VIR Committee

NYSRS BOD meeting, Jan 5, 2024

Informational Items: The following is the link to the recorded Dec 6 Town Hall-IR and DR: Better Together or… ?

https://acr-1.wistia.com/medias/ic094ws5sk?utm_medium=email&utm_source=marketo&utm_content=banner&utm_campaign=GENL-EML-121123%20Missed%20You&mkt_tok=NTk4LVRSQS0yNDQAAAGP-W_nyHMQ8iFbFrfqyYezxig9BKkaoY5kMk_2DbFS9sU9A4aK2VKWPloGEVbKkPMHxgHt-hPXftuEPeHPYIyTJb3gzD-j-G7TJxqzbMxy_JZE

Discussion items: A Town Hall meeting was held on Dec 6 as a joint effort between ACR and SIR. The topic of discussion was whether IR should remain a part of Radiology. The discussion has been stimulated in part by some of the following factors:

1) The new direct IR pathway making IR its own primary specialty.
2) Perceived conflict of interest in some groups as follows:
    a. IR's increasingly valuing comprehensive longitudinal clinical care as opposed to DR groups being faced with overwhelming staff shortages and increasing DR volumes.
    b. Personal gratification in IR being undermined by business models that do not seem to value the practice of IR equally to that of DR
3) RVU based models that attach little or no value to some of the demands of an IR (call including commuting and off-hours phone calls and procedures, consultations, consents, paperwork, etc.)
4) The perception (or reality) that in an RVU-based model, DR supports IR

Arguments are presented for and against IR remaining with DR. To summarize, the advantages IR brings to practices mentioned in the meeting included a necessary in house representative in what could otherwise be a mostly remote-working group (e.g., the face of the group), leverage for contracts with hospital administration and other clinical services, the privileges and expertise to interpret certain diagnostic studies that pertain to the IR practice (e.g., vascular lab), some IRs enjoy doing diagnostic work. Some disadvantages mentioned are the frustrations some IRs encounter with convincing DRs to invest in infrastructure that does not directly result in revenue (e.g., a clinic), IR procedures competing with time that can be used reading which can lead to disincentivizing IR practice development within a group.

Some ways to make IR/DR practices more palatable included ways to increase the RVU productivity of IRs incorporating OBLs into practices to increase the revenue associated with outpatient procedures and technical fees in addition to professional fees, incorporating a vascular lab as a gateway to vascular procedures, and defining the differences and associated tasks of an IR vs DR workday. Some of these, such as OBLs and in house vascular imaging also make independent IR practice a viable option.