

SIR Policy on Exclusive Contracts and Carve-outs for Interventional Radiology Services

Background:

Interventional radiologists are experts in the field of image-guided interventions. They come by this expertise through years of training in radiology residencies and fellowships. During this time they perform hundreds of interventional procedures. Few non-radiology specialties can exceed interventional radiology's level of training and experience in this field.

Radiology practices frequently enter into exclusive professional services contracts with their hospitals. Exclusive contracts can often offer the radiology group security, control over the radiology department, managerial/administrative benefits, a chance to improve their relationship with the hospital, maintenance of relationships with referring physician and patients, and a buffer against competition. Increasingly, non-radiologists are seeking exclusions or "carve-outs" of services from the exclusive contract in order to provide these services. Interventional radiology procedures are often subject to these carve-outs.

As interventional radiology becomes more clinically based, some interventional radiologists may opt for independent practice outside the traditional radiology group model. These independent practice interventional radiologists may find 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, if the exclusive contract provides a carve-out or excludes interventional radiology services (e.g., peripheral interventions, musculoskeletal interventions, non-invasive testing) so that non-radiologists may perform them, independent practice interventional radiologists with appropriate privileges at the facility should be afforded the same opportunity to provide these services.

SIR will not contribute financially to any legal action.

Approved by the SIR Executive Council on February 28, 2007