Counties that are poor and rural are less likely to have access to a radiologist who accepts Medicare patients than counties that are richer and urban. These same counties are also less likely to have access to subspecialized radiologists, according to a study published online in the Journal of the American College of Radiology.

Though concern about a lack of even geographical distribution in the radiology workforce isn’t new, whether subspecialization further complicates geographical differences has not been fully explored, explained a team led by Dr. Andrew Rosenkrantz of NYU’s Langone Medical Center.

"[It has been] previously suggested that geographic redistribution may be at least a partial solution to current radiologist workforce disparities," the group wrote. "However, even with redistribution, the total supply of subspecialist radiologists may not be sufficient to achieve widespread geographic coverage." The new study addresses geographic variation in the context of subspecialization. "By focusing our work more granularly at the county level and further considering the substantial variation in individual radiologists' unique practice characteristics [in this study], we show ... that those prior concerns of maldistribution of the radiologist workforce are likely further confounded by ... variation in the subspecialization of radiologists within given communities," they wrote.

Based on their research, counties with at least one Medicare-participating radiologist (41.5%) had larger populations, lower rural percentages, higher household incomes, higher mammography screening rates, and lower premature death rates, the researchers found. Just over a fifth (21.8%) of counties had at least one Medicare-participating subspecialist radiologist; the average number of these per county was 4.6. Rosenkrantz and colleagues acknowledged that one limitation of the study is that its sample only included Medicare-participating radiologists: It’s possible that some counties have access to local radiologists who do not participate in Medicare, they noted. But the study suggests there’s more work to be done to offer high-quality radiologic care to patients across a variety of geographic areas.

We have had a CPT code for Intravascular Ultrasound, more commonly referred to as IVUS, for several years. For 2018 CPT is allowing the use of the IVUS codes, 37252 and 37253, with 180 additional codes. Both 37252 and 37253 are add-on codes, meaning that they must be billed with a primary procedure for non-coronary vessels. CPT 37252 is for the initial vessel and 37253 for each additional vessel.

The IVUS codes are now billable with the new endovascular AAA repair codes 34701-34711, selective catheter placements in the venous, arterial and portal systems, centrally and peripherally inserted catheters, dialysis circuit procedures, mechanical thrombectomies, transcatheter therapies and lower extremity revascularizations. Many radiological supervision and interpretation codes are also included in the list of codes that are now billable. To review the complete list please see the parenthetical note in Professional Edition of CPT below code 37253.

The current reimbursement for code 37252 is approximately $500.00, and $77.00 for 37253. Please be sure to document both the procedure and medical necessity as this could increase your revenue.
The Radiological Society of North America held its annual conference in November, showcasing the latest advancements and innovations in the field. Here are three key takeaways our team identified from the six-day event that featured 600-plus technical exhibitors.

1. AI steals the show
The top trending topic across the conference space was artificial intelligence (AI) and its impact on radiology. Many of the educational sessions on AI were standing room only, and several had to utilize overflow space to accommodate all those interested. The common theme from the presenters was that while AI will certainly be a transformative force for radiology, it is unlikely to fully replace the role of radiologists. One session that stood out to our team was the plenary presentation by Dr. Keith Dryer, vice chair of radiology and director of the Center for Clinical Data Science at Massachusetts General Hospital. In his talk, Dryer noted that one of the major obstacles to developing AI for imaging is the lack of a "health care AI ecosystem." He said that the current approach has been to start with ideas, rather than needs. To shift this paradigm, Dryer encouraged attendees to help identify use cases for AI in radiology, arguing that there needs to be stronger dialogue between radiologists and data scientists. Dryer also shared some of the work that the ACR's Data Science Institute is undertaking to support the development and regulatory approval of AI algorithms.

Outside of the educational sessions, we got to check out the latest in AI products at the technical exhibition hall. The products at the exhibition ranged from intelligent workflow solutions to diagnostic radiology algorithms. We saw AI products from both traditional radiology players, such as Philips, Siemens, and GE, as well as AI-specific vendors, such as Zebra Medical Vision and Curacloud. One attendee noted to our team that it felt that the number of AI vendors had doubled from last year.

2. Patient-centered radiology remains top of mind
As patients shop for imaging services, there is continued interest in developing patient-centered radiology programs. We attended one session where researchers shared work they had done to identify those factors most critical to patient satisfaction. From their research, the friendliness of reception was best correlated with the likelihood of a patient to return and was considered the best determinant of patient satisfaction.

Another area of interest for attendees was how to make radiology reports more accessible to patients. One notable approach shared during an educational session was to annotate radiology reports with pop-up definitions, images, and links to additional information. The end result is a report that maintains the original language, but is easier for patients to read.

In the exhibit hall, vendors highlighted how their equipment heightened patient comfort and safety. This was particularly evident in some MRI equipment, including Hitachi's Oasis Open MRI and Philips Ambient Experience MRI Suite.

3. Vendors look to improve workflow
As our team walked through the exhibit hall, we talked to many vendors about tools to improve imaging workflow. Some products focus on the technologist experience, streamlining the process for technologists to position and scan patients. Others focused more on the role of the radiologists, offering updated speech recognition technology or advanced visualization software.

Enterprise imaging IT continues to be a hot topic, with vendors highlighting new data analytics and health IR capabilities. There was continued interest in universal viewing platforms, vendor neutral archives, and cloud-based PACS. Read the full article here.

Advisory Board Consulting and Management now has more than 380 management executives and clinicians with an average of more than 15 years of operational experience running critical hospital and medical group departments.