



Improving radiologist communications to maximise value in breast imaging



There is a continuing demand to improve value in U.S. healthcare by decreasing costs and simultaneously improving quality of care. Against this backdrop, the role of the radiologist continues to evolve. The profession is shifting from volume-based to value-based reimbursement and practices, and radiologists are being asked to optimise and personalise imaging protocols, to provide clearer guidance on diagnosis and treatment, and to add value by eliminating unnecessary and inappropriate imaging, according to an article published in the American Journal of Roentgenology.

The article, written by Christoph I. Lee, MD, MS and Janie M. Lee, MD, MSc, both from the Department of Radiology, University of Washington School of Medicine in Seattle, highlights areas in which radiologist-driven communications can improve value in breast cancer screening, diagnosis, and treatment.

The use of a standardised lexicon and reporting in breast imaging has become the example to follow for imaging of other solid organs across radiology subspecialties. Similarly, the current and emerging practices of breast imagers in integrated oncology can serve as models for maximising value in radiologists' communications across the profession.

At most tertiary centres, the authors say, subspecialty-trained breast imagers are able to focus their imaging expertise on a single organ system. Similarly, when possible, they suggest that radiologists with subspecialty training should focus their clinical time on particular diseases and organ systems, especially in oncology. "Subspecialisation will help maximise these radiologists' depth of expertise and contribution to patient-centred care," the authors point out.

The article cites the importance of augmenting written radiology reports with tailored statements and embedded images. Reports that include risk-based evidence statements and eye-catching key images can have a greater influence on patient care. For example, outside of breast imaging, including epidemiologic information regarding lumbar spinal MRI findings in reports of individuals without symptoms has been associated with lower use of prescription narcotics.

It is also important for radiologists to report results and review images directly with patients. In outpatient imaging, the article says, patients may prefer radiologists to communicate and explain results of imaging findings. This is because patients are most interested in the speed of results reporting than the type of physician providing the results. In addition, face-to-face consultations should improve patient understanding of the role of the radiologist in their care, a primary goal of the American College of Radiology Imaging 3.0 initiative.

"The traditional radiology report will eventually no longer be viewed as the sole consultation by radiologists but instead act as a starting point for more detailed communications between radiologists and both patients and physicians," the authors write.

They highlight the need to develop novel approaches to augmenting the radiology report and effectively communicating imaging findings and recommendations. In this regard, the value-creating practices of breast imagers can be used as a road map for similar practices across other radiology specialities, similar to the way in which BI-RADS has been used as a road map for structured radiology reporting, the authors explain.

Source: [American Journal of Roentgenology](#)

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Published on : Tue, 7 Nov 2017