

Meeting the interventional
radiology needs of patients
and hospitals in small and
rural communities: current
status.

- Authors
 - J. David Prologo, MD, FSIR
 - Eric Friedberg, MD, FACP
 - Ezana Azene, MD
 - Matthew Passalacqua, DO
 - Sherif Nour, MD, FRCR
 - Nadine Abi-Jaoudeh, MD, FSIR
 - David Corn, MS
 - Robert Pyatt, MD, FACP
 - Philip Cook, MD, FSIR, FACP
- Disclosures
 - JDP – Consultant for Galil/BTG and Merit Medical. Research Grant Recipient from Galil/BTG and Healthtronics/Endocare
 - NAJ – Research collaborator via Teclison-UCI agreement, Philips-UCI agreement, and SillaJen-UCI agreement

Background

Core Purpose of the ACR

- To serve patients and society by empowering members to advance the practice, science and profession of radiological care.

Emerging Challenge

- Private practice groups, particularly small and rural practices, are having increasing difficulty recruiting interventional radiologists to meet catchment area and hospital demands

Purpose

- Evaluate the hypothesis that radiology groups are having difficulty recruiting and retaining interventional radiologists
- Explore contributing factors to this potential deficiency
- Garner pilot data to support a larger investigation and/or intervention.

Methods

- An intercommision ACR workgroup was established by the GSER Commission Network Committee consisting of members from:
 - Commission on General, Small, Emergency, and/or Rural Practice
 - Commission on Interventional and Cardiovascular Imaging
- A 15-question survey was generated, and circulated to practicing Interventional Radiologists
- Interventional Radiologists were recruited via SIRConnect social media forum

Methods

- Contingency tables were constructed and bivariate analyses performed to analyze:
 - Overall responses
 - The distribution of responses among specific groups of respondents.
- Depending on the variable and observed events, χ^2 test or Fisher's exact test (specifically when cells in the contingency table are below 5) were used to assess significant relationships among responses to survey questions.

Respondents

01

170 independent responses were collected

02

Largely symmetric distribution with regard to group size and geographic location

03

Most respondents from groups serving population >250,000 (72%)

Respondents who reported difficulty recruiting Interventional Radiologists	74%
Respondents who agree that Hospital Administration values in-house Interventional Radiology Services	76%
Respondents who reported having an exclusivity clause in their group radiology contract	78%
Respondents who agree that their contract is stabilized by Interventional Radiology	84%



Significant Results

Perceived Reasons for Difficulty Recruiting IRs

IRs don't want
to do diagnostic
work (54.5%)

Inability to pay
enough (31.1%)

Most interventional radiologists have had a problem recruiting IRs to their practice.

The most commonly perceived reasons amongst interventional radiologists for this difficulty are, 1) that IRs don't want to do diagnostic work, and 2) that groups cannot pay enough.

Most interventional radiologists have an exclusive contract, believe that hospital administration values in-house IR services, and believe that IR services contribute to contract stabilization.

Conclusions