

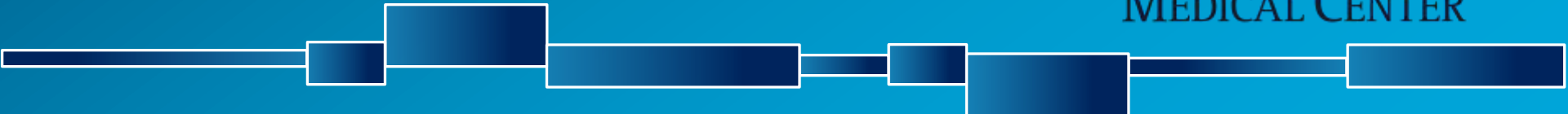
Radiology Business Management: A Crash Course



Scott E. Yochim, MD/MBA



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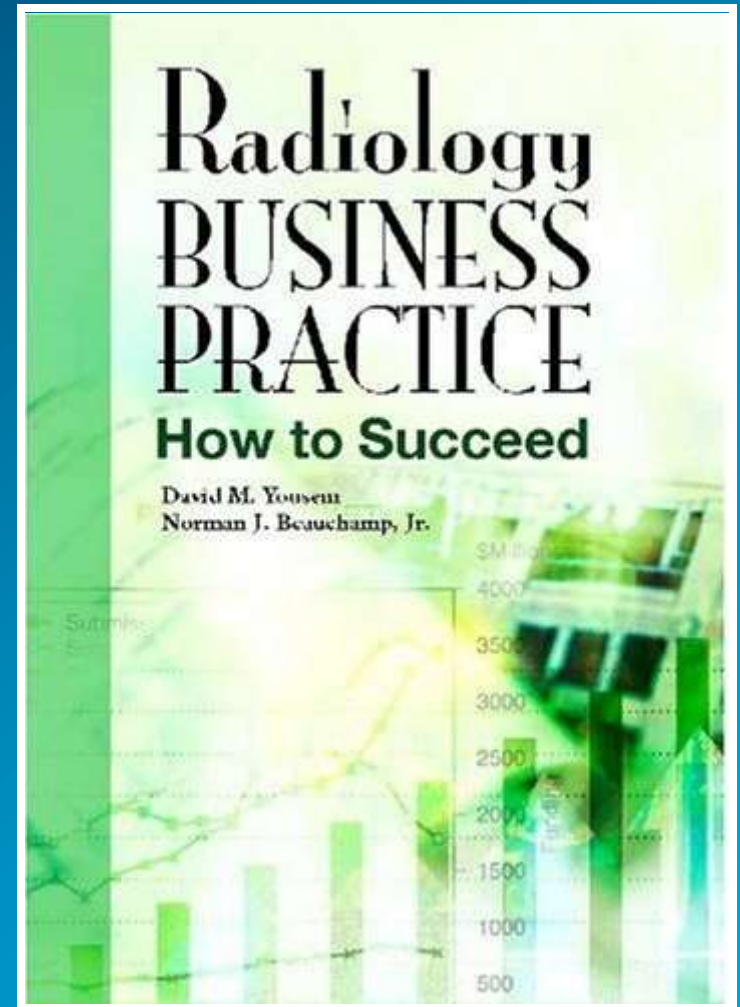
Objectives

- Increase understanding of some of the important factors in managing a successful radiology practice
 - Organizational Structure & Governance
 - Effective Leadership
 - Strategic Planning
 - Accounts Receivable
 - Performance Measurements & Employee Satisfaction
 - Hospital Contracts
 - Managed Care Contracting
 - Employment Contracts
 - Future Directions



Sources

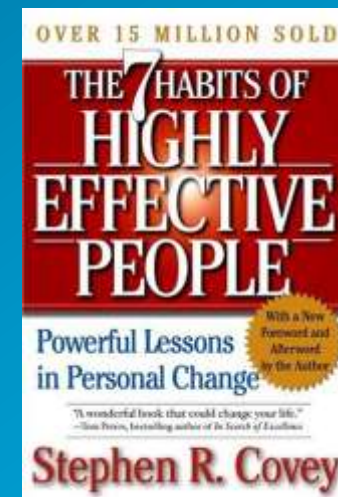
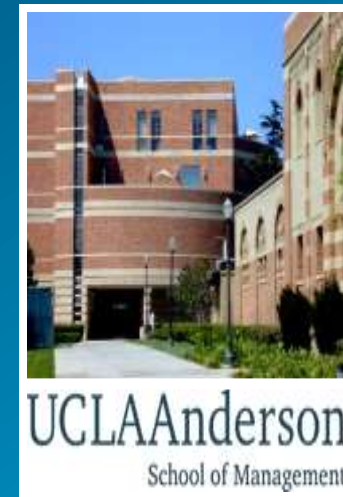
- Radiology Business Practice: How to Succeed
 - David Yousem, MD/MBA
 - Norman Beauchamp, MD/MHA
 - 28 Chapters/Topics
 - 503 pgs



Sources

- Lecture Notes from 2002-04
 - Information confirmed and bolstered using internet searches

- The 7 Habits of Highly Effective People
 - Stephen R. Covey
 - 352 pgs



Organizational Structure & Governance



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Organizational Structure & Governance

- Mission Statement:
 - Fundamental reason for being
 - Statement of identity
 - Stands up over time, regardless of changes in industry, technology, and economy
 - Discuss often and use in all major decisions



- Example (UW): “To meet the clinical needs of the hospitals we serve, to train the practitioners and the leaders of tomorrow, and to advance the manner in which imaging and imaging sciences improve the human condition.”

Organizational Structure & Governance

- Mission Statement:
 - Separate mission statement for each division
 - Fixed-site imaging locations
 - Teleradiology division
 - Overnight services
 - Daytime services
 - Mobile imaging business
 - Billing Division



Organizational Structure & Governance

- Vision Statement:
 - Paints a picture of anticipated future achievements
 - Updated every 5 years
 - Discuss often and use in all major decisions
- Example (UW): “The UW Radiology Dept is the premier academic radiology program in the nation. Our practice is at the highest levels of measurable success fiscally, clinically, academically, and in our chosen areas of research. Through our involvement at the UW . . . we contribute to innovations in clinical practice throughout the region. A key element in our success is the creation and maintenance of a workplace environment that is stimulating, challenging, collegial, and enjoyable for all our physicians and departmental staff.”



Organizational Structure & Governance

- Internal Business Plan:
 - Identify current & future opportunities, in line with the stated aims of the mission & vision
 - Recognize the present & future challenges
 - Detail a list of actions to take advantage of the opportunities & limit the challenges
 - Generate an implementation plan
 - Identify a means for measuring progress toward meeting those goals



Organizational Structure & Governance

- Assign Leadership & Governance Roles:
 - Get people involved
 - Chair of the hospital radiology dept (MD)
 - Physician CEO/Group President
 - Non-physician executive (Exec VP/Exec Dir/COO)
 - All partners should participate in at least one committee:
 - Finance committee
 - Operations committee
 - New business & marketing committee
 - Strong service goals coincide with strong business principles



Effective Leadership



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Effective Leadership

- Leadership skills and traits are different
 - Skills are developed
 - Tools used to advance group toward a common goal
 - Traits are inherent
 - Perseverance, intelligence, self-awareness/confidence, trust, fairness, integrity, forgiveness, communication



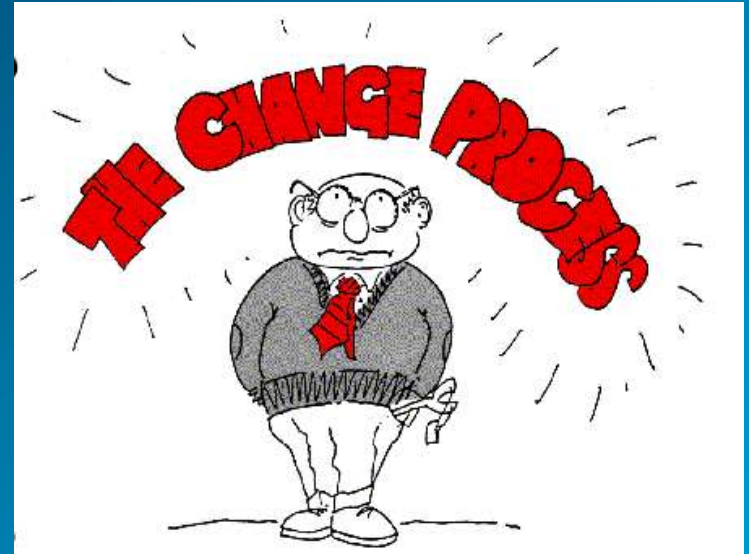
Effective Leadership

- Prioritize issues

	Important	Unimportant
Urgent	Crisis—deal w/ immediately	Don't get lost in these
Nonurgent	Long-term strategic plan (>50% of time) → fill schedule w/ these	Just say no

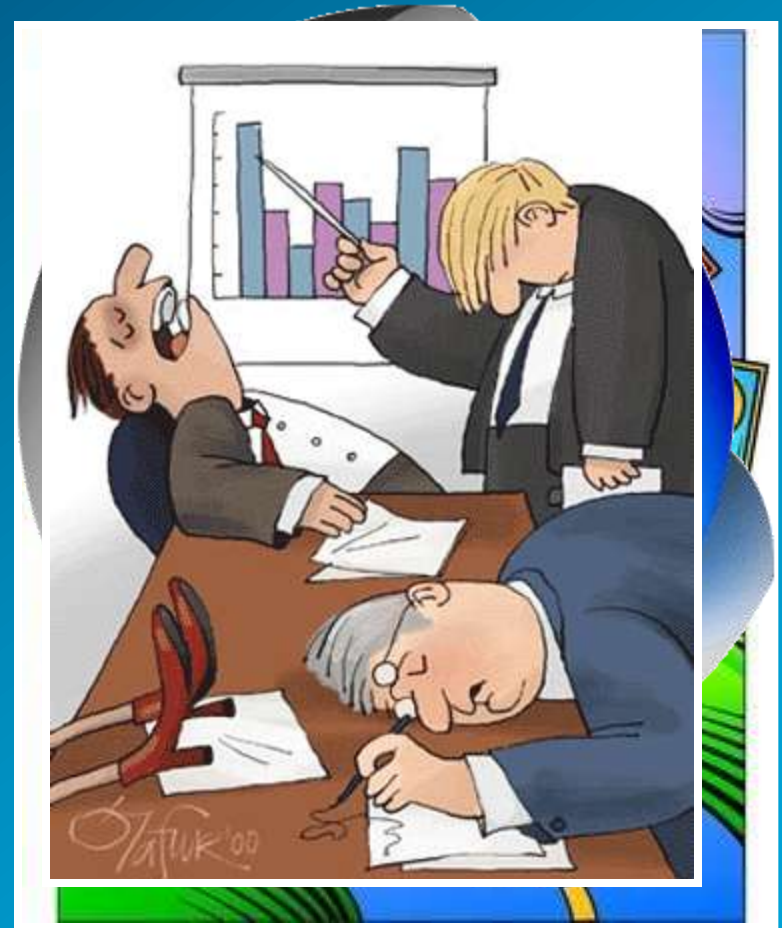
Effective Leadership

- Change Management
 - Move an organization from where it is today to where leadership desires it to be
 - Involve all levels of employees
 - Improve systems operating at suboptimal levels
 - Continually evaluate & solicit feedback
 - Encourage fairness & consistency



Effective Leadership

- Identify core values
 - Patient safety
 - Customer satisfaction
 - Operational excellence
 - Quality of life
 - Legacy
 - Financial success
- Make critical/tough decisions
- Meetings
 - Organized agenda
 - Assign tasks & deadlines
 - Follow-up



Effective Leadership

Practice balanced self-renewal along dimensions of physical, spiritual, emotional/social, mental.

Out of sense of trust, work together to bring best results possible.

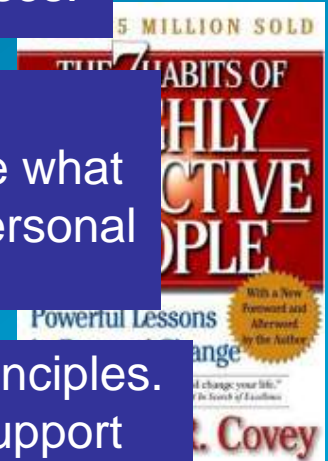
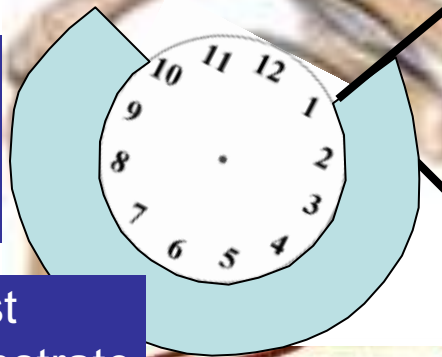
Seek emphatically first to understand. Demonstrate your understanding. Then seek to be understood.

Think abundantly. Seek a win for everyone.

Take responsibility for what occurs in life. No excuses.

Tap into imagination & conscience to evaluate what is important. Create personal mission statement.

Live based on those principles. Work on matters that support the mission. Prioritize.



Effective Leadership

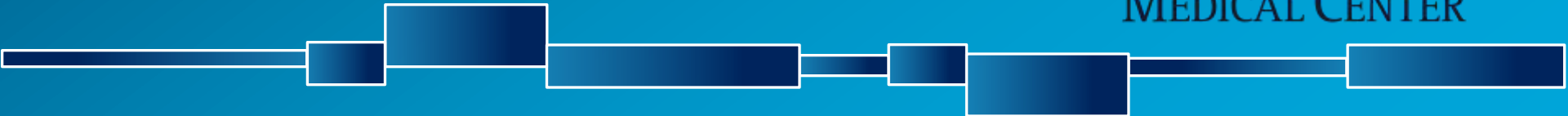
- Self-Renewal
 - Learn everywhere from everyone; observe who does things right & wrong, and how they do them
 - At least 25% of reading should be non-medical
 - Seek mentors and be a mentor to others
 - Seek feedback and reflect on outcomes, ways to improve; reflect on daily events regularly
 - Exercise, relax, unwind



Strategic Planning



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Strategic Planning

- Strategy: Integrates vision, policies, and action sequences into a cohesive plan
 - Reflect on mission & vision for organization



Strategic Planning

- Formulate business strategy & broad action programs (high level)
- Formulate functional strategy (low level)
- Consolidate business & functional strategies
- Develop action plans



Strategic Planning

- Formulate business strategy & broad action programs
 - Goal to create a long-term competitive advantage (above avg profits)
 - Low-cost producer
 - Economies of scale
 - Proprietary technology
 - Preferential access to raw materials
 - Differentiation
 - 3D US
 - Sub-specialization
 - Open nights & weekends
 - Focus
 - Serve a segment of the industry to the exclusion of others
 - i.e., Hand expert
 - Each division assesses past & future business positions
 - Relative to competitors
 - Internally—how are we doing?



Strategic Planning

- Formulate functional strategy according to mission & vision
 - Functional managers:
 - Office managers
 - Call center managers
 - Modality managers
 - Others



Strategic Planning

- Consolidate business & functional strategies
 - Resolve conflicts between business & fxn'l mgrs
 - Balance the portfolio:
 - Risk vs reward
 - Short-term profit vs long-term development
 - Determine available funds, debt policy
 - Preliminary review of action plans
 - Reflect on vision & mission



Strategic Planning

- Develop action plans
 - Measurable impact in 12-18 months
 - Prioritize activities (high, medium, low)
 - Costs/benefits estimates
 - Timetables
 - Manpower requirements
 - Establish measures to monitor progress & completion



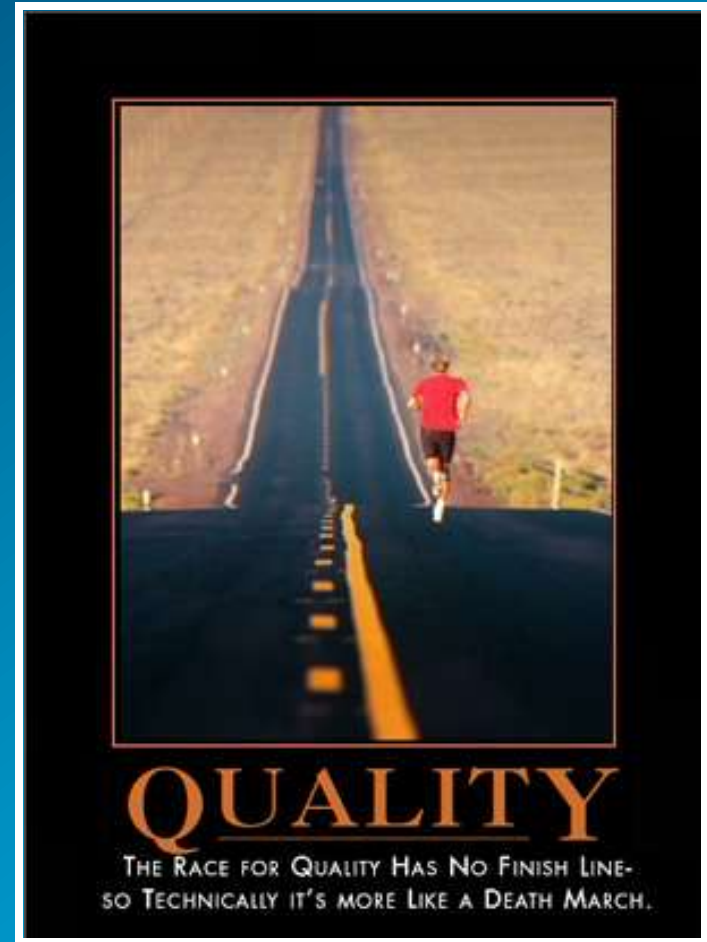
Strategic Planning

- Consolidate budget & approve strategies & operational funds
- 3-5 year cycle to review mission, vision, strategic planning process



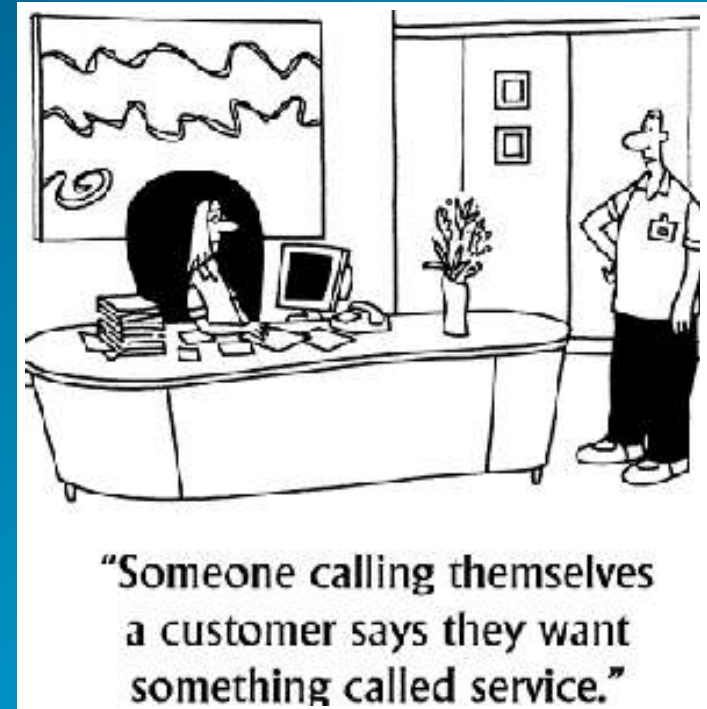
Strategic Planning

- Short-term Initiatives
 - Annual operating budget/financial plan
 - Include qualitative plan to achieve financial goals
 - Focus on key drivers of growth
 - Quality & service
 - Each year focus on a specific division most in need of attention



Strategic Planning

- Key drivers of growth
 - Quality & service
 - From customer perspective, what are the best practices?
 - How does your organization perform relative to those best practices? Be honest & constructive
 - Evaluate performance in:
 - Scheduling
 - Registration
 - Study performance
 - Image interpretation
 - Radiologist report preparation & communication



Strategic Planning

- Key drivers of growth
 - Quality & service
 - Referring physicians & pts want efficiency & decreased time consumption
 - 3rd party payers want providers & pts satisfied at reasonable cost
 - Requirements:
 - Respond to customer needs & requests
 - Scheduling—monitor time to answer, length of calls, % answered in target time, # of outliers
 - Procedure—monitor wait time, ease of registration, pt properly prepared
 - Each initiative needs a committee of people to help accomplish the goal



Pseudo time-out



Pseudo pseudarthrosis



Profit

- Profit = Revenue - Expenses
 - How to increase revenues:
 - Repeat customers
 - Retention
 - Inexpensive
 - New customers
 - Marketing
 - Word of mouth
 - Can be expensive

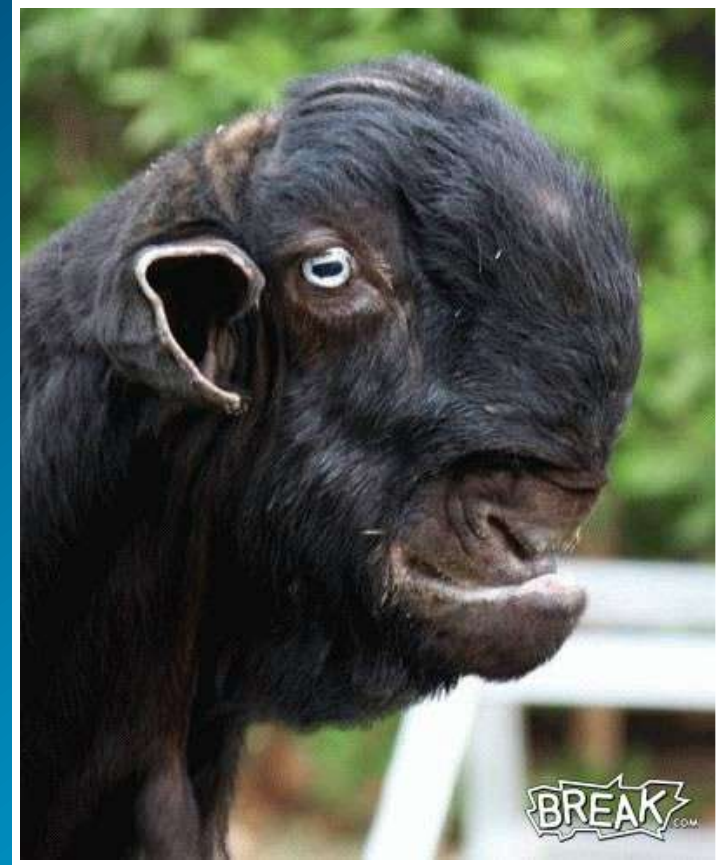


Profit

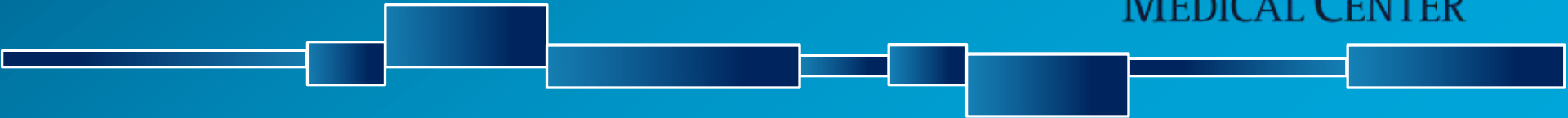
- Customers
 - Patients, family members
 - Referring physicians, hospital administrators
 - Payers: Insurance companies, government
 - Employers



Pseudo Time-Out Over



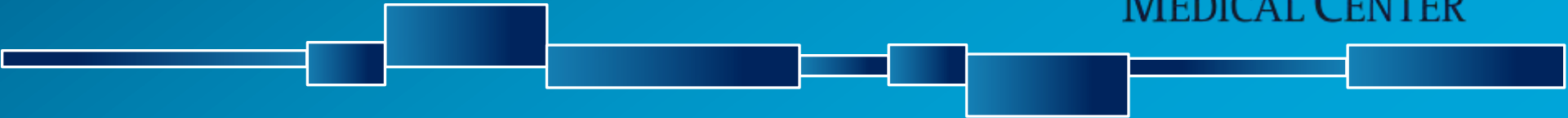
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Accounts Receivable



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Accounts Receivable

- AR = Credit
 - Services have been provided and payment is expected
- Cost of AR
 - Time value of money
 - Predictability costs
 - Financing costs
 - Morale costs
 - Cost due to payment less than the “credited” value charged for the service
 - Opportunity costs



Accounts Receivable

- Opportunity cost
 - Money cannot be invested in another scanner (used to increase capacity, revenue, etc)
 - Far better ROI than another investment device
- Other costs of AR
 - Expense of resubmitting bills
 - Loss of submitted charges
 - Collections costs
 - Poor mgmt—losses of 3-5% (\$5-10M)



Accounts Receivable

When does AR begin?

- Revenue cycle & billing
 - Order
 - Preauthorization
 - Perform exam
 - Code procedure
 - Generate bill—beginning of AR
 - Submit claim in 24-72 hrs for outpatients
 - Submit claim within 72 hrs of discharge for inpatients
 - Await discharge diagnosis by medical records
 - Avoids payment delays



Accounts Receivable

- Payment
 - At negotiated price
 - Less than expected
 - No payment (“charity” work)
- Key Measures*
 - Days in AR
 - Total AR/avg daily billings
 - Lower is better (< 60 d)
 - 80% < 90 d
 - 17% = 91-180 d
 - 3% > 180 d
 - Adjusted collection percentage
 - Adjusted collections/adjusted charges x 100%



*Standards proposed by the Radiology Business Management Association (RBMA); other resources at their website: <http://rbma.org/index.php>

Accounts Receivable

- Key Measures
 - Hospital-based—Professional
 - Adjusted collection %: 85%
 - Outsourcing improved collections ~2%
 - Outpatient-based—Global
 - Adjusted collection %: 91%
 - Outsourcing improved collections >10%
 - Billing cost/procedure



Performance Measurements & Employee Satisfaction



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Performance Measurements & Employee Satisfaction

- How do we measure performance?
 - Define performance
 - Identify the actions that are needed for that performance



Performance Measurements & Employee Satisfaction

- Attributes of Effective Measurements
 - Congruent w/ goals of organization
 - Focus on value drivers and critical resources
 - Simple & understandable
 - Broadly applicable across range of activities



Performance Measurements & Employee Satisfaction

- Attributes of Effective Measurements
 - Can be obtained in a reproducible, timely manner
 - Cost effective to obtain
 - Difficult to manipulate



Performance Measurements & Employee Satisfaction

- Radiologists: RVUs
 - Based on:
 - Physician effort
 - Time
 - Mental effort & judgment
 - Technical skill & physical effort
 - Psychological stress
 - Relative practice cost (geographical)
 - Malpractice value/opportunity cost of subspecialty training
 - Academic
 - Clinical productivity/RVU
 - Teaching evaluations
 - Publications
 - Citations
 - Grant support



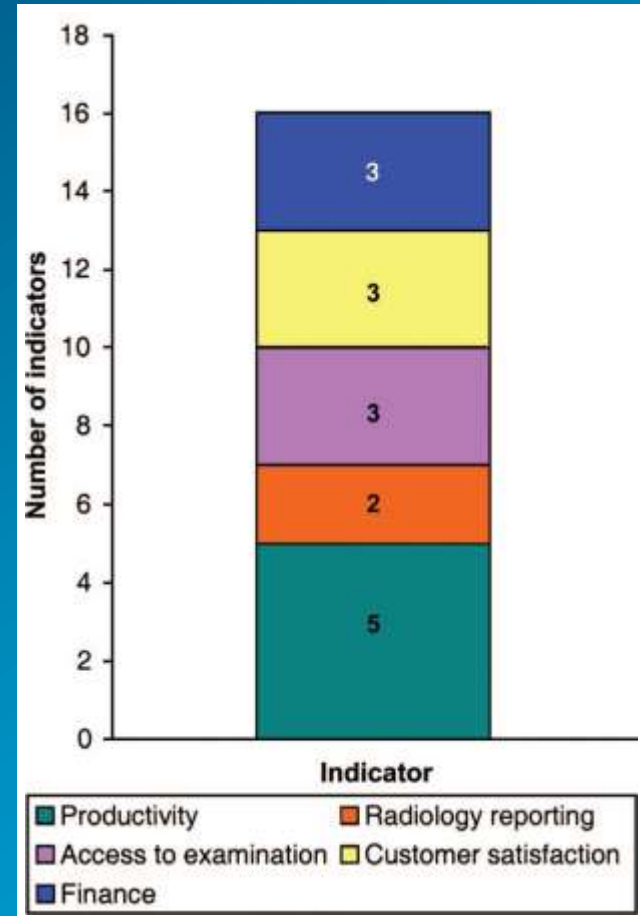
Performance Measurements & Employee Satisfaction

- Non-radiologists
 - Focus on value drivers & critical resources (productivity)
 - Nurses
 - Technologists
 - Support staff
 - Administrative personnel
 - Patient transporters



Performance Measurements & Employee Satisfaction

- 52 academic radiology departments surveyed
 - Productivity
 - Reporting
 - Access to examinations
 - Customer satisfaction
 - Finance



Performance Measurements & Employee Satisfaction

- Radiology Departments
 - Productivity
 - Exam volume (78%)*
 - Exam vol/modality (78%)
 - Prof RVUs (58%)
 - Prof RVUs/FTE employee (56%)



*Percentages denote % of institutions that measure this indicator

Performance Measurements & Employee Satisfaction

- Radiology Departments
 - Reporting
 - Report turnaround time (82%)
 - Transcription time (71%)
 - Signature time (67%)



Performance Measurements & Employee Satisfaction

- Radiology Departments
 - Access to examinations
 - Appointment access to:
 - MR (80%)
 - CT (73%)
 - Mammography (69%)
 - Nuclear medicine (49%)
 - Others (25%)



Performance Measurements & Employee Satisfaction

- Radiology Departments
 - Customer satisfaction
 - Patient complaints (84%)
 - Patient satisfaction (80%)
 - Patient waiting time (64%)
 - Referring physician satisfaction (49%)
 - Employee satisfaction (45%)



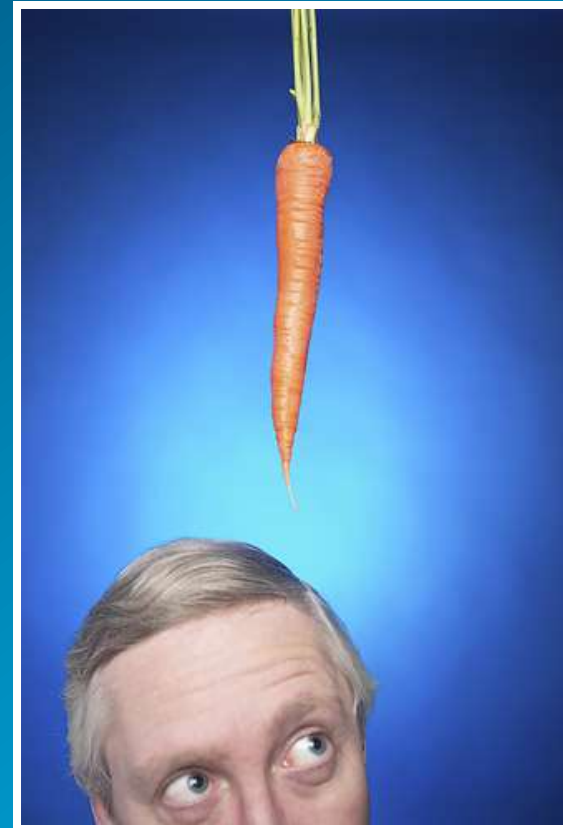
Performance Measurements & Employee Satisfaction

- Radiology Departments
 - Finance
 - Expenses (67%)
 - Days in AR (65%)
 - Collections by modality (55%)



Performance Measurements & Employee Satisfaction

- Employee Satisfaction
 - Theories on employee satisfaction
 - “Two factor” theory—happiness determined by intrinsic (motivation) factors and extrinsic (hygiene) factors



Performance Measurements & Employee Satisfaction

- Employee Satisfaction

- “Two factor” theory on employee satisfaction

- Intrinsic (motivation) factors

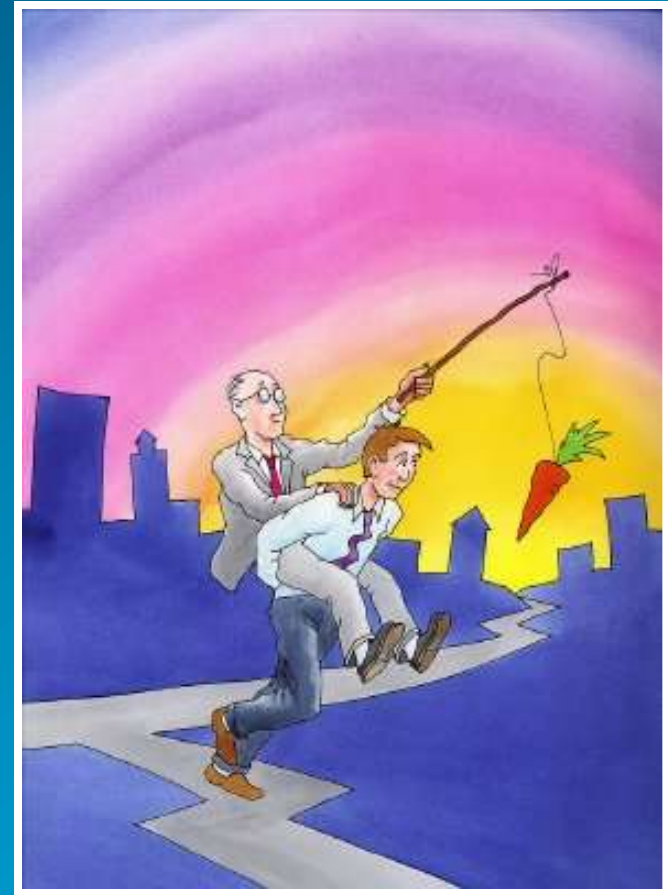
- Lead to job satisfaction when favorable

- Achievement
 - Work enjoyment
 - Responsibility
 - Advancement
 - Growth

- Extrinsic (hygiene) factors

- Lead to job dissatisfaction when unfavorable

- Organizational policy & admin
 - Supervisors
 - Interpersonal relationships
 - Working conditions
 - Salary
 - Status
 - Job security



Performance Measurements & Employee Satisfaction

- Radiologists/Physicians
 - Intrinsically motivated
 - No need for incentives
 - Dissatisfaction stems from poor extrinsic (hygiene) factors
- Nonradiologist personnel
 - Short-term—paycheck
 - Long-term—find a better job
 - Motivate through training/education (i.e., CPR for transporters)
 - Good extrinsic (hygiene) factors through efficient systems, good environment



Hospital Contracts



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Hospital Contracts

- Radiologists are losing their hospital contracts in record numbers
- Replacement groups are usually less-qualified
- Radiologists are often seen as commodities
- Clinical excellence is necessary but not sufficient



Hospital Contracts

- Hospital administrator motivations for change
- Radiologist means of solving the problem

Hospital Contracts

- Hospital administrator motivations for change
 - Tired of referring physician & hospital employee complaints (service issues)
- Radiologist means of solving the problem
 - Participate in medical, political, and social structures of the hospital (boards, medical staff)

Hospital Contracts

- Hospital administrator motivations for change
 - Tired of referring physician & hospital employee complaints (service issues)
 - Don't like radiologist competition
- Radiologist means of solving the problem
 - Participate in medical, political, and social structures of the hospital (boards, medical staff)
 - Joint ventures w/ hospital, “right of first refusal”

Hospital Contracts

- Hospital administrator motivations for change
 - Tired of referring physician & hospital employee complaints (service issues)
 - Don't like radiologist competition
 - Want more control (hours, numbers on-site, sub-specialists)
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 - Seek first to understand, then to be understood (don't argue \$\$\$)

Hospital Contracts

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 - Tired of referring physician & hospital employee complaints (service issues)
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 - Want more control (hours, numbers on-site, sub-specialists)
 - Want radiologist's turf to attract referring physicians
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 - Seek first to understand, then to be understood (don't argue \$\$\$)
 - Provide value-added services to referring physicians, expertise

Hospital Contracts

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 - Tired of referring physician & hospital employee complaints (service issues)
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 - Provide value-added services to referring physicians, expertise
 - Keep them happy

Hospital Contracts

- Hospital administrator motivations for change
 - Tired of referring physician & hospital employee complaints (service issues)
 - Don't like radiologist competition
 - Want more control (hours, numbers on-site, sub-specialists)
 - Want radiologist's turf to attract referring physicians
 - Want radiologist employees
 - Personality clashes (usually during negotiations)
- Radiologist means of solving the problem
 - Participate in medical, political, and social structures of the hospital (boards, medical staff)
 - Joint ventures w/ hospital, "right of first refusal"
 - Seek first to understand, then to be understood (don't argue \$\$\$)
 - Provide value-added services to referring physicians, expertise
 - Keep them happy
 - Act professionally, prepare for negotiations, don't take things personally

Hospital Contracts

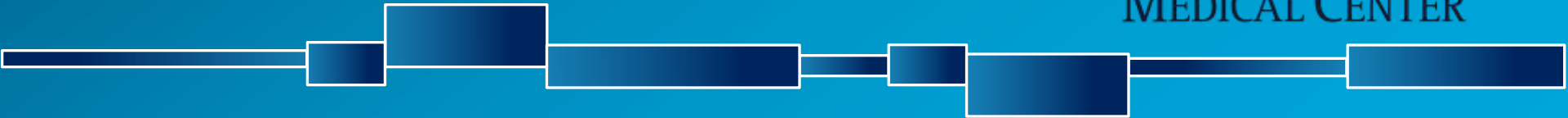
- Provide a service
 - “What is it that you need?” not “This is what I can offer.”
- Embrace role as consultant
- Be visible and available
- Participate in hospital & community events
- Strive for loyal (not just satisfied) referring physicians & patients
 - Loyalty based on experiences
 - Demand good citizenship from all group members



Managed Care Contracting



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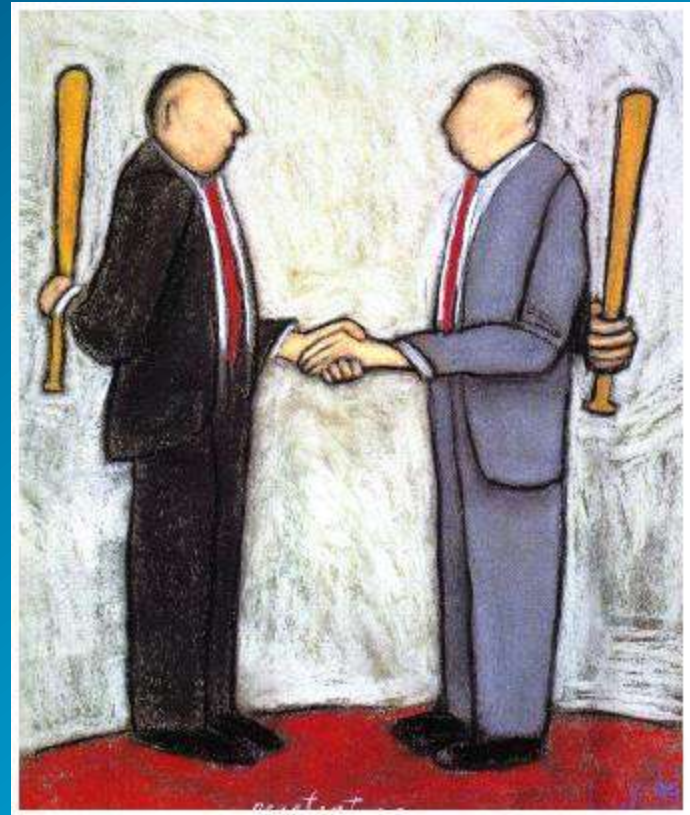
Managed Care Contracting

- Typical radiology practice payer mix
 - 30% Managed Care
 - 30-40% Medicare or other gov't plan
 - 30-40% other, “self-pay”



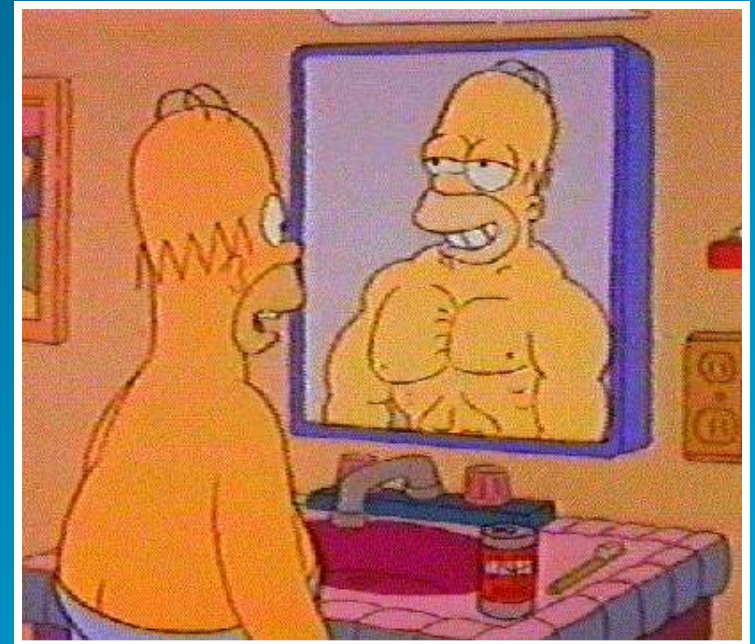
Managed Care Contracting

- Managed Care Organizations (MCO)
 - Negotiation not a confrontation
 - Want agreement/partnership on best possible terms
 - Steps
 - Preparation
 - Discussion
 - Coming to agreement
 - Final contract
 - Follow-up



Managed Care Contracting

- Preparation
 - What are our strengths & weaknesses in this negotiation?
Be honest
 - What are the MCO's strengths & weaknesses?
 - What is our best realistic outcome?
 - What is our best alternative to a negotiated agreement (BATNA)?
 - Never accept a position that will leave you worse off than the best alternative.



Managed Care Contracting

- Preparation
 - Current conditions of practice
 - How many exams come from this contract/year, if renewing?
 - What % of total revenue to practice does this represent?
 - Compare each payer to a standard Medicare fee schedule.
 - Review capacity for growth by modality.



Managed Care Contracting

- Preparation
 - Current conditions of practice
 - What is your competitive position in your market?
 - Talk to referring clinicians
 - Get sense of loyalty
 - Availability—hours of operation, parking, online access
 - Technology



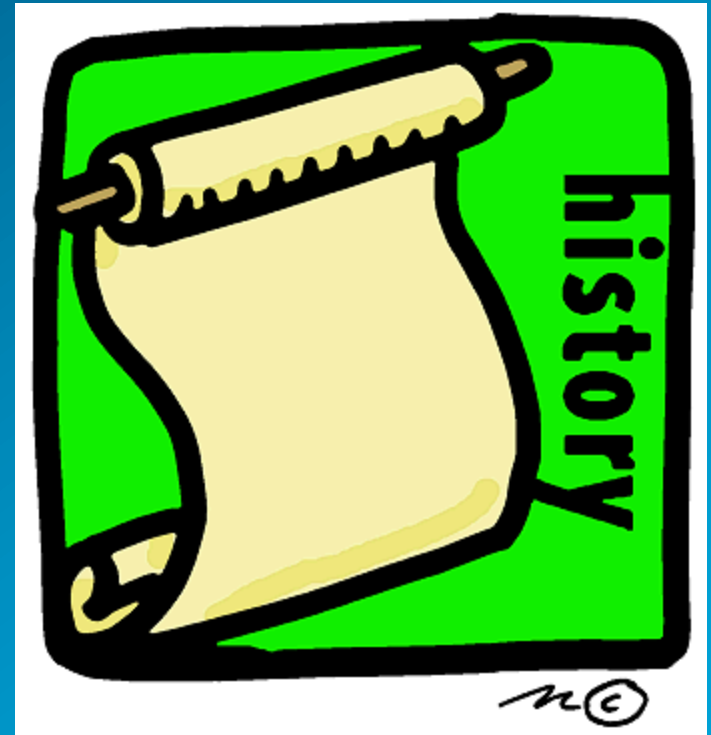
Managed Care Contracting

- Preparation
 - Current conditions of MCO
 - Are they promoting a special service (i.e., increasing % of women with annual mammograms)?
 - How is the plan marketing itself? Quality? Sub-specialty & high-tech group advantage



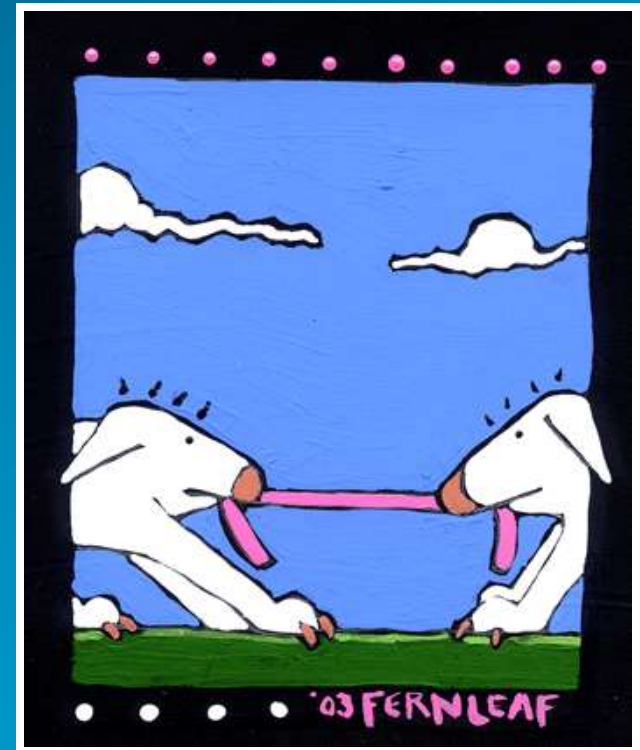
Managed Care Contracting

- Preparation
 - Current conditions of MCO
 - History w/ payments & customer service
 - % of claims incorrectly rejected
 - Days in AR
 - Should be 35-45 days
 - Definitely < 60 days



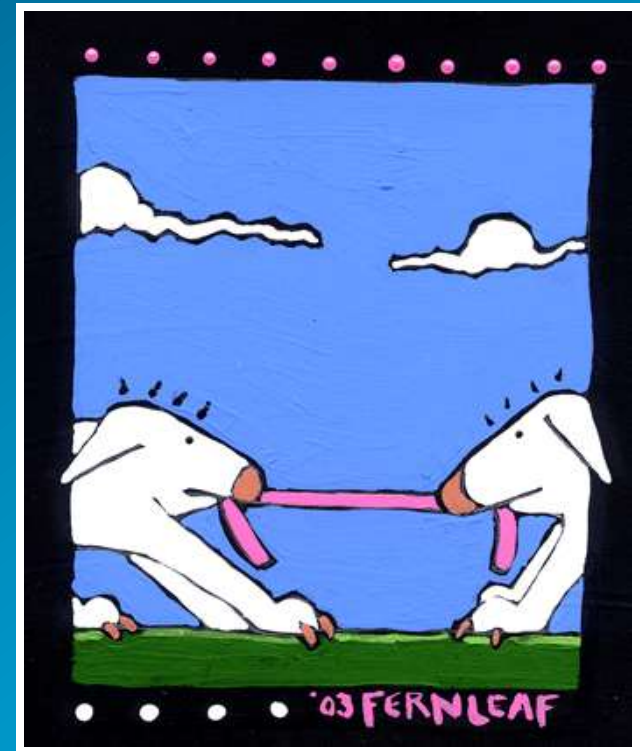
Managed Care Contracting

- Negotiation
 - Group business manager & a physician leader
 - Save president or CEO for later discussions
 - Have a list all issues to be discussed
 - Prioritize based on importance/effect on practice, but don't bring up in order of importance
 - Know BATNA
 - Don't discuss rates first (most important and difficult to agree on)
 - Initial plan representative will not have authority to change these; need to go higher up the chain



Managed Care Contracting

- Negotiation
 - Discuss contract terms or provider manual issues first (easy stuff)
 - Establish a relationship
 - Meet several times, seek to understand, then to be understood
 - Each meeting will likely involve someone higher in the MCO (w/ more authority)
 - Be respectful, measured, & cooperative
 - Take notes & summarize agreements after each session



Managed Care Contracting

- Follow-up
 - Closely monitor MCO performance with regard to negotiated rates, special terms, etc
 - Meet w/ contract rep or medical director at least every 6 months
 - Educate them on benefits you are providing for their members, new technology or services



Managed Care Contracting

- Follow-up
 - Discuss how contract is going, issues, claims problems, etc
 - Offer special arrangements for their VIPs, relatives, etc
 - Support company's program initiatives (special mammo screening days)
 - Look for ways they can bring added value to your group



Employment Contracts



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Employment Contracts

- Purpose
 - Transform promises into binding obligations
 - Enforce those obligations under the law
- 5 Basic Provisions
 - Exclusive employment with the group
 - Covenant not to compete
 - Termination w/ & w/o cause
 - Co-termination of rights
 - Protection against sale or repossession of group assets



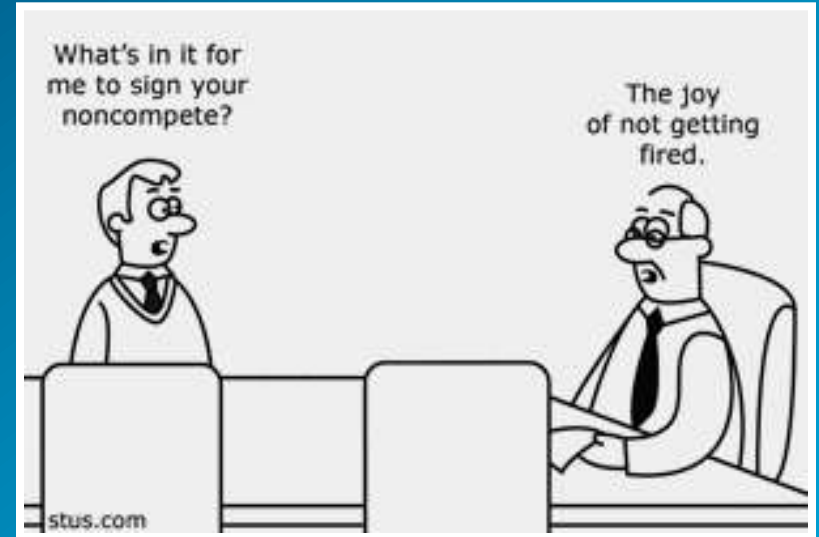
Employment Contracts

- Exclusive employment with the group
 - “Employee shall not engage in the practice of medicine except as the Employee of Employer, unless authorized by Employer.”



Employment Contracts

- Covenant not to compete
 - Illegal in California, unless a partner of a partnership



Employment Contracts

- Covenant not to compete
 - CA Code Section 16600*
 - *“Every contract by which anyone is restrained from engaging in a lawful profession, trade, or business of any kind is to that extent void.”*
 - Three exceptions
 - CA Code Section 16602
 - *Any partner may . . . agree that he or she will not carry on a similar business within a specified geographic area where the partnership business has been transacted, so long as any other member of the partnership . . . carries on a like business.*

*Source: <http://codes.lp.findlaw.com/cacode/BPC/1/d7/2/1/s16600>

Employment Contracts

- Termination w/ & w/o cause
 - With cause
 - Guidelines of appropriate performance & behavior
 - Without cause (“at-will”)
 - Should be fair
 - Should apply to all group members
 - Required percentage vote to validate a decision should be explained in the group by-laws



Employment Contracts

- Co-termination of rights
 - Terminate group employment and hospital privileges simultaneously



Employment Contracts

- Protect group against sale or repossession of group assets
 - From bankruptcy of its members
 - From member's divorce, death, etc
 - Malicious activities upon termination
 - Added protection
 - Group or member may be required to purchase tail coverage



Employment Contracts

- Breach
 - Unfair competition
 - Non-compete covenants
 - Interference with business
 - Bad faith
 - Fraud
 - Discrimination
 - Retaliation



Employment Contracts

- Remedies
 - Court
 - At law—financial compensation for losses inflicted as a result of the breach
 - At equity—alternative forms of relief to undo the harm caused
 - Alternative dispute resolution
 - Mediation
 - Arbitration



Future Directions



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Future Directions

- Health Care in Crisis
 - New model is certain
 - Components likely some combination of:
 - Fee for service
 - Pay for performance
 - Payment bundling to cover treatment of illness
 - Medical home with modified capitation—provides all services to care for pts w/ chronic dz



Future Directions

- Recommendations to the ACR
 - Advocate universal installation of computerized physician order entry w/ embedded decision support
 - Commit to eliminate 100% of inappropriate imaging
 - Evaluate application of risk sharing/capitation, how it affects radiology, and how radiologists can succeed in this model
 - Preserve fee for service as primary means of radiology reimbursement wherever possible



Conclusion

- Discussed
 - ✓ Organizational Structure & Governance
 - ✓ Effective Leadership
 - ✓ Strategic Planning
 - ✓ Accounts Receivable
 - ✓ Performance Measurements & Employee Satisfaction
 - ✓ Hospital Contracts
 - ✓ Managed Care Contracting
 - ✓ Employment Contracts
 - ✓ Future Directions



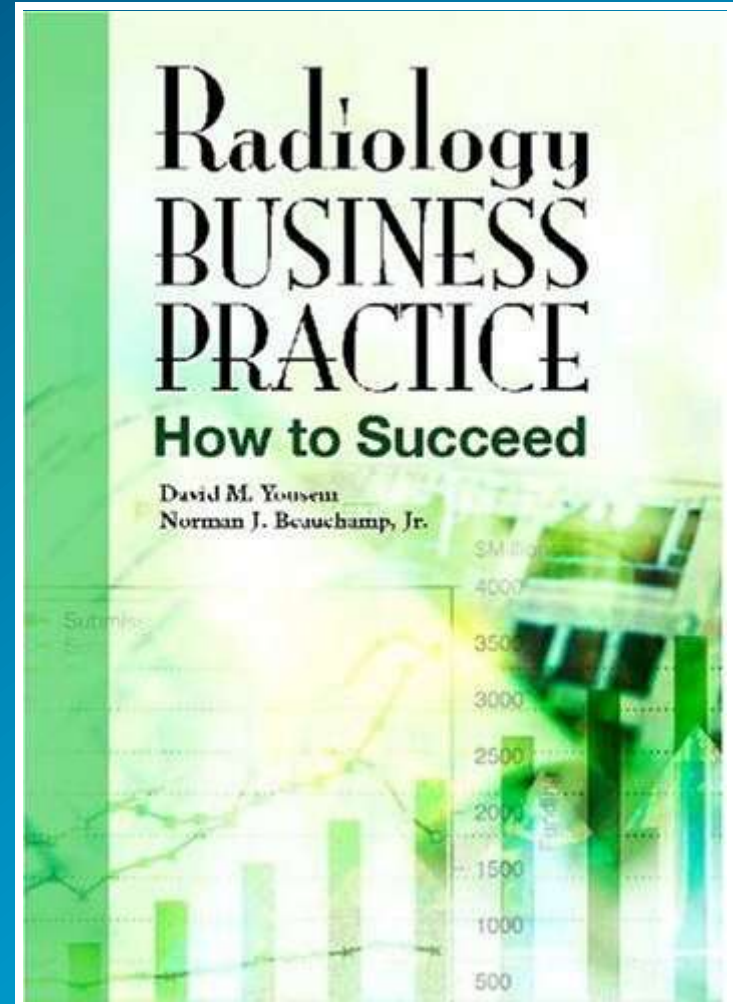
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- Gunderman RB, Patti JA, Lexa F, Weinreb J, Hillman BJ, Thrall JH, Neiman H. The 2009 ACR Forum: Health Care Payment Models. J Am Coll Radiol 2010;7:103-8



Recommended Reading

- Radiology Business Practice:
How to Succeed
 - David Yousem, MD/MBA
 - Norman Beauchamp, MD/MHA
 - 28 Chapters/Topics
 - 503 pgs



Questions?

