthermore, CBARs may face considerable challenges when trying to conduct academic research and deliver education at a community-based hospital [3,5,26] when the academic employer is not fully engaged or

aware of the unique challenges that they may be facing in the community hospital setting [27]. CBARs that are working at a hospital that lacks the appropriate infrastructure for conducting research should not be expected to conduct scholarly research or develop clinical trials. Conducting research may be particularly challenging in a community hospital recently acquired by an academic hospital or in the context of a community hospital–academic hospital partnership in which the academic hospital is providing professional staffing [9].

If the environment at a community hospital does not support traditional academic research, a CBAR may need to be creative to produce scholarly activity if this is the expectation set forth by the academic employer. Options include collaborating remotely with other radiologists at the academic hospital or virtually with other radiology groups across the country [3]. From the perspective of the academic hospital, an incentive compensation plan to reward academic productivity [28] may help stimulate research by CBARs. The incentive can be structured such that more academically productive CBARs receive increased financial compensation or protected time for research.

The role of the radiologist as educator often has new dimensions in the community hospital setting. Not all community hospitals train medical students, residents, or fellows as part of day-to-day practice [29]. Such training requires multiple logistical steps to be well coordinated between the academic hospital and each of the partnering community hospitals, which can be a resource-heavy endeavor. However, although classic radiology education of medical students does not typically occur in community hospitals, there are many other opportunities for professional education. Sometimes fellows or senior residents interested in private practice may elect to do a rotation at a community hospital to get a feel for the workflow, pace, and environment of a private practice. CBARs can also offer education to physicians, patients, and technologists on relevant topics at local continuing medical education events [30], which is consistent with the current Imaging 3.0 cultural transformation advocated by the ACR [31]. Patient education at the bedside or at community speaking events is another potential educational opportunity [31].

CONTRIBUTIONS OF CBARs TO THE COMMUNITY HOSPITAL

In contrast to the traditional academic radiologist's role, CBARs can engage in practice development, technologist

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