Rad to Rad Learning: Olecranon Bursitis

The Radiology Partners (RP) MSK National Subspecialty Division (NSD) presents our newest Rad to Rad Learning case.



Peer Learning Opportunity

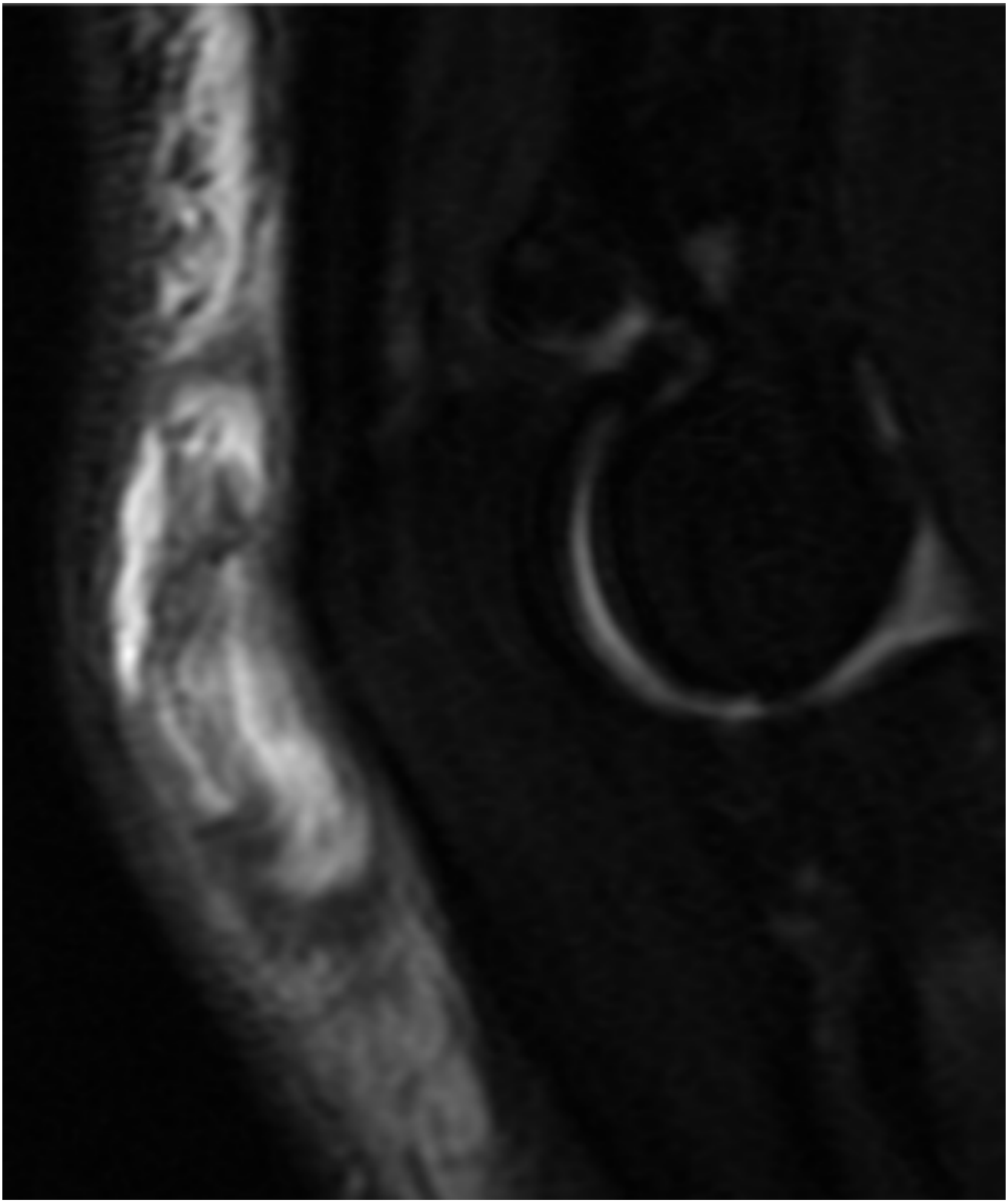
Is this soft tissue swelling?

Septic bursitis is less common but often requires immediate medical attention.





1/3 of all olecranon bursitis cases are septic.



Practical Insights

- Sequalae of untreated septic bursitis, if untreated, can lead to pyomyositis, septic

arthritis, or osteomyelitis.

- **Include in differential for soft tissue swelling over olecranon.**
- **Inflammatory conditions associated with olecranon bursitis (CPPD, gout, RA).**
- **Trauma (prone to injury with superficial location).**

Takeaway: One of the few MSK soft tissue diagnoses identified by x-ray.

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Visit the Clinical Resources page for more cases and to see what we've developed to enhance best practice recommendations, elevate image quality and patient care and update current standards throughout RP's network of practices, all to deliver excellent radiology services to patients, referring clinicians and client partners.

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Rad to Rad Learning: Osteomyelitis

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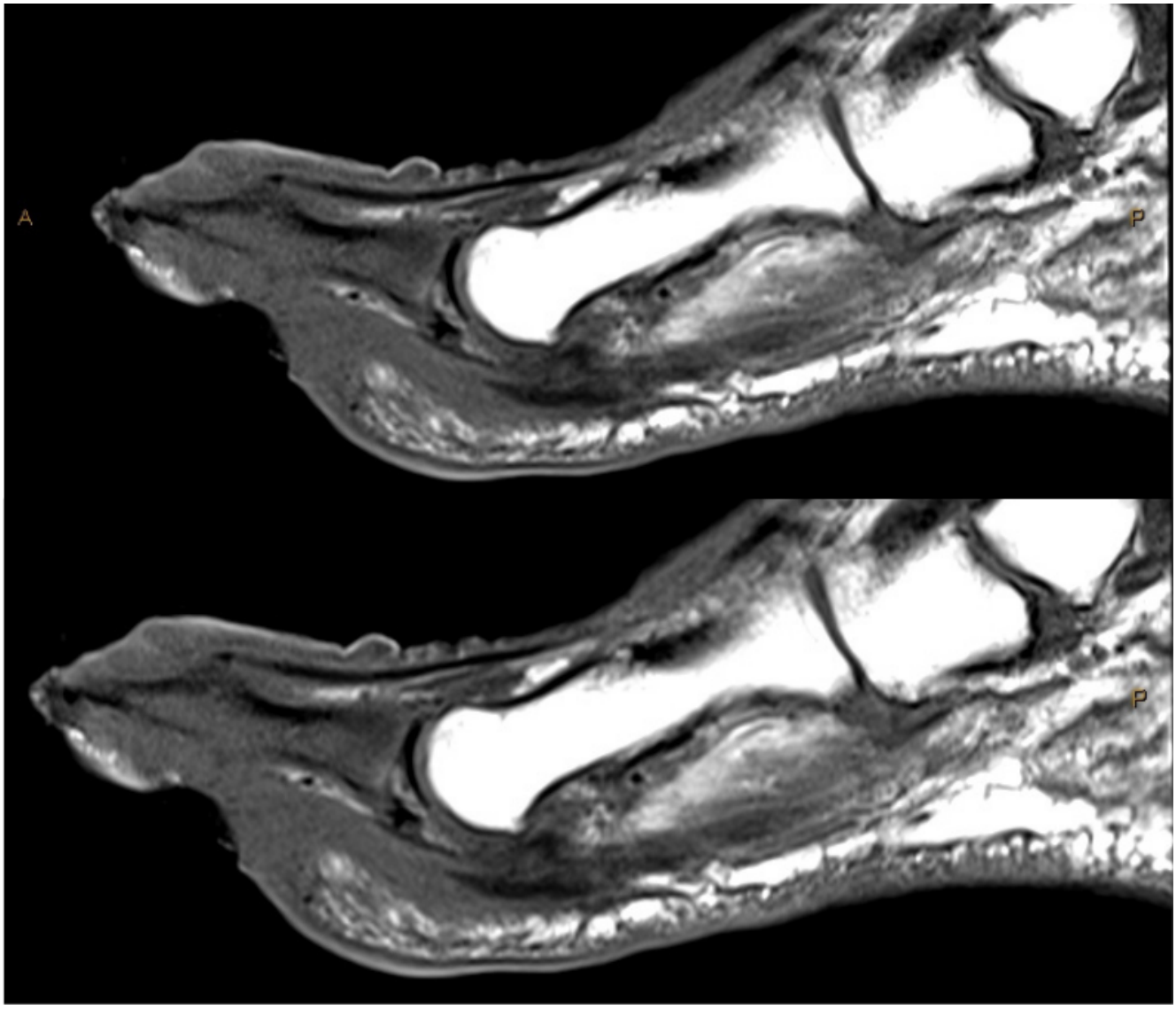
Rad Learning case.

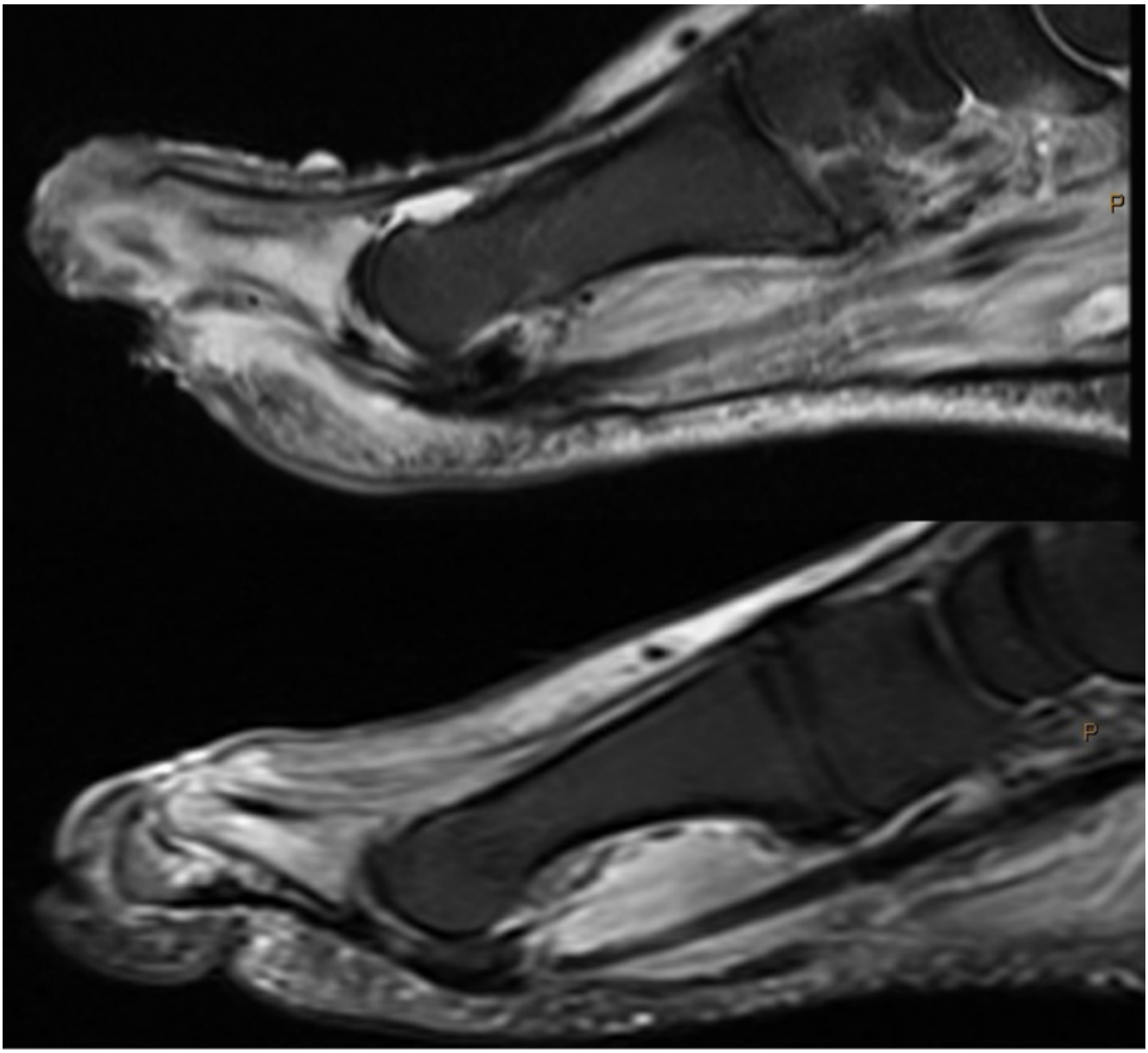
Peer Learning Opportunity

T1 marrow replacement is not necessary to diagnose osteomyelitis in the presence of subjacent ulcers.

T1 signal is darker than muscle (marrow replacement).



T2 edema signal.



Practical Insights

- Bone marrow edema signal with T1 marrow replacement is consistent with osteomyelitis.

Bone marrow edema signal without T1 marrow replacement with adjacent ulcer, abscess, or sinus tract indicates "high likelihood of osteomyelitis".

🔔 Takeaway: Osteo – likely no contrast needed.

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Rad to Rad Learning: Osteoid Osteoma

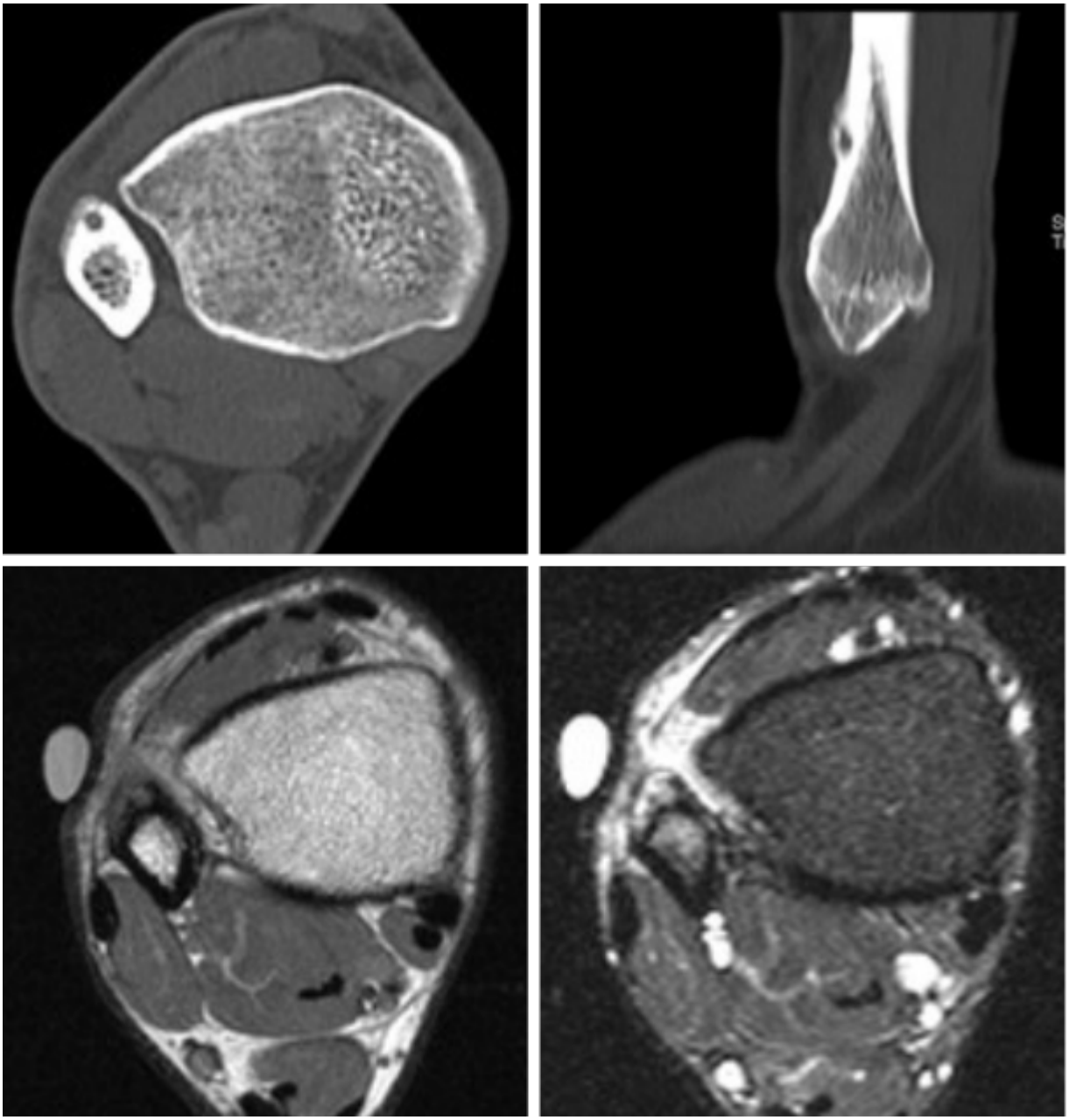
The Radiology Partners (RP) MSK National Subspecialty Division (NSD) presents our newest Rad to

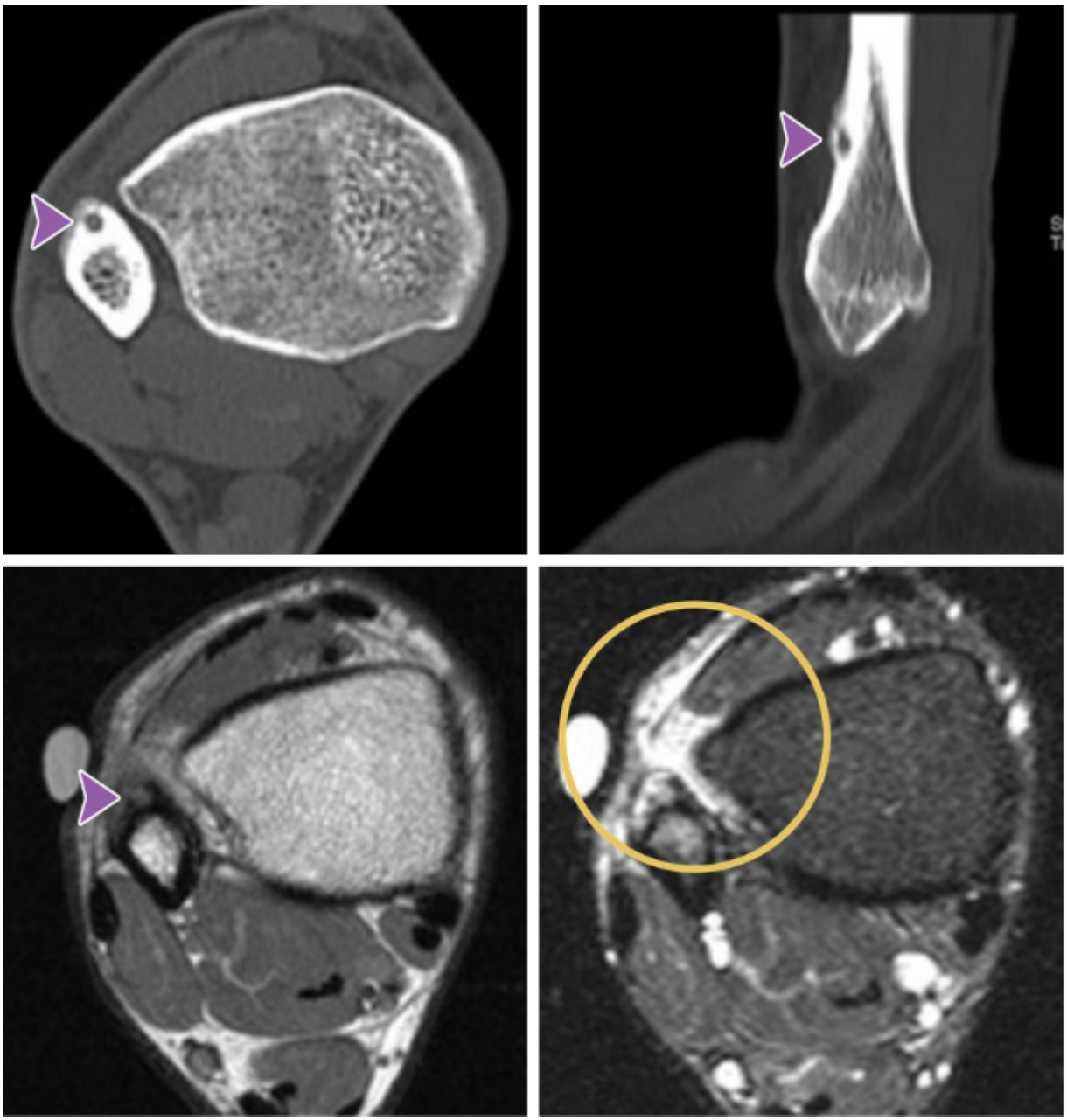
Rad Learning case.

Peer Learning Opportunity

Common benign bone tumors in young adults and adolescents are painful and can be radiographically occult.

Osteoid Osteoma





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Practical Insights

- **Cortical thickening in a young adult or**

adolescent should be on your differential.

- **More common in males.**
- **Treatment may include ablation.**
- **Look for small radiolucent nidus <2cm.**
- **Differential diagnosis should include stress fracture and infection.**
- **Presents with night pain relieved by NSAIDs.**

Takeaway: To confirm diagnosis, get a CT!

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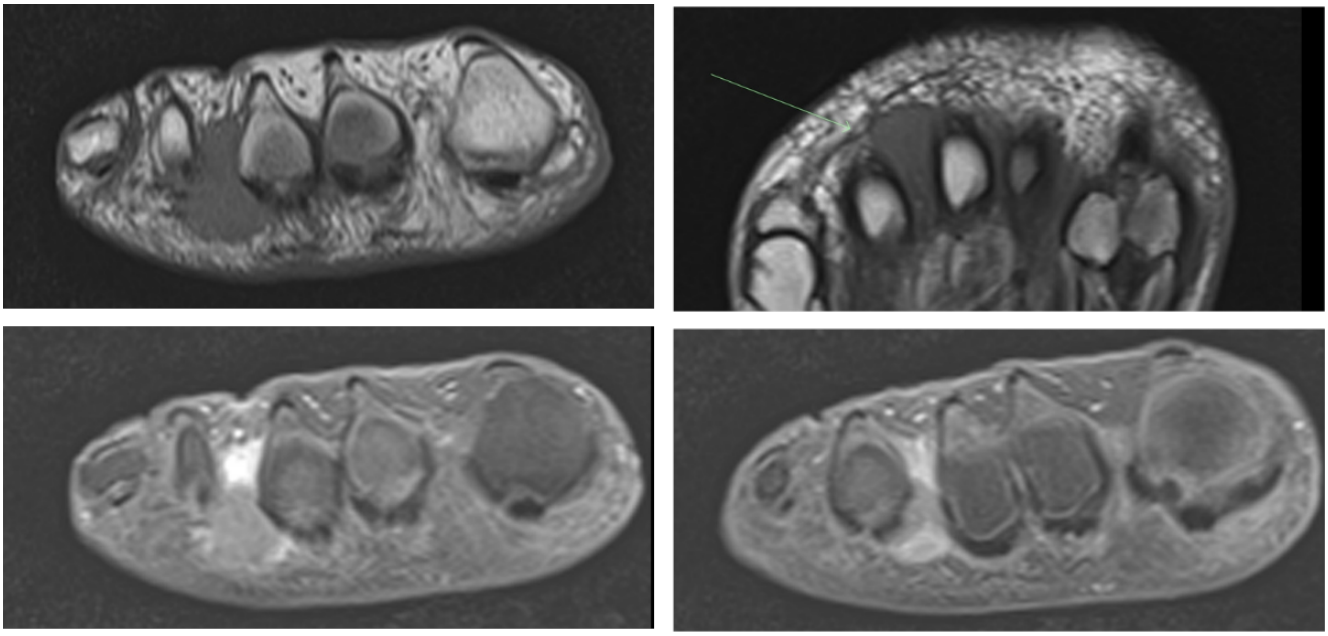
Rad to Rad Learning: Morton's Neuroma

The Radiology Partners (RP) MSK National Subspecialty Division (NSD) presents our newest Rad to Rad Learning case.

Peer Learning Opportunity

This finding represents a compressive neuropathy of the interdigital nerve primarily in the 2nd and 3rd intermetatarsal spaces.

Morton’s Neuroma



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Practical Insights

- **Presents with radiating pain, throbbing, numbness, and burning from the webspace into the toes. (Walking on marbles.)**
- **Differential diagnosis: fracture, osteonecrosis, bursitis, synovial cyst.**

Can have concomitant intermetatarsal bursitis.

- **AKA Intermetatarsal perineural fibrosis.**

🔔 Takeaway: Common cause of forefoot pain – best seen on T1 weighted sequences.

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Rad to Rad Learning: Osteonecrosis (AVN) of the Femoral Head

The Radiology Partners (RP) Musculoskeletal Radiology (MSK) National Subspecialty Division presents our newest Rad to Rad Learning case.

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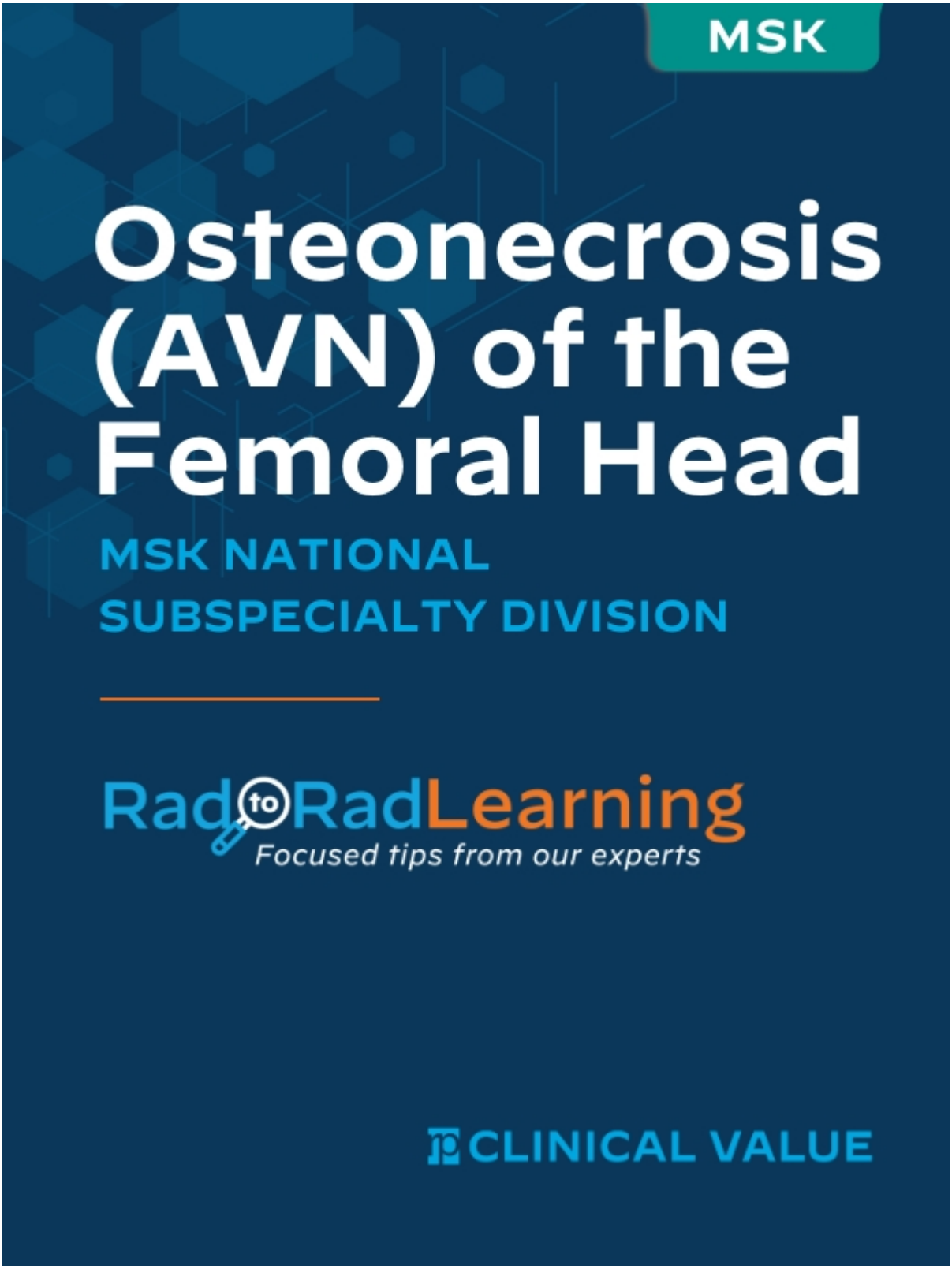

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Why RP? A Q&A with Dr. Josh Heck, Musculoskeletal Radiologist

Dr. Heck shares how RP's expansive network of practices provides a unique opportunity for RP radiologists to collaborate with subspecialty experts nationwide and gain insights from local practices about healthcare delivery in their communities.

Dr. Josh Heck is a musculoskeletal radiologist and president of Radiology Alliance in Nashville, Tenn. As chair of the Presidents Council at Radiology Partners, Dr. Heck assists in leading the group of presidents across RP-affiliated practices

in their efforts to drive quality, support clinical value and represent their radiologists' perspective towards advancing our practice. Outside of work, he enjoys reading, playing chess and tackling construction projects. He also serves as a youth group leader and coaches his children's sports teams. He joined RP in 2021.

We talked to Dr. Heck about the benefits of being part of a nationwide network and how RP is contributing to the future of radiology.

Tell us about why you chose radiology. What inspired you to become a radiologist?

Going into medical school, I wasn't sure what I would be. If you had asked me then, I probably would have gone into emergency medicine or orthopedic surgery, but throughout my training, I liked the breadth that radiology offered. It covers the full spectrum of medicine, and it sits in a central position within medicine at this point, so there are few patients that you don't see. The knowledge base is broad, meaning we see everything from infections to trauma to cancer. There's not really an aspect of medicine we don't interact with.

Did you have any specific experiences or individuals that influenced your decision to pursue radiology?

A lot of it was just interacting in medical school, running through the clinical services. We didn't get a ton of exposure to radiology in general, but going down into that dark room and seeing people looking at images to help make the diagnosis and the impact they had on the patient's care was probably one of the larger reasons I went into it. Being that "doctor's

doctor," where you're consulting with the clinician and making a difference on the treatment plan.

What drew you to musculoskeletal radiology?

I would say I'm trained formally in musculoskeletal radiology – that's what I did my fellowship in – but I spend about half my time doing women's imaging. With MSK, it had a lot to do with my predisposition to emergency medicine and orthopedic surgery. I liked the bones. Our environment had a lot of good teachers where I trained, so some of it was the culture and the people I met within the MSK reading room, and then some of it was the pathology that affects this patient.

What excites you about RP?

The vision and the future of what radiology looks like. It's exciting to be part of a practice really focused on providing high-quality care to our patients and excellent radiology services to our client partners, all while examining how we can address the shortage of radiologists and still make an impact as a specialty.

What is most fulfilling about working as a radiologist for RP?

As a radiologist with RP, you have access to a lot of radiologists and experts, as well as the support of a large organization. If we don't know something, there is somebody within RP that does. I frequently reach out to members across the organization nationally to get those answers, so it's being able to get in touch with experts pretty quickly. That's been a huge educational benefit to me.

What does the future of radiology look like to you?

For me, when I sit down and think about what I want radiology to look like in five years, I think the tools and programs we are continuing to use and launch are a big component of that. Locally at our practice, we talk about making it easier for radiologists to do their job well – removing all the barriers. All radiologists want to do a good job and take care of patients. That is harder than most people realize, whether it's access to information, IT systems working well or knowing that there are guidelines. I look forward to having the ability to open a study, look at it, come up with a diagnosis, trust those recommendations and feel confident I'm not missing something. It's easier to do than it's ever been. My vision is that radiologists can do their jobs very well with evidence-based guidelines, and in a way, that takes care of the patients in an efficient manner and satisfies the referring clinicians. The tools we're developing are what enable that.

How will RP contribute to you being able to help that vision you just described?

When I sit down and read a case right now and see a pulmonary nodule or renal cyst – previously, I would have to have a whole library of articles on my computer and reference them each time. It would take a long time and slow me down. Now, with the tools being developed, whether it's AI tools or best practice recommendations, it's all right there. As soon as I mention one of those things, that evidence-based recommendation is a click away. It makes it so much easier for me to make sure, one, that I remember to make the appropriate recommendation, and two, that I give the appropriate recommendation – and it's not slowing me down. Even with AI that is also helping me know I'm not missing things, now I have a second set of eyes that are looking at it with me. When

I sign off and say there are no rib fractures, my degree of confidence is much higher.

Tell us more about being a practice president and the role of the Presidents Council.

Being a practice president is an interesting role. You deal with a lot of things that practices deal with, such as clinical issues. You're still practicing as a radiologist for the most part and solving all the problems that arise in health care. I view my role as a practice president as reducing the red tape and administrative burden that affects physicians today so that they can focus on taking care of the patient and do their job well. I think RP's focus has been a lot on that. RP's easier to practice initiatives are focused on making it easy for our radiologists to not just do their job but do it really well.

We have more than 70 individual practices within RP and each one of those practices has a practice president. As a national practice, we have a President's Council comprised of all those practice presidents. We have the opportunity to meet monthly as a group remotely and then get together in person annually or semi-annually to review how the national practice is performing, discuss what issues the practices are seeing and set the course for the next year, as far as which direction we want to go and what clinical tools we want to invest in.

When you get a chance to meet in person as a group of practice presidents, what are some of the takeaways that you experience?

Day to day, a lot of our practice presidents are dealing with the difficult environment of healthcare in the United States.

This meeting is always an opportunity to commiserate with common challenges but also see there are people who have come up with innovative solutions to solving it and hear about the great programs they're running in their practices. We can then take those ideas home and use them in our practice to make our local environment better. It's exciting to hear some of the ideas people have.

Outside of RP, how easy would it be for you as a practice president to gather those ideas or hear about those ideas?

There are not a lot of options nationally to meet with as many leaders in radiology as we have at RP. The only other organizations I can think of where you can meet with radiology leaders are the Society of Chairs in Academic Radiology, Radiological Society of North America or American College of Radiology; however, that's a small group, and the breadth of experience that our radiologists have is probably unparalleled because they come from all different backgrounds, from academic centers to small, five-person local practices. That is one of the benefits of RP. It is one of the largest gatherings of leaders in radiology who are all pulling in the same direction, meaning we're aligned, we understand the environment we're working in, we have the same goals from a broader perspective on the direction we're trying to go with radiology, and we're getting ideas and sourcing it from people who have done it really well in other parts of the country and able to bring that home. We're incentivized to help each other do well.

Dr. Josh Heck earned his medical degree from Vanderbilt University in Nashville, and he completed both his residency in diagnostic imaging and his fellowship in musculoskeletal imaging at Vanderbilt University School of Medicine.

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Rad to Rad Learning: Midtarsal Sprain Injury

RP's Musculoskeletal Imaging National Subspecialty Division (NSD) presents our newest Rad to Rad Learning case.

The Musculoskeletal Imaging NSD is part of RP's Clinical Value Team, which works to elevate patient care and enhance value through innovation, collaboration and education. To advance this goal, our radiologists and advanced practice providers are committed to sharing peer learning as valuable reminders and insights about what we encounter in our day-to-day practice.

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Why RP? A Q&A with Dr. Matthew Kay, Diagnostic Radiologist and Major, U.S. Air Force Medical Corps

Dr. Anand Singh, musculoskeletal radiologist at Radiology Partners (RP) and U.S. Air Force veteran, recently spoke with Dr. Matthew Kay, an active-duty U.S. Air Force radiologist, who began moonlighting with RP in 2023.

Dr. Kay shared how moonlighting with RP provides the flexibility he needs to gain valuable experience, maintain his acute care skills and earn extra income, while fulfilling his military duties and prioritizing his family. Read excerpts

from their discussion below, and watch an extended version here.

Dr. Singh: Tell us about your journey. Why did the military appeal to you? Why did you decide to pursue radiology?

Dr. Kay: When I was in high school, I took the Armed Services Vocational Aptitude Battery (ASVAB). I always had military service in the back of my mind, but at the time, it wasn't right for me. Eventually, I decided I wanted to become a physician, and after undergrad, I applied for a medical school scholarship through the military, ultimately choosing the Air Force. I was fortunate enough to get the scholarship, because at the time, it was competitive between the different branches.

My journey through medical school changed things dramatically. During the first month of school, my newborn son had a significant intraventricular hemorrhage requiring an extended hospital stay. That not only changed how I approached medical school but also how I approached family. My family needed to be a priority, and I needed to select a specialty that allowed for that. When I started rotations, my first one was radiology.

Not only are you in the medical corps, but you also have enlisted with extra responsibilities above and beyond your clinical duties. Tell us a little bit about that.

I'm stationed at Luke Air Force Base in Phoenix, Arizona, and our department has a smaller clinic. There are about 12 enlisted staff here, between sonographers, mammography techs, radiology techs, CT and MR. Officers in the radiology department mentor the enlisted staff, providing feedback on the work they do, helping them navigate careers outside of the military with skills they learn in the military, and helping them learn about various pathologies – often *why* we ask for

certain additional images or views. We are also in charge of the administrative items from a radiology standpoint, such as computer-based training for healthcare- and military-related topics, as well as ensuring credentialing is up to date. We have different teams for disaster response, and I'm part of a decontamination team. For example, for a big airshow event at the base, if there was a plane accident or a jet fuel spill, we would mobilize to decontaminate. In addition to coming to work every day and practicing radiology, we have a day each week when we assemble as a team to practice setting up the decontamination tent, donning and doffing decontamination suits, clarifying responsibilities for each station we're manning and understanding how the different teams work together to respond to a threat or emergency.

How did you connect with RP?

For radiologists in training, it's common to pursue fellowship training after residency. However, the military projects their needs and allot a certain number of spots for different fellowships, which means you're competing to fill those spots based on your desire to do a fellowship. The caveat is if you do fellowship training in the military, it incurs longer years of service. While I've enjoyed my military service, I didn't want a commitment longer than my service commitment for my medical school scholarship. During my last year of residency, I began looking for a moonlighting job. Knowing I would have military commitments, I was looking for a practice that understood my need for flexibility and that my military service and the stipulations with that come first, as well as an option for remote work. Knowing I was coming to Arizona, I looked at the RP jobs posted for the area and learned one of my co-residents was looking around the same time. We talked to a few different practices, and a lot of practices were asking us to sacrifice two weekends a month, working 40 hours for them and going through the process of getting the license and equipment. To me, that seemed like a big sacrifice, knowing

that I'd be spending most of my time as a military service member. I talked to RP, and they understood my situation. They were flexible in negotiating this contract where, as a PRN contractor, I'm able to commit to as much or as little as I'd like. My routine right now is I'm able to get up a little bit earlier than my family, read for an hour or two, get the kids in bed, read for another hour—kind of piecemeal. I'm also able to help cover the trauma hospitals in the area, where I'm committing to four- to eight-hour shifts when I get off work or on the weekends. I really love the flexibility with RP.

Tell us the difference between your daily clinic load at the base versus what you see with RP.

Clinic is all outpatient. So for example, say the patient is on the flight line working on the jet – they stand up and hit their head, and they're worried about a brain bleed or a skull fracture. Those are not cases we have the capacity to handle, so we send those off base. If there's a concern about pulmonary embolism, we send those off base. At the base, we have case complexity, but we don't have case acuity. RP serves hospitals with level one or level two trauma centers, so reading those cases helps me in my mission readiness to go work where the Air Force currently deploys. I'm able to read those cases, which prepare me for imaging related to ballistic injuries or traumatic Humvee accidents.

You talked about flexibility—the importance of being there for your family but also the flexibility in the event you get deployed overseas. You'd like a practice that understands that. Talk to us about how that fit into your calculation.

It was important knowing a job would be there when I came back. I was on the short list for deployment to go out in April, and having a job with flexibility – in terms of understanding I may be gone for six months at a time and knowing they'd still be able to carry on their workload – is so valuable. If I were in a smaller group practice, they may

be a little less understanding. It’s important to be part of a good team of radiologists who won’t be out to pasture without me.

You could have chosen a lot of different places. What are some unique features RP offers?

These are little things, but I have one coworker here who’s with a group that required him to furnish his own equipment. There are some practices that furnish the equipment, but if you break contract early, you owe a lot of money for the equipment. For me, it was great to have RP say, “We will furnish this equipment for you, and when you’re finished working, we’ll come and pick it up.” That was important to me coming out of residency. My family had to move cross-country, and I wanted to keep my start-up costs relatively low. Again, I always emphasize the flexibility. That was the most important thing. I didn’t want to have to work this many shifts or this many hours every week.

You’ve just started your career, but what does the future look like for you five to 10 years from now? Where do you see radiology?

Given the mode of practice I’m doing now, being able to work remotely is appealing to me. People ask all the time, “What are you going to do when your service commitment is up? Do you see yourself staying in Arizona?” There are still a lot of unknowns there, but knowing the situation I have now, where I’m working with a great practice that I’ll be able to go pretty much anywhere with, that is encouraging. I could separate tomorrow or stay in the military and retire in 20 years, and I can still work with the same great group.

For radiology in general, I think AI initiatives will continue to get better. There are some promising studies going on and vendors developing high-quality products for assisted detection, second-read type things. I certainly don’t think

the demand for imaging is going to lessen. If AI is able to make it easier for us to help detect problems and offer it in a quantifiable way – radiomics – we can also provide value the patients didn't even know they were getting in that study. For example, you're getting a chest CT, and there's an applet in the background that's able to pump out a calcium score on this while we're doing your lung screening – that's a beautiful thing, right? The more of these things we have to help us, we're going to practice safer, and we're going to help more patients. That's where I see radiology going in the future.

You sound positive about the experience, and you must mention this to other radiologists. What do you tell them?

It's funny you mention that. Before I had even opened a study to dictate for RP, I was already telling other co-residents I work with about it. Now there's a cadre of us from my residency program who are all with RP. I tried to get both of my coworkers here on board; one already signed a contract with a different group, but my other coworker was looking for a job with the same kind of flexibility, and he's going through the onboarding process now with a different RP group in the Phoenix area. He's excited to get started, and he's been happy with his experience so far.

You have all these responsibilities. What do you do for fun?

Being in the military and at a base that's mostly a clinic, I work out pretty much every day, which I enjoy. I've got four kids ages 1-9, and that's my whole life; I love my kids. Between three kids actively in soccer, I'm at the soccer fields at least two nights a week. They're all doing swimming lessons, with one kid in swim team. A lot of it is being in the throes of parenthood. I love cooking, so most nights when I get home, I'm able to make a meal, but on the weekends, I'm able to flex and cook different things. I got a set of golf clubs, so I'm able to enjoy some of the amenities on the Air Force bases by doing some golf.

For those who choose not to continue their radiology career with the military after they complete service, the transition to civilian life can be difficult. You've been in the military for a while. How easy do you think that transition will be?

I don't know because this is all I've ever known. By the time I'm done, it'll be almost a decade of my life in the military. That is one of the reasons why I'm happy to be in the position I'm in with RP, because I get to see what that's going to be like on the outside. I remember in residency at Portsmouth, there was a dive officer who was also a radiologist who would give lectures occasionally. He told us, "When you get into your staff years, I recommend finding different ways of practicing radiology that you see yourself doing, whether that's remotely, going to a brick-and-mortar shop, going to a hospital or doing more procedures like IR-light type of stuff. Get in a situation where you practice in the way you want to practice when you're finished with your military career." I took that to heart, and that's why I'm doing what I'm doing. I've worked in-person. I'm able to work remotely. I'm able to get into some procedures. With RP, I get a little glimmer of what civilian life in radiology looks like, while also balancing my military responsibilities. That said, I don't know what it's going to be like to do it full-time.

Is there anything else you want to mention we haven't touched on today?

I just feel lucky to be in this situation. If this is seen by residents, I want them to know there's light at the end of the tunnel. It gets better. It doesn't always get easier, but it does get better. I do feel very lucky to be where I am, from a personal and professional standpoint. I'm in a really good spot.

Dr. Matthew Kay earned his medical degree from Midwestern University Arizona College of Osteopathic Medicine and completed his diagnostic radiology residency at Naval Medical

Readiness Training Center in Portsmouth, Virginia.

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Why RP? A Q&A with Dr. William Weathers, Musculoskeletal Radiologist

Dr. Weathers discusses his practice's pivotal partnership with RP and how his team enjoys a small practice environment backed by national resources.

Dr. William Weathers is a practicing musculoskeletal (MSK) radiologist and president of Mountain Radiology in Glenwood Springs, Colorado. Additionally, he serves on the Radiology Partners (RP) physician support board for advocacy. Outside of radiology, he enjoys hitting the slopes, hiking trails, fly fishing and golfing. He also treasures family time and being outside on his property for frequent visits from area wildlife.

We talked to Dr. Weathers to learn more about his journey into radiology and why his practice joined RP.

Tell us why you got into radiology.

Initially, I wanted to become a surgeon, following in the footsteps of my grandfather and great-grandfather. However, while considering a career in plastic surgery, conversations with my wife's friends who were pursuing residencies in radiology shifted my perspective. They highlighted the multifaceted nature of radiology, which intrigued me due to its diverse opportunities, from performing procedures to directly engaging with patients. Radiology stood out to me because of its versatility in patient care. During hands-on rotations in radiology, particularly interventional radiology, I discovered a unique blend of imaging and procedures that resonated with me. Radiology offers active involvement in every patient's care at the hospital and interactions with physicians across all specialties.

Why did you choose MSK?

My interest in this specialty stemmed from my passion for sports. During residency, I noticed a gap in my training in this area and saw an opportunity to fill it. As I began rotations in MSK imaging, I found it incredibly fulfilling. Working closely with orthopedic surgeons who play a vital role in patient care was very rewarding. The impact on patient outcomes and the collaborative nature of the work with top-tier specialists made it a natural fit for me.

What motivated your decision to relocate to Colorado and join Mountain Radiology?

We moved to Colorado more than five years ago from Houston, where I began my private practice. Despite being from Houston, I've always been drawn to the mountains, having grown up

skiing near Aspen. One of the great things about being a physician is you can live and work anywhere you want. You're not geographically tied. I remember my wife and I were on a ski trip in Colorado during the second year of my radiology residency. I visited a local hospital and met with radiologists there, which really sparked my interest. After a year in private practice and in alignment with my wife's career as an OBGYN, we decided to make the move. It's been a decision we've never regretted. It's one of the most idyllic places to work and raise our two kids.

Tell us about your practice.

Mountain Radiology has been around for more than 40 years. Our small practice is unique as we embrace the opportunity for radiologists to maintain and enhance their generalist skills while specializing in their preferred areas. We understand the importance of ongoing training and support, offering guidance to address any concerns about unfamiliar procedures. Being a subspecialized generalist strengthens one's skill set and fosters a deeper understanding of the complexities within different modalities. This approach empowers our radiologists to excel in diverse scenarios, contributing to a sense of resilience and confidence in their abilities. The experience of being immersed in a wide range of cases has been transformational in strengthening my capabilities and encouraging adaptability and resilience, two invaluable assets in our practice that ensure our radiologists can navigate any situation with proficiency and expertise.

How did the partnership between Mountain Radiology and RP come about?

In early 2020, we engaged in discussions with RP. These talks coincided with the onset of the COVID-19 pandemic. Intrigued by RP's proposition, we conducted a thorough evaluation process while RP assessed our practice. Amidst economic

uncertainties and a significant decline in imaging volume, sustaining our practice proved challenging, with a nearly 70% drop in volume for several months. We were treading water, trying to do what we could to keep the practice alive. Despite these obstacles, as the world began to reopen, we witnessed a resurgence in imaging volume and continued our dialogue with RP, who remained supportive throughout.

In September 2020, we officially became part of RP. Our decision was driven by recognizing the benefits of joining a larger practice while retaining our independence, with RP uniquely fitting these criteria. The partnership was guided by understanding industry trends, including consolidation and regulatory shifts, which made managing as a small practice increasingly difficult. RP's commitment to integrated IT solutions, evident in the enhanced workflows offered through unified PACS systems, reinforced our decision. Despite the challenges posed by the COVID-19 pandemic, RP's support during negotiations and integration marked a significant milestone for our practice. September 2020 marked the beginning of a new chapter for Mountain Radiology within RP, signaling our commitment to adapting to evolving industry landscapes while enhancing patient care.

How have you balanced your preference for a smaller practice environment while being a part of a larger practice like RP?

Since joining RP, our practice has successfully maintained its unique identity while benefiting from the support of a larger practice. Initially, we were apprehensive about how our culture would adjust within RP, but RP's commitment to local leadership has proven true, easing our initial concerns. We're still Mountain Radiology and our culture remains intact. Contrary to misconceptions, being part of this larger practice

has empowered us. RP has provided the tools and support necessary to thrive. Engaging with RP has felt like having a supportive big brother; they offer valuable suggestions rather than imposing directives. The IT infrastructure enhancements streamline our workflow and enhance patient care, aligning perfectly with our practice's values. In particular, the instant functionality of technologies like Rad AI has been remarkable, seamlessly integrating into our workflow without any significant learning curve. RP has empowered us to navigate challenges such as hiring difficulties and has significantly improved our ability to deliver exceptional patient care. By leveraging their resources while preserving our unique culture, RP has proven to be a valuable partner.

As a member of RP's advocacy physician support board, how will RP help shape the future of radiology?

Radiology Partners is transforming radiology. With their leadership, investments and commitment to improving radiologists' lives, we're witnessing continuous advancements to alleviate burnout and enhance practice efficiency. RP's advocacy efforts play a crucial role in addressing industry challenges such as declining reimbursement rates and regulatory changes like the No Surprises Act. Led by Dr. Rich Heller, pediatric radiologist and associate chief medical officer (ACMO) for health policy and communications, RP's advocacy arm ensures that radiologists' voices are heard at the legislative level, benefiting the entire radiology community, not just RP. This proactive approach demonstrates RP's dedication to driving positive change within the field, making a lasting impact on radiology practices across the country.

What excites you most about being a part of RP?

Integrating RP's IT solutions has been pivotal for our practice's resilience. When faced with the departure of a partner, our small practice was at risk, but RP's support and technology prevented collapse. Through RP's IT infrastructure, we've navigated hiring challenges and significantly enhanced our workflow, nearly doubling our workload capacity. RP's forward-thinking approach ensures we stay ahead in meeting industry challenges.

Additionally, there is incredible support and collaboration among local practices affiliated with RP. Attending the in-person meetings has always been a valuable experience for me. It's reassuring to meet the diverse talent within our organization, which reinforces my confidence in our collective future. Being part of RP means having access to a wealth of expertise and support, which empowers us to tackle challenges effectively and move forward confidently.

Dr. William Weathers earned his medical degree from the University of Texas Southwestern Medical School and completed his residency and fellowship in diagnostic radiology at the University of Texas MD Anderson Cancer Center. Additionally, he completed a mini-fellowship in breast imaging at MD Anderson Cancer Center and furthered his expertise with a one-year fellowship in MSK at UT Orthopedics at Ironman Sports Medicine Institute Texas Medical Center, focusing primarily on sports injury and trauma.

Radiology Partners, through its owned and affiliated practices, is a leading physician-led and physician-owned radiology practice in the U.S. Learn more about our mission, values and practice principles at RadPartners.com. For the latest news from RP, follow along on our blog and on X, LinkedIn, Instagram and YouTube. Interested in learning

about career opportunities? Visit our careers page.

Why RP? A Q&A with Dr. Anthony Toppins, Musculoskeletal Radiologist

Dr. Toppins shares his journey to MSK and RP and the bright future of radiology as an integral part of patient care.

Dr. Anthony Toppins is a musculoskeletal radiologist (MSK) in Dallas, Texas, where he serves as practice president of Radiology Partners Eagle. Outside of work, Dr. Toppins loves spending time with his wife, three children, their spouses and pets. He enjoys wake surfing, Sea-Doos, fishing and weekends at their family farm in rural East Texas.

We talked to Dr. Toppins to learn more about his career in radiology and why he joined RP.

Tell us about why you got into radiology.

I discovered my passion for radiology during my rotation in my third year of medical school. Initially, I had no idea what radiology was, but I was drawn to its intersection of technology, photography and medicine. This was a pivotal moment for me. I recognized the prospect of combining my

interests with the significant role radiology plays in caring for nearly every patient, which solidified my decision to pursue a career in radiology.

Why did you choose MSK?

During one of my earlier rotations at a private community hospital, I had the privilege of working with a highly versatile general radiologist who shared valuable insights on diagnostic procedures, explaining the rationale behind specific tests, the selection of different imaging modalities (such as CT or MRI) and the considerations in opting for plain film versus ultrasound. Despite not being at a teaching hospital, his selfless commitment to educating a medical student in his personal time profoundly impacted me. At that time, I also encountered an interventional radiologist who demonstrated his subspecialty's hands-on, patient-centric approach.

Observing this contrast early on helped me appreciate the diversity within radiology. While initially leaning towards interventional due to a preference for patient interaction, I eventually found my niche in MSK. With its minor procedural aspect, MSK allowed me to engage with patients directly and perform treatments alongside diagnostic work. My early exposure to the spectrum of radiology subspecialties was pivotal in shaping my career path and instilled a passion for MSK.

How did you connect with RP?

I had recently transitioned from a previous role at Baylor in Dallas to join Dr. Byron Christie at Eagle Imaging when I met RP co-founders Rich Whitney, chairman and CEO, and Dr. Anthony Gabriel, president, through a mutual friend during the 2012 RSNA event. At that time, one radiologist was partnering with them, Dr. Nina Kottler. The concept they introduced, focusing on enhancing and revolutionizing radiology and their

methodology in clinical medicine – scaling it, improving quality and implementing quality metrics – captivated me. In particular, I found inspiration in how they drew from concepts in nephrology dialysis. The alignment of our visions and personal rapport led to the decision for Eagle to become the first practice to officially partner with RP in July 2013, marking the beginning of a collaborative journey.

What excites you about RP?

Some of the same things that excited me when I started my journey with RP still excite me today. Rich often uses a mountain analogy, illustrating RP's growth as ascending peaks, which resonates with me. A decade ago, we began at the mountain's base, and now, standing atop one peak, we realize taller peaks lie ahead. With radiology's changing landscape, RP is transitioning from rapid growth to focusing on clinical excellence and innovation.

As we adapt to the evolving terrain, I see opportunities for enhanced integration. Embracing our latest tech stack, RP Cloud Enterprise, our practice incorporated AI tools Aidoc and Rad AI, helping streamline our processes, automate impressions, and boost our capabilities. RP's unique position, grounded in scale and a robust IT platform, enables us to balance staffing with workflow demands and overcome hiring challenges. Radiologists across the country are facing increasing fatigue due to rising case volumes, and RP's commitment to minimizing fatigue underscores our dedication to radiologists' well-being.

Lastly, I'm thrilled with the quality of RP's radiologists and support teammates, coupled with a strong board and executive team, positioning us for the future. Amid challenging reimbursement dynamics, I'm pleased with RP's efforts to mitigate downward pressures, address issues and instigate positive change.

What does the future of radiology look like to you and how will RP contribute to that?

The future of radiology is extremely promising. I actively encourage aspiring medical professionals to consider radiology as a rewarding career, citing its favorable combination of quality of life and income. Despite initial concerns about the field's viability, particularly with the rise of primary care, those predictions have proven unfounded, and radiology has flourished.

Similar concerns about AI replacing radiologists are emerging, but I firmly believe AI will enhance rather than replace radiologists. I envision a collaborative future where AI serves as a valuable tool, working alongside radiologists to enhance detection, improve clinical quality and address the escalating workload. While AI can offer a preliminary analysis, the critical role of radiologists in quality control remains indispensable. Technological advancements in our technology stack and AI capabilities contribute to this optimistic outlook. Further enhancements, such as improved voice-to-text functionality, are potential growth areas to reduce fatigue and enhance report generation efficiency. The evolving landscape, exemplified by innovations like Aidoc and Rad AI, reinforces my confidence in the field's future.

The demand for radiology continues to rise, with no signs of diminishing importance in patient care. Radiology's role remains integral, and I foresee its significance increasing rather than waning in the broader medical process. The future of radiology is bright, resilient and poised for continued relevance in the evolving healthcare landscape.

Dr. Tony Toppins earned his medical degree from the University of Oklahoma College of Medicine; completed his residency in diagnostic radiology at Baylor University Medical Center in

Dallas, TX and completed his fellowship in MSK at University of California San Diego.

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