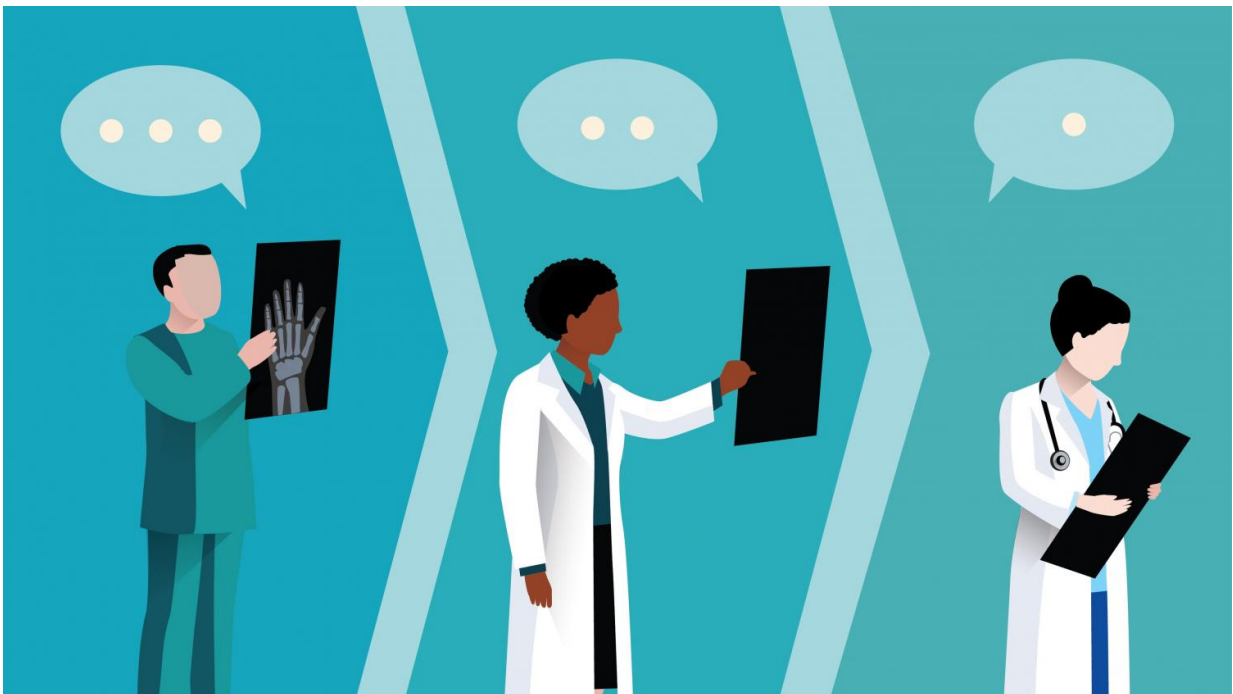


Why radiologists should make their practice more personal

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Credit: University of Michigan Health System

When it comes to visibility, radiologists, in many cases, are out of sight.

They often receive and interpret images from afar, leaving a patient's referring physician or specialist to disclose the findings—and, using the information supplied, answer questions about the diagnosis.

Such distance, bolstered by the ease and ability of technology, can have consequences, according to a team of University of Michigan Medical School researchers.

Whether one's scan results come secondhand or through an online portal, patients "have very little opportunity to actually meet a radiologist," says Ella Kazerooni, M.D., a professor of radiology at U-M. "We're in the background ... sometimes right next door when they have their test or get their results, and sometimes in a building miles away."

That was the impetus for a new report Kazerooni co-authored, which sought to examine how the public perceives the role, responsibility and training of radiologists. Published in October in the *American Journal of Roentgenology*, it surveyed 1,976 adult radiology outpatients at the U-M Health System and St. Joseph Mercy hospital in Ann Arbor.

The results underscore a desire for more face time and greater clarity.

Among the results:

- Overall, 84 percent of respondents expressed interest in meeting with a radiologist; 20 percent said they'd pay \$40 or more to do so.
- Patient comfort level was three times higher with the prospect of a radiologist interpreting an image versus a nonradiologist physician; comfort, then, was even lower when a nurse or a physician's assistant did so.
- Smaller groups incorrectly said ultrasound and MRI examinations involve radiation (10 and 45 percent, respectively), while larger percentages correctly identified radiography (87 percent), CT (63 percent) and [nuclear medicine imaging](#) (62 percent) as using radiation.
- Most patients understood that radiologists were doctors, but few

knew the extent of their education: It's typically 14 years of postsecondary training.

The survey showed aptitudes did improve after participants received educational literature. And professionals should do more to address shortcomings in public perception, researchers say.

"I think radiology increasingly recognizes it needs to be a patient- and family-centered discipline to provide value to all of our customers," Kazerooni says.

"A game of telephone"

Some radiologists, Kazerooni says, are already much closer to their clients.

Those who specialize in breast imaging, for example, have a lot of patient contact, as do interventional radiologists who perform procedures akin to [minimally invasive surgery](#).

In most other cases, however, radiologists don't come into the picture until after a radiology technologist has taken the images under their supervision and sent them to the radiologist to review and interpret.

And, pending clinician or patient request, a radiologist usually does not directly converse with the person imaged.

This disconnect, beyond being impersonal, can be problematic.

"When you have information passed from one individual to another, it's like a game of telephone," Kazerooni says. "The more people in the chain, the less likely the information could reflect what was actually said by the end of that chain."

It also could leave many patients without a true grasp of what radiologists do and how they impact decisions going forward.

Making connections

Some hospitals and health systems are working to bridge the gap to improve both care and communication.

The U-M survey cites Massachusetts General Hospital in Boston—where a radiology consultation clinic was established to connect all involved parties—as a model to replicate.

As a means to help reduce anxiety and error, "it's the right thing to do," says Kazerooni, noting that there are financial obstacles to widespread adoption because most payers don't cover direct radiological consultations.

In most places, patients must ask if they wish to speak to a radiologist, who may not be on-site or available to respond.

"Radiologists are part of the care team—and, in many cases, a very pivotal part of deciding whether someone's cancer has gotten better or worse," Kazerooni says.

Still, some radiologists have concerns that referring physicians could be offended when a [radiologist](#) interrupts the usual pattern of communicating results. Which is why opting for an [electronic medical record](#) system known as a "patient portal" to share the information with all involved parties is increasingly popular.

Radiologists nonetheless ought to work to make themselves available within reason to further the doctor-patient dialogue when necessary, Kazerooni says.

Just as patients might need education about the medical specialty, it's important for practitioners to understand the needs of the people they serve.

"I think it's a matter of priorities," she says. "To deliver great service, you really need to know what your patients want and need—not only about the imaging tests performed, but also beforehand to make sure the tests they are undergoing are appropriate and necessary."

More information: Jason G. Domina et al, JOURNAL CLUB: Patient Perception of Radiology and Radiologists: A Survey Analysis of Academic and Community Institutions, *American Journal of Roentgenology* (2016). [DOI: 10.2214/AJR.16.16034](https://doi.org/10.2214/AJR.16.16034)

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