

How to Increase Outpatient Follow-Up Care



A retrospective study was undertaken to identify factors linked to adherence to radiology follow-up recommendations by the referring physicians.

In 2019, a team assessed data from a single large medical centre, where CT, ultrasound and MRI reports were searched for alongside reports containing the keyword 'recommend' and any other synonym such as 'advise' or 'consider.' Emergency department, inpatient examinations and routine surveillance recommendations were excluded from the search. The search delivered a total of 255 reports, where the instance of recommended follow-up imaging occurred in less than two-thirds.

The team discovered that when a follow-up recommendation was linked to stronger wording and felt more mandatory, providers would see through the cases more frequently.

Patients whose radiologist communicated directly with their referring provider had an average follow-up of 28 days, compared with those without communication, who had a follow-up of 70 days.

Moreover, the median time to follow-up was 28 days versus 82 days in patients without cancer versus with a history of cancer.

The authors noted, "Strategies to make radiology recommendations more uniform are another potential way to improve the rate of follow-up adherence while avoiding the overuse of imaging".

In addition, the authors noted that whilst it may be challenging, multiple interventions may be required to change the way radiologists report in order to reduce the variations in follow-up recommendations.

Previous studies have shown that more than 37% of radiology reports include recommendations for follow-up imaging, but this does not always occur. Unfortunately, the consequences of this can lead to delays in diagnosis and treatment, and poor health outcomes.

Overall, strongly worded and nonconditional follow-up recommendations increased the likelihood of a follow-up going through. Additionally, direct communication with providers regarding imaging follow-up recommendations decreased the time to follow-up.

Source: [Journal of the American College of Radiology](#)

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Published on : Thu, 13 Apr 2023