

Unifying the Silos of Subspecialized Radiology: The Essential Role of the General Radiologist

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Abstract

As radiology becomes increasingly subspecialized, conversations focus on whether the general radiologist is trending toward extinction. Current data indicate that the vast majority of graduating radiology residents now seek fellowship training. Practicing entirely within the narrow confines of one's fellowship subspecialty area, however, is uncommon, with recent data indicating that more than half of all radiologists spend the majority of their work effort as generalists. From the traditional concept of the generalist as the non-fellowship-trained radiologist who interprets everything to the multispecialty-trained radiologist to the emergency radiologist who is a subspecialist but reads across the traditional anatomic divisions, the general radiologist of today and the future is one who remains broadly skilled and equipped to provide a wide spectrum of radiologic services. The successful future of many practices of all types and the specialty as a whole will require ongoing collaborative partnerships that include both general and subspecialized radiologists. This review article highlights various scenarios in which general radiologists provide value to different types of radiology practices.

Key Words: General radiologist, diagnostic radiologist, subspecialist, work force, education, futurism, curriculum

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INTRODUCTION

As radiology becomes increasingly subspecialized, ongoing discussions have evolved around whether the general radiologist is trending toward extinction [1,2]. Current data indicate that the vast majority of graduating radiology residents, unlike their generational predecessors, seek additional fellowship training [3]. Although opinions exist that general radiologists are

best suited “for fairly simple outpatient care and possibly overnight emergency care and urgent inpatient care” [4], practicing entirely within the narrow confines of one's fellowship subspecialty area is, in reality, uncommon [5]. In fact, recent data indicate that more than one-half of all radiologists spend the majority of their work effort as generalists [6]. This means that to ensure that most practice workloads are covered, subspecialty-trained radiologists practicing outside of academic centers should anticipate considerable work outside of their chosen subspecialty areas.

Not surprisingly, then, fellowship-trained radiologists with general capabilities were recently identified as the most desirable candidates for hire in most private practices, multispecialty practices, and hospital-owned practices [7]. A radiologist who is proficient and willing to read in several or all subspecialty areas will be a valuable asset to his or her practice. A recent ACR white paper outlined a vision for the general radiologist of the next century [2]. No single uniform definition exists to differentiate a general radiologist from a subspecialty radiologist. Recent work by one group has

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characterized the US radiologist workforce on a work relative value unit basis, defining majority subspecialists as those whose professional effort is more than half in a specialty area and general radiologists as those whose majority work effort is less focused [5,7]. In contrast, the ACR defines general radiologists as those who did not complete fellowships and those “fellowship-trained subspecialty radiologists who spend a significant portion of their time interpreting studies in multiple areas outside of their subspecialty” [8]. For the purposes of this review, we use that latter definition. Summarizing the proceedings of a session sponsored by the Commission on General, Small, Rural and Emergency Radiology at the 2017 ACR annual meeting, we take that work a step further, outlining specific scenarios ranging from private practice to academia in which general radiologists can and do provide value to their practices, patients, and health systems.

THE SMALL, RURAL, AND MIDSIZED GROUP PRACTICE PERSPECTIVE

In many counties across the United States, patients’ only access to a local radiologist is to a general (ie, not majority subspecialized) radiologist [8]. As such, in small and rural group practices, radiologists are commonly expected to perform general radiology during both daytime hours and when on call, with most radiologists practicing as generalists on call. Across the country, many subspecialty-trained radiologists, out of necessity, are working less than 50% of their total time within their chosen subspecialties [6]. For example, the subspecialty radiologists at one practice based in central Pennsylvania composed of 12 radiologists spend less than 40% of their total work in their subspecialties. Larger and midsized groups are more likely to practice subspecialized radiology, but in many of those groups, the expectation persists that general competencies are maintained by most of the radiologists to ensure that the group can ensure patient access by providing a full complement of diagnostic imaging services, particularly during after-hours coverage. For one midsized radiology group consisting of 40 radiologists serving the New York metropolitan area, for example, patients, hospitals, and referring clinicians frequently expect subspecialty interpretations 24 hours a day, 7 days a week on advanced imaging studies. All radiologists in that group completed at least one fellowship, and none of their work is outsourced to third-party companies. Because providing subspecialty off-hours coverage represents a large portion of work hours and created a particular hardship on

the group, this practice created a west coast branch, composed of radiologists who permanently reside on the west coast but are fully integrated in the practice. During off hours, a west coast radiologist is paired with an east coast radiologist of a different subspecialty to maintain an in-house radiologist for face-to-face interactions with local referring physicians at all hours of the day. To optimize patient access to subspecialized radiologist coverage, at least several other large radiology practices have created similar satellite centers outside the continental United States (eg, Hawaii, Israel). Despite these and other creative solutions to meet market demands for subspecialized coverage, radiologists in most radiology practices, from small to large, still need to interpret studies outside their fellowship-training subspecialties to serve the needs of their hospitals and their communities. Providing evidence from internal quality assurance programs that quality can be maintained with interpretations by general radiologists may be necessary to counter market demands for subspecialized coverage that can subject radiology practices to significant hardship and that may ultimately threaten their sustainability [9].

MILITARY AND VETERANS AFFAIRS PERSPECTIVES

The Military Health System (MHS) and the Veterans Health Administration are distinct, integrated health care systems that care for those who serve or have served our nation [10]. Together caring for nearly 20 million beneficiaries at thousands of facilities across the world, ranging from the largest cities to many remote outposts, both systems rely on general radiologists to play an indispensable role in ensuring broad and robust access to necessary imaging services. Given the diverse nature of military medicine, general radiology practice, whether performed by a residency- or fellowship-trained radiologist, remains essential.

Among the several factors that make the general radiologist so uniquely necessary in the military, training and geography are most important, and thus the military serves as a useful model for radiologists in other practice settings to balance generalist versus subspecialist manpower needs. The US military is staffed by approximately 500 radiologists, most of whom are active duty and received their training in military residency programs. Because the military health care system largely funds, educates, and employs its own physicians, fellowship training opportunities are managed globally on the basis of the overall clinical and residency training needs of the system. The military provides residency and fellowship

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