



Benefits of Limited-Scope X-Ray Techs in the Urgent Care Setting

Urgent message: X-ray is an essential component of urgent care operations. Amid rising costs and staffing shortages, limited-scope x-ray techs may be a viable alternative to licensed radiology techs to perform imaging in the clinic.

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One of the unexpected changes we've seen come out of the COVID-19 pandemic is the difficulty urgent care centers face in hiring licensed radiologic technologists (RTs). Even hospitals struggle to hire, offering sign-on bonuses of up to \$20,000 with \$34/hour pay rates now commonplace. How can an urgent care compete in such a tight labor market? The "shortage" of licensed x-ray techs, where required by law, creates an existential question for urgent care.

Urgent care has historically been seen as a "one-stop shop" for all but the most severe of illnesses and injuries. Without x-ray, however, the value of urgent care gets degraded to "triage medicine" with patients being moved on to specialists or the ED. Indeed, the availability of x-ray is a defining feature that differentiates urgent care from retail clinics, telemedicine, and walk-in primary care models.

Approximately 15% of urgent care visits require an x-ray, often just a handful of studies per day in centers with even moderate volumes.¹ This means centers that offer x-ray during all operating hours often find themselves with a surplus of downtime for x-ray techs.

Typically, this time is spent taking vitals, collecting specimens and running rapid tests, registering patients, or other medical-assisting tasks well below the pay grade of an RT. Not to mention that an RT is trained in multiple imaging modalities, but in urgent care they practice to the lowest end of their training. Doing lesser-skilled work in a hectic environment at below-market pay (also with exposure to COVID patients)...is there any question as to why RTs are not flocking to UCCs?

None of this changes the fact that x-ray services are



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still an essential part of urgent care. Patients expect to receive an x-ray on-site if deemed necessary and not to be redirected to the ED, a specialist's office, or an imaging facility. If patients feel their time was wasted by going to urgent care first, eventually they'll skip urgent care entirely—even for conditions when an x-ray isn't necessary. Likewise, maintaining x-ray services is key to urgent care's reimbursement premium, justified by payers as "cost avoidance" of EDs.

So, what's the solution?

One of the more promising approaches is to utilize limited-scope x-ray techs. These individuals can be a medical assistant (MA) with additional training, or be hired as a limited x-ray tech but assist around the clinic in an MA role. Limited-scope allows urgent care centers to continue offering x-ray services in an efficient, budget-friendly manner.

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| Table 1. Differences Between Licensed Radiologic Technologists and Limited-scope X-Ray Techs | |
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| Radiology Tech (RT) | Limited-Scope X-Ray Tech |
| Requires Associate's degree and national licensure by exam with the American Registry of Radiologic Technologists (ARRT) in most states | Training and education requirements vary by state. No degree is required |
| Can perform all diagnostic imaging, including: <ul style="list-style-type: none"> • X-ray • CT scans • Mammograms • Bone density • Ultrasound • Fluoroscopy...and more | Limited to x-ray only based on state laws. Typically limited to x-ray of skeletal features |
| Make \$33/hour on average ² | Make \$22/hour on average ³ |
| Must earn a minimum of 24 hours of continuing education every 2 years to maintain licensure | Continuing education requirements vary by state. Not always required |
| Proficient in all types of x-ray exams and positioning thanks to extensive education | May struggle to produce high-quality images for unusual exams or positioning due to limited education |

Differences Between RTs and Limited-Scope X-Ray Techs

Simply put, an RT's more diverse skillset is necessary for hospitals, imaging centers, outpatient surgery centers, and other facilities. However, given the fact that urgent care only utilizes x-ray, a limited-scope tech can fill the need.

Table 1 highlights the primary differences between a radiology technologist and a limited-scope x-ray operator.

Combating the RT Shortage

Demand for healthcare workers is high across all disciplines. However, the shortage of RTs is particularly impactful. *Applied Radiology* suggests that a variety of factors are to blame, including increased demand due to population aging, increased subspecialty needs, and retention issues.⁴

Ideal for urgent care would be to hire MAs who were also trained in limited-scope x-ray as part of their MA education. However, these "unicorns" are few and far between.

MA programs offering limited x-ray training struggle to attract students. This is because most students looking to go further than basic MA training choose to invest in a full RT program (an Associate's degree) or opt for a nursing program (Bachelor's degree) instead.

That leaves on-the-job training. Though regulations vary by state, it is often simple, quick, and cheap to train an existing employee, such as an MA, to become qualified as a limited-scope x-ray operator.

While this increases the risk of that employee choosing to leave the company after getting their limited x-ray license, such can be mitigated by contractual terms including clawback provisions for the cost of the training.

Requirements vary by state.

Meanwhile, investing in someone already employed by your center can help build loyalty and improve retention. It offers a path of career progression for MAs who might otherwise leave for nursing school. Operators also know employees they choose to train for a limited x-ray role are competent and good workers.

Conclusion

Urgent care centers choosing to forgo x-ray services risk losing reimbursements and being unable to differentiate themselves from telemedicine and other non-ED walk-in settings. As such, continuing to offer x-ray is an essential part of the urgent care model. As a result of staffing challenges with RTs, cross-training support staff to a limited-scope x-ray role is one way to accomplish this efficiently.

Although x-ray techs don't have the same capabilities as RTs, they can perform most necessary imaging while also serving in support roles during downtime. ■

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