The State of Private Practice

Amy K. Patel, MD[a], Eric B. Friedberg, MD[b]

In many ways, it is difficult to truly convey the current state of private practice. Compounded by various factors, including but not limited to radiology health policy and of course the aftermath of the unprecedented coronavirus disease 2019 (COVID-19) pandemic, the next few years will likely bring more uncertainty and challenges to private practice than currently exist.

There are many factors at play, all woven into an intricate fabric representing the current landscape.

Private practice is a uniquely dynamic state. Groups of various sizes and disparate resources seek to care for diverse patient populations and geographic catchment areas. Simultaneously, they try to adapt to rapidly changing economic, political, regulatory, technological, and social environments within which each must strive to efficiently and effectively function. The following articles in this *JACR* focus issue on the state of radiology private practice in the United States will both inform and challenge our readers to reflect on the rapidly changing practice patterns, the new and emerging challenges to independent private practice, and the potential implications these have for our patients, communities, trainees, young and senior career radiologists, referrers, hospitals, and business models.

In many ways, we are seeing a generational divide at the practice level—a younger workforce entering with work-life balance expectations that may not align with the older workforce or overall long-standing practice culture. Strax et al provide guidance on mitigating unconscious bias in recruitment and hiring [1]. Once hired, Patel et al describe strategies to transition effectively into independent practice for young professionals [2]. Additionally, the aging population size and those who are retiring could potentially impact gaps in care, particularly in rural areas, because a younger workforce demographic may gravitate toward a more urban practice setting. This geographic labor gap potentially paves the way for midlevel practitioners to engage more independently in covering these services, which could potentiate current scope of practice disputes and further contribute to what many perceive as an evolving turf war [3, 4].

The lack of radiologists covering remote areas, coupled with the rising costs to staff low-volume rural facilities, in an environment of overall falling reimbursements is adding to the current strain on existing private practice business models. Ali et al summarize critical factors for a successful private practice [5]. Creative business approaches embracing unique strategic alliances that seek to leverage telehealth and available tech (including emerging artificial intelligence) are offering opportunities that may better overcome these challenges. As an example, DeQuesada and Moriarity highlight the need for customer service excellence in outpatient imaging [6].

Questions are emerging as to how to best medically train the pipeline of talent for our field as the demands for subspecialty services collide with the economic and real-world high-service demands for a flexible 24-7 workforce. Youmans et al make the argument for the value of the new general radiologist model [7]. The way private practices adopt efficiencies for revenue generation and integrate new ways to receive reimbursement through imaging 3.0 practices and quality will likely significantly factor into the degree of groups' success.

The ongoing debate of the future of the Diagnostic Radiology-Interventional Radiology relationship in private practice holds steady. Will IR separate from DR, and in the private practice arena as well as in academia? How will this impact practices, hospital systems, and contracts? Other increasing pressures loom: hospital executive pressure to increase revenue and meet community and referring provider demands. With that comes staffing manpower, size of practice implications, sustainability, and teleradiology versus boots-on-the-ground requests. Lexa and Golding tackle the sustainability and future of private practice [8].

Finally, rapidly changing practice and payment models are occurring at a steady pace with hybrid (private practice

[a]Medical Director, Liberty Hospital Women's Imaging, Department of Radiology, Liberty Hospital/Alliance Radiology, University of Missouri-Kansas City School of Medicine, Liberty, Missouri.
[b]Department of Radiology, Emory University School of Medicine, Atlanta, Georgia.
Corresponding author and reprints: Amy K. Patel, MD, 2529 Glenn Hendren, Liberty, MO 64068; e-mail: patelak@umkc.edu.

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hospitals with academic affiliation) models emerging, management services organization, for-profit third-party financed (private equity and venture capital) corporations, and hospital-employed, non-academic-affiliated radiologists. With this, autonomy and survivability of independent private practice is being called into question with the profoundly increasing consolidation and corporatization that has occurred over the past several decades. Muroff categorizes some of the challenges with corporate practices [9].

One thing is for certain: To survive and thrive, private practices—regardless of size—will have to be willing to adapt to the ever-changing health care climate, embrace innovative ways to serve patients and sustain the business of radiology, and collaborate with similarly aligned radiologists, regardless of generational divide, to ensure future success of the largest faction of our profession.

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