Case Study: Avoiding Unnecessary Care

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A Colorado radiologist works with an ultrasound technologist to help a patient avoid an unnecessary exam and out-of-pocket expense.

Key Takeaways:

- A radiologist at Diversified Radiology and a sonographer at Rose Medical Center helped a patient avoid an unnecessary ultrasound after learning more about the patient's medical history before starting the exam.
- The radiologist and technologist spoke with the patient and reviewed her prior medical imaging to determine that the scheduled exam would not provide any additional clinical information.
- The radiologist met with the patient to discuss what her prior imaging studies showed in relation to her symptoms, and together they determined the ordered ultrasound was not needed. The patient was relieved to avoid the unnecessary study and the out-of-pocket expense.

By Chelsea Krieg

Editor's note: This case study is part of a series called Imaging 3.0 NOW. Case studies in this series highlight simple initiatives that radiology practices can implement immediately to jumpstart or advance their Imaging 3.0 efforts.

Jennifer L. Kemp, MD, FACR, vice president of Diversified Radiology and a body imaging subspecialist in Denver, Colorado, knows how it feels to be on the other side of the radiology reading room door. In 2003, Kemp's husband was diagnosed with Stage 3 rectal cancer. Navigating the patient experience from a non-clinical perspective left her feeling frustrated and disappointed.

"We were treated callously in many departments, including radiology," she says. "I was shocked, and I got a good taste of what my patients go through on a regular basis. I vowed then to be a positive change in the radiology community."

Putting Words into Action

On June 25, 2020, Kemp had an opportunity to put that vow into action when she helped a patient who was in between insurance coverages avoid an unnecessary radiology exam. "It sounds strange to say," Kemp says, "but the most rewarding part of my day was canceling my patient's unnecessary exam. She was so grateful and relieved. It emphasized to me how radiologists can do tiny things that make big differences."

Kemp first became aware of the unnecessary exam when Eryn Harker, RDMS, RVT, diagnostic medical sonographer, brought the exam to her attention. Harker was preparing to perform an abdominal ultrasound ordered to evaluate rectus diastasis and/or abdominal wall hernia. "We always look for priors before bringing our patients back," says Harker, who has over 20 years of ultrasound experience. "I noticed the patient had a recent abdomen and pelvis CT."

Taking the Time

Harker's advanced preparation for the procedure helped her realize she needed to do a bit more digging. When the patient arrived for her appointment, Harker asked the patient more about her symptoms. At the time, the patient also revealed that she was in between insurance coverages and would be paying for the exam out of pocket.

Harker thought that the patient's prior CT may have already answered the question at hand. "I didn't want to stick this patient with a large bill if we could avoid it," Harker says, "so I took the patient's history, symptoms, and my concerns to Dr. Kemp to inquire about the exam."

Jennifer L. Kemp, MD, FACR, vice president of Diversified Radiology and a body imaging subspecialist in Denver, Colorado, used care history and a patient consultation to avoid an unnecessary radiology exam.

Though Kemp was busy reading images, she asserts that she is always available for discussions that optimize patient care. "I was so pleased when Eryn brought the exam to my attention," she says. "I always tell my technologists that they are the very last step in doing the right thing for the patient; I'm not there to make that choice. Excellent patient care is the bottom line, even if I'm busy reading exams."

After walking through the CT with Harker, Kemp felt confident that the ultrasound would not provide additional information for the patient's condition. However, Kemp wanted to discuss the matter with the patient to ensure there was no new history that would have made the ultrasound necessary. "I wanted the patient to know that there was a doctor behind this decision," Kemp says, "and I wanted her to know that there was a

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discussion about her care. The exam might have been causing her a lot of anxiety, and I wanted to get her input before making a final decision."

Benefiting Everyone

Harker brought Kemp back to meet with the patient, and Kemp explained that she did not see a rectus diastasis on the recent abdominal CT. Kemp saw a tiny umbilical hernia on the scan and discussed this in detail with the patient. This small hernia did not correlate with the patient's current symptoms. So, Kemp was confident that the ultrasound would not provide any additional information.

Once Kemp explained the situation, the patient understood why the exam wasn't clinically necessary and was relieved and grateful to avoid an unnecessary bill that she would have had to pay for out of her own pocket.

After encouraging the patient to follow up with her physician, Kemp and Harker decided to cancel the exam. "It made me feel so good," Harker says. "The patient truly appreciated that we took the time to review her issues and get the answer she needed without having to wait. It's always nice to know people appreciate the legwork you did."

Kemp then called the patient's ordering physician to discuss the matter. The physician was not aware that the patient had a recent CT scan of her abdomen through the emergency room. The physician appreciated that Kemp and Harker went the extra mile for this patient and deferred to Kemp's expertise in imaging.

"Unfortunately, patients receive redundant tests all of the time," Kemp says. "This is not due to physician negligence, but rather time. Referring physicians don't always have the time to discuss every order with an expert radiologist. This is why every person along the way must check to make sure we are doing the right thing for the patient."

Harker is grateful for the opportunity to be one of these buffers in patient care. "I always try to put myself in the patient's shoes," she says. "It's not about revenue or numbers but about putting the patient first. If you really feel like something could be done differently or better to help the patient, you should never be afraid to act."

Now It's Your Turn

Follow these steps to ensure everyone on your team is doing what they can to put the patient first. Let us know how you did at imaging3@acr.org or on Twitter with the #Imaging3 hashtag.

- Encourage and empower technologists to review each patient's medical history before administering an exam.
- Establish and build relationships with technologists to encourage open communication and create opportunities for learning.
- Don't be afraid to discuss exam orders with patients and referring physicians.

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