

The Radiology Conglomerate: Optimizing the Structure and Function of the 50-Plus Radiology Organizations—A Summary of the 2010 Intersociety Conference

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There has been a substantial proliferation in the number of radiology organizations over the past 30 years. This has occurred without integrated planning or the development of a central administration. Although each of the 50-plus organizations was created for specific reasons, the lack of coordination among them has led to considerable duplication of missions, services, and resources. The majority of the members attending the 2010 meeting of the Intersociety Conference believe that radiology as a whole would benefit from collaboration and consolidation of our organizations. Specific opportunities for collaboration include joint annual meetings between 2 or more organizations, the creation of a clearinghouse for meeting scheduling that would minimize meeting conflicts, coordinated development of self-assessment modules, the development of an online site for “one-stop shopping” for paying dues and making foundation contributions, consolidation of the 15-plus radiology foundations to increase the investment corpus and allow larger targeted investments in specific research projects that would benefit radiology as a whole, and the creation of a new Web site that would link all radiology organizations to facilitate information access and collaboration. To move forward with meaningful and successful collaboration or consolidation will require an accurate database of the mission, structure, and function of our organizations; a careful analysis of potential synergies; and, full buy-in by the participating organizations.

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Established by the ACR in 1979, the annual Intersociety Conference (ISC) is intended to promote collegiality within radiology, foster and encourage communication among national radiology societies, and make recommendations on areas of concern. The subject of each meeting is selected by its executive committee. The 57 professional radiology organizations that participate in the ISC include both diagnostic and interventional radiology, radiation oncology, and radiologic physics.

The ISC met from July 23 to 25, 2010, in Santa Fe, New Mexico, to (1) examine the significant growth in the number of professional organizations in radiology, (2) define the existing relationships among the member or-

ganizations of the ISC, and (3) identify opportunities for collaboration, economies of scale, and consolidation that would benefit the organizations and radiology as a whole. Robert Huckman, PhD, associate professor from the Harvard School of Business and an expert in corporate structure in health care organizations, facilitated the meeting. As in previous years, the meeting consisted of a series of interactive plenary presentations and breakout sessions. Eighty-seven members and executive directors from 41 organizations participated in the conference.

PROLIFERATION OF RADIOLOGY ORGANIZATIONS

The ISC, which started in 1979 with 22 participating organizations, has grown to include more than 50 organizations [1]. This proliferation has occurred for multiple reasons, including the development of new subspecialty disciplines such as cardiac imaging and biomolecular imaging; the introduction of new imaging technologies and applications such as CT, MRI, PET, cardiac CT, and CT

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colonography; and, the creation of new interventional techniques and disciplines such as interventional oncology and interventional neuroradiology. Although many of these new technologies and disciplines were incorporated into existing organizations, a desire to create more focused venues for scientific discourse, increased networking opportunities, and a solidified voice for the developing field led to the creation of multiple new organizations. These organizations also served to expand the opportunity for more people to participate in leadership positions, legitimize a specific technology or new medical field, fight a turf battle with another specialty, resolve a conflict with a parent organization, and provide control to the founding individuals.

LACK OF AN ORGANIZATIONAL OR HIERARCHICAL STRUCTURE BETWEEN ORGANIZATIONS

Although the large number and shared professional focus of our radiology organizations suggest a similarity to at least 2 corporate organizational structures, conglomerates and multidivisional organizations, the lack of a central administration or hierarchical structure among our organizations is a critical difference. In both conglomerates and multidivisional organizations, an administration precedes and oversees a planned expansion of the company. Through the administration, there is a coordination of the activities and productivity of the units [2]. In our specialty, the proliferation of organizations has occurred without oversight or coordination. The lack of a central administration connecting our organizations allows independence, but it inhibits the development of a common voice and ensures duplication of effort and resources.

DEMANDS OF 50-PLUS RADIOLOGY ORGANIZATIONS

Our organizations are run predominately by academic radiologists, without direct compensation. The considerable time and effort given to the organizations in the form of lectures, program development, and leadership is funded almost entirely by academic departments. Although this support has been part of the academic culture, increasing clinical demands and decreasing marginal revenues are challenging many departments' ability to support these activities. The proliferation of organizations has compounded the problem, forcing departments to limit travel and the amount of time members of the faculty can be gone. Beyond manpower, there are the issues of infrastructure, expenses, and revenues. Each organization requires support staff that is hired directly or outsourced. Meetings are typically held in hotels, which charge substantial facility and catering fees. Most organizations have IT requirements to manage membership, meetings, Web sites, newsletters, and potentially journals, which add to the operational costs. Most of the

revenue for these activities comes from dues, registration fees, industry support, and journal sales. The lack of collaboration among organizations dictates substantial redundancy in faculty effort, resources, and financial support.

HOW MANY ORGANIZATIONS DO WE NEED?

Radiology has more than twice the number of organizations of any other medical specialty (William Shields, JD, ACR General Council, personal communication). Although there were many reasons for the creation of each organization, the current redundancy of our organizations begs the question of why this is the case. Why do we have both RSNA and the ARRS, two large general radiology organizations with similar missions? Why are there duplicate organizations for musculoskeletal radiology, MRI, chest radiology, neuroradiology, cardiac imaging, interventional radiology, women's imaging, and nuclear medicine? Why are there more than 15 radiology foundations? Although one might believe that this redundancy is for the best and generally supported by our colleagues, a questionnaire completed by the attendees at this year's ISC (ie, the leadership of approximately 40 organizations) revealed that 50% believe that there is significant overlap in function among our organizations, 85% believe that there is little collaboration, and 88% believe that radiology is poorly served by having so many organizations. Indeed, the majority of ISC attendees believe that our research, educational, political, and philanthropic activities would be improved through collaboration and consolidation of our organizations.

POTENTIAL ADVANTAGES OF COLLABORATION OR CONSOLIDATION

The most common anticipated benefit of either collaboration or consolidation is economies of scale and integration, wherein multiple units or organizations share a common service at less cost and improved performance than could be obtained separately [2]. Potential economies of scale include reductions in the number of support staff members, the amount of office space, and the number of meetings. Although the first 2 economies are fairly intuitive, the advantages to be had through a reduction in meetings are less obvious. The number of annual meetings could be reduced by having several small organizations meet at the same time or by holding their meetings within a meeting of a larger organization. There are several examples of joint meetings or meetings within meetings, such as the Association of University Radiologists, the Society of Chairs of Academic Radiology Departments, Association of Program Directors in Radiology, and the American Alliance of Academic Chief Residents in Radiology or the Society of Gastrointestinal Radiologists (SGR), and the Society of Uroradiology (SUR). Both are good examples of economies of scale and integration through collaboration and consolidation. Clear

advantages of consolidated annual meetings include a decrease in the number of meetings academic departments would need to support, an increase in the educational content for attendees, reduced cost of facilities due to improved bargaining power created by a larger number of attendees, and increased corporate support. Although the absolute amount of dollars contributed by corporations may not exceed the sum of individual contributions to each independent meeting, the aggregation of funds would likely defray a larger portion of the total meeting expenses. Last, collaboration and consolidation could help create a unified voice for radiology. One voice for radiology could have a positive impact on our public image, increase research funding through improved patient advocacy, and strengthen our legislative influence.

KEY CONSIDERATIONS IN COLLABORATION OR CONSOLIDATION

Although collaboration or consolidation may seem attractive on the surface, the ultimate decision to pursue either should follow a careful analysis of the goals and expectations of the participating organizations. The culture of each organization must be carefully examined to determine if the organizations will be able to function together. The type of administrative oversight must be chosen to enable the desired outcome. Will the administration be centralized or decentralized? If centralized, what is the basis for societal representation? A centralized administration may be necessary to bring organizations together and create a unified strategic plan, but it could lead to a perceived loss of control, pessimism about the overall outcome, and a belief that another layer of bureaucracy simply makes it harder for the organizations to carry out their functions. A decentralized administration yields more power and autonomy to the organizations but limits economies of scale and integration. Too many bosses (as we currently have) can end up with everyone “doing their own thing.” Any collaboration or consolidation among our organizations must be based on natural similarities and overlaps between organizations. There must be an alignment of strategy, structure, and management. If integration produces political tension, turf battles, competition for resources or unacceptable operational interference, disintegration will likely follow. Although economies of scale may be desired, true benefits of integration must be realized to ensure a durable collaboration or consolidation.

EXAMPLES OF COLLABORATION OR CONSOLIDATION

There are several examples of consolidation and collaboration among radiology organizations from which we can learn. In April 2009, the ACR and the ARRS announced a strategic integration merger of the 2 organizations. The merger was supported enthusiastically by members of both organizations. The news release of the merger read,

“This integration establishes a framework to realize operational efficiency, eliminate redundancies, and improve access to important educational content while maintaining the rich traditions and cultures of each organization” [3]. To address administrative oversight, the ACR Board of Chancellors was restructured to be the parent board, with the ARRS existing as a legal entity within the combined organization and retaining its Executive Council and Board of Directors. The educational activities (courses and materials) of the 2 organizations were to be merged, with the ARRS directing all activities. The journals and other publications were maintained as distinct entities with an integrated editorial office. Human resources, finance and accounting, and legal services were fully integrated; membership and meetings were partially integrated. All other functions of the ACR (government relations, economics and health policy, quality and safety, and clinical research) were not affected by the merger. Through the merger, there were significant cost savings realized by rightsizing the combined staff. Synergies were found by bringing together talented staff members and physicians on joint projects. However, despite the economies of scale achieved and the successes of integration, significant cultural differences between the 2 organizations plagued the merger. Ultimately, an impasse on the consolidation of educational programs among other issues led to the dissolution of the merger on September 29, 2010 [4].

In contrast, the pending merger of the SGR and the SUR brings together 2 organizations with very similar cultures and missions. Although substantial growth in the technology in both fields fueled the creation of independent societies in the 1970s, the unavoidable presence of both organ systems on cross-sectional imaging studies being interpreted by individual radiologists around the country pressed for a consolidated society. The first step toward consolidation of the SGR and SUR was a combined educational meeting (the Abdominal Radiology Course) in the spring of 2000. The meeting was a huge success and begat an annual combined meeting every year since then. In light of the success of the combined meetings, along with other practical, educational, financial and political incentives, the boards of the SGR and SUR developed a vision to form a single society (the Society of Abdominal Radiology). Specific anticipated economies of scale and integration include strengthening the position of abdominal radiologists in the radiology and medical community, realizing cost savings through the integration of management staff, expanded membership, and increased corporate support. A survey of the membership of the 2 organizations revealed that 87% interpreted both organ systems in their daily practices, 68% favored a merger, 85% agreed that membership would benefit from cost savings, and 78% believed that a merger would attract more young radiologists to join the society. The merger is well under way and will be com-

pleted at the 2012 annual meeting. Lessons learned through the process include developing a specific timetable for transition, avoiding creating excessive structure to protect self-interests of small factions, creating chapters and sections to facilitate interactions among members with similar interests, and developing an officer structure that represents an integrated single society.

The collaboration of the Society for Pediatric Radiology and the ACR has been very successful over the past 5 years. The 2 organizations have worked closely together on pediatric health care, education, and research. Through the ACR Commission on Pediatric Radiology, they have focused on developing collaborative practice guidelines and standards and multiple joint educational programs, including the Radiology Outreach Foundation and the Radiology Education Alliance. Their biggest win to date has been through the Alliance for Radiation Safety in Pediatric Imaging. This effort is a collaborative initiative that also involves the American Society of Radiology Technologists and the American Association of Physicists in Medicine. The primary objective of the alliance is to raise awareness of the need to adjust radiation dose when imaging children. The highest profile product of the alliance is the highly successful Image GentlySM campaign for CT dose reduction. New initiatives include the Step Lightly campaign for dose reduction in interventional radiology, and the Pause and Pulse campaign for dose reduction in fluoroscopy. The impact of these collaborations has been substantial and likely far exceeds the success that any one of the organizations could have affected on its own. Indeed, the alliance now involves 53 national and international organizations, with documents translated into more than 9 languages.

HOW TO PROCEED

Although the ISC attendees were unanimous in the opinion that further exploration of possible collaboration and consolidation between organizations is warranted, concern was expressed that no action be taken before an accurate database of the missions and demographics of our organizations is created and analyzed. The analysis of the data would help identify areas of overlap in the mission, structure, and function of the existing organizations and foundations. This information combined with in-depth discussions between organizations would enable an understanding of whether collaboration or consolidation makes sense, how either might be accomplished, and how they would benefit the members of the organizations.

Several key collaborative projects were identified for consideration. Topping the list was the creation of an online central clearinghouse and database for organizational meetings to reduce scheduling conflicts such as multiple meetings competing for the same audience at the same time or being held in the same city in the same year. It was recommended that consideration be given to consolidating meetings with similar interests to reduce duplication, increase quality, and improve bargaining power for cost savings. There was broad support for the creation of a unified online site that could provide "one-stop shopping" for the payment of dues and foundation contributions for all organizations. The creation of a consolidated foundation was supported by a majority of the attendees, with the belief that it would enable greater efficiency and efficacy in raising and distributing funding for research and education. Furthermore, a consolidation of the dollars in existing foundations would create a larger corpus from which larger strategic investments could be made for the benefit of radiology as a whole. It was proposed that more of our organizations should participate in creating content for RadiologyInfo.org and that there should be a coordinated effort in the creation of self-assessment modules. Last, it was recommended that a new Web site be created to link all of our organizations to facilitate information access and collaboration.

SUMMARY

From the 30,000-foot view, our 50-plus radiology organizations and their lack of a common administration resemble a large archipelago, with all of the inherent inefficiencies that any form of interaction requires. Although there are many reasons for the creation of our organizations, it is questionable if radiology as a whole is served best by a multitude of individual organizations. There is clearly an opportunity to reduce cost, effort, and redundancy in our organizations through collaboration and consolidation.

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