



Practicing Radiology in RP: My Path in a Thriving Practice

2023 update: I wrote the post below in July 2022 reflecting on my career, transitioning from an associate in our radiology practice to a partner and now to president of the group. Recently, some online have been quoting the legalese in an employment contract to imply that partnership in Radiology Partners (RP) is not real. While I am not a lawyer and can't speak to contract law, I am here to set the record straight: partners in RP are partners in a real and meaningful way. I am proof. We own a substantial fraction of the practice. We are represented on the board of directors. We have the same type of stock as outside investors. The interests of radiologists and investors are aligned. They invested in RP knowing that we are a medical practice that puts patients first. Having the scale to invest in, develop and deploy quality of care and process improvement projects will help us raise the bar in terms of radiology practice and outcompete other groups. In the end, this won't only benefit patients but all our partners. That's why I am proud to be an RP partner.

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What is the ideal practice model to best serve patients, support radiologists and advance the specialty?

This is a popular topic of conversation in radiology, especially on social media. I am disappointed when I read baseless negative comments about large national practices, usually by those with limited (or no) experience working with one. The comments can skew reductive and hollow, failing to recognize substantial differences between organizations. Further, the portrait they paint differs dramatically from my own experience.

A few years out of training, I was an associate in a radiology group that joined a national practice. Today, I'm a partner in that group, a practicing radiologist and the President of Radiology Associates of Florida, a Radiology Partners (RP) practice.

Leaning Into Positive Change

When my practice decided to enter a partnership with RP, I was not yet a voting partner or a shareholder. Along with my associate colleagues, I carried on with cautious but hopeful optimism. I was encouraged by the "one practice, locally led" model, the emphasis on physician ownership and the commitment to ongoing professional development.

After we joined RP, I was initially struck by what *didn't* change. Our local physician leaders continued to lead. Schedules didn't change. Our operational decisions remained entirely driven by our local practice. What did change was our technological sophistication. Within a year, the three separate PACS workstations previously connected to my monitor bank became a single cloud-based suite that united our practice across the state. We used these tools to design an innovative workflow that balanced volume throughout our group without overloading any individual radiologist—even in our

busy ER section.

The next change: our definition of quality. Instead of relying on random peer review, we incorporated a non-random and non-punitive peer learning program. We were also provided artificial intelligence (AI) software to help radiologists provide evidence-based recommendations in the radiology report. Recently, tools supplied in partnership with RP will allow our radiologists to help direct care coordination more broadly, as many of us have previously done with women's imaging. Such tools advance patient care while also elevating the role of radiology.

Adopting New Roles

As someone who enjoys being part of a team, I volunteered for committees in my local practice. I also sought opportunities to contribute to RP at a national level. Instead of a dense corporate hierarchy, I found a system that embraces physician leadership. Seemingly every function of the practice – recruiting, AI, radiologist experience, and more than a dozen others – has a board of radiologists and an empowered physician leader heading up the effort. This allows me to partner with radiologists from around the country. With the resources and support teammates necessary to succeed, our work helps advance our practices and the specialty. Participating in these efforts at scale was simply out of reach previously. And while the non-monetary fulfillment is plentiful, we have witnessed a positive salary trajectory every year.

Beyond my own personal experience, I have witnessed my local practice thrive in the years since joining RP. While we were always growth-oriented and progressive, our partnership with RP afforded us a level of support that made previously prohibitive opportunities feasible. With the support of a national organization, our local practice of 50 radiologists became a local practice of 150 radiologists. Without the help of a national organization, simply recruiting this many radiologists would have been unthinkable. Aside from the economic benefits of this scale, our radiologists now enjoy great flexibility in their work lives, balancing remote and on-site shifts, or part-time and full-time status.

Is RP a perfect practice? Of course not. There is no such thing. But we are a practice that invests in its values and its physicians. That is why I am frustrated when I read negative, untrue comments online. As an associate, I didn't have the opportunity to vote to join RP. Now, that associate is a partner, a leader, and a fulfilled, engaged radiologist.

Dr. Ryan Harvey ([LinkedIn](#)) is a practicing radiologist and president of Radiology Associates of Florida (RAF). [Radiology Partners](#), through its owned and affiliated practices, is a leading physician-led and physician-owned radiology practice in the U.S. Learn more about our mission, values and practice principles at [RadPartners.com](#). For the latest news from RP, follow along on our [blog](#) and on [Twitter](#), [LinkedIn](#), [Instagram](#) and [YouTube](#). Interested in learning about career opportunities? [Visit our careers page](#).