



Radiology clinic's electronic data collection improves patient care



As adoption of value-based care models broadens, there has been an emerging emphasis on patient-reported outcomes (PROs), both for reimbursement and for clinical decision making. Research shows PROs can help streamline physician practices and pave the way for patient-centred care.

A new study by Stanford researchers evaluated the implementation of an electronic data collection system for deep vein thrombosis and lymphoedema quality-of-life (QOL) questionnaires in a tertiary care interventional radiology practice. After an initial introduction to electronic QOL reporting, researchers found that patients were more likely to complete the questionnaires remotely for their follow-up appointment.

"This automated system allows physicians to collect patient data even in the absence of a clinic visit," according to the study appearing in *Journal of the American College of Radiology*. "For healthy patients, this minimises unnecessary clinic visits and thus frees patients from the burden of taking time off work, travelling to the clinic, and working with their insurance company to ensure coverage for the follow-up visit."

Patient-reported outcomes (PROs) are important for clinical research and will likely be used in the near future as a metric for physician reimbursement. Electronic PRO (ePRO) systems may soon replace current systems, as automated ePRO systems can provide standardisation, ease of access, and higher patient engagement and understanding.

In the current study, a single provider's clinic patients were automatically e-mailed validated questionnaires one week before their appointments. If not completed via e-mail, the questionnaire was administered on an electronic tablet in the clinic by a research coordinator. Patients were also sent postprocedure questionnaires.

In all, 106 patients visited the clinic for a pre-intervention venous consultation. Of them, 96% (n = 102 of 106) completed the pre-intervention questionnaire: 48% (n = 47 of 98) via e-mail and 52% (n = 51 of 98) via tablet. Of the patients who had procedures and were sent questionnaires, 49% (n = 26 of 53) were seen in person.

Of the postprocedure in-person clinic patients, 76% (n = 20 of 26) completed the questionnaire via e-mail, and the remainder with the tablet in clinic. Twenty-seven of the 53 (51%) patients did not return for follow-up and instead were sent an electronic questionnaire as their only source of follow-up, of which 74% (n = 20 of 27) complied.

"The significant differences in metrics between the pre- and postintervention scores for lymphoedema and DVT [deep vein thrombosis] suggest that the venous interventions improve PROs," study authors write. "The collection system improved the generation of patient-focused evidence-based data for the evaluation and treatment of lymphoedema and DVT."

The merit of such a system warrants future investigation and may represent a key feature of outpatient clinic workflow in this emerging era of patient-centred value-based care, according to the authors.

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

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