Final Teleradiology Interpretations

A Benefits Guide for Healthcare Providers
Introduction

Facilitated by advances in technology and workflow, one of the most dramatic changes in teleradiology in the last 16 years has been the move from client relationships built solely on preliminary interpretations to those based increasingly on finals.

As with any evolving healthcare trend, there are many issues, details and misconceptions about the benefits of these final interpretations models. This guide is intended as an overview of the factors that will likely weigh on a practice’s decision to make the move to finals.

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• Benjamin W. Strong, MD, CMO, vRad
• Dennis Wiseman, CEO, Radiology & Imaging of South Texas
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Healthcare Reform and the Rise of Final Interpretations

The use of preliminary reads as the standard for emergency radiological care can be traced to the rise of teleradiology practices around the turn of the 21st century.

Technology limitations (among them, access to prior studies and reports), reimbursement limitations due to offshore radiologists and turnaround time challenges precluded teleradiology partners from providing more than preliminary interpretations.

However, with healthcare evolving to outcomes-based reimbursement, higher quality care and expanded access, providers have accelerated their efforts to wring out inefficiencies and elevate quality in every corner of their operations.

Aiding in this effort have been technology advances, U.S.-based radiologists and program investments that have allowed more hospitals and medical facilities to establish teleradiology partnerships based solely on final reads.

Recognizing this trend, and in response to growing client demand, vRad made the human resource and infrastructure investments to deliver final reports including an IT team for building the necessary HL7 integrations, technologies for auto-fetching prior reports, an enrollment team for billing and an order-entry system for ICD-10 compliance.

Offering only preliminary reads in 2001, over 50 percent of vRad reports today are final interpretations. Perhaps more telling of this trend, greater than 75 percent of new clients are establishing a finals-only relationship with vRad today.

Trend of vRad Final Reports Follows Healthcare Shift to Increased Efficiencies and Higher Quality Care

Finals are about more than just efficiencies — which are clearly at a premium in healthcare. Many who have made the move to final reads cite better patient care as their rationale.

Still, myths and misconceptions remain.

What are the true practice, clinical and financial benefits behind the movement toward final reads?
Final Interpretations: Dispelling Myths

The demands of today’s healthcare environment, from outcomes-based reimbursement and higher quality care to expanded access, lead many imaging providers to make the transition from preliminary to final interpretations.

But some imaging providers remain reluctant to embrace a finals-only model.

Why?

In many cases the reticence to move to final interpretations is rooted in some long-held myths and misconceptions.

Myth 1: “Moving to final interpretations will cost more money.”

While it’s true that final reads can cost slightly more than preliminary reads when you compare them at face value, it’s important to look a bit deeper and take into account the benefits — financial and otherwise — that come along with a final interpretations model.

“Financially, it was a slam dunk for us,” says Jeff Kinlaw CEO of Atlantic Radiology Associates (ARA), a 12-radiologist group serving hospitals in Georgia, South Carolina and Florida.

In 2011, after four years of preliminary weekend and overnight reads, Atlantic Radiology asked VRad to begin providing finals.

“The modest increase in costs when we moved to a final-read teleradiology relationship was offset by the elimination of morning overreads.”

Kinlaw says eliminating morning overreads gave the practice’s radiologists time to start with a fresh worklist of the day’s new reads and offered room to grow the business.

“Using after-hours final reads allowed us to free up local reading capacity and ultimately bring in more work to our group,” he adds.

Overlooked Financial Considerations

And there are other financial ramifications associated with preliminary reads that are often overlooked.

As described by the American College of Emergency Physicians, “[An] issue that affects emergency physicians occurs when the local radiologist provides the ‘final’ interpretation, often the next day or even several days later, and their interpretation differs substantially from the preliminary reading. Needless to say, any significant change in the original interpretation of an imaging study may have a profound impact upon the original diagnosis, treatment, and disposition of the patient, to say nothing of the medical-legal implications.”
By their very nature requiring a next-day overread, preliminary reports are a delayed decision that slows the delivery of patient care and can lead to an extended length of stay.

With delays of any kind come increased costs — costs that eat away at a practice’s efficiencies and profitability.

Conversely, timely, correct and reproducible outcomes lead to faster and more consistent reimbursements. Using programs like vRad’s Payer Direct (see sidebar on page 9) can even remove the costs and complexities of outsourced final interpretation billing.

Using teleradiology partners to provide final reads can also help save radiology practices the significant time and expense of recruiting and training new radiologists or hiring locums.

“That allows an imaging group to sign new contracts and take on more work and grow its brand without immediately hiring additional radiologists,” Kinlaw adds. “Until I’m ready, I can just ask vRad to handle more reads.”

**DID YOU KNOW?**

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The number of hours per week one vRad client saved by not starting the day doing the previous night’s preliminary report overreads. That’s 26 hours that can be spent focusing on new patients, reading new, higher-value studies, or expanding their practice.

**Myth 2: “Using a teleradiology partner for final reads will put our contract at risk.”**

Radiologists fearing a teleradiology provider will threaten their value to a practice have been around as long as teleradiology has existed.

It’s a concern that’s often magnified with talk of establishing or moving to a finals-only teleradiology relationship.

Although it’s an understandable concern, it’s also one that’s been dispelled time and again through mutually beneficial teleradiology partnerships.

“vRad isn’t competition, they’re helping us take our business to the next level. It’s a win-win situation,” Kinlaw says. “We have personal relationships with our facilities that can’t be replaced. And they depend on us for reads and other services. We’re confident in the value our team brings to our facilities.”

**Higher Radiologist Satisfaction**

Often, once a teleradiology relationship has been established, it not only quells radiologist concerns, it leads to a happier and more engaged radiology team environment.
Instead of scrambling to cover nights, weekends and high-volume periods, radiologists benefit from a better work/life balance. Instead of starting their day reading the dozens of preliminary reads from the night before, they are free to focus on the patients and activities that are most important to them and their practice.

Dennis Wiseman is CEO of Radiology & Imaging of South Texas, a radiology practice that performs more than 400,000 exams annually. He says his practice’s final interpretations partnership with vRad has increased the job satisfaction of the practice’s radiologists.

“Our rads used to cover 18 weekends a year, which not only burned them out, it made it difficult for us to recruit to our practice,” Wiseman explains. “Now, we offer a much better work/life balance. In fact, our relationship with vRad has become a great recruiting tool for us.”

**Myth 3: “Final reads will be too slow for emergency medicine.”**

Much of the concern about moving to final interpretations centers on the perception that final reads take considerably longer than preliminaries. At one point in the evolution of teleradiology, that was a valid concern. Today, advances in technology and workflow have closed the turnaround time gap.

vRad’s average turnaround time on final reads is 23 minutes — only 1 minute longer than its preliminary-read average. Critical results are reported in 11 minutes on average (and in as little as two minutes with vRad’s latest Natural Language Processing technology for generating the custom structured final report).

So, today, in about the same length of time, an emergency room doctor receives a final read, provided by a subspecialty-trained radiologist with access to the patient’s previous studies.

“In our experience, vRad’s radiologists don’t just meet a facility’s deadlines, they exceed them,” Kinlaw says.

Providing a final report immediately also eliminates what can be a much larger delay impacting final disposition of the patient: the time between a preliminary read and when a facility radiologist can perform a final the next day.
**Quality Assured**

But even more important than speed is the quality of the interpretations provided. And it’s an assurance that vRad can make to its clients — for both preliminary and final reads — through a stringent Quality Assurance (QA) program that consistently delivers a 99.7 percent average accuracy rate.

At least one percent of all final interpretations are randomly pulled and reviewed by vRad radiologists. A QA committee reviews all discrepancies with the interpreting radiologist and clients are notified.

Any client-submitted discrepancies are reviewed by members of the QA committee and discussed with the interpreting radiologist for future performance improvement. Depending on the findings, a range of actions can be taken.

The data from both internal and client-submitted reviews is collected and is available on the QA Portal for use by client QA committees, including statistical review and reporting purposes.

“Sometimes, it takes a little educating when I tell executive leaders at a facility that a teleradiology provider will be doing final reads,” Kinlaw adds. “Explaining vRad’s QA process and their professional and consistent process for flagging studies is one of the ways I’m able to help them overcome their concerns.”

### VRAD AVERAGE READ TIMES

- **Preliminary Reports**
  - 22 minutes

- **Final Reports**
  - 23 minutes

- **Critical Findings**
  - 11 minutes
Final Reads: A Quick Look at the Benefits

Looking for rationale to support your practice’s move to a final interpretation model?

Here’s a look at key benefits in three important categories, using vRad’s Final Interpretation Solution.

Clinical benefits

Quality
Final interpretation services use an HL7 integration, giving radiologists immediate access to the prior studies needed to provide the high-quality final interpretations desired by ordering physicians. The system is also backed by an extensive QA program and feedback loop designed to promote radiologist performance improvement. It’s an integral part of the program’s 99.7 percent average accuracy rate.

Speed
Patented workflows for auto-routing studies make it possible to offer patients the same level of care whether they arrive at 2 p.m. or 2 a.m. Emergent final interpretations are almost always delivered in less than 30 minutes (and typically in far less time), with critical findings communicated in as little as two. Eliminating the process of next-day overreading allows physicians to treat their patients based on a final, and disposition them much more quickly.

Consistent, Structured Reporting
An advanced Natural Language Processing system for producing Custom Structured Reports enables vRad’s physicians to deliver consistent, high quality and highly actionable diagnoses in real time.

Financial benefits

Cost Savings
Cost-saving efficiencies of a final interpretation model include the elimination of morning overreads and faster resolution of patient care. Improvements in radiologist satisfaction (see “Practice Benefits” on page 9) also saves significant recruiting, hiring and locums expenses.

No-Risk Billing
Rather than pay an interpretation fee and then file for payer reimbursement, vRad Payer-Direct Billing (see sidebar on page 9) bills payers for its services directly, reducing reimbursement risk while saving time by removing the entire burden of billing for teleradiology interpretations from your organization.

Growth Opportunities
Replacing preliminary reads with after-hours final interpretations eliminates morning overreads and frees up hours of local reading capacity, opening the door to new growth opportunities.
Practice benefits

**Radiologist Satisfaction**
By giving radiologists more time to focus on the patients and activities most important to them and reducing night and weekend work, a final interpretation partner can significantly increase radiologist satisfaction, and facilitate recruiting efforts.

**Freedom to Expand**
Backed by a final interpretation teleradiology partner, practices are free to sign new contracts and take on additional work without needing to immediately hire new radiologists.

**Subspecialty Expertise**
Access to an extensive team of subspecialty-trained radiologists who can provide final interpretations 24 hours a day, seven days a week, helps practices offer a comprehensive service line.

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**LOWER REIMBURSEMENT RISK AND SIMPLIFY BILLING WITH PAYER DIRECT**

vRad’s Payer Direct program takes the complexities and risk out of outsourced final interpretation billing. Rather than pay an interpretation fee and then file for payer reimbursement, vRad Payer Direct bills payers for its services directly.

- Eliminate financial exposure for studies sent to vRad
- Save time and reduce your administrative burden
- Ensure billing compliance with all payers
- Take the uncertainty and volatility out of monthly financials

*Learn more at [https://www.vrad.com/service/billing-services/](https://www.vrad.com/service/billing-services/)*

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For More Information

For more information about how vRad final interpretations can help your practice, please call 800.737.0610 or visit [www.vrad.com/service/final-reads/](http://www.vrad.com/service/final-reads/)
About vRad

vRad (Virtual Radiologic) is the leading national teleradiology services and telemedicine company, with 500+ U.S. board-certified and eligible physicians, 75 percent of whom are subspecialty trained. Its clinical expertise and evidence-based insight help clients make better decisions about the health of their patients and their imaging services.

vRad is a MEDNAX Company, a national health solutions partner specializing in neonatal and other pediatric services, anesthesia, radiology, pediatric cardiology and other physician and management services. vRad interprets and processes patient imaging studies on the world’s largest and most advanced teleradiology PACS for 2,100 client hospital, health system and radiology group facilities in all 50 states. The practice has 17 issued patents for innovation in telemedicine workflow, and is a recognized leader in imaging analytics and deep learning-assisted diagnostics. It is also a past winner of Frost & Sullivan’s Visionary Innovation Award for Medical Imaging Analytics (North America). For more information, please visit www.vrad.com. Follow us on Twitter, Facebook and LinkedIn.