Can An Interventional Radiologist Survive In Today’s Turf War?

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Disclosures

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Introduction

- Increasing numbers of imaging-assisted endovascular and cardiac procedures are being performed by non-Interventional Radiologists.


The changing roles of radiologists, cardiologists, and vascular surgeons in percutaneous peripheral arterial interventions during a recent five-year interval.

Levin DC¹, Rao VM, Parker L, Bonn J, Maitino AJ, Sunshine JH.

“Between 1997 and 2002, procedure volume in percutaneous peripheral arterial interventions grew at faster rates among cardiologists, vascular surgeons, and other physicians than it did among radiologists.”

- This trend has raised concerns amongst Interventional Radiology (IR) physicians regarding the financial viability of the field.
Let the Turf Wars Begin

As a result, there has been concern about turf wars between IR and other endovascular and cardiac procedure-oriented fields for decades.


The turf war over peripheral vascular intervention. Part I. Setting the stage.

Drucker EA¹, Brennan TA.


Do interventional radiologists pose a significant threat to the practice of vascular surgery?

Levin DC¹, Parker L, Eschelman DJ, Sunshine J, Busheé G.


Why Vascular Surgeons and Interventional Radiologists Collaborate or Compete: A Look at Endovascular Stent Placements.

Keller EJ¹,², Collins JD¹, Crowley-Matoka M², Chrisman HB¹, Milad MP³, Vogelzang RL⁴.
The purpose of this study was to assess the differences in maximum Medicare reimbursements to IR, VS, and Cardiology physicians.

In other words...
Can the field of IR remain financially viable in today's healthcare market?
Methods

• The Medicare Provider Utilization and Payment Database is a publicly available database provided by the Centers for Medicare & Medicaid services (US Government organization) that discloses all Medicare payments by dollar amount to physicians from 2012 to the present.

• This database was queried for all IR, VS, and Cardiology physicians who received Medicare reimbursements in 2014.
Methods

- The top 50 physicians in each specialty queried who received the most Medicare reimbursements in 2014 were searched for.
  - Of these, the total Medicare reimbursements made to each physician was tabulated.

- Average total Medicare reimbursements were compared between the three specialties using T-tests and ANOVA (significance set at p<0.05).
Results

Average Total Medicare Reimbursements By Specialty

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Mean (USD)</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vascular Surgery</td>
<td>$2,405,198</td>
<td>$1,453,301</td>
<td>$10,978,358</td>
</tr>
<tr>
<td>Cardiology</td>
<td>$3,027,008</td>
<td>$1,911,600</td>
<td>$14,801,647</td>
</tr>
<tr>
<td>Interventional Radiology</td>
<td>$1,311,979</td>
<td>$965,738</td>
<td>$6,437,855</td>
</tr>
</tbody>
</table>

No significant difference between the three specialties' average total payments, although there were trends toward significance (p=0.008).
Results

• In further sub analysis, there was…
  • No significant difference when comparing IR to Vascular Surgery (p=0.20).
  • However, there was a significant difference for IR compared to Cardiology (p=0.003)!
IR makes less... but there is hope!

- 50 highest-reimbursed IR physicians are paid less than their counterparts

- However, they are still able to maintain a high level of reimbursement relative to average salaries of US physicians.
  - Maximum Medicare reimbursement for IR was $6,437,855 and the average of the top 50 was $1,311,979
  - The average salary of an IR is $518,164\(^1\) compared to the average US physician salary of $294,000\(^4\).

- Our results suggest that it is possible for an IR physician to remain financially viable and successful even in the midst of turf wars.
Interventions grew at faster rates among other subspecialists than it did among radiologists, resulting in radiologists’ market share decline. However, total procedure volume among radiologists continued to grow. Thus, despite the erosion, interventional radiologists can still maintain a strong position in this rapidly growing field.

“There are valid reasons why radiologists should be the ones doing these procedures: first, because in any given hospital, radiologists are generally the physicians with the best training and most experience.”
Limitations

• We did not assess the specific procedures that comprised these reimbursements.
  • This is an area for future study, both for specific procedures, # of procedures, and reimbursements per procedure as a guide for how to build a profitable practice or explain differences.

• This is a select group of physicians:
  • May not be applicable to all in the specialties.
  • However, does demonstrate the ‘upper limit’ or ‘ceiling’ for reimbursements.
Take-Home Points

• Top Medicare earners in IR make less than Cardiology and Vascular Surgery.

• However, IR can be reimbursed very highly compared to other subspecialties.

• How these differences breakdown based on procedure #, type and reimbursement/procedure are unclear and should be studied in the future.

• Additionally, determining the practice patterns of these high earners can serve as a model for future generations of IR to remain financially viable in the current healthcare system.
References


Thank You!