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THE PULSE OF CHANGE:

Perspectives on What's Next

Beyond the Scan: How Radiology Can Embrace Hospitality Without Losing Efficiency

BY KIM KELLEY, FRBMA



For decades, radiology has operated on a simple premise: get patients in, get the scan done, get results to the referring physician. This throughput-focused model served the industry well when radiology was purely a behind-the-scenes service. But as healthcare becomes increasingly consumer-driven and patients gain more choice in where they receive care, the question emerges: can radiology maintain its efficiency while becoming more human?

The answer isn't just "yes"—it's essential for survival.

The Hospitality Imperative

Cleveland-based University Hospitals recently made headlines for their hospitality-focused patient experience initiative. Under CEO Dr. Cliff Megerian's leadership, the 21-hospital system has redefined patients as "customers, guests, friends lodging in our home." Their approach includes simple but powerful tactics like the "10-5 rule"—making eye contact at 10 feet, offering help at five feet—and training focused on emotional intelligence and service recovery.

The results speak volumes: a 6-point improvement in caller sentiment within months and a 39% year-over-year increase in online appointment scheduling. Most importantly, their hospitality focus hasn't compromised efficiency—it's enhanced it by creating patient loyalty and reducing friction in the care process.

This same principle applies to radiology, where stressed patients often arrive anxious about their diagnosis and confused about the process ahead.

The Three-Legged Stool

According to Melody Mulaik, Chief Operating Officer of R3 (which powers RCCS and Regents) and host of the healthcare podcast "Take Care," successful radiology practices must balance three elements like a three-legged stool: patient satisfaction, operational efficiency, and financial performance.

"You have to recognize it's like the three-legged stool," Mulaik explains. "If patients are happy but you're not being efficient, you're losing money... if you're making money and you're efficient, that's great. But are you doing it at the cost of the patients? You have to appropriately address all of those."

The key insight? These elements aren't mutually exclusive. In fact, they can reinforce each other when properly implemented.

Where Marketing Meets Operations

Radiology marketers face a unique challenge: we're promoting an experience we don't directly control. Unlike other medical specialties where physicians directly manage patient interactions, radiology relies heavily on technologists, schedulers, and support staff to deliver the patient experience.

This creates both an opportunity and a responsibility. Marketers can't just promote services—we must actively collaborate with operations to ensure we're delivering on our brand promises.

CONSIDER THESE PRACTICAL STEPS:

FOR MARKETERS

- Develop educational materials that referring providers can easily share with patients, including QR codes linking to preparation instructions and what-to-expect guides
- Create one-pagers highlighting not just technology and credentials, but also comfort measures and patient support services
- Regularly shadow the patient journey from scheduling through results delivery to identify friction points
- Establish formal communication channels with operations teams to stay informed about capacity, challenges, and improvements

FOR OPERATIONS

- Invest in training for all patient-facing staff, recognizing that technologists serve as extensions of the radiologists, whether they realize it or not
- Implement clear communication protocols about wait times, results delivery, and billing expectations
- Develop service recovery procedures for when things go wrong
- Consider the patient experience implications of new technologies like remote scanning

The Remote Challenge and Human Touch

The industry's movement toward remote scanning and teleradiology presents both challenges and opportunities for humanization. As Mulaik notes, when technologists aren't physically present, "whoever is face-to-face with a patient, whether that's a medical assistant, whether it's a technologist assistant... we've almost got to double down with them learning even more about interpersonal skills."

This doesn't mean abandoning technological advances—it means being more intentional about human touchpoints. When interactions become fewer, they must become more meaningful.

Segmenting the Experience

Not every radiology encounter requires the same level of hospitality focus. A routine chest X-ray demands different attention than breast imaging or interventional procedures. As Mulaik points out, "Do we think people getting plain films care about that? Probably not. Just get me in, get me out, take my X-ray. But when it comes to breast imaging in particular... recognizing that there are situations where you do want to make sure you have more of that personal touch."

Smart practices segment their hospitality efforts, concentrating resources where anxiety is highest and relationships matter most.

The Business Case for Humanity

The financial argument for humanizing radiology is compelling. Patients who feel valued become advocates, referring friends and family. They're more likely to return for future imaging needs and less likely to switch providers over minor

inconveniences. They also tend to be more compliant with scheduling follow-up appointments and less likely to no-show.

Perhaps most importantly, in an era where online reviews and patient satisfaction scores increasingly influence referral patterns, the human touch becomes a competitive differentiator.

The Path Forward

Humanizing radiology doesn't require abandoning efficiency or compromising throughput. It requires recognizing that in today's healthcare environment, how patients feel about their experience is as important as the technical quality of their care.

As marketers and leaders, we have the power to influence this transformation. We can advocate for patient-centered policies, develop materials that truly serve patient needs, and create feedback loops that ensure we're delivering on our promises.

The question isn't whether radiology can afford to become more human—it's whether we can afford not to. In a world where patients have choices and share their experiences widely, the practices that thrive will be those that master both the art of imaging and the art of caring. ■



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