



Society of Interventional Radiology Position Statement: Exclusive Contracts and Carve-outs for Interventional Radiology Services

Background:

In 2012, the American Board of Medical Specialties (ABMS) approved interventional radiology as a primary specialty in medicine. With this approval, ABMS and its member boards confirmed the benefit to patients of the unique interventional radiology skill set comprised of competency in diagnostic imaging, image-guided procedures, and peri-procedural patient care. This was an important step in the formalization of the interventionalist's clinical role. With the establishment of an ACGME-approved IR residency, the American Board of Radiology agreed to certify interventional radiology trainees in interventional radiology and diagnostic radiology.

Interventional radiologists are experts in the field of image-guided interventions. They come by this expertise through years of training in diagnostic radiology residency and interventional radiology fellowship. In the very near future, this training will be acquired during interventional radiology residency. During graduate medical education, these physicians perform hundreds of interventional procedures. No other specialties can exceed interventional radiology's level of training and experience in the three pillars of image-guided intervention: imaging, procedural skills, and peri-procedural patient care.

Diagnostic radiology practices frequently enter into exclusive professional services contracts with their hospitals, with interventional radiology, by default, included under this contractual umbrella. Very typically, non-radiologists are granted exclusions or "carve-outs" (e.g., peripheral interventions, musculoskeletal interventions, non-invasive testing) of procedures/services from these same exclusive contracts in order to provide the same or similar procedures which are generally performed by interventional radiologists.

As interventional radiology has become more clinically based, some interventional radiologists have opted for independent practice outside the traditional radiology group model. In some cases, these independent practice interventional radiologists have found their efforts at gaining new or maintaining existing interventional radiology privileges blocked by exclusive contracting practices.

In such cases, these interventional radiologists may seek SIR support in obtaining or retaining privileges. This policy covers the circumstances in which SIR would consider becoming involved and the type of support that it might provide.

Policy:

SIR recognizes the practice of exclusive contracting between hospitals and radiology groups for radiology services is long-standing and that such contracts can be mutually beneficial to both parties. However, SIR strongly believes that if the exclusive contract or the hospital/facility excludes interventional radiology services or provides a carve-out (e.g., peripheral interventions, musculoskeletal interventions, non-invasive testing) so that non-radiologists may perform procedures generally performed by interventional radiologists, independent practice interventional radiologists with appropriate training should be afforded the same opportunity to provide these services/procedures at the facility. Interventional radiologists, regardless of their contractual relationship to the hospital, should have the same rights to medical staff membership and privileges as any other clinical specialty.

SIR will not contribute financially to any legal action.

Approved by the SIR Executive Council February 28, 2007. Revised and approved by the SIR Operations Committee September 21, 2015.