Radiology’s quest for value includes more patient-interaction, but what if patients don’t want to interact with radiologists?

Answering some fundamental questions might be wise before the field of radiology “embarks on such a sea change” of more direct communication with patients, according to authors of a new study published in the Journal of the American College of Radiology.

“Many in radiology want to directly interact with patients and provide greater value from imaging services,” said David Naeger, MD, study author and assistant professor of clinical radiology at the University of California, San Francisco. “But it seemed to us that people hadn’t rigorously looked at what patients wanted.”

Naeger and a team of researchers set out to do just that. Based on a total of 617 survey responses from patients, they found that the majority—63%—preferred receiving their imaging results from a referring provider, not a radiologist.

“For me, this study highlights that there’s more work to do helping patients understand who we are in the care delivery process and that we’re one of their doctors as well,” said Geraldine McGinty, MD, assistant professor of clinical radiology at Weill Cornell Medical College in New York.

The survey respondents, who were adult outpatients undergoing CT or MRI, came from two different centers. Four hundred and seventy-five (77%) were patients at an academic medical center, and 142 (23%) were patients from an affiliated county hospital. The groups were surveyed over a four-week period.

While many articles, opinion papers, and lectures have encouraged radiology to shift toward more patient interaction, only a handful of studies have sought out the patient in different care settings and asked them how they view radiologists.

Naeger said the few studies conducted on the topic have been inconclusive and offer conflicting results. In addition, most of these studies have involved surveys of outpatients at single institutions, resulting in narrowly selected groups of patients.

“The empirical data seem to be in conflict with each other, which means this is something that merits study,” said Richard Gunderman, MD, vice chair of Indiana University Medical School’s radiology department. Gunderman and his colleagues have looked into the issue as well.

But Gunderman pointed out that the way survey questions are formulated can skew the data. “You can show a patient a video recording of a great patient-radiologist interaction and then ask the patient if they would like to have this kind of conversation and of course they will say yes,” said Gunderman.

In the JACR study, the primary question in the section that assessed preferences for receiving results asked patients to select from five different scenarios. Surveys in which patients did not answer this question were excluded. In that same section, patients were asked from whom they would want to
Patients Don’t Want to Talk to Radiologists
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hear their imaging results: an “expert in treatment and with whom you are familiar” or an “expert in interpreting scans with whom you are not familiar.”

“We did make it realistic: radiologists were not the experts on treatment and they are not someone you’ve met before,” said Naeger. “When you put it all together like that, people did not pick that option.”

Naeger and his team were surprised by the results. Their initial hypothesis stated that if patients were aware that there were imaging experts available, they would want their imaging results from that expert.

“Even when phrased like that, it’s not what they picked,” said Naeger.

Up Close and Personal

Garry Choy, MD, MBA, a radiologist at Massachusetts General Hospital, believes more studies like this need to be conducted so that radiology can figure out where it can have the most impact. He’s been working with a team of researchers at MGH to identify these specific areas.

The effort has been especially effective in oncology. Choy said allowing cancer patients to see a tumor shrinking, for example, “is incredibly motivating and builds a trust that the treatment is working.” In primary care, another promising area for imaging, radiology residents at MGH go to primary care physicians’ offices during their weekly rotation and work on an interdisciplinary team. Choy said they have found that in many cases, revealing an image has helped a patient lose weight or quit smoking.

“I think direct radiologist to patient interaction is applicable to a subset of patients,” said Choy.

“Where images don’t matter, we might not play a role.”

But Choy realizes most practicing radiologists can’t feasibly do what they’ve been experimenting with at MGH. Radiologists are under time constraints and the volume of scans is demanding, not to mention radiologists don’t get paid for the time they would interact with patients.

What’s a Radiologist?

Authors of the JACR study asked patients their demographic information as well as questions related to their understanding of the role and training of a radiologist.

While the survey set out to see if patients knew what a radiologist did, Naeger said there wasn’t a particularly strong result in one direction or the other.

Like many previous studies that have been conducted on this topic, Naeger said the results did show that people are not very familiar with radiologists.

Of 616 respondents from both hospital settings, 88% indicated that they “know what a radiologist is and what they do,” though only 56% identified radiologists as medical doctors. Forty-three percent believed that radiologists operate CT and MRI scanners, and 32% identified that radiologists do biopsies and minimally invasive procedures. Seventy-nine percent of patients correctly answered that radiologists interpret imaging studies.

But awareness about the role of radiologists could be changing in Naeger’s opinion.

The JACR study pointed to another take-away for radiologists: Patients want access to their radiology reports.

“Now that there are patient portals and patients have more access to [radiology] reports, patients will become even more aware,” he said. The report is signed by a radiologist, which highlights that it was interpreted by someone with an MD after their name, according to Naeger.

The next step—which some institutions and practices have already embarked upon—is attaching contact information, such as a hotline, to a radiology report where patients can talk to radiologists directly with any questions.

“But until the U.S. health care system decides to reimburse radiologists for any time spent with a patient, these places will remain few and far between.