Recovering Revenue During COVID-19

Collaborative Imaging’s CEO, Dhruv Chopra spoke to Diagnostic Imaging about ways to enhance healthcare revenue cycle during COVID-19.

The early eruption of the coronavirus prompted the federal government to urge a widespread halt of elective procedures in hopes of slowing the viral spread. For radiologists, this caused a massive decline in routine exams, which can result in a 40 percent-to-60 percent loss in revenue. Evolving health policies and industry environments keep revenue cycle leaders constantly seeking new strategies for improving the financial health of their practice. Now, radiology practices must maximize their ability to recover revenue and look into sufficient solutions during this down time of business.

Cutting costs and improving efficiencies within a practice is easier said than done. However, leaders need to be able to adapt to changing times in the industry, especially the current state we are in. Implementing the following strategies can help practices maneuver this business nadir and set them up for lasting revenue cycle management excellence throughout the rest of COVID-19 and long after it is neutralized.

Read Full Article on Diagnostic Imaging Here.

Video: The Most Common Challenges in Radiology Featuring Dhruv Chopra

Collaborative Imaging's CEO, Dhruv Chopra, MBA talks about the most common challenges Radiologists face today. As a result of these challenges, they're having to sell their practices to private equity consolidators whose business model ends up in harming the quality of patient care and the healthcare industry as whole. Learn more.

About Dhruv Chopra:

As Chief Executive Officer, Dhruv Chopra presides over Collaborative Imaging and their respective divisions. He previously spent 15 years as an executive with multiple billing companies in the radiology industry where he gained an appreciation for how much physician money is lost due to the inefficiencies with data gathering, claim submission and adjudication, documentation, charge capture and coding, and the dynamic, ever-changing requirements of insurance carriers. Unable to tolerate the revenue losses that physicians were facing, the blatant workflow inefficiencies that plague every radiology practice, Chopra created his own path to combat these obstacles with the formation of Collaborative Imaging.
Follow Dhruv on Twitter: @TheRealDChopra

Radiology Business:

Radiologist Predicts ‘Sea Change’ In Specialty After COVID-19, With Many Docs Reading From Home

Marty Stempniak from Radiology Today discussed the future of radiology practices after COVID-19 with Collaborative Imaging CEO, Dhruv Chopra. As the coronavirus pandemic continues to spread, more provider organizations appear to be joining the bandwagon to let radiologists work from home. And some in the field believe this trend could continue, even after COVID-19 is contained.

One such example is Texas-based Collaborative Imaging, which has bolstered its telehealth capacity in recent weeks to allow more than 100 radiologists to read remotely.

Typically, Collaborative has six radiologists at sites, working just 2 feet apart, Dhruv Chopra told the Dallas Business Journal Monday. they’re now staggering shifts so that one rad is always at the hospital.

“So if someone walks in with the virus, all the sudden you just lost six radiologists,” he said. “We have to make sure that we are protecting our physicians,” Chopra added.

Read full article on Radiology Business here.

CT, MRI Payments Plummet at Private Practices

In January 2020, the Journal of the American College of Radiology published the results of a study which concluded that Medicare reimbursement to both non-radiologist physicians (NRPs) and radiologists for their in-office MRIs and CT scans has decreased significantly since 2006.

The researchers analyzed data they obtained from the U.S. Centers for Medicare and Medicaid Services (CMS) Medicare Part B master files from 2004 to 2016. They used the specialty billing codes for MRI and CT and the place-of-service codes to identify payments made to private offices.

Payments to NRPs for 2016 were less than one-third what they were in 2006. Cardiologists were paid the most, followed by primary care physicians, internal medicine specialists, urologists, and medical oncologists. Orthopedists were the highest paid group of NRPs.

As for radiologists, payments have also continued to diminish for their in-house MRIs and CTs. Payments for 2016 were almost half what they were in 2006.

The researchers noted there were limitations to their study:

- NRPs often have side-agreements with radiologists who they ask to interpret the results. The database could not capture payments made pursuant to these side agreements.
- There is possible confusion about independent diagnostic testing facilities (IDTFs). These entities are not related to hospitals or doctor’s offices. They are owned and operated by individual entrepreneurs or companies. Under Medicare reimbursements, IDTFs are considered a “medical specialty, not a place of service.

- There is confusion about how to categorize “hospital-based specialists” such as pathologists, psychiatrists, and hospitalists. This group is one of the six physician groups that receives the highest payments for ownership of MRI units even those these groups are not generally associated with MRIs.

Self-Referral of Medical Imaging is Abating

Laws passed in the 1980s made it illegal for physicians to refer patients to imaging centers in which the doctor had a financial interest. A loophole in the law called the “in-office ancillary services exception” (IOASE) allowed physicians to refer patients for imaging studies if they had CT and MRI scanners in their own office even if diagnostic imaging was outside the scope of their regular practice.

Many studies indicate that the ability of physicians to self-refer patients for imaging studies resulted in increased utilization with a great potential for overuse and inappropriate imaging as opposed to physicians who refer patients directly to radiologists. Some insurance companies, for example, Anthem and United Healthcare are now declining to pay for nonemergent imaging examinations at hospital outpatient departments and are now pushing for patients to be treated at freestanding imaging c

This trend in insurance reimbursement strategy may push imaging services back to private radiologists. It is a trend the researchers suggest should be followed.

The payment reduction for imaging seems to have inspired NRPs to close their private imaging office resulting in the merging of these facilities into hospital outpatient imaging departments.

Takeaways From the Research

The researchers summarized their findings by identifying five "Take-Home Points."

1) Since peaking in 2006 and again in 2008, payments to private offices for MRI and CT have drastically declined.

2) NRP specialty groups with MRI ownership who received the highest MRI payments through the years are orthopedists, neurologists, primary care physicians, and hospitalists.

3) NRP specialty groups with CT ownership who received the highest CT payments through the years include cardiologists, primary care physicians, internal medicine specialists, urologists, and medical oncologists.

4) The decline of payments to NRPs indicates that self-referrals for imaging studies are declining which many believe is a change to the health care system that is positive.

5) Recent changes in coverage by commercial insurers indicate that payments to private offices for MRIs and CTs may rebound.

According to Dhruv Chopra, Chief Executive Officer of Collaborative Imaging, "We will continue to offer innovative solutions. By streamlining operations our radiologists will be allowed to maintain their independence and flourish in spite of reimbursement cuts."

As Subspecialization in

Radiology Rises, the Need for Teleradiology Increases

As the trend in Radiologists choosing to subspecialize rises, the number of generalists in Radiology will continue to fall. This trend towards hyperspecialization in Radiology could potentially hinder patient access. This concern has led to the use of Teleradiology services. These services are being used to provide high-quality Diagnostic Imaging reads to under-served geographic markets, thus, eliminating concerns related to quality of care and patient access.

Over a Five-Year Period, the Number of Generalists in Radiology Fell By 7.4 Percent

Dr. Andrew Rosenkrantz is the Director of Prostate Imaging, an Associate Professor of Radiology and Urology as well as an Associate Director in the Abdominal Imaging Section of the Body MRI Fellowship Program at NYU Langone Health. Dr. Rosenkrantz and his colleagues decided to analyze the changes in subspecialties in Radiology. On Dec. 31, 2019, their findings were published in the Journal of the American College of Radiology.

According to the research conducted by Dr. Rosenkrantz and his colleagues, from 2012 to 2017, the number of generalists fell about 7.4 percent and, during that same timeframe, the number of subspecialists rose by 7.4 percent. The fact that these numbers are identical is not a coincidence. However, the drop in the number of generalists available has led to concerns that this lack of generalists may disrupt patient access to Diagnostic Imaging services, thus, causing a decline in patient care. Nonetheless, this issue is being addressed

through the use of Teleradiology.

The Criterion Used for Determining Subspecialization

The team of researchers used five years of Medicare's fee-for-service provider payment data (collected between 2012 and 2017) to reach their subspecialization conclusions.

The criterion the researchers used for a Radiologist to be considered a subspecialist was the amount of time he or she spent on a specific specialty: The team deemed a Radiologist a subspecialist if he or she worked within a specific specialty for more than 50 percent of the time, whereas, the Radiologists who fell below this 50 percent threshold were classified as generalists.

A Closer Look at Subspecialty Proportions from 2012 to 2017

In 2012, the proportion of subspecialists was approximately 37 percent, however, by the end of 2017, subspecialists had reached 45 percent. Meanwhile, from 2012 to 2017, the number of generalists in Radiology fell from approximately 63 percent to about 55 percent.

A breakdown of the subspecialty increases in Radiology Departments from 2012 to 2017:

- **Breast** +3.7 percent.
- **Abdominal** +2.4 percent.
- **Neuroradiology** +1.8 percent.
- **Musculoskeletal** +0.8 percent.
- **Cardiothoracic** +0.2 percent.

There were two subspecialties that saw a decrease:

- **Interventional Radiology** -1.2 percent.
- **Nuclear** -0.2 percent.

Radiologist and Practice Characteristics with Substantial Increases in Subspecialization

Subspecialization among female Radiologists increased by 12 percent during the study period, those working in larger practices (with more than 100 members) had an increase of 7 percent and early career professionals were up by 10 percent. This move from general Radiology to subspecialization can be seen in 45 states. State-level increases had a weak correlation with the density of the population (r = +0.248).

Rural Sites Are Using Teleradiology Services for Their Diagnostic Imaging Reads

The researchers concluded that subspecialization may offer patients more sophisticated imaging, but the lack of generalists could negatively impact patient access. However, this issue of patient access can be addressed through the use of Teleradiology services.

The Diagnostic Imaging Industry has validated sub-specialty expertise over generalists in Radiology, therefore, rural sites have started contracting with Teleradiology companies to ensure their patients’ images are being read accurately by a Radiologist with the appropriate subspecialty. One of the Teleradiology companies helping to solve this problem is The

Collaborative Imaging – Dhruv Chopra

Best Practices in Radiology. This company offers sub-specialty reads, 24-hours a day, 7 days a week and 365 days a year. By using Teleradiology, rural areas can now have access to broad coverage and sub-specialty reads.

“At Collaborative Imaging, our state-of-the-art technology and dedicated physicians have allowed us to fully utilize subspecialists, as such, our members do not have to worry about Radiologist shortages.”

Dhruv Chopra, CEO of Collaborative Imaging

Smaller Groups of Radiologists are Seeking to Consolidate with Larger Groups

Best Practice serves as one of the main reasons that smaller groups of Radiologists are seeking to consolidate with larger groups. Merging groups together allows for requisite coverage in sub-specialty reads. In addition, this consolidation eliminates the need for the smaller groups to recruit the sub-specialists that they are lacking.

Radiologist Salary to the Relative Value Units (RVU)

Previously, whether a chest X-ray was read by a generalist or by a musculoskeletal Radiology (MSK) specialist, the pay was the same, $9.00: Taking this into consideration, the salary range that a Radiologist would request cannot be justified. Consequently, the market and reimbursement have driven both sub-specialty and the desired Best Practice. Today, the salary of a sub-specialty Radiologist to the Relative Value Units is the norm.

“The outlook for the Diagnostic Imaging Industry is clear, retiring Radiologists are much less likely to have trained for subspecialization than the incoming Radiologists; therefore, as the generalists retire, the number of subspecialists within the industry will continue to grow and Teleradiology will be used in under-served geographic markets to fill the gap.”

Dhruv Chopra, CEO of Collaborative Imaging

The Importance of Incorporating Analytics & Reporting Into Your Radiology Practice

Data within today’s healthcare industry is abundant. Arguably, out of all the departments inside a hospital, radiology holds the most and richest variety of data. Unleashing the power of this information propels many benefits for a radiology practice, such as enhancing operational processes, saving

money improving clinical care. Yet, the deployment of interactive analytics and reporting continues to be a severely underutilized strategic asset.

Nonetheless, as the importance of leveraging analytics and reporting moves forward at a rapid rate, the industry continues to fight a major battle when it comes to its use and management of it. As a result, analyzing data has now become one of the top concerns among radiology practice leaders, according to a poll by Radiology Business Journal.

Jacob Follis VP, Analytics & Digital Transformation at Collaborative Imaging

“Analytics and reporting remain a key piece of the puzzle for any radiology practice, from clinical operations to revenue cycle management,” said Jacob Follis, vice president of analytics and digital transformation for Collaborative Imaging. “However, when used incorrectly, it can cause errors that damage every function in the supply chain, which leads to a practice witnessing an overall decrease in reimbursements, patient care and business success.”

While incorporating analytics and reporting can be a big transition for any radiology practice, it has now become an

extremely vital component to drive operational improvements and business planning. Without it, surviving can be impossible.

Three Key Benefits of Radiology Analytics & Reporting:

1- Contextualizes data for operational efficiency.

According to Jeff Zagoudis's article in Imaging Technology News, the radiology industry has "so much data that, in fact, it can be difficult to know what to do with it or how to handle it." This is precisely accurate. However, one of the biggest challenges with handling radiology data is that the information is often spread across multiple databases, such as electronic health records, radiology information systems, picture archive and communication systems, among a host of other sources.

"Today's radiologists are often using multiple systems, one for each partner hospital they are working for, which causes a massive operational headache," said Follis. "Given that these resources are not compounded or streamlined, it can cause many glitches or errors in the system while failing to visualize trends, detect gaps or draw accurate correlations."

Managing information across various systems places a large burden on radiologists and is extremely time-intensive, contributing heavily to another key problem facing the industry: radiologist burnout. Per a recent survey reported by Health Imaging, more than 50% of practice leaders describe burnout as a major problem. What's more, the study continued by stating that 70% of respondents cited high workplace stress as a driving force of burnout.

Thankfully, the rise and sophistication of analytics within the industry can effectively handle information overload

within radiology departments. By leveraging these reporting tools, data can be aggregated and consolidated from various platforms into one common system, which then converts it into a more easily functional format. This allows radiologists to be more productive with the incorporated assistance of functional technology.

The Collaborative Imaging Reading Station is designed to manage multiple radiology systems/workstations with a Universal Work List and industry standard three monitor solution to ease the workflow for the radiologist. This means that the images for interpretation, prior to reports/images, all analytics/reporting and all dictation tools used in the resident system(s) that will be linked by the Collaborative Imaging solution are available to the radiologist just as they are familiar.

2- Fixes billing inaccuracies while eliminating waste.

According to a story in Healthcare Finance News, 60 to 70% of provider-submitted claims have incomplete or incorrect data as a result of poor data quality, which leads to problems in revenue cycle management.

For instance, let’s say a radiologist filed a claim for imaging services to the billing company. When the claim is submitted, the software accidentally attaches the imaging service to three other patient claims. As a result, this shows that those patients received additional imaging services that were never completed, causing a major quagmire in the revenue management cycle. Furthermore, this error results in an intensive, time-consuming billing nightmare that eventually delays reimbursement.

Another key example: imagine if a patient was accidentally billed for the same test not only once, but multiple times, causing a duplicate billing error. Simply, this was a result of a test being scheduled that was eventually cancelled, but

never removed from the patient's account. This human error, unfortunately, can lead to a facility being fined for fraud.

Altogether, these errors in claims end up costing the healthcare industry billions in wasteful spending. In fact, according to a study by the American Medical Association (AMA), these errors waste an estimated $17 billion annually. Furthermore, given the sheer volume of claims submitted each day, the prices of capturing and reconciling discrepancies without the use of rich analytics is extremely ineffective as well as time-consuming.

However, by incorporating rich analytics into the equation, it can identify poor data quality and notify the mistake right away. For instance, if a radiologist is preparing to submit a claim with a duplicate billing error, software infused with analytics and reporting capabilities, such as the proprietary technology that Collaborative Imagining offers its partners, would be able to indicate the problem to the radiologist and fix the mistakes instantaneously. Making these corrections earlier on will result in more accurate claims, as well as higher reimbursements.

However, Collaborative Imaging's platform incorporates rich analytics into the operational workflow. It can identify inaccurate or missing data, specific to a payor, as it is being dictated, highlight the mistake in a pop-up template for the radiologist to correct. The intention of the analytics is to assist the radiologist in the required detail in the dictation will result in payment of the claim. Making these corrections will lead to "clean claims" that get paid the first time they are submitted.

3- Enforces better patient care through detection and prioritization.

A recent 2018 report shared in a story by Health Analytics revealed that "radiological imaging data continues to grow at

a disproportionate rate when compared with the number of available trained readers, and the decline in imaging reimbursements has forced health-care providers to compensate by increasing productivity."

As a result, these factors have contributed to a dramatic increase in radiologists' workload. In some cases, an average radiologist must interpret one image every three to four seconds in an eight-hour workday to meet workload demands. This presents concerns that this can lead to more errors and discrepancies. In fact, a separate study found that 80% of missed diagnoses are alleged to have resulted from the misinterpretation of clinical tests.

Fortunately, the use of analytics, in conjunction with artificial intelligence, offers the benefit of reading and interpreting multiple images correctly and quickly, while also enforcing deep learning models that are trained for specified image recognition tasks.

For example, if an image comes through with a nodule detection on a computed tomography (CT) of a patient's chest, the system will be able to recognize the abnormality in the image and place it higher in the order of interpretation reads by the radiologist. This process allows the radiologist to view images based on reading priority, which drastically speeds up reporting and improves patient outcomes.

Furthermore, the data can then be automatically rerouted it to the appropriate referring physician, so an immediate plan of action can be determined at the sake of the patient's health. What's more, if the wrong image is sent alongside incorrect patient information, rich analytics' have the capacity to determine the error and notify the radiologist immediately, so it then can be properly rerouted to the correct physician.

The Collaborative Imaging solution has easy "messaging" to a referring physician in real time from the reading radiologist

and a “help desk” that handles the direct contact to the referring physician on behalf of the radiologist. Data and interpretations can then be automatically route

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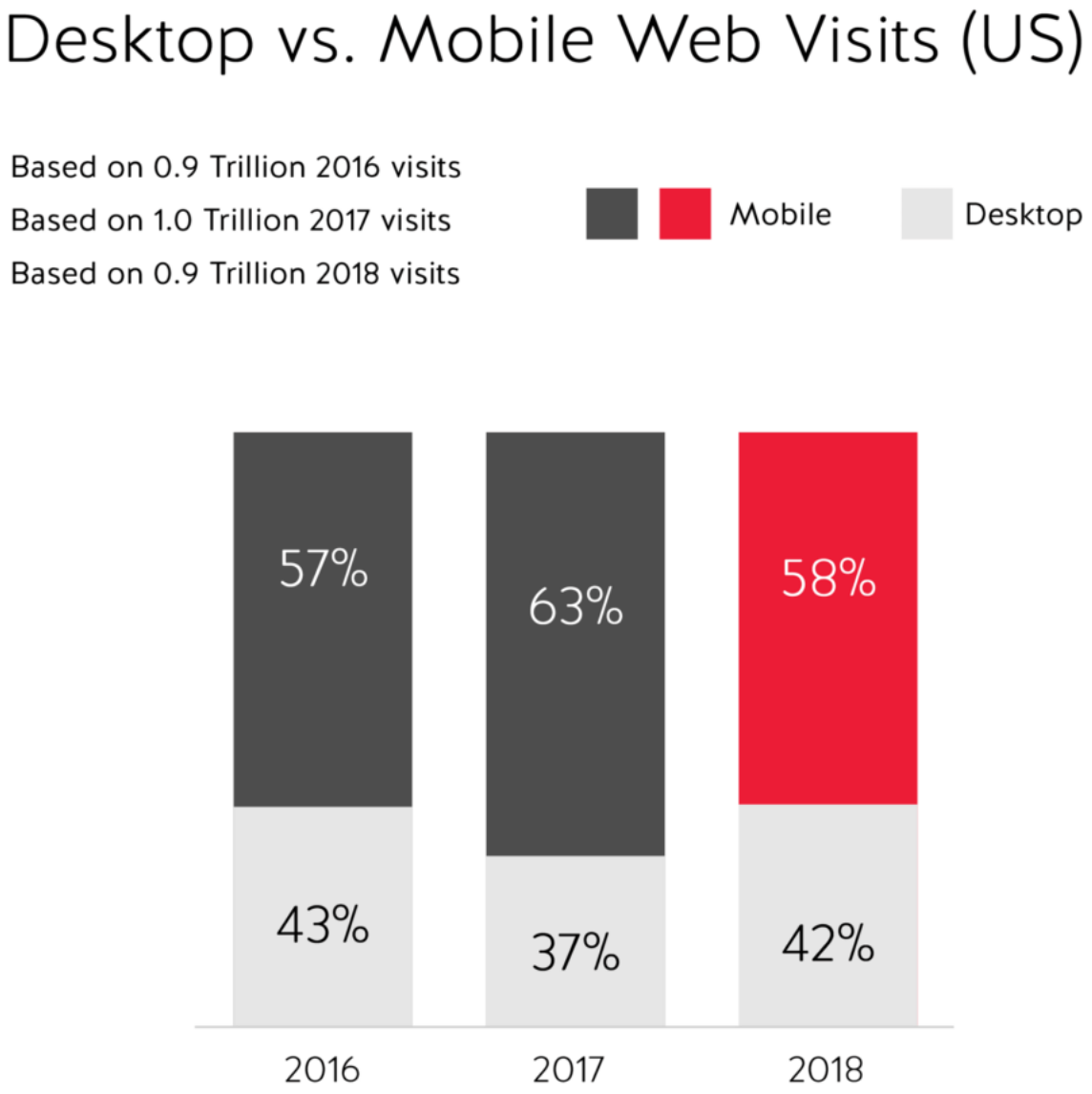
How to Embrace the Power of Texting Your Patients

As the number of people using mobile devices continues to grow, communicating with patients via text messaging is becoming an increasingly powerful tool for radiology practices. While there have been very few in-depth studies focusing on the use of texting within the healthcare system, a recent report is shedding light on the impact that a text messaging marketing strategy could have on a practice of any size.

Communicating with Patients: Which is More Effective, Email or Texting?

Dhruv Chopra, CEO of Collaborative Imaging, suggests that while email is still highly utilized by businesses, it’s no longer the preferred option to contact a patient since they receive dozens – possibly hundreds – of emails a day. These emails can clutter a patient’s inbox and bury important messages from his or her physician. Additionally, it’s estimated that 58% of internet users prefer mobile over desktop, which is why Chopra recommends embracing the power of texting.



How consumers feel about receiving texts from a business:

- 73% of clients say that they would like businesses to text them
- 96% of clients state that they find telephone calls to be disruptive
- 83% percent of clients tend to respond to a text message within 30 minutes

Radiologists Can Use Texting to

Improve Their Communication with Patients

Since 74% of consumers report having zero unread text messages at any given time, Chopra suggests that radiologists should start adopting the practice of texting clients, as opposed to emailing them. Additionally, he stresses that texting is a faster, more efficient form of communication, as well as more conversational and personal than email.

“We understand the importance of texting. So, we brought texting services to our radiology partners which allows a patient to engage in real-time, secure messaging with their radiologist,” said Chopra. “This route of communication allows patients to receive appointment updates, provide physician feedback and so much more. The healthcare industry continues to improve its convenience for patients, so we are focused on the consumer-driven world and understand the patients’ needs. Of course, everyone is aware of the importance of security in texting and we would never advocate texting any personal or patient related data in this discussion.”

9 Tips for Best Practices When Text Messaging Patients

Today, 65% of the world’s population sends and receives text messages, and 80% of the people residing in North America use text messages for communication purposes. These global statistics speak to the incredible role that texting can play in developing relationships with current patients while helping recruit new ones, too. So, when implementing a process for texting patients, make sure to keep these nine best practices from Chopra in mind.

1. Getting Started

Before your practices adopts the use of texting, a strong plan needs to be developed. To accomplish this, it’s important to determine how your practice wants to leverage texting, which may include the following:

- Scheduling and appointments
- Support and customer service
- Notifications and alerts
- Collections and billing
- Sales and inquiries
- Promotions and marketing

2. Start an Opt-In Text Messaging List

Next, you want to start building out your subscribe list of patients who you can communicate with via text messaging. However, according to Chopra, based on the industry regulations, radiology practices must give their patients the option to opt-in to receive text messages.

Allowing the patient to opt-in ensures that the patient is making the personal decision to receive these messages on their phone. Once the patient has willingly requested to receive text messages, the radiology practice has little chance of this being considered as an annoyance. In addition, SMS compliance and text message laws and regulations state that businesses must give the patients an option to opt-out. Those who fail to provide this option will be penalized.

3. Extend the Life of Traditional Communication with Text Messaging

Once a radiology practice text-enables their existing phone number, patients can send a text to respond to a traditional phone call or just call the office as usual to speak with a staff member. By offering a text-enabled phone number,

patients can converse with their radiologist and other medical professionals via their preferred medium. On this topic, Chopra says that, “patients have different preferences of communication, which is why our radiologists like to use a real phone number to give their patients the option to call if they prefer to. It’s more personal and less robotic”.

4. Avoid Using Short Codes

It’s important to keep both lines of text communication open between the patient and the practice. Patients prefer to communicate back and forth with the physician. “We’ve found this method to be effective,” says Chopra. “Our Radiologists have received many replies from patients. Imagine if all these texts from patients fail to reach the practice? It will surely be a frustrating experience”.

5. Formalities in Texting are Essential

When it comes to digital communication like email, using abbreviations can be seen as acceptable. However, when it comes to texting patients or potential patients, formalities are necessary. This includes using full sentences as well as correct spelling and grammar. Failing to do so can make your practice look unprofessional, which could lead to losing out on retaining patients or recruiting new ones.

6. Radiology Practices Can Use Texting to Bypass Their Competition

“There’s no doubt that industry is very competitive. With increased consumerization in healthcare, it’s now more important than ever to provide convenient services and experience for your patients,” says Chopra. “Patients’ satisfaction not only helps increase loyalty, but it helps spread the word of mouth as more and more patients will be recommending your practice to their family and friends.”

7. Let the Chatbot Sleep

While chatbot technology continues to evolve, patients prefer to engage with a living, breathing person, as opposed to a chatbot. That's why Chopra recommends using certain aspects of each communication option (i.e., human being and a chatbot) to provide patients with a truly innovative – yet satisfying – interaction.

8. Customize Each Text Message

Each text message should be somewhat informal and created specifically for the patient to whom it is being sent. For instance, when sending a message regarding a follow-up appointment or billing information, make sure to use the patient's name to personalize the message.

9. Keep the Tone of the Message in Mind

As previously stated, a text message feels more personal than an email does. Therefore, it is imperative that radiology practices are aware of the tone being used when constructing their text messages.

In regard to a text message's tone, Chopra states that, "radiologists are in an industry where client communication needs to be delicate and timely. One of the most important, and sometimes most difficult, things a radiologist will do in a day's work is delivering news to patients. This makes it important to keep confidentiality and promptness top of mind when it comes to diagnostic reports and updates."

About Dhruv Chopra

Dhruv Chopra is the CEO of Collaborative Imaging, a groundbreaking healthcare management and technology company headquartered in Dallas. With more than two decades of experience in the radiology industry, Chopra leads Collaborative Imaging with the goal to help independent practices combat the industry's growing threat of consolidation.

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