



Actually, the best way to get good data on requests is to kick out the power cord for the computerized entry system, so someone has to call to tell you why they want that CT. On the phone. In person. Back to the future!

Ask Mr. Know-a-Few-Things

C. Douglas Phillips, MD, FACR

I try to keep my small but modestly loyal readership in touch. I'm moving from the land of Jefferson and going north to NYC. A bit of a step, admittedly, but change is a good thing.

Last time we talked, I promised you that Mr. Know-a-Few-Things (or Mr. KAFT) would answer your questions, and he's ready.

Q1: Why have reimbursements for radiology fallen so precipitously?

MR. KAFT: Doesn't anyone have a few softballs to start with? No important memo is time-stamped 8:01 AM! I have to start sloooooowly.

Q2: What possessed someone to flavor barium with strawberry? Why not chocolate?

MR. KAFT: I have pondered this very question and I've come up a throwback. What possessed someone to scent bathroom deodorizers with lemon? That same person did the strawberry.

Q3: How can we be sure to get appropriate clinical information on requests from the ED? We're really tired of "rule out disease."

MR. KAFT: A Glock 9 mm is an effective tool for obtaining good, if not always reliable, data. Just kidding. Actually, the best way to get good data on requests is to kick out the power cord for the computerized entry system, so someone has to call to tell you why they want that CT. On the phone. In person. Back to the future!

Q4: We've had difficulty communicating emergent results to clinical staff. They often order urgent exams, and then disappear from the face of the earth, and no one at their office will take responsibility for informing them. How does Mr. KAFT deliver urgent reports?

MR. KAFT: I like to have reports delivered telepathically. The documentation is a bit tough, though.

Q5: How do you manage groins at the conclusion of an interventional case?

MR. KAFT: Oh, Mr. KAFT does not like sticking his fingers around the naughty bits of strangers. The tried-and-true avoidance method is to be paged right when it's time to compress, so you can leave it in the hands of a resident who was a former linebacker for Penn State.

Q6: What advice do you have for those of us fighting turf battles for medical imaging now?

MR. KAFT: Have no fear. As soon as the reimbursements reach the levels we will see in the next year or so, we will finally get relief from the turf wars. Admittedly, it will look a bit crazy to be the sole clinical service to interpret a highly complex medical study fraught with potential medicolegal hazards, which require our services 24/7, for less than what our plumber charges to clear a clogged toilet, but hey, Mr. KAFT can't make *everything* right.

Q7: Hey, I want to know why radiology reimbursements have fallen so precipitously!

Mr. KAFT: Sigh. . . Well, I guess Mr. KAFT will have to answer this. It's pretty simple, isn't it? Read the answer to Q6. We've negotiated ourselves down to the lowest figure imaginable, to drive everyone else out. See? Isn't that a great business model?!

Mr. Know-a-Few-Things will return later. Keep those burning questions coming in, and we'll see if we can get you some answers. Be careful what you ask, however. No bad intentions, or subtle, tricky questions. I asked Mr. Know-a-Few-Things what the sound of one hand clapping was, and he slapped me hard over the ear, and laughed hysterically. Mahalo.

Dr. Phillips is a staff Neuroradiologist, Department of Radiology, Weill-Cornell Medical College/New York-Presbyterian Hospital, New York, NY. He is also a member of the editorial board of this journal.