

Comparison of European (ESR) and American (ACR) White Papers on Teleradiology: Patient Primacy Is Paramount

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Abstract

The ACR and European Society of Radiology white papers on teleradiology propose best practice guidelines for teleradiology, with each body focusing on its respective local situation, market, and legal regulations. The organizations have common viewpoints, the most important being patient primacy, maintenance of quality, and the “supplementary” position of teleradiology to local services. The major differences between the white papers are related mainly to the market situation, the use of teleradiology, teleradiologist credentialing and certification, the principles of “international” teleradiology, and the need to obtain “informed consent” from patients. The authors describe these similarities and differences by highlighting the background and context of teleradiology in Europe and the United States.

Key Words: Teleradiology, teleradiologic services, regulatory issues, legal issues, patient primacy, Europe, United States, white paper

J Am Coll Radiol 2015;12:174-182. Copyright © 2015 American College of Radiology

INTRODUCTION

The European Society of Radiology (ESR) published its white paper update [1] on teleradiology within Europe in January 2014, approximately 6 months after publication of the guidelines set forth in the ACR white paper for the United States, published in August 2013 [2]. Both position papers propose best practice guidelines for teleradiology, with each body focusing on its respective local situation and market: the European Union (EU) and the United States, respectively. The rapid evolution of teleradiology business models in the United States, combined with the relative lack of a recent official ACR statement on acceptable teleradiology practices and quality standards, was the main incentive for publication of the American white paper, written by the Task Force on Teleradiology Practice, which was established 1 year before publication of the paper. During the 2013 European Society of Radiology's annual meeting European Congress of Radiology (ECR), the ESR's e-Health and Informatics Subcommittee

assembled the European Teleradiology Subgroup, specifically to form a task force to write a European white paper (see Table 1 for further explanation regarding the ESR and the ECR). The subgroup's goal was to create an update of preceding ESR publications on teleradiology, with a particular focus on optimizing the full integration of teleradiologic services with local radiologic services and stressing the need to maintain quality. The goal of this article is to highlight the similarities and controversies of both organizations' white papers and to place them in the context of the political, economic, and legal evolutions that are taking place in Europe and the United States. Some differences between US and EU terminology are explained in the appendix Table 3. In appendix Table 4 all used abbreviations can be found (Table 4).

COMMON VIEWPOINTS BETWEEN THE ESR AND ACR TELERADIOLOGY WHITE PAPERS

Both white papers agree on many common important principles—that patients should come first (patient primacy), that attention to quality and safety is essential—as well as a number of issues relating to the financial and professional impact of teleradiology. A schematic overview of the common viewpoints of both white papers is presented in the Table 2. Both white papers stress patient primacy as the principal objective, meaning that patients and all

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Table 1. Explanatory table

What is the ESR?	The European Society of Radiology is an apolitical, nonprofit organization dedicated to promoting and coordinating radiology activities in all European countries.
What is the ECR?	The European Congress of Radiology is the yearly organized scientific congress of the ESR (held in Vienna, Austria).
What is the difference between a European directive and regulation?	A European regulation is a legal act of the EU that becomes immediately enforceable as law in all member states simultaneously. Regulations do not need to be transposed into national law, as is the case with directives.
What is the subsidiarity principle?	Following this principle, the EU has jurisdiction only if and insofar as the objectives of the proposed action cannot be sufficiently achieved by the member states.
What is informed consent?	When cross-border teleradiology is being used, patients need to approve that their health data are being transferred to another country and that their images are being reported or consulted by individuals who have had no direct contact with them.
What is an interstate compact?	An agreement between 2 or more states of the United States with consent of Congress.

Note: EU = European Union.

teleradiology relationships should be patient centered. The ACR stresses that “secondary incentives, financial or other, should never supersede the patient primacy.” Similarly, the ESR paper opines that pricing should never be the principal basis on which decisions to outsource using teleradiology are made. Furthermore, both organizations state that teleradiological services, ideally, should be regarded as “supplemental” to on-site radiology practice, but if implemented, teleradiologists should meet the professional standards and quality and safety procedures of the “local” hospital or radiology practice, in addition to undergoing the usual medical staff credentialing and privileging process. Both organizations also favor the maintenance of high professional quality standards that are similar for both teleradiology providers and on-site radiologists. For the ESR, international quality standards should be established according to the appropriate legislation at both the European and national (member state) levels. The ESR states that the “implementation of such standards will help decision makers to find a good balance between quality and pricing of teleradiology” [1]. Some (private) teleradiology providers focus primarily on expedited report delivery, potentially reducing the importance of the radiologist as a fully engaged member of the consulting team. The delivery of such “limited” services is a major determinant of the further commoditization of radiology. Both the ACR and ESR express major concerns that the profession of radiology risks being commoditized, threatening the specialty of radiology as we know it. Thus, both the ESR and ACR white papers promote the concept of full integration of teleradiology within local radiology services. The ESR white paper refers to this by stating that “teleradiology should be part of and be integrated with the wide spectrum of local (radiology) services, and not a tradable commodity” [1-5].

The ACR is more explicit than the ESR in preferring on-site coverage but equally advocates that teleradiology, when used, should be supplemental to an on-site presence and

integrated accordingly [5]. The ACR warns local providers that if they do not provide sufficient services, they are more susceptible to being displaced by teleradiology providers, whose business model may be to remove local radiology groups and secure hospital radiology contracts for themselves. As such, the ACR states that groups “create opportunities for the competitors when they fail to satisfy the legitimate demands and expectations of their hospitals” [2]. Furthermore, the commoditization process of the past decade in the United States and the consequent price reductions for teleradiology services have applied downward pressure on reimbursements from third-party payers in general. Some local practices are therefore now beginning to minimize their outsourcing, with some consequent reductions in teleradiology market opportunities [6]. In some European countries, competitive pricing is also becoming more prevalent, secondary to an increase in the outsourcing business, although it is not as problematic, as yet, as in the United States [7]. The reasons for this difference are explained in more detail in the section “The Market.”

Another common viewpoint of both white papers relates to the importance of relevant prior imaging and collateral patient information (electronic medical records). Both the ESR and ACR believe that seamless access to this information should be available to facilitate high-quality imaging interpretations. Otherwise, the ability to provide an actionable report is hindered, the ESR states. The ACR advocates that referring physicians and patients should be informed about the potential disparity between on-site and teleradiology interpretations when such information is not accessible and suggests that services under such circumstance should be limited to preliminary reports.

DIFFERENCES BETWEEN THE ESR AND ACR TELERADIOLOGY WHITE PAPERS

Both white papers address important differences in the practice of teleradiology between Europe and the United States, including the market for and utilization of teleradiology,

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