

## Special Article - COVID-19

# Impacts and Changes in Radiology Practices due to COVID-19

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## Editorial

The COVID-19 pandemic has been a disruptor for the healthcare industry. Over the past few weeks, we have witnessed how an essential need in modern society like medical imaging can be abruptly curtailed.

### Fiscal, operational and staffing impact

Radiology practices have experienced declines in patient volumes never seen before. These reductions have occurred throughout the country due to governmental-based restrictions on movement and limitations on non-urgent imaging, as well as patient cancellations and no-shows due to fear of viral exposure. Many radiology volumes have declined by 50% with even greater reductions in outpatient volumes. The most severely impacted practices are those in COVID-19 hot spot areas where many centers have been forced to close their operations almost completely. Inpatient procedures are a continued necessity, and many outpatient interventional procedures are considered essential even during this crisis.

Imaging volume reductions has created a significant decline in radiology practice revenues and has put immense stress on practice operations, including staffing. Especially for practices with owned or joint-ventured imaging centers, the loss of revenues has resulted in challenges sustaining their businesses. Much of imaging center staff has been furloughed and lost their jobs. These staffing adjustments are complicated by requests from staff members who may have conditions that place themselves or a family member at elevated risk should they get sick or have to juggle childcare due to school closures.

Physicians in radiology groups have experienced serious staffing and fiscal challenges with burden to sustain their practices; many are at the brink of closure. Teleradiology-based practices have lost significant volume as traditional practices have shifted previously outsourced imaging internally, in order to decrease expenses and support revenues. This has resulted in a rise in unemployment among locum radiologists.

### Adaptive leadership learning's, solutions and support

Due to above issues and challenges, radiology practices have evolved and are discovering unique opportunities that will likely result in permanent changes post COVID-19. Practices are becoming focused on cost reduction and running lean operations. They are re-examining their workflow and innovating remote solutions. Practices

should be engaging with hospital leadership to build on the technology infrastructure to allow interpretation of diagnostic imaging off-site. This includes Electronic Health Record (EHR) programs and third-party advanced visualization tools. Those practices with home diagnostic workstations quickly shifted some of their workforce home while others may have shifted from a hospital-based to office-based environment. This has demonstrated to many hospitals and imaging clients that a combination of on-site and remote physicians can provide the care patients need.

Referring physicians have increased use of virtual consults and telehealth with radiologists via mobile videoconferencing. This has provided flexibility for the referring physician to get consults without having to visit a radiology reading room. Likewise, it has provided flexibility for the radiologists to work remotely from alternative sites and get comfortable with virtual face-to-face conversations instead of traditional in-person consults or phone calls. COVID pandemic has accelerated radiology's role in the utilization management of medical imaging. It has pushed referring physicians and patients to think carefully about the exams they order and undergo, respectively. Physicians have become more conscientious about their imaging recommendations, relying heavily on clinical judgment to minimize potential viral exposures. This has resulted in more appropriate use of imaging procedures and interventions.

Interventional radiology has been in the spotlight, as it is hospital-based and on the frontline, often taking on procedures other specialties may have avoided. This commitment to patient care, along with the ability to maintain diagnostic interpretations seamlessly in a crisis, should be highlighted by radiology practices with their hospital leadership.

Another unexpected positive consequence of COVID-19 pandemic is the demonstration of leadership among radiologists. Radiologists have stepped up during this crisis in order to stabilize their practices. It has been a do or die situation for many owned and joint-ventured practices for their survival. This has provided an opportunity for younger radiologists to get involved and may be a steppingstone for future leadership roles within their practices. There is need to evolve the leadership aspect in physicians, as during such times of crisis it can play a significant role towards making changes and treading waters. During entire medical education physicians are never taught leadership during fiscal and operations crisis or their practices, which we now know is an important piece.

Overall, since the effects of this pandemic were beyond anyone's control, there has been greater understanding of the operational disruptions. This has fostered a strong culture of teamwork and re-commitment to patient care. This culture will be essential to a successful recovery in the months to come.