Out of the Darkness and Into the Light: Patients, Referring Physicians, and Radiologists Working Toward Patient- and Family-Centered Care in Radiology

Tessa S. Cook, MD, PhD, Marc H. Willis, DO, Christine Abbott, James V. Rawson, MD, Arun Krishnaraj, MD, MPH

THE CHALLENGE

If you have ever been the parent, child, or family member of a loved one receiving medical care, you appreciate the anxiety, fear, and vulnerability that comes with being a patient or caregiver. For physicians and other medical professionals, these concerns are mitigated by the fact that understanding the system sometimes allows us to navigate it more effectively. Unfortunately our non–medically trained patients do not have that same advantage. During the 2016 ACR annual meeting, Moreton lecturer Andy DeLaO challenged the membership to "step out of the darkness and into the light," to the forefront of where care is delivered. Members of the ACR Commission on Patient- and Family-Centered Care (PFCC) are already rising to this challenge. The commission, composed of radiologists, referring physicians, patient advocates, and ACR staff members, convened in early 2016 to collaborate on opportunities to realign care in radiology with the tenets of Imaging 3.0®. Subsequent online discussions were intended to address other topics, such as the creation of Imaging 3.0–related resources for radiology practices. However, one discussion in particular quickly evolved beyond the original intent and became focused on ways to improve the patient imaging experience.

Three major themes arose during this particular discussion:

1. Patients have limited interactions (aside from interventional procedures, mammography, and sometimes ultrasound) with the radiologists involved in their care, even though imaging interpretation has a significant impact on clinical decision making.
2. Patients often do not appreciate the rationale for imaging and are rarely given enough opportunity to participate in the associated decision making. This lack of engagement is compounded by an inability to access images or understand the radiology report.
3. Radiologists could benefit from receiving feedback from referring physicians and patients about the utility of their reports.

The highlights of the discussion are detailed as follows.

"THE RADIOLOGIST WILL SEE YOU NOW…"

In most medical specialties, patients interact directly with their physicians, whether in the outpatient setting, during a procedure, or in the course of an inpatient stay. In radiology, however, direct interaction with patients is the exception rather than the rule. Diagnostic imaging is typically interpreted out of sight of the patient. The output of this interpretation, the radiology report, is created to communicate with the referring physician. The patient is often unaware that a highly trained physician who specializes in imaging (the radiologist) has created the report. This lack of radiologist visibility can lead to the incorrect assumption that the technologist acquiring the images or the physician who ordered the test is responsible for its interpretation [1]. Although downstream treatment decisions are often made on the basis of imaging, a patient may never see or talk to a radiologist—a physician whose care may have a significant impact on the course of their treatment. Additionally, radiologists often find themselves at a disadvantage as a result of not

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having access to full patient information or prior imaging that could affect the interpretation of a new study or recommendations for further follow-up. The siloed nature of radiology practice creates a care environment that is not patient centered.

Patients expect everyone providing their medical care to understand and appreciate the vulnerability associated with being a patient. As radiologists, we do not directly experience this expectation, nor do we always have a built-in opportunity to interact with patients to gain their trust. Furthermore, current (though evolving) incentives for reimbursement emphasize productivity and do not reward time spent with patients [2]. Despite these factors, opportunities for improving the patient-centeredness of radiologic care have been discussed in the literature and are generally directed at decreasing patient anxiety, improving the timing of results communication, and addressing concerns of the patient, referring physician, and radiologist [3]. In addition, patients and patient advocates are clear that having access to and reviewing images with a radiologist would help them better understand their illness, while affording them the opportunity to gain trust in a critical but previously invisible member of their health care team.

"WOULD YOU RECOMMEND US TO YOUR FAMILY AND FRIENDS?"

The question of whether an imaging experience is valuable to a patient can be difficult to answer. In our technology-infused lives, we are inundated with requests to rate an app, offer feedback on an online purchase, "like" content on social media, or fill out a customer satisfaction survey for a business. Patient satisfaction surveys are yet one more solicitation of feedback, but research has shown that the evaluation of an imaging facility has more to do with the convenience of parking, the comfort of the waiting area, the privacy of the changing room, and the flavor of the oral contrast than with the quality of and satisfaction with the medical care delivered [4,5].

Without a doubt, patients must be comfortable and safe when they undergo diagnostic imaging, but how can a patient be expected to evaluate the quality of a radiologist with whom he or she has never interacted? A pilot study conducted by Pahade et al [6] demonstrated that patients are comfortable hearing imaging results from radiologists and that nearly half the patients in the study reported less anxiety about their results after meeting with radiologists [6]. More recently, radiologists at Massachusetts General Hospital collaborated with a primary care physician to offer patients the opportunity to review images with radiologists when they arrived for primary care visits. Participating patients reported a better understanding of the radiologists' role in their care and expressed a greater desire to not only review results but also discuss the need for follow-up imaging with a radiologist in the future [7].

One clear source of patient dissatisfaction stems from a lack of understanding of why imaging is necessary or how to prepare for an imaging examination. Rosenkrantz and Flagg [8] surveyed adult patients scheduled for outpatient imaging and found that nearly 20% had unanswered questions about their impending studies; more than half the surveyed patients were interested in discussing their upcoming examinations with radiologists. RadiologyInfo.org, a collaboration between the RSNA and the ACR, is a web portal designed to answer patients' questions about diagnostic and interventional radiology [9]. However, patients may not be aware of this resource, nor can it be expected to answer all of a patient's questions. Failed communication between radiologists and referring physicians can, in turn, lead to unsatisfactory communication of results to a patient, one of the most common causes of litigation involving radiologists [10,11].

In this era of patient portals, an opportunity exists to expedite access to test results, improve engagement, allow shared decision making, and increase awareness of recommended surveillance follow-up. However, many hospitals and health systems prefer that ordering physicians first communicate abnormal test results directly to patients before they are released electronically to a patient portal, citing concerns of misinterpretation and anxiety [12,13]. Many questions exist regarding the role of radiologists in these avenues of communication. A number of practices now list the interpreting radiologist's name and direct phone number at the bottom of every report, making the information easily accessible to both referring physicians and patients.

It is important that health systems and developers of patient portals not hamper the evolution of this technology by excluding patients' feedback from the process. To address the need for greater patient input, Baylor College of Medicine's Department of