

Recent Measures to Improve Radiology Reporting: Perspectives From Primary Care Physicians

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Purpose: There is considerable interest in improving radiology reporting practices. It has been suggested recently that reporting practices could be improved by more direct involvement of radiologists in delivering results to patients and by making clear recommendations within the radiology report. The opinions of primary care physicians about these initiatives are not well known. The authors surveyed primary care physicians to better understand their views.

Methods: An online survey was distributed to 229 primary care physicians through an internal list server, and responses were collected confidentially.

Results: There were 100 responses (a 43.6% response rate). The majority of respondents were satisfied with radiology reporting and recommendations in general. Ninety-five percent of respondents felt that ordering physicians should deliver the results of examinations. No respondents felt that radiologists should deliver results directly to patients. Ninety-four percent of respondents felt medicolegally obligated by recommendations made by radiologists within their reports. Twenty-three percent of respondents felt more medicolegally obligated if the recommendation is set apart from the clinical impression, while 58% of respondents felt less medicolegally obligated if qualifying language is added to the recommendation.

Conclusions: Primary care physicians prefer to deliver the results of examinations themselves and feel medicolegally obligated by recommendations within radiology reports, even though this seems to be influenced by the wording and location of the recommendations within reports. Radiologists should consider these factors when contemplating changes in reporting practices.

Key Words: Radiology reporting, primary care physicians, quality improvement

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INTRODUCTION

The radiology report is the principal means of communicating the findings of an examination to both the patient and the patient's care team. It is the primary work product of the radiologist [1] and serves as both medical and legal documentation of provided care [2]. The radi-

ology report is of particular importance to the primary care physician in the outpatient setting [3,4]. Primary care physicians often find themselves occupied with increasingly demanding clinical responsibilities and physically removed from the location of the radiology reading room, precluding the in-person consultation and participation in multidisciplinary conferences that are frequently afforded to specialists and inpatient providers. This inherent lack of interaction between radiologists and primary care physicians is a natural barrier to effective feedback regarding reporting practices [4], which ultimately compromises patient care [5].

There have been multiple attempts made to improve reporting practices [3,4,6-13]. The authors of this report primarily surveyed physicians regarding their preferences and opinions with respect to the overall quality, format, language, length, content, and turnaround time of reports. Despite the information obtained from these studies, dissatisfaction with radiology reporting among

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referring physicians and patients remains [14,15]. This continuing dissatisfaction may be secondary to the wide variance of reporting practices currently in use in addition to the difficult task of creating reports that attempt to meet the needs of patients, primary care physicians, and specialists.

More recent efforts to improve reporting practices have included the suggestion that radiologists should play a more central role in delivering the results of examinations to patients [14-18]. In this scenario, the results could be delivered to patients directly from radiologists in hard-copy form, via an online portal, or in person at the time of the examination. This has the benefits of patient satisfaction, improved turnaround time, and greater public understanding of the role radiologists play in patient care [14-18]. Radiology specialty societies have also published guidelines regarding the radiology report that help direct radiologists toward best reporting practices [19,20]. Some of these guidelines suggest that radiologists should recommend further diagnostic studies, when appropriate [19]. However, the opinions of primary care physicians about these radiologist-driven efforts to improve reporting practices and potential effects on their practice are not well known. Therefore, we surveyed primary care physicians at our institution to better understand their views.

METHODS

An online survey was created and managed using Research Electronic Data Capture [21], a secure, Web-based application designed to support data capture for research studies, providing (1) an intuitive interface for validated data entry, (2) audit trails for tracking data manipulation and export procedures, (3) automated export procedures for seamless data downloads to common statistical packages, and (4) procedures for importing

data from external sources. The online survey was distributed to 229 primary care physicians at our institution via an internal list server, and results were collected confidentially.

RESULTS

There were 100 responses (a 43.6% response rate) from physicians with an average of 19.1 years in practice (range, 2-50 years), the majority of whom (95%) order <20 examinations per week. Overall, a majority of respondents (79%) were either very satisfied or somewhat satisfied (mean, 3.93 on scale ranging from 1 to 5) with radiology reporting. Diagnostic accuracy (39%) was chosen as the most important component of a radiology report (Fig. 1). Clarity of language (14%), a detailed discussion of the findings (12%), and recommendations for further testing or treatment (12%) were also cited by a significant number of respondents as the most important components of radiology reports. No other response was selected by >10% of respondents. Too many recommendations for further testing or treatment (36%) was identified as the most significant problem with radiology reporting, while unclear or nonspecific language (19%) and no recommendations for further testing or treatment (12%) were also identified as significant problems (Fig. 2). No other response was selected by >10% of respondents.

Ninety-five percent of respondents thought that the most appropriate way for a patient to learn the results of an imaging examination was from the ordering provider. Five percent of respondents thought that the most appropriate way was for patients to access the results themselves through an online portal. No respondents thought that results should be communicated to patients directly by radiologists. Given that patients at our institution have access to their results through an online portal system, a

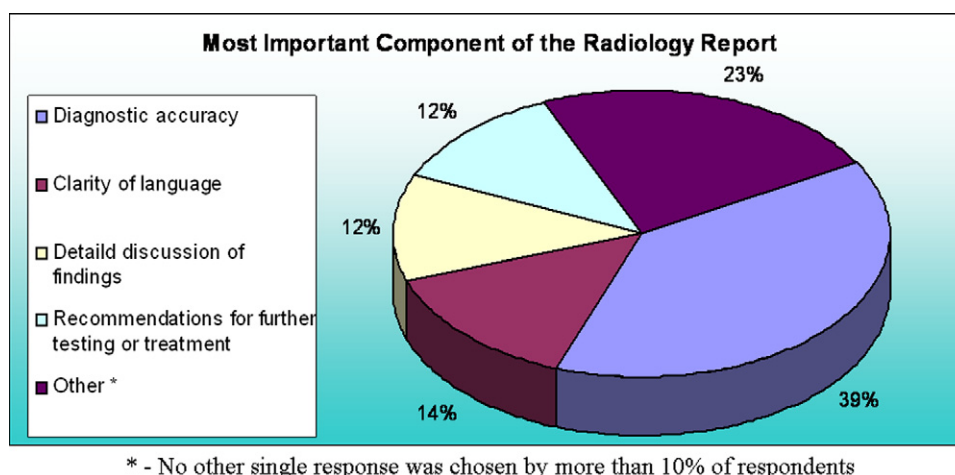


Fig 1. Primary care physicians were asked to identify the single most important component of a radiology report. Diagnostic accuracy was identified as the most important component by 39% of primary care physicians, 14% selected clarity of language, 12% selected detailed discussion of the findings, and 12% selected recommendations for further testing or treatment. No other response was chosen by >10% of primary care physicians.

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