# The 2017 ACR Workforce Survey: Management Trends and Strategic Needs

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# **Abstract**

The 2017 ACR Workforce Survey included questions for group leaders about management trends and areas in which they need more help from the ACR. Respondents identified point of care ultrasound as the area in which they need the most help. Most respondents gave positive or neutral answers regarding their role in the management of radiology allied health professionals and radiology information technology, and most believed their role and influence in decision making in the organization were not decreasing.

Key Words: ACR 2017 Workforce Survey, radiology management trends, radiologist strategic needs, point of care ultrasound, radiology information technology

J Am Coll Radiol 2017;■:■-■. Copyright © 2017 American College of Radiology

#### INTRODUCTION

An important role of professional societies is to ensure that the desires and needs of the membership are being met. To better understand the needs and feelings of the ACR membership, the ACR Human Resources Commission included questions in its 2017 Workforce Survey to determine the views of Practice of Radiology Environment Database (PRED) group leaders regarding management trends affecting them and to identify the areas in which these leaders need more help from the ACR.

#### MATERIALS AND METHODS

The methodology of the annual ACR Workforce Survey has previously been described [1,2]. For the first time, the 2017 survey included a Management Trends section that consisted of a six-item questionnaire (Table 1). Response options were a 5-point Likert scale, with 1 corresponding to very satisfied

or high priority and 5 corresponding to very dissatisfied or low priority. The survey was sent to the chairs or group heads in the PRED database on January 9, 2017. Weekly e-mail reminders were sent to the nonrespondents, and members of the ACR Human Resources Commission called the nonrespondent groups to ask for their participation. The survey was closed on March 6, 2017.

#### **RESULTS**

Survey responses were received from 477 of the approximately 1,800 group leaders, a 26% response rate. Of these responders, 73% filled out the Management Trends section of the survey, representing the views of approximately 8,427 radiologists. The respondents answered the questions in the Management Trends section at similar rates.

In response to the question asking in what areas PRED leaders would like additional help from the ACR leadership, 52% of respondents identified point of care ultrasound as a somewhat high to high priority. An additional 25% identified point of care ultrasound as a medium priority (Table 2).

Thirty-six percent of respondents identified help with turf issues as a somewhat high to high priority, and another 27% listed turf issues as a medium priority.

Only 28% of respondents said creating or designing a radiology-specific patient satisfaction survey was a high or somewhat high priority, and 45% rated it as a low or somewhat low priority. Similarly, 51% thought developing a radiology-specific referring physician satisfaction survey was a low or somewhat low priority.

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The authors have no conflicts of interest related to the material discussed in this article.

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Table 1. Management trends guestions asked as part of the ACR 2017 Workforce Survey

		Questions			
A. Over the past 5 years, how satisfied are you with your involvement with the management of your radiology allied health professionals (eg, medical physicists, radiologic technologists, radiologist assistants, radiology nurses, etc)?					
1	2	3	4	5	
Very satisfied		Same		Very dissatisfied	
B. Over the past 5 years, has your level of involvement with management of your radiology allied health professionals changed?					
1	2	3	4	5	
Increased		Stayed same		Decreased	
C. Over the past 5 years, how satisfied are you with your involvement with the management of your radiology IT?					
1	2	3	4	5	
Very satisfied		Same		Very dissatisfied	
D. To whom does your r	adiology IT directly re	eport?			
Department of radiolo	gy				
Institutional IT					
Other (specify)					
E. Over the past 5 years, how do you feel your role and influence in institutional, hospital, or systemwide decisions has changed?					
1	2	3	4	5	
Increased		Stayed same		Decreased	
F. As the leader of my group, I would like the ACR's help in the following areas:					
1. Turf issues (5 = high priority, 1 = low priority):					
2 Point of care ultras		•			

- 2. Point of care ultrasound (5 = high priority):
- 3. Documenting non-relative value unit added-value activities (5 = high priority):
- 4. Creating or designing a radiology-specific patient satisfaction survey (5 = high priority):
- 5. Creating or designing a radiology-specific referring physician satisfaction survey (5 = high priority):
- 6. Other issues. Please list:

Only 14% rated help with documenting non–relative value unit added-value activities as a somewhat high to high priority.

Only 10% of the PRED leaders were dissatisfied or very dissatisfied with the management of radiology allied health professionals that they supervised, whereas 67% were satisfied or very satisfied.

Only 9% of responders indicated that their level of involvement with management of radiology professionals had decreased or somewhat decreased during the last 5 years, and 62% reported little change in their involvement.

Twenty-nine percent of radiology IT chiefs reported directly to radiology leaders, and 49% reported to institutional IT departments (Fig. 1). Forty-one percent of PRED leaders were satisfied or very satisfied with their involvement with the management of radiology IT resources, and 28% were dissatisfied or very dissatisfied (Fig. 2).

In response to the question about institutional influence, 37% of PRED leaders indicated that their

Table 2. 2017 Survey results: need ACR's help with the following issues

Issues	Somewhat High to High Priority (%)	Medium or Neutral (%)	Somewhat Low to Low Priority (%)
Point of care ultrasound	52	25	23
Turf issues	36	27	38
Development of a patient satisfaction survey	28	27	45
Development of a referring physician satisfaction survey	22	27	51
Documenting non-RVU added-value activities	14	23	62

Note: totals do not always equal 100% due to rounding. RVU = relative value unit.

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