

RSNA/ACRIB Imaging Researchers Workshop

Funds Flow for Imaging Clinical Overreads and Research Data Extraction in Clinical Trials (Charging and Distribution)

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What is the value of “free”, “fair pricing”, “cost recovery”?

What is the perception of “free”, “fair pricing”, “cost recovery”?

Clinical Overreads

- The fact that we are being requested to do it and are doing it defines that it has a value!
- An overread is frequently not integrated into the regular workflow
- It has a higher level of uncertainty for the reader
- It does have the same need for timeliness than regular care

Clinical Overreads

- We need to assign a value to it
- Why should the value of a professional read be different than regular care?
- We should track it through our systems as wRVU or an equivalent system to clinical care reads

What are the costs that should be considered?

- Define the real cost!
- Make the costs understandable to the accountants!
- Time and effort of: faculty, staff, support personnel
- Technology costs: hardware, infrastructure, software, customization, updates
- Infrastructure
- Training
- Contingencies

What is else should be considered?

- High Quality / High Visibility / High Performance Service
- Recognize the work performed – Make the invisible - visible
- Define Quality expectations
- You may want your best team members, not your cheapest !

Cost Recovery Strategies

- Define all costs with appropriate contingencies!
- Let's start small strategy:
Underfund cost recovery vs. limited services
- Let's meet need:
Grant vision vs. scalable approach

Funding Components

- % FTE
- Institutional Support
- Departmental Support
- Extension of Technical Services
- Case Charges

- Residents / Fellows
- Committee Services

Inflow

- Case Charges
- Retainer equivalent support
- Grant support
- Infrastructure support

Outflow

- ✓ Staffing costs
- ✓ Incentives and Recognition
- ✓ Contingencies
- ✓ Dedicated Hardware & Software
- ✓ Educational Training of team
- ✓ Development of new services

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