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MIR 2015: Creating High Value Patient-Centred Radiological Care



Creating a culture of high value patient-centred radiological care is achievable and has a strong business case, says [Geraldine McGinty](#), New York, a strong advocate of patient-centred care and Imaging 3.0™.

Speaking at the Management in Radiology (MIR) annual meeting in Barcelona, McGinty told a tale of two cities, illustrating how services in very different areas of New York have worked on their offer of patient-centred care.

In her own institution, Weill Cornell Medical College/NewYork-Presbyterian Hospital, the radiology department started a dense breast radiology consultation service, [Weill Cornell Imaging Consultations and Imaging Expertise \(WiCare\)](#), enabling women with dense breasts to easily contact the radiology department and get more information or speak to a radiologist. A radiologist assistant (RA) runs the programme under radiologist supervision, and takes the initial phone calls. She is the vital link who can interface with all the physicians working across the entire care continuum for the breast, such as the medical oncologists, breast surgeons, geneticists and the radiologist on call. By the time the radiologist takes the call, the RA has pulled up all the relevant information about the patient. Between January 2013 and August 2015 the service took 614 calls. Interestingly, most patients contacting the service have a normal mammogram. The service is outlined in an ACR Imaging.30 case study and also in a paper in Clinical Radiology ([Sullivan et al. 2015](#)).

McGinty emphasised that there was a strong business case for this service. With competition, institutions such as theirs cannot rely on brand alone. In their case they could have been complacent because they have a strong brand, and this could make it harder to change culture. They face pressure from insurance companies to steer patients away from higher cost systems. This service adds value to the patient and also builds influence in the organisation. They plan to do more, including online scheduling, automated confirmations and waiting time management. An app is being developed so that they can message patients in the waiting room rather than calling out their name. Load balancing will help maximise access so patients can slot into other sites for an appointments, if there is a cancellation, for example.

McGinty's other tale concerned Jamaica Hospital Medical Center, which is in a poorer are of New York. Here radiologist Sabiha Raoof, took what she learned as a breast cancer patient to make a difference to the patient experience. She has instituted Making a Difference (MAD) rounds, with the full support of the hospital administration. She goes on ward rounds every day with staff from other disciplines, such as finance and housekeeping, and talks to the patients. Here the business case was to manage limited resources effectively, respond to value based payments, have leverage with payers and build influence both inside and outside the hospital.

McGinty concluded by saying that there is a business case for putting patients first. Buy in of leadership is key,

and bringing non radiologist stakeholders along is crucial. “Think expansively and personally, get the word out, it makes you feel really good!” said McGinty.

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