

Follow-up Imaging Less When Radiologists Read ED Ultrasounds



Findings from a study presented at the American College of Radiology annual meeting show that the use of follow-up imaging is significantly less when initial emergency department ultrasound examinations are interpreted by a radiologist than a nonradiologist.

Researchers used 5% Medicare data files to identify patients in the ED setting who underwent an initial ultrasound examination. Researchers determined whether the initial ultrasound was interpreted by a radiologist or a nonradiologist. They then summed up all additional imaging events that occurred within 7, 14 and 30 days of each initial ultrasound. Differences in the mean number of downstream imaging procedures for radiologists and nonradiologists were then calculated.

Findings showed that radiologists interpreted the majority of ED ultrasounds. Out of a total of 200,357 ultrasound events, 81.6% were interpreted by radiologists and 36.78% by nonradiologists. Across all study years, patients whose ultrasounds were interpreted by nonradiologists underwent 1.08 more imaging studies within seven days, 1.22 more imaging studies within 14 days and 1.34 more imaging studies within 30 days of the initial ultrasound. The volume of subsequent imaging decreased over time for both radiologists and nonradiologists. However, differences in follow-up imaging between the two persisted over time.

Bibb Allen Jr., MD, FACR, a co-author and chair of the Neiman Institute advisory board explains that the causes of this difference remain unclear but the higher use of limited ultrasound examinations by nonradiologists or a lack of confidence in the interpretations of nonradiologists may be a factor. However, further analysis is needed to fully understand the causes of this discrepancy.

"Since emerging federal health reform includes cost and resource use as part of the Medicare Quality Payment Program, emerging patterns of care such as point of care ultrasound should include resource use in outcomes evaluation. Efforts toward improving documentation of findings and archiving of images as well as development of more robust quality assurance programs could all be beneficial," said Dr. Allen.

Source: Harvey L. Neiman Health Policy Institute

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