

What makes a private practice
radiology group strong, stable and
secure?

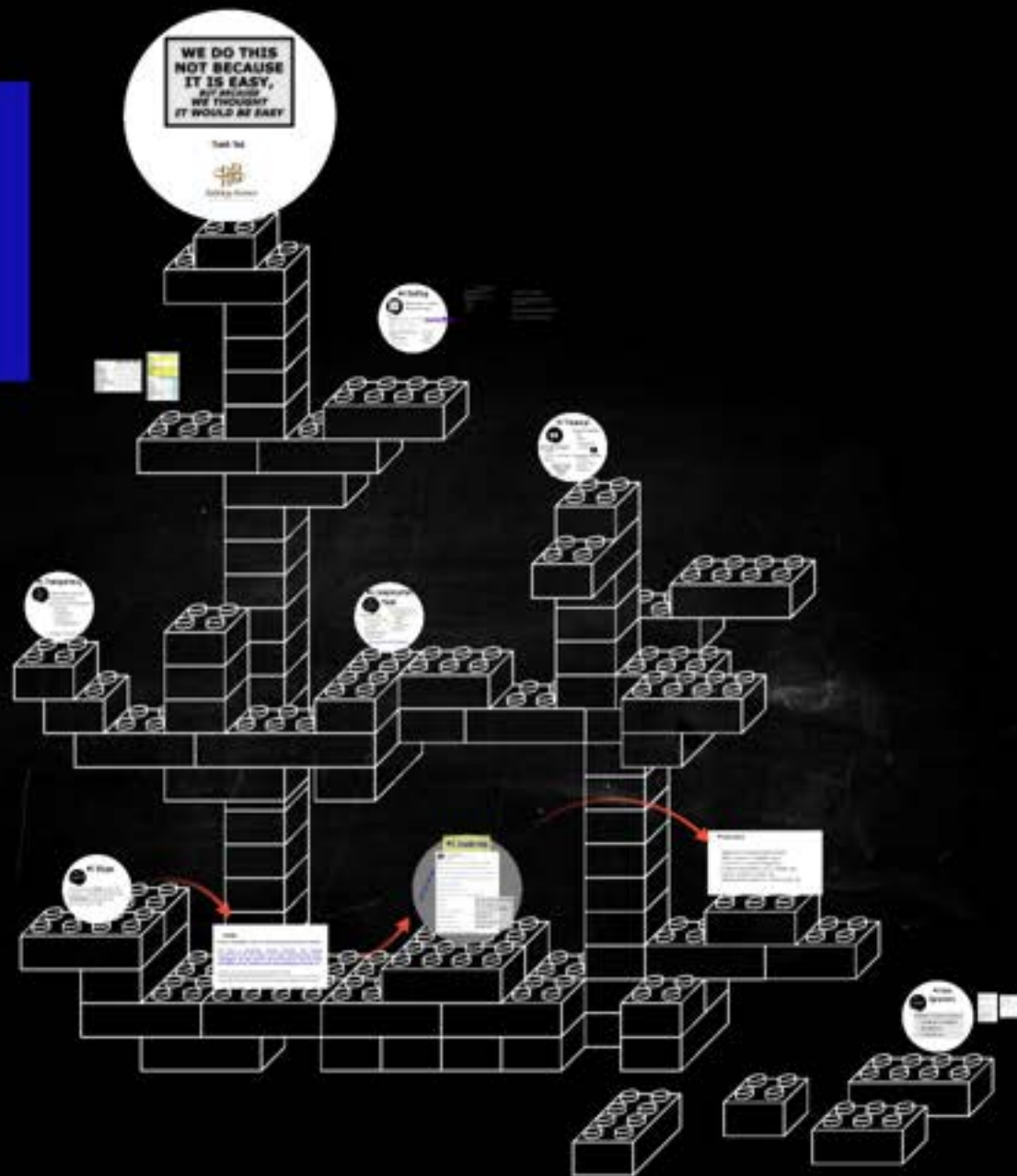
Robert Schaffer
Radiology Business Solutions (RBS)
August 2025



add logo here



Independent
Private Practice
Radiology



What makes a private practice radiology group strong, stable and secure?

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Radiology Business Solutions (RBS)

August 2025

Who is RBS?



Member
American College of Radiology
American Society of Radiology Administrators

- RBS is a national management and consulting company specializing in radiology with over two decades of excellence
- We help private radiology groups manage day-to-day operations as well as address complex business functions
- RBS' partners, operations directors and consultants are recognized leaders in their fields and offer unparalleled experience in the business of radiology
- RBS is recognized for our sophisticated level of service beyond the everyday back office services provided by others

Our Leadership Team includes:

- Robert Schaffer, CEO/Attorney
- Luke Karstenberger, CFO/Financial/Accounting
- Daniel Corbett, CEO Business Development/Staffing in Memorial
- Katie Hawley, Senior Operations Director

Our Operations Director Leadership Team includes:

- Thomas Bailey, Senior Operations Director
- Anthony DePasquale, Senior Operations Director
- Cindy Wiley, Associate Operations Director
- Breanna Rawlins, Associate Operations Director

Our Radiology Consulting Team includes:

- Mark Weiss, M.D., Co-Founder and Senior Radiologist Consultant
- Jason Baum, M.D., Interventional Radiologist Consultant
- Jennifer Rubenstein, M.D., Mammography Consultant
- Gina Rindone, M.D., Mammography Consultant
- Mark Ciolek, M.D., Radiologist Consultant

We work with subject experts for projects to enhance depth of expertise.

- Radiology Group Management and Operations
- Operational Analysis and Evaluation of Private Group Practices
- Service Agreement Negotiation
- Recruiting
- Radiology Group/Hospital Strategic Alignment
- Radiology Group Mergers, Acquisitions and Strategic Partnerships



Disclosures

RBS Manages Private Independent Practice
Radiology Groups from 2 to 90+ radiologists in size

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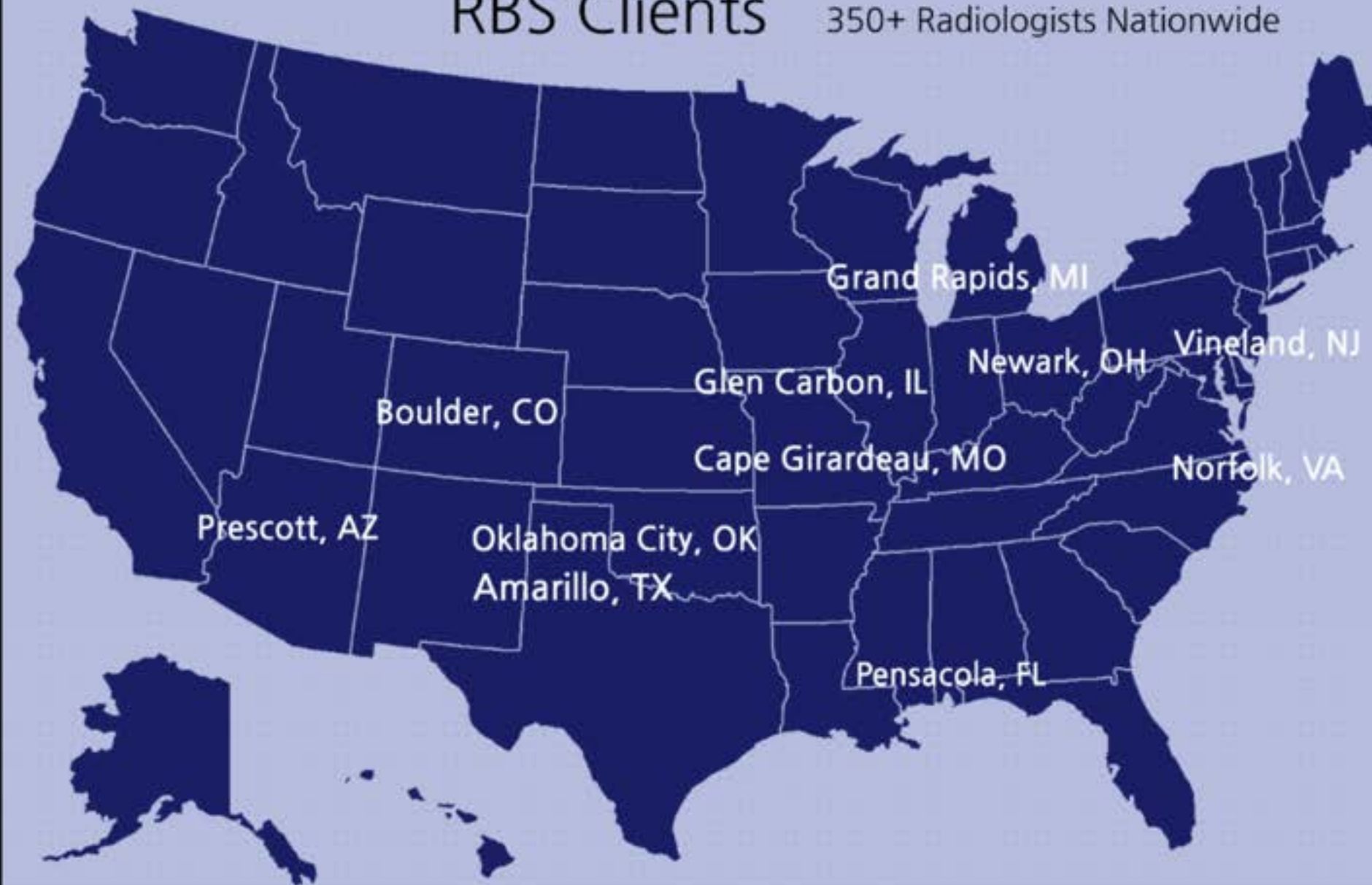
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- Gina Fundaro, M.D., Mammography Consultant
- Mark Cooper, M.D., Radiologist Consultant

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RBS Clients

350+ Radiologists Nationwide



#1 Vision



Having a clear **vision** of who the practice is and who it wants to be ***in the future***, internally and externally in the field.

Example

Being a radiologist in SSS, Inc. (Strong, Secure & Stable, Inc.) means:

We have a rewarding, clinical, financial and cultural environment that will attract and retain talented team player radiologists. We will monitor this every quarter. We will revisit and define clinical, financial and cultural definitions for SSS, Inc.

Clarity is key. *Know who you are and who you are not.*

Arizona and Michigan Examples of one for all / all for one vs. collection of styles, skills and personalities to meet the needs of a given environment.

#2 Leadership



Josh Duncan • 1st
Chief Growth Officer, Americas at Harrison.ai
1w •

Everyone wants the summit. Few are willing to start at the base.
We celebrate big wins. Headlines. Highlights. Finished products.
But what we don't always talk about is what it takes to even get started.
No perfect weather. No shortcut. Just one foot in front of the other.
Step by step, grind by grind.
Leadership works the same way.
You don't get buy-in, culture, or momentum overnight.
You build it.
Day by day.
Conversation by conversation.
Meeting by meeting.
The climb is never easy.
But the view? Always worth it.

#Leadership #MindsetMatters #GrowthJourney

Set the tone with clarity
Set the agenda
...here is what we are
going to do...
Get buy-in
Communicate it
Measure it

Easier Said than done



Easier Said than done



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Chief Growth Officer, Americas at Harrison.ai
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[#Leadership](#) [#MindsetMatters](#) [#GrowthJourney](#)

#3 Have Agreements

★
Predictable

Written Confirmations

- Code of Conduct
- Workflow
- Shift Rules



Appropriate Conduct among Cape Radiology Physicians, Advanced Practice Professionals and Employees

- Treat each other with respect.
- Respect the CRG chain of command, including the authority of the Executive Committee ("EC").
- Communicate with each other in person, via phone, or through electronic means in a clear, concise and non-threatening manner.
- Use constructive criticism with the goal of improving patient care and a productive working environment.
- Keep conversations regarding CRG business between CRG physician members behind closed doors, private and confidential.
- Actively participate in meetings to enhance our professional radiology services.
- Arrive on time and ready to perform your job description at its posted start time.
- Respond to pages, texts or calls related to patient care in a timely and professional manner.

1

- Maintain confidentiality regarding CRG's professional business at all times, including verbal and written communications.
- Complete all requests for addendums not later than the end of each week.
- Complete all reports, including interventional radiology reports within 2 business days of the procedure date.
- Complete hospital deficiencies (delinquent charts, etc.) promptly to not be placed on off staff status.
- Adhere to CRG's policies, procedures, protocols and guidelines including approved workflow guidelines.

Appropriate Conduct with Patients

- Put patients' needs first and be respectful of those needs.
- Address patient problems professionally and in a caring manner.
- Refrain from criticizing other physicians including indirect criticism through third parties.

Appropriate Conduct with Referring Physicians, Administration, and Hospital Department Staff

- Act in a professional manner treating everyone with respect regardless of their position in the organization.
- Attend meetings and be willing to serve on committees and be a pro-active participant.
- Communicate proactively, professionally and with compassion.
- Respect the chain of command of the organizations CRG physicians work including all sites of service.

Examples of Inappropriate or Disruptive Behavior towards Cape Radiology Physician Members, Advanced Practice Professionals, Employees, Referring Physicians, Hospital Administration, and Department Staff

- Disclosure of confidential information including group or patient related.
- Uttering belittling or berating statements to or about other physicians, employees and staff.
- Engaging in gossip regarding physicians, employees, staff, administration, referring physicians or patients.
- If a Physician, insisting non-physician staff communicate on your behalf with other physicians or service providers to avoid sensitive, professional or controversial discussions.
- Displaying inflammatory or confrontational behavior at any time.
- Use of profanity or disrespectful language.
- Use of physically intimidating language directed at anyone including, but not limited to, threatening violence or retribution.
- Throwing of objects.
- Physical or sexual harassment.
- Blaming, shaming, or publicly criticizing others for unexpected or negative clinical outcomes.
- Deliberate refusal to return phone calls, pages, or other messages concerning patient care or safety in the work environment.

General Shift Rules:

1. Be punctual to your shift. Arrive before the required start time to log in. Considerations will be discussed regarding road rotations and radiology shifts.
2. Worklist guidelines: (Cases to be read in a systematic way to ensure efficient workflow)
 - a. STAT cases (ER, inpatient, outpatient)
 - b. Inpatient studies
 - c. Priority cases
 - d. Any remaining outpatient cases from Previous Day
 - e. Subspecialty cases (Neuro, MSK, Body MRI)¹
3. If you need to leave your workstation or will be unavailable for a portion of your shift, please notify a colleague and technologist if you are a supervising physician.
4. If there are outstanding cases, such as fluoroscopy cases, or add on cases, please notify your colleague responsible for this study.
5. Incomplete cases may not be claimed or reserved. Release any open cases within the next 30 minutes.
6. Studies cannot be claimed, reserved, or placed "on hold" or in "local" status.

¹ Subspecialty radiologist also interpreting general radiology studies and modalities in the morning to ensure the worklist is caught up from overnight (up to 7AM) before moving on to nonemergent subspecialty studies.

4

7. Read all non-STAT cases from oldest to most recent. Priority should be given to STAT cases. For example, outpatient routine priority CT's from the current day and from the previous day regardless of site or geographic concerns. The CRG will maintain a list of STAT CASES, not individual wRVU generation.
8. If you open a case, it is your responsibility to interpret the case unless
 - a. In the event a radiologist opens a case, and the case is outside their expertise level, the opening radiologist must recruit another radiologist for interpretation. Cases which fall into subspecialty categories not on the worklists without contacting the subspecialty radiologist. If cases are inappropriately being linked on a consistent basis, the executive committee will review.

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Radiology Physician Members, Advanced Practice Nurses, and Department Staff

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General Shift Rules:

1. Be punctual to your shift. Arrive before the required start time to log on and be available to interpret cases. Considerations will be discussed regarding road rotations and radiologists with commutes to remote locations.
2. Worklist guidelines: (Cases to be read in a systematic way to ensure worklist equality.)
 - a. STAT cases (ER, inpatient, outpatient)
 - b. Inpatient studies
 - c. Priority cases
 - d. Any remaining outpatient cases from Previous Day
 - e. Subspecialty cases (Neuro, MSK, Body MRI)¹
3. If you need to leave your workstation or will be unavailable for a prolonged period (greater than 30 minutes) please notify a colleague and technologist if you are a supervising physician as well as CRG IT.
4. If there are outstanding cases, such as fluoroscopy cases, or add on cases requested for immediate attention, please notify your colleague responsible for this study.
5. Incomplete cases may not be claimed or reserved. Release any opened cases that cannot be completed in the next 30 minutes.
6. Studies cannot be claimed, reserved, or placed "on hold" or in "local read" status for interpreting after hours.

¹ Subspecialty radiologist also interpreting general radiology studies are expected to assist with reading all modalities in the morning to ensure the worklist is caught up from overnight studies as well as previous day studies (up to 7AM) before moving on to nonemergent subspecialty studies.

7. Read all non-STAT cases from oldest to most recent. Priority should be given to studies left from the previous day. For example, outpatient routine priority CT's from the current day should not be read before plain films from the previous day regardless of site or geographic concerns. The priority is CRG turnaround time for ALL STUDIES, not individual WRVU generation.
8. If you open a case, it is your responsibility to interpret the case unless the following apply:
 - a. In the event a radiologist opens a case, and the case is outside of the radiologists' expertise or comfort level, the opening radiologist must recruit another radiologist to accept and complete the interpretation. Cases which fall into subspecialty categories may be linked to appropriate subspecialty worklists without contacting the subspecialty radiologist. If a subspecialist feels studies are inappropriately being linked on a consistent basis, the executive committee should be notified for

#4 Governance

- Bylaws are consulted and followed
- Elections occur on regular cycle
- Chain of command is respected
- A degree of formality, with collegial style
- Regular leadership meetings
- Scheduled shareholder / partner meetings

#5 Transparency

★
Open and
Honest

Stakeholders should know about the business of the practice:

- Volume
- Collections
- Expenses
- Compensation

Communication



#6 Compensation Model

★
One Size Does
Not Fit All

- Equality Model
 - Groups can live in complete equality; sharing the pie and the work
- High Production Groups with Discrepancy and Value Add
 - Promote Production; and/or
 - Academics
 - Administration
 - Quality
 - You get the point
 - Many variables
 - Change is hard

The outcome can be magical

#7 Financial



Know the surveys

- MGMA
- Sullivan and Cotter
- Blends

**Hospital - Group
Alignment and
Financial
Support**

Know the market

- Ads
- Offers
- Social Media
"Chatter"



Know your own book

- Payer Mix
- Collection Rates
- Expense
Management

#8 Staffing



Know your needs,
based on data...

What we do:

- Staffing Assessment 2 x per year or more
- Calculate wRVUs / Production per FTE
- Growth % by site of service
- Modalities being emphasized
- Special Topics
 - Mammography
 - IR
 - Leadership Tech

Special Topics

- Flexibility
- Weekends
- Nights?
- Dedicated PMs

With known needs,
Recruitment Comm
Refined Ads and So
Quick Follow Up
Precision Discussio
Screen, Rule In and
Issues that come up

- partnership
- W-2 and 1099
- malpractice insu
- restrictions
- moonlighting
- work-lists
- technology
- other

Recruitment & Retention

It Takes A Village and a Process

With known needs, have a written "order" for clarity

Recruitment Committee and/or Chair

Refined Ads and Social Media Awareness

Quick Follow Up

Precision Discussions (with written job profiles)

Screen, Rule In and Rule Out (tire kickers vs. great fits)

Issues that come up:

- partnership
- W-2 and 1099
- malpractice insurance
- restrictions
- moonlighting
- work-lists
- technology
- other

The Knot of of Flexibility

Connection between Vision and
Recruitment (who we are and what we want to be)

Evenings, Overnights and Ownership

Senior Status to Extend Careers



	<u>Strong</u>	<u>Secure</u>	<u>Stable</u>
Vision	✓		✓
Leadership	✓	✓	✓
Agreements			✓
Governance	✓		✓
Transparency		✓	✓
Compensation Model	✓	✓	✓
Financial	✓	✓	
Staffing	✓	✓	✓

	<u>Strong</u>	<u>Secure</u>	<u>Stable</u>
Vision	✓		✓
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Agreements			✓
Governance	✓		✓
Transparency		✓	✓
Compensation Model	✓	✓	✓
Financial	✓	✓	
Staffing	✓	✓	✓

**WE DO THIS
NOT BECAUSE
IT IS EASY,
*BUT BECAUSE
WE THOUGHT
IT WOULD BE EASY***

Thank You!



Radiology Business
SOLUTIONS

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